County of Solano
Community Healthcare Board
Regular Meeting

July 7, 2023
12:00 pm – 2:00 pm
2101 Courage Drive, Fairfield, CA 94533
Room Location: Multi-Purpose Room

AGENDA

1) CALL TO ORDER – 12:00 PM

   a) Welcome
   b) Roll Call

2) APPROVAL OF THE JULY 7, 2023 AGENDA

3) PUBLIC COMMENT

This is the opportunity for the Public to address the Board on a matter not listed on the Agenda, but it must be within the subject matter jurisdiction of the Board. If you would like to make a comment, please announce your name and the topic you wish to comment, and limit comments to three minutes.

REGULAR CALENDAR

4) APPROVAL OF MINUTES

Approval of the June 21, 2023 Draft Minutes

5) CLINIC OPERATIONS REPORTS

   a) Staffing Update – Dona Weissenfels
   b) Credentialing Update – Desiree Bodiford
   c) HRSA Grants Update(s) – Noelle Soto
   d) Grievances/Compliments – Rebecca Cronk
   e) Compliance – Cheryl Esters
      i) Second Call Center Statistical Report – Cheryl Esters
      ii) Medical Record Unit Statistical Report – Cheryl Esters
   f) Finance – Nina Delmendo
   g) Referrals – Cynthia Coutee
   h) Major Project Updates
   i) QI Update – Dr. Leary / Dona Weissenfels
   j) Revenue Cycle Management – Nina
   k) FHS Clinic Q-Matic Stats – Noelle Soto

6) HRSA PROJECT OFFICER REPORT

   a) Health Center HRSA Project Officer Update – Dona Weissenfels
      i) Health Center Activities, Internal & External Update

7)   **BUSINESS GOVERNANCE**

    a) Review and consider approval of the Family Health Services Policies listed below.
       i) **ACTION ITEM**: The Board will consider approval of the Family Health Services Policies listed below:
- Language Access and Interpretation Policy Number: 200.02 – Rebecca Cronk
- Clinical Guidelines and Standards of Care Protocol Policy Number: 500.02 – Dona Weissenfels

    b) Review and consider approval of the Quality Management Plan 2023 – 2025 – Dona Weissenfels
       i) **ACTION ITEM**: The Board will consider approval of the Quality Management Plan 2023 – 2025

    c) Review and consider approval of the Patient Survey – Access Results 2023 – Dona Weissenfels
       i) **ACTION ITEM**: The Board will consider approval of the Patient Survey – Access Results 2023

    d) Review and consider approval of the updated Health Resources Services Administration (HRSA) Health Center Program (HCP) 5A documents listed below – Noelle Soto
       i) **ACTION ITEM**: The Board will consider approval of the Health Resources Services Administration HRSA) documents listed below:
- Updated HRSA HCP (H80CS04218) Required Services listed on Form 5A: Services Provided
- Updated HRSA HCP (H80CS04218) Additional Services listed on Form 5A: Additional Services

    e) Review and consider approval of the Patient Origin by Zip Code Analysis – Dona Weissenfels
       i) **ACTION ITEM**: The Board will consider approval of the Patient Origin Analysis by Zip Code

8)   **DISCUSSION**

    a) Health Centers Week, August 7 – 11, 2023 Update
    b) National Association of Community Health Centers (NACHC) Community Health Institute (CHI) & Expo Conference, scheduled August 27-29, 2023, in San Diego, California Update (confirmed attendees)

9)   **BOARD MEMBER COMMENTS**

10)   **ADJOURN: TO THE COMMUNITY HEALTHCARE BOARD MEETING OF:**

    DATE: August 16, 2023
    TIME: 12:00 p.m. – 2:00 p.m.
    LOCATION: Multi-Purpose Room
                2201 Courage Drive
                Fairfield, CA 94533

DISABLED ACCOMMODATION: Meeting facilities are accessible to persons with disabilities. If you have a disability which requires an accommodation or an alternative means to assist you in attending, observing, or commenting on this meeting, or an alternative agenda document format, please contact Patricia Zuniga, Community Healthcare Board Clerk at (707) 784-8775 or by email at PDZuniga@SolanoCounty.com to request arrangements for accommodation.

County of Solano
Community Healthcare Board
DRAFT

REGULAR GOVERNING BOARD MEETING MINUTES

Wednesday, June 21, 2023
In Person Meeting

Members Present:

At Roll Call: Mike Brown, Ruth Forney, Charla Griffith, Gerald Hase, Deborah Hillman, Don O'Conner, Tracee Stacy and Sandra Whaley

Members Absent: Anthony Lofton, Robert Wieda and Brandon Wirth

Staff Present:

Gerald Huber, Roger Robinson, Bela Matyas, Dona Weissenfels, Dr. Michele Leary, Cynthia Coutee, Rebecca Cronk, Desiree Bodiford, Nina Delmendo, Valerie Flores, Cheryl Esters, Krista McBride, Toya Adams, Dr. Reza Rajabian, Danielle Seguerre-Seymour, Noelle Soto, Julie Barga, Kathryn Power (PHC) and Patricia Zuñiga

1) **Call to Order – 12:00 p.m.**

   a) Welcome

   b) Roll Call

2) **Approval of the June 21, 2023 Agenda**

   Motion: To approve the June 21, 2023, Agenda with the change to move Agenda Item 6) after Agenda Item 4).

   Motion by: Sandra Whaley and seconded by Don O'Conner

   Discussion: A request was made to move Agenda Item 6) Health and Social Services Director Update following Agenda Item 4) Approval of Minutes and the Board Members agreed to the change.

   Ayes: Mike Brown, Ruth Forney, Charla Griffith, Gerald Hase, Deborah Hillman, Don O'Conner, Tracee Stacy and Sandra Whaley

   Nays: None

   Abstain: None

   Motion Carried.

3) **Public Comment**

   There was no Public Comment

   ### Regular Calendar

4) **Approval of Minutes**

   Approval of the May 17, 2023 Draft Minutes.

   Motion: To approve the May 17, 2023 Draft Minutes.

Motion by: Tracee Stacy and seconded by Sandra Whaley

Discussion: None.

Ayes: Mike Brown, Ruth Forney, Charla Griffith, Gerald Hase, Deborah Hillman, Don O'Conner, Tracee Stacy and Sandra Whaley

Nays: None

Abstain: None

Motion Carried.

6-5) **Health and Social Services Director Update – Gerald Huber**

i)   Mr. Huber discussed the Family Health Services (FHS) Budget in general and how there was and usually was a deficit in the clinic budget, with the current Revenue Cycle method used in the clinics. He noted that last year the FHS budget deficit was covered by Public Health Division and this year about a 1.3 million dollar deficit was covered using County General Funds.

ii) He mentioned that this year the County continues to build their infrastructure of staff and after discussions with the County Administrator Officer, FHS was granted two (2) new classifications a Call Center Supervisor and a Planning Analyst, to oversee the FHS QA/QI.

iii) Mr. Huber mentioned that he was fully committed to transition to the APM methodology for the clinics, but the clinics are not ready yet and need to improve their infrastructure of staffing. He hoped to see this change in four (4) to five (5) years.

iv) Mr. Huber shared about a plan the County is working on, to bring in a consultant who would assess all Medical partners in Solano County. This would include FQHCs, hospitals, medical centers, etc. The consultant would evaluate and measure efficiencies of the medical businesses that provide services to our community in Solano County. Afterwards, the consultant would present results and recommendations.

v)   Mr. Huber also mentioned a concern that those patients on Medi-Cal and Medi-caid could lose their medical coverage due to determination.

vi) On a brighter note, Mr. Huber stated that FHS staff be acknowledged for all they do in serving the most vulnerable patients in our community, those who have nowhere else to go and the homeless. He mentioned National Health Centers Week in August and reminded everyone that on August 10, 2023, FHS would be celebrating the FHS Clinics in the Multi-purpose room to primarily acknowledge staff and promote the services FHS has to offer.

vii) He said that those who serve on the Community Healthcare Board are recognized and with the $18,000.00 added in the FHS 2023/24 budget, four (4) Board Members will have the opportunity to attend the NACHC CHI and Expo Conference in San Diego also in August.

5-6) **Clinic Operations Reports**

a) Compliance – There was no report by Compliance.
b) Staffing Update – Toya Adams – Please reference the handout titled, "*Family Health Services Staffing Update – CHB June 21, 2023*".
c) Credentialing Update – Desiree Bodiford – Please reference the handout titled, "*Status Report June 2023: FHS Credentialing, Provider Enrollment and Sanction Screening Activities*"
d) HRSA Grants update – Noelle Soto – Please reference the handout titled, "*Health Resources and Services Administration (HRSA) Grant Updates.*"
e) Grievances/Compliments – Rebecca Cronk - Please reference the handout titled, "*Family Health Services Grievance Report – May 2023*".

f) Finance – Nina Delmendo – Nina mentioned that the FHS Proposed Budget for FY 2023/2024 Budget was on the agenda for Board approval. Please reference the handout titled, "County of Solano Family Health Services Proposed Budget for FY 2023/24".

g) Referrals – Cynthia Coutee – Cynthia mentioned that she updated the format of the report, so it was easier to understand and more concise. Please reference the handouts titled, "*Total Referrals, May 2023*" for the Fairfield, Vacaville and Vallejo FHS Clinics.

h) Major Project Updates – Dona mentioned there were no updates at the time and would report out at her HRSA Project Officer Report.

i) QI Update – Dr. Michele Leary – Dr. Leary mentioned that the Quality Improvement Team has been experiencing several changes, which has impeded their goals, due to lack of enough staffing for QA/QI. One of the team's Medical Assistants transferred to Public Health, so there is only one MA left and the hope is to have the Planning Analyst position filled as soon as possible to help the QA/QI Team. She mentioned they were tracking Well-Child visits in the Fairfield Pediatrics and reported of the 74 possible patients, 40 were no longer in the area so they focused on the 34 remaining patients: 19 completed 5 of 6 visits and 13 completed 2 to 3 visits. She mentioned that they would be rolling out the same measure at the Vallejo clinic, then at the Vacaville clinic.

j) Revenue Cycle Management – Nina Delmendo – There was no report.

k) FHS Clinic Q-Matic Stats – Noelle Soto - Please reference the handout titled, "*Queue Management (Q-Matic) Stats – May 2023*".

l) Call Center Stats – Toya Adams – It was mentioned that there are still a number of abandoned calls, but it is due to lack of staffing and to train those staffing the call centers, they are in the process of standardizing scripts for the medical assistants, so the calls are more proactive. Quality calls are more important than picking up calls in the long run.Please reference the handout titled, "*Call Center Stats updated as of May 2023*".

6) Health and Social Services Director Update – Gerald Huber This agenda item was moved after Agenda Item 4).

7) HRSA Project Officer Report
   a) Health Center HRSA Project Officer Update – Dona Weissenfels
      Dona reminded everyone that FHS puts "Patients First" because that's our purpose.
      i) Health Center Activities, Internal & External Update
         • Dona noted that when a consultant is hired, to assess the clinics, afterwards there would be an opportunity to get insight about what the clinics are doing well and areas of improvement. She reiterated since the consultant that Mr. Huber mentioned would assess all clinics in Solano County, it would be a higher level of comparison. The intent is to finalize the assessment, present results to the Board and create a workplan to improve areas that are non-compliant and acknowledge areas that are positive.
         • Dona mentioned that they are looking into more recruiting of staff through another outside agency UHC Solutions.
         • They are also looking at possibly having a residency program in place at the clinics, since some of the providers hired are from Touro University, and their students do their clinical rotations at FHS. It will take about 3 years or more to prepare and implement.
      ii) Review Strategic Plan – Strategic Plan Tracker Form
         • Discussion notified the Board Members the tracker form was included in the packet and will hope to start it in September.
      iii) FHS Patient Survey
         • Dona mentioned there was a vendor lined up to do the survey, but the contract fell through, so they would be carrying out a 7-question paper survey at all the clinics

during the week. The results would be presented and will be up for board approval at the July meeting.
- Dona noted that when OCHIN EPIC is in place this task would be accomplished much easier.

8) **Business Governance**

a) Review and approve the updated Family Health Services (FHS) Use of Funding from the Health Resources and Services Administration (HRSA) Policy Number: 900.01 – Noelle Soto
   i) ACTION ITEM: The Board will consider approval of the Family Health Services (FHS) Use of Funding from the Health Resources and Services Administration (HRSA) Policy Number: 900.01

Motion: To approve all the Family Health Services (FHS) Use of Funding from the Health Resources and Services Administration (HRSA) Policy Number: 900.01.

Motion by: Tracee Stacy and seconded by Sandra Whaley

Discussion: None.

Ayes: Mike Brown, Ruth Forney, Charla Griffith, Gerald Hase, Deborah Hillman, Don O'Conner, Tracee Stacy and Sandra Whaley

Nays: None

Abstain: None

Motion Carried.

b) Review and approve the updated Family Health Services (FHS) Documenting Use of Non-Grant Funds Policy Number: 900.02 – Noelle Soto
   - Noelle mentioned the policy 900.02 was a new policy.
   i) ACTION ITEM: The Board will consider approval of the Family Health Services (FHS) Documenting Use of Non-Grant Funds Policy Number: 900.02

Motion: To approve all the Family Health Services (FHS) Documenting Use of Non-Grant Funds Policy Number: 900.02.

Motion by: Sandra Whaley and seconded by Ruth Forney

Discussion: None.

Ayes: Mike Brown, Ruth Forney, Charla Griffith, Gerald Hase, Deborah Hillman, Don O'Conner, Tracee Stacy and Sandra Whaley

Nays: None

Abstain: None

Motion Carried.

c) Review and consider approval of the FHS Proposed Budget for FY 2023/2024 – Nina Delmendo
   - Nina noted that $18,000 was added to the budget, so that board members could attend the upcoming NACHC Conference in August 2023. To accomplish this, Nina mentioned the areas where funding was removed in the FHS budget to accommodate additional funds requested by the Board.

i) ACTION ITEM: The Board will consider approval of FHS Proposed Budget for FY 2023/2024.

Motion: To approve the FHS Proposed Budget for FY 2023/2024.

Motion by: Deborah Hillman and seconded by Ruth Forney

Discussion: None.

Ayes: Mike Brown, Ruth Forney, Charla Griffith, Gerald Hase, Deborah Hillman, Don O'Conner, Tracee Stacy and Sandra Whaley

Nays: None

Abstain: None

Motion Carried.

d) Review and consider approval of the updated Community Healthcare Board Bylaws – Mike Brown
   i) ACTION ITEM: The Board will consider approval of the Community Healthcare Board Bylaws

Motion: To approve the Community Healthcare Board Bylaws.

Motion by: Ruth Forney and seconded by Deborah Hillman

Discussion: None.

Ayes: Mike Brown, Ruth Forney, Charla Griffith, Gerald Hase, Deborah Hillman, Don O'Conner, Tracee Stacy and Sandra Whaley

Nays: None

Abstain: None

Motion Carried.

e) Review and consider approval of the Family Health Services Clinic Hours of Operation and Locations – Dona Weissenfels
   i) ACTION ITEM: The Board will consider approval of the Family Health Services Clinic Hours of Operation and Locations.

Motion: To approve the Family Health Services Clinic Hours of Operation and Locations.

Motion by: Ruth Forney and seconded by Sandra Whaley

Discussion: None.

Ayes: Mike Brown, Ruth Forney, Charla Griffith, Gerald Hase, Deborah Hillman, Don O'Conner, Tracee Stacy and Sandra Whaley

Nays: None

Abstain: None

Motion Carried.

f) Review and consider approval of the FY 2023 Community Project Funding/Congressionally Directed Spending (CPF/CDS) Budget Justification – Noelle Soto.

    i) ACTION ITEM: The Board will consider approval of the FY 2023 Community Project Funding/Congressionally Directed Spending (CPF/CDS) Budget Justification.

Motion: To approve the FY 2023 Community Project Funding/Congressionally Directed Spending (CPF/CDS) Budget Justification.

Motion by: Ruth Forney and seconded by Tracee Stacy

Discussion: None.

Ayes: Mike Brown, Ruth Forney, Charla Griffith, Gerald Hase, Deborah Hillman, Don O'Conner, Tracee Stacy and Sandra Whaley

Nays: None

Abstain: None

Motion Carried.

9) Discussion

a) Compliance Program – Compliance Team was not present to report on any updates.

b) Health Centers Week, August 7 – 11, 2023 Update.
- Board Member Ruth Forney notified everyone that the Multi-purpose room was reserved all day on Thursday, August 10, 2023 to hold an event to acknowledge staff and National Health Centers week. An Open House is planned and elected officials will be invited. The theme is Committed Health Centers and to Go Back to a Stronger America. She wanted to be sure to show appreciation to staff and will be asking donations from the community businesses.
- The hope is to have the Mobile Medical and Dental Clinic Units available for tours as well as tours of the Public Health Laboratory.

c) National Association of Community Health Centers (NACHC) Community Health Institute (CHI) & Expo Conference, August 27-29, 2023 in San Diego, CA.

    i) ACTION ITEM: The Board will consider approval of [board member(s)] to attend the National Association of Community Health Centers (NACHC) Community Health Institute (CHI) & Expo Conference, August 27-29, 2023 in San Diego, California.

Motion: To approve two (2) Board Members to attend the NACHC CHI & Expo Conference in person and two (2) Board Members to attend the NACHC CHI & Expo Conference virtually.

Motion by: Sandra Whaley and seconded by Ruth Forney

Discussion: Names of the Board Members to attend was discussed. Ruth Forney and Brandon Wirth were mentioned to attend in person and Mike Brown and Deborah Hillman were noted to attend virtually. Tracee will also be considered as a back up to attend in person. The Clerk will follow up with the board members on Friday, June 30, 2023, to confirm the board members who will commit to attend.

Ayes: Mike Brown, Ruth Forney, Charla Griffith, Gerald Hase, Deborah Hillman, Don O'Conner, Tracee Stacy and Sandra Whaley

Nays: None

Abstain: None

Motion Carried.

10) **Board Member Comments**

- Vice Chair Mike Brown thanked the Board Members for moving along with the full agenda.
- Board Member Tracee Stacy expressed her concerns about and mentioned suicides were up in the area and nine (9) were confirmed homeless, accidental deaths.
- Vice Chair Mike Brown reminded Board Members that the next Board meeting would be held on Friday, July 7, 2023 at 12:00 noon at the same place.

11) **Adjourn: To the Community Healthcare Board Meeting of:**

DATE: July 7, 2023
TIME: 12:00 p.m. – 2:00 p.m.
Location: Multi-Purpose Room
2101 Courage Drive
Fairfield, CA 94533

The meeting was adjourned at 1:59 p.m.

