

**County of Solano  
Community Healthcare Board  
Regular Meeting**

July 17, 2019  
11:00 pm-1:00 pm  
2101 Courage Drive, Fairfield, CA 94533  
Multi-Purpose Room

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**Agenda**

**1) CALL TO ORDER – 11:00 PM**

- a) Welcome
- b) Roll Call

**2) APPROVAL OF THE AGENDA**

**3) APPROVAL OF THE JUNE 19, 2019 MEETING MINUTES**

**4) ITEMS FROM THE PUBLIC**

This is your opportunity to address the Board on a matter not listed on the Agenda, but it must be within the subject matter jurisdiction of the Board. Please submit a Speaker Card before the first speaker is called and limit your comments to three minutes.

**5) EXECUTIVE DIRECTOR'S REPORT**

**6) OPERATIONS COMMITTEES' REPORTS**

- a) Provider Advisory, Finance, Quality Performance, HRSA OSV

**7) NEW BUSINESS**

- a) Approve Board member travel and attendance to California Primary Care Association's Annual Conference in San Diego, CA scheduled from Oct 17-18, 2019
- b) Review and approve the Solano County Family Health Services Quality Assurance / Quality Improvement Plan 2019
- c) Review and approve Family Health Services Policies:
  - i) #300.02 – Medical Emergencies
- d) Review current patient origin by ZIP code and approve service site locations, and the hours of operation of those service sites; and approve scope adjustment to HRSA Form 5B: Service Sites
- e) Discuss monthly budget updates and budget development for Fiscal Year 2020-21

**8) BOARD MEMBER COMMENTS**

**9) CONSIDERATIONS FOR FUTURE AGENDA ITEMS**

**10) ADJOURN:**

To the Community Healthcare Board Regular Meeting of  
August 21, 2019 at 12:00PM  
2101 Courage Drive, Fairfield, CA 94533, Multipurpose Room

**County of Solano  
Community Healthcare Board  
Regular Meeting**

The County of Solano Community Healthcare Board does not discriminate against persons with disabilities and is an accessible facility. If you wish to attend this meeting and you will require assistance in order to participate, please call Solano County Family Health Services at 707-784-2170 at least 24 hours in advance of the event to make reasonable arrangements to ensure accessibility to this meeting.

If you wish to address any item listed on the Agenda, or Closed Session, please submit a Speaker Card to the Board Clerk before the Board considers the specific item. Cards are available at the entrance to the Board chambers. Please limit your comments to three minutes.

**County Of Solano**  
**Community Healthcare Board**

**REGULAR GOVERNING BOARD MEETING MINUTES**

June 19, 2019

2101 Courage Drive, Fairfield, Ca 94533, Multipurpose Room

**Members Present:**

Mike Brown, Ruth Forney, Tracee Stacy, Anthony Lofton, Sandra Whaley, Brandon Wirth, John Diaz, Jim Jones

**Members Absent:**

Carl Holmes

**Staff Present:**

Bela Matyas, Janine Harris, Andrew Obando, Noelle Soto, Amanda Meadows, Alicia Jones, Barbra Barbeau, Michele Leary, Teresa Shinder, Connie Pettersen, Cheryl Esters, Sumeera Arshad, Thy Robles, Jaron West, Patricia Zuniga, Patrick Stasio

**Guest:**

Ericka Saielli, Michael Shorter, Natalia Sejbuk, Gail Thomson

**1) CALL TO ORDER- 12:00PM**

- a) Welcome
- b) Roll Call

**2) Reorganization Of The Community Healthcare Board**

- a. Election Of Chair
  - i. Last meeting Tracee Stacy & Ruth Forney were nominated for Chair
  - ii. Tracee Stacy has removed herself from chair nomination
  - iii. Move motion for Ruth Forney to be Chair of the Community Healthcare Board

Motion by Brandon Wirth, second by John Diaz

Aye: Mike Brown, Ruth Forney, Tracee Stacy, Anthony Lofton, Sandra Whaley, Brandon Wirth, John Diaz, Jim Jones

Nay: 0

Motion Carries

- b. Election Of Vice Chair
  - i. Last meeting Brandon Wirth & Tracee Stacy were nominated for Vice Chair
  - ii. Brandon Wirth has removed himself from the Vice Chair nomination
  - iii. Move motion for Tracee Stacy to be Vice Chair of the Community Healthcare Board

Motioned by Mike Brown, second by Antony Lofton

Aye: Mike Brown, Ruth Forney, Tracee Stacy, Anthony Lofton, Sandra Whaley, Brandon Wirth, John Diaz, Jim Jones

Nay: 0

Motion Carries

- c. Consider the nomination and election of Member-At-Large
  - i. Move motion to elect Brandon Wirth as the Member-at-Large for the executive committee.

Discussion: Brandon Wirth wanted more information for the title is responsible for. Dr. Matyas has explained per the bylaws it is at the discretion of the board members to figure out the often the meetings will be held and what will be discussed. Brandon Wirth accepts.

Motioned by Tracee Stacy, seconded by Ruth Forney

Aye: Mike Brown, Ruth Forney, Tracee Stacy, Anthony Lofton, Sandra Whaley, Brandon Wirth, John Diaz, Jim Jones

Nay: 0

Motion Carries

- d. Approve the implementation of the Executive Committee
  - i. Move motion of implementation of the executive committee, with the approved members of the Chair, Vice Chair and member at large.

Motion by Tracee Stacy, second by Mike Brown

Aye: Mike Brown, Ruth Forney, Tracee Stacy, Anthony Lofton, Sandra Whaley, Brandon Wirth, John Diaz, Jim Jones

Nay: 0

Motion Carries

### 3) Approval Of The Agenda

- a. Discussion:

Tracee Stacy would like to see a monthly budget information added to the agenda. Also updates on when the committee meetings are held. Janine Harris let the board members know that the Finance Committee will be held on Wednesday June 26 1:30-2:30 at 275 Beck Ave Fairfield, CA 1<sup>st</sup> floor.

Bela Matyas has recommended to add on the Community Health Board link, located on the FHS website; monthly budget update, committee meetings, & standing items.

**ACTION: Andrew Obando to provide a link that provides the committee meetings to the website and send this information to the board members by the end of the week June 21.**

**Finance Committee to work on a format, that makes sense to the "outside", to present budget items to report to the board members monthly as a standing agenda item.**

- b. Move motion to approve agenda with changes

Motion by Tracee Stacy, second by Ruth Forney.

Aye: Mike Brown, Ruth Forney, Tracee Stacy, Anthony Lofton, Sandra Whaley, Brandon Wirth, John Diaz, Jim Jones

Nay: 0

Motion Carries

#### **4) Approval Of The May 15, 2019 Meeting Minutes**

- a. Move motion to approval of the May 15, 2019 meeting minutes

Motion by Ruth Forney, seconds by Brandon Wirth

Aye: Mike Brown, Ruth Forney, Tracee Stacy, Anthony Lofton, Sandra Whaley, Brandon Wirth, John Diaz, Jim Jones

Nay: 0

Motion Carries

#### **5) Items From the Public**

- a. Gail Thompson presented to the board input for what temperatures & locations the City of Vacaville should implement for warming & cooling stations for the homeless population. Currently the temperatures at or above 105 for more than two days a cooling station is used. Night time standards are more than two days of 80 degrees or more. She also gave praise to Jaron West's outreach to the homeless population. His outreach is gaining noticed among the homeless population, hoping to utilize the mobile units.

#### **6) Executive Director's Report**

- a. Greg Facktor & Associates (GFA) has been hired on to help FHS with the HRSA site visit. GFA will be working with each of the board members and what to expect during the site visit. This will allow better understanding for the board members to prepare for any questions asked by HRSA. GFA is working with FHS leadership to make sure our clinics are running to HRSA standards. Board members are encouraged to reach out if needed more training from GFA. The goal is to always be prepared rather than feeling the need of having to get prepared.
- b. On boarding new hires:
  - i. Jack Nasser-SR Health Services Manager (Chief Operations Officer) starting on July 1
  - ii. Ericka Saielli- Health Services Manager- starting on July 15
  - iii. Addition to other staff, HSM, OA's, Accountant
- c. Dr. Stacey has resigned. Dr. Michele Leary has been promoted as the new Interim Medical Chief Officer. The recruitment for a permanent position may take a few months. A new classification description needs to be written and approved, followed by hiring process.
- d. Budget was approved to the coming fiscal year- Clinic Physician Supervisor has been approved. This will make three Clinic Supervisors plus the Chief Medical Officer.

- e. Behavioral Mental Health integrated with FHS with the board is recommended to discuss after the HRSA site visit. As well as another Electronic Medical Records to use in the clinics.

