



County of Solano Community Healthcare Board

REGULAR GOVERNING BOARD MEETING MINUTES

Wednesday, February 21, 2024

In Person Meeting

Members Present:

At Roll Call: Michael Brown, Etta Cooper, Ruth Forney, Charla Griffith, Gerald Hase, Don O’Conner, Sandra Whaley and Brandon Wirth.

Member(s) arrived late: Tracee Stacy

Members Absent: Marbeya Ellis, Deborah Hillman, Anthony Lofton, and Robert Wieda,

Staff Present:

Dr. Michele Leary, Dona Weissenfels, Natasha Hamilton, Cynthia Coutee, Rebecca Cronk, Pierce Leavell, Noelle Soto, Han Yoon, Dr. Ian Bennett, Nina Delmendo, Krista McBride, Cherry Violanda, Kelly Welsh, Kathryn Power (PHC), Danielle Seguerre-Seymour and Patricia Zuñiga.

1) Call to Order- 12:05 pm

- a) Welcome
- b) Roll Call

2) Approval of the February 21, 2024 Agenda

Discussion: Chair Brandon Wirth requested that Agenda Item 5f) “Finance & Revenue Cycle Management”, under “Clinic Operations Reports”, be moved to Agenda Item 8a) “Review and consider approval of the FHS Sliding Fee Scale Policy Number: 100.03”, under “Business Governance”. He was notified by Nina, that she would arrive at 1:00pm.

Motion: To approve the February 21, 2024, Agenda, with the change that Agenda Item 5f), be moved and presented with Agenda Item 8a).

Motion by: Don O’Conner and seconded by Ruth Forney

Ayes: Michael Brown, Etta Cooper, Ruth Forney, Charla Griffith, Gerald Hase, Don O’Conner, and Brandon Wirth.

Nays: None.

Abstain: None.

Motion Carried.



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3) Public Comment

- Han Yoon, FHS Planning Analyst, made a request to the Board to change the dates when to present the Quarterly Quality Improvement Reports, so the report could be created in sync when the data is received at the end of the quarters in March, June, September and December. He proposed they be presented April 17, 2024, July 17, 2024, October 16, 2024, and then in January 15, 2025. The report that will be presented on January 15, 2025 would include data collected from October through December 2023.
- Legal Counsel, Kelly Welsh, advised Han that in the future, if he has comments related to his Clinic Operations Reports, like a proposal to update the Calendar, that his comments could be mentioned before he gave his QI Update Report. He acknowledged and thanked Kelly.

Regular Calendar

4) Approval of Minutes

Approval of the January 17, 2024 draft Minutes

Discussion: None.

Motion: To approve the January 17, 2024 draft Minutes

Motion by: Don O'Connor and seconded by Ruth Forney

Ayes: Michael Brown, Etta Cooper, Ruth Forney, Charla Griffith, Gerald Hase, Don O'Conner, and Brandon Wirth.

Nays: None.

Abstain: Sandra Whaley

Motion Carried

5) Clinic Operations Reports

a) Staffing Update — Natasha Hamilton

- Natasha reviewed the Staffing Update report. *(Please reference the "FHS Staffing Update – February 21, 2024")*
- She mentioned that FHS has been very busy with the onboarding of the recent hires and recruitment for vacant positions. Dr. Leary has been working hard in recruiting providers. There were no questions from the Board.

b) Credentialing Update — Cherry Violanda *(Please reference the "ESU Status Report – February 2024")*

- Desiree and Raechel were unavailable, so Cherry Violanda presented the report. There were no questions from the Board. There were no questions from the Board.