Handouts:

- May 17, 2023 Community Healthcare Board Draft Minutes
- Community Healthcare Board Family Health Services Staffing Update – CHB June 21, 2023
- Status Report June 2023: FHS Credentialing, Provider Enrollment and Sanction Screening Activities
- Health Resources and Services Administration (HRSA) Grant Updates
- Family Health Services Grievance Report (May 2023)
- Total Referrals, May 2023 for the Fairfield, Vacaville and Vallejo FHS Clinics
- Clinic Metrics, Queue Management (Q-Matic) Stats – May 2023
- FHS Call Center Stats May 2023
- 900.01 – Use of Funding from the Health Resources and Services Administration Policy Number: 900.01
- 900.02 – Documenting Use of Non-Grant Funds Policy Number: 900.02
- County of Solano Family Health Services Proposed Budget for FY 2023/24
- Family Health Services Community Healthcare Board Bylaws
- Family Health Services Clinic Hours of Operation and Locations
- Budget Justification – County of Solano FY 2023 Community Project Funding/Congressionally Directed Spending (CPF/CDS), Non-Construction, Grant Number (TBD), July 1, 2023 to June 30-2024

Community Health Care Board

Family Health Services Staffing Update

CHB Meeting Date: July 7, 2023

Number of Active Candidates - County
Clinic Physician Supervisor - 1
Clinic Registered Nurse - 2
Health Education Specialist **Extra Help** - 1
Health Services Clinic Manager - 1
Medical Assistant - 1
Nurse Practitioner - 1

Number of Active Candidates - Touro
Clinic Physician (Board Cert) - 1
Physician Assistant - 1

Number of Active Candidates - Locum Tenens

Number of Active Candidates - Volunteer
Clinic Physician (Board Cert) TB - 1

Open County Vacancies
Clinic Physician (Board Cert) - 1
Clinic Physician (Board Cert) **Extra Help** - 1
Clinic Physician Supervisor - 1
Clinic Registered Nurse - 2
Dental Assistant (Registered) - 1
Health Education Specialist - 1
Health Education Specialist **Extra Help** - 2
Health Services Clinic Manager - 1
Medical Assistant - 1
Medical Assistant **Bilingual Spanish** - 1
Medical Records Technician, Sr **Extra Help** - 1
Mental Health Clinician (Licensed) - 1
Nurse Practitioner/Physician Assistant - 5
Nurse Practitioner/Physician Assistant - 1 ***Pending***

| Interviews in Progress |
|---|
| Health Services Clinic Mgr - 7/05/23 |
| Medical Records Tech, Sr **Extra Help** - TBD |

Recently Hired Staff
Health Education Specialist - Hired 6/26/23

Clinic Operations Report: Clinic Metrics

Queue Management (Q-Matic) Stats

Clinic Site	Patients Served			
	March	**April**	**May**	**June** (thru 06/26)
Fairfield				
Lab	94	106	91	89
Medical (Adult)	1,171	1,271	1,222	1,114
Subtotal	*1,265*	*1,377*	*1,313*	*1,203*
Vacaville				
Dental	792	524	662	443
Medical (Adult & Peds)	1,007	775	671	628
Subtotal	*1,799*	*1,299*	*1,333*	*1,071*
Vallejo				
Dental & Medical (Adult & Peds)	2,164	1,738	1,961	1,564
Lab	56	81	66	69
Subtotal	*2,220*	*1,819*	*2,027*	*1,633*
TOTAL	*5,284*	*4,495*	*4,673*	*3,907*

QMatic: Monthly Patients Served
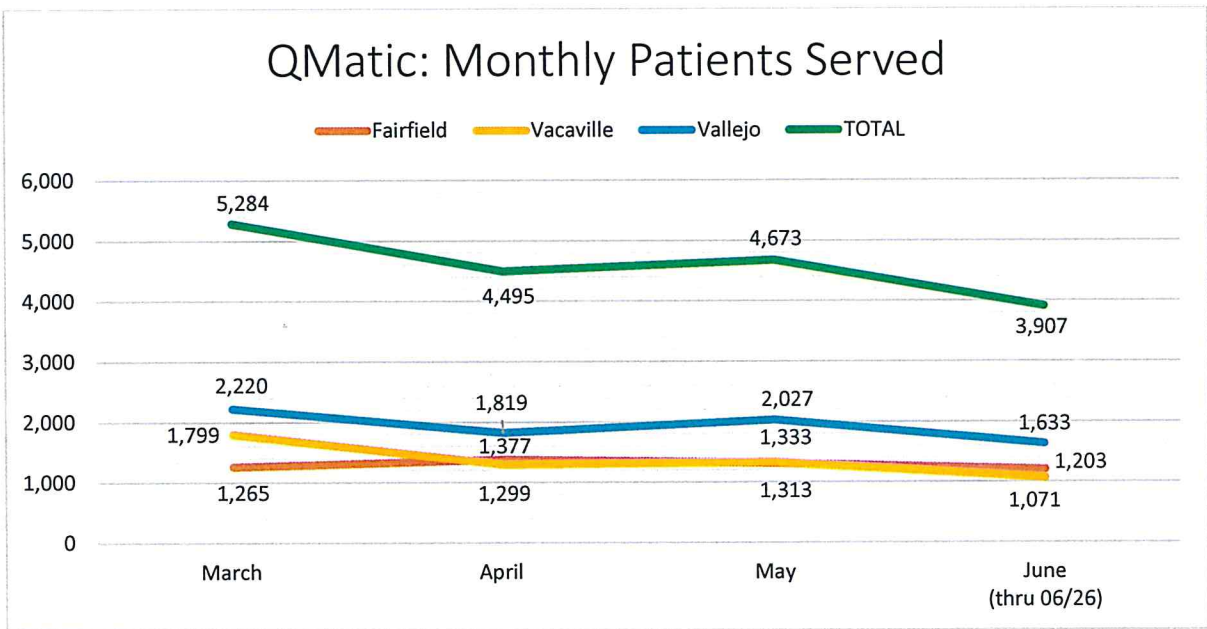
GERALD HUBER
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DEPARTMENT OF HEALTH & SOCIAL SERVICES

SOLANO COUNTY

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March 22, 2023

Cheryl Esters
Solano County Health and Social Services Department
Administration Division: Compliance & QA
275 Beck Ave., MS 5-200
Fairfield, CA 94533

RE: Family Health Services (FHS) Call Center Guidelines [FHS-CCG] Review [FY22/23]

The Solano County Health & Social Services (H&SS) Administration Division Compliance and Quality Assurance Unit (CQA) conducted a performance review of the Family Health Services (FHS) customer call center operations, with a focus on evaluating the efficiency and effectiveness of the call center. The performance review was conducted between March 14 - March 20, 2023, to ensure compliance with the FHS Call Center Guidelines (FHS-CCG), published August 2020.

Enclosed is the <u>Final Report</u> completed by CQA for the review of the FHS Call Center Operations, reflecting the findings and recommendations from the FY 2023-23 FHS-CCG Review.

The CQA would like to thank Lorielle Harbin, Rioh Bink and Toya Adams for providing the FHS-CCG and access to the Cisco Unified Workforce Optimization system needed for the call center review.

The objectives of the review were to (1) develop an understanding of the center's current state of operations, (2) to evaluate the baseline controls, effectiveness, and current performance of call center agents based on the Solano H&SS Family Health Services Primary Care Call Center Protocols/Guidelines, revised August 2020 and (3) and evaluate quality customer service based on FHS established policies, procedures, and protocols. The review focused on the following categories:

- Greeting and Introduction
- Patient Lookup
- Collecting or Verifying/Update Demographic Information
- Checking Insurance Eligibility
- Identifying the Reason for Visit
- Determining Next Steps: Triage, Appointment Scheduling, Message
- Completing the Call
- Exhibiting Professionalism by the Agent

A total of 35 incoming call observations between January 19- January 31, 2023, were performed during the evaluation of the call center operations. (Five calls per agent). Nine calls were for pediatrics and 36 calls were for adults. There were no new patient calls during this review period.

Call Center Agent	Call Date & Time	Call Date & Time	Call Date & Time	Call Date & Time	Call Date & Time
FHVaca1	1/19/23 09:05:52 AM	1/20/23 04:18:30 PM	1/24/23 10:10:29 AM	1/26/23 10:31:01 AM	1/31/23 04:27:24 PM
FHVaca2	1/19/23 09:43:13 AM	1/23/23 08:38:14 AM	1/25/23 08:54:18 AM	1/27/23 01:08:33 PM	1/31/23 04:04:55 PM
FHVaca3	1/19/23 10:34:17 AM	1/20/23 12:46:06 PM	1/25/23 09:04:02 AM	1/27/23 09:42:01 AM	1/31/23 04:23:06 PM
FHVaca4	1/20/23 10:12:19 AM	1/24/23 02:50:10 PM	1/26/23 02:46:41 PM	1/27/23 04:02:53 PM	1/31/23 03:35:53 PM
FHVaca5	1/19/23 10:34:17 AM	1/20/23 01:22:10 PM	1/25/23 08:31:07 AM	1/27/23 08:11:18 AM	1/31/23 04:26:38 PM
FHVaca6	Vacant	Vacant	Vacant	Vacant	Vacant
FHVaca7	1/20/23 10:19:28 AM	1/23/23 08:16:31 AM	1/25/23 11:25:25 AM	1/27/23 08:11:58 AM	1/31/23 03:35:53 PM
FHVaca8	1/23/23 08:15:52 AM	1/24/23 03:39:11 PM	1/25/23 11:13:41 M	1/27/23 10:49:24 AM	1/31/23 01:53:55 PM

The findings for the review are divided into three categories: total, percentage in compliance, and percentage out of compliance. Total is the overall number of calls that met criteria for evaluation. Percentage in Compliance is the percentage that the call agent followed the FHS-CCG for the section. Percentage out of Compliance is the percentage that the call agent did not follow the FHS-CCG for the section. The enclosed Call Center Review Summary provides a synopsis of our findings, including areas that the county excelled in (100 percent) compliance, and areas that require further FHS division attention (below 80 percent) compliance. The Call Center Review Summary and the contents of this report were discussed with the Compliance Officer and are detailed below.

Summary of Call Center Review Findings:

FHS Call Center was found to be 100 percent compliant in the following areas:

Greeting and Introduction:

- Call Center Agents identified the division FHS.

Call center Process and Steps -Completing the Call:

- Medication refill requests (not adult controlled substances)

Areas of Concern:

FHS Call Center was found to be 80 percent or below in the following areas:

Greeting and Introduction:

1. Call Center Agents properly identified themselves to callers 71% of time as outlined in FHS-CCG.
2. Call Center Agents verified the caller's identity 69% of the time as required per FHS-CCG.

Patient Lookup:

1. Call Center Agents confirmed caller's Date of Birth (D.O.B.) 74% of the time as required per FHS-CCG.
2. Call Center Agents checked the first 3 letters of first name 66% of the time as required by FHS-CCG.
3. Call Center Agents checked the first 3 letters of last name 54% of the time as required by FHS-CCG.

Collect or Verify/Update Demographic Information:

1. Call Center Agents 7% of the time verified or updated the address for "Established Patients" as outlined in FHS-CCG.
2. Call Center Agents 4% of the time verified or updated the phone number for "Established Patients" as outlined in FHS-CCG.
3. Call Center Agents 11% of the time obtained the relationship of the caller for "Pediatric Patients" as outlined in FHS-CCG.
4. Call Center Agents 0% of the time verified consent or authorized representative form for "Pediatric Patients" as outlined in FHS-CCG.
5. Call Center Agents 33% of the time verified or updated the address for "Pediatric Patients" as outlined in FHS-CCG.
6. Call Center Agents 44% of the time verified or updated phone number for "Pediatric Patient" as outlined in FHS-CCG.

Check Insurance Eligibility:

1. Call Center Agents 13% of the time checked insurance eligibility prior to scheduling an appointment. No verbal acknowledgement given to the caller on status of insurance coverage.

Identify the Reason for Visit:

1. Call Center Agents 71% of the time asked appropriate and relevant questions.
2. Call Center Agents 77% of the time took ownership and assured willingness to help.
3. Call Center Agents 71% of the time demonstrated empathy with customer's situation.
4. Call Center Agents 71% of the time restated the customer's need for calling.
5. Call Center Agents 77% of the time asked how the customer wanted their problem solved.
6. Call Center Agents 71% of the time set expectations and timeframes for services requested.

Determining Next Steps: Triage, Appointment Scheduling, Message:

1. Call Center Agents 77% of the time completed a briefing process as outlined in FHS-CCG.

Completing the Call:

1. Call Center Agents 71% of the time handled the issue on the first call for the customer/patient as outlined in the FHS-CCG.

2. Call Center Agents 71% of the time scheduled an appointment as requested by the customer/patient as outlined in FHS-CCG.
3. Call Center Agents 66% of the time confirmed an appointment date and time with the customer/patient as outlined in FHS-CCG.
4. Call Center Agents 13% of the time reminded patient to arrive at least 10 minutes early and to bring their ID and an insurance card to every appointment. And arrive 30 minutes early for first time visits if there is paperwork that needs to be completed with the customer/patient as outlined in FHS-CCG.
5. Call Center Agents 0% of the time reminded patients that there is only a 15-minute grace period if they are late for their appointment with the customer/patient as outlined in FHS-CCG.
6. Call Center Agents 0% of the time communicated for Pediatric appointments that minors must be accompanied by a parent or guardian for medical appointments with the customer/patient as outlined in FHS-CCG.
7. Call Center Agents 0% of the time asked if special accommodations were needed for the appointment with the customer/patient as outlined in FHS-CCG.
8. Call Center Agents 5% of the time asked, "Is there anything else I may assist you with?" If no, "Thank you for calling Family Health Services. Have a good day." with the customer/patient as outlined in FHS-CCG.
9. Call Center Agents 75% of the time informed customer/patient that a non-urgent message sent to the Nurse shall be returned within one business day as outlined in FHS-CCG.
10. Call Center Agents 75% of the time informed customer/patient that messages regarding referrals, forms, requisitions shall be handled within 3 days as outline in FHS-CCG.

Next Steps:

During the review, the Compliance Officer was provided with recommendations for correcting identified problems. CQA recognizes that the findings identified are not necessarily reflective of the entire Call Center Operations customer experience and the FHS division is encouraged to conduct further analysis to ensure compliance with regulations, policies, and procedures. It is also recommended that the Areas of Concern are reviewed to determine if additional technical services, functional process improvement analysis, or change in policies or written directives, are needed.

It was demonstrated throughout the Call Center Review, both in documentation and observed interactions, that FHS strives to provide its clients with quality customer services. I appreciate the assistance and accommodations provided to CQA during this review. If you have any questions about the information in this letter or the enclosures, please contact Lavona Hamilton at lhamilton@solanocounty.com.

CQA appreciates FHS's participation in the review. We hope that the recommendations and technical assistance provided are helpful in improving the overall quality of the FHS Customer Call Center. The full FHS – Call Center Guideline Review Report and supporting documents is available upon request.

Sincerely,

Lavona Hamilton, Compliance & QA Analyst
Solano County H&SS
Administration Division: Compliance & QA

C: Ms. Debbie Vaughn, Assistant CAO, County of Solano

Mr. Roger Robinson, Assistant Director, H&SS

Dona Weissenfels, Chief Operating Officer, FHS

CT#: 7261
Enclosed: Exhibit A: FHS- Call Center Review FY22/23: Data and Report

Exhibit A: FHS- Call Center Review Data and Report Data:

		YES	NO	N/A
I.	**GREETING AND INTRODUCTION**			
a.	**Did call center agent follow FHS policy when greeting customer/patient?**			
	• Prepared for Call (2 points)	34	1	
	• Answered call within 45 seconds (2 points)	34	1	
	• Properly Identified Self (2 points)	25	10	
	• Identified FHS (2 points)	35	0	
	• Verified caller's identity (2 points)	24	11	
II.	**PATIENT LOOKUP**	**YES**	**NO**	**N/A**
a.	**Confirmed customer/patient name's**	22	13	
	• Checked patient D.O.B.	26	9	
	• Checked first 3 letters of last name	23	12	
	• Checked first 3 letters of first name	19	16	
b.	**Confirmed customer/patient does or does not have an existing medical record with Solano County**	28	7	
III.	**COLLECT OR VERIFY/UPDATE DEMOGRAPHIC INFO (There were no new patient calls)**	**YES**	**NO**	**N/A**
a.	**New Patient (collect)**			35
	• Name			35
	• D.O.B.			35
	• SSN			35
	• Address			35
	• Phone Number (document date in comment field)			35
b.	**Established Adult Patient (Verify and Update)**	3	23	9
	• Name	21	5	9
	• D.O.B.	24	2	9
	• Address	2	24	9
	• Phone Number (document date in comment field)	1	23	9
c.	**Pediatric Patient (Verify and Update)**	4	5	26
	• Obtain relationship of the caller	1	8	26
	• Verify a signed Request for Access/Caregiver Authorization Form on file		9	26
	• Name	8	1	26
	• D.O.B.	8	1	26
	• Address	3	6	26
	• Phone Number (document date in comment field)	4	5	26
IV.	**CHECK INSURANCE ELIGIBILITY**	**YES**	**NO**	**N/A**
a.	**Insurance eligibility checked prior to scheduling appointment**	3	21	11
b.	**No insurance (Private Pay): (No private pay patients during this review period)**			35

		YES	NO	N/A
	• Customer/Patient given information of the FHS sliding fee scale (SFS)			35
	• Customer/Patient advised to bring two (2) recent paystubs for SFS			35
	c. **Private Pay no SFS**			35
	• Advised client FHS accepts payment via check, cash, or credit card.			35
V.	**IDENTIFY THE REASON FOR VISIT**	**YES**	**NO**	**N/A**
	a. **Asked appropriate and relevant questions.**	25	10	
	b. **Took ownership and assured willingness to help.**	27	8	
	c. **Demonstrated empathy with customer's situation.**	25	10	
	d. **Restated customer's needs.**	25	10	
	e. **Asked customer how they wanted problem solved.**	27	8	
	f. **Set expectations and timeframes.**	28	7	
	g. **Agent did none of the above.**	1	34	
VI.	**DETERMINING NEXT STEPS: TRIAGE / APPT. / MESSAGE**	**YES**	**NO**	**N/A**
	a. **Did call agent identify proper next step?**	30	5	
	b. **Did call agent get permission to take next step**	28	7	
	c. **Did call agent get permission to place customer/patient on hold?**	20	3	12
	d. **Did call agent complete briefing process**	27	8	
	e. **Was customer/patient transferred to the next proper step?**	28	6	
VII.	**COMPLETING THE CALL**	**YES**	**NO**	**N/A**
	a. **Was the customer/patient issue handled on the first call?**	25	10	
	b. **Scheduled appointment**	25	10	
	• Confirm the appointment date and time with the patient.	16	8	11
	• Remind patient to arrive at least 10 minutes early and to bring their ID and an insurance card to every appointment. And arrive 30 minutes early for first time visits if there is paperwork that needs to be completed)	3	20	12
	• Remind patients that there is only a 5-minute grace period if they are late for their appointment.	0	21	14
	• For Pediatric appointments: minors must be accompanied by a parent or guardian for medical appointments. There are exceptions to this requirement as defined in the "California Minor Consent Laws" (a copy of	0	9	26

	this is available in the *Call Center Reference Binder*).			
	• "Do you need any special accommodations at this appointment? For example, a wheelchair or an interpreter?"	0	25	10
	• "Is there anything else I may assist you with?" If no, "Thank you for calling Family Health Services. Have a good day."	1	24	10
c.	**Other Call Types**			
	• Non-urgent messages sent to the Nurse shall be returned within one business day.	6	2	27
	• Messages regarding referrals, forms, requisitions shall be handled within 3 days.	6	2	27
	• Medication refill requests (not adult controlled substances) shall be sent directly to the pharmacy unless the Provider determines patient needs to have an appointment scheduled or medication change is needed. In those cases, patient will be contacted.	9	0	26
	• "Is there anything else I may assist you with?" If no, "Thank you for calling Family Health"	1	11	23
VIII.	**PROFESSIONALISM ON CALL**	**YES**	**NO**	**N/A**
a.	**Did the call agent behave professionally?**	35	0	
	• Listened without interrupting	34	1	
	• Demonstrated confidence	31	4	
	• Refrained from using jargon	35	0	
	• Articulate, patient and polite	31	4	
	• Pace, grammar, and diction were appropriate	33	2	
b.	**Did the call agent establish rapport with the customer/patient?**	17	18	
	• Used customer's name	0	35	
	• Adapted to customer's needs	20	15	
	• Used "verbal nods" appropriately	28	7	
	• Showed interest in what the customer said	23	12	
	• Used positive scripting	21	14	

Observations and Recommendations

I. Greeting and Introduction

	FY22/23	FY22/23	FY22/23	FY21/22
Did call center agent follow FHS policy when greeting customer/patient?	**Total**	**Percentage in Compliance**	**Percentage out of Compliance**	**Change In Percentage Compliance from June 22 Review**
• Prepared for Call	28/35	80%	0%	-20%
• Answered call within 45 seconds	34/35	97%	3%	-03%
• Properly Identified Self	25/35	71%	29%	+65%
• Identified FHS	35/35	100%	0%	0%
• Verified caller's identity	24/35	69%	31%	-11%

Findings:
1. Call Center Agents failed to properly identity themselves to callers over 29% of time as outlined in FHS-CCG.
2. Call Center Agents fail to identify the caller on the call 31% of the time as required per FHS-CCG.