## 7) Operations Committee's Reports

- a. Provider Advisory Committee presented by Dr. Leary- transition from Dr. Stacey to Dr. Leary as Interim Chief Medical Officer. Discussion of the supervision of APPs (Advance Practice Provider) shift from the term "Mid-Level" Provider which includes Nurse Practitioner (NP) and Physician's Assistant (PA).
- b. Quality Performance Committee presented by Dr. Leary- Working with GFA to reboot Quality Performance meetings.
- c. Finance Committee presented by Janine Harris-Last meeting was cancelled, new meeting scheduled for June 26, 2019.
- d. HRSA OSV Committee presented by Andrew Obando-weekly conference calls with GFA to discuss operational needs. Reviewing documents/contracts and providing feedback for improvement and to ensure it follows HRSA standards.
- e. Board Training- presented by Natalia from GFA-mock interviews with board members

**ACTION: Andrew Obando to update the July board meeting from 11-1 followed by GFA training from 1-2.**

## 8) Unfinished Business

- a. Discuss and adopt draft FHS' Mission, Vision, & Values (MVV's)
- b. Discussion- Tracee Stacey suggested logo changes a consideration for future agenda- recommended for after the HRSA OSV. Brandon Wirth mentions his thoughts of the importance of making sure our values are integrated with employees
- c. Move motion to approve of MVV's

Motioned by Ruth Forney, seconded by Anthony Lofton

Aye: Mike Brown, Ruth Forney, Tracee Stacy, Anthony Lofton, Sandra Whaley, Brandon Wirth, John Diaz, Jim Jones

Nay: 0

Motion Carries

## 9) New Business

- a. Discuss the Executive Director position and approve Dr. Bela Matyas as the Chief Executive Officer for Solano County Family Health Services Health Centers.

- i. Discussion-Bela Matyas speaks on HRSA requires the Executive Director (ED) to oversees both clinical and operations. Dr. Matyas' position meets this requirement. Dr. Matyas also suggest that Santos Vera would be the best fit as ED as he oversees the clinic operations daily. Unfortunately, with the current county structure Mr. Vera is unable to supervisor the Chief Medical Officer, therefore Dr. Matyas role is best suited. Co-applicant agreement states that the Health Services Administrator (HSA) can serve as ED, however this doesn't comply with HRSA under County classification of the HSA. Must modify co applicant agreement to meet HRSA's expectations. Suggestion for improvement, modify the co applicant agreement, revisit the roles, submit to the Board of Supervisors a modification that is less specific.
- ii. Move to approve Dr. Bela Matyas as the Chief Executive Officer for Solano County Family Health Services Health Centers.

Motioned by Ruth Forney, seconded by Brandon Wirth

Aye: Mike Brown, Ruth Forney, Tracee Stacy, Anthony Lofton, Sandra Whaley, Brandon Wirth, John Diaz, Jim Jones

Nay: 0

Motion Carries

- b. Approve Scheduling a special meeting, if needed, to be held on August 28<sup>th</sup> from 11:00am to 1:00pm if Board approvals are required prior to the Operational Site Visit.

- i. Move motion for a special meeting held on August 28<sup>th</sup> from 11am-1pm

Motioned by Brandon Wirth, seconded by Mike Brown

Aye: Mike Brown, Ruth Forney, Tracee Stacy, Anthony Lofton, Sandra Whaley, Brandon Wirth, John Diaz, Jim Jones

Nay: 0

Motion Carries

- c. Review & approve FHS Policies:

- i. #100.05-Coding
- ii. #100.06-Other Health Insurance/Private Insurance
- iii. #100.07-Void/Deleted Payments
- iv. #100.11-Billing and Collections
- v. #100.14-Bad Debt Write Off
- vi. #100.15-Back Office Claims Processing
- vii. Discussion- Tracee Stacy has asked for more clarification on policies #100.07 Void/Deleted Payments & #100.14 Bad Debt Write Off policy. Starting with #100.07 Void/Deleted Payments. Janine Harris explains when someone comes in and makes a payment, and the patient didn't receive the service and payment is return to them. Therefore a "void" is in the system. Then #100.14 Bad Debt Write Off- there is less than 2% of bad debt can not bill other health centers, or homeless patients that can not get a hold of. Recommended that board members attend finance committee for more understanding.

- viii. Move motion to approve FHS Policies: #100.05, #100.06, #100.07, #100.11, #100.14, #100.15

Motioned by Brandon Wirth, seconded by Anthony Lofton

Aye: Mike Brown, Ruth Forney, Tracee Stacy, Anthony Lofton, Sandra Whaley, Brandon Wirth, John Diaz, Jim Jones

Nay: 0

Motion Carries

- d. Discuss and approve a formal change in Scope to add Endocrinology as a Specialty Service provided through a formal written agreement with Touro University.

- i. Move motion to add Endocrinology as a Specialty Service provided through a formal written agreement with Touro University.

- ii. Discussion- Endocrinology is important part for the advance care of diabetes. Having providers that specializes in Endocrinology in house will be beneficial, as well as this helps serves a large cliental. This will also save money on specialty referrals.

Motioned by Tracee Stacey, seconded by John Diaz

Aye: Mike Brown, Ruth Forney, Tracee Stacy, Anthony Lofton, Sandra Whaley, Brandon Wirth, John Diaz, Jim Jones

Nay: 0

Motion Carries

- e. Discuss and approve the following scope adjustments to better align the HRSA Scope of Project with services provided by FHS:

- i. General Primary Medical Care Services- Add to Column II

- ii. Gynecological Care Services- Add to Column II

- iii. Pharmaceutical Services- Add to Column II

- iv. Translation Services- Add to Colum II

- v. Transportation Services- Move from Column I to Column II

- vi. Additional Dental Services- Add to Column II

- vii. Discussion- Andrew Obando states, FHS is already providing all these services, that this adjustment will better align our services to our HRSA scope of how we are conducting these services. Currently it states we are doing it directly, adding it to column II will indicated that not only are we are directly but we are having a contractor do it for us.

- viii. Move to approve the above scope adjustments to better align the HRSA Scope of Project with services provided by FHS.

Motioned by Tracee Stacey, seconded by Mike Brown

Aye: Mike Brown, Ruth Forney, Tracee Stacy, Anthony Lofton, Sandra Whaley, Brandon Wirth, John Diaz, Jim Jones

Nay: 0

Motion Carries



- f. Discuss and approve future board meeting locations, day of week, time of day, and implementation of proposed changes.
  - i. Discussion- Idea is to have the board meeting accessible to all involved through the Solano County locations. John Diaz expresses his concerns of the lack of advertisement for the board meeting. Suggestion to have fliers for the board meetings posted at each clinic location to notify the public. Flier with pictures of the board members and information identifying the purpose of how the board serves the community. All are welcome to the board meetings.
  - ii. Board Members agree for no changes to the board meeting locations.

#### **10) Board Members Comments**

- a. Tracee Stacey brings up the dental expansion in Vallejo, if we can prove the need for services and financial availability for the dental expansion. Dr. Matyas states that Western Dental is now moving into Vallejo therefore the need is less. Perhaps only 1-2 chairs rather than 12 chairs can be discussed for an expansion. In November there will be a reassessment of the Dental need.
- b. Introduction of Michael Shorter. New Accountant to start on July 1 2019
- c. Tracee Stacey would love to see the great ideas that the clinics are implementing.
- d. Ruth Forney mentioned a county counsel to attend the board meeting. Dr. Matyas mentions that we have people to review items provided to the board to comply with regulations.

#### **11) Considerations For Future Agenda Items**

- a. No items

#### **12) Adjourn**

##### **HANDOUTS:**

- **Reorganization of the Community Healthcare Board**
- **May 15, 2019 Meeting Minutes**
- **Draft of FHS Mission, Vision, & Values**
- **Policies: #100.05, #100.06, #100.07, #100.11, #100.14, #100.15**
- **New Business-Endocrinology as a Specialty Service**
- **New Business-Scope Adjustments to better align with HRSA Scope of Project**

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## OCTOBER 17-18 SAN DIEGO

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**PROGRAM DETAILS COMING SOON**

### AT-A-GLANCE SCHEDULE

#### THURSDAY, OCTOBER 17th

<b>7:00-8:30am</b>	Registration & Continental Bkfst
<b>8:30-9:15am</b>	Welcome & Hero Awards
<b>9:15-10:30am</b>	General Session
<b>10:45am-12:15pm</b>	Breakout Session I
<b>12:15-12:45pm</b>	Lunch & Networking
<b>12:45-2:45pm</b>	General Session
<b>3:00-4:30pm</b>	Breakout Session II
<b>4:30-7:00pm</b>	Tradeshow & 25th Anniversary Party

#### FRIDAY, OCTOBER 18t

<b>7:00-8:30am</b>	Registration & Continental Bkfst
<b>8:30-10:00am</b>	Breakout Session III
<b>10:15-11:45am</b>	Breakout Session IV
<b>11:45am-12:15pm</b>	Lunch
<b>12:15-1:00pm</b>	Clinic Legacy Awards
<b>1:00-2:00pm</b>	General Session
<b>2:00pm</b>	Conference Concludes

### SESSION TRACKS:

#### POLICY & ADVOCACY

Sessions will speak to statewide vehicles for transformation; how community health centers can be leaders in state, regional, and national policy and advocacy arenas; and how innovative partnerships and networks can support the strengthening of health centers.

#### BUSINESS INNOVATIONS

Sessions will highlight strategies for improving community health centers' financial and operational

#### STRATEGIC LEADERSHIP

Sessions will provide resources and information that will help health center leadership build a high-performing workforce, create safe spaces to foster practice innovation, and promote creative partnerships for change.