c) HRSA Grants Update(s) — Noelle Soto



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- Noelle notified the Board that they submitted the initial submission of the Unified Data Systems (UDS) Report, which was due the previous week, on February 15, 2024. She gave “Kudos” and thanks to all those that worked on it, such as Fiscal, and the FHS Clinical Team.
 - The UDS Report is in the review phase, and were awaiting any questions or comments, if any, from the reviewer. She stated that once it is finalized next month, she will report it to the Board. The Board thanked Noelle for her effort and there were no questions from the Board.
- d) **Grievances/Compliments** — Rebecca Cronk *(Please reference the “Grievance” report.)*
- Rebecca presented the graphs for 2023 and 2024 and noted that they were on the same page, to allow for comparison. She mentioned in January the majority of grievances were due to Scheduling and some due to Quality of Care. She noted that all were rated at a Level 1, which meant that staff followed protocol, no significant harm to the patient.
 - She mentioned a compliment received from a patient, who said the physicians and staff always provide quality care and was an advocate for the patients. She appreciated what they do for the patients, and that kind of service is not provided at Sutter or Kaiser medical centers in the area. The compliment was well received by the Board and attendees.
 - Board Member Tracee Stacy asked for clarification on the category of Quality of Care. Rebecca stated that at the last meeting she included the Category definitions. She stated that Quality of Care can me a number of examples, such as bed side manner, provider-patient interaction. The three (3) that were reported in January 2024, and the patient did not agree with how the provider diagnosed them,
- e) **H&SS Compliance** — Krista McBride *(Please reference the “FHS Privacy & Security Incident Report January 1 – 31, 2024” report.)*
- Krista acknowledged that at the last meeting the Board requested a report on the number of incidents of breaches in FHS. She presented the report for January 2024. There were not any privacy or security incidents in January. She informed the Board that the descriptions of any incidents were noted in the report.
 - She told the Board that she would present a report each month and include any incidents that were reported to HSS Compliance.
 - Chair Brandon Wirth loved the report and mentioned that it was more than was expected, and the Board was pleased with it as well.
 - Pierce Leavell, Health Services Clinic Manager of the Fairfield Clinic, noted that the wheelchair that mentioned in the report that was stolen, was returned, but then a different wheelchair was taken from the clinic.
 - Board Member asked if there was a program or Social Worker in FHS, helping with Cal-Inc, Medi-Cal, CCS or Partnership, to pay for a medical equipment. Dona noted that FHS does not provide those kinds of services.
- f) **Finance & Revenue Cycle Management** — Nina Delmendo *(Please reference the “Revenue Cycle” reports.)*
- *(Note: As approved by the Board, this Agenda Item 5f) will be presented before Agenda Item 8a).*
- g) **Referrals** — Cynthia Coutee
- Cynthia informed the Board that the Referrals project is in the final stages of completing the Quality Improvement PDSA (Plan Do Study Act) Cycle. They are in the process of collecting data and on February 27, 2024, it would go to Han. The hope is that a referrals report would be reported at the meeting next month. There were no questions from the Board.



