



AT THE SOUTHERN NEVADA HEALTH DISTRICT

## MINUTES

### SOUTHERN NEVADA COMMUNITY HEALTH CENTER GOVERNING BOARD MEETING

July 28, 2022 – 2:00 p.m.

Meeting was conducted via WebEx Event

#### MEMBERS PRESENT:

Brian Knudsen – Chair, Consumer Member  
Jose L. Melendrez – First Vice-Chair, Consumer Member  
Scott Black – Community Member, City of North Las Vegas (*Call-in User 3*)  
Gary Costa – Community Member, Golden Rainbow (*Call-in User 4*)  
Father Rafael Pereira – Community Member, All Saints Episcopal Church  
Scott Garrett – Consumer Member (*Call-in User 6*)

#### ABSENT:

Timothy Burch – Second Vice-Chair, Community Member, Clark County  
Erin Breen – Community Member, UNLV Vulnerable Road Users Project  
Lucille Scott – Consumer Member  
Duprice Scruggs – Consumer Member  
Aquilla Todd – Consumer Member

#### ALSO PRESENT:

None

#### LEGAL COUNSEL:

Heather Anderson-Fintak, General Counsel

#### EXECUTIVE SECRETARY:

Fermin Leguen, MD, MPH, District Health Officer (absent)

#### STAFF:

Tawana Bellamy, Todd Bleak, Donna Buss, Andria Cordovez Mulet, Mike Johnson, Cassius Lockett, Cassondra Major, Mark Pasek (*Call-in User 2*), Randy Smith, Edward Wynder, Jacques Graham (*Call-in User 7*)

#### I. CALL TO ORDER and ROLL CALL

The Chair called the Southern Nevada Community Health Center (SNCHC) Governing Board Meeting to order at 2:08 p.m. Tawana Bellamy, Administrative Secretary, administered the roll call. A quorum was not established. The Chair proceeded with the meeting.

#### II. PLEDGE OF ALLEGIANCE

#### III. FIRST PUBLIC COMMENT: A period devoted to comments by the general public about those items appearing on the agenda. Comments will be limited to five (5) minutes per speaker. Please clearly state your name and address and spell your last name for the record. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chair or the Board by majority vote.

Seeing no one, the Chair closed the First Public Comment portion.

*Member Father Rafael joined the meeting at 2:09 p.m.*

*Member Garrett joined the meeting at 2:10 p.m.*

***Quorum is confirmed.***

**IV. ADOPTION OF THE JULY 28, 2022 MEETING AGENDA** *(for possible action)*

*A motion was made by First Vice-Chair Melendrez, seconded by Member Garrett, and carried unanimously to approve the July 28, 2022 Agenda, as presented.*

**V. CONSENT AGENDA:** Items for action to be considered by the Southern Nevada Community Health Center Governing Board which may be enacted by one motion. Any item may be discussed separately per Board Member request before action. Any exceptions to the Consent Agenda must be stated prior to approval.

**1. Approve Minutes – SNCHC Governing Board Meeting:** June 23, 2022 *(for possible action)*

*A motion was made by First Vice-Chair Melendrez, seconded by Member Black, and carried unanimously to approve the June 23, 2022 Consent Agenda, as presented.*

**VI. REPORT / DISCUSSION / ACTION**

Chair Knudsen received a request from staff to move Item 10 up to Item 3. Request was granted.

Recommendations from the July 26, 2022 Finance & Audit Committee

**1. Receive, Discuss and Approve the Recommendations from the July 26, 2022 Finance & Audit Committee meeting regarding the June Financial Report;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Randy Smith, FQHC Operations Officer, informed the Governing Board that the Chief Financial Officer (CFO), Karen White, is no longer with the organization. Mark Pasek is a financial analyst who has worked with the Health District since November 2021 and worked closely with Ms. White to produce the financial reports that were previously presented. Further, Mr. Pasek will be filling in and providing this report in the interim.

Chair Knudsen noted that the HRSA Compliance Board was very clear that HRSA must approve a new CEO and asked if that's true of a CFO. Mr. Smith commented HRSA only requires approval of the CEO role.

Mark Pasek, Financial Analyst, advised the report is everything as of July 12, 2022.

Mr. Pasek provided the June Financial Report and advised the Total Revenue for the YTD Budget was \$23.8M and the YTD Actual was \$24M, slightly overbudget by 1%. The Total Expense YTD Budget was \$25.3M and the YTD Actual was \$24.6M, underbudget by 3%. The YTD Budget for General Fund Revenue was \$17.2M and YTD Actuals was \$17.4M, slightly over by 1% and YTD Budget for Grant Revenue was \$6.5M with a small variance underbudget of \$28K. Mr. Pasek advised the YTD General Fund Expenses actuals was 3% underbudget and the YTD Total Grant Expenses was 2% underbudget.

Mr. Pasek explained how adjustment data is pulled from the ECW, electronic health record, and advised the Sliding Fee represents 77.9% of the total adjustments made, which is 94.6% of the total amount being adjusted.

Mr. Smith explained the sliding fee is the "heart and soul" of how the FQHC accomplishes its mission to ensure there are no financial barriers to accessing care. As there were almost \$2.5M in write off adjustments, which patients would otherwise have been responsible for.

Chair Knudsen commented that Mr. Pasek did a good job presenting.

Father Rafael inquired about what happened to the Chief Financial Officer. Chair Knudsen advised that any personnel issues typically in a government entity, are discussed in a confidential setting. Chair Knudsen commented that further conversations about the CFO can be provided to board members by Dr. Fermin Leguen.

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*A motion was made by Chair Knudsen, seconded by Father Rafael, and carried unanimously to accept the recommendations from the Finance & Audit Committee and approve the June Financial Report, as presented.*

Recommendations from the July 27, 2022 Quality, Credentialing & Risk Management Committee

2. **Receive, Discuss and Approve the Recommendations from the July 27, 2022 Quality, Credentialing & Risk Management Committee meeting regarding the Fourth Quarter FY22 Quality and Risk Management Activities Report;** direct staff accordingly or take other action as deemed necessary (for possible action)

Cassandra Major, Quality Management Coordinator, presented the Quality and Risk Management Report and highlighted the following:

- Overall Improvements in the 2022 Performance Measures and significant improvement in Cervical Cancer Screening, Tobacco Cessation, HIV Screening and HIV Linkage to care.
- Implementing AZARA to assist with data analytics and reporting.
- Continue to use Plan-Do-Study-Act (PDSA) for process improvement and Patient Centered Medical Home (PCMH) Recognition.

Ms. Major advised the Health Center received 577 patient satisfaction surveys for the second quarter, with the survey being available in both English and Spanish. It was noted that the overall patient satisfaction rating continues to improve.

Ms. Major presented the Risk Management Plan goals and advised there were zero HIPAA violations and zero exposure incidents during the reporting period. There were two patient complaints due to wait time, five medical events, of which none were transported and two medication events, which were dosing errors; corrective action plans have been completed.

Ms. Major advised that panic buttons have been deployed to the behavioral health providers. The panic buttons will allow the providers to alert security from their area if they feel unsafe. This will also be deployed to staff at the Fremont location once it opens. Staff will have panic button badges that they can push to alert security to come to their location.

*A motion was made by Member Garrett, seconded by First Vice-Chair Melendrez, and carried unanimously to accept the recommendations from the Quality, Credentialing & Risk Management Committee and accept the Fourth Quarter FY22 Quality and Risk Management Activities Report, as presented.*

*Item #10 was discussed out of order.*

10. **Review and Discuss Annual HIPAA Risk Assessment;** direct staff accordingly or take other action as deemed necessary (for possible action)

Cassandra Major, Quality Management Coordinator, presented the Annual HIPAA Risk Assessment results and reported the HIPAA Assessment was complete on July 11, 2022. Ms. Major explained it's a risk analysis to ensure no protected health information is easily assessable to anyone that should not have access. Ms. Major continued with highlights of the assessment and noted there were no potential treats found.

*A motion was made by First Vice-Chair Melendrez, seconded by Member Garrett, and carried unanimously to accept the recommendation from the Quality, Credentialing & Risk Management Committee and accept the Annual HIPAA Risk Assessment, as presented.*

3. **Receive, Discuss and Approve the Recommendations from the July 27, 2022 Quality, Credentialing & Risk Management Committee meeting regarding the Fourth Quarter FY22 CHC Management Care Credentialing Process Report;** direct staff accordingly or take other action as deemed necessary (for possible action)

Randy Smith, FQHC Operations Officer, presented the CHC Management Care Credentialing Process Report. Mr. Smith advised that he's working with the Revenue Cycle Manager and FQHC leadership team to create a workplan and proceeded to explain the credentialing and revenue cycle workflows. Mr. Smith advised that the Health Center continues to optimize the Electronic Health Record (EHR) ECW to ensure good reporting to provide actionable data to make good business decisions.

Chair Knudsen thanked Mr. Smith for the report and further advised he has been engaged in the credentialing process and understands it's quite extensive and commented the Health Center has come a long way.

Member Garrett inquired whether the Health Center turnover rate is on par with other facilities. Mr. Smith commented that at his previous organization, where he was for 20 years, had incredible tenure and during the pandemic period, there was a lot more movement with employees.

Heather Anderson-Fintak, General Counsel, shared the Health Centers is seeing turnover, which is part of the privileging and credentialing issue. Ms. Anderson-Fintak comment that Mr. Smith has been a great addition to the team and will work with the human resources team to ensure the Health Center is staffed appropriately to provide services. Member Garrett advised that he is happy to support the staff and team members throughout the process.

*A motion was made by First Vice-Chair Melendrez, seconded by Member Garrett, and carried unanimously to accept the recommendation from the Quality, Credentialing & Risk Management Committee and accept the Quality, Credentialing & Risk Management Committee meeting regarding the Fourth Quarter FY22 CHC Management Care Credentialing Process Report, as presented*

#### SNCHC Governing Board

Chair Knudsen advised staff to present items 4 through 7 reports together, then the board will vote on them individually.

4. **Discuss the HRSA Operational Site Visit Review Findings and Next Steps;** direct staff accordingly or take other action as deemed necessary (*for possible action*)

Randy Smith, FQHC Operations Officer, presented the HRSA Operational Site Visit Review Findings and Next Steps. He outlined the six areas of non-compliance that were identified. Correction action plans have been submitted to HRSA for all areas and the accessible locations and hours of operation has already been cleared. Mr. Smith shared HRSA provided a Compliance Resolution Opportunity (CRO) for the Health Center to correct the compliance findings by July 24, 2022. The initial response cleared 3 of the 5 findings. Mr. Smith further explained that items not

cleared during the CRO will be on the final report and a condition placed on the Health District's grant. Mr. Smith advise that the Health Center will have another opportunity through HRSA's progressive corrective action to clear the remaining findings.

Mr. Smith shared the Board Recruitment plan and outlined areas that were identified during the HRSA audit and highlighted the following areas to focus on:

- 51% of the board members are patients or patients of a care giver of the Health Center.
- Demographics of the patient board members meets the requirements of gender, race and ethnicity to the Health Center's patients.
- Creating a board application, conducting orientations and interviews with the committee.
- Completing the process of addressing the issues by the end of 2022.

First Vice-Chair Melendrez advised the Health Center to look at board member participation and refer to the by-laws regarding attendance. First Vice-Chair Melendrez requested to see data regarding current board members and what is needed to focus on for recruiting. Mr. Smith advised that the relevant information will be prepared and shared with the appropriate committee.

Chair Knudsen commented regarding the HRSA review that it was overall, a very positive experience. Chair Knudsen shared the Health Center should take pride in the audit and commended Mr. Smith and the Health Center team as they deserve a lot of the credit.

Discussion followed on what strategies could be used to help recruit board members, what the by-laws state regarding terms limits of board members and how to move forward with current board members.

*A motion was made by Chair Knudsen, seconded by Member Black, and carried unanimously to accept the HRSA Operational Site Visit Review Findings and Next Steps, as presented.*

5. **Review and Discuss the Financial Management Policy and Procedures;** direct staff accordingly or take other action as deemed necessary (*for possible action*)

Mr. Smith reviewed the Financial Management Policy and Procedures and advised a correction was submitted to include language in the Procurement Policy around the disclosure of potential conflicts of interest.