#### CLINICAL & CARE INNOVATIONS

Specifically intended for clinicians and clinical leadership, sessions will focus on strategies for

practices, creating competitive advantages, and ensuring long-term sustainability.

emerging care models within primary care, behavioral health, and oral health, as well as social determinants of health.

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#### **About Us**

CPCA represents more than 1,300 not-for-profit Community Health Centers and Regional Clinic Associations who provide comprehensive, quality health care services, particularly for low-income, uninsured and underserved Californians, who might otherwise not have access to health care.

The mission of CPCA is to lead and position community clinics, health centers, and networks through advocacy, education and services as key players in the health care delivery system to improve the health status of their communities.

#### **Contact Us**

(916) 440-8170  
www.cPCA.org

#### **Questions?**

Attendee Registration: Glenna Davido  
Speaker Information: Erin Perry  
Exhibitor & Sponsor Opportunities: Lindsey Ono

OCTOBER 17-18 SAN DIEGO

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## VENUE & ACCOMODATIONS

### Sheraton San Diego Hotel & Marina

1380 Harbor Island Drive  
San Diego, CA 92101

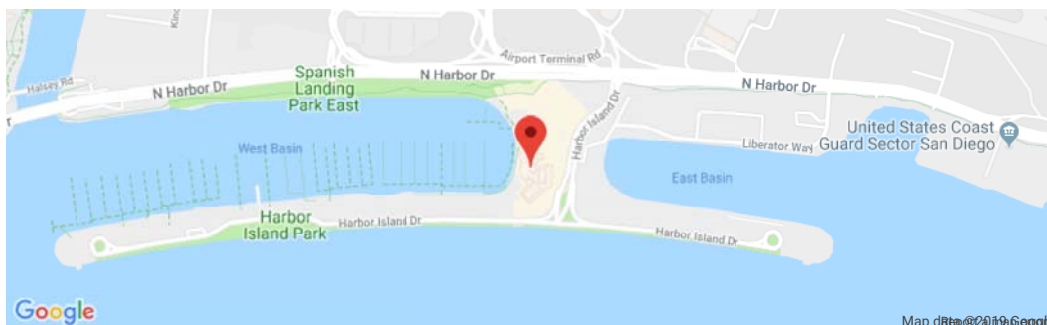
[BOOK ONLINE](#)



### CONFERENCE ROOM RATE

Single/Double:	\$209/night
Triple:	\$229/night
Quad:	\$249/night

Book your rooms at the conference rate by **September 30, 2019**. The limited room block will be honored on a first come, first serve basis.



OCTOBER 17-18 SAN DIEGO

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## 2019 REGISTRATION PRICING

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**SAVE \$50!**

Register online by July 31st and take advantage of Early-Bird pricing!

	Early-Bird <i>(before 7/31)</i>	Regular <i>(8/1 - 9/30)</i>	On-site
<b>CPCA Member</b>	\$775	\$825	\$925
<b>Community Board Member</b>	\$600	\$650	\$750
<b>Associate</b>	\$880	\$930	\$1,030
<b>Non-Member / Non-CHC</b>	\$975	\$1,025	\$1,125



*Advance registration is required for all CPCA training and events. In order to ensure you receive all important communications and materials which may be made available in advance, please register before **Monday, September 30, 2019**. All registrations after this date will have to be processed on-site.*

**CANCELLATION POLICY:**

To receive a refund, all cancellations must be in writing and must be received by emailing [Training@cpc.org](mailto:Training@cpc.org) according to the following schedule:

- Cancellations received on or before 20 business days of the event will result in a full refund minus a 10% processing fee.
- Cancellations received on or before 10 business days of the event will result in a 50% refund minus a 10% processing fee.
- Cancellations received on or before 5 business days of the event will result in a 25% refund minus a 10% processing fee.
- No refunds will be offered for cancellations received after 5 business days before the event.
- Cancellations after the conclusion of the event are non-refundable.
- Substitutions are encouraged but must be from within the same organization.
- "No Shows" are non-refundable.

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### Questions?

Attendee Registration: Glenna Davido  
Speaker Information: Erin Perry  
Exhibitor & Sponsor Opportunities: Lindsey Ono



**Solano County Family Health Services  
Quality Assurance / Quality Improvement Plan  
2019**

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*Introduction and Scope*

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The Family Health Services (FHS) Quality Assurance/Quality Improvement (QA/QI) Plan is established to ensure that FHS carries out its commitment to patient care and safety while concurrently implementing plans for the improvement of the health of its members and delivery of services. The QA/QI Plan is supervised by the Chief Medical Officer (CMO) and is designed to align with FHS' strategic plan. The focus of the FHS QA/QI is to deliver high quality patient care. High quality care is defined as:

- Safe
- Effective
- Patient-centered
- Timely
- Efficient
- Equitable

The QA/QI plan tracks clinical, operational, and other measures to promote quality, ensure patient safety, and improve patient care, with an emphasis on HRSA's (Health Resources and Services Administration) clinical performance measures. It is designed to move FHS toward achieving the Triple Aim in health – better health care for individuals and improved population health at reduced per capita costs. The FHS QA/QI plan describes an evolving program that is responsive to both the changing needs of FHS' patients and the standards established by the medical community, as well as regulatory and accrediting bodies. FHS works to integrate quality into all operations, promoting accountability throughout the organization.

FHS' QA/QI Plan applies to all clinical and operational activities. The scope of the QA/QI Plan is over-reaching and meant to serve as a guide to all QA/QI work across the organization. This document focuses on the following:

- Meeting all requirements of the QA/QI Plan required by HRSA for all 330 clinics as a program requirement
- Setting guidelines for the quality structure within the organization
- The quality and utilization of health center services
- Patient satisfaction and patient grievance processes
- Patient safety, including adverse events
- Addressing quality assurance requirements from government agencies
- Reporting on quality data as required by contracts (example: managed care organizations)
- Describing key initiatives
- Addressing findings identified by FHS through audits and assessments



The scope of all quality improvement and quality assurance activities shall promote the mission and values of FHS.

The FHS QA/QI Plan is reviewed annually and modified as required in collaboration with the QA/QI Committee, Board, and Leadership Team. The Plan is approved by the Community Healthcare Board of Directors. The Community Healthcare Board ensures, via reports from the QA/QI Committee and CMO that systems are in place to measure the quality of care indicators including patient satisfaction, access to care, quality of clinical care, health status of patients, and productivity. The Community Healthcare Board has ultimate oversight in establishing and maintaining the QA/QI Program.

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### *QI Leadership and Oversight Structure*

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#### 1. QA/QI Committee

The QA/QI Committee meets monthly and is chaired by the CMO. The Committee is staffed by various members outlined below to identify and prioritize objectives based on financial impact to the organization, technical feasibility, and relevance to FHS' patient population. The QA/QI Committee reviews performance on various quality measures on a monthly basis. The CMO reports a summary of quality improvement activities and performance to the Community Healthcare Board of Directors on a quarterly basis. The committee is responsible for the following:

- Integrating and coordinating all quality improvement functions and activities
- Performing an annual review of the FHS QA/QI Plan and revise, as appropriate
- Reviewing, analyzing and evaluating the results of the performance improvement activities throughout the facility
- Providing guidelines for service quality/performance improvement/safety indicator/projects
- Recommending and facilitating implementation of needed actions relevant to the results and/or outcome of performance improvement activities undertaken
- Ensuring physician's understanding of and participation in the planning, design, implementation, monitoring and evaluation of performance improvement activities
- Reviewing FHS' clinical measures
- Reviewing the results of quality and patient satisfaction audits and a trend report
- Reviewing legal claims related to patient care
- Reviewing audit results
- Reviewing and approving clinical and operational measures for the year
- Reviewing incident reports

QA/QI Committee shall be represented by the following areas at a minimum:

- Dental
- Front Office Staff
- Information Technology
- Medical Assistants
- Medical Provider(s) (CMO, MD, DO, NP, PA, LCSW, MFT)
- Nursing (PHN, RN, LVN)

The Committee will focus on achieving externally imposed QI goals including Meaningful Use, Uniform Data System (UDS), health plan pay for performance (P4P) initiatives, health plan Quality Improvement Projects (QIPs), NCQA Patient Centered Medical Home (PCMH), Title X, and department specific measures. See attached for 2019 selected quality measures and corresponding goals (*Appendix 1*). Measure compliance rates will be updated monthly and distributed to departments/locations through their departmental QA/QI teams. For the departments that have established panels, provider specific measure compliance rates will be distributed to clinical directors on a quarterly basis.

The focus of the QA/QI Committee is on department specific improvements including but not limited to clinical interventions determined by the QA/QI Committee, patient experience, improved workflow, and special collaborative projects. On at least a quarterly basis, the QA/QI Committee will use PDSA (*Appendix 2*) or other test of change tools and methods in the planning and implementation of QI assessments.

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*Peer Review*

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2. Peer review will be conducted, at least quarterly, using data systematically collected from patient records to ensure:
  - a. Providers adhere to current evidence-based clinical guidelines, standards of care, and standards of practice in the provision of health center services, as applicable; and
  - b. The identification of any patient safety and adverse events and the implementation of related follow-up actions, as necessary.