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- h). **Major Project Updates** — Dona Weissenfels
- Dona mentioned she was working with vendors to come up with a one-page board report that shows the status of the transition from NextGen to EPIC, if we are on target, those areas of concern or those areas we are doing well. She hoped to possibly share it by next month.
 - Dona announced the OCHIN EPIC Project officially Kicks Off on February 27, 2024 with both vendors, NetraVine, the IT Project Manager and Facktor Health, Project Management, non IT for FHS. On February 27th, OCHIN gets a hold of the project and the official time clock starts. Dona and FHS Leadership have gotten familiar with the vendors and the soft launch, over the last month, so they understand the needs of FHS. More to come in the future and she will work on the monthly status report, to present next month.
 - Dona mentioned this has been planned for about two (2) years and staff is excited and EPIC will go live between September 24-27, 2024, this year.
 - Dr. Michele Leary, CMO, mentioned that the providers are excited and that some providers onboarded and in the process of being hired already have EPIC experience. There were no questions from the Board.
- i) **QI Update** – Han Yoon – *(Please reference the “Quarterly Quality Improvement Report December 2023”.)*
- Han asked to review the CHB 2024 Calendar, and asked that the dates of presenting the QI Report be changed, so that the QI Report would be presented in April instead of March, in July, instead of June, in October instead of September and in January, instead of December. He explained to the Board that the data for the quarters of January to March, for example are not received until April, and so on. The Clerk, Patricia Zuñiga, was asked by the Chair, Brandon Wirth, to prepare a draft 2024 CHB Calendar with the adjustments that Han proposed, and add it to the March Agenda for Board approval.
 - Han did a review of the Quarterly QI Report. There are 10 measures that were reviewed in the report covering February to December 2023 from all FHS Clinic sites. He reviewed the Blood Pressure Measure with the Board. Dr. Michele Leary mentioned that for now the numbers are flat, but when EPIC is in place, the data will be mor informative.
 - Han informed the Board that FHS will be participating in a Mobile Mammogram Van, provided by Alilea Medical Imaging and there was a meeting on February 2, 2024.
 - Han also mentioned that from the HRSA OSV Audit, they requested that QI/QA Meeting minutes be taken during the meetings and that they are included in the CHB Agenda Packet for the Board to review. It was also mentioned that any Board Member is welcome to attend the online, virtual QI/QA Meetings. The Board Members interested in attending were Chair, Brandon Wirth, Vice Chair, Michael Brown and Board Member Tracee Stacy. The board Clerk was asked to ensure that those Board Members be added to the online MS Teams meeting. Kelly Welsh, Legal Counsel, reminded the CHB Members of protocol related to FHS meetings.
 - Dona mentioned that she and Dr. Leary met with PHC, the day before, and that the minimum threshold for Quality Improvement Activities was 33%, and that FHS met all the measures, and at the end of December FHS met 37% of the goals. There were no questions from the Board or follow-up at this time.
- j) **FHS Clinic Q-Matic Stats** — Noelle Soto *(Please reference the “Q-Matic Stats” report.)*
- Noelle reviewed the Q-Matic stats with the Board. She mentioned that the report shows the stats from March to December of last year, for comparison. There were no questions from the Board.



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6) CHB Follow-up to Operational Clinic Reports:

- a) Follow-up Action requesting additional information on Quality and other clinic reports.
 - i) The Board requested a report, of Healthcare breaches that occur within FHS, to be provided at each meeting – HSS Compliance, Krista McBride.
 - Krista McBride, H&SS Compliance representative, fulfilled this request and she presented the new *FHS Privacy & Security Incident Report January 1 – 31, 2024* report, which will be presented each month.

7) HRSA Project Officer Report

- a) Health Center HRSA Project Officer Update – Dona Weissenfels
 - i) Health Center Activities – Internal and External Update
 - Dona mentioned that with Natasha onboard as the Health Services Manager, Senior, all members of the Call Center have been moved to the Vallejo Clinic in Vallejo. Previously the Call Center Staff was split at all the clinic locations and now the Call Center is centralized in one location. It was critical to move everyone to Vallejo to work as a team. Kristi Capewell was hired a couple months ago as the new Call Center Supervisor and will be working closely with the Team to set standards and achieve the goals of the Call Center. The Team will be getting familiar with Kristi and each other and will work together in the manner how they talk to our patients and take care of them. She thanked Natasha for her effort.
 - Dona gave kudos to Dr. Leary, her QI/QA Team and Han at the end of the year in reaching 37% overall with the QI/QI Measures and lots of overtime was done to achieve those results, due to short staff.
 - Dona stated the primary task at hand are the OCHIN EPIC Projects and the one thing Dona mentioned was that FHS does not do medical coding, where staff is looking at the charts and coding all the diagnosis and circumstances around the patient care that is given. Instead FHS does billing, FHS is unable to tell anyone how sick our patients are or focus on those services that we think our patients need. Starting in April they will be hiring a contractor to come in and train the providers and staff on medical coding. She mentioned there will be more patient data available by the end of the year through this process, will and better define who our patients are population wise in order to make better decisions at the Board and FHS Leadership level. She told the Board that in her entire career, this was the first clinic she encountered where there was no medical coding done.
 - ii) Strategic Plan Report Update *(Please reference the “Strategic Plan Report – Report Period: January-February 2024, Date of Report: February 21, 2024” provided at the meeting.)*
 - Dona reviewed the Strategic Plan Report Update and stated FHS was on target with their goals.
 - She pointed out #5, Optimize financial operations, including revenue and expenses, ensure full compliance with HRSA FQHC financial regulations and prepare for transition to APM. She complimented Nina Delmendo and Girlie Jarumay in taking the time in attending the online HRSA Trainings titled, “Bootcamps on Finance” and being more supportive of FHS as an FQHC and in turn educating the Board.
 - Board Chair, Brandon Wirth, notified the Board Members that the Strategic Plan Update is an important document and that they follow along and monitor what is being done in the Strategic Plan and in relation to our HRSA Visit.