*A motion was made by Chair Knudsen, seconded by First Vice-Chair Melendrez, and carried unanimously to accept the Financial Management Policy and Procedures, as presented.*

6. **Receive, Discuss and Approve Form 5A change in scope;** direct staff accordingly or take other action as deemed necessary (*for possible action*)

Mr. Smith reviewed the Form 5A change in scope and advised for Diagnostic Radiology services, SMI needs to be added to Column II.

*A motion was made by Chair Knudsen, seconded by First Vice-Chair Melendrez, and carried unanimously to approve Form 5A change in scope, as presented.*

7. **Receive, Discuss and Approve Form 5B, removing Nellis location from scope;** direct staff accordingly or take other action as deemed necessary (*for possible action*)

Mr. Smith advised that approval is not needed for Form 5B, removing Nellis location from scope. HRSA has already cleared this item.

*No action required by the Governing Board.*

8. **Receive, Discuss and Accept June Operational Report;** direct staff accordingly or take other action as deemed necessary (*for possible action*)

Randy Smith, FQHC Operations Officer, presented the June Operational Report and advised the Health Center served 2,764 unique patients between January 1, 2022 to June 30, 2022. The Health Center conducted 6,032 patient visits by HRSA definition through June 2022, with a no-show rate of 23.88%. Mr. Smith outlined some operations updates to include implementing new workflows at the front desk, Monkeypox protocols implemented, and Refugee schedules are being reworked to accommodate clinic hours and change in providers. Mr. Smith proceeded with highlights of the new Fremont site, which is scheduled to open on August 30, 2022 and the Health Center's Medical Director candidate is anticipated to start October 2022.

*A motion was made by First Vice-Chair Melendrez, seconded by Father Rafael, and carried unanimously to accept the June Operational Report, as presented.*

9. **Discuss the Southern Nevada Community Health Center Governing Board Meeting Schedule;** direct staff accordingly or take other action as deemed necessary (*for possible action*)

Randy Smith, FQHC Operations Officer, advised the need to identify a day and time that works for most of the board members to meet and that it also provides some flexibility to hold another meeting if quorum is not reached per HRSA requirements. Mr. Smith outlined looking at implemented the new schedule in 2023. New board members may factor into the decision and the financial report may need to be provided one month in the rear. Mr. Smith advised that the goal is to get the meetings to 1.25 hours and staff are working through details and will send board members a new survey to gather some data to narrow down a date.

*No action required.*

- VII. BOARD REPORTS:** The Southern Nevada District Board of Health members may identify and comment on Health District related issues. Comments made by individual Board members during this portion of the agenda will not be acted upon by the Southern Nevada District Board of Health unless that subject is on the agenda and scheduled for action. (***Information Only***)

There were no items raised.

- VIII. EXECUTIVE DIRECTOR & STAFF REPORTS (***Information Only***)**

- IX. SECOND PUBLIC COMMENT:** A period devoted to comments by the general public, if any, and discussion of those comments, about matters relevant to the Board's jurisdiction will be held. Comments will be limited to five (5) minutes per speaker. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chair or the Board by majority vote.

Seeing no one, the Chair closed the Second Public Comment portion.

- XIII. ADJOURNMENT**

The Chair adjourned the meeting at 3:42 p.m.

Fermin Leguen, MD, MPH  
District Health Officer/Executive Secretary/CHC Executive Director

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AT THE SOUTHERN NEVADA HEALTH DISTRICT

## AGENDA

### SOUTHERN NEVADA COMMUNITY HEALTH CENTER GOVERNING BOARD MEETING

July 28, 2022 – 2:00 P.M.

Meeting will be conducted via Webex Event

## NOTICE

WebEx Event address for attendees:

<https://snhd.webex.com/snhd/onstage/g.php?MTID=e8d9006859ce3af903679466eac91bce9>

To call into the meeting, dial (415) 655-0001 and enter Access Code: [2553 259 2247](https://snhd.webex.com/snhd/onstage/g.php?MTID=e8d9006859ce3af903679466eac91bce9)

For other governmental agencies using video conferencing capability, the Video Address is:  
[25532592247@snhd.webex.com](mailto:25532592247@snhd.webex.com)

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#### NOTE:

- Agenda items may be taken out of order at the discretion of the Chair.
- The Board may combine two or more agenda items for consideration.
- The Board may remove an item from the agenda or delay discussion relating to an item on the agenda at any time.

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#### I. CALL TO ORDER & ROLL CALL

#### II. PLEDGE OF ALLEGIANCE

- III. **FIRST PUBLIC COMMENT:** A period devoted to comments by the general public about those items appearing on the agenda. Comments will be limited to five (5) minutes per speaker. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chairman or the Board by majority vote.

**There will be two public comment periods. To submit public comment on either public comment period on individual agenda items or for general public comments:**

- **By Webex:** Use the link above. You will be able to provide real-time chat-room messaging, which can be read into the record by a Community Health Center employee or by raising your hand during the public comment period, a Community Health Center employee will unmute your connection. Additional Instructions will be provided at the time of public comment.
- **By email:** [public-comment@snchc.org](mailto:public-comment@snchc.org) For comments submitted prior to and during the live meeting. Include your name, zip code, the agenda item number on which you are commenting, and your comment. Please indicate whether you wish your email comment to be read into the record during the meeting or added to the backup materials for the record. If not specified, comments will be added to the backup materials.

#### IV. ADOPTION OF THE JULY 28, 2022 AGENDA *(for possible action)*

V. **CONSENT AGENDA:** Items for action to be considered by the Southern Nevada Community Health Center Governing Board which may be enacted by one motion. Any item may be discussed separately per Board Member request before action. Any exceptions to the Consent Agenda must be stated prior to approval.

1. Approve Minutes – SNCHC Governing Board Meeting: June 23, 2022 *(for possible action)*

VI. **REPORT / DISCUSSION / ACTION**

Recommendations from the July 26, 2022 Finance & Audit Committee

1. **Receive, Discuss and Approve the Recommendations from the July 26, 2022 Finance & Audit Committee meeting regarding the June Financial Report;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

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2. **Receive, Discuss and Approve the Recommendations from the July 27, 2022 Quality, Credentialing & Risk Management Committee meeting regarding the Fourth Quarter FY22 Quality and Risk Management Activities Report;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
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SNCHC Governing Board

4. **Discuss the HRSA Operational Site Visit Review Findings and Next Steps;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
5. **Review and Discuss the Financial Management Policy and Procedures;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
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7. **Receive, Discuss and Approve Form 5B, removing Nellis location from scope;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
8. **Receive, Discuss and Accept June Operational Report;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
9. **Discuss the Southern Nevada Community Health Center Governing Board Meeting Schedule;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
10. **Review and Discuss Annual HIPAA Risk Assessment;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

VII. **BOARD REPORTS:** The Southern Nevada Community Health Center Governing Board members may identify and comment on Health Center related issues or ask a question for clarification. Comments made by individual Board members during this portion of the agenda will not be acted upon by the Southern Nevada Community Health Center Governing Board unless that subject is on the agenda and scheduled for action. ***(Information Only)***



**VIII. EXECUTIVE DIRECTOR & STAFF REPORTS (*Informational Only*)**

- IX. SECOND PUBLIC COMMENT:** A period devoted to comments by the general public, if any, and discussion of those comments, about matters relevant to the Board's jurisdiction will be held. Comments will be limited to five (5) minutes per speaker. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chairman or the Board by majority vote. **See above for instructions for submitting public comment.**

**X. ADJOURNMENT**

NOTE: Disabled members of the public who require special accommodations or assistance at the meeting are requested to notify Tawana Bellamy or Andria Cordovez Mulet in Administration at the Southern Nevada Health District by calling (702) 759-1201.

THIS AGENDA HAS BEEN PUBLICLY NOTICED on the Southern Nevada Health District's Website at <https://snhd.info/meetings>, the Nevada Public Notice website at <https://notice.nv.gov>, and a copy will be provided to any person who has requested one via U.S mail or electronic mail. All meeting notices include the time of the meeting, access instructions, and the meeting agenda. For copies of agenda backup material, please contact Tawana Bellamy or Andria Cordovez Mulet at 280 S. Decatur Blvd, Las Vegas, NV, 89107 or dial (702) 759-1201.



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**ALSO PRESENT:**

None

**LEGAL COUNSEL:**

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Cassandra Major, Quality Management Coordinator, presented the Annual HIPAA Risk Assessment results and reported the HIPAA Assessment was complete on July 11, 2022. Ms. Major explained it's a risk analysis to ensure no protected health information is easily assessable to anyone that should not have access. Ms. Major continued with highlights of the assessment and noted there were no potential treats found.

*A motion was made by First Vice-Chair Melendrez, seconded by Member Garrett, and carried unanimously to accept the recommendation from the Quality, Credentialing & Risk Management Committee and accept the Annual HIPAA Risk Assessment, as presented.*

3. **Receive, Discuss and Approve the Recommendations from the July 27, 2022 Quality, Credentialing & Risk Management Committee meeting regarding the Fourth Quarter FY22 CHC Management Care Credentialing Process Report;** direct staff accordingly or take other action as deemed necessary (for possible action)

Randy Smith, FQHC Operations Officer, presented the CHC Management Care Credentialing Process Report. Mr. Smith advised that he's working with the Revenue Cycle Manager and FQHC leadership team to create a workplan and proceeded to explain the credentialing and revenue cycle workflows. Mr. Smith advised that the Health Center continues to optimize the Electronic Health Record (EHR) ECW to ensure good reporting to provide actionable data to make good business decisions.

Chair Knudsen thanked Mr. Smith for the report and further advised he has been engaged in the credentialing process and understands it's quite extensive and commented the Health Center has come a long way.

Member Garrett inquired whether the Health Center turnover rate is on par with other facilities. Mr. Smith commented that at his previous organization, where he was for 20 years, had incredible tenure and during the pandemic period, there was a lot more movement with employees.

Heather Anderson-Fintak, General Counsel, shared the Health Centers is seeing turnover, which is part of the privileging and credentialing issue. Ms. Anderson-Fintak comment that Mr. Smith has been a great addition to the team and will work with the human resources team to ensure the Health Center is staffed appropriately to provide services. Member Garrett advised that he is happy to support the staff and team members throughout the process.

*A motion was made by First Vice-Chair Melendrez, seconded by Member Garrett, and carried unanimously to accept the recommendation from the Quality, Credentialing & Risk Management Committee and accept the Quality, Credentialing & Risk Management Committee meeting regarding the Fourth Quarter FY22 CHC Management Care Credentialing Process Report, as presented*

#### SNCHC Governing Board

Chair Knudsen advised staff to present items 4 through 7 reports together, then the board will vote on them individually.

4. **Discuss the HRSA Operational Site Visit Review Findings and Next Steps;** direct staff accordingly or take other action as deemed necessary (*for possible action*)

Randy Smith, FQHC Operations Officer, presented the HRSA Operational Site Visit Review Findings and Next Steps. He outlined the six areas of non-compliance that were identified. Correction action plans have been submitted to HRSA for all areas and the accessible locations and hours of operation has already been cleared. Mr. Smith shared HRSA provided a Compliance Resolution Opportunity (CRO) for the Health Center to correct the compliance findings by July 24, 2022. The initial response cleared 3 of the 5 findings. Mr. Smith further explained that items not

cleared during the CRO will be on the final report and a condition placed on the Health District's grant. Mr. Smith advise that the Health Center will have another opportunity through HRSA's progressive corrective action to clear the remaining findings.

Mr. Smith shared the Board Recruitment plan and outlined areas that were identified during the HRSA audit and highlighted the following areas to focus on:

- 51% of the board members are patients or patients of a care giver of the Health Center.
- Demographics of the patient board members meets the requirements of gender, race and ethnicity to the Health Center's patients.
- Creating a board application, conducting orientations and interviews with the committee.
- Completing the process of addressing the issues by the end of 2022.

