The County of Santa Cruz
Integrated Community Health Center Commission
MEETING AGENDA

July 8, 2026 @ 1:00pm - 2:00pm

MEETING LOCATION: In-Person – 150 Westridge, Suite 101, Watsonville, Ca 95076 and 1080 Emeline Ave., Bldg. D, Admin Conference Room, Santa Cruz, CA 95060, 40 Eileen Street, Watsonville CA 95076, will connect through Microsoft Teams Meeting or call in (audio only) +1 831-454-2222,191727602# United States, Salinas Phone Conference ID: **191 727 602#**

ORAL COMMUNICATIONS - Any person may address the Commission during its Oral Communications period. Presentations must not exceed three (3) minutes in length, and individuals may speak only once during Oral Communications. All Oral Communications must be directed to an item not listed on today's Agenda and must be within the jurisdiction of the Commission. Commission members will not take actions or respond immediately to any Oral Communications presented but may choose to follow up at a later time, either individually, or on a subsequent Commission Agenda.

1. Welcome/Introductions
2. Oral Communications
3. June 8, 2026, Meeting Minutes – Action Required
4. Quality Management Plan Approval - Action Item
5. Quality Management Update
6. Financial Update
7. Succession planning
8. CEO Update

Action Items from Previous Meetings: Action Item	**Person(s) Responsible**	**Date Completed**	**Comments**

Next meeting: Wednesday, August 12, 2026, 1:00pm - 2:00pm **Meeting Location: In-Person** - 150 Westridge, Suite 101, Watsonville, Ca 95076 and 1080 Emeline Ave., Bldg. D, Admin Conference Room, Santa Cruz, CA 95060. Commission will connect through Microsoft Teams Meeting or call in (audio only) +1 831-454- 2222,191727602# United States, Salinas Phone Conference ID: **191 727 602#**

The County of Santa Cruz Integrated Community Health Center Commission

Minute Taker: Mary Olivares

Minutes of the meeting held June 10, 2026

TELECOMMUNICATION MEETING: Microsoft Teams Meeting - or call-in number +1 916-318-9542 – PIN# 500021499#

Attendance	
Len Finocchio	Executive Board – Co-Chair
Rahn Garcia	Member
Dinah Phillips	Member
Marco Martinez-Galarce	Member
Michelle Morton	Member
Maximus Grisso	Member
Nicole Pfeil	Member
Joseph Eaton	Member
Amy Peeler	County of Santa Cruz, Chief of Clinics
Raquel Ruiz	County of Santa Cruz, Senior Health Services Manager
Julian Wren	County of Santa Cruz, Admin Services Manager
Jennifer Phan	County of Santa Cruz, Health Services Manager
Meeting Commenced at 1:00 pm and concluded at 1:45 pm	

Excused/Absent:

Excused: Christina Berberich

1. Welcome/Introductions

2. Oral Communications:

3. May 13, 2026, Meeting Minutes – Action Required

The minutes from May 13, 2026, meeting were reviewed and recommended for approval. Marco motioned to accept the minutes as presented. Joseph seconded the motion. All members present voted in favor.

4. Introduction of the Health Center Manager

Cindy Ortega was introduced to the committee members as the new Health Center Manager for the Emeline Clinic. The committee welcomed Cindy to her new role.

5. Removal of Recuperative Care Center from Approved HRSA Sites - Action Item

Raquel reported this is an action item to remove the Recuperative Care Center- Salt Air Lodge from our Health Resources and Services Administration (HRSA) Sites in Scope list (Form 5B). Modify Form 5A to change this service from Column 1 (Direct Service) to Column 3 (Referral Arrangement). Joseph made a motion to approve the changes to Form 5B. Nicole seconded the motion. All remaining committee members present voted in favor, and the motion carried unanimously.

6. Quality Management Update

Quality Management Committee: Raquel reported she will bring the quality management plan for 2026-2027 for approval at next months meeting. Raquel also reported that the Ryan White had reported on the HIV program metrics review.
Action Item: Mary to mail quality management plan ahead of time to Joseph, Nicole, and Marco and e-mail out to rest of commissioners.

Peer Review Committee: They reviewed 9 monthly peer review chart audits. The committee also reviewed the audit form for revision and had 3 episodic chart audits.

Follow Up Item: Raquel to follow up with JMac on AI and chart reviews.

7. Financial Update

Raquel reported on behalf of Julian. The actuals cover activity through March 31, 2026. Last year at this same point in time, clinics was running about $11.4 million in the red year-to-date. This year, their year-to-date gap is about $10.6 million. That's nearly $816,000 less of a shortfall compared to last year. Raquel reported on completed billable appointment comparison. Across all four

sites combined, they have completed 71,555 visits through May of this fiscal year, compared to 69,921 at the same point last year. That's about 1,600 more visits. Two years ago, that number was only 58,874. The health center is reaching more individual community members than ever before, with 12,858 unique patients served through May. Raquel lastly reported the overall financial story this year is a positive one more patients served, near break-even financials, and growing demand signals that warrant attention heading into FY 2026-27 planning. **Follow Up Item:** 1. Question was asked if IBH and Primary visits counted twice or one visit. Raquel to check with Julian 2. Sliding fee schedule what initiates to apply the fee schedule and how can we be proactive with patients billing.
8. CEO Update
Raquel reported that the budget hearing was held that morning and that the budget was approved by the Board.

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☐ Minutes approved _____ ___/___/___

(Signature of Board Chair or Co-Chair) (Date)

Health Centers Division

Integrated Community Health Center Commission Meeting Fiscal Report

7/8/26

What the New California Budget Means for Us

2026-27 State Budget | Health Centers Division

In simple terms: California almost made deep cuts to community health center funding this year. Instead, state leaders pushed most of those cuts back by one year and found new money to keep Medi-Cal stable.

$351.7B

total state budget for 2026-27

12 months

clinic & dental Medi-Cal cuts delayed

$200M

to counties for Medi-Cal eligibility checks

Clinic Payment Cuts: Pushed to July 2027

The state was set to cut how much Medi-Cal pays clinics like ours. That cut is now delayed a full year, giving us more time before it hits our budget.

Medi-Cal Funding Made More Stable

The state raised taxes on large health insurance companies to help keep Medi-Cal funded, instead of cutting patient services.

Help for Counties, But a Gap Remains

Counties got $200 million to verify patient eligibility. But a request for $125 million to help cover patients who lose Medi-Cal was left out of the budget.

Acupuncture Coverage: Two Bills to Watch

Both bills are alive but paused in the Appropriations Committee

Quick definition: "Appropriations" is the committee that holds bills with a real cost to the state, until lawmakers decide if California can afford them. A bill parked there isn't dead, it's just waiting on money decisions.