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- Board Member Tracee Stacy asked if the finance part of the Strategic Plan and the high number of overtime hours could justify adding positions in the budget, and justify the positions are needed. Dona responded that the information is being discussed to justify new positions and said that FHS is requesting ten (10) additional Medical Assistant positions and part of that is due to the overtime hours spent on Quality.
- iii) Patient Satisfaction Survey – CAHPS (Consumer Assessment of Healthcare Providers Survey) *(Please reference the Patient Satisfaction Surveys – “CAHPS: 2023 Survey for PHC Adult & Child” and “CCS: 2023 Clinician & Group & Patient-Centered Medical Home (PCMH)”)*
 - Dona told the Board that the patient satisfaction surveys provided, were conducted by PHC. She also noted that the print in the surveys was very small, and asked if anyone wanted an electronic copy, to contact her.
 - She mentioned the surveys showed an overall decline in patient satisfaction and experience with access to care, communications, and coordination of care. This was completely understandable due to the shortage of providers and staff.
 - Dona noted that due to staff shortage, FHS was not able to do a patient satisfaction survey, which is difficult without a patient portal which is a better way to reach out to the patients, so in the Interim, PHC reaches out to our patients.

8) Business Governance

- 5f) Clinic Operations Reports-Finance & Revenue Cycle Management – Nina Delmendo *(This agenda item was approved by the Board to be moved with 8a.) (Please reference the following reports: “Expenditure and Revenue as of January 2024”, “Total Unbilled Encounters as of February 15, 2024”, “Total Encounters as of January 31, 2024”, “Total Qualified Encounters (Medical, Dental, Mental Health) FY 2023/24 – July 2023 – January 2024”.)*
- Nina notified that she was late in attending because she was attending online Financial HRSA courses.
 - Legal Counsel, Kelly Welsh, noted that it was confusing the Board Members which materials were included in the packet and those handed out at the meeting, and she coordinated with Dona and Patricia and there were some reports that were not available at the time the agenda packet was sent out 72 hours in advance of the meeting. She stated that they usually strive to hand in the reports ahead of time, however it is allowable to distribute materials at the meeting, but it does not give a lot of time for the Board to review but it is allowable.
 - Nina reviewed the reports with the Board and noted a correction of the date on “Total Encounters Report” should be as of 1/31/2024 and not 12/30/2023.
- a) Review and consider approval of the Family Health Services (FHS) Sliding Fee Scale Policy Number: 100.03 — Nina Delmendo *(Please reference the “Memo: Analysis of Sliding Fee Discount Program (SFDP)” and “Sliding Fee Scale Discount Program, Policy Number: 100.03”.)*
- i) **Action item:** The Board will consider approval of the Family Health Services (FHS) Sliding Fee Scale Policy Number: 100.03

Discussion: None.

Motion: To approve the Family Health Services (FHS) Sliding Fee Scale Policy Number: 100.03, with the changes that Nina mentioned.



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Motion by: Tracee Stacy and seconded by Ruth Forney.

Ayes: Michael Brown, Etta Cooper, Ruth Forney, Charla Griffith, Gerald Hase, Don O’Conner, Sandra Whaley, Brandon Wirth and Tracee Stacy.