Recommendations:
1. Develop a call center script as a resource for call agents to use to standardize the experience and service received by customers/patients.
2. Update the FHS-CCG to include a call center script and include any functional process improvement changes.
3. Develop and implement training on updated FHS-CCG, when revised.
4. Conduct and create ongoing professional development trainings for call center staff that includes best practices and customer service techniques.
5. Implement a quarterly quality review committee of call center activities and to monitor functional process improvement changes.
6. Create coaching improvement plans to identify opportunities for call center staff to succeed.

II. Patient Lookup

	FY22/23	FY22/23	FY22/23	FY21/22
Confirmed customer/patient name's	**Total**	**Percentage in Compliance**	**Percentage out of Compliance**	**Change In Percentage Compliance**
• Checked patient D.O.B.	26/35	74%	26%	-04%
• Checked first 3 letters of last name	30/35	66%	34%	-20%
• Checked first 3 letters of first name	21/35	54%	46%	-04%
Confirmed customer/patient does or does not have an existing medical record with Solano County	28/35	80%	20%	-10%

Findings:

1. Call Center Agents failed to confirm caller's D.O.B. 26% of the time as required per FHS-CCG.
2. Call Center Agents failed to check the first 3 letters of first name 34% of the time as required by FHS-CCG.
3. Call Center Agents failed to check the last 3 letters of first name 46% of the time as required by FHS-CCG.

Recommendations:

1. Develop a call center script as a resource for call agents to use to:
   a. Standardize the experience and service received by customers/patients.
   b. Ask the customer/patient if they go by another name or have an alias.
   c. Ensure caller authentication to protect the privacy of our customer/patients and mitigate potential privacy breaches.
2. Update the FHS-CCG to include a call center script and include any functional process improvement changes.
3. Develop and implement training on updated FHS-CCG, when revised.
4. Conduct and create ongoing professional development trainings for call center staff that includes best practices and customer service techniques.
5. Implement a quarterly quality review committee of call center activities and to monitor functional process improvement changes.
6. Create coaching improvement plans to identify opportunities for call center staff to succeed.

III. Collect or Verify/Update Demographic Information

	FY22/23	FY22/23	FY22/23	FY21/22
New Patient (collect)	**Total**	**Percentage in Compliance**	**Percentage out of Compliance**	**Change In Percentage Compliance**
• Name	0/0	N/A	N/A	N/A
• D.O.B.	0/0	N/A	N/A	N/A
• SSN	0/0	N/A	N/A	N/A
• Address	0/0	N/A	N/A	N/A
• Phone Number (document date in comment field)	0/1	N/A	N/A	N/A
Established Patient (Verify and Update)	**Total**	**Percentage in Compliance**	**Percentage out of Compliance**	**Change In Percentage Compliance**
• Name	21/26	80%	20%	-17%
• D.O.B.	24/26	92%	08%	-03%
• Address	2/26	07%	93%	+07%
• Phone Number (document date in comment field)	1/26	04%	96%	-34%
Pediatric Patient (Verify and Update)	**Total**	**Percentage in Compliance**	**Percentage out of Compliance**	**Change In Percentage Compliance**

• Obtain relationship of the caller	1/9	11%	89%	**+11%**
• Verify a signed ROI or Consent to treat is on file	0/9	0.0%	100%	**0.0%**
• Name	8/9	88%	12%	**-12%**
• D.O.B.	8/9	88%	12%	**-12%**
• Address	3/9	33%	67%	**+33%**
• Phone Number (document date in comment field)	4/9	44%	56%	**+44%**

Findings:

1. Call Center Agents 93% of the time failed to verify or update address for "Established Patients" as outlined in FHS-CCG.
2. Call Center Agents 96% of the time failed to verify or update phone number for "Established Patients" as outlined in FHS-CCG.
3. Call Center Agents 89% of the time failed to obtain the relationship of the caller for "Pediatric Patients" as outlined in FHS-CCG.
4. Call Center Agents 100% of the time failed to verify consent or authorized representative form for "Pediatric Patients" as outlined in FHS-CCG.
5. Call Center Agents 67% of the time failed to verify address for "Pediatric Patient" as outlined in FHS-CCG.
6. Call Center Agents 56% of the time failed to verify phone number for "Pediatric Patient" as outlined in FHS-CCG.

Recommendations:

1. Develop a call center script as a resource for call agents to use to standardize the experience and service received by customers/patients.
2. Update the FHS-CCG to include a call center script and include any functional process improvement changes.
3. Develop and implement training on updated FHS-CCG, when revised.
4. Conduct and create ongoing professional development trainings for call center staff that includes best practices and customer service techniques.
5. Implement a quarterly quality review committee of call center activities and to monitor functional process improvement changes.
6. Create coaching improvement plans to identify opportunities for call center staff to succeed.

IV. Check Insurance Eligibility

	FY22/23	FY22/23	FY22/23	FY21/22
Insurance eligibility checked prior to scheduling appointment	**Total**	**Percentage in Compliance**	**Percentage out of Compliance**	**Change In Percentage Compliance**
	3/24	13%	87%	**-03%**
No insurance (Private Pay):	**Total**	**Percentage in Compliance**	**Percentage out of Compliance**	**Change In Percentage Compliance**
• Customer/Patient given information of the FHS sliding fee scale (SFS)	0/0	N/A	0%	N/A

	Total	Percentage in Compliance	Percentage out of Compliance	Change In Percentage Compliance
• Customer/Patient advised to bring two (2) recent paystubs for SFS	0/0	N/A	0%	N/A
Private Pay no SFS	**Total**	**Percentage in Compliance**	**Percentage out of Compliance**	**Change In Percentage Compliance**
• Advised client FHS accepts payment via check, cash, or credit card.	0/0	N/A	0%	N/A

Findings:
1. Call Center Agents 87% of the time failed to confirm insurance eligibility prior to scheduling an appointment. No verbal acknowledgement given to the caller on status of insurance coverage.

Recommendations:
1. Develop a call center script as a resource for call agents to use to standardize the experience and service received by customers/patients.
2. Update the FHS-CCG to include a call center script and include any functional process improvement changes.
3. Develop and implement training on updated FHS-CCG, when revised.
4. Conduct and create ongoing professional development trainings for call center staff that includes best practices and customer service techniques.
5. Implement a quarterly quality review committee of call center activities and to monitor functional process improvement changes.
6. Create coaching improvement plans to identify opportunities for call center staff to succeed.

V.   Identify the Reason for Visit

	FY22/23	FY22/23	FY22/23	FY21/22
Asked appropriate and relevant questions.	**Total**	**Percentage in Compliance**	**Percentage out of Compliance**	**Change In Percentage Compliance**
	25/35	71%	29%	-11%
Took ownership and assured willingness to help.	27/35	77%	23%	-07%
Demonstrated empathy with customer's situation.	25/35	71%	29%	+17%
Restated customer's needs.	25/35	71%	29%	+02%
Asked customer how they wanted problem solved.	27/35	77%	23%	+09%
Set expectations and timeframes.	25/35	71%	29%	+21%

Findings:

1. Call Center Agents 29% of the time did not ask appropriate or relevant questions.
2. Call Center Agents 23% of the time took ownership and assured willingness to help.
3. Call Center Agents 29% of the time did not demonstrate empathy with customer's situation.
4. Call Center Agents 29 % of the time did not restate the customer's need for calling.
5. Call Center Agents 23% of the time did not ask how the customer wanted their problem solved.
6. Call Center Agents 29% of the time did not set expectations and timeframes for services request.

Recommendations:
1. Develop a call center script as a resource for call agents to use to standardize the experience and service received by customers/patients.
2. Update the FHS-CCG to include a call center script and include any functional process improvement changes.
3. Develop and implement training on updated FHS-CCG, when revised.
4. Conduct and create ongoing professional development trainings for call center staff that includes best practices and customer service techniques.
5. Implement a quarterly quality review committee of call center activities and to monitor functional process improvement changes.
6. Create coaching improvement plans to identify opportunities for call center staff to succeed.

VI. Determining Next Steps: Triage, Appointment Scheduling, Message

	FY22/23	FY22/23	FY22/23	FY21/22
Did call agent identify proper next step?	Total	Percentage in Compliance	Percentage out of Compliance	Change In Percentage Compliance
	30/35	85%	15%	0.0%
Did call agent get permission to take next step	28/35	80%	20%	-10%
Did call agent get permission to place customer/patient on hold?	20/23	87%	13%	+60%
Did call agent complete briefing process	27/35	77%	23%	-04%
Was customer/patient transferred to the next proper step?	28/34	82%	18%	-07%

Findings:
1. Call Center Agents 23% of the time did not complete briefing process for customer/patient as outlined in FHS-CCG.

Recommendations:
1. Develop a call center script as a resource for call agents to use to standardize the experience and service received by customers/patients.
2. Update the FHS-CCG to include a call center script and include any functional process improvement changes.
3. Develop and implement training on updated FHS-CCG, when revised.
4. Conduct and create ongoing professional development trainings for call center staff that includes best practices and customer service techniques.
5. Implement a quarterly quality review committee of call center activities and to monitor functional process improvement changes.
6. Create coaching improvement plans to identify opportunities for call center staff to succeed.

VII. Completing the Call

	FY22/23 Total	FY22/23 Percentage in Compliance	FY22/23 Percentage out of Compliance	FY21/22 Change In Percentage Compliance
Was the customer/patient issue handled on the first call?	25/35	71%	29%	-12%
Scheduled appointment	25/35	71%	29%	+01%
• Confirm the appointment date and time with the patient.	16/24	66%	34%	+27%
• Remind patient to arrive at least 10 minutes early and to bring their ID and an insurance card to every appointment. And arrive 30 minutes early for first time visits if there is paperwork that needs to be completed)	3/23	13%	87%	+13%
• Remind patients that there is only a 15-minute grace period if they are late for their appointment.	0/21	0.0%	100%	0.0%
• For Pediatric appointments: minors must be accompanied by a parent or guardian for medical appointments. There are exceptions to this requirement as defined in the "California Minor Consent Laws" (a copy of this is available in the *Call Center Reference Binder*).	0/9	0.0%	100%	0.0%
• "Do you need any special accommodations at this appointment? For example, a wheelchair or an interpreter?"	0/25	0.0%	100%	0.0%
• "Is there anything else I may assist you with?" If no, "Thank you for calling Family Health Services. Have a good day."	1/25	04%	96%	-10%

Other Call Types		Total	Percentage in Compliance	Percentage out of Compliance	Change In Percentage Compliance
	• Non-urgent messages sent to the Nurse shall be returned within one business day.	6/8	75%	25%	-25%
	• Messages regarding referrals, forms, requisitions shall be handled within 3 days.	6/8	75%	25%	-25%
	• Medication refill requests (not adult controlled substances) shall be sent directly to the pharmacy unless the Provider determines patient needs to have an appointment scheduled or medication change is needed. In those cases, patient will be contacted.	9/9	100%	0%	0.0%
	• "Is there anything else I may assist you with?" If no, "Thank you for calling Family Health"	1/12	08%	92%	-14%

Findings:
1. Call Center Agents 29% of the time did not handle the customer/patient issue on first call.
2. Call Center Agents 29% of the time did not schedule an appointment as requested by the customer/patient as outlined in FHS-CCG.
3. Call Center Agents 34% of the time did not confirm appointment date and time with the customer/patient as outlined in FHS-CCG.
4. Call Center Agents 87% of the time did not remind patient to arrive at least 10 minutes early and to bring their ID and an insurance card to every appointment. And arrive 30 minutes early for first time visits if there is paperwork that needs to be completed with the customer/patient as outlined in FHS-CCG.
5. Call Center Agents 100% of the time did not remind patients that there is only a 15-minute grace period if they are late for their appointment with the customer/patient as outlined in FHS-CCG.
6. Call Center Agents 100% of the time did not communicate for Pediatric appointments that minors must be accompanied by a parent or guardian for medical appointments with the customer/patient as outlined in FHS-CCG.
7. Call Center Agents 100% of the time did not ask if special accommodations were needed for the appointment with the customer/patient as outlined in FHS-CCG.
8. Call Center Agents 95% of the time did not ask "Is there anything else I may assist you with?" If no, "Thank you for calling Family Health Services. Have a good day." with the customer/patient as outlined in FHS-CCG.
9. Call Center Agents 25% of the time did not inform that non-urgent messages sent to the nurse would be return within one business day.
10. Call Center Agents 25% of the time did not inform that messages regarding referrals, forms, and requisitions would be handled within 3 days.

Recommendations:
1. Develop a call center script as a resource for call agents to use to standardize the experience and service received by customers/patients.
2. Update the FHS-CCG to include a call center script and include any functional process improvement changes.
3. Develop and implement training on updated FHS-CCG, when revised.
4. Conduct and create ongoing professional development trainings for call center staff that includes best practices and customer service techniques.
5. Implement a quarterly quality review committee of call center activities and to monitor functional process improvement changes.
6. Create coaching improvement plans to identify opportunities for call center staff to succeed.

VIII. Professionalism on Call

	FY22/23	FY22/23	FY21/22
Did the call agent behave professionally?	**Total**	**Percentage**	**Change in Percentage**
	35/35	100%	+09%
• Listened without interrupting	34/35	97%	+11%
• Demonstrated confidence	31/35	88%	-03%
• Refrained from using jargon	35/35	100%	+06%
• Articulate, patient and polite	31/35	88%	+05%
• Pace, grammar, and diction were appropriate	33/35	94%	+11%
Did the call agent establish rapport with the customer/patient?	17/35	48%	+02%
• Used customer's name	0/35	0.0%	0.0%
• Adapted to customer's needs	20/35	57%	-09%
• Used "verbal nods" appropriately	28/35	80%	+14%
• Showed interest in what the customer said	23/35	65%	-09%
• Used positive scripting	21/35	60%	-20%

Findings:
1. Call Center Agents 48% of the time did not establish a rapport with the customer/patient.
2. Call Center Agents 100% of the time did not use customer's name while providing service over the phone.
3. Call Center Agents 43% of the time did not adapt to the customer/patient's needs.
4. Call Center Agents 35% of the time did not show interest in what the customer/patient said.
5. Call Center Agents 40 of the time did not use positive scripting with customer/patient.

Recommendations:
1. Develop a call center script as a resource for call agents to use to standardize the experience and service received by customers/patients.
2. Develop and implement soft-skills training for call centers on how to provide quality customer service over the phone.
3. Update the FHS-CCG to include a call center script and include any functional process improvement changes.
4. Conduct and create ongoing professional development trainings for call center staff that includes best practices and customer service techniques.
5. Create coaching improvement plans to identify opportunities for call center staff to succeed.

Other Observations and Notes from Review:

- As the reviewer I observed instances where the Call Center Agent disclosed information about an adult patient to an unverified recipient that could be considered a privacy breach.
- As the reviewer I observed instances that the tone of the Call Center Agent could be interpreted as rude, impatient, and insensitive while they are providing service to the customer/patient.
- As the reviewer I observed that the earliest available appointment to schedule or reschedule a requested medical visit would be between 45-80 days.

Documentation/Training Materials

Solano Family Health Service Primary Care Call Center Protocols/Guidelines Revised August 2020. This document has not been updated to reflect current practices and contains inaccurate information. Contact information is outdated and many of the provider's referenced, including nurses, are no long employed by the clinic. During call center staff interviews, all staff stated the guidelines need to be revised with feedback from call center staff. The Compliance Unit should review prior to issuance.

Training templates and resources should be incorporated into the guidelines. This guidance should enable call center staff to reference policy/procedures and workflows applicable to their job duties. It should be kept up to date to reflect changes in laws or processes and reviewed on an annual basis.

Appointment Essentials
A copy of the Appointment Essentials was reviewed such as greeting, apology/empathy/statement of appreciation; contact information; assistance, any other needs; and conclusion. Recommendations would include adding a question confirming insurance coverage which is important to meet the requirements of the Good Faith Estimates requirement. When verifying contact, staff should ask the client to provide their current address and telephone number. The script instructs staff to provide the contact information and verify it is accurate.

Call Center Training Proposal
The proposal states that the training is designed to address the missed benchmarks that were outline in the Compliance Audit, June 2022. The training is a mixture of medical and group collaboration. Each training lists a specific goal that the call center staff will achieve individually after the completed trainings.
1. What the Audit Showed Us
2. Starting Point: The Call Expectations
   Objective: Review the five main points from the audit that should be expected in each call
3. Say This Not That
   Objective: Review the topic of empathy.
4. Locate the Information
   Review patient charts in the electronic health record and practice management to confirm location of PHI, future appointments, referral information, medication status, etc.
5. Understanding Insurance
   To understand important of correctly researching the insurance as the first point of contact. Training can be done by a representative of billing and collections or using the insurance PowerPoint created in 2019.

Each training is planned for a minimum of 1.5 hours and completed as a group. The time scale reflects a 10-week outline with training taking place every Thursday from 3:30 – 5:00. We requested copies of all agendas and training materials and were provide the following:

July 2022	What the Audit Showed (no other information provided)
September 22, 2022:	Reset of Protocol (Lorielle & Rebecca)
	Shift of Work Flor (Yvette & Anna Mae)
November, 2022	What is RTS & Why We Use it (Lorielle, Luis, Yvette)
	How to add insurance into a new appointment
	Do the dual check: Checking the RTS on existing patients
December 22, 2022	Quick Review of One Call Resolution (Lorielle, Yvette)
	Quick Review of RTS
	Nurse Triage Do's & Don'ts Review
January 26,2023	Call Center Expectations (Office Supervisors)

1. Call Center Status Template
2. Patient Lookup Window Template
3. Patient Lookup Search Criteria Template
4. Cisco Finesse Daily Dashboard Template
5. Pediatric Appointment Cheat Sheet – Well Child Care Physicals & Immunization Appointments
6. Pediatric Outreach and Reminder Call Sample Script
7. Medical Assistant Classifications – Job Expectations Statement

Staff Interviews

Overall, staff are looking for consistency in call center processes and stated that each clinic does things differently and they do not always receive the same message. They would like to see all training materials updated and more training on insurance requirements and privacy/confidentiality matters such as HIPAA. A better understanding of the forms and requirements for working with minor's parents/guardians would be helpful. The consensus is that supervisors may be available and try to assist, but call center staff are dependent upon their colleagues to assist. Each stated that having back office experience has helped them in their role. When asked if they thought training was adequate for a "new hire", most stated "no".