AB 1949

Minimum 24 Acupuncture Visits

Would require Medi-Cal to cover at least 24 acupuncture visits per year for patients who qualify. Right now, coverage can be much more limited.

SB 944

Make Acupuncture a Permanent Benefit

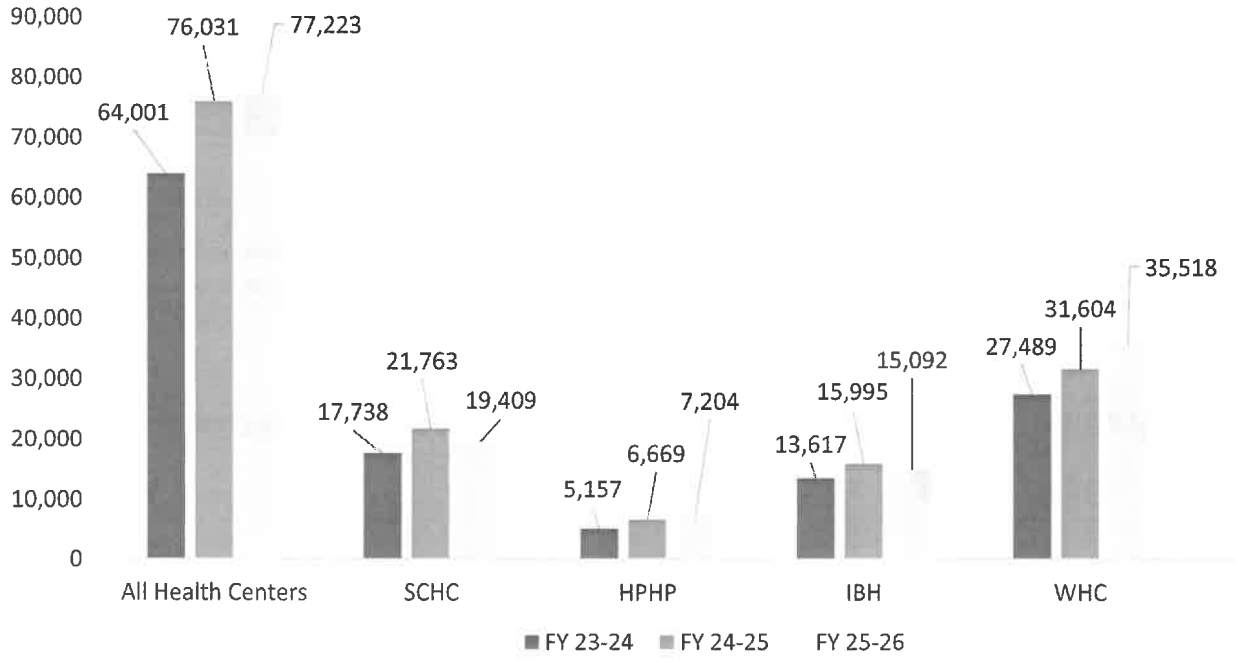
Would lock acupuncture in as a permanent, essential Medi-Cal benefit, so it can't be quietly cut in a future tight budget year.

This year's budget already delays any acupuncture benefit cuts by 12 months.

That gives the Legislature time to decide on AB 1949 and SB 944 before coverage is at risk again.

Why this matters for our patients: if these bills pass, acupuncture becomes a stronger, more reliable covered service for chronic pain management. If they don't, coverage could shrink again once the 12-month delay ends. Acupuncture represents $1 Million in revenue.

Fiscal Year July-June completed billable appointment comparison



HEALTH CENTERS
HEALTH SERVICES AGENCY

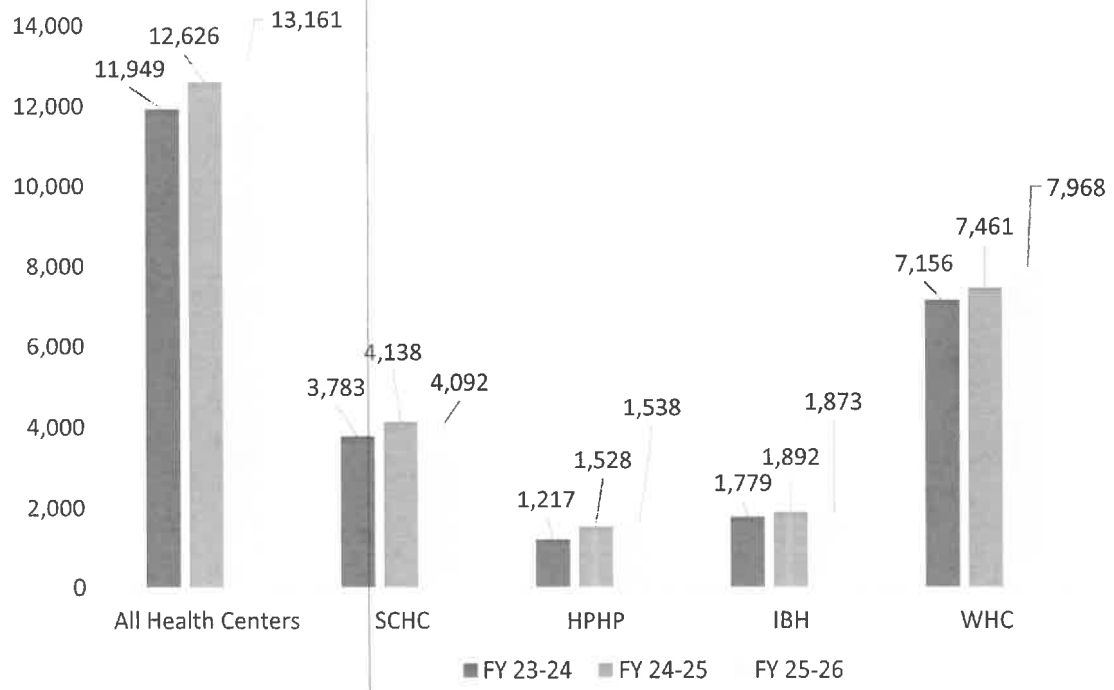
Encounter Dates Available: 01/01/18 - 09/04/88