Providers will be assessed by a minimum of 20 chart reviews per year per 1.0 FTE (either by internal peer review coordinated by department's clinical director or externally audited) for outpatient services. If deficiencies are noted, then the department director will discuss with the CMO and work with the provider to devise a corrective action plan (CAP) with additional

chart reviews related to the deficiency. Follow-up evaluations will be completed within three months. Summary results of chart audits and patient satisfaction surveys will be included in each providers' annual evaluation and will be part of the re-privileging process.

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### *Patient Grievances*

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3. Patient grievances will be addressed according to FHS's "Patient Grievance/Complaint" process, FHS policy number 200.02, and will be assessed by the QA/QI Committee on a quarterly basis. The Patient Grievance/Complaint policy establishes a uniform process allowing a patient or patient's authorized representative to submit a written or verbal grievance/complaint pertaining to any of the FHS Health Centers. All grievances/complaints shall be evaluated and resolved in a manner that assures quality care and services.

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### *Patient Satisfaction*

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4. Patient satisfaction surveys (*Appendix 3*) will be distributed, at a minimum, twice yearly to patients in each department. These surveys will evaluate the patient's experience with the providers, staff, and the facility. Results will be shared with the organization and reported to the QA/QI Committee and Community Healthcare Board. Findings and opportunities will be discussed at QA/QI Team meetings and shared with the Leadership Team. PDSAs and other tools for change will be utilized to test improvements in any areas where there may be gaps in patient satisfaction.

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### *Patient Safety and Adverse Events*

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5. FHS' "Incident Reporting and Tracking Procedures" protocol establishes a process for documenting, tracking, and addressing patient safety and adverse events, including incidents involving personnel and volunteers. Patient safety issues and any incident reports will be reviewed at least quarterly by the QA/QI Committee and to inform quality of care standards that FHS providers are delivering to patients.

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*Patient Confidentiality*

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6. FHS recognizes that employees, volunteers, and others who work within the organization are exposed to confidential information about individuals and organizations during the course of their work or activities. Confidential information is defined as any information found in a patient's medical record, personal and work-related information in an employee's personnel record, as well as an employee's salary. All information relating to a patient's care, treatment, or condition constitutes confidential information. Employees shall never discuss a patient's medical condition with other personnel, friends, or family members.

- If there is any unauthorized disclosure of the aforementioned, it is the policy of FHS to take appropriate disciplinary actions which could include termination of an employee.
- All personnel will adhere to the requirements of federal law as detailed in HIPAA with respect to the protection of Personal Health Information (PHI) and California Law.
- It is the policy of FHS to ensure all staff understands the importance and requirements for maintaining confidentiality and the resulting necessary action if this confidentiality is breached.

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*Revisions*

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This Quality Assurance/Quality Improvement Plan is intended to be flexible and readily adaptable to changes in current initiatives, regulatory requirements, and in the healthcare system as a whole. The plan will be regularly reviewed by the CMO, the QA/QI Committee, and the Community Healthcare Board to assess the viability of the plan, and any proposed changes will be presented to the Q A / QI committee and to the Community Board for approval when applicable.

**Appendix 1.**

2019 Core Quality Improvement Measures					
Clinical Measure	Description	Reported To	2018 Baseline	2019 Goal	Reporting Frequency
Dental Sealants	Percentage of children aged 6-9 years, who had a dental visit and had an oral assessment or comprehensive or periodic oral evaluation visit and are at moderate to high risk for caries in the calendar year and received a sealant on a permanent first molar tooth during the calendar year.	UDS, HEDIS	UDS: 42%	47.8%	Quarterly
Diabetes A1C Control	Diabetes Poor Control: Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c (HbA1c) greater than 9.0 percent or did not have a HbA1c test during the measurement period.	UDS, HEDIS	UDS: 35%	29.68%	Quarterly
	Diabetes Good Control: Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c (HbA1c) less than or equal to 9.0 percent during the measurement period.	QIP	Fairfield: 68.4% Vallejo: 73.3% Vacaville: 67.3%	70.32%	Monthly
Diabetes Retinal Eye Exam	Percentage of patients 18-75 years of age with diabetes who had a retinal or dilated eye exam in the measurement year or a negative retinal or dilated eye exam in the year prior to the measurement year.	QIP	Fairfield: 63.2% Vallejo: 56.7% Vacaville: 54%	64.23%	Quarterly

<p>Childhood Immunization Status</p>	<p>Combo-10: Percentage of children 2 years of age with one medical visit during the measurement period who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV), one measles, mumps and rubella (MMR); three H influenza type B (HiB); three Hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); one Hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday.</p>	<p>UDS, HEDIS</p>	<p>UDS: 28%</p>	<p>35.2%</p>	<p><i>Monthly</i></p>
	<p>Combo-3: Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV), one measles, mumps and rubella (MMR); three H influenza type B (HiB); three Hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV) vaccines by their second birthday.</p>	<p>QIP</p>	<p>Vallejo: 52.8% Vacaville: 51.1% Peds: 46.9%</p>	<p>70.8%</p>	<p><i>Monthly</i></p>
<p>Cervical Cancer Screening</p>	<p>Percentage of women 21-64 years of age with one medical visit during the measurement period who were screened for cervical cancer using either of the following criteria:</p> <ul style="list-style-type: none"> <li>• Women age 21-64 who had cervical cytology performed every 3 years.</li> <li>• Women age 30-64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years.</li> </ul>	<p>UDS, HEDIS, QIP</p>	<p>UDS: 18% Fairfield: 44.3% Vallejo: 41.2% Vacaville: 37.2%</p>	<p>49.87%</p>	<p><i>Quarterly</i></p>

<p>Colorectal Cancer Screening</p>	<p>Percentage of adults 50–75 years of age who had appropriate screening for colorectal cancer. Appropriate screenings are defined by any one of the following criteria:</p> <ul style="list-style-type: none"> <li>• Fecal occult blood test (FOBT) during the measurement period.</li> <li>• Fecal immunochemical test (FIT)- deoxyribonucleic acid (DNA) during the measurement period or the 2 years prior to the measurement period.</li> <li>• Flexible sigmoidoscopy during the measurement period or the 4 years prior to the measurement period.</li> <li>• Computerized tomography (CT) colonography during the measurement period or the 4 years prior to the measurement period.</li> <li>• Colonoscopy during the measurement period or the 9 years prior to the measurement period.</li> </ul>	<p>UDS, HEDIS, QIP</p>	<p>UDS: 14.8% Fairfield: 26.3% Vallejo: 19.8% Vacaville: 27.7%</p>	<p>37.5%</p>	<p><i>Quarterly</i></p>
<p>Breast Cancer Screening</p>	<p>The percentage of women 50–74 years of age who had a mammogram to screen for breast cancer.</p>	<p>HEDIS, QIP</p>	<p>Fairfield: 59.9% Vallejo: 44.4% Vacaville: 50.3%</p>	<p>58.99%</p>	<p><i>Quarterly</i></p>

<p>Screening for Depression and Follow-Up Plan</p>	<p>Percentage of patients aged 12 years and older screened for depression on the date of the visit using an age-appropriate standardized depression screening tool and if positive, a follow-up plan is documented on the date of the positive screen.</p>	<p>UDS, HEDIS</p>	<p>UDS: 4%</p>	<p>13.6%</p>	<p><i>Quarterly</i></p>
<p>Screening for Body Mass Index (BMI) and Follow-Up Plan</p>	<p>Percentage of patients aged 18 years and older with with at least one medical visit during the measurement period with BMI documented during the most recent visit or within the previous 12 months to that visit and when the BMI is outside of normal parameters, a follow-up plan is documented during the visit or during the previous 12 months of that visit.</p>	<p>UDS, HEDIS</p>	<p>UDS: 29%</p>	<p>34%</p>	<p><i>Quarterly</i></p>
<p>Controlling High Blood Pressure</p>	<p>Percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose blood pressure (BP) was adequately controlled (less than 140/90 mmHg) during the measurement period.</p>	<p>UDS, HEDIS, QIP</p>	<p>UDS: 63.7% Fairfield: 65% Vallejo: 60.1% Vacaville: 66.7%</p>	<p>65.78%</p>	<p><i>Quarterly</i></p>
<p>Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents</p>	<p>Percentage of patients 3–17 years of age who had an outpatient medical visit and who had evidence of height, weight, and body mass index (BMI) percentile documentation and who had documentation of counseling for nutrition and who had documentation of counseling for physical activity during the measurement period.</p>	<p>UDS</p>	<p>UDS: 1.2%</p>	<p>6.2%</p>	<p><i>Quarterly</i></p>