Conclusion

Although training has taken place since the June 2022 review, on-going training and updates is required for staff to be successful. The protocol/guidance must be updated and incorporated into training. This report reflects areas of improvement and areas of decline and such areas need to be a focus for management and staff. Poor performance impacts client satisfaction rates and our ability to serve our clients in the most customer friendly and efficient manner.

Co-locating staff into one location and hiring a Supervisor over the call center is recommended. This would allow better training, consistent practices and messaging, and develop a strong and more cohesive team. The supervisor should be listening to calls and reviewing call center data weekly to ensure issues are addressed and improvement is taking place.

The call center is the first point of contact for our patients and we want them to have a good experience.

Family Health Services

Language Access and Interpreters
Policy Number: 200.02

Effective Date	May 15, 2019
Frequency of Review	Annually
Last Reviewed	~~May 2, 2019~~ July 1, 2023
Last Updated	~~May 2, 2014~~ July 1, 2023
Author	~~Alicia Jones, MPA~~ Cynthia Coutee, HSCM Rebecca Cronk, HSCM
Responsible Department	~~Medical Services- Operations~~ Family Health Services

PURPOSE:
To outline access to language interpretation services for the provision of patient care, patient education, or consent for treatment.

DEFINITIONS:
Interpretation- Oral communication between two or more different languages.

Translation- Written communication between two or more different languages.

BACKGROUND
It is the intent of Family Health Services (FHS) to comply with Title VI of the Civil Rights Act of 1964 and with requirements outlined by the Health Resources and Services Administration (HRSA). FHS is a Federally Qualified Health Center (FQHC) and receives federal funding under the Health Center Program authorized by section 330 of the Public Health Services (PHS) Act (42 U.S.C. 254b) ("section 330"), as amended (including sections 330 (e) and (h). Requirements include the development of a plan or arrangements for interpretation and translation that are responsive to the needs of such populations for providing health center services to the extent practical in the language and cultural context most appropriate to such individuals.

POLICY:
It is the policy of FHS to provide access to interpretation services for health center patients ~~of our health centers~~. Utilizing bilingual relatives, friends, or minors in a clinical setting is discouraged. Interpretation should include the utilization of culturally and linguistically appropriate services to advance health equity, improve quality, and help eliminate health care disparities. All employees are responsible for ensuring the public is treated with dignity and respect, while identifying the language needs of our patients, and utilizing certified bilingual resources as appropriate.

PROCEDURE:
1. Language services may be accessed for any patient ~~either~~ in-person, via iPad, or via telephone in the following ways:

    A. Use of ~~C~~certified ~~B~~bilingual ~~H~~health ~~C~~center ~~S~~staff.

a. Each health center maintains a list of certified bilingual employees who may assist with language interpretation. Staff assistance may be arranged in advance of the patient visit or by calling for a language assist with use of the overhead paging system.

B. Use of a live interpreter through AMN Healthcare iPads.~~Interpretation and Communication Services available to patients covered by Partnership HealthPlan of California (PHC) and may be accessed in the following ways:~~

~~a. Telephone Interpretation Services:~~
~~Toll Free- (866) 425-0217~~
~~Access Code- 798091~~ iPads are available for use with all patients, regardless of insurance status.
~~Provide the operator with language needed and employee name.~~
~~b.~~a. ~~Face-to-Face Interpretation Services: Must be authorized and arranged by the PHC member services department. 24-hour notice is required. Staff shall call (800) 863-4155 to arrange services and place a comment in the appointment notes stating an interpreter has been scheduled for the visit~~ Refer to the Standard Operating Procedure for Utilizing Interpretation Services.

C. Use of AMN Healthcare telephone language services. ~~Interpretation Services for patients who are not covered by PHC may be obtained through Language Link Services. Instructions for accessing Language Link include the following:~~

a. Telephone language services are available for use with all patients, regardless of insurance status.~~Call Language Link at (800) 535-7749~~
b. Refer to the Standard Operating Procedure for Utilizing Interpretation Services. ~~Enter Account Number 8585, followed by the # sign~~
~~c. Select 1 to be connected directly to your Spanish Interpreter, or~~
~~d. Select 2 to be connected directly to your Tagalog Interpreter, or~~
~~e. Select 9 for all other languages~~
~~f. Enter Control Number 3234 followed by the # sign~~
~~g. Enter your Budget Number followed by the # sign.~~
~~h. Complete form 48-18-05 (Request for Interpreter/Translation Services)~~
~~i. Telephone Interpretation Services – Use of speaker with center's cordless telephone.~~
~~j. Face-to-Face Interpretation Services- 24-hour notice is required.~~
c. ~~After phone interpretation and completion of 48-18-05, give the yellow and blue copy to the Office Supervisor for processing. Scan the pink copy into the patients Nextgen chart.~~

D. Use of sign language services.
a. Sign language services are available for use with all patients, regardless of insurance status; however, the process varies based on their insurance.
b. Refer to the Standard Operating Procedure for Utilizing Interpretation Services.

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k. After on-site interpretation (verbal language or sign language) and completion of 48-18-05, give the blue copy to the interpreter, the yellow copy to the Office Supervisor and the pink is scanned into the Nextgen chart.

REFERENCED POLICIES	Language Access Policy, May 2, 2014
REFERENCED FORMS	Language Link Request for Interpreter/Translation Services Form 48-18-05 Standard Operating Procedure for Utilizing Interpretation Services.
REFERENCES	Language Link Contract # 03342
	Partnership Healthplan Health Plan of California Interpretation Services and Communication, November 2017.

_____   _____
Chair - Community Healthcare Board   **Date**

_____   _____
Vice-Chair - Community Healthcare Board   **Date**

Clinical Guidelines and Standards of Care Protocol
Policy Number: 500.02.

Effective Date	July 7, 2023
Frequency of Review	Biannually
Last Reviewed	
Author	Michele Leary, D.O., CMO
Responsible Department	Family Health Services: Clinical Medical

PURPOSE:
Explain the purpose of the policy you are writing in simple, precise terms (1-2 sentences).
EXAMPLE: The purpose of this policy is to establish the chart documentation requirements for Family Health Services (FHS) providers.

DEFINITIONS:
FHS: Solano County Health & Social Services Family Health Services

BACKGROUND
Clinical practice guidelines are recommendations for clinicians about the care of patients with specific conditions. They should be based upon the best available research evidence and practice experience. The Institute of Medicine (IOM) defines clinical practice guidelines as "statements that include recommendations, intended to optimize patient care, that are informed by a systematic review of evidence and an assessment of the benefits and harms of alternative care options".
Based on this definition, clinical guidelines have two parts:
1) The foundation is a systematic review of the research evidence bearing on a clinical question, focused on the strength of the evidence on which clinical decision-making for that condition is based.
2) A set of recommendations, involving both the evidence and value judgments regarding benefits and harms of alternative care options, addressing how patients with that condition should be managed, everything else being equal.

POLICY:
1) FHS's providers shall have access to standards of care guidelines via UpToDate and other national professional and governmental websites.
2) FHS's providers shall follow the appropriate standards of care guidelines as set forth by the American Academy of Family Practice, American Academy of Pediatrics, Essential Health Access as well as accepted standards for specific diseases such as those set forth by the American Diabetes Association (ADA), the American Heart Association (AHA), American Academy of Obstetrics & Gynecology, the U.S. Preventive Services Task Force, et al.
3) This procedure shall not dictate an exclusive course of procedure or technique but merely provide a standard guideline to the providers and the staff.

Family Health Services

Clinical Guidelines and Standards of Care Protocol
Policy Number: 500.02.

4) Nurse practitioners (NPs), physician assistants (PAs), (APPs) must consult with the mentoring or supervising physician whenever situations arise which go beyond the intent of the protocols or the scope of practice or experience of the APPs.

5) Review and maintenance of this protocol shall be the responsibility of the Clinic supervising Physician(s) and the Chief Medical Officer.

REFERENCES	Consensus report, Institute of Medicine. Clinical practice guidelines we can trust. March23, 2011. http://www.iom.edu/Reports/2011/Clinical-Practice-Guidelines-We-Can-Trust.aspx (Accessed on June 6th, 2023).
	https://www.uptodate.com/contents/search (UpToDate)
	https://uspreventativeservicestaskforce.org/uspstf/home (USPTF)
	https://www.hhs.gov/opa/reproductive-health/index.html
	https://www.cdc.gov (CDC)
	https://www.acog.org (ACOG)
	https://diabetes.org (ADA)
	http://www.aafp.org/home.html (AAFP)
	https://www.aap.org (AAP)

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Chair – Community Healthcare Board   **Date**

_____   _____
Vice-Chair – Community Healthcare Board   **Date**

Solano County Family Health Services
Quality Management Work Plan
Calendar Years 2023 - 2025

Purpose

As part of Solano County Family Health Service's (FHS) dedication to providing quality care in a safe, effective, patient-centered, timely, efficient, and equitable manner. FHS has implemented a Quality Management Program (QMP), a systematic, organization-wide approach to provide uncompromising quality care and service to patients. Through this systematic approach, the QMP provides a mechanism to constantly survey the performance of FHS and provide opportunities to improve performance levels.

The QMP framework will include:
- Continually evaluate and enhance quality management processes, program outcomes and administrative efficiencies.
- Creates strategy for creating systems to track, trend and evaluate data and generate reports on clinical and operational quality indicators.
- Monitor and evaluate the systems and processes related to the quality of services that can be expected to affect the health status, quality of life and satisfaction of patients served by FHS.
- Identify and assign priority to opportunities for performance improvement as identified by stakeholders, patients, staff and providers.
- Continuously monitor and analyze data related to program outcomes and patient satisfaction to identify and act on opportunities for improvement.

The QMP and implementation strategy will be evaluated at least annually and updated as necessary by the QI/QA Committee and FHS Community Board of Directors (CHB). The QMP is the responsibility of the Chief Executive Officer, Chief Medical Officer, Chief Operations Officer, Chief Quality Officer, Quality Improvement Team, Management and Community Board of Directors.

Scope, Mission, Vison & Values

SCOPE:

FHS Quality Management Program is outlined in the Quality Management Plan (QMP). The Plan's scope involves FHS staff providing care to all that seek medical, dental and behavioral health without discrimination as to race, age, religion, sex, national origin, socioeconomic status, sexual orientation, gender identity or expression, disability, veteran status, or source of payment.

The Quality Management Plan is supervised by the Chief Medical Officer (CMO) and is designed to align with FHS strategic and targeted performance plans. The FHS QMP is reviewed biennially and modified as required in collaboration with the QMP Committee, Community Health Board, and Leadership Team. The Plan is approved by the Community Healthcare Board. The Community

Healthcare Board ensures, via reports from the QMP 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 QMP Program.

The QMP plan tracks clinical, operational, and other measures to promote quality, ensure patient safety, and improve patient care, with an emphasis on clinical and administrative performance measures. The measures are derived from a variety of standard sources: (QIP, HRSA/UDS, HEDIS, CAHPS and Internal Performance). It is designed to move FHS toward achieving better health care for individuals and improved population health at reduced per capita costs. The FHS QMP 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 and clinical activities promoting accountability throughout the organization.

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

- Meeting all requirements of the QMP 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

MISSION:

Family Health Services (FHS) mission is to provide high quality, comprehensive, accessible medical and dental care to support Solano County's diverse community to live, learn and work with thriving health.

VISION:

FHS envisions healthy communities by building relationships and partnerships that ensure wellness, compassionate, affordable, and innovative health care for all members of our community. We will be recognized for an exceptional patient experience, comprehensive and integrated health care services with innovative approaches to clinical care, patient services, and business operations.

VALUES:

- Equity
- Diversity
- Respect
- Integrity
- Responsiveness
- Transparency

QI Leadership and Oversight Structure

Structure, Responsibility, Accountability and Communication

Authority and Accountability

The FHS CHB has ultimate responsibility and accountability for the QMP. The CHB delegates authority to and responsibility for the plan to the QI/QA Committee, chaired by FHS's Chief Medical Officer. The CHB meetings are held monthly. Minutes are created at the time of each meeting and reflect CHB discussions, decisions, recommendations, and/or conclusions. The minutes are dated and maintained in compliance with the confidentially requirements of FHS. The CHB minutes are peer protected and not subject to disclosure to any individual or group within or outside FHS without the permission of the Chief Executive Officer.

Committee Structure

FHS Community Health Board of Directors
FHS Health Community Health Board (CHB) is comprised of Health Center, Community Leaders and Patients of FHS Health, (51% are Patients per FQHC Board standards). The CHB meets monthly, minutes are created The CHB is responsible for the following:

- Provides leadership, guidance, authority and accountability for the QI/QA Committee and QMP.
- Recommends policy decisions, review and evaluates the annual results of the QMP Plan and Implementation of Strategy Activities
- Approves the Annual QMP Plan, Implementation Strategy and Annual QMP Plan evaluation.
(See Appendix A: *QI/QA Plan Checklist and Self-Assessment Tool 2023*)

Chief Executive Officer (CEO)/FHS Project Officer
The CHB holds the health center's Chief Executive Officer (CEO) accountable for organizational quality and safety. The CEO regularly reports to the CHB on quality (can be done via the QI/QA Committee reports/minutes).

Chief Medical Officer (CMO)
The CMO is accountable for the quality and safety of the clinical program, the performance of the provider staff and the provider performance assessment/improvement component of the QMP. The CMO serves as the Chairperson for the QI/QA Committee.

Chief Operations Officer (COO)/Clinic, Senior Health Manager
The COO is responsible for providing direction to operational staff on quality issues, monitoring and evaluating activities associated with QMP key functional areas and identifies and directs staff in the delivery of care and service to FHS patients.

Clinical Providers (QI/QA Committee participants)
Clinical providers are critical to the quality and safety of the health center program. Provider participation on the QI/QA Committee ensures by monitoring, measuring, improving processes, performance, decisions and staff/patient interaction that their care is of the highest possible quality.

Staff (QI/QA Committee participants)
The QI/QA Committee should broadly represent the staff of the Health Center across multi-disciplinary areas. Staff monitor their assigned areas of responsibility and report on results, issues and program effectiveness.

QI/QA 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)
- Nursing (PHN, RN, LVN)
- Community Health Board Members

The QI/QA Committee is responsible for:

- Reviews trended quality performance data, clinical and operational.

- Ensures necessary data is collected and supplied to the appropriate departments.

- Metrics not meeting pre-established performance thresholds are identified and action is taken to develop and deploy quality improvement initiatives.

- Identifies opportunities to improve patient care, satisfaction and experience.

- Manage ongoing improvement activity and responsibility for resolving identified quality and safety issues, as well as taking advantage of other opportunities to improve.

- Provides policy decisions, reviews and makes recommendations regarding the QMP, Implementation Strategies and the annual QMP review.

- Promotes evidenced-based medicine by actively participating in clinical guideline decision-making activities.
- Develops, implements, monitors, and evaluates processes and programs aimed at maintaining a safe environment.

Meetings are held at least eight (8) times per year. Minutes are created at the time of each meeting and reflect committee decisions and actions. The minutes will contain only de-identified client information. They will reflect factual representation of the Committee's discussion, decisions, recommendations, and/or conclusions. The minutes are dated and maintained in compliance with the confidentiality requirements of FHS.
(See Appendix B: *FHS Quality Improvement – Quality Assurance Committee Calendar & Agenda Topics*)

The QI/QA Committee minutes are peer-review protected and not subject to disclosure to any individual or group within or outside FHS Health without the permission of the Chief Executive Officer.

Quality Sub-committees

Credentialing
The Credentialing Committee is responsible for the ongoing policy and process of assessing and confirming the qualifications of a health care provider. This is done through collecting and verifying information about the provider, assessing and interpreting the information, and making decisions about the provider. The assessment must meet the requirement that calls for review and verification of professional credentials, references, claims history, fitness, professional review, organizational findings and license status. The Committee must follow national standards for credentialing. The committee is also responsible for ensuring that all providers are being privileged for the specific services that they will be providing to the provider. It involves primary source verification, direct first-hand one-on-one documentation by a supervising physician who possesses the privilege of the particular procedure or management protocols. The committee must ensure that the policies held by the organization are accurate and relevant to the status of the organization. The committee must follow standards for credentialing, reviewing and re-credentialing within agreed upon timeframes stated in policy.

Peer Review
The Peer Review committee evaluates the medical. dental and behavioral health care being rendered within the organization. Its function is the evaluation or improvement in the quality of care that is provided to each patient; to determine if appropriate care was provided; was the care provided compliant with best practices. The Peer review committee examines the work of the Providers in the organization providing care to patients and gives feedback to each person individually. The Peer review committee vets each new Provider to determine if Provider should become a member of the FHS team and makes their recommendations to the CHB. The committee monitors and evaluates all provider on an on-going basis for the purposes of re-credentialing, mentoring, and providing guidance to ensure that all providers are meeting the highest quality and safety standards for the patients and organization. The committee reviews data and looks for trends in order to make appropriate recommendations to providers within the organization.

This committee is responsible for reviewing, monitoring, and making final recommendations regarding issues in provider performance that require more extensive action plans and improvements regarding patient care, safety and professional behaviors. Any peer review that has incidents that can lead to risk for the organization or patient is referred to the sub-committee of the peer review committee where action plans are created and delivered to applicable providers. The committee is comprised of clinical leadership and peer providers with like skill and educational background.

Peer review will be conducted, at least quarterly, using data systematically collected from patient records to ensure:

1. 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
2. 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 and quality files.

Patient and Organizational Safety
This committee is to provide support to enhance the organization's safety policies. The committee actively promotes safety and health and provides training to staff about their individual safety responsibilities. The committee is also responsible for monitoring and managing those conditions that pose the potential for problems throughout all FHS entities. The committee conducts health and safety inspections of the way work is conducted and the physical structures of the organization to ensure that we are following the highest standards of safety. The safety committee ensures that all fire drills and safety exercises are being completed within the required timeframes. The committee maintains all records and required logs for all reviews, inspections and audits. This committee meets once a quarter or as operational/clinical need arises.

P&T (Pharmacy and Therapeutics)
The purpose of this committee is to promote the appropriate use of high quality and cost effective medications; review provider-prescribing patterns; maintain a formulary of medications approved for routine patient care; review drug use and adverse drug reactions; and establish procedures for prescribing, dispensing, and administering drugs in the organization. The committee ensures that all pertinent information regarding medications, etc. is distributed throughout the organization. The

committee will be responsible for developing and monitoring systems for pharmacy. This committee meets once a quarter or as operational/clinical need arises.