Last Refresh Date

Friday, June 26, 2026

Week/Month

Fiscal Year July-June Unique Patient Comparison



HEALTH CENTERS
HEALTH SERVICES AGENCY

Encounter Dates Available: 01/01/18 - 09/04/88

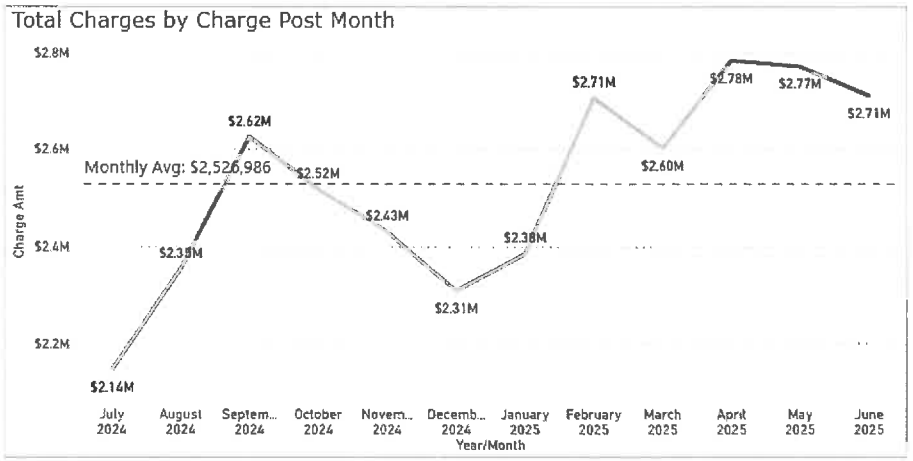
Last Refresh Date

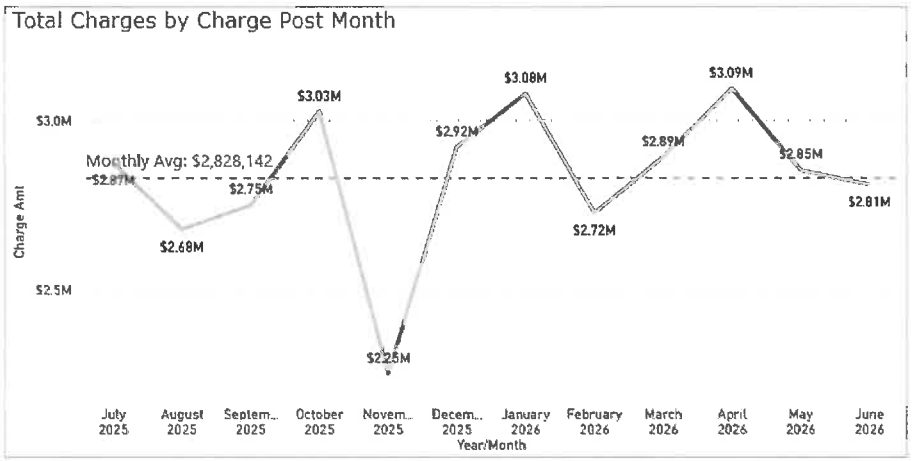
Friday, June 26, 2026

Week/Month

Total Charges per Month Comparison

Fiscal Year Comparison July-Jun
24-25 vs. 25-26





HEALTH CENTERS
HEALTH SERVICES AGENCY

Encounter Dates Available: 01/01/18 09/04/88

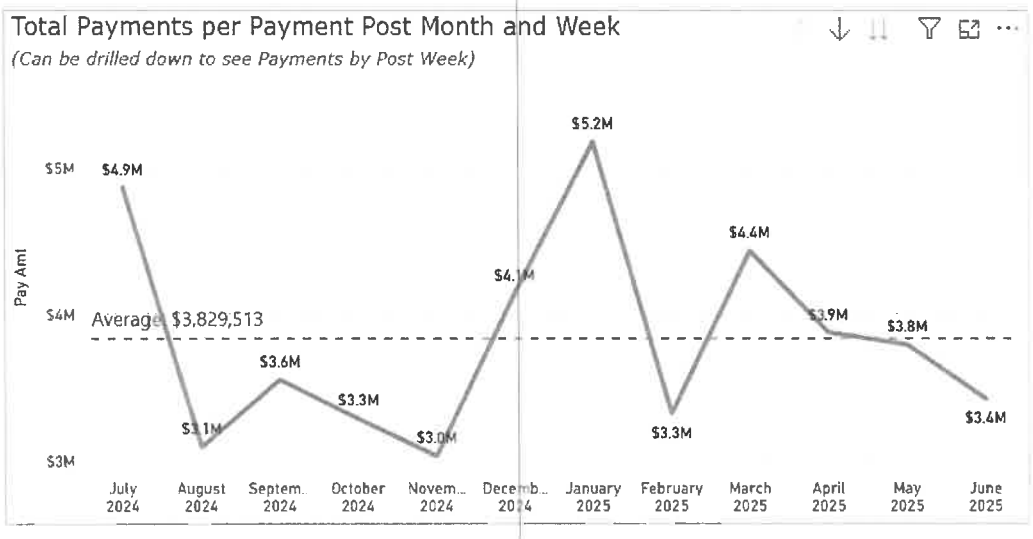
Last Refresh Date

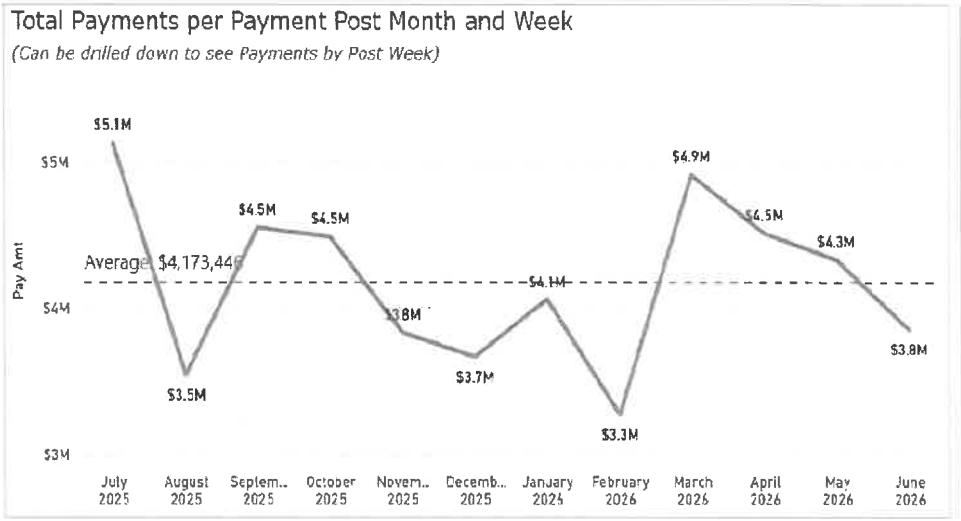
Friday, June 26, 2026

Week/Month

Total Payments Per Month Comparison

Fiscal Year Comparison July-Jun
24-25 vs. 25-26





HEALTH CENTERS
HEALTH SERVICES AGENCY

Encounter Dates Available: 01/01/18 - 09/04/88

Last Refresh Date

Friday, June 26, 2026

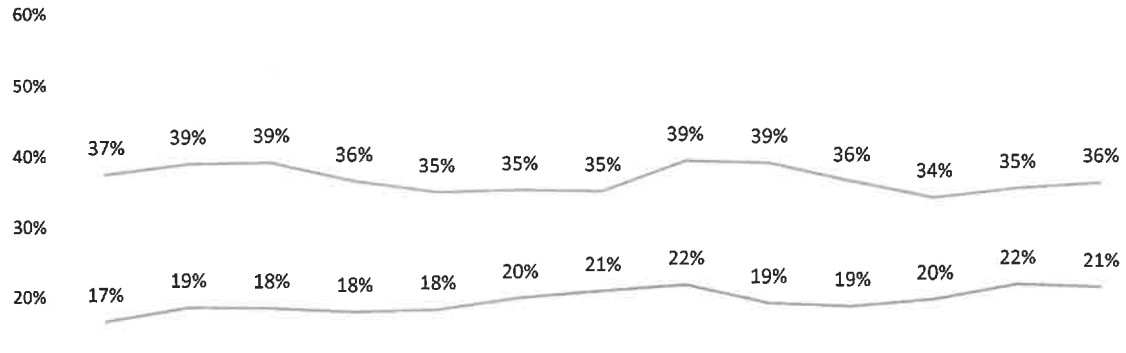
Week/Month | Provider/Location

Percentage of Claims Older than 90 days

Trend May-May

% Claims Older than 90 days

Top Performers are less than 18%



Blue = Health Centers
Orange = OCHIN EPIC FQHCs Median

***Large CA FQHCs median is 21.5%**

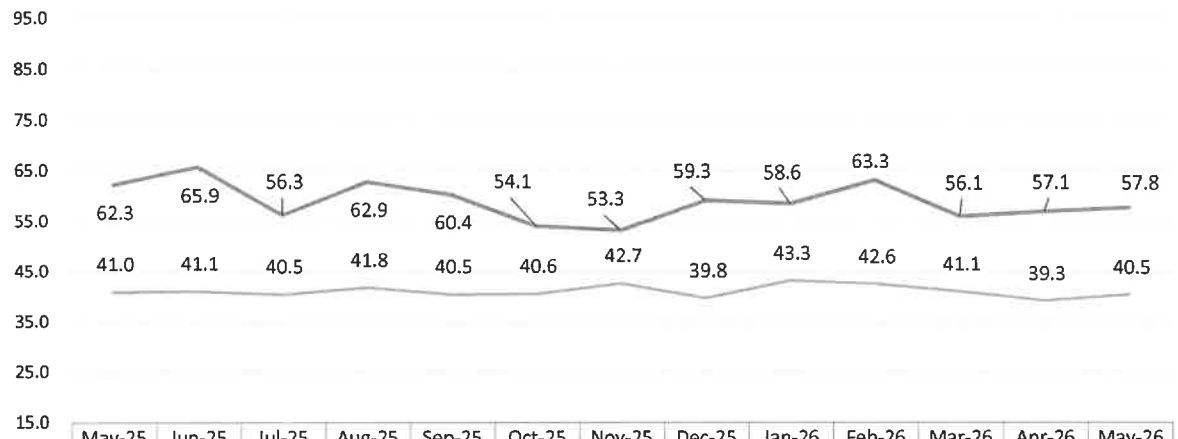
	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26
% > 90 (Debits)	37%	39%	39%	36%	35%	35%	35%	39%	39%	36%	34%	35%	36%
% > 90 (Debits)	17%	19%	18%	18%	18%	20%	21%	22%	19%	19%	20%	22%	21%

Days in Accounts Receivable

Trend May-May

Days In A/R

Top Performers are less than 26 days



	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26
Days In A/R	41.0	41.1	40.5	41.8	40.5	40.6	42.7	39.8	43.3	42.6	41.1	39.3	40.5
Days In A/R	62.3	65.9	56.3	62.9	60.4	54.1	53.3	59.3	58.6	63.3	56.1	57.1	57.8

Blue = Health Centers
Orange = OCHIN EPIC FQHCs Median

*Large CA FQHCs median is 54.5 days

Is there anything I can Clear up for you?

Thank You

SANTA CRUZ COUNTY HEALTH SERVICES AGENCY

SANTA CRUZ COUNTY HEALTH CENTERS

Santa Cruz County Health Services Agency
Health Centers Division
Quality Management Plan

July 2026

Contents

Introduction and Statement of Purpose

Santa Cruz County Health Services Agency's Health Centers Division (HCD) is committed to ensuring access to high quality patient-centered health care for all members of our community. Our Mission, embodied in the work of all staff who support patient care at HSA HCD, ***is to promote and protect the health and wellbeing of our community by providing access to quality, comprehensive and affordable primary and integrated behavioral health care services.*** Our collaborative approach fosters teamwork between clinicians, support staff, patients and outside community resources. As part of this commitment, our organization embarked upon a vigorous review of our existing Quality Management system. This has been a collaborative effort that includes administrators, clinicians, and support staff from Homeless Persons Health Project (HPHP), Watsonville Health Center and Santa Cruz Health Center.