Nutritional Counseling	Percentage of patients 3–17 years of age who had an outpatient medical visit and who had documentation of counseling for nutrition during the measurement period.	QIP	Peds: 4%	69.57%	<i>Quarterly</i>
Physical Activity Counseling	Percentage of patients 3–17 years of age who had an outpatient medical visit and who had documentation of counseling for physical activity during the measurement period.	QIP	Peds: 6.1%	63.5%	<i>Quarterly</i>
Well-Child Visits in the 3 <sup>rd</sup> , 4 <sup>th</sup> , 5 <sup>th</sup> , and 6 <sup>th</sup> Years of Life	<p>The percentage of patients 3–6 years of age who had one or more Well-Child visits with a PCP during the measurement year. Documentation must include a note indicating a visit to a PCP, the date when the Well-Child visit occurred and evidence of all of the following:</p> <ul style="list-style-type: none"> <li>• A health history</li> <li>• A physical developmental history</li> <li>• A mental developmental history</li> <li>• A physical exam</li> <li>• Health education/anticipatory guidance.</li> </ul>	HEDIS, QIP	Vallejo: 57% Vacaville: 43% Peds: 58.3%	73.89%	<i>Quarterly</i>
Immunizations for Adolescents	Percentage of children 13 years of age who had at least one meningococcal vaccine between 11 <sup>th</sup> and 13 <sup>th</sup> birthdays, at least one tetanus, diphtheria toxoids and acellular pertussis (Tdap) between 10 <sup>th</sup> and 13 <sup>th</sup> birthdays, and at least two human papillomavirus (HPV) between 9 <sup>th</sup> and 13 <sup>th</sup> birthdays.	QIP	Vallejo: 30.4% Vacaville: 15.6% Peds: 24%	31.87%	<i>Quarterly</i>

Appropriate Medications for Asthma	Percentage of patients 5-64 years of age with persistent asthma with a medical visit during the measurement year with at least one preferred asthma medication prescribed during the measurement period.	UDS	UDS: 78.8%	79.86%	<i>Quarterly</i>
Asthma Medication Ratio	The percentage of patients 5-64 years of age with at least four outpatient visits (or at least one emergency department visit, at least one inpatient encounter, or four asthma medication dispensing events) with a diagnosis of persistent asthma who have a medication ratio greater than or equal to 0.5 during the measurement year. The medication ratio is calculated as follows: Units of controller medications ÷ Units of total asthma medications.	QIP	Peds: 53.6%	62.28%	<i>Quarterly</i>
Tobacco Use Screening and Cessation Intervention	Percentage of patients 18 years of age and older with at least two medical visits or at least one preventive medical visit during the measurement period who were screened for tobacco use at least once within 24 months and who received cessation counseling intervention if defined as a tobacco user.	UDS	UDS: 73%	74.35%	<i>Quarterly</i>
Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	Percentage of patients 21 years of age and older at high risk for cardiovascular event who were prescribed or on statin therapy during the measurement period.	UDS	UDS: 81.3%	83%	<i>Quarterly</i>

<p>Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet</p>	<p>Percentage of patients 18 years of aged and older who were diagnosed with acute myocardial infarction, or who had a coronary artery bypass graft, or percutaneous coronary interventions in the 12 months prior to the measurement year or who had an active diagnosis of IVD during the measurement period and who had documentation of aspirin or another antiplatelet during the measurement period.</p>	<p>UDS</p>	<p>UDS: 80.7%</p>	<p>83%</p>	<p><i>Quarterly</i></p>
<p>HIV Linkage to Care</p>	<p>Percentage of patients newly diagnosed with HIV between October 1 of the prior year through September 30 of the current measurement year and who had at least one medical visit during the measurement period or prior year who were seen for follow-up treatment within 90 days of diagnosis.</p>	<p>UDS</p>	<p>UDS: 100%</p>	<p>100%</p>	<p><i>Quarterly</i></p>

**Appendix 2.**



**Patient Satisfaction Survey**

To ensure that we are providing you with the best quality health care services possible, we are offering you the opportunity to give us your feedback through this patient satisfaction survey.

All surveys are anonymous and can be either mailed or dropped off to the site nearest you (locations below).

Thank you in advance for filling out this survey.

**A. GENERAL INFORMATION**

1. Your age: \_\_\_\_\_
2. Your assigned sex at birth:  Male  Female  Intersex  Decline to State
3. Your current gender identity:  Male  Female  
 Genderqueer, gender non-conforming or agender  Other  Decline to State
4. Your sexual orientation:  Straight (Heterosexual)  Gay, Lesbian  Bisexual  
 Other  Decline to State
5. Your Race/ Ethnicity (check all that apply):
 

<input type="checkbox"/> White	<input type="checkbox"/> Black/African American
<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> American Indian/Alaska Native
<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> North African
<input type="checkbox"/> Chamorro	<input type="checkbox"/> Middle Eastern
<input type="checkbox"/> Samoan	<input type="checkbox"/> Other Pacific Islander (Tongan, Fijian, Marshallese, etc.)
<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Korean
<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Japanese
<input type="checkbox"/> Chinese	<input type="checkbox"/> Other Asian (Cambodian, Hmong, etc.)
<input type="checkbox"/> Filipino	<input type="checkbox"/> Some other race

6. Which of our sites do you receive services from:
  - Fairfield Adult Primary Care – 2201 Courage Drive, Fairfield, CA 94533
  - Fairfield Pediatric Primary Care – 2101 Courage Drive, Fairfield, CA 94533
  - Fairfield Dental Care – 2101 Courage Drive, Fairfield, CA 94533
  - Vallejo Family Health Services – 365 Tuolumne Street, Vallejo CA 94590
  - Vacaville Family Health Services – 1119 East Monte Vista Ave., Vacaville, CA 95688
  - Mobile Family Health Services – Various locations - Please name site \_\_\_\_\_

7. Which of the following service(s) do you receive from our health center:

\_\_\_\_\_ Dental Care    \_\_\_\_\_ Primary Medical Care    \_\_\_\_\_ Mental Health/Counseling

8. Insurance coverage information (select all that apply):

\_\_\_\_\_ Medi-Cal (including Partnership)    \_\_\_\_\_ Self-pay (including Sliding Fee Scale Discount Program (SFSDP))  
 \_\_\_\_\_ Medicare  
 \_\_\_\_\_ Private Insurance (Blue Cross, United, etc.)    \_\_\_\_\_ Other (e.g. FPACT, EWC, CMSP, etc.)  
 \_\_\_\_\_ Please identify:

Select all that apply:    \_\_\_\_\_ Applied and Qualified for SFSDP

\_\_\_\_\_ Applied and Not Qualified for SFSDP

\_\_\_\_\_ Have not applied/not interested

Please state the reason (e.g. not offered, Medi-Cal covered full cost, do not wish to complete SFSDP application, etc.)

\_\_\_\_\_

<b>B. ACCESS TO CARE</b>	<b>VERY POOR</b>	<b>POOR</b>	<b>FAIR</b>	<b>GOOD</b>	<b>VERY GOOD</b>
1. Ease of scheduling your appointment	1	2	3	4	5
2. Pleasantness of person who scheduled your appointment	1	2	3	4	5
3. Convenience of our business hours	1	2	3	4	5
4. Our promptness in returning your phone calls	1	2	3	4	5

5. Do you have difficulty with transportation getting to your appointment?

\_\_\_\_\_ Yes    \_\_\_\_\_ No

6. Type of transportation used to access your health center:

\_\_\_\_\_ Car    \_\_\_\_\_ Taxi    \_\_\_\_\_ Bus    \_\_\_\_\_ Friends/Family    \_\_\_\_\_ Walk    \_\_\_\_\_ Ride Share (i.e. Uber/Lift)



<b>C. DURING YOUR VISIT</b>	<b>VERY POOR</b>	<b>POOR</b>	<b>FAIR</b>	<b>GOOD</b>	<b>VERY GOOD</b>
1. Speed of the registration process	1	2	3	4	5
2. Courtesy of the staff in the registration area	1	2	3	4	5
3. Comfort and pleasantness of the waiting area	1	2	3	4	5
4. Length of wait time in the waiting area	1	2	3	4	5
5. Comfort and pleasantness of the exam room	1	2	3	4	5
6. Friendliness/courtesy of the nurse/assistant	1	2	3	4	5
7. Concern the nurse/assistant showed for your issue	1	2	3	4	5
8. Wait time in exam room before seeing a provider	1	2	3	4	5

<b>D. YOUR DOCTOR/PHYSICIAN</b>	<b>VERY POOR</b>	<b>POOR</b>	<b>FAIR</b>	<b>GOOD</b>	<b>VERY GOOD</b>
1. Friendliness/courtesy of the provider	1	2	3	4	5
2. Concern the provider showed for your worries	1	2	3	4	5
3. Efforts to include you in decisions about your treatment	1	2	3	4	5
4. Information the provider gave you about medications (if any)	1	2	3	4	5
5. Degree to which you understood what the provider was saying	1	2	3	4	5
6. Amount of time the care provider spent with you	1	2	3	4	5
7. Instructions the provider gave you about follow-up care (if any)	1	2	3	4	5
8. Your confidence in this care provider	1	2	3	4	5
9. Likelihood of you recommending this care provider to others	1	2	3	4	5

<b>E. YOUR COSTS</b>	<b>VERY POOR</b>	<b>POOR</b>	<b>FAIR</b>	<b>GOOD</b>	<b>VERY GOOD</b>
1. Out-of-pocket fees/charges for visit	1	2	3	4	5
2. Explanation of charges	1	2	3	4	5
3. Explanation of payment options	1	2	3	4	5

4. If applicable, do sliding fee discounts help with deciding to see your care provider?

Yes  No

<b>F. OVERALL ASSESSMENT</b>	<b>VERY POOR</b>	<b>POOR</b>	<b>FAIR</b>	<b>GOOD</b>	<b>VERY GOOD</b>
1. Overall friendliness of our staff	1	2	3	4	5
2. Overall cleanliness of our health center	1	2	3	4	5
3. Overall rating of care received during your visit	1	2	3	4	5
4. Likelihood of you recommending our center to others	1	2	3	4	5

5. Do you feel like you were treated poorly because of your race/ethnicity? Please check all that apply.

- Yes, by the registration staff
- Yes, by the nurse/MA
- Yes, by the provider
- No
- Decline to state

6. Do you feel like you were treated poorly because of your sexual orientation/gender identity? Please check all that apply.