First Vice-Chair Melendrez advised the Health Center to look at board member participation and refer to the by-laws regarding attendance. First Vice-Chair Melendrez requested to see data regarding current board members and what is needed to focus on for recruiting. Mr. Smith advised that the relevant information will be prepared and shared with the appropriate committee.

Chair Knudsen commented regarding the HRSA review that it was overall, a very positive experience. Chair Knudsen shared the Health Center should take pride in the audit and commended Mr. Smith and the Health Center team as they deserve a lot of the credit.

Discussion followed on what strategies could be used to help recruit board members, what the by-laws state regarding terms limits of board members and how to move forward with current board members.

*A motion was made by Chair Knudsen, seconded by Member Black, and carried unanimously to accept the HRSA Operational Site Visit Review Findings and Next Steps, as presented.*

5. **Review and Discuss the Financial Management Policy and Procedures;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Mr. Smith reviewed the Financial Management Policy and Procedures and advised a correction was submitted to include language in the Procurement Policy around the disclosure of potential conflicts of interest.

*A motion was made by Chair Knudsen, seconded by First Vice-Chair Melendrez, and carried unanimously to accept the Financial Management Policy and Procedures, as presented.*

6. **Receive, Discuss and Approve Form 5A change in scope;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Mr. Smith reviewed the Form 5A change in scope and advised for Diagnostic Radiology services, SMI needs to be added to Column II.

*A motion was made by Chair Knudsen, seconded by First Vice-Chair Melendrez, and carried unanimously to approve Form 5A change in scope, as presented.*

7. **Receive, Discuss and Approve Form 5B, removing Nellis location from scope;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Mr. Smith advised that approval is not needed for Form 5B, removing Nellis location from scope. HRSA has already cleared this item.

*No action required by the Governing Board.*

8. **Receive, Discuss and Accept June Operational Report;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Randy Smith, FQHC Operations Officer, presented the June Operational Report and advised the Health Center served 2,764 unique patients between January 1, 2022 to June 30, 2022. The Health Center conducted 6,032 patient visits by HRSA definition through June 2022, with a no-show rate of 23.88%. Mr. Smith outlined some operations updates to include implementing new workflows at the front desk, Monkeypox protocols implemented, and Refugee schedules are being reworked to accommodate clinic hours and change in providers. Mr. Smith proceeded with highlights of the new Fremont site, which is scheduled to open on August 30, 2022 and the Health Center's Medical Director candidate is anticipated to start October 2022.

*A motion was made by First Vice-Chair Melendrez, seconded by Father Rafael, and carried unanimously to accept the June Operational Report, as presented.*

9. **Discuss the Southern Nevada Community Health Center Governing Board Meeting Schedule;** direct staff accordingly or take other action as deemed necessary (*for possible action*)

Randy Smith, FQHC Operations Officer, advised the need to identify a day and time that works for most of the board members to meet and that it also provides some flexibility to hold another meeting if quorum is not reached per HRSA requirements. Mr. Smith outlined looking at implemented the new schedule in 2023. New board members may factor into the decision and the financial report may need to be provided one month in the rear. Mr. Smith advised that the goal is to get the meetings to 1.25 hours and staff are working through details and will send board members a new survey to gather some data to narrow down a date.

*No action required.*

- VII. **BOARD REPORTS:** The Southern Nevada District Board of Health members may identify and comment on Health District related issues. Comments made by individual Board members during this portion of the agenda will not be acted upon by the Southern Nevada District Board of Health unless that subject is on the agenda and scheduled for action. (***Information Only***)

There were no items raised.

- VIII. **EXECUTIVE DIRECTOR & STAFF REPORTS** (***Information Only***)

- IX. **SECOND PUBLIC COMMENT:** A period devoted to comments by the general public, if any, and discussion of those comments, about matters relevant to the Board's jurisdiction will be held. Comments will be limited to five (5) minutes per speaker. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chair or the Board by majority vote.

Seeing no one, the Chair closed the Second Public Comment portion.

- XIII. **ADJOURNMENT**

The Chair adjourned the meeting at 3:42 p.m.

Fermin Leguen, MD, MPH  
District Health Officer/Executive Secretary/CHC Executive Director

/tab

# FQHC – July 2022

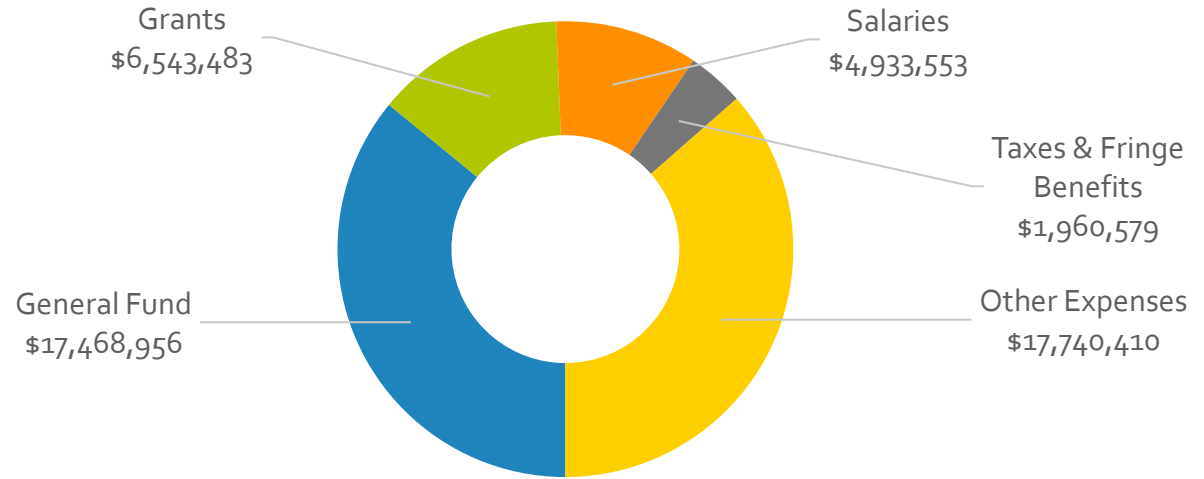
Results as of June 30, 2022



# Highlights

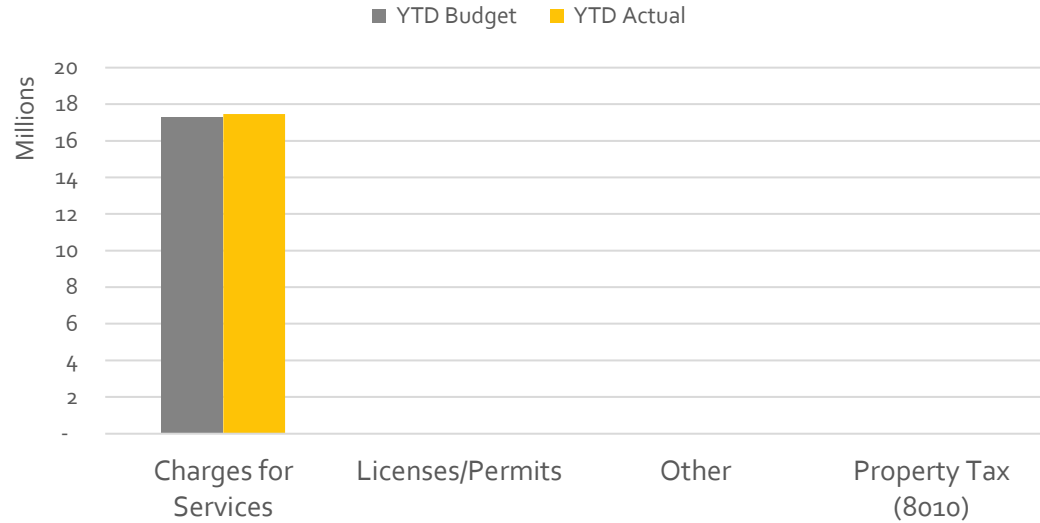
- Summary – FQHC YTD as of June 30, 2022
- Income by Fund
- Expenses by Fund
- Expanded Detail on Contractual Expenses
- Insurance Denials, Adjustments, and Sliding Fee

**FQHCYTD Actual - Revenue and Expenses  
June 2022**

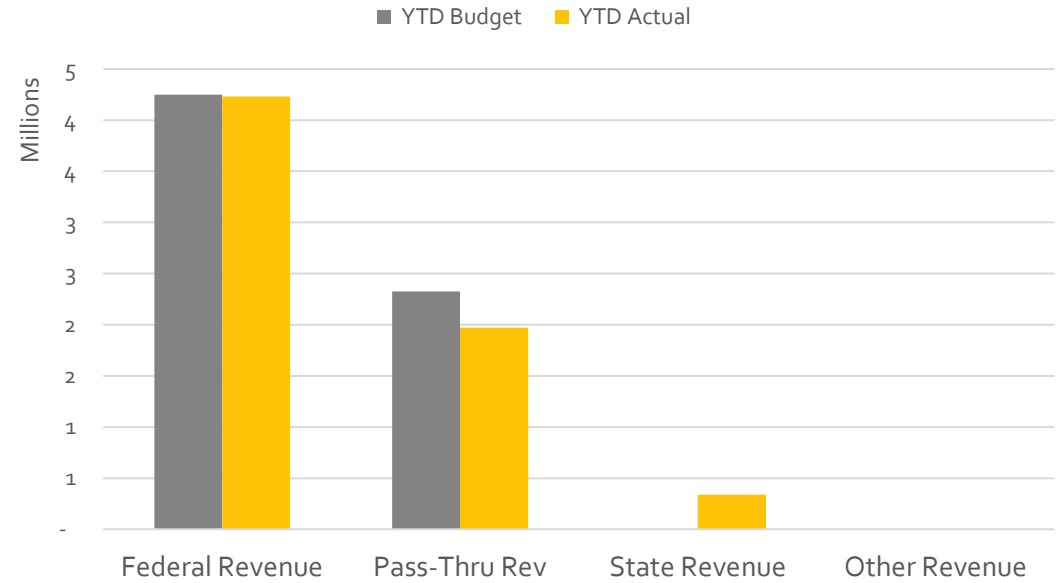


Description	<u>FY 2022 Adopted</u>	<u>FY2022 Current Budget</u>	<u>YTD Budget</u>	<u>YTD Actual</u>	<u>Variance</u>	<u>% YTD Actuals to YTD Budget</u>
<b>Revenues</b>						
Charges for Services	17,283,813	17,283,813	17,283,813	17,468,956	185,143	1%
Grants	6,572,370	6,572,370	6,572,370	6,543,483	(28,887)	0%
<b>Total Revenues</b>	<b>23,856,183</b>	<b>23,856,183</b>	<b>23,856,183</b>	<b>24,012,438</b>	<b>156,255</b>	<b>1%</b>
<b>Expenses</b>						
Salaries	4,955,900	4,955,900	4,955,900	4,933,553	(22,347)	0%
Taxes & Fringe Benefits	2,053,000	2,053,000	2,053,000	1,960,579	(92,421)	-5%
Supplies	11,213,200	11,213,200	11,213,200	11,671,617	458,417	4%
Travel & Training	45,100	45,100	45,100	39,040	(6,060)	-13%
Contractual	1,553,800	1,553,800	1,553,800	1,536,292	(17,508)	-1%
Capital Outlay	38,500	38,500	38,500	36,490	(2,010)	-5%
Cost Allocations	5,467,231	5,467,231	5,467,231	4,456,970	(1,010,261)	-18%
<b>Total Expenses</b>	<b>25,326,731</b>	<b>25,326,731</b>	<b>25,326,731</b>	<b>24,634,543</b>	<b>(692,188)</b>	<b>-3%</b>
<b>Net Position YTD</b>	<b>\$(1,470,548)</b>	<b>\$ (1,470,548)</b>	<b>\$(1,470,548)</b>	<b>\$ (622,104)</b>	<b>\$ 848,444</b>	<b>-58%</b>