HCD has clearly defined our division-wide goal for Quality Management, identified current barriers to reaching this goal, and developed a comprehensive approach to overcoming these barriers and providing consistent, high quality health care to all who are served at each of Santa Cruz County Health Services Agency's primary care health facilities. Throughout our planning process, HCD has included activities to ensure maintenance of the quality standards for primary health care that have been established by the Health Resources and Services Administration's Bureau of Primary Health Care. Specifically, our Quality Management Plan will provide leadership and guidance in support of the division's mission and for ensuring that the health centers are operating in accordance with applicable Federal, State, and local laws and regulations. This Quality Management document reflects the outcomes of our extensive planning work and provides a framework for continual reassessment of our Quality Management program over time.

Purpose:

The Purpose of our Quality Management Plan is to ensure high quality care and services for our patients that is reflected in a holistic set of indicators that are objectively measured and trusted and driven by stakeholder engagement and institutional value of providing high quality care.

Background:

Our Health Center Division established a Quality Management Committee in 2012 to improve communication between health centers and across the wide variety of Quality Improvement (QI) activities being conducted within the Health Services Agency. The Quality Management Committee's goals are to improve communication, develop a systematic means of determining the quality of care our patients receive, as well as a consistent approach to enacting change. The Quality Management Committee provides a framework for expanding new processes at an institutional level, as determined by successful QI projects. In addition, it will allow our organization to report on clinical indicators to various upstream stakeholders with clearly defined and agreed upon processes, while also regularly reviewing clinical measures, design improvements or track changes over time. This will highlight any disconnect between health care providers and data reporting and improve the accuracy of data from the Electronic Health Record (EHR), including data entry and discrete fields, during data extraction. In addition, to ensure that the data consistently reflects the work being performed in our organizations, the Quality Management Committee will act as the entity that reports and addresses any staff or patient feedback from the satisfaction surveys.