- Yes, by the registration staff
- Yes, by the nurse/MA
- Yes, by the provider
- No
- Decline to state

What do you feel that our health center does well? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What do you feel that our health center needs to improve on? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Additional comments:**

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**SOLANO  
COUNTY**

**SERVICIOS DE SALUD  
FAMILIAR**

**Encuesta de satisfacción al paciente**

Para asegurarnos de que estamos ofreciendo el cuidado médico de la más alta calidad posible, le ofrecemos la oportunidad para que comparta su opinión y sus comentarios por medio de esta encuesta.

Todas las respuestas son anónimas y se puede enviar por correo o dejar al sitio más cercano a usted (ubicaciones a continuación).

Gracias de antemano por completar esta encuesta.

**A. Información General**

1. Su edad: \_\_\_\_\_

2. Su sexo asignado al nacer:  Hombre  Mujer  Intersex  Negar Declarar

3. Su identidad de género actual:  Hombre  Mujer  Genderqueer, género no conforme  Otro  Negar Declarar

4. Su orientación sexual:  Heterosexual  Gay, Lesbiana  Bisexual  Otro  Negar Declarar

5. Su raza/etnicidad: (Marque todas las que correspondan):

- |  |   |
|--|---|
| <input type="checkbox"/> Blanco          | <input type="checkbox"/> Negro/Afroamericano  |
| <input type="checkbox"/> Nativo hawaiano | <input type="checkbox"/> Indio Americano /Nativo de Alaska                              |
| <input type="checkbox"/> Hispano/Latino  | <input type="checkbox"/> Norteafricano  |
| <input type="checkbox"/> Chamorro        | <input type="checkbox"/> Medio Oriental   |
| <input type="checkbox"/> Samoano         | <input type="checkbox"/> Otros isleños del Pacífico (Tongano, Fiyiano, Marshalés, etc.) |
| <input type="checkbox"/> Indio Asiático  | <input type="checkbox"/> Coreano  |
| <input type="checkbox"/> Vietnamita      | <input type="checkbox"/> Japonés  |
| <input type="checkbox"/> Chino           | <input type="checkbox"/> Otro Asiático (Cambodian, Hmong, etc.)                         |
| <input type="checkbox"/> Filipino        | <input type="checkbox"/> Alguna otra raza   |

6. ¿En cuál(es) de nuestros centros de salud ha recibido servicios?

- Fairfield, cuidado para adultos – 2201 Courage Drive, Fairfield, CA 94533
- Fairfield, cuidado pediátrico – 2101 Courage Drive, Fairfield, CA 94533
- Fairfield, cuidado dental – 2101 Courage Drive, Fairfield, CA 94533

- Vallejo, servicios de salud familiar – 365 Tuolumne Street, Vallejo CA 94590
- Vacaville, servicios de salud familiar– 1119 East Monte Vista Ave., Vacaville, CA 95688
- Servicios móviles de salud familiar –Varias ubicaciones, por favor escribe la ubicación \_\_\_\_\_

7. ¿Cuál de los siguientes servicios recibe de nuestro Centro de salud:

Cuidado dental     Atención médica primaria     Consejería de Salud Mental

8. información de cobertura de seguro (Marque todas las que correspondan):

- |  |   |
|--|---|
| <input type="checkbox"/> Medi-Cal (incluyendo "Partnership")       | <input type="checkbox"/> Pago por cuenta propia (incluyendo tarifa de escala (SFSDP)) |
| <input type="checkbox"/> Medicare                                  | <input type="checkbox"/> Otros (p. ej., FPACT, EWC, CMSP, etc.)                       |
| <input type="checkbox"/> Seguro privado (Blue Cross, United, etc.) | Por favor identificar: _____  |

Marque todos los que apliquen:

- Aplicó y calificó para el programa de tarifa escala (SFSDP)
- Ha aplicado pero no calificó para el programa de tarifa escala (SFSDP)
- No ha aplicado/no está interesado

Por favor, indique la razón (por ejemplo, no se lo ofrecieron, Medi-Cal cubre el costo, no desea completar la aplicación para SFSDP, etc.)

B. ACCESO AL CUIDADO	MUY PESIMO	PESIMO	JUSTO	BIEN	MUY BIEN
1. Facilidad de programar su cita	1	2	3	4	5
2. Amabilidad de la persona que programó su cita	1	2	3	4	5
3. La conveniencia de nuestro horario	1	2	3	4	5
4. Nuestra rapidez en la devolución de sus llamadas telefónicas	1	2	3	4	5

5. ¿Tiene dificultad con el transporte para llegar a su cita?

Sí     No

6. Tipo de transporte utilizado para llegar al centro de salud:

Auto     taxi     Autobús     La familia/los amigos     Caminar     Transporte a pedido (es decir, Uber/Lyft)

<b>C. DURANTE SU VISITA</b>	<b>MUY PESIMO</b>	<b>PESIMO</b>	<b>JUSTO</b>	<b>BIEN</b>	<b>MUY BIEN</b>
1. Rapidez del proceso de registro	1	2	3	4	5
2. Cortesía del personal en el área de registro	1	2	3	4	5
3. Comodidad y agrado de la zona de espera	1	2	3	4	5
4. Demora en la sala de espera	1	2	3	4	5
5. Comodidad y agrado del cuarto de examen	1	2	3	4	5
6. Amabilidad/cortesía de la enfermera/asistente	1	2	3	4	5
7. Preocupación que la enfermera/asistente mostró por su problema	1	2	3	4	5
8. Demora en el cuarto de examen antes de ver a un proveedor	1	2	3	4	5

<b>D. Su Doctor/Médico</b>	<b>MUY PESIMO</b>	<b>PESIMO</b>	<b>JUSTO</b>	<b>BIEN</b>	<b>MUY BIEN</b>
1. Amabilidad/cortesía del proveedor	1	2	3	4	5
2. Preocupación que el proveedor mostró por sus preocupaciones	1	2	3	4	5
3. Esfuerzos para incluirlo en las decisiones sobre su tratamiento	1	2	3	4	5
4. Información que el proveedor le dio acerca de los medicamentos (si hay)	1	2	3	4	5
5. Nivel en que usted entendió lo que decía el proveedor	1	2	3	4	5
6. Cantidad de tiempo que el proveedor pasó con usted	1	2	3	4	5
7. Instrucciones que el proveedor le dio acerca de la atención de seguimiento (si corresponde)	1	2	3	4	5
8. Su confianza en este proveedor	1	2	3	4	5
9. Probabilidad de que usted recomiende este proveedor	1	2	3	4	5

<b>E. SUS COSTOS</b>	<b>MUY PESIMO</b>	<b>PESIMO</b>	<b>JUSTO</b>	<b>BIEN</b>	<b>MUY BIEN</b>
1. Gastos de bolsillo/cargos por visita	1	2	3	4	5
2. Explicación de los cargos	1	2	3	4	5



3. Explicación de las opciones de pago 1      2      3      4      5

4. Si corresponde, ¿los descuentos de tarifa variable le ayudan a decidir ver a su proveedor?

Sí  No

### F. EVALUACIÓN GENERAL

	MUY PESIMO	PESIMO	JUSTO	BIEN	MUY BIEN
1. Amabilidad en general de nuestro personal	1	2	3	4	5
2. Limpieza en general de nuestro centro de salud	1	2	3	4	5
3. Clasificación general de la atención recibida durante su visita	1	2	3	4	5
4. Probabilidad de que recomiende nuestro centro a otros	1	2	3	4	5

5. ¿Se siente que le trataron mal debido a su raza/etnicidad? Por favor marque todas las que correspondan.

- Sí, por el personal de registro
- Sí, por la enfermera/asistente
- Sí, por el proveedor
- No
- Negarse a responder

6. ¿Se siente que le trataron mal debido a su orientación sexual/identidad de género? Por favor marque todas las que correspondan.