## FQHC General Fund - YTD Budget vs Actuals Revenue

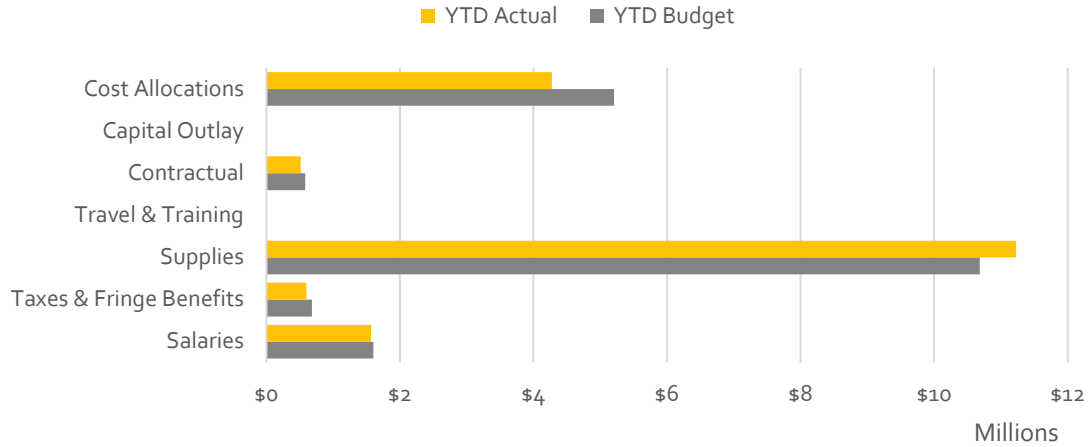


## FQHC Special Revenue Funds YTD Budget vs Actual Revenue

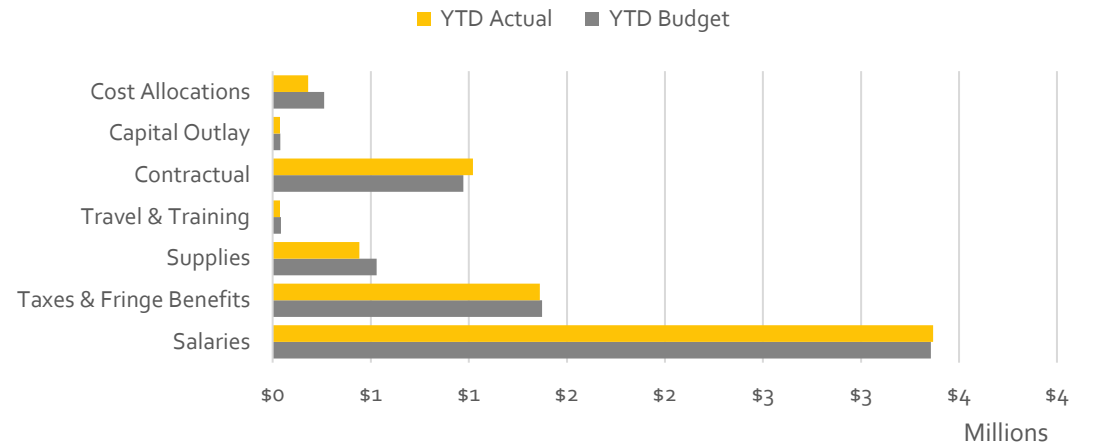


Description	FY 2022 Adopted	Adjustments	FY2022 Current Budget	YTD Budget	YTD Actual	Variance	% YTD Actuals to YTD Budget
<b>Revenues</b>							
Charges for Services	17,283,813	-	17,283,813	17,283,813	17,456,500	172,687	1%
Licenses/Permits	-	-	-	-	-	-	0%
Other	-	-	-	-	12,456	12,456	>100%
Property Tax (8010)	-	-	-	-	-	-	0%
<b>Total General Fund Revenues</b>	<b>17,283,813</b>	<b>-</b>	<b>17,283,813</b>	<b>17,283,813</b>	<b>17,468,956</b>	<b>185,143</b>	<b>1%</b>
<b>Revenues</b>							
Federal Revenue	4,247,930	-	4,247,930	4,247,930	4,231,830	(16,100)	0%
Pass-Thru Rev	2,324,440	-	2,324,440	2,324,440	1,972,674	(351,766)	-15%
State Revenue	-	-	-	-	337,979	337,979	0%
Other Revenue	-	-	-	-	1,000	1,000	0%
<b>Total Grant Revenues</b>	<b>6,572,370</b>	<b>-</b>	<b>6,572,370</b>	<b>6,572,370</b>	<b>6,543,483</b>	<b>(28,887)</b>	
<b>Total FQHC Revenue</b>	<b>23,856,183</b>	<b>-</b>	<b>23,856,183</b>	<b>23,856,183</b>	<b>24,012,438</b>	<b>156,255</b>	

## Charges for Services - Expenses



## Grants - Expenses



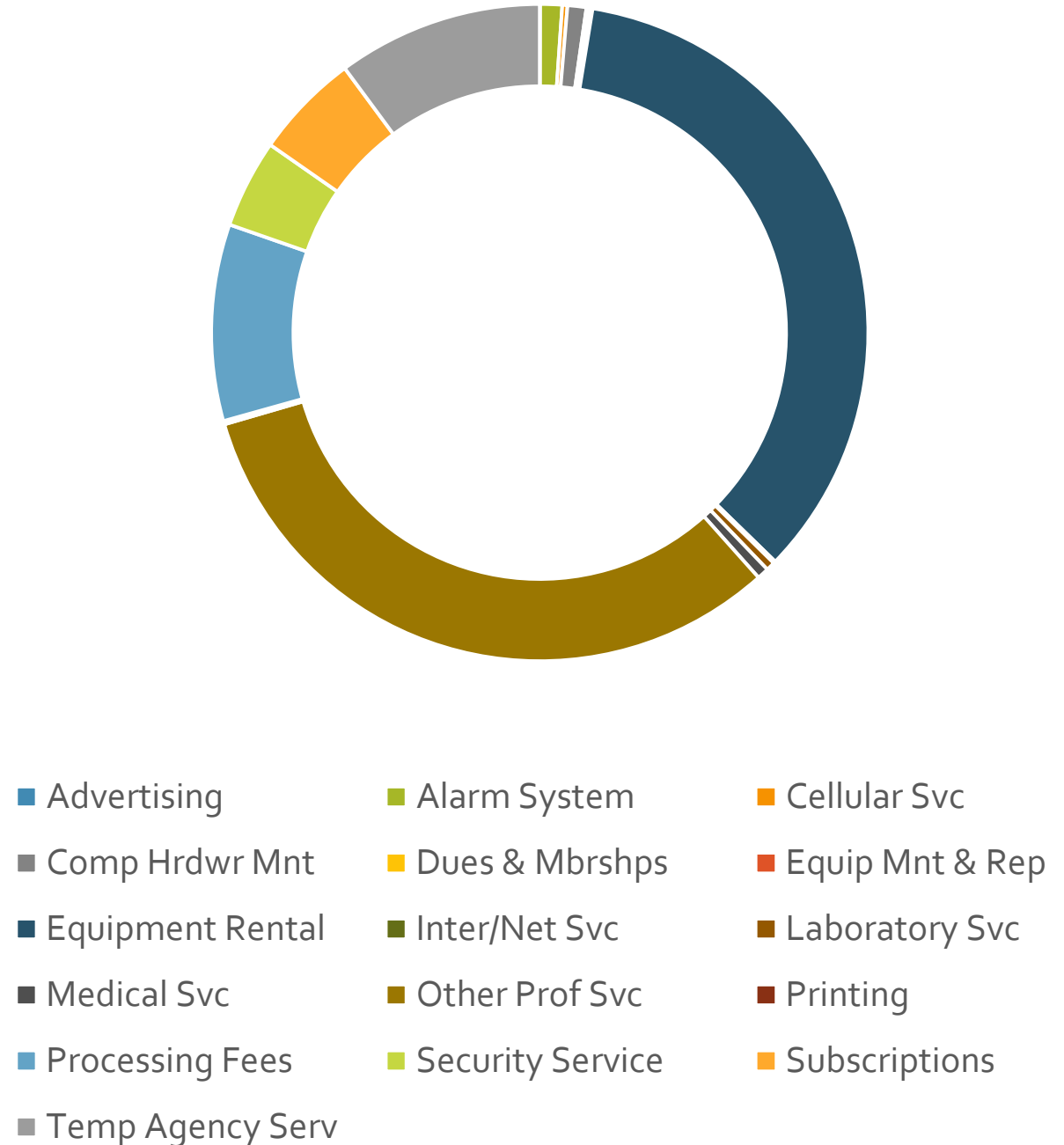
### General Fund and Special Revenue Fund - Expenses

\*Interim Unaudited Report\*

Description	FY 2022 Adopted	Adjustments	FY2022 Current Budget	YTD Budget	YTD Actual	Variance	% YTD Actuals to YTD Budget
<b>Expenses</b>							
Salaries	1,600,000	-	1,600,000	1,600,000	1,565,834	(34,166)	-2%
Taxes & Fringe Benefits	680,000	-	680,000	680,000	599,258	(80,742)	-12%
Supplies	10,684,300	-	10,684,300	10,684,300	11,229,550	545,250	5%
Travel & Training	3,000	-	3,000	3,000	2,899	(101)	-3%
Contractual	581,500	-	581,500	581,500	515,319	(66,181)	-11%
Capital Outlay	-	-	-	-	-	-	0%
<b>Subtotal Operating Expenses</b>	<b>13,548,800</b>	<b>-</b>	<b>13,548,800</b>	<b>13,548,800</b>	<b>13,912,860</b>	<b>364,060</b>	<b>3%</b>
Indirect Costs/Cost Allocations	3,614,969	-	3,614,969	3,614,969	2,970,906	(644,063)	-18%
Transfers In	(16,800)	-	(16,800)	(16,800)	(19,213)	(2,413)	14%
Transfers Out	1,607,392	-	1,607,392	1,607,392	1,325,309	(282,083)	-18%
<b>Total General Fund Expenses</b>	<b>18,754,361</b>	<b>-</b>	<b>18,754,361</b>	<b>18,754,361</b>	<b>18,189,861</b>	<b>(564,500)</b>	<b>-3%</b>
<b>Expenses</b>							
Salaries	3,355,900	-	3,355,900	3,355,900	3,367,719	11,819	0%
Taxes & Fringe Benefits	1,373,000	-	1,373,000	1,373,000	1,361,322	(11,678)	-1%
Supplies	528,900	-	528,900	528,900	442,067	(86,833)	-16%
Travel & Training	42,100	-	42,100	42,100	36,141	(5,959)	-14%
Contractual	972,300	-	972,300	972,300	1,020,974	48,674	5%
Capital Outlay	38,500	-	38,500	38,500	36,490	(2,010)	-5%
<b>Subtotal Operating Expenses</b>	<b>6,310,700</b>	<b>-</b>	<b>6,310,700</b>	<b>6,310,700</b>	<b>6,264,713</b>	<b>(45,987)</b>	<b>-1%</b>
Indirect Costs/Cost Allocations	1,852,262	-	1,852,262	1,852,262	1,483,808	(368,454)	-20%
Transfers In	(1,607,392)	-	(1,607,392)	(1,607,392)	(1,323,053)	284,339	-18%
Transfers Out	16,800	-	16,800	16,800	19,213	2,413	14%
<b>Total Grant Expenses</b>	<b>6,572,370</b>	<b>-</b>	<b>6,572,370</b>	<b>6,572,370</b>	<b>6,444,681</b>	<b>(127,689)</b>	<b>-2%</b>