Infection Control

The purpose of the Infection Control Committee at FHS is to ensure the provision of safe care to all patients, clients, and employees/volunteers through surveillance, education, and policy development and review. It sets general infection control policy and provides input into specific infection control issues. The infection control committee does surveillance of nosocomial infections, investigation of infection outbreaks, and infection clusters. The Committee develops control procedures for all departments, staff and patient education, medical waste management, etc. The committee works with the safety committee and departmental clinical leaders to ensure that appropriate standards are being monitored, measured and reported to the QI/QA Committee. The committee regularly reviews infection control statistics throughout the organization in order to minimize risk, identify problem areas and implement corrective actions. This committee meets once a quarter or as operational/clinical need arises.

Innovations & Improvement Projects

The purpose of the Innovations & Improvement Project Committee at FHS is to ensure that innovative clinical and operational improvement projects are given a venue for review, approval and ongoing support. The projects are reviewed and approved by a core team comprised of the CMO, CEO and COO (Sr. Health Services Manager). Projects selected are tracked, trended and monitored for success, barriers and changes. Resources are assigned to these projects as determined by the core team.

Metrics and Analysis Committee (2023 – In Development)

Quality metrics are parameters or ways of quantitatively assessing a project's level of quality, along with the processes to carry out such measurement. Metrics outline the standard that work will be measured against and are unique to each project and/or clinical measurement.

Currently Family Health Services does not have in place the resources or personnel to track, trend, monitor and act on quality, performance, operational, clinical and other performance indicators. A planning/data analyst (personnel) has been requested (2022/2023) to fill this critical role and to develop a program and reporting dashboards/benchmarks to ensure full implementation of the quality management program.
(See Appendix C: *PHC Summary of Proposed Measure Changes for Measurement Year 2023*)

Quality Improvement Methodology

Quality Improvement Initiative Design

Quality Improvement initiatives within the seven key functional areas (patient access, risk management, provider and employee satisfaction, care management, safety, customer service, and customer experience/satisfaction) are developed or redesigned based on the values, and guiding

principles of FHS, following input from the community, clients, participating healthcare and human service providers, staff, and others. The initiatives are developed or redesigned using scientific and professional resources; available guidelines and practice parameters; external benchmarks; adverse occurrence alerts; internal quality management; and sound business practices. Those directly involved in delivering the care, service, or participating in the processes are closely involved in the planning and implementation phases.

Performance Indicators

As quality improvement initiatives are developed or redesigned, mechanisms to evaluate them are planned and implemented. Appropriate performance indicators are selected on the following criteria:

- The indicator identifies processes or outcomes that can be improved
- The indicator can identify the events it was intended to identify
- The indicator has a documented numerator and denominator statement of description of the population to which the measure is applicable
- The indicator has defined data elements and allowable values
- The indicator can detect changes in performance over time
- The indicator allows for comparison over time
- The data intended for collection is available
- Results can be reported in a way that is useful to FHS and other stakeholders

Performance indicators and targets are set and monitored. Clients, care and service providers, staff, and other stakeholders are involved in the evaluation process.

Outcomes/Process Measurement

Performance monitoring and evaluation standards are system-wide, comprehensive, service line or population focused, and require the following:

- Identification of measurable indicators for monitoring the processes or outcomes of care;
- Collection of data for ongoing measurement;
- Evaluation of performance against pre-determined thresholds;
- Evaluation of effectiveness of action(s); and
- Reliance on the scientific method.

Aggregation and Analysis of Data

There is a systematic process, relevant to both quality of care and service performance indicators, to aggregate and analyze collected data. Data is assessed in order to determine:

- Priorities for improvement
- Actions for improvement
- Whether changes in the process resulted in improvement
- Meeting of design specifications
- Performance and stability of important existing processes

This assessment process includes using statistical, quality process, control techniques, as appropriate and comparing data about processes and outcomes over time. Performance is also

compared to relevant scientific, clinical and management literature, and to relevant practice guidelines/parameters, as appropriate.

Continuous Quality Improvement

FHS uses three fundamental questions, which can be addressed in any order when addressing process improvement and change:

- What are we trying to accomplish?
- How will we know that a change is an improvement?
- What changes can we make that will result in improvement?

The following Quality Improvement process tools outlined below are utilized as core components of the Continuous Quality Improvement Cycle. Other quality improvement tools may be utilized as necessary to support the program (The Memory Jogger: A Pocket Guide of Tools for Continuous Improvement by Michael Brassard).

Plan – Do – Study -Act Quality Methodology

PLAN

1. *Opportunity/problem identification and desired outcomes* – The opportunity or problem statement is a brief, clear statement of the issue to be studied. Ideally, this will be identified through previously collected data. The opportunity statement must be specific, and describe an observable, measurable, and manageable issue. The scope should be clearly defined and addressable in a short time frame. The desired outcome is the specific, measurable objective of the project.

2. *Identify most likely cause(s) through data* – The cause(s) of a problem may be identified by reviewing existing data, collecting baseline data on several items thought to be most likely causes of the problem, and/or by best guesses of those individuals with the most knowledge of the issue.

3. *Identify potential solution(s) and the data needed for evaluation* – Utilizing the most likely causes identified in step 2, list the potential solutions that may result in the desired outcome(s). Such solutions may be based on experience of other, published reports, and/or best guesses with knowledge of the issue. Following this, choose one or more solutions that can be reasonably instituted. For each solution to be acted upon identify those data elements required to determine whether the change(s) produced the improvement desired. Data collected should be the absolute minimum and of relevance to the desired solution. Once the required data elements have been specified, the source of these data must be identified or developed.

DO

4. *Implement solution(s) and collect data needed for evaluation* – The solution(s) most likely to be successful should be implemented. It is often preferable to do this on a small scale to see if the change(s) will work. Make the data collection easy enough and the periods short enough so that data collection can be repeated frequently to allow for trending of changes over time. If not

already available, build in baseline measures before implementing change so that it will be possible to measure whether an improvement has been produced.

STUDY

5. *Analyze the data and develop conclusions* – The objective of data analysis is to measure a theory regarding whether or not the change(s) made has led to the desired outcome. It is essential that both the data elements and the anticipated analysis be planned before changes are implemented. This will often require analytical support.

ACT

6. *Recommendation for further study/action* – Action in this step depends upon the results of the data analysis. If the tested solution was shown to produce the desired change, one may wish to more broadly implement if the initial test was done on a small scale. Effectively communicating the results of the measure is important. Finally, a decision should be made regarding the continuance of data collection to monitor whether the observed improvement is sustained over time. If the tested action did not achieve the desired outcome, a return to step 2 is necessary with a repeat of the cycle to test other potential solutions. other potential solutions.

(See Appendix D: *PDSA Worksheet)*
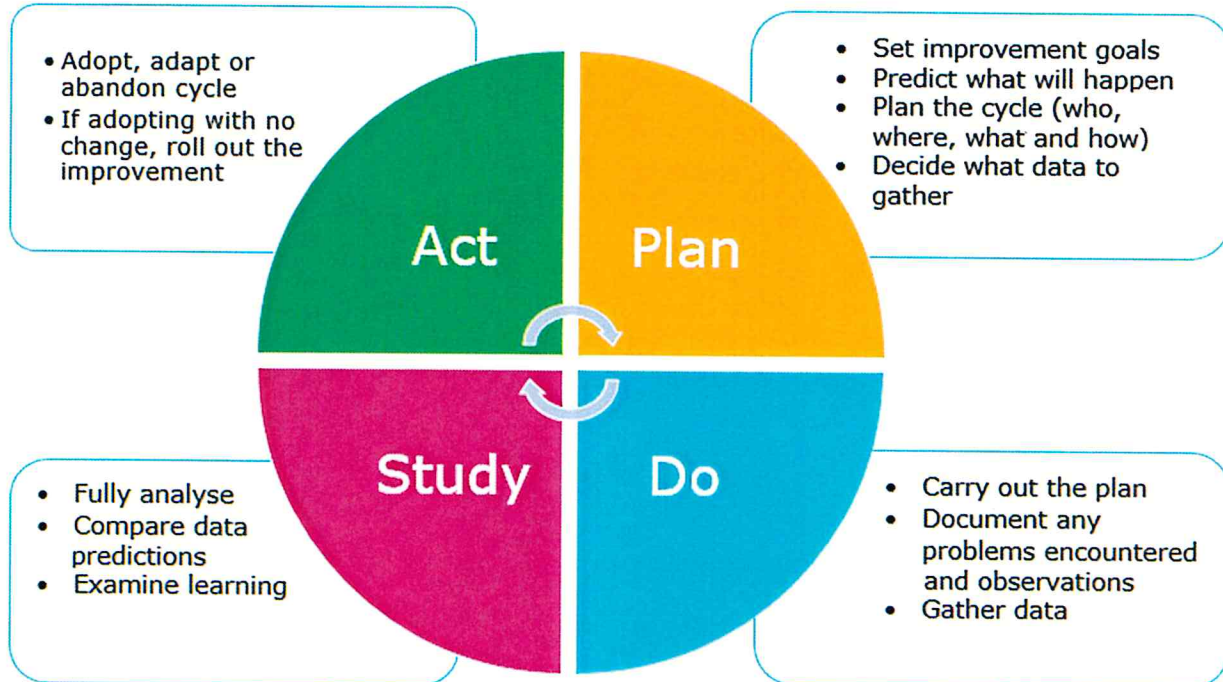
The Five Whys

The Five Whys (or 5 Whys) is a technique used to explore the cause-and-effect relationships underlying a particular problem. The primary goal of the technique is to determine the root cause of a defect or problem by repeating the question "Why?" five times.
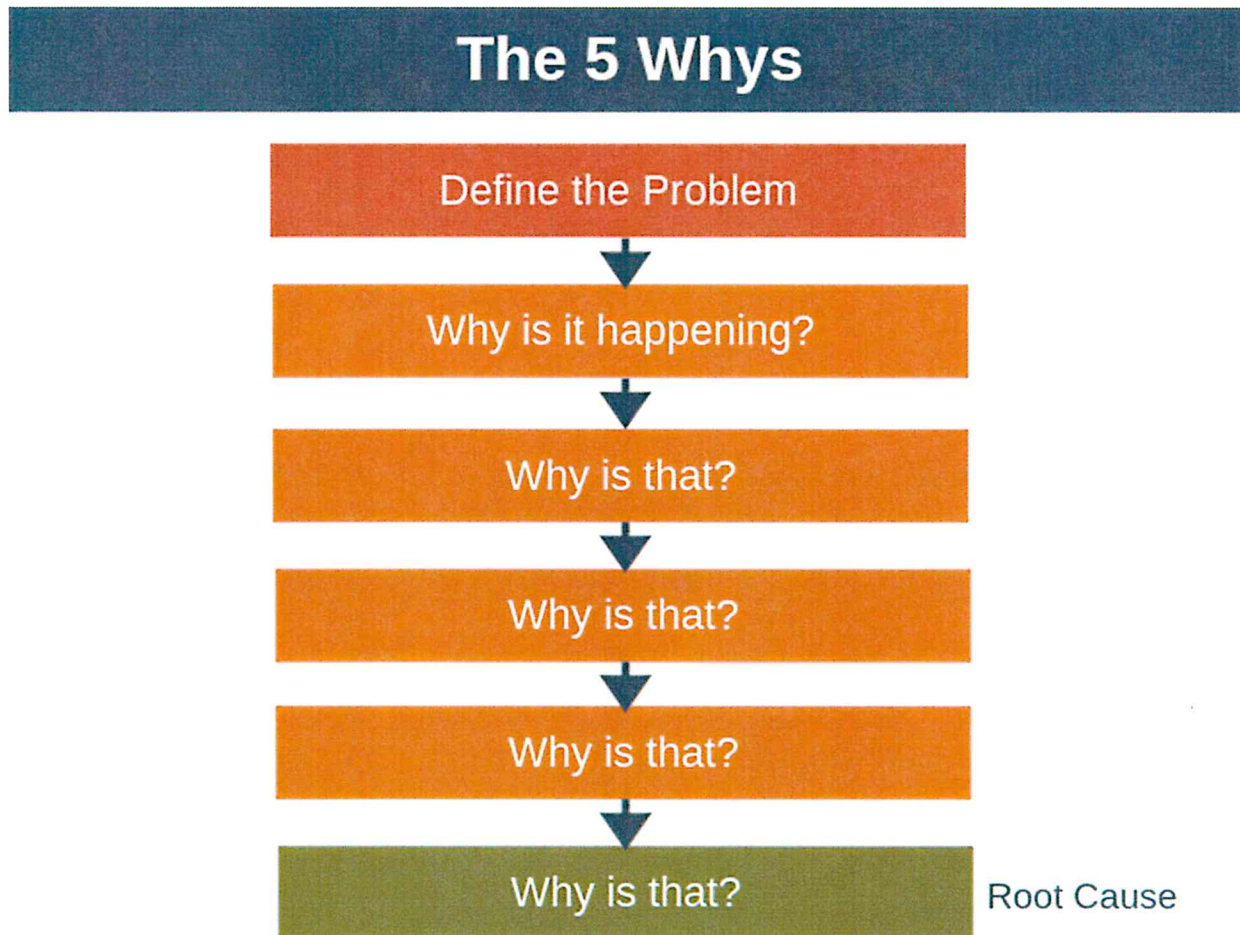
Communication and Coordination - Notification to Clients and Provider Network

Information regarding QMP will be made available to a client, healthcare provider, community member or human service provider upon request.

Confidentiality and Privacy of Personal Health Information

All data and recommendations associated with QI/QA solely for the improvement of patient/ client care. As such, all material is confidential and is accessible only to those parties responsible for assessing quality of care and service.

All proceedings, records, data, reports, information and any other material used in the quality assurance management process which involves peer review shall be held in strictest confidence and considered peer review protected.

QI/QA personnel as well as the QI/QA Committee and the CHB must sign a statement to protect the confidentiality of a client's personal health information.

FHS will minimize the identifiability of a client's personal health information used for quality measurement to protect it from inappropriate disclosure. Reports for committee review regarding data analysis and trending do not disclose a client's personal health information.

Personal Health Information obtained because of a client complaint or appeal is kept in a secure area and is only made available to those who have a need to know. Computer access to personal health information about a client's complaint or appeal is limited by a pass code for only those who need access.

Patient Grievances

Patient grievances will be addressed according to FHS's "Patient Grievance" process, FHS policy number 500.05, and will be assessed by the QMP 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. High level data is reported to the Community Health Board to ensure grievances are being tracked, trended, monitored and acted on as appropriate.

Patient Satisfaction

Patient satisfaction surveys will be distributed, at a minimum, three times a year 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 QMP Committee and Community Healthcare Board. Findings and opportunities will be discussed at QMP Team meetings and shared with the Leadership Team. PDSAs, focus groups and other tools for change will be utilized to test improvements in any areas where there may be gaps in patient satisfaction and experience.

Patient Safety and Adverse Events

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 QMP Committee and to inform quality of care standards that FHS providers are delivering to patients.

Patient Confidentiality

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 it is the policy of FHS to take appropriate disciplinary actions which could include training or 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.

Annual Reviews and Revisions

This QMP 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 QI/QA Committee, and the CHB to assess the viability of the plan, and any proposed changes will be presented to the Q M P committee and to the Community Board for approval annually and if major changes are noted.

The CMO and QI Staff complete an annual program evaluation to assess the quality of care and service delivered to FHS. The evaluation form (Attachment 3) includes a review of completed and ongoing clinical and operational activities; analysis of trended performance data; barriers identified; and interventions to improve performance when goals are not being met. Conclusions about the overall effectiveness of the program, including assessments of the adequacy of program resources and the appropriateness of the committee structure, are also integral part of the evaluation.

SIGNATURE PAGE

The signatures below represent acceptance of the QMP Plan:

Chair - Community Healthcare Board Approval:

_____

Date:

_____

Vice Chair - Community Healthcare Board Approval:

_____

Date:

_____

QI/QA Plan Checklist and Self-Assessment Tool 2023
Family Health Services – Solano County

ELEMENT 1: **The Written QI/QA Plan**

1.1 The center has a written quality improvement (QI) quality assurance (QA) plan or program and a companion implementation strategy to systematically improve health care delivery and health outcomes for patients serviced by the health center. The scope of the QI/QA plan and strategy is organization wide.

Present   Not Present

Observations/Comments/Recommendations

1.2 The QI/QA plan is anchored by a statement of purpose that delineates specific quality improvement aims and priorities for the health center. The statement of purpose also informs the plan's strategy for creating a system to track, trend, and evaluate data and generate reports on clinical and operational quality indicators.

Present   Not Present

Observations/Comments/Recommendations

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1.3 The QI/QA plan and implementation strategy are reviewed and approved by the board at least every three years as evidenced by the date of the governing board attestation/minutes.

Present   Not Present

Observations/Comments/Recommendations

1.4 The QI/QA plan and implementation strategy are reviewed and updated annually by the QA/QI committee. Major revisions to the plan are submitted to the board for approval.

Present   Not Present

Observations/Comments/Recommendations

1.5 The QI/QA plan includes definitions of key quality management terms such as the following:

Quality

Quality Assessment

Quality Improvement

Root-Cause Analysis

Process Improvement

PDSA Cycles

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Patient Safety

Patient Grievances

Quadruple AIM

Patient Satisfaction

Present   Not Present

Observations/Comments/Recommendations

ELEMENT 2: QI/QA Plan Structure and Participant Responsibilities

2.1 The Board of Directors approves the QI/QA plan and implementation strategy and oversees the QI/QA Committee.

Present   Not Present

Observations/Comments/Recommendations

2.2 The Board of Directors appoints an individual responsible for leading the implementation of the QI/QA plan for the entire organization. This appointee chairs the QI/QA committee. This role should be filled/supervised by a clinical director whose focus of responsibility is to support the QI/QA plan.

Present   Not Present

Observations/Comments/Recommendations

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2.3 The Chair of the QI/QA committee reports to the Board of Directors Quarterly

Present   Not Present

Observations/Comments/Recommendations

2.4 The Board of Directors reviews the status and outcomes of quality improvement initiatives at least annually.

Present   Not Present

Observations/Comments/Recommendations

2.5 The Board of Directors approves the implementation strategy for key quality improvement initiatives identified by the QI/QA Committee.

Key quality improvement initiatives/strategies are identified by the QI/QA and implemented.

The QI/QA Chair in conjunction with the QI/QA committee or quality subgroup identifies additional areas to study and analyze for future quality improvement initiatives/strategies.

Present   Not Present

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Observations/Comments/Recommendations

2.6 The Chair (appointed by the Board of Directors) selects a QI/QA Committee that is multidisciplinary and represents different divisions within the organization.

Present   Not Present

Observations/Comments/Recommendations

2.7 The QI/QA committee reports directly to the Chair.

Present   Not Present

Observations/Comments/Recommendations

2.8 The QI/QA Committee oversees the daily QI/QA activities and is empowered by the Board of Directors to assign tasks as needed to health center staff (e.g. data collections, documentation).

Present   Not Present

Observations/Comments/Recommendations

2.9 The QI/QA Committee meets at least six times per year.

Present   Not Present

Observations/Comments/Recommendations

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ELEMENT 3: Data Gathering, Tracking, Trending, Analysis, Monitoring; Protected Reviews

3.1 Protected periodic assessment of the appropriateness of the utilization of services and the quality of services provided or proposed to be provided to individuals served by FHS is completed.