Our Theory of Change

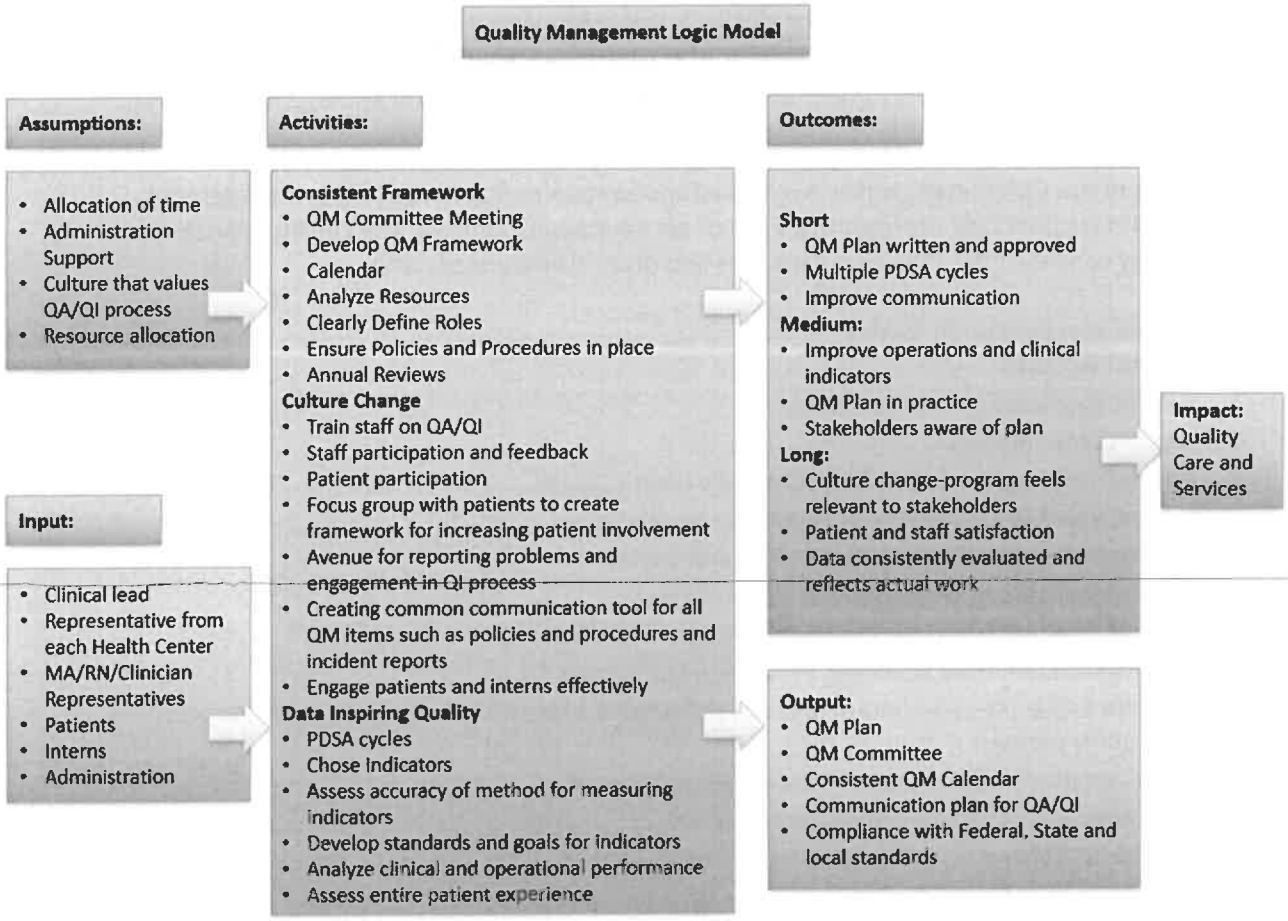
Our Quality Management team has defined a clear set of objectives that will allow us to overcome barriers and reach our goal of consistently high-quality patient care that is confirmed through objective measures.

We will reach our goal by focusing on the following three Objectives:

1. ***Develop and Maintain a Cohesive and Comprehensive Framework that includes a plan for engagement of and communication to all stakeholders, as well as a playbook for change that provides a structured process for implementing improvements.***
2. ***Create an institutional consensus around shared definitions of Quality Assurance and Quality Improvement that provides the foundation for improving the perceived value of this process by all stakeholders.***
3. ***Utilize trustworthy data from our robust EHR to drive improvements in quality and efficiency of care and services to our patients.***

Our Logical Framework:

The Quality Management team has developed a logic model that will serve as a framework for continual reassessment of our Quality Management plan. The model is considered a fluid process that is open for stakeholder feedback and will be reevaluated yearly to ensure we are meeting our goals.



Scope of Work

The scope of work within our Quality Management plan is comprehensive, and includes all stakeholders, including but not limited to patients, involved in the direct or indirect experience of clinical care to patients seen at our four health facilities. Our goal is to provide quality experience for all patients, including sub-populations such as those experiencing homelessness or living with HIV, throughout the entire process of accessing, receiving and continuing care. To this end, the scope includes all persons receiving care, administrative and clinical departments who participate in providing primary care, in-house specialty services such as HIV, orthopedics, tuberculosis, behavioral health, dental, acupuncture, immunizations, street medicine, health care for people experiencing homelessness, Medication Assisted Treatment and any support services. To ensure quality care is provided to HSA patients who are seen by outside service providers, we will undergo a due diligence process when signing contracts and perform intermittent quality reviews that include patient satisfaction surveys.

Program Structure and Accountability

Organizational Structure and Accountability

The Co-Applicant Board is ultimately accountable for the quality of care and services provided to the patients cared for at the health centers overseen by the HCD. The Co-Applicant Board has delegated oversight responsibility for the effectiveness and efficiency of care and services to the Chief of Clinic Services, who has assigned responsibility for implementation of policies to the Medical Directors. The Medical Directors has designated the Senior Health Services Manager to facilitate the Quality Management Committee and the Clinical Director of Quality to work directly with Medical Directors at each health center to ensure quality and implement all aspects of the Quality Management Program.