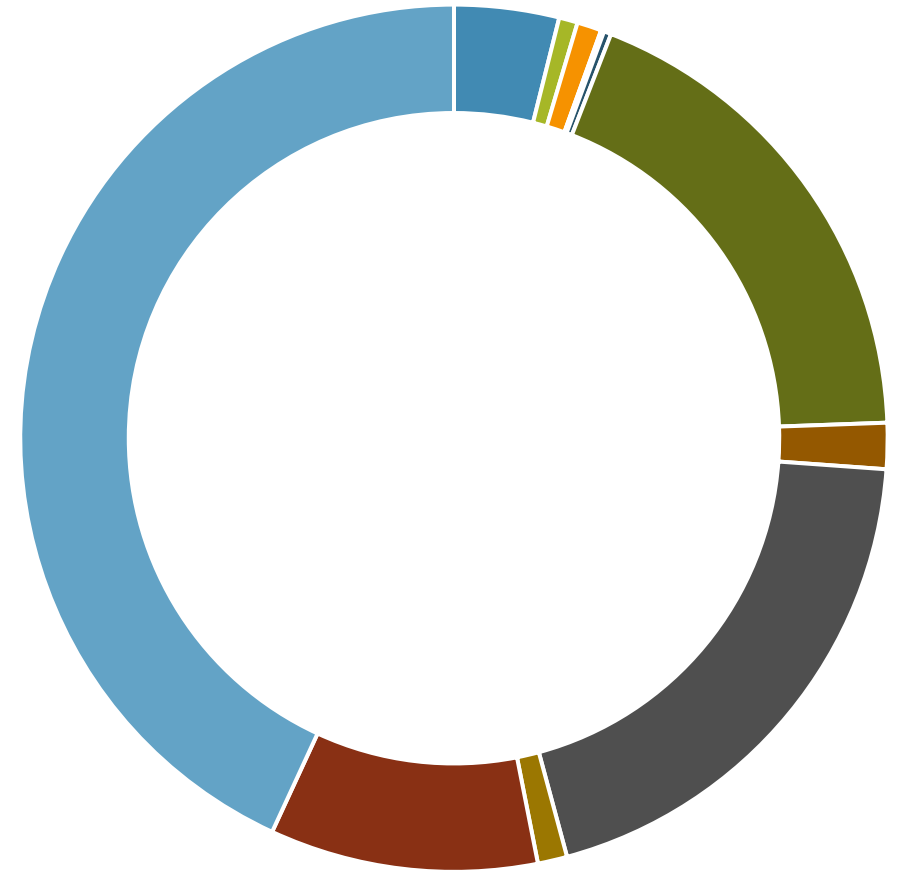
## Charges for Services - Contractual Expenses

Advertising	\$131
Alarm System	\$6,061
Cellular Svc	\$1,429
Comp Hrdwr Mnt	\$5,233
Dues & Memberships	\$950
Equip Mnt & Rep	\$750
Equipment Rental	\$195,858
Inter/Net Svc	\$603
Laboratory Svc	\$2,457
Medical Svc	\$3,269
Other Prof Svc	\$181,176
Printing	\$958
Processing Fees	\$54,594
Security Service	-\$24,586
Subscriptions	\$29,338
Temp Agency Serv	\$57,097

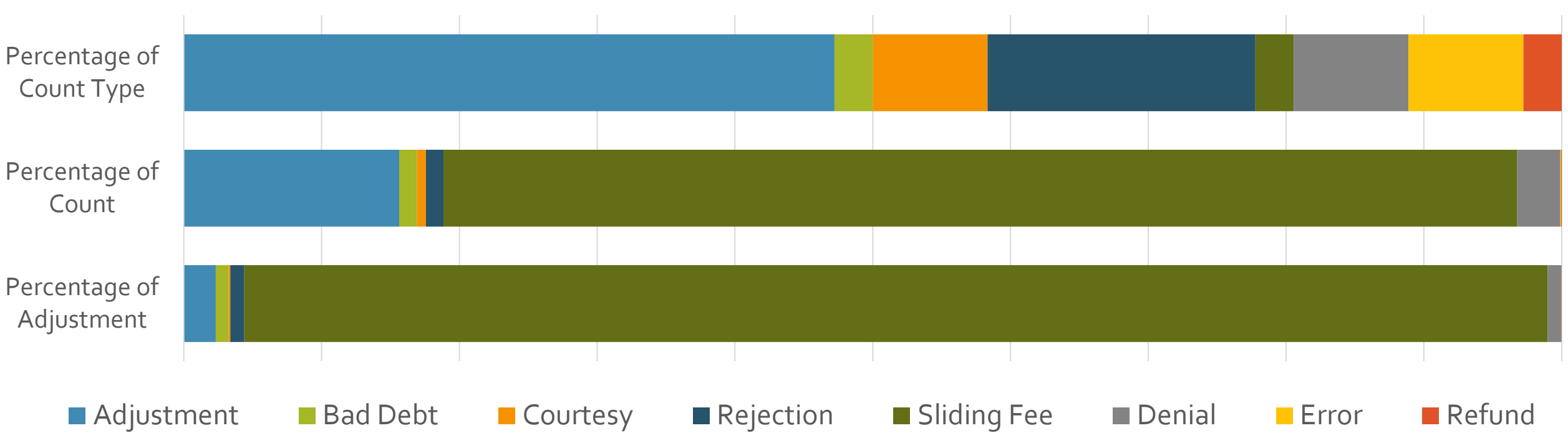


# Grants - Contractual Expenses

Advertising	\$39,872
Cellular Svc	\$7,099
Comp Hrdwr Mnt	\$9,281
Dues & Mbrshps	\$245
Equip Mnt & Rep	\$800
Equipment Rental	\$126
Inter/Net Svc	\$2,814
Laboratory Svc	\$189,175
Medical Svc	\$17,490
Other Prof Svc	\$200,725
Printing	\$11,192
Subscriptions	\$101,999
Temp Agency Serv	\$440,156



- Advertising
- Cellular Svc
- Comp Hrdwr Mnt
- Dues & Mbrshps
- Equip Mnt & Rep
- Equipment Rental
- Inter/Net Svc
- Laboratory Svc
- Medical Svc
- Other Prof Svc
- Printing
- Subscriptions
- Temp Agency Serv



Type	Count of Type	Percentage of Count Type	Count of Write Off Adjustments	Percentage of Count	Sum of Write Off Adjustment	Percentage of Adjustment
<b>Adjustment</b>	17	47.2%	1,584	15.6%	\$ 60,938	2.3%
<b>Bad Debt</b>	1	2.8%	131	1.3%	\$ 24,277	0.9%
<b>Courtesy</b>	3	8.3%	67	0.7%	\$ 3,572	0.1%
<b>Denial</b>	3	8.3%	317	3.1%	\$ 26,367	1.0%
<b>Error</b>	3	8.3%	6	0.1%	\$ 288	0.0%
<b>Refund</b>	1	2.8%	4	0.0%	\$ 147	0.0%
<b>Rejection</b>	7	19.4%	129	1.3%	\$ 26,501	1.0%
<b>Sliding Fee</b>	1	2.8%	7,900	77.9%	\$ 2,486,582	94.6%
<b>Grand Total</b>	<b>36</b>	<b>100%</b>	<b>10,138</b>	<b>100%</b>	<b>\$ 2,628,673</b>	<b>100%</b>



# Quality & Risk Report

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Cassandra Major, MBA, CHW I, CPC, NCMA



# Quality Management Plan

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- **Goal:**

- **To increase the value of services** by enhancing quality and strengthening the ability to deliver cost effective care.

- **Objectives:**

- **To design effective processes** to meet the needs of patients which are consistent with the health center's mission, vision, goals, and plans.
- **To collect data to monitor** the stability of existing processes, identify opportunities for improvement, identify changes that will lead to improvement, and sustain improvement.
- **To aggregate and analyze data** on an ongoing basis and to identify changes that will lead to improved performance and a reduction in errors.
- **To achieve improved performance** and sustain the improvement throughout the organization.
- **To promote collaboration** at all levels of the organization enabling the creation of a culture focused on performance.
- **To educate leaders and staff** regarding responsibilities and effective participation in performance improvement activities.

# Clinical Performance Measures

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# Clinical Performance Measures

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Screening and Preventive Care	Maternal Care and Children's Health	Chronic Disease Management
<b>Cervical Cancer Screening</b>	Early Entry into Prenatal Care	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease
Breast Cancer Screening	Low Birth Weight	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet
Body Mass Index (BMI) Screening and Follow-Up Plan	Childhood Immunization Status	HIV Linkage to Care
<b>Tobacco Use: Screening and Cessation Intervention</b>	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	Depression Remission at Twelve Months
Colorectal Cancer Screening	Dental Sealants for Children between 6-9 Years	Controlling High Blood Pressure
HIV Screening		Diabetes: Hemoglobin A1c (HbA1c) Poor Control
Screening for Depression and Follow-Up Plan		

# SNCHC Performance Measures

Clinical Quality Measure	2020 Nevada Percentage	2021 SNCHC Percentage	2022 SNCHC Goal	January	February	March	April	May	June
Early Entry into Prenatal Care	92.79%	0.00%		No Data	No Data	No Data	No Data	No Data	No Data
Childhood Immunization Status	40.80%	4.76%	75.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Cervical Cancer Screening	36.45%	33.92%	45.00%	40.72%	46.33%	47.89%	47.68%	47.02%	46.55%
Breast Cancer Screening	39.94%	5.84%	45.00%						
Weight Assessment & Counseling for Nutrition & Physical Activity for Children & Adolescents	76.80%	1.90%	85.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.50%
Preventive Care & Screening: Body Mass Index (BMI) Screening & Follow-up Plan	76.98%	26.27%	75.00%	28.88%	34.87%	35.90%	36.19%	35.69%	35.11%
Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention	78.48%	54.10%	75.00%	45.19%	48.73%	51.40%	53.81%	55.07%	54.07%
Statin Therapy for the Prevention & Treatment of Cardiovascular Disease	72.36%	46.29%	70.00%	47.56%	44.87%	46.41%	42.95%	41.03%	39.18%
Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet		62.50%	65.00%	100.00%	100.00%	100.00%	80.00%	80.00%	66.67%
Colorectal Cancer Screening	28.36%	4.20%	35.00%	1.71%	2.59%	2.49%	2.89%	2.72%	2.90%
HIV Linkage to Care	72.00%	82.71%	60.00%	71.43%	86.67%	80.77%	91.67%	84.44%	92.45%
HIV Screening	30.92%	27.50%	75.00%	34.77%	40.74%	43.08%	46.37%	48.46%	50.17%
Preventive Care & Screening: Screening for Depression & Follow-up Plan	72.79%	21.58%	72.00%	22.61%	32.11%	36.30%	40.86%	43.56%	47.68%
Depression Remission at Twelve Months	94.90%	9.38%	15.00%	0.00%	3.12%	2.44%	2.00%	3.92%	3.77%
Dental Sealants for Children between 6-9 years	64.67%	0.00%		No Data	No Data	No Data	No Data	No Data	No Data
Low Birth Weight	36.40%	0.00%		No Data	No Data	No Data	No Data	No Data	No Data
Controlling High Blood Pressure	58.58%	15.51%	65.00%	46.53%	44.82%	46.92%	52.31%	51.28%	52.48%
Diabetes Hemoglobin A1c (HBA1c) Poor Control (>9%)	38.95%	74.37%	< 39%	61.22%	54.54%	50.38%	48.70%	51.67%	77.77%

# Quality Improvement Activities

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# Quality Improvement Activities

- Quality Management Committee
- Ongoing Training
- Tools
  - Standard Operating Procedures/Workflows
  - AZARA
- Plan-Do-Study-Act (PDSA) – Process Improvement
- Patient Centered Medical Home (PCMH) Recognition