Present   Not Present

Observations/Comments/Recommendations

3.1 The QI/QA Chair and Committee have the authority to direct health center staff, including providers on gathering data

Present   Not Present

Observations/Comments/Recommendations

3.2 The QI/QA Chair and Committee have the authority to ensure that data is appropriately entered into patient records/documentation.

Present   Not Present

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Appendix A

QI/QA Plan Checklist and Self-Assessment Tool 2023
Family Health Services – Solano County

Observations/Comments/Recommendations

3.3 The QI/QA Chair and Committee develop systems for:

Continuous problem identification and analysis through defined methodologies, PDSA etc.

Comprehensive data collection & analysis.

Corrective action plans.

Tracking, trending, monitoring patient information which may include testing results and or missing or irregular data.

Present   Not Present

Observations/Comments/Recommendations

3.4 Collected data is reported to the QI/QA Committee for analysis, discussion and action.

Present   Not Present

Observations/Comments/Recommendations

3.5 Data is systematically collected, tracked, trended, displayed and analyzed to identify trends, patterns and performance levels.

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Present   Not Present

Observations/Comments/Recommendations

3.6 The QI/QA Chair and Committee review and analyze the data collected using national evidence based quality standards and metrics. Includes Joint Commission, UDS, HEDIS, And Patient Centered Health Homes etc.

Present   Not Present

Observations/Comments/Recommendations

3.7 The Chair of the QI/QA Committee reports no less than quarterly to the Board of Directors on trends and patterns in the organization, the status of current quality initiatives and recommendations for action steps needed to address pressing concerns that have surfaced during the quarterly reporting period.

Present   Not Present

Observations/Comments/Recommendations

ELEMENT 4: QI/QA Activities

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4.1 Based on dashboard data and analysis topics for QI/QA may include a range of clinical and operational activities deemed to be in the best interest of the patients at FHS.

Present   Not Present

Observations/Comments/Recommendations

4.2 Predetermined evidence-based measures of quality are used to monitor each selected subject area. These may include measures such as:

UDS Data Set

HEDIS

Joint Commission

Patient Centered Medical Health Home

Local and National Quality Benchmarks

Present   Not Present

Observations/Comments/Recommendations

4.3 Short-term projects address issues identified on the QI/QA Dashboards and make initial evaluations.

Present   Not Present

Observations/Comments/Recommendations

4.4 Long term projects are undertaken to improve operations, safety, and quality of care and health outcomes for patients.

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QI/QA Plan Checklist and Self-Assessment Tool 2023
Family Health Services – Solano County

Present   Not Present

Observations/Comments/Recommendations

4.5 The Model for Improvement or similar quality improvement methodologies are used to frame, design and implement short and long-term projects (includes Plan, Do, Study, Act (PDSA cycles) and other methodologies).

Present   Not Present

Observations/Comments/Recommendations

ELEMENT 5 – QI/QA Supporting Documents – Health Center Protocol Document Checklist

5 Documents that support HRSA QI/QA Program (OSV Audits)

Policies that establish the Quality Improvement/Quality Assurance (QI/QA) program

QI/QA related operating procedures or processes that address:

- o Clinical guidelines, standards of care and/or standards of practice
- o Patient safety and adverse events, including implementation of follow-up actions
- o Patient Satisfaction
- o Patient Grievances
- o Periodic QI/QA assessments
- o QI/QA report generation and oversight

Systems and/or procedures for maintaining and monitoring the confidentiality, privacy, and security of patient records

Sample Documentation requested during the OSV
Sample of patient satisfaction results
Sample of two QI/QA assessments from the past year and/or the related reports

ELEMENT 6 - HRSA Chapter 10 Checklist

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Section 330(k)(3)(C) of the PHS Act; and 42 CFR 51c.110, 42 CFR 51c.303(b), 42 CFR 51c.303(c), 42 CFR 51c.304(d)(3)(iv-vi), 42 CFR 56.111, 42 CFR 56.303(b), 42 CFR 56.303(c), and 42 CFR 56.304(d)(4)(v-vii)

Requirements

- The health center must have an ongoing quality improvement/assurance (QI/QA) system that includes clinical services and [clinical] management and maintains the confidentiality of patient records.

  - **Present**   **Not Present**

- The health center's ongoing QI/QA system must provide for all of the following:

  - Organizational arrangements, including a focus of responsibility, to support the quality assurance program and the provision of high quality patient care; and

  - Periodic assessment of the appropriateness of the utilization of services and the quality of services provided or proposed to be provided to individuals served by the center. Such assessments must:

    - Be conducted by physicians or by other licensed health professionals under the supervision of physicians;

    - Be based on the systematic collection and evaluation of patient records;

    - Assess patient satisfaction, achievement of project objectives, and include a process for hearing and resolving patient grievances; and

    - Identify and document the necessity for change in the provision of services by the center and result in the institution of such change, where indicated.

  - **Present**   **Not Present**

- The health center must maintain the confidentiality of patient records, including all information as to personal facts and circumstances obtained by the health center staff about recipients of services. Specifically, the health center must not divulge such information without the individual's consent except as may be required by law or as may be necessary to provide service to the individual or to provide for medical audits by the Secretary of HHS or his/her designee with appropriate safeguards for confidentiality of patient records.

Demonstrating Compliance

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A health center would demonstrate compliance with these requirements by fulfilling all of the following:

- The health center has a board-approved policy/policies that establishes a QI/QA program. This QI/QA program addresses the following:

  o The quality and utilization of health center services;

  o Patient satisfaction and patient grievance processes; and

  o Patient safety, including adverse events.

  - Present   Not Present

- The health center designates an individual(s) to oversee the QI/QA program established by board-approved policies. This individual's responsibilities would include, but would not be limited to, ensuring the implementation of QI/QA operating procedures and related assessments, monitoring QI/QA outcomes, and updating QI/QA operating procedures.

- The health center has operating procedures or processes that address all of the following:

  o Adhering to current evidence-based clinical guidelines, standards of care, and standards of practice in the provision of health center services, as applicable;

  o Identifying, analyzing, and addressing patient safety and adverse events and implementing follow-up actions, as necessary;

  o Assessing patient satisfaction;

  o Hearing and resolving patient grievances;

  o Completing periodic QI/QA assessments on at least a quarterly basis to inform the modification of the provision of health center services, as appropriate; and

  o Producing and sharing reports on QI/QA to support decision-making and oversight by key management staff and by the governing board regarding the provision of health center services.

  - **Present**   **Not Present**

- The health center's physicians or other licensed health care professionals conduct QI/QA assessments on at least a quarterly basis, using data systematically collected from patient records, to ensure:

  o Provider adherence to current evidence-based clinical guidelines, standards of care, and standards of practice in the provision of health center services, as applicable; and

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QI/QA Plan Checklist and Self-Assessment Tool 2023
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- o The identification of any patient safety and adverse events and the implementation of related follow-up actions, as necessary.

  - Present   Not Present

- The health center maintains a retrievable health record (for example, the health center has implemented a certified Electronic Health Record (EHR) for each patient, the format and content of which is consistent with both Federal and state laws and requirements.

  - Present   Not Present

- The health center has implemented systems (for example, certified EHRs and corresponding standard operating procedures) for protecting the confidentiality of patient information and safeguarding this information against loss, destruction, or unauthorized use, consistent with Federal and state requirements.

Related Considerations

The following points describe areas where health centers have discretion with respect to decision-making or that may be useful for health centers to consider when implementing these requirements:

- The health center determines whether the position designated with responsibility for the QI/QA program (for example, Clinical Director, QI Director) is full-time, part-time, or combined with another position, and whether it is filled by an employee or via contract.
  - Present   Not Present

- The health center determines whether the position designated with responsibility for the QI/QA program is filled by a physician, other licensed health care professional (for example, registered nurse, nurse practitioner), or other qualified individual (for example, an individual with a Master of Public Health or a Master of Healthcare Administration).

  - Present   Not Present

- The health center determines which QI/QA methodologies to use.

  - Present   Not Present

- The health center determines the type of patient health record system that it will use.

  - Present   Not Present

- The health center determines the format, content, and focus of QI/QA reports.

  - Present   Not Present

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FHS Quality Improvement – Quality Assurance Committee
Calendar & Agenda Topics

1. QIP Reporting (Monthly)
a. Partnership Health Plan QIP Goals
b. Discussion/Action Items & Follow-up
2. Utilization of Services, Medical, Dental and Behavioral, Evaluate Service Needs (Quarterly)
a. Referral Patterns
b. Pent up or Lack of Demand for Services
c. Discussion/Action Items & Follow-up
3. Medical (Monthly)
a. Metrics
b. Clinic Guidelines, Peer Review Activities
c. Process Improvement
d. Discussion/Action Items & Follow-up
4. Ryan White (HIV) (Quarterly)
a. Metrics
b. Process Improvement
c. Discussion/Action Items & Follow-up
5. Behavioral Health (Quarterly)
a. Metrics
b. Clinical Guidelines/Peer Review
c. Process Improvement
d. Discussion/Action Items & Follow-up
6. Dental (Quarterly)
a. Metrics
b. Clinical Guidelines/Peer Review
c. Process Improvement
d. Discussion/Action Items & Follow-up
7. Pharmacy (Touro) Quarterly
a. Metrics
b. Process Improvement
c. Discussion/Action Items & Follow-up
8. Patient Safety/Risk/Compliance/Quality of Care (Quarterly)
a. Grievances Metrics
b. Patient Safety – Adverse Events
c. Root Cause Analysis as Needed (Quality of Care)
d. Process Improvement
e. Discussion/Action Items & Follow-up
9. Patient Experience Surveys (Quarterly)
10. Innovations Team/Interventions/Performance Improvement Reporting (As needed)
11. Root Cause Analysis Case by Case for Presentation (As needed)
12. Quarterly Assessment of QI/QA Program (Quarterly)
13. Items to be forwarded to the Community Health Board for Approval/Information (Monthly)

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A Public Agency

NCQA
HEALTH PLAN
ACCREDITED

(A) Core Measurement Set Measures

Providers have the potential to earn a total of 100 points in four measurement areas: 1) Clinical Domain; 2) Appropriate Use of Resources; 3) Access and Operations; and 4) Patient Experience. Individual measure values will be assigned for the final and approved measurement set.

Key:

New Measure || Change to Measure Design || Measure removed

2022 Measures	2023 Recommendations
Clinical Domain	
Family Medicine:	**Family Medicine:**
1. Asthma Medication Ratio	1. Asthma Medication Ratio
2. Breast Cancer Screening	2. Breast Cancer Screening
3. Cervical Cancer Screening	3. Cervical Cancer Screening
4. Child and Adolescent Well Care Visits	4. Child and Adolescent Well Care Visits
5. Childhood Immunization Status: Combo 10	5. Childhood Immunization Status: Combo 10
6. Colorectal Cancer Screening	6. Colorectal Cancer Screening
7. Comprehensive Diabetes Care: HbA1c Control	7. Comprehensive Diabetes Care: HbA1c Control
8. Controlling High Blood Pressure	8. Controlling High Blood Pressure
9. Immunizations for Adolescents – Combo 2	9. Immunizations for Adolescents – Combo 2
10. Well-Child Visits in the First 15 Months of Life	10. Well-Child Visits in the First 15 Months of Life
	11. Diabetes Management: Eye Exams
Monitoring Measures:	**Monitoring Measures:**
Diabetes Management: Eye Exams	Diabetes Management: Eye Exams
Clinical Domain	
Internal Medicine:	**Internal Medicine:**
1. Asthma Medication Ratio	1. Asthma Medication Ratio
2. Breast Cancer Screening	2. Breast Cancer Screening
3. Cervical Cancer Screening	3. Cervical Cancer Screening
4. Colorectal Cancer Screening	4. Colorectal Cancer Screening
5. Comprehensive Diabetes Care: HbA1c Control	5. Comprehensive Diabetes Care: HbA1c Control
6. Controlling High Blood Pressure	6. Controlling High Blood Pressure
	7. Diabetes Management: Eye Exams
Monitoring Measures:	**Monitoring Measures:**
Diabetes Management: Eye Exams	Diabetes Management: Eye Exams
Clinical Domain	

Pediatric Medicine:	Pediatric Medicine:
1. Asthma Medication Ratio	1. Asthma Medication Ratio
2. Child and Adolescent Well Care Visits	2. Child and Adolescent Well Care Visits
3. Childhood Immunization Status: Combo 10	3. Childhood Immunization Status: Combo 10
4. Counseling for Nutrition for Children/Adolescents	4. ~~Counseling for Nutrition for Children/Adolescents~~
5. Counseling for Physical Activity for Children/Adolescents	5. ~~Counseling for Physical Activity for Children/Adolescents~~
6. Immunizations for Adolescents – Combo 2	6. Immunizations for Adolescents – Combo 2
7. Well-Child Visits in the First 15 Months of Life	7. Well-Child Visits in the First 15 Months of Life

Appropriate Use of Resources	
Family Medicine & Internal Medicine:	**Family Medicine & Internal Medicine:**
1. Ambulatory Care Sensitive Admissions	1. Ambulatory Care Sensitive Admissions
2. Risk Adjusted Readmission Rate (RAR)	2. Risk Adjusted Readmission Rate (RAR)

Access and Operations	
All Practice Types:	**All Practice Types:**
1. Avoidable ED Visits	1. Avoidable ED Visits
	2. PCP Office Visits
Monitoring Measures:	**Monitoring Measures:**
PCP Office Visits	~~PCP Office Visits~~

Patient Experience	
All Sites:	**All Sites:**
1. Patient Experience	1. Patient Experience

(B) Unit of Service Measures

Providers receive payment for each unit of service they provide.

Unit of Service	
All Sites:	**All Sites:**
1. Advance Care Planning Attestations	1. Advance Care Planning Attestations
2. Extended Office Hours	2. Extended Office Hours
3. PCMH Certification	3. PCMH Certification
4. Peer-led Self-Management Support Groups	4. Peer-led Self-Management Support Groups
5. Health Information Exchange	5. Health Information Exchange
6. Initial Health Assessment	6. ~~Initial Health Assessment~~
7. Health Equity	7. Health Equity
8. Dental Fluoride Varnish Use	8. Dental Fluoride Varnish Use
9. Blood Lead Screening	9. Blood Lead Screening
10. Electronic Clinical Data Systems (ECDS)	10. Electronic Clinical Data Systems (ECDS)

Programmatic Changes:

I.   Descriptions of Potential 2023 Measure Changes for Core Measurement Set

A.   Change(s) to Existing Measures – Core Measurement Set

1.   **Colorectal Cancer Screening (Family and Internal Medicine)**
      Denominator change: Age range changed from 50 to 75 years of age **TO** 45 to 75 years of age.

2.   **Diabetes Management: Eye Exams (Family and Internal Medicine)**
      Rationale: Move from Monitoring Measurement set to the Internal Medicine and Family Medicine domains.

3.   **PCP Office Visits: (All Practice types)**
      Rationale: Move from Monitoring Measurement set to the Family, Internal and Pediatric Medicine domains.

II.   Descriptions of Potential 2022 Measure Changes for Unit of Service Measurement Set

A.   Change(s) to Existing Measures – Unit of Service

1.   **Retire the Initial Health Assessment (IHA) Unit of Service measure:**
      Rationale: The Staying Health Assessment (SHA) may no longer be a State mandated assessment tool in 2023 and the IHA will be transitioned to Initial Health Appointment. Looking forward, it is a possibility the IHA APL will be retired

involved in delivering the care, service, or participating in the processes are closely involved in the planning and implementation phases.

Performance Indicators

As quality improvement initiatives are developed or redesigned, mechanisms to evaluate them are planned and implemented. Appropriate performance indicators are selected on the following criteria:

- The indicator identifies processes or outcomes that can be improved
- The indicator can identify the events it was intended to identify
- The indicator has a documented numerator and denominator statement of description of the population to which the measure is applicable
- The indicator has defined data elements and allowable values
- The indicator can detect changes in performance over time
- The indicator allows for comparison over time
- The data intended for collection is available
- Results can be reported in a way that is useful to FHS and other stakeholders

Performance indicators and targets are set and monitored. Clients, care and service providers, staff, and other stakeholders are involved in the evaluation process.

Outcomes/Process Measurement

Performance monitoring and evaluation standards are system-wide, comprehensive, service line or population focused, and require the following:

- Identification of measurable indicators for monitoring the processes or outcomes of care;
- Collection of data for ongoing measurement;
- Evaluation of performance against pre-determined thresholds;
- Evaluation of effectiveness of action(s); and
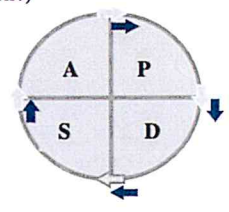- Reliance on the scientific method.

Aggregation and Analysis of Data

There is a systematic process, relevant to both quality of care and service performance indicators, to aggregate and analyze collected data. Data is assessed in order to determine:
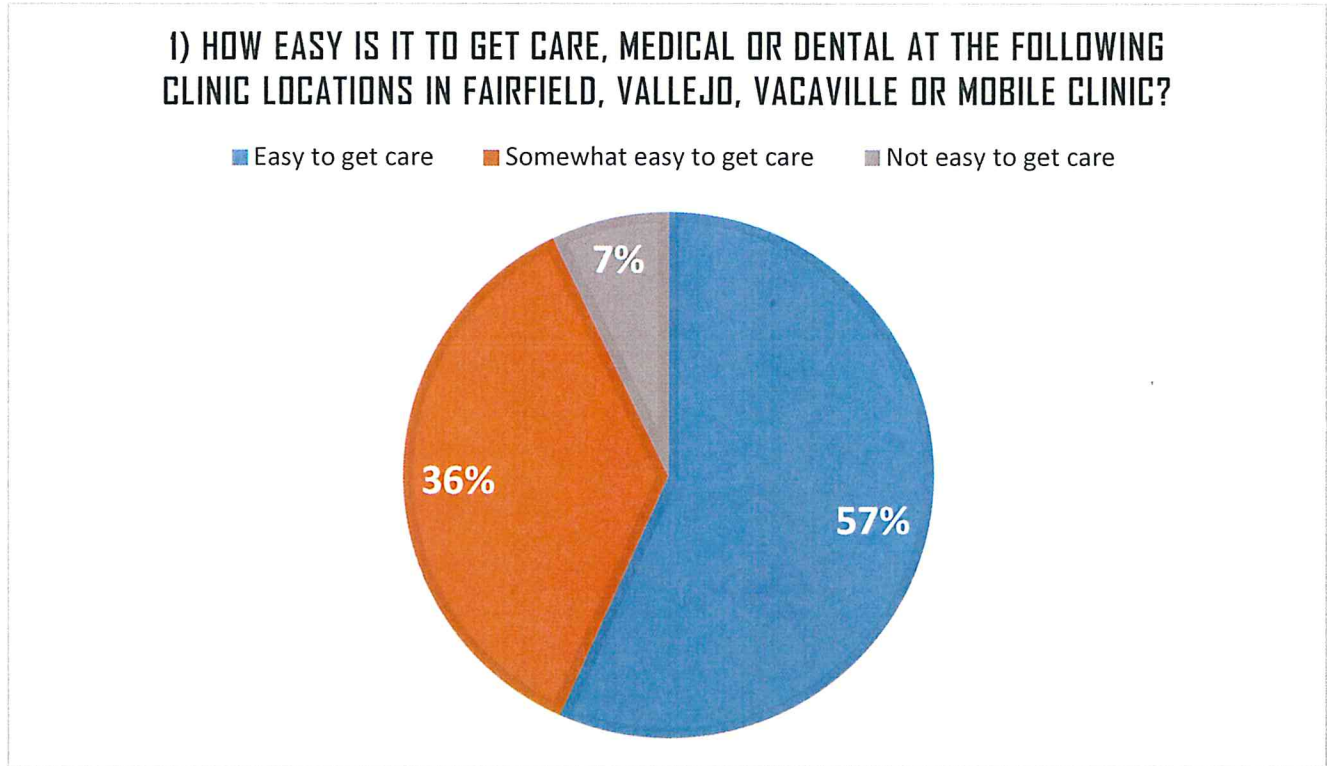
- Priorities for improvement
- Actions for improvement
- Whether changes in the process resulted in improvement
- Meeting of design specifications
- Performance and stability of important existing processes

This assessment process includes using statistical, quality process, control techniques, as appropriate and comparing data about processes and outcomes over time. Performance is also compared to relevant scientific, clinical and management literature, and to relevant practice guidelines/parameters, as appropriate.

| **PDSA Worksheet** | **Team Name:**_____ |
| | **Cycle start date:**_____ **Cycle end date:**_____ |

PLAN: Area to work on:
Describe the change you are testing and state the question you want this test to answer (If I do x will y happen?)