- Sí, por el personal de registro
- Sí, por la enfermera/asistente
- Sí, por el proveedor
- No
- Negarse a responder

¿Qué siente que hace bien nuestro centro de salud? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

¿Cómo podemos mejorar? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Comentarios Adicionales:**

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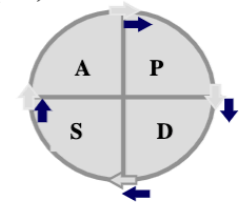
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**Appendix 3.**

<b>PDSA Worksheet</b>	<b>Team Name:</b> _____
<b>Cycle start date:</b> _____ <b>Cycle end date:</b> _____	
<p><b>PLAN: Area to work on:</b> Describe the change you are testing and state the question you want this test to answer (If I do x will y happen?)</p> <p>What do you predict the result will be?</p> <p>What measure will you use to learn if this test is successful or has promise?</p> <p>Plan for change or test: who, what, when, where</p> <p>Data collection plan: who, what, when, where</p>	
<p><b>DO:</b> Report what happened when you carried out the test. Describe observations, findings, problems encountered, special circumstances.</p>	
<p><b>STUDY:</b> Compare your results to your predictions. What did you learn? Any surprises?</p>	
<p><b>ACT:</b> Modifications or refinements for the next cycle; what will you do next?</p>	



**SIGNATURE PAGE**

The signatures below represent acceptance of the QA/QI Plan:

Chair - Community Healthcare Board Approval:

\_\_\_\_\_

Date:

\_\_\_\_\_

Vice Chair - Community Healthcare Board Approval:

\_\_\_\_\_

Date:

\_\_\_\_\_



## Family Health Services

### Medical Emergencies

Policy Number: 300.02

Effective Date	07/17/2019
Frequency of Review	Annually
Last Reviewed	07/12/2019
Last Updated	07/12/2019
Author(s)	Medical Director, Michele Leary, DO Medical Director, Teresa Shinder, DO Dental Director, Sneha Innes, DDS
Responsible Department	Medical Services- Clinical

**POLICY STATEMENT:** It is the policy of Family Health Services (FHS) to respond to patients with a medical emergency during or after regular office hours. FHS ensures at least one clinical staff member trained and certified in basic life support is present at each service delivery site to respond to patient medical emergencies during the health center's regularly scheduled hours of operation.

**POLICY SCOPE:** This policy applies to clinical personnel.

#### **POLICY DEFINITIONS:**

**Emergency Medical Services:** Services required for the alleviation of severe pain or immediate diagnosis and treatment of unforeseen medical conditions which, if not diagnosed and treated, would lead to disability or death.

#### **POLICY GUIDELINES:**

1. In the event of a medical emergency in the health center, the practitioner present will manage the emergency according to his/her training and skills.
2. The medical assistant calls Emergent Transport Services as soon as the emergency is recognized by any clinic employee and confirmed by the practitioner.
3. Practitioner will perform cardiopulmonary resuscitation (CPR) with the assistance of the clinic staff.
4. It is the policy of FHS to ensure all clinical staff understands how to respond to a medical emergency.

**PROCEDURE DESCRIPTION:** This procedure provides guidelines for medical emergencies.





## Medical Emergencies

Policy Number: 300.02

### PROCEDURE GUIDELINES:

1. In the event of a medical emergency in the health center, the practitioner present will manage the emergency according to his/her training and skills.
  - a. Any of the following medical conditions are classified as emergent and life-threatening.
    - i. Cardiac and Respiratory arrest
    - ii. Severe Chest Pain
    - iii. Syncope
    - iv. Seizure
    - v. External Bleeding
    - vi. Anaphylaxis
    - vii. Drug overdose
    - viii. Status Asthmaticus
  - b. Clinic Guidelines should any Medical Emergency should arise:
    - i. The medical assistant calls Emergent Transport Services as soon as the emergency is recognized by any clinic employee and confirmed by the practitioner.
    - ii. Practitioner will perform cardiopulmonary resuscitation (CPR) with the assistance of the clinic staff.
    - iii. When necessary, the clinic practitioner will attempt to sustain life (Basic Cardiac Life Support) using drugs and other life-sustaining procedures.
    - iv. When the paramedics arrive, emergency care will be turned over to the paramedical team, after the clinic staff have apprised them of events and treatment rendered.
    - v. Paramedic team will assess patient's medical condition on site and stabilize patient for transport to an emergency facility.
    - vi. The clinic staff will provide paramedics with all available information regarding the case.
    - vii. The clinic practitioner notifies the next of kin of the situation and assists them in obtaining information from physicians at the acute care facility.
    - viii. Medical assistant or receptionist informs medical director if he/she is not on site and apprises him/her of medical emergency.
2. Other Emergency Protocols
  - a. Reporting of Communicable Disease
    - i. All cases of reportable communicable disease shall be reported within 24 hours to the Solano County, Department of Health Services.
    - ii. Likewise, any outbreak or undue prevalence of infectious disease shall be reported.
  - b. Burns - 2nd Degree Burns
    - i. Signs: Contact with hot liquid, Redness, tenderness at affected area, Blistered areas, open wound.



## Medical Emergencies

Policy Number: 300.02

- ii. Submerge in cold or iced water.
  - iii. Apply a cold pack (clean cloths wrung out in cold water).
  - iv. Cover with a wet dressing under plastic, as dry dressing will tend to adhere to the wound.
- c. Burns - 3rd Degree Burns
- i. Signs: Caused by flames, ignited clothing, electricity
  - ii. White or charred skin, Involves deeper destruction to skin
  - iii. Do not remove adhered particles of charred clothing.
  - iv. Cover the area with sterile dressing.
  - v. Elevate affected part of the body.
  - vi. Do not apply ointments or remedies to burns.
  - vii. Remove patient from source of danger.
  - viii. Observe for difficulty of breathing or possible shock.
- d. Chemical Burns
- i. Signs: Contact to skin by chemical cleaners, acids.
  - ii. Redness, irritation.
  - iii. Read label of chemical agent for first aid measures.
  - iv. Wash chemicals off as quickly as possible, using clean, cool water. Wash for at least 5 minutes. **DO NOT USE WATER FOR LYE OR CARBOLIC ACID.** Brush lye off the skin. Use alcohol to rinse off carbonic acid.
  - v. Remove contaminated clothing. **CAUTION:** Do not spread the chemical to other areas of skin.
  - vi. For burns to eyes, wash eyes with eyelids open. Remove contact lenses if worn by victim. Do not let victim rub his eyes.
  - vii. Call for medical help - DIAL Emergent Transport Services.
- e. Choking
- i. Signs: Patient gasping for air.
  - ii. Cyanotic, Patient has just been eating.
  - iii. With patient standing, perform upper abdominal squeeze technique from behind (Heimlich Maneuver) until foreign body is expelled or the patient becomes unconscious.
  - iv. Administer oxygen via nasal canal.
  - v. DIAL Emergent Transport Services.
- f. Patient Collapse
- i. As a precaution, leave the treatment room door slightly ajar when performing procedures that may result in patient collapse, i.e. IUD insertion, blood drawing, etc.
  - ii. Summon help by calling - "Help! Stat! Room!" Stating location of incident.
  - iii. **STAY WITH PATIENT UNTIL HELP COMES.** Do not let patient fall off the table or be injured further, if possible.



## Medical Emergencies

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- iv. Stop procedure.
  - v. Have other clinic personnel note time; immediately summon MD or RN for help.
  - vi. Bring emergency supply box.
  - vii. Call Emergency Medical System, DIAL 911, if Clinician says to do so.
  - viii. ATTEMPT TO ASCERTAIN PROBABLE CAUSE OF COLLAPSE OR ILLNESS.
- g. Shock
- i. Signs: Pulse present, FAST.
  - ii. Skin cool, clammy, pallor around mouth or Cyanosis, Blood Pressure less than 80 systolic, Patient may be conscious or unconscious.
  - iii. Cover patient with light blanket to conserve body warmth without overheating.
  - iv. Raise feet above heart level; support legs so they are slightly higher than heart.
  - v. Provide oxygen via nasal canal.
  - vi. DIAL Emergent Transport Services.
  - vii. Observe patient closely for possible cardiopulmonary arrest.
- h. Vaso-Vagal Reaction (Faint)
- i. Signs: Pulse present! Slow (60 or less).
  - ii. Skin cool clammy.
  - iii. Pallor around mouth.
  - iv. Patient may be conscious or unconscious.
  - v. Patient may be nauseated or may vomit.
  - vi. Have patient lie down.
  - vii. Turn patient up on a side so as to prevent aspiration should he/ she vomit.
  - viii. Raise feet above chest level with support under them.
  - ix. Cover patient with light blanket to conserve body warmth without overheating.
  - x. Administer oxygen via nasal canal.
  - xi. Watch for cardiopulmonary arrest.
  - xii. If patient recovers spontaneously within a few minutes, keep him/her resting quietly until stable and make sure patient is completely OK before letting her /him go home WITH A FRIEND. Advise client to see an MD for evaluation if the vaso-vagal reaction was severe.
  - xiii. If patient does not recover within a few minutes, or if you are in doubt about recovery, DIAL Emergent Transport Services.