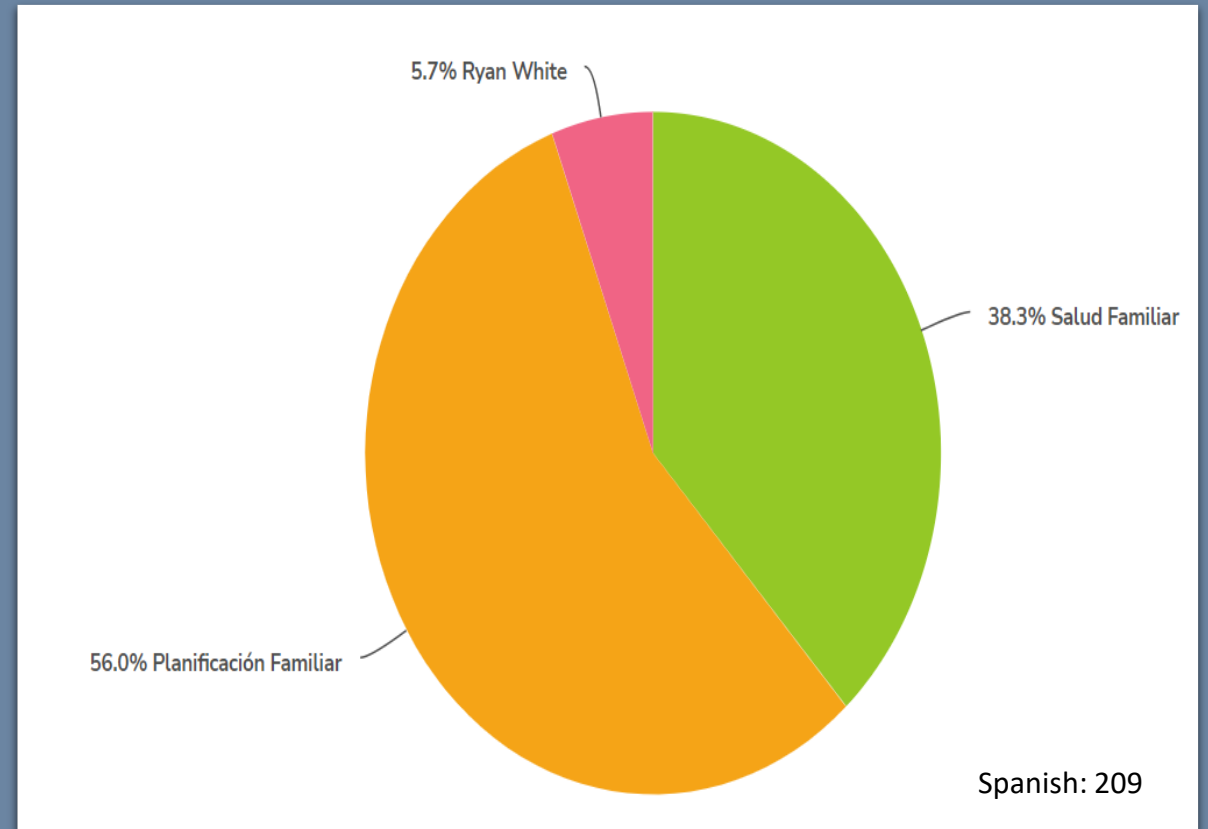
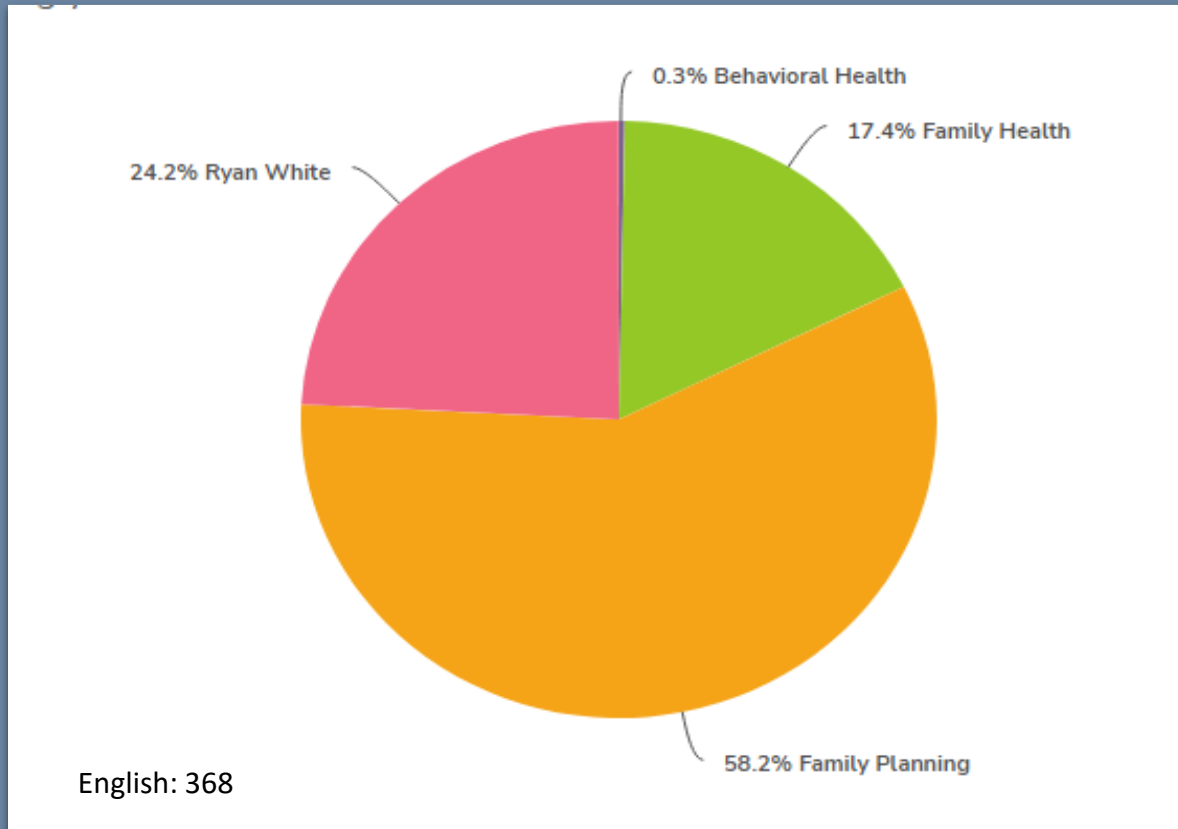


# Patient Satisfaction Survey

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# Completed Patient Satisfaction Surveys Q2 2022 (Apr-Jun)





### How did you hear about us?

Value	Percent
Friends and/or family	33.2%
Referral from another provider or resource	28.5%
Search engine (e.g. Google)	6.3%
SNHD website	10.1%
Social media	3.5%
Other ads	18.5%

### ¿Como usted supo de nosotros?

Value	Percent
Amigos y / o familia	46.4%
Remisión de otro proveedor o recurso	5.7%
Búsqueda en internet (por ejemplo, Google)	3.3%
Pagina de internet de SNHD	4.8%
Redes sociales	3.8%
Otros anuncios	35.9%

### Recommendation of our health center to friends and family

Value	Percent
Extremely likely	87.6%
Somewhat likely	8.0%
Neutral	4.1%
Somewhat unlikely	0.3%

### Recomendaría nuestro centro de salud a amigos y familiares

Value	Percent
Muy probable	96.6%
Algo probable	2.9%
Algo poco probable	0.5%

Comments

A word cloud of English patient comments. The most prominent word is 'staff' in large purple letters. Other significant words include 'great' in orange, 'friendly' in green, 'service' in orange, and 'care' in green. Smaller words include 'professional', 'good', 'appointment', 'amazing', 'easy', 'nice', 'kind', 'helpful', 'guys', 'caring', 'time', 'safe', 'feel', 'love', 'patient', 'comfortable', 'excellent', 'people', 'questions', and 'experience'.

Comentarios

A word cloud of Spanish patient comments. The most prominent words are 'servicio' in yellow, 'muy' in orange, and 'atencion' in yellow. Other significant words include 'personal' in green, 'esta' in orange, 'excelente' in orange, 'muchas' in orange, 'amables' in orange, 'buena' in orange, 'gracias' in pink, 'la' in blue, 'todo' in blue, 'por' in blue, 'de' in green, 'del' in blue, 'bien' in blue, 'con' in blue, 'bueno' in blue, 'es' in blue, 'buen' in blue, 'doctora' in green, 'trato' in green, 'excellent' in pink, and 'exelente' in green.

Patient Satisfaction Survey Comments Q2 2022  
(Apr-Jun)

# Risk Management

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# Risk Management Plan

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- **Goals and Objectives:**

- **Engage in proactive** risk management and patient safety activities.
- **Enhance** patient satisfaction.
- **Continuously improve** patient safety.
- **Identify and analyze risk** of loss, errors, events and system breakdowns leading to harm to patients, staff, and visitors and minimize/prevent the reoccurrence.
- **Implement an effective process** to manage identified risks.
- **Enhance environmental safety** for patients, visitors, and staff through participation in environment of care-related activities.
- **Monitor the effectiveness** of interventions and plans of action.

# Risk Events

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No significant adverse events ending Q2 2022 (Apr-Jun).

- HIPAA Violations: Zero (0)
- Exposure Incidents: Zero (0)
- Patient Complaints: Two (2); resolved
  - Wait Time
- Medical Events: Five (5)
  - Urgent/Emergent (none transported)
- Medication Events: Two (2)
  - Dosing Error (action plan completed)

# HIPAA Assessment

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- Monday, July 11
- Risk Analysis
  - Electronic Equipment
    - Computers, Printers, Cell Phones, Laptops
  - Office Security
    - Access to File Cabinets, Shred Bins
  - Documents
    - Emails, other printed PHI
- No Potential Threats



# Q4 FY22 CHC Managed Care Provider Credentialing

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Randy Smith, FQHC  
Operations Officer



# Credentialing & Revenue Cycle Workflows

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- Payer (3<sup>rd</sup> party) Credentialing
  - Onboarding new providers
  - Renewals and updates
- Running eligibility
  - Do patients have insurance?
  - Is it active?
- Donna Buss, Revenue Cycle Manager and the FQHC Leadership Team
  - Established regular meetings
  - Creating a workplan
- Setting profiles on the EHR (e.g., Facilities, Services & Providers)
  - Training & Optimization



# Accepted Insurance Update

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- As of July 1, 2022 (19)

- Aetna
- AM Better
- Anthem BCBS Commercial
- Anthem BCBS HMOs
- Anthem Nevada Medicaid
- Culinary
- HealthSCOPE PPO
- HPN HMOs
- HPN Medicaid
- Hometown Health (One Health & Friday Health Plan)
- Medicare
- Molina Healthcare (Medicaid)
- Nevada Medicaid
- Nevada Preferred / Prominence
- Sierra Health & Life
- SilverSummit Medicaid
- Teacher's Health Trust (UMR)
- Tricare (VA)
- UMR

# HRSA OSV Findings and Next Steps

Randy S. Smith, FQHC Operations Officer

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# HRSA OSV Protocol

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## There are 93 program requirement elements

Needs Assessment	Contracts & Subawards
Required & Additional Services	Conflict of Interest
Clinical Staffing	Collaborative Relationships
Accessible Locations & Hours of Operation	Financial Management & Accounting Systems
Coverage for Medical Emergencies During & After Hours	Billing & Collections
Continuity of Care & Hospital Admitting	Budget
Sliding Fee Discount Program	Program Reporting & Data Reporting Systems
Quality Improvement/Assurance	Board Authority
Key Management Staff	Board Composition

# OSV Compliance Findings

## Six (6) areas of non-compliance identified:

- **Required and Additional Services:** Correction to HRSA's FORM 5a pertaining to the delivery method for Radiology Services. An agreement for Interpreting services needed. **Correction submitted.**
- **Clinical Staffing:** Revisions to the health center's procedures for completing primary sources verification for the education/licenses for Licensed Independent Practitioners (LIPs), the identification of immunization records, privileging of support staff and the completion of provider peer reviews. **Corrective action plan submitted.**
- **Clinical Staffing:** Modification of two service agreements adding HRSA credentialing and privileging language. **New agreements drafted and sent for signature.**
- **Accessible Locations and Hours of Operation:** Correction to HRSA's FORM 5b pertaining to the removal of the Nellis location. **CLEARED.**
- **Conflict of Interest:** Revisions to the Procurement Policy adding language around the disclosure of potential conflicts of interest. **Correction submitted.**
- **Board Composition:** The health center has a board comprised of 11 members. Only five are identified as consumer board members which does not meet the 51% consumer board member threshold. Of the five consumer board members, their demographics (gender, race & ethnicity) are not representative of the health center's patient population. The alignment of consumer board member demographic composition as well as the identification of another consumer board member is needed. **Corrective action plan submitted.**

# Compliance Resolution Opportunity (CRO)

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- Expired 7/24/22
- Initial response appears to have cleared 3/5 compliance findings
- Secondary responses submitted for
  - Language Line contract
  - New Board Member Recruitment Plan
- Items not cleared during the CRO will be documented as finding on the Final OSV report and a condition placed on SNHD's grant.
  - Additional opportunity then will be provided through the Progress Corrective Action process to fix the compliance finding and clear the grant condition.