What do you predict the result will be?

What measure will you use to learn if this test is successful or has promise?

Plan for change or test: who, what, when, where

Data collection plan: who, what, when, where

DO: Report what happened when you carried out the test. Describe observations, findings, problems encountered, special circumstances.

STUDY: Compare your results to your predictions. What did you learn? Any surprises?

ACT: Modifications or refinements for the next cycle; what will you do next?

FHS Patient Survey Results
June 2023

1) HOW EASY IS IT TO GET CARE, MEDICAL OR DENTAL AT THE FOLLOWING CLINIC LOCATIONS IN FAIRFIELD, VALLEJO, VACAVILLE OR MOBILE CLINIC?

■ Easy to get care   ■ Somewhat easy to get care   ■ Not easy to get care

7%

36%

57%

Write-In Question: What other locations would make getting healthcare easier to you and your family?

- Fairfield - 15
- Vacaville - 9
- Current Locations are good - 9
- Vallejo - 4
- Dixon - 3

Misc. Comments:

- *"Dental care easy, medical somewhat difficult depending on the staff."*
- *"More doctors."*
- *"Information from Medi-Care and their agents."*
- *"Better staff and a more welcoming environment."*
- *"Kaiser."*
- *"Most locations don't have appointments within 3-4 weeks out. Most have appts months away. Most of the time I have to go to the ER for basic stuff."*
- *"Easy to get care but so hard to get appts when needed, only months away."*
- *"Both medical and dental appts are a month out at least."*

2) IS IT MORE DIFFICULT TO GET CARE BECAUSE OF WHERE OUR CLINICS ARE LOCATED?

■ Yes, it creates problems getting care ■ Yes, it somewhat creates problems getting care

■ No, I don't have any problems getting care ■ (No response line marked)
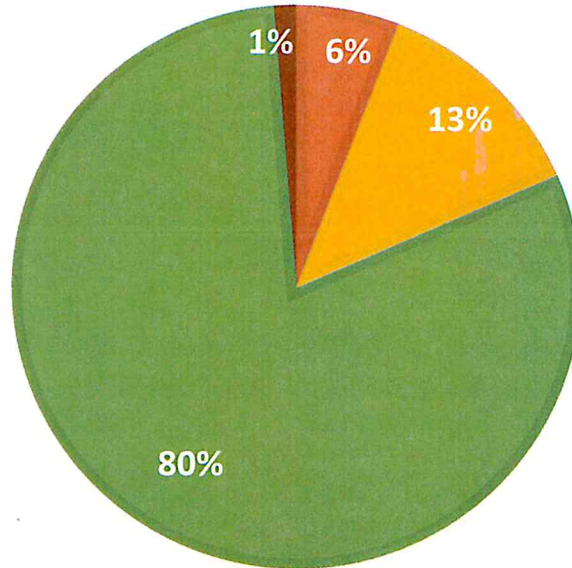
**Write-In: What makes getting care a problem at our locations?**

- Appt Availability - 18
- No issues - 7
- Long Wait Time - 3
- Transportation/Travel Time - 10

Misc. Comments:

- *"They are overwhelmed with patients."*
- *"I feel I've been fortunate to have a doctor who thoroughly wants the best for me and looks into every natural option to help me heal, which is my ultimate goal."*
- *"For kids not difficult, for adults it is difficult."*
- *"Time off work."*
- *"Long appt waits. Months away. I'm sick and don't have appts. 1-2 months away. By the time there's appointments I'm already better."*

3) HOW LONG HAS IT BEEN SINCE YOUR MOST RECENT IN-PERSON, PHONE OR VIDEO VISIT WITH A DOCTOR OR HEALTH CARE PROFESSIONAL?

- Less than 1 month
- At least 1 month but less than 3 months
- At least 3 months but less than 6 months
- At least 6 months but less than a year
- 1 year or more
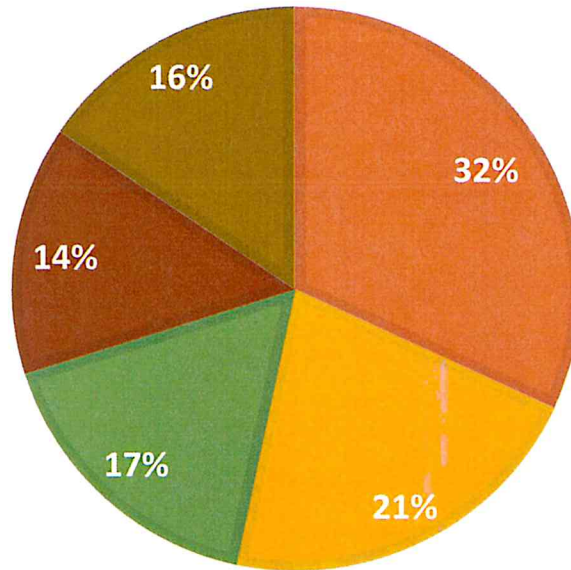
4) WAS THE MOST RECENT VISIT AS SOON AS YOU NEEDED?

Legend:
- Yes, definitely
- Yes, somewhat
- No
- (No response line marked)

Pie chart values:
- 2%
- 15%
- 44%
- 39%
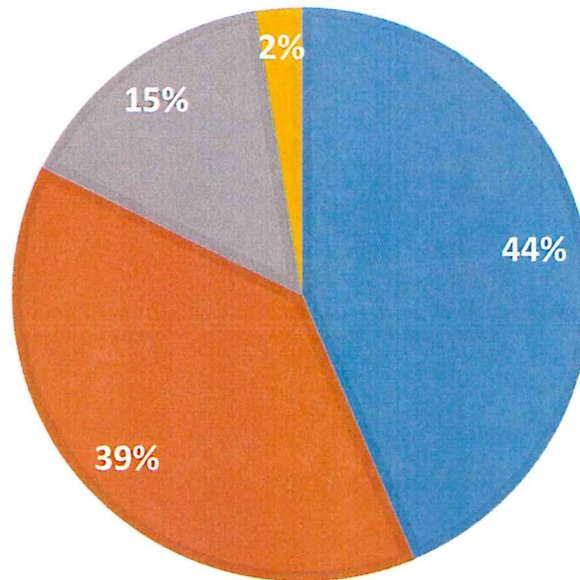
**Write-In: How long did it take to secure an appointment?**

- 3 months - 11
- 2 months - 11
- 1 month - 13
- 3 weeks - 4
- 2 weeks - 6
- 1 week or less - 15
- Less than 10 mins - 10
- Not long - 10

Misc. Comments:

- *"I dropped in - waited for a cancellation."*
- *"Depends on how busy they are."*
- *"Takes a long time to get appts."*
- *"There is never a date."*
- *"I did a walk-in and was immediately taken care of."*
- *"Long wait times between appts."*
- *"It depends on schedule availability."*
- *"It was a physical so it was on time."*
- *"Sometimes I need a appointment as soon is possible it takes more days to get an appointment. I don't have a early appointment. I take my child to NorthBay emergency room."*
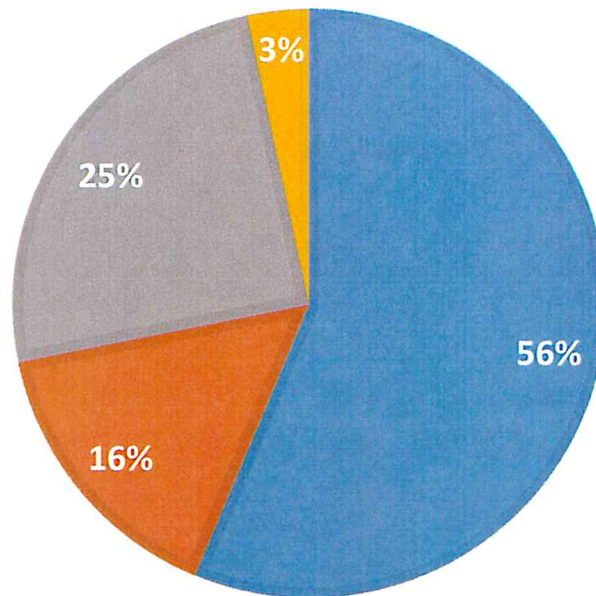
5) ARE THE HOURS & DAYS THE MEDICAL & DENTAL CLINICS ARE OPEN EASY FOR YOU TO SEEK CARE?

■ Yes, definitely   ■ Yes, somewhat   ■ No   ■ (No response line marked)

4%

6%

34%

56%
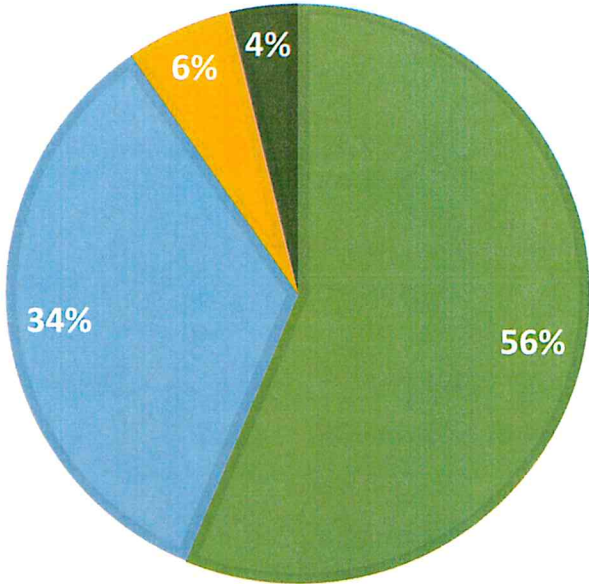
6) WOULD YOU SCHEDULE LATE EVENING OR WEEKEND HOURS IF AVAILABLE?

■ Yes ■ No ■ Maybe ■ (No response line marked)

**Write-In: What hours, days and locations would you like to see made available?**

- Evenings/Nights - 16
- Saturdays – 13
- Current Hours - 12
- Weekends - 11
- Early mornings - 2

Misc. Comments:

- *"Depends on severity, access to phoneline before going to ER can help people determine if ER is the place to go or can wait."*
- *"FF 24/7."*
- *"Does not matter."*

7) ARE YOU CURRENTLY HAVING PROBLEMS WITH HOUSING?

■ Yes ■ No ■ (No response line marked)
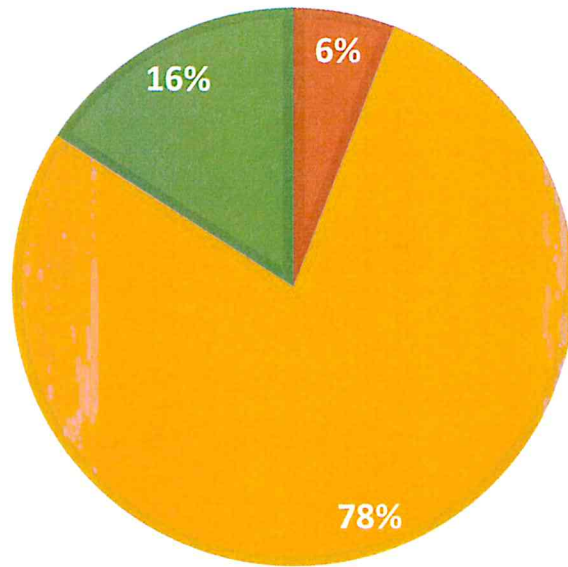
6%

16%

78%

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resource and Service Administration	FOR HRSA USE ONLY	
	Tracking Number	First Submitted Date
CHANGE IN SCOPE REQUEST	CIS00143101	6/14/2023 6:09:40 PM

Grantee Information

Program Director	Dona Weissenfels, Email: DWeissenfels@SolanoCounty.com, Phone: (707) 784-8519
Program Contact	Alison Wilson, Email: awilson@hrsa.gov, Phone: (301) 287-0097
Grantee Address	2101 Courage Dr Fairfield CA 94533-6717

ⓘ Please review the BPHC Scope of Project web page at: http://bphc.hrsa.gov/programrequirements/scope.html prior to submitting this CIS request. If you have additional questions, contact your project officer.

Form 5A: Services Provided

Formal Change in Scope Request: Make significant changes to scope of project

[ ] Add a New Additional or Specialty Service to Scope
[ ] Delete an Existing Service from Scope

Scope Adjustment Request: Make minor adjustments or modifications to scope of project

[X] Update a Required Service

ⓘ A scope adjustment request to a required service can include the following types of updates:
  - Change Service Delivery Methods-Health Center Pays (Move or Add a Service in or between Columns I and/or II)
  - Move a Required Service from Column III to Column I and/or II
  - Add a Required Service to Scope (Any Column)
  - Add a Service to Column III where the Service will remain in Columns I and/or II
  - Remove a Service Delivery Method for a Service that will remain in Columns I and/or II

[ ] Update an Additional or Specialty Service

ⓘ A scope adjustment request to an additional/specialty service can include the following types of updates:
  - Change Service Delivery Methods-Health Center Pays (Move or Add a Service in or between Columns I and/or II)
  - Add a Service to Column III where the Service will remain in Columns I and/or II
  - Delete an Additional or Specialty Service currently recorded in Column III only
  - Remove a Service Delivery Method for a Service that will remain in Columns I and/or II

Form 5B: Service Sites

Formal Change in Scope Request: Make significant changes to scope of project

[ ] Add a New Service Site to Scope
[ ] Convert an Existing Admin-Only Site to a Service/Admin Site or Service Site
[ ] Delete an Existing Service Site from Scope
[ ] Convert an Existing Service Site or Service/Admin Site to an Admin-Only Site

Scope Adjustment Request: Make minor adjustments or modifications to scope of project

[ ] Add an Admin Only Site
[ ] Delete an Admin Only Site
[ ] Update information about this Site (e.g., hours of operation, months of operation, zip codes)

Form 5C: Other Activities/Locations

Scope Adjustment Request: Make minor adjustments or modifications to scope of project

[ ] Add, Remove or Update Other Activities/Locations

Target Population

Formal Change in Scope Request: Make significant changes to scope of project

[　] Add a New Target Population

Summary

N/A

Contact Information

Role	Name	Phone	Email
Authorizing Official (AO)	Dona Weissenfels	(707) 784-8519	DWeissenfels@SolanoCounty.com
Point of Contact (POC)	Noelle Soto	(707) 784-4452	NSSoto@SolanoCounty.com

OMB No.: 0915-0285. Expiration Date: 11/30/2016

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resource and Service Administration CHANGE IN SCOPE ASSURANCES	FOR HRSA USE ONLY	
	Tracking Number	First Submitted Date
	CIS00143101	6/14/2023 6:09:40 PM

Assurances Checklist

- This CIS request is complete and responsive to all applicable criteria relating to the CIS checklist. Refer to http://www.bphc.hrsa.gov/programrequirements/scope.html for all applicable policies and guidance.
- The health center consulted with its Project Officer prior to submitting this CIS request.
- The proposed CIS implementation date is at least 60 days from the submission date to HRSA. Note: HRSA recognizes that there may be circumstances where submitting a CIS request at least 60 days in advance of the desired implementation date may not be possible; however, the goal is to minimize these occurrences through careful planning. Refer to http://bphc.hrsa.gov/programopportunities/lookalike/pdfs/pal201410.pdf
- The health center's governing board approved this CIS request prior to submission to HRSA, as documented in board minutes (must be made available upon request).
- The health center has examined the potential impact of this CIS under the requirements of other programs as applicable (e.g., 340B Program, FTCA). Refer to https://www.bphc.hrsa.gov/programrequirements/pdf/potentialimpactofcisactions.pdf
- The health center understands that HRSA will consider its current compliance with Health Center Program requirements and regulations (i.e., the status and number of any progressive action conditions) when making a decision on this CIS request. (See PAL: 2014-08 Health Center Program Requirements Oversight for more information on progressive action).

[X] I certify that the above statements related to the preparation of this Change in Scope (CIS) request are true, complete and accurate:

- All Health Center Program requirements (http://www.bphc.hrsa.gov/programrequirements/index.html) will apply to this CIS. Note: Compliance with Health Center Program requirements across sites and services will be assessed through all appropriate means, including site visits and application reviews.
- This CIS will be undertaken directly by or on behalf of the health center for the benefit of the current or proposed health center patient population, and the health center's governing board will retain oversight over the provision of any services and/or sites.
- This CIS will be accomplished without additional Health Center Program Federal award funding (for awardees only) and will not shift resources away from carrying out the current HRSA-approved scope of project.
- The impact of this CIS will be reflected in the total budget submitted with the health center's next annual competing or non-competing or designation application.
- This CIS will be implemented and verified within 120 days of receiving the NoA or HRSA notification approving the change. Refer to http://bphc.hrsa.gov/programopportunities/lookalike/pdfs/pal201410.pdf
- This CIS will not diminish the patient population's access to and quality of services currently provided by the health center.
- The health center will take all applicable steps related to the requirements of other programs impacted by this change in scope request. Refer to https://www.bphc.hrsa.gov/programrequirements/pdf/potentialimpactofcisactions.pdf

[X] I will ensure the health center complies with the above statements related to the implementation of this Change in Scope (CIS) request, if approved:

OMB No.: 0915-0285. Expiration Date: 11/30/2016

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resource and Service Administration CHANGE IN SCOPE CHANGE DETAILS	FOR HRSA USE ONLY	
	Tracking Number	First Submitted Date
	CIS00143101	6/14/2023 6:09:40 PM

CIS Request Type Selected

Update a Required Service

Service Type	Original Service Delivery Methods	Updated Service Delivery Methods	Status

	Column I. Direct (Health Center Pays)	Column II. Formal Written Contract/Agreement (Health Center Pays)	Column III. Formal Written Referral Arrangement (Health Center DOES NOT pay)	Column I. Direct (Health Center Pays)	Column II. Formal Written Contract/Agreement (Health Center Pays)	Column III. Formal Written Referral Arrangement (Health Center DOES NOT pay)	
Coverage for Emergencies During and After Hours	X	X		X			Updated
Immunizations	X			X	X		Updated
Well Child Services	X			X	X		Updated
Pharmaceutical Services	X	X			X		Updated
HCH Required Substance Use Disorder Services	X		X	X	X	X	Updated

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resource and Service Administration	FOR HRSA USE ONLY	
	Tracking Number	First Submitted Date
CHANGE IN SCOPE CHECKLIST	CIS00143101	6/14/2023 6:09:40 PM

CHECKLIST FOR SCOPE ADJUSTMENT - SERVICES (FORM 5A)

1. Provide a brief narrative explaining the rationale for and impact of the proposed change. *(Character limit at 1,000 – one paragraph).* Specifically address the following points based on the type of scope adjustment requested:

- **Changes to Service Delivery Methods-Health Center Pays** (Moving or Adding a Service in or between Columns I and/or II): Explain why your health center is changing or adding a new service delivery method for this service. Provide information on the circumstance that enabled the health center to begin direct provision and/or contracting of the service for which the health center pays and bills.