Nays: None.

Abstain: None.

Motion not made.

b) Review and consider approval of the Quarterly Quality Improvement Report — Han Yoon (*Please reference the “FHS Quality Assurance/Quality Improvement Committee Meeting Minutes of February 2, 2024”*)

i) **Action item:** The Board will consider approval of the Quarterly Quality Improvement Report

Discussion: None.

Motion: To approve the Quarterly Quality Improvement Report.

Motion by: Don O’Conner and seconded by Mike Brown.

Ayes: Michael Brown, Etta Cooper, Ruth Forney, Charla Griffith, Gerald Hase, Don O’Conner, Sandra Whaley, Brandon Wirth and Tracee Stacy.

Nays: None.

Abstain: None.

Motion carried.

9) Discussion

a. Family Health Services (FHS) Marketing.

- Discussion ensued about how to begin the marketing process now, before EPIC is in place. Questions about funding, grants and realignment funding was mentioned. Board Member Tracee Stacy asked that a Marketing Sub Committee be put on the agenda at the March meeting to create one and ask for Board Members to volunteer to serve on the committee to plan marketing and rebranding. Nina noted that funding could be added to the budget, but is would not be considered a high priority.
- Tracee mentioned “Network of Care”, but due to time constraints, she was asked to present the information at the next meeting under “Discussion”.

b. Brown Act Training – Kelly Welsh (*Please reference the “The Brown Act Presentation”.*)

- Kelly notified the Board that the Brown Act are very important for the Board to understand and know the guidelines in the Brown Act.



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- The Board suggested that the presentation be added to the CHB Binder to reference.

10) Board Member Comments

- Board member Tracee Stacy attended the Suicide Prevention Coalition Meeting and stated that there was one (1) known homeless person who died of overdose and six (6) in Solano County: 1 from Fentanyl; 2 from Poly-Meth; and 3 from Poly-Fentanyl.
- Board Chair acknowledged Dona for advancing the Board Members with knowledge after she came on board.
- Board Members notified the Clerk, Patricia Zuñga that they wanted to be added to the list to attend the MS Teams QI/QA Meeting.

11) Closed Session

- i) Project Officer/CEO Evaluation Review

12) Adjourn: To the Community Healthcare Board Meeting of:

DATE: March 20, 2024
TIME: 12:00 p.m. — 2:00 p.m.
Location: Multi-Purpose Room
2101 Courage Drive
Fairfield, CA 94533

The Meeting was adjourned at 3:05 p.m.

Handouts in the Agenda Packet

- CHB 1/17/2023 draft Meeting Minutes
- Clinic Operations Report – FHS Staffing Update – February 21, 2024
- Clinic Operations Report – ESU Status Report – February 2024
- Clinic Operations Report – Grievance Reports - April – December 2023 and January 2024
- Clinic Operations Report – HSS Compliance-FHS Privacy & Security Incident Report – January 2024
- Clinic Operations Report – FHS Clinic Q-Matic Stats Reports – March 2023-December 2023 and January 2024.
- Patient Satisfaction Surveys – CAHPS: 2023 Survey for PHC Adult & Child and CCS: 2023 Clinician & Group & Patient-Centered Medical Home (PCMH)
- Memo: Analysis of Sliding Fee Discount Program (SFDP)
- Sliding Fee Scale Discount Program, Policy Number: 100.03
- Quarterly Quality Improvement Report – December 2023
- The Brown Act Presentation

Documents received at the meeting:

- Strategic Plan Report – Report Period: January-February 2024, Date of Report: February 21, 2024
- FHS Quality Assurance/Quality Improvement Committee Meeting Minutes of February 2, 2024



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- FHS Revenue Cycle Reports: Expenditure and Revenue as of January 2024, Total Unbilled Encounters as of February 15, 2024, Total Encounters as of January 31, 2024, Total Qualified Encounters (Medical, Dental, Mental Health) FY 2023/24 – July 2023 – January 2024.