The operation of the HCD Quality Management program is the collaborative responsibility of the HCD Quality Management Committee, which involves all appropriate personnel including management, clinical staff, and support staff representing each of our four health centers. The Quality Management Committee may consist of the following members and other staff as necessary:

1. HCD Clinical Director of Quality
2. Medical Directors
3. Data Analyst and Epic Site Specialist
4. Health Center Managers
5. Nursing (RN) Representative for Watsonville Health Center
6. Nursing Representative (RN) for Santa Cruz Health Center
7. Nursing Representative (RN) for HPHP Health Center
8. Medical Assistant from Watsonville Health Center
9. Medical Assistant from Emeline Health Center
10. Medical Assistant from Homeless Persons Health Project
11. Representatives At-Large (intern, patient, registration supervisor or designee, business office, or community partner)
12. Representative from Integrated Behavioral Health team
13. Ryan White Part C Grantee Representative
14. Director of Nursing
15. Senior Health Services Manager

The Senior Health Services Manager acts as the facilitator of the Quality Management Committee and prepares the Committee Agendas and Meeting Minutes. These documents are contained within a shared

drive on the HCD computer system. A quorum is defined as the presence of 4 core members representatives of the committee who are re-assessed on an annual basis. The Quality Management Committee is responsible for:

- Developing priorities and setting thresholds for Quality Indicators
- Ensuring that all sub-populations are represented in Quality indicators and activities
- Requesting further investigation into specific topics
- Analyzing data and audits
- Recommending membership of Quality Improvement Teams
- Participating in and assessing patient satisfaction surveys
- Reporting committee findings and recommendations to all stakeholders
- Facilitating an annual evaluation of the Quality Management Program.

Meeting Structure

Meetings are conducted on the same day and time monthly. A Yearly Calendar has been created to ensure that the Quality Management Committee meets all its objectives for the year. The template includes key operational and clinical indicators, reporting expectations, and quality improvement activities. As this is an iterative process, we utilize our experience in prior years to improve upon our processes for the following year.

A template for the meeting Agenda and Minutes can be found in Attachment 2. Provide presentations as requested to provide all stakeholders with the opportunity to learn more about the committee, presentations at all staff meetings to share the work of the committee, post information on the county Intranet page, monthly presentations to the Commission, contribute additional ideas and consider membership. This provides the committee with an opportunity to further engage stakeholders and promotes the ability to strengthen the institutional value of quality assurance and quality improvement. To this end, the Quality Management Committee has identified the following key stakeholders:

- Patients
- Clinic Providers
- Nurses, Medical Assistants
- Front Office Staff
- Administrators
- Community Partners
- Co-Applicant Commission

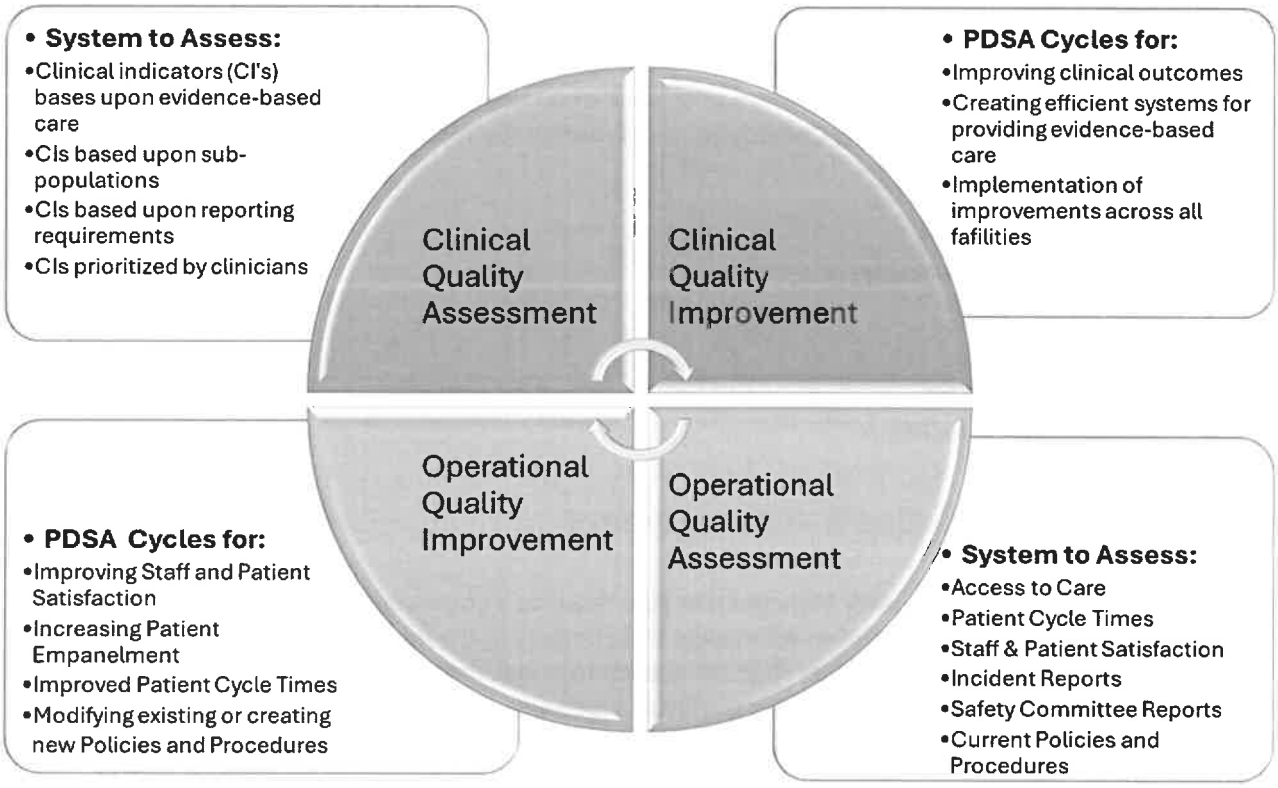
Defining Quality and Quality Management

Developing a comprehensive Quality Management Plan requires a commonly agreed upon definition of Quality. This is particularly important as we engage stakeholders in the integration of quality management into our institutional work. For this plan, HCD has chosen to adopt the World Health Organization (WHO) and Institute of Medicine (IOM) definition of quality as it pertains to health systems. The definition emphasizes a whole-system perspective that reflects a concern for the outcomes achieved for both individual service users and whole communities. This is particularly applicable given our dual role of providing individual clinical care and protecting public health. The WHO and IOM definition suggests that a health system should seek to make improvements in six areas of quality.

Our shared definition of Quality requires that health care be:

- ***Effective***- delivering health care that is adherent to an evidence base and results in improved health outcomes for individuals and communities, based on need.
- ***Efficient***- delivering health care in a manner which maximizes resource use and avoids waste.
- ***Accessible***- delivering health care that is timely, geographically reasonable, and provided in a setting where skills and resources are appropriate to medical need.
- ***Acceptable/Patient-Centered***- delivering health care which considers the preferences and aspirations of individual service users and the cultures of their communities.
- ***Equitable***- delivering health care which does not vary in quality because of personal characteristics such as gender, race, ethnicity, geographical location, or socioeconomic status.
- ***Safe***- delivering health care which minimizes risks and harm to service users.

Santa Cruz Health Services identifies three major components to Quality Management that include Quality Assessment, Quality Improvement and Quality Assurance. By addressing these three separate and essential components to Quality Management, the Quality Management Committee strives to meet all these dimensions of quality health care. Because the committee recognizes that the entire health system from both an Operational and Clinical perspective must work collaboratively to achieve our goals, we consider quality indicators across all departments. The diagram below provides a simple illustration of the intersection of Quality Assessment and Quality Improvement across both Operations and Clinical Care.