- **Moving a Required Service from Column III to Column I and/or II:** Explain why your health center is changing the service delivery method for this service.:
    - For Column I, provide information on the circumstance that enabled the health center to begin direct provision of the service for which the health center pays and bills.
    - For Column II, provide information on the circumstance that enabled the health center to begin offering the service through another entity via a formal written contract/agreement where the health center is accountable for paying and/or billing for the direct care provided via this agreement.

- **Adding a Required Service to Scope (Any Column):** Explain why your health center was unable to meet the initial deadline for verifying the provision of all required services and ensure that all appropriate service delivery methods (Columns I, II and/or III) have been selected.

- **Adding a Service to Column III where the Service will remain in Columns I and/or II:** Explain why your health center is adding a new service delivery method for this service. Provide information on the circumstance that enabled the health center to begin offering the service through another entity via a formal written referral arrangement.

- **Removing a Service Delivery Method for a Service that will Remain in Columns I and/or II:** Explain why your health center will no longer utilize this service delivery method (e.g., data related to decrease in demand for the service) and describe how patients will be impacted.

Coverage for Emergencies During and After Hours is being removed from Column II because all after-hours coverage is being provided by in-house providers. Immunizations, Well Child Services and HCH Required Substance Use Disorder Service being added to Column II reflects the addition of contract providers (Touro University of California) providing these services. Pharmaceutical Services moved from Column I is due to previous Pharmacy services being on-site and this delivery service location needed to close due to the COVID-19 Pandemic. Services remained available as an off-site service entity that included home delivery throughout the county.

2. Provide the date this change will take effect. *Please note that once approved by BPHC, this change(s) will be reflected in your approved scope of project in EHB and must be implemented within 120 days of this approval.*

Date: **6/14/2023**

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resource and Service Administration	FOR HRSA USE ONLY	
	Tracking Number	First Submitted Date
CHANGE IN SCOPE SUPPORTING DOCUMENTS	CIS00143101	6/14/2023 6:09:40 PM

No documents attached

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Product: CIS | **Platform #:** 4.16.15.0 | **Build #:** 4.7.0.6 | **Environment:** Production

Last Login: 06/27/23 7:06:55 PM ET

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resource and Service Administration CHANGE IN SCOPE REQUEST	FOR HRSA USE ONLY	
	Tracking Number	First Submitted Date
	CIS00143102	6/14/2023 6:19:56 PM

Grantee Information

Program Director	Dona Weissenfels, Email: DWeissenfels@SolanoCounty.com, Phone: (707) 784-8519
Program Contact	Alison Wilson, Email: awilson@hrsa.gov, Phone: (301) 287-0097
Grantee Address	2101 Courage Dr Fairfield CA 94533-6717

ⓘ Please review the BPHC Scope of Project web page at: http://bphc.hrsa.gov/programrequirements/scope.html prior to submitting this CIS request. If you have additional questions, contact your project officer.

Form 5A: Services Provided

Formal Change in Scope Request: Make significant changes to scope of project

[ ] Add a New Additional or Specialty Service to Scope
[ ] Delete an Existing Service from Scope

Scope Adjustment Request: Make minor adjustments or modifications to scope of project

[ ] Update a Required Service

ⓘ A scope adjustment request to a required service can include the following types of updates:
   o Change Service Delivery Methods-Health Center Pays (Move or Add a Service in or between Columns I and/or II)
   o Move a Required Service from Column III to Column I and/or II
   o Add a Required Service to Scope (Any Column)
   o Add a Service to Column III where the Service will remain in Columns I and/or II
   o Remove a Service Delivery Method for a Service that will remain in Columns I and/or II

[X] Update an Additional or Specialty Service

ⓘ A scope adjustment request to an additional/specialty service can include the following types of updates:
   o Change Service Delivery Methods-Health Center Pays (Move or Add a Service in or between Columns I and/or II)
   o Add a Service to Column III where the Service will remain in Columns I and/or II
   o Delete an Additional or Specialty Service currently recorded in Column III only
   o Remove a Service Delivery Method for a Service that will remain in Columns I and/or II

Form 5B: Service Sites

Formal Change in Scope Request: Make significant changes to scope of project

[ ] Add a New Service Site to Scope
[ ] Convert an Existing Admin-Only Site to a Service/Admin Site or Service Site
[ ] Delete an Existing Service Site from Scope
[ ] Convert an Existing Service Site or Service/Admin Site to an Admin-Only Site

Scope Adjustment Request: Make minor adjustments or modifications to scope of project

[ ] Add an Admin Only Site
[ ] Delete an Admin Only Site
[ ] Update information about this Site (e.g., hours of operation, months of operation, zip codes)

Form 5C: Other Activities/Locations

Scope Adjustment Request: Make minor adjustments or modifications to scope of project

[ ] Add, Remove or Update Other Activities/Locations

Target Population

Formal Change in Scope Request: Make significant changes to scope of project

[   ]   Add a New Target Population

Summary

N/A

Contact Information

Role	Name	Phone	Email
Authorizing Official (AO)	Dona Weissenfels	(707) 784-8519	DWeissenfels@SolanoCounty.com
Point of Contact (POC)	Noelle Soto	(707) 784-4452	NSSoto@SolanoCounty.com

OMB No.: 0915-0285. Expiration Date: 11/30/2016

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resource and Service Administration CHANGE IN SCOPE ASSURANCES	FOR HRSA USE ONLY	
	Tracking Number	First Submitted Date
	CIS00143102	6/14/2023 6:19:56 PM

Assurances Checklist

- This CIS request is complete and responsive to all applicable criteria relating to the CIS checklist. Refer to http://www.bphc.hrsa.gov/programrequirements/scope.html for all applicable policies and guidance.
- The health center consulted with its Project Officer prior to submitting this CIS request.
- The proposed CIS implementation date is at least 60 days from the submission date to HRSA. Note: HRSA recognizes that there may be circumstances where submitting a CIS request at least 60 days in advance of the desired implementation date may not be possible; however, the goal is to minimize these occurrences through careful planning. Refer to http://bphc.hrsa.gov/programopportunities/lookalike/pdfs/pal201410.pdf
- The health center's governing board approved this CIS request prior to submission to HRSA, as documented in board minutes (must be made available upon request).
- The health center has examined the potential impact of this CIS under the requirements of other programs as applicable (e.g., 340B Program, FTCA). Refer to https://www.bphc.hrsa.gov/programrequirements/pdf/potentialimpactofcisactions.pdf
- The health center understands that HRSA will consider its current compliance with Health Center Program requirements and regulations (i.e., the status and number of any progressive action conditions) when making a decision on this CIS request. (See PAL: 2014-08 Health Center Program Requirements Oversight for more information on progressive action).

[X] I certify that the above statements related to the preparation of this Change in Scope (CIS) request are true, complete and accurate:

- All Health Center Program requirements (http://www.bphc.hrsa.gov/programrequirements/index.html) will apply to this CIS. Note: Compliance with Health Center Program requirements across sites and services will be assessed through all appropriate means, including site visits and application reviews.
- This CIS will be undertaken directly by or on behalf of the health center for the benefit of the current or proposed health center patient population, and the health center's governing board will retain oversight over the provision of any services and/or sites.
- This CIS will be accomplished without additional Health Center Program Federal award funding (for awardees only) and will not shift resources away from carrying out the current HRSA-approved scope of project.
- The impact of this CIS will be reflected in the total budget submitted with the health center's next annual competing or non-competing or designation application.
- This CIS will be implemented and verified within 120 days of receiving the NoA or HRSA notification approving the change. Refer to http://bphc.hrsa.gov/programopportunities/lookalike/pdfs/pal201410.pdf
- This CIS will not diminish the patient population's access to and quality of services currently provided by the health center.
- The health center will take all applicable steps related to the requirements of other programs impacted by this change in scope request. Refer to https://www.bphc.hrsa.gov/programrequirements/pdf/potentialimpactofcisactions.pdf

[X] I will ensure the health center complies with the above statements related to the implementation of this Change in Scope (CIS) request, if approved:

OMB No.: 0915-0285. Expiration Date: 11/30/2016

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resource and Service Administration CHANGE IN SCOPE CHANGE DETAILS	FOR HRSA USE ONLY	
	Tracking Number	First Submitted Date
	CIS00143102	6/14/2023 6:19:56 PM

CIS Request Type Selected

Update an Additional or Specialty Service

Service Type	Original Service Delivery Methods	Updated Service Delivery Methods	Status

	Column I. Direct (Health Center Pays)	Column II. Formal Written Contract/Agreement (Health Center Pays)	Column III. Formal Written Referral Arrangement (Health Center DOES NOT pay)	Column I. Direct (Health Center Pays)	Column II. Formal Written Contract/Agreement (Health Center Pays)	Column III. Formal Written Referral Arrangement (Health Center DOES NOT pay)	
Additional Dental Services ⓘ	X	X		X		X	Updated
Nutrition ⓘ	X	X			X		Updated
Complementary and Alternative Medicine ⓘ	X	X			X		Updated

OMB No.: 0915-0285. Expiration Date: 11/30/2016

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resource and Service Administration	FOR HRSA USE ONLY	
	Tracking Number	First Submitted Date
CHANGE IN SCOPE CHECKLIST	CIS00143102	6/14/2023 6:19:56 PM

CHECKLIST FOR SCOPE ADJUSTMENT - SERVICES (FORM 5A)

1. Provide a brief narrative explaining the rationale for and impact of the proposed change. *(Character limit at 1,000 – one paragraph).* Specifically address the following points based on the type of scope adjustment requested:

- **Changes to Service Delivery Methods-Health Center Pays** (Moving or Adding a Service in or between Columns I and/or II): Explain why your health center is changing or adding a new service delivery method for this service. Provide information on the circumstance that enabled the health center to begin direct provision and/or contracting of the service for which the health center pays and bills.

- **Adding a Service to Column III where the Service will remain in Columns I and/or II:** Explain why your health center is adding a new service delivery method for this service. Provide information on the circumstance that enabled the health center to begin offering the service through another entity via a formal written referral arrangement.

- **Deleting an Additional or Specialty Service Currently Recorded in Column III Only:** Explain why your health center is deleting this referred service from scope (e.g., data related to decrease in demand for the service, inability to maintain a formal written referral arrangement with the referral provider) and describe how patients will be impacted.

- **Removing a Service Delivery Method for a Service that will Remain in Columns I and/or II:** Explain why your health center will no longer utilize this service delivery method (e.g., data related to decrease in demand for the service) and describe how patients will be impacted.

Additional Dental Services removed the Column II due to our contract dentist retiring and the addition of Column III is a contract for specialty pediatric dental referrals. Nutrition was removed from Column I due to the inability to maintain and hire an internal Dietician/Nutritionist candidate for the Family Health Services population. Complementary and Alternative Medicine was removed from Column I due to the sole provider for this Additional Service having a change in job classification and duties.

2. Provide the date this change will take effect. *Please note that once approved by BPHC, this change(s) will be reflected in your approved scope of project in EHB and must be implemented within 120 days of this approval.*

Date: 6/14/2023

OMB No.: 0915-0285. Expiration Date: 11/30/2016

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resource and Service Administration	FOR HRSA USE ONLY	
	Tracking Number	First Submitted Date
CHANGE IN SCOPE SUPPORTING DOCUMENTS	CIS00143102	6/14/2023 6:19:56 PM

▼ **Supporting Documents (Maximum 20)**

No documents attached

Facktor

Solano County Family Health Services
Patient Origin & Service Area Analyses
July 2023

Per the Federal Health Resources & Services Administration's (HRSA's) Federally Qualified Health Center (FQHC) Program Compliance Manual (Chapter 3: Needs Assessment):

- Solano County Family Health Services (SCFHS) must define (and annually review) the boundaries of the catchment area to be served (service area). This may be done by annually reviewing its service area based on where current patient populations reside. ZIP codes are captured at initial registration and patient addresses are confirmed at each visit. ZIP codes reported on HRSA Form 5B include the ZIP codes in which at least 75 percent of current health center patients reside.

- The following is a table of the number of SCFHC patients seen from July 1, 2022 through June 30, 2023 and the ZIP codes in which they live.

Time Frame: July 1, 2022 – June 30, 2023

	ZIP CODE	NUMBER OF PATIENTS	PERCENT OF PATIENTS	CUMULATIVE PERCENT OF PATIENTS
ZIP Codes Included in Current Designated Service Area per SCFHS's HRSA Form 5B	94533	6,288	33.57 %	33.57 %
	94590	2,710	14.47 %	48.04 %
	94591	1,978	10.56 %	58.60 %
	94585	1,653	8.83 %	67.43 %
	95688	1,605	8.57 %	76.00 %
	95687	1,436	7.67 %	83.66 %
	94589	1,029	5.49 %	89.16 %
	94534	545	2.91 %	92.07 %
	94510	423	2.26 %	94.32 %
	95620	362	1.93 %	96.26 %
	94571	171	0.91 %	97.17 %
	94503	68	0.36 %	97.53 %
	94592	28	0.15 %	97.68 %
	95694	19	0.10 %	97.78 %
	94535	5	0.03 %	97.81 %
ZIP Codes NOT Included in Designated Service Area	95696	27	0.14 %	97.96 %
	94558	26	0.14 %	98.09 %
	95690	22	0.12 %	98.21 %
	94559	17	0.09 %	98.30 %
	95625	16	0.09 %	98.39 %
	94801	13	0.07 %	98.46 %
	94509	12	0.06 %	98.52 %
	95695	10	0.05 %	98.57 %

Facktor

|	ZIP CODE	NUMBER OF PATIENTS	PERCENT OF PATIENTS	CUMULATIVE PERCENT OF PATIENTS
	< 10 patients in each ZIP code	267	1.43 %	100.00 %
Patient Numbers	Total	**18,730**	100.00 %	
	ZIP Codes in Proposed Service Area	**18,320**	97.81 %	
	ZIP Codes Not in Service Area	**410**	2.19 %	

Source: SCFHS's Patient Data

Conclusion:
As shown in the above table, the ZIP codes of the current designated service area, per SCFHS's HRSA Form 5B, correspond to 97.81 percent of SCFHS's patients' residences, which is compliant with the HRSA requirement of the service area representing where at least 75 percent of health center patients reside. Figure 1 below shows the service area and SCFHS's sites as well as other FQHCs and Look-Alikes in the service area.

It is recommended for the SCFHS Board to re-approve the following 15 ZIP codes for SCFHS's designated service area: 94533, 94590, 94571, 94534, 94585, 94591, 94589, 94592, 94510, 95688, 95620, 95694, 95687, 94503, 94535.

Facktor

Figure 1: SCFHS's Service Area per HRSA Form 5B
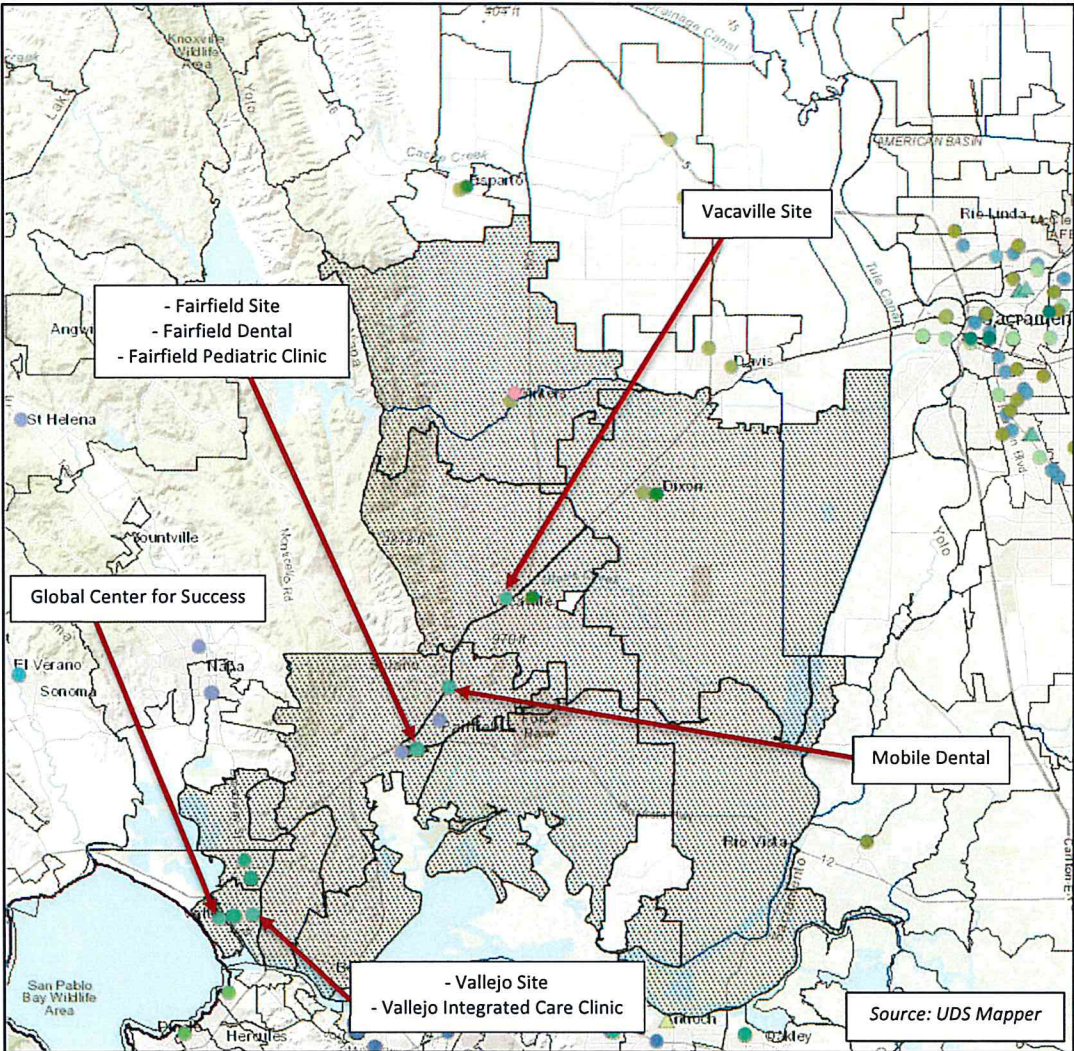
Note: Multi-color dots and triangles on the above map represent locations of existing FQHCs (dots) and FQHC Look-Alikes (triangles)