# Board Recruitment Plan

Activity	Responsible Party	Commence Date	Completion Date	Notes
<b>Review OSV Findings related to board composition at July 28,2022 Governing Board Meeting.</b>	Randy Smith	7/28/2022	7/28/2022	Discuss need for additional/new board members that are representative of the Target Population served.
<b>August FQHC All Staff Meeting - Review OSV Findings - Discuss need to identify potential new board members.</b>	Randy Smith	8/11/2022	8/11/2022	Discuss need for additional/new board members that are representative of the Target Population served.
<b>Engage existing board members and SNCHC providers to identify potential new board members.</b>	Randy Smith	8/1/2022	9/9/2022	Names and contact information of identified potential board members sent to Tawana Bellamy.
<b>Contact prospective board members to conduct introductory phone calls regarding their interest and availability to serve on SNCHC Governing Board.</b>	Dr. Fermin Leguen Randy Smith	9/12/2022	9/23/2022	Confirm demographic information to ensure fit with board member representation needs. High level overview of board member role.
<b>Host in-person/virtual orientation meeting(s) to further explain time commitment, board member requirements and role of board members.</b>	Dr. Fermin Leguen Randy Smith	9/26/2022	10/7/2022	Provide overview of the HRSA Health Center program, SNHD and SNCHC.
<b>Obtain applications from prospective patient board members.</b>	Tawana Bellamy	10/10/2022	10/14/2022	<ul style="list-style-type: none"> <li>existing health center patient</li> <li>meets demographic requirements</li> <li>completed orientation</li> <li>capacity to meet time and commitment requirements</li> </ul>

# Board Recruitment Plan

Activity	Responsible Party	Commence Date	Completion Date	Notes
<b>Obtain applications from prospective community board members.</b>	Tawana Bellamy	10/10/2022	10/14/2022	<ul style="list-style-type: none"> <li>• resides/works in the service area</li> <li>• selected based on expertise</li> <li>• as a group, no more than 10% have their annual income from the health care industry</li> <li>• completed orientation</li> <li>• capacity to meet time and commitment requirements</li> </ul>
<b>Governance Committee interviews perspective board members for consideration for a board appointment.</b>	Governance Committee Dr. Fermin Leguen Randy Smith	10/17/2022	10/28/2022	Formal interview and rating candidate rating system. Based on the number of open board seats and rating of candidates, recommendation made to full board.
<b>Present board member candidates recommended by the Governance Committee for approval to the SNCHC Governing Board.</b>	Governance Board Governance Committee	11/17/2022	11/17/2022	The number of board member candidates approved will be determined by the number needed to ensure the group is representative of the community of served and that the group comprises no less than 51% of the total Governing Board membership.
<b>New board members begin their service on the Governance Board.</b>	Board Chair Dr. Fermin Leguen Randy Smith	12/22/2022	12/22/2022	Board member training opportunities to be availed internally and through external resources such as NACHC and the Nevada Primary Care Association.

# Conflict of Interest – Revised Procurement Policy language

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- Compliance Finding of non-compliance was identified in the Procurement Policy
- Updated the Procurement Policy to add the following language:
  - Any Workforce Member participating in the procurement process must disclose any real or apparent conflict of interest.



# HRSA FORM 5a Update

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- Required Service
  - Diagnostic Radiology
    - Add SMI to Column II (Health Center pays for services through formal agreement)

# HRSA FORM 5b Update

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- Sites
  - Closure of Nellis
  - Previously submitted to HRSA but not processed
  - Identified as a compliance finding at the Exit Interview
  - Was not included as finding on Compliance Resolution Opportunity
  
- NO ACTION NEEDED



**SOUTHERN NEVADA**  
*Community*  
**HEALTH CENTER**

Operational Report for July 28, 2022

Randy S. Smith, FQHC Operations Officer

# Unique Patients Served

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- CY22 goal = 10,504 (established during the submission of the last SAC renewal grant application)
  - CY21 outcome = 7,050
- Unique patients seen CY22 YTD (1/1/22 – 6/30/22 = 2,764

# Patient Visits

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- SNCHC conducted **6,032 patient visits** by HRSA's definition from January through June of 2022.
- The no show rate for June 2022 including cancellations was **23.88%**, which is slightly lower than national Health Center averages.



# Operations Updates

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- New workflows implemented at front desk has led to some changes:
  - Call Center AAs will rotate through a navigator position to provide support to expedite the processing of established patients with no informational updates.
  - EWs are helping with confirmation calls, insurance eligibility verifications, and seeking out self-pay patients to discover if they have other needs for social determinants of health and/or more services.
- Monkeypox protocols have been developed and implemented.
- Refugee clinic schedules are being reworked to accommodate for the Refugee clinic hours adjustment and the change in providers.

# Program Updates

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- New Fremont location is on schedule to open on August 30<sup>th</sup>
  - Site will operate Tuesday – Friday from 8am – 6pm
  - Initially will include 1.0 FTE Family Planning and 1.0 FTE Primary Care providers.
  - Behavioral health and Ryan White services will follow shortly after
  - Dental services to be included at a later date
- SHCHC Medical Director candidate has accepted our job offer.
  - Anticipated start date October 2022

# Questions








# Memorandum

**Date:** July 28, 2022

**To:** Southern Nevada District Board of Health

**From:** Randy Smith, FQHC Operations Officer   
Fermin Leguen, MD, MPH, District Health Officer 

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**RE: COMMUNITY HEALTH CENTER FQHC OPERATIONS OFFICER REPORT-June 2022**

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Division Information/Highlights: The Southern Nevada Community Health Center, a division of the Southern Nevada Health District, mission is to serve residents of Clark County from underserved communities with appropriate and comprehensive outpatient health and wellness services, emphasizing prevention and education in a culturally respectful environment regardless of the patient's ability to pay.

**June Highlights:**

- **Response to COVID-19**
  - Coordinating the efforts of the NCS
  - Collecting data from FQHC partners for point of care (POC) testing
  - Project Manager for FEMA NCS grant
  - Antiviral medication treatment
  - Vaccine/Behavioral Health grant
  - PPE supply distribution
- **Administrative**
  - Grant Project Period ends 1/31/2024
  - HRSA Operational Site Visit (OSV) completed 6/28 – 6/30. Overall, the health center demonstrated strong performance, adherence to program requirements and engagement by the Governing Board. Five areas of non-compliance identified. Corrections are underway

**COVID-19 Vaccine Clinic Facility: COVID-19 Response**

- 1) NCS Facility was converted into a Health Center COVID-19 vaccination clinic on 5/3/2021

**I. HIV / Ryan White Care Program**

- A. The HIV/Medical Case Management (MCM) program received 10 referrals in May. There were 2 pediatric clients and 2 pregnant women living with HIV were referred to the program.
- B. There were 240 visits for the Ryan White Program: There were 10 initial provider visits, 102 established provider visits, 18 nurse visits and 102 lab visits in the month



of April. There were 8 Ryan White clients seen for Behavioral Health; by either the Licensed Clinical Social Worker (LCSW) or the Psychiatric Advanced Practice Registered Nurse (APRN).

- C. The Ryan White Program continues to implement the Rapid stART project, which has a goal of rapid treatment initiation for newly diagnosed patients with HIV. The program continues to receive referrals and accommodate clients on a walk-in basis.
- D. The Ryan White Program dietitian continues to provide medical nutritional therapy.

**II. Family Planning (FP)**

- A. FP Program services at East Las Vegas and Decatur Public Health Centers conducted 596 patient visits.

**III. Family Healthcare Center**

- A. The Family Healthcare Clinic conducted 432 patient visits in June.

**IV. Pharmacy Services**

- A. Dispensed 1,814 prescriptions for 1,426 clients.
- B. Pharmacist assessed/counseled 78 clients in clinics.
- C. Assisted 12 clients to obtain medication financial assistance.
- D. Assisted 3 clients with insurance approvals.

**V. Eligibility Case Narrative and Eligibility Monthly Report**

Eligibility Monthly Report		
June 2022		
Total number of referrals received	108	
Total number of applications submitted	Medicaid/SNAP/TANF: 24	Hardship: 1

Eligibility services are undergoing a new workflow and infrastructure. New approaches and processes to identify and proactively provide support is being established.

**VI. Refugee Health Program**

- A. The Refugee Health Program served 19 adults in June.

**VII. Quality & Risk Management:**

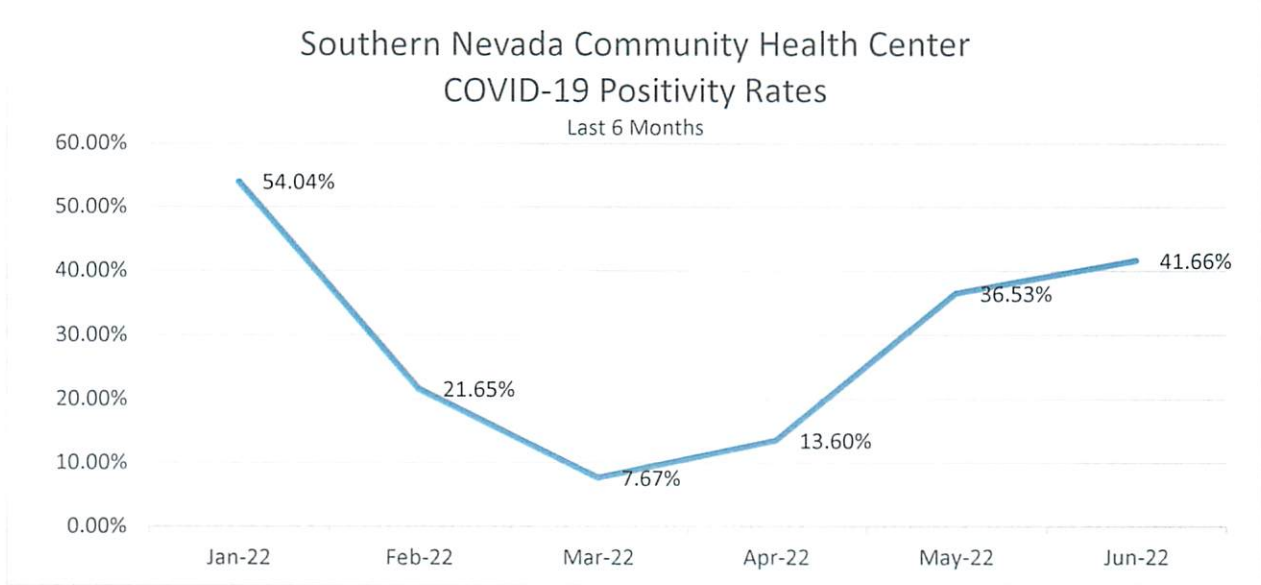
**Quality**

**COVID-19 Testing**

From April 2020 to June 2022 the Southern Nevada Community Health Center completed 93,064 COVID-19 tests, 2,081 of which were conducted in June of 2022.