Quality Assessment

Quality Assessment involves the identification of indicators that best reflect quality clinical and operational performance and review of these indicators to ensure that all our health facilities are meeting Standards and Goals that we have set for ourselves. Quality Assessment includes a thorough review of the process by which to measure these indicators to ensure accuracy.

Indicator Selection

Indicators are identified through a variety of internal and external processes that reflect a patient's ability to efficiently access high quality health care. For this reason, indicators often reflect both operational and clinical service provision. The following categories, along with specific examples, are major drivers in indicator selection:

- Indicators reflecting timely Access to Care
    - Time to next appointment
    - Timely phone responses
- Indicators reflecting efficient Provision of Care
    - Patient Cycle times
    - Use of My Chart EHR functionality
    - Departmental Communication Systems
- Indicators reflecting Evidence-based Clinical Care
    - Clinical Indicators identified by external sources such as the Uniform Data System (UDS) Clinical Outcomes and Quality Care measures and other Clinical Guidelines
    - Clinical Indicators reflecting health of special populations served by HCD such as those living with HIV, homelessness, mental illness, or substance use disorders
    - Key performance indicators (KPIs) will be carefully selected to contextualize the challenges that each of these respective special populations faces.
    - Clinical Indicators identified by HCD clinicians to be key to quality care provision
- Indicators driven by Patient and Staff Satisfaction via surveys and informal feedback
- Indicators reflecting Safe provision of care as identified through Safety and Incident Reports

In many cases, similar indicators may fall under several categories. For example, UDS measures pap smear utilization and our HIV Quality Management Committee follows a similar indicator. It is the responsibility of the HCD QM Committee to create a streamlined means of selecting indicators that can efficiently serve all our patients and simultaneously address the needs of sub-populations and various reporting entities. To improve integration and efficiency, the HCD QM Committee facilitates collaboration to ensure that system improvements follow a similarly streamlined approach.

Indicator Measurement

It is the responsibility of the HCD QM Committee to review methods of measuring indicators. The Data Analyst effectively extracts data from our robust EHR system and depends upon all stakeholders to consistently enter data into discrete data fields. The QM Committee reviews the data fields used and the process for determining if an indicator has been met. These processes must then be communicated to stakeholders and reviewed for user functionality. Adjustments are then made, and stakeholders are trained in the final process.

Indicator Analysis

The HCD QM Committee is responsible for developing standards and goals for the indicators we have chosen to follow. Results will be compared to HSA HCD' internal goals and to external benchmarking standards. Indicators are reviewed by the HCD QM Committee at intervals determined by our yearly calendar and as indicated by stakeholder request. Results are available to all stakeholders upon request.

Indicator Reporting

Indicators are reported at QM Committee meetings based upon our set yearly calendar. All data reports reviewed at each meeting are included in the Meeting Minutes, and these Minutes are distributed to all HSA HCD staff members. Meeting Minutes are also made available upon request to patients and community partners.

Indicator Tracking

Indicators that have not met our internal goals or external benchmarking standards are identified and quality improvement activities are developed. It is the responsibility of the QM Committee to facilitate quality improvement teams, track progress, and determine successful outcomes.

Quality Improvement

Once gaps in quality care have been identified through the process of Quality Assessment, the QM Committee chooses priority indicators to focus improvement efforts. A Process Improvement Team is appointed by the committee and tasked with first addressing the following three questions:

1. What are we trying to accomplish? (Setting our AIM)
2. How will we know that a change has led to improvement? (Establishing Measures)
3. What changes can we make that will result in improvement? (Selecting Change)

Once these questions are addressed, a pilot 'change' project is designed and implemented by the Process Improvement Team through a Plan, Do, Study, Act (PDSA) cycle. Baseline measures should be established prior to the PDSA cycle, and appropriate comparison measures should be obtained to assess the success of the intervention. The Process Improvement Team presents their findings to the QM Committee, and successful interventions are implemented throughout all health facilities. The QM Committee is responsible for ensuring consistent implementation, which includes communication to and training of appropriate staff members. This may also include the establishment or revision of Policies and Procedures. In this case, the QM Committee is responsible for appointing appropriate personnel to develop and implement the policy or procedure in a systematic way.

Clinic Level Quality Improvement

Although most system improvements will be expanded throughout all HCD health facilities, each health facility has unique sub-populations and system challenges. In these cases, the QM Committee representative from each health facility is responsible for choosing Process Improvement Teams for their sites and then reporting results to the QM Committee. When appropriate, system improvements may be replicated across all sites.

Provider Level

Since our EMR system allows health care providers to run reports on their individual patient panels, some providers have conducted their own internal improvement activities in collaboration with their team members (medical assistant and RN). Providers are encouraged to present their experiences to the QM

Committee via their health center QI representative so that all providers can learn from their experience.

Effective Teams: Roles and Responsibilities

Effective teams include members representing three different kinds of expertise within the Health Services Division: system leadership, technical expertise, and day-to-day leadership. There may be one or more individuals on the team with each kind of expertise, or one individual may have expertise in more than one area, but all three areas should be represented to drive improvement successfully.

Clinical Leader (Medical Director, Health Center Manager, Clinic Nurse III, IBH Director or designee)
Teams need someone with enough authority in the organization to test and implement a change that has been suggested and to deal with issues that arise. The team's clinical leader understands both the clinical implications of proposed changes and the consequences such a change might trigger in other parts of the system.

Technical Expertise (IT Data Analyst or Epic Site Specialist)
A technical expert is someone who knows the subject intimately and who understands the processes of care. An expert on improvement methods can provide additional technical support by helping the team determine what to measure, assisting in design of simple, effective measurement tools, and providing guidance on collection, interpretation, and display of data.

Day-to-Day Leadership (Clinician, Clinic Nurse, Medical Assistant, Health Center Manager, and Reception Staff)
A day-to-day leader is the driver of the project, assuring that tests are implemented and overseeing data collection. It is important that this person understands not only the details of the system, but also the various effects of making changes in the system. This person also needs to be able to work effectively with the physician champion(s).

Project Sponsor (Senior Health Services Manager, Clinical Director of Quality, Medical Director, or Health Center Manager)
In addition to the working members listed above, a successful improvement team needs a sponsor, someone with executive authority who can provide liaison with other areas of the organization, serve as a link to senior management and the strategic aims of the organization, provide resources and overcome barriers on behalf of the team, and provide accountability for the team members. The Sponsor is not a day-to-day participant in team meetings and testing but should review the team's progress on a regular basis.