**Medical Emergencies**

Policy Number: 300.02

<b>REFERENCED POLICIES</b>	
<b>REFERENCED FORMS</b>	
<b>REFERENCES</b>	

\_\_\_\_\_  
**Chair - Community Healthcare Board**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Vice-Chair - Community Healthcare Board**

\_\_\_\_\_  
**Date**

**Solano County - Patient Origin Study**

<b>2018 UDS</b>	
94533	8,210
94590	3,372
94591	2,153
94585	2,009
95688	1,782
95687	1,565
94589	1,295
94534	678
94510	451
95620	359
94571	267
94503	60
95696	56
95690	40
94592	33
95694	25
94558	19
94559	18
94535	18
94806	13
Others	399
Unknown	3
<b>TOTAL</b>	<b>22,825 100.00%</b>

<b>Form 5B Service Area Zip Codes</b>	<b>2018 UDS</b>	
94533	8,210	
94590	3,372	
94591	2,153	
95688	1,782	
95687	1,565	
94589	1,295	
94534	678	
94510	451	
95620	359	
94571	267	
94503	60	
* 95696	56	Note: 95696 is a P.O. Box
94592	33	
95694	25	
94535	18	
* 94587		
* 94588		
<b>TOTAL</b>	<b>20,324</b>	<b>89.04%</b>

\* Recommend delete from Form 5B

- = Found in both 2018 UDS and Form 5B
- = Found in both UDS and Form 5B, but cannot be mapped as it's a Post Office Box
- = Not in 2018 UDS
- = Not in Form 5B

Recommended Service Area Zip Codes	2018 UDS	Percent of Total
94533	8,210	36.85%
94590	3,372	15.14%
94591	2,153	9.66%
94585	2,009	9.02%
95688	1,782	8.00%
95687	1,565	7.03%
94589	1,295	5.81%
94534	678	3.04%
94510	451	2.02%
95620	359	1.61%
94571	267	1.20%
94503	60	0.27%
94592	33	0.15%
95694	25	0.11%
94535	18	0.08%
<b>TOTAL</b>	<b>22,277</b>	<b>97.60%</b>

#

# Recommend add to Form 5B

Check using YTD 2019 UDS

Recommended Service Area Zip Codes	YTD 2019 UDS	Cumulative	Percent of Total
94533	5,792	5,792	36.51%
94590	2,317	8,109	51.12%
94591	1,546	9,655	60.86%
94585	1,436	11,091	69.92%
95688	1,216	12,307	77.58%
95687	1,072	13,379	84.34%
94589	890	14,269	89.95%
94534	466	14,735	92.89%
94510	333	15,068	94.99%
95620	198	15,266	96.24%
94571	167	15,433	97.29%
94503	50	15,483	97.60%
95696	41		
95690	25		
95694	22	15,505	97.74%
94592	22	15,527	97.88%
94535	17	15,544	97.99%
95625	15		
94558	12		
Others	226		
<b>TOTAL</b>	<b>15,863</b>		

#

**TOTAL**

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**TONYA NOWAKOWSKI**  
 Assistant Director  
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**DEPARTMENT OF HEALTH & SOCIAL SERVICES**

Medical Services Division



**SOLANO  
 COUNTY**

**MICHAEL W. STACEY, MD, MPH**  
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**Health Center Locations and Hours**  
 Approved by CHB on 2/20/2019

<p>2201 Courage Drive          Fairfield, CA 94533</p> <p>Adult Primary Care Services</p> <p>Monday 8:00am-5:00pm          Tuesday 8:00am-5:00pm          Wednesday 8:00am-5:00pm          Thursday 8:00am-5:00pm          Friday 8:00am-5:00pm          Saturday 8:00am-5:00pm</p>	<p>2101 Courage Drive          Fairfield, CA 94533</p> <p>Dental Care Services</p> <p>Monday 7:30am-6:30pm          Tuesday 7:30am-6:30pm          Wednesday 7:30am-6:30pm          Thursday 7:30am-6:30pm          Friday 7:30am-6:30pm</p> <p>*Closed for lunch 12:30-1:30pm</p>	<p>2101 Courage Drive          Fairfield, CA 94533</p> <p>Pediatric Primary Care Services</p> <p>Monday 8:00am-5:00pm          Tuesday 8:00am-5:00pm          Wednesday 8:00am-5:00pm          Thursday 8:00am-5:00pm          Friday 8:00am-5:00pm</p>
<p>365 Tuolumne Street          Vallejo, CA 94590</p> <p>Adult and Pediatrics Primary Care Services</p> <p>Monday 8:00am-7:00pm          Tuesday 8:00am-7:00pm          Wednesday 8:00am-7:00pm          Thursday 8:00am-7:00pm          Friday 8:00am-5:00pm</p>	<p>365 Tuolumne Street          Vallejo, CA 94590</p> <p>Dental Care Services</p> <p>Monday 7:30am-6:30pm          Tuesday 7:30am-6:30pm          Wednesday 7:30am-6:30pm          Thursday 7:30am-6:30pm          Friday 7:30am-6:30pm</p> <p>*Closed for lunch 12:30-1:30pm</p>	<p>355 Tuolumne Street          Vallejo, CA 94590</p> <p>Integrated Care Services</p> <p>Monday 8:00am-5:00pm          Tuesday 8:00am-5:00pm          Wednesday 8:00am-5:00pm          Thursday 8:00am-5:00pm          Friday 8:00am-5:00pm</p>
<p>1119 East Monte Vista Ave          Vacaville, CA 95688</p> <p>Adult and Pediatrics Primary Care Services</p> <p>Monday 8:00am-7:00pm          Tuesday 8:00am-7:00pm          Wednesday 8:00am-7:00pm          Thursday 8:00am-7:00pm          Friday 8:00am-7:00pm</p>	<p>1119 East Monte Vista Ave          Vacaville, CA 95688</p> <p>Dental Care Services</p> <p>Monday 7:30am-6:30pm          Tuesday 7:30am-6:30pm          Wednesday 7:30am-6:30pm          Thursday 7:30am-6:30pm          Friday 7:30am-6:30pm</p> <p>*Closed for lunch 12:30-1:30pm</p>	<p>1055 Azuar Ave          Vallejo, CA 94592</p> <p>Adult Primary Care Services</p> <p>Thursday 9:00am-3:00pm          Global Center for Success</p>
<p>Mobile Medical Clinic</p> <p>Under review</p>	<p>Mobile Dental Clinic</p> <p>Under review</p>	

**DEPARTMENT OF HEALTH & SOCIAL SERVICES**

Medical Services Division

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**Health Center Locations and Hours  
 Proposed for CHB Approval 7/17/2019**

<p>2201 Courage Drive Fairfield, CA 94533</p> <p>Adult Primary Care</p> <p>Monday 8:00am-5:00pm                  Tuesday 8:00am-5:00pm                  Wednesday 8:00am-5:00pm                  Thursday 8:00am-5:00pm                  Friday 8:00am-5:00pm                  Saturday 8:00am-5:00pm</p>	<p>2101 Courage Drive Fairfield, CA 94533</p> <p>Dental Care</p> <p>Monday 7:30am-6:30pm                  Tuesday 7:30am-6:30pm                  Wednesday 7:30am-6:30pm                  Thursday 7:30am-6:30pm                  Friday 7:30am-6:30pm</p> <p>*Closed for lunch 12:30-1:30pm</p>	<p>2101 Courage Drive Fairfield, CA 94533</p> <p>Pediatric Primary Care</p> <p>Monday 8:00am-5:00pm                  Tuesday 8:00am-5:00pm                  Wednesday 8:00am-5:00pm                  Thursday 8:00am-5:00pm                  Friday 8:00am-5:00pm</p>
<p>365 Tuolumne Street Vallejo, CA 94590</p> <p>Adult and Pediatrics Primary Care</p> <p>Monday 8:00am-7:00pm                  Tuesday 8:00am-7:00pm                  Wednesday 8:00am-7:00pm                  Thursday 8:00am-7:00pm                  Friday 8:00am-5:00pm</p>		<p>355 Tuolumne Street Vallejo, CA 94590</p> <p>Administrative Site Only</p> <p>Dental Care</p> <p>Monday 7:30am-6:30pm                  Tuesday 7:30am-6:30pm                  Wednesday 7:30am-6:30pm                  Thursday 7:30am-6:30pm                  Friday 7:30am-6:30pm</p> <p>*Closed for lunch 12:30-1:30pm</p>
<p>1119 East Monte Vista Ave Vacaville, CA 95688</p> <p>Adult and Pediatrics Primary Care</p> <p>Monday 8:00am-7:00pm                  Tuesday 8:00am-7:00pm                  Wednesday 8:00am-7:00pm                  Thursday 8:00am-7:00pm                  Friday 8:00am-7:00pm</p>		<p>1055 Azuar Ave Vallejo, CA 94592</p> <p>Adult Primary Care</p> <p>Thursday 9:00am-3:00pm                  Global Center for Success</p> <p>Dental Care</p> <p>Monday 7:30am-6:30pm                  Tuesday 7:30am-6:30pm                  Wednesday 7:30am-6:30pm                  Thursday 7:30am-6:30pm                  Friday 7:30am-6:30pm</p> <p>*Closed for lunch 12:30-1:30pm</p>
<p>Mobile Medical Clinic</p> <p>Daily Locations May Vary</p> <p>Monday 9:00am-3:00pm                  Tuesday 9:00am-3:00pm                  Wednesday 9:00am-3:00pm                  Thursday 9:00am-3:00pm</p>	<p>Mobile Dental Clinic</p> <p>Daily Locations May Vary</p> <p>Monday 9:00am-3:00pm                  Tuesday 9:00am-3:00pm                  Wednesday 9:00am-3:00pm                  Thursday 9:00am-3:00pm</p>	<p>275 Beck Ave Fairfield, CA 94533</p> <p>Administrative Site Only</p>