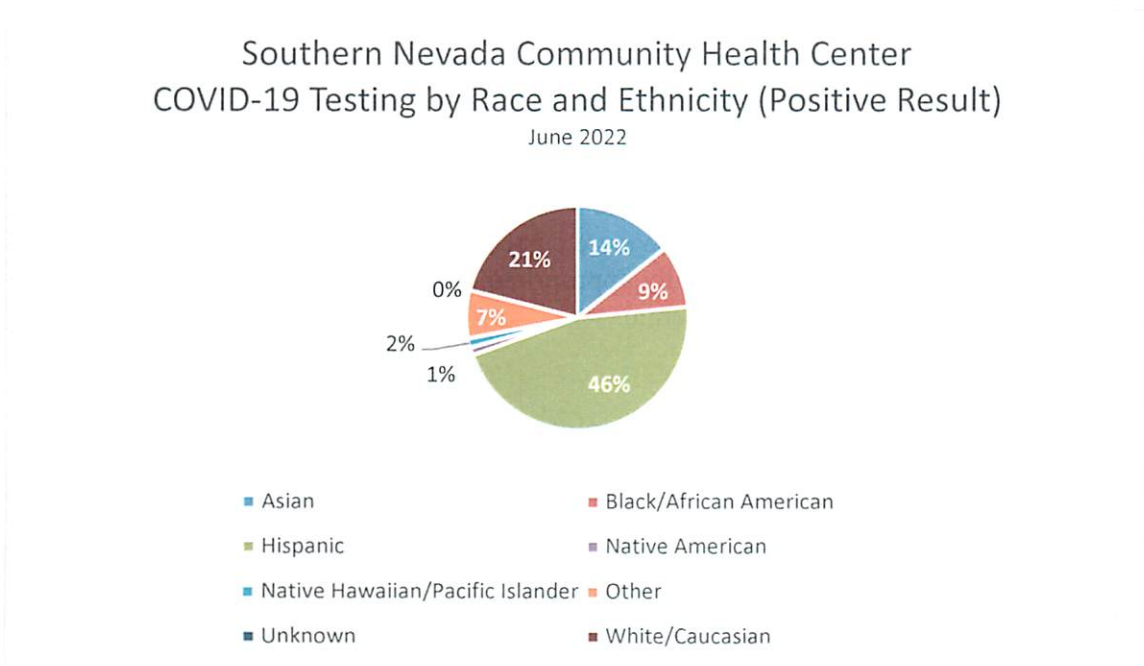


The Health Center and the Southern Nevada Health District continue to remind those who are sick to stay home and if they have been in contact with a person who has COVID-19 or think they have been exposed, they should get tested. SNCHC is also providing antiviral medications for appropriate candidates. The Health Center and Health District also encourage those who are medically appropriate to get the COVID-19 vaccine.



In June 2022, the COVID test positivity rate was 41.66%

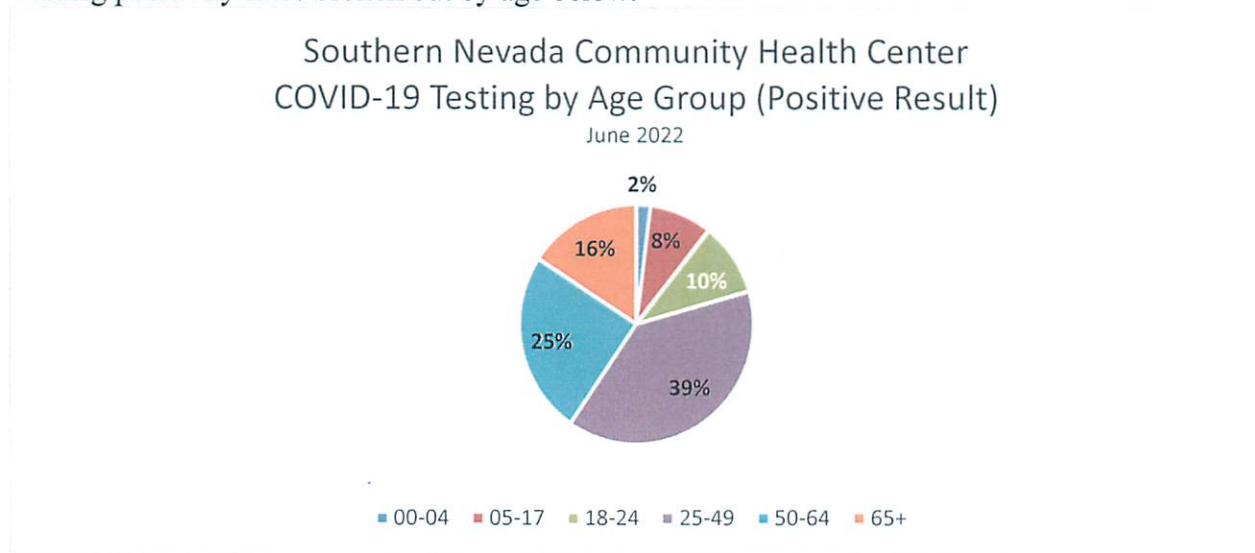
Testing positivity rates broken out by race and ethnicity below:







Testing positivity rates broken out by age below:



### COVID-19 Vaccine Program

The Southern Nevada Community Health Center began administering COVID-19 Vaccine on May 3, 2021 as part of HRSA’s COVID-19 Vaccine Program. The vaccine site is located at the Southern Nevada Health District main location in the NCS Building. To date, the health center has administered 43,665 COVID-19 vaccinations

### Telehealth

In Q2, the Health Center saw 196 patients via telehealth, 9.4% of the patients that were seen in our clinics.

The Health Center implemented telehealth following the need for modified clinic operations as we continue to navigate the COVID-19 pandemic. The goal of the Health Center is to continue fulfilling its mission to provide safe, quality healthcare to the community amid the COVID-19 public health emergency. Health Center patients are seen by providers via audio (telephone) and video via Healow, an app by eClinicalWorks. We are currently seeing a slight upward trend in COVID-19 positivity rates, and when medically appropriate, telehealth will continue to be offered, even following the COVID-19 pandemic.

### Health Center Visits

The Health Center had 3,372 scheduled patient appointments in Q2. Of scheduled patients, 61.9% kept their appointments. There was a 7.6% cancellation rate and a 30.6% no-show rate.

### Risk Management

#### Health Insurance Portability and Accountability Act (HIPAA):

There were no HIPAA breaches at the Health Center in June.



Exposure Incidents:

There were no exposure incidents at the Health Center in June.

Medical Events:

There were two (2) medical events at the Health Center in June.

Patient Satisfaction:

The Health Center received 182 patient satisfaction surveys in June. Overall survey completion 99.2% (English) and 92.3% (Spanish). Approximately 17.04% of visits to the Health Center in June completed the patient satisfaction survey.

The Health Center received generally favorable responses from survey participants when asked about ease of scheduling an appointment, wait time to see their provider, care received from providers and staff, understanding of health care instructions following their visit, hours of operation, and recommendation of the Health Center to friends and family.

**SNCHC Patient Satisfaction Survey Results:**

1. Service received during your visit?

- 🏠 Family Health – 6.9% (English)/ 4.1% (Spanish)
- 🏠 Family Planning – 74.6% (English)/ 93.9% (Spanish)
- 🏠 Ryan White – 18.5% (English)/ 2.0% (Spanish)
- 🏠 Behavioral Health – 0.0% (English)/ 0.0% (Spanish)

2. Southern Nevada Health District (SNHD) location?

- 🏠 Main – 99.2% (English)/ 98.0% (Spanish)
- 🏠 East Las Vegas – 0.8% (English)/ 2.0 (Spanish)

3. Do you have health insurance?

- 🏠 Yes – 63.8% (English)/ 10.2% (Spanish)
- 🏠 No – 36.2% (English)/ 89.8% (Spanish)

4. How long have you been a patient at the Southern Nevada Health District/Southern Nevada Community Health Center?

- 🏠 Less than 6 months – 43.1% (English)/ 44.9% (Spanish)
- 🏠 6 months to a year – 4.6% (English)/ 8.2% (Spanish)
- 🏠 1-3 years – 27.7% (English)/ 10.2% (Spanish)
- 🏠 3-5 years – 14.6% (English)/ 6.1% (Spanish)
- 🏠 5+ years – 10.0% (English)/ 30.6% (Spanish)

5. How did you hear about us?

- 🏠 Friends and/or Family – 42.3% (English)/ 75.5% (Spanish)
- 🏠 Referral from another Provider/Resource – 23.8% (English)/ 10.2% (Spanish)
- 🏠 Search Engine (e.g. Google) – 8.5% (English)/ 0.0% (Spanish)





- ☞ SNHD Website – 12.3% (English)/ 2.0% (Spanish)
- ☞ Social Media – 5.4% (English)/ 8.2% (Spanish)
- ☞ Postal Mailer - 0.0% (English)/ 0.0% (Spanish)
- ☞ Other Ads – 7.7% (English)/ 4.1% (Spanish)

6. Ease of scheduling an appointment?

- ☞ Excellent – 83.8% (English)/ 89.8% (Spanish)
- ☞ Good – 9.2% (English)/ 10.2% (Spanish)
- ☞ Average – 3.8% (English)/ 0.0% (Spanish)
- ☞ Poor – 1.5% (English)/ 0.0% (Spanish)
- ☞ Terrible – 1.5% (English)/ 0.0% (Spanish)

7. Wait time to see provider?

- ☞ Excellent – 73.8% (English)/ 79.6% (Spanish)
- ☞ Good – 14.6% (English)/ 14.3% (Spanish)
- ☞ Average – 9.2% (English)/ 6.1% (Spanish)
- ☞ Poor – 1.5% (English)/ 0.0% (Spanish)
- ☞ Terrible – 0.8% (English)/ 0.0% (Spanish)

8. Care received from providers and staff?

- ☞ Excellent – 91.5% (English)/ 91.8% (Spanish)
- ☞ Good – 6.2% (English)/ 8.2% (Spanish)
- ☞ Average – 1.5% (English)/ 0.0% (Spanish)
- ☞ Poor – 0.8% (English)/ 0.0% (Spanish)

9. Understanding of health care instructions following your visit?

- ☞ Excellent – 91.5% (English)/ 89.8% (Spanish)
- ☞ Good – 7.7% (English)/ 10.2% (Spanish)
- ☞ Average - 0.8% (English)/ 0.0% (Spanish)
- ☞ Poor - 0.0% (English)/ 0.0% (Spanish)

10. Hours of operation?

- ☞ Excellent – 79.2% (English)/ 79.6% (Spanish)
- ☞ Good – 16.2% (English)/ 18.4% (Spanish)
- ☞ Average – 4.6% (English)/ 2.0% (Spanish)
- ☞ Poor - 0.0% (English)/ 0.0% (Spanish)

11. Recommendation of our health center to friends and family?

- ☞ Extremely Likely – 89.2% (English)/ 100% (Spanish)
- ☞ Somewhat Likely – 4.6% (English)/ 0.0% (Spanish)
- ☞ Neutral – 5.4% (English)/ 0.0% (Spanish)
- ☞ Somewhat Unlikely – 0.8% (English)/ 0.0% (Spanish)

Health Center Visit Report Summary: June 2022

Southern Nevada Community Health Center

Completed Pt

	Provider Visits		Cancelled Visits		No Show Visits		Telehealth Visits					Total Scheduled Patients		
	Count	%	Count	%	Count	%	Audio Visit	%	Televisit	%	Total Telehealth Visits	%	Count	%
Family Health Clinic	339	31.74%	33	1.95%	127	7.49%	90	81.08%	3	2.70%	93	5.48%	592	34.91%
Behavioral Health Clinic		0.00%		0.00%		0.00%	1	0.90%	2	1.80%	3	0.18%	3	0.18%
Family Planning Clinic	321	30.06%	12	0.71%	97	5.72%	2	1.80%		0.00%	2	0.12%	432	25.47%
Refugee Clinic	28	2.62%	6	0.35%	12	0.71%	0	0.00%	0	0.00%	0	0.00%	46	2.71%
Ryan White	380	35.58%	61	3.60%	169	9.96%	2	1.80%	11	9.91%	13	0.77%	623	36.73%
Totals	1068	100.00%	112	6.60%	405	23.88%	95	85.59%	16	14.41%	111	6.54%	1696	100.00%

Percent of scheduled patients who no showed 23.88%

DK

# SNCHC Governing Board Meeting Schedule

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Randy S. Smith, FQHC Operations Officer





# New Meeting Time

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- Identify a time that offers:
  - a day/time that works for as many as possible;
  - provides necessary flexibility to hold another meeting in the month if quorum is not reached (HRSA requirement).
- Looking to implement a new schedule in CY23 (i.e., January 2023)
- Identify new schedule and present at the October 2022 meeting
- New board members may factor into decision
- May need to provide financial report one month in the rear
- Reduce meeting 1.25 hours
- Staff working through details. A new survey of board members is forthcoming

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# Questions



Thank you!