Quality Assurance Activities

For the purposes of HCD Quality Management, Quality Assurance is considered a process of ensuring basic standard practices within the health system from both an operational and clinical standpoint. In addition to indicators that are chosen by the QM Committee, routine audits will be conducted. Audits may also be triggered by challenges brought to the committee through a variety of channels. When areas of deficit are noted, we follow the workflows described below ***and*** determine the most appropriate action. In some cases, a new Policy or Procedure may be developed. In other cases, the QM Committee may consider quality improvement activities that will improve the system of care.

SOURCES OF AUDIT TOPICS

Audit and data collection may be directed at problem areas identified by:

1. Needs assessment data
2. Clinical Guidelines Audits
3. Licensing and funding standards
4. Data reports from internal and external sources
5. Peer Review
6. Risk Management
7. Prescribing patterns
8. Billing data
9. Scheduling and staffing plans
10. Incident/occurrence reports, and
11. Patient satisfaction surveys/grievance forms

Quality Assurance activities may also be triggered by:

1. Patient Complaint
2. Staff Complaint
3. Community Complaint
4. Provider variability in terms of meeting clinical indicators or utilization of services
5. Malpractice Data

Quality Assurance Workflow for Issues Brought to the Committee:

1. Comes to the attention of the committee
2. Committee will:
    a. Determine who will investigate (internal or external auditor)
    b. Gather data (either committee members or investigator)
    c. Formulate plan of action
    d. Designated investigator reports back to committee with results and recommendations

Quarterly Audit Activities will be conducted, and may include 1-2 of these topics:

1. Registration
2. Clinical Care
3. Epic Documentation
4. Prescriptions
5. Referrals

Resource Assessment

Although quality care should not be driven by financial incentives alone, financial resources are essential to providing quality care and promoting health center program sustainability. The Quality Management Committee is tasked with ensuring that the quality of care we provide is reflected in the data that is presented to reporting and funding entities. When funding opportunities are missed, this must be reviewed to assess avoidable causes and addressed by the QM Committee. In addition, the Quality Management Committee is tasked with advocating the need for the Health Services Agency to commit resources towards Quality Management for the promotion of consistency in the quality of care we

provide across all health facilities and patient populations.

Strengthening Institutional Consensus

To maintain a successful Quality Management Program, it is essential that all stakeholders trust in the process we have created. The QM Committee is committed to building and maintaining an institutional consensus around Quality Improvement that promotes a shared definition of quality and unified approach to reaching our goals. To this end, we are developing a plan that will foster and maintain a culture shift within our organization that inspires stakeholder value in Quality Assessment and Improvement. This plan includes the following processes:

- Training staff in Quality Assessment, Quality Improvement, and Quality Assurance
- Develop training as determined by staff satisfaction survey
- Staff participation & Feedback
- Direct patient participation via patient focus groups such as the Patient Family Advisory Panel (PFAP)
- Avenue for reporting problems and involvement in QI process
- Create common communication tools such as an Intranet page for all QM items
- Engage Patients, Interns and Community Partners Effectively
- Data Quality- ensuring accuracy and communicating measurement process

Additional Components of Quality Management

Utilization Management

The HCD Utilization Management program provides a comprehensive process through which review of services is performed in accordance with both quality clinical practices and the guidelines and standards of local, state, and federal regulatory entities. The Utilization Management program is designed to monitor, evaluate, and manage the quality and timeliness of health care services delivered to all health center patients. The program provides fair and consistent evaluation of the medical necessity and appropriateness of care through the use of nationally recognized standards of practice and internally developed clinical practice guidelines. This work is integrated into the QM Committee's ongoing assessment of Operational Indicators.

Credentialing, Recredentialing, and Privileges

Our credentialing and privileging processes accomplish initial credentialing, required recredentialing, and specific privileging for all contracted, voluntary, and employed providers. This ensures appropriate qualifications to provide care and services and verifies the absence of any State and Centers for Medicare and Medicaid Services (CMS)-imposed sanctions. Specific quality indicators addressing the credentialing and privileging processes are part of HCD QM Program.

Risk Management and Patient Safety

The Health Centers Division Risk Management program monitors the presence and effectiveness of patient risk minimization activity, including incident reports, sentinel events, infection control, lab quality control and patient safety. These risk minimization activities will be proactive whenever possible. Improvements to related processes and policies will also result from QM activities based upon triggers listed in the Quality Assurance section. The Santa Cruz County Health Services Agency's Safety Committee is ultimately responsible for monitoring the breadth of patient and staff safety within our Agency. The

Safety Committee reports their findings to the Quality Management Committee, and the QM Committee will respond when appropriate and when the issue is within our Scope of Work. The total Risk Management program is closely integrated with the HCD Quality Management Program.

Health Records

Santa Cruz Health Services Agency HCD will achieve continued excellence with respect to its health records. These records will be maintained in a manner that is current, detailed, secure, and enabling of effective, confidential patient care and quality review. Health records will reflect all aspects of care and will be complete, accurate, systematically organized, legible, authenticated, and readily available to all appropriate health care practitioners and other necessary parties, in strict accordance with the Health Information Portability and Accountability Act (HIPAA) guidelines.

Process for Revision of Quality Management Plan

Each year, the Quality Management Committee will facilitate the review and update of our Quality Management Plan and logical framework. We will invite all stakeholders identified previously in this document to participate in this review. This annual review will be scheduled into our Yearly Calendar to ensure its prioritization.

Board approved _____ _____
(Signature of Board Chair or Co-Chair) (Date)

Attachment 1: Quality Management Work Plan Template

County of Santa Cruz, Health Services Agency, Health Centers Division

Our goal is to refine and further standardize our process for evaluating current practices and improving the quality of our services. The Quality Management Committee has identified three key categories to focus on outlined in the Throughout the year, we will focus on clarifying key indicators within each of these categories and on improving the quality of the data we record, collect, and analyze. We will strive to build upon prior work and conduct PDSAs within each category per year as documented in the Patient Centered Medical Home (PCMH) Quality Improvement Worksheet which is submitted to the National Committee for Quality Assurance (NCQA) on an annual basis. In addition, Quality Assurance activities will be conducted throughout the year.

Attachment 2: Quality Management Committee Meeting Agenda and Minutes

QM Committee:	
Date/Time:	-------, 8:30 to 9:30 am
Meeting Location:	
Leader:	
Facilitator/Transcriber:	
Attending:	
Guest(s):	

Persistent Focus on Excellence in Patient Care in a Compassionate Environment

Agenda Items	Discussion	Data/Trends Reviewed	Action/Decision	Who	Date Due
Agenda review and announcements				Committee	n/a
Approve minutes				Committee	Today
Review incident reports				Committee	Today
Calendar Activities for Month					
Other Action Items Due					

☐ Minutes approved _____
__/__/____

(Signature of committee facilitator) (Date)

Next Meeting

Date/Time:	
Meeting Location:	1080 Emeline, Room 200