

Community Health Council Board Meeting Minutes

Date: Monday, March 8, 2021

Time: 6:00 PM

Location: Zoom

Approved:

Recorded by: Liz Mitchell

Attendance:

Board Members	Title	Y/N
David Aguayo	Treasurer	Y
Fabiola Arreola	Vice Chair	Y
Tamia Deary	Member-at-Large	Y
Iris Hodge	Board Member	N
Kerry Hoeschen	Member-at-Large	Y
Nina McPhearson	Board Member	Y
Susana Mendoza	Board Member	Y
Harold Odhiambo	Chair	Y
Pedro Sandoval Prieto	Secretary	Y
Darrell Wade	Board Member	Y
Staff/Elected Officials	Title	Y/N
Azma Ahmed	Health Center Dental Director	Y
Hasan Bader	ICS Finance Project Manager	Y
Lucia Cabrejos	Spanish Interpreter	Y
Brieshon D'Agostini	Interim Health Center Quality Director	Y
Adrienne Daniels	Health Center Deputy Director	Y
Ryan Francario	ICS Project Manager	Y
Daniel Halberg	Spanish Interpreter	Y
Amy Henninger	Interim Health Center Medical Director	Y
Kimmy Hicks	ICS Quality Project Manager	Y
Toni Kempner	Regional Clinic Manager	Y
Michele Koder	Pharmacy and Lab Services Director	Y
Charlene Maxwell	Deputy Nurse Practitioner Director	N
Liz Mitchell	Executive Specialist for Pharm & Lab Director	Y
Linda Niksich	Community Health Council Coordinator	Y
Anirudh Padmala	HC Business Intelligence and Information Officer	Y
Christine Palermo	Dental Program Manager	Y
Jeff Perry	Health Center CFO	Y
Debbie Powers	Health Center Operations Director	Y
Tasha Wheatt-Delancy	Interim ICS Director	N

Guests: Jim Anderson, Brandi Velasquez

Action Items:

- Kimmy will ask to have the data compared to the amount of complaints per patient visits.
- Kimmy will ask for the complaints to be broken down by clinics.

Decisions:

- Approved the January Emergency and February Public meeting minutes
- Approved Board Member Candidate, Darrell Wade
- Approved the ICS.01.44 Quality Improvement Policy Renewal

Reports Received:

- Monthly Budget Report
- FY 22 Budget Overview
- 2020 Q4 Complaints and Incidents
- SEHC Repair Report Project

The meeting was called to order at 6:00pm by Harold Odhiambo.

The Meeting Ground Rules (special considerations for online meetings) were presented by Board Chair, Harold Odhiambo.

Board attendance was taken by roll-call. Noted that quorum was met.

January 14, 2021 Emergency Meeting Minutes Review (Vote required)

February 8, 2021 Meeting Minutes Review (Vote required)

(See Document - January Emergency CHC Meeting Minutes)

(See Document - February CHC Meeting Minutes)

No questions or comments were raised by CHC members

Motion by Tamia to approve the January Emergency Meeting Minutes.

Seconded by Kerry

8 aye; 0 nay; 0 abstain

Motion carries

Motion by David to approve the February 2021 Meeting Minutes.

Seconded by Fabiola

8 aye; 0 nay; 0 abstain

Motion carries

Monthly Budget Report- January 2021 - February 2021

(See Document-Monthly Financial Reporting Package)

Health Center Chief Financial Officer, Jeff Perry

The January target was 58%, there was a decrease of 22% resulting in a \$1.8 million deficit for the month of January. The year to date deficit is \$6.1 million. The pharmacy earnings were \$17 million, and primary care earnings were \$26 million for the year. Primary care shows an increase in visits, and Student Health is very close to breaking even. This looks like a good indication for revenue growth. Dental shows billable growth per month with a huge response to North Portland Dental Clinic opening.

The trends of billable visits shows substantial growth for the year. We are slowly coming back on from pandemic.

Question: \$1.23 million in expenses, there wasn't any revenue budgeted for that?

Answer: Yes, that's correct.

No further discussion questions were raised by CHCB members

FY22 Budget Overview

(See Document-FY 22 Budget Overview)

Health Center Chief Financial Officer, Jeff Perry

- Jeff presented an overview of the FY22 Budget that will be presented for approval next month.
- Overall budget has been increasing over the last 3 years with FY22 being \$147.2m.
- Indirect Services rate for ICS is higher than that of central and the health department. Internal Services rate allocation for ICS is 19.4%. We are currently working through details behind the allocations.
- He also gave a quick high level overview of the timeline for the budget, it is currently in phase 1 which started February 4th, in March and April it will be reviewed and finalized, and in May it will be presented to the County Board and adopted. It will include a 3 year trend from 2020-2022 that is still showing growth into FY22.

Question: When projecting revenue, what is that based on? There are consistently missed targets on visits.

Answer: Still based on billable visits. Processing is still historically the same.

Question: *Is this based on visitation goals or visits from last year?*

Answer: *Visitation goals.*

No further discussion questions were raised by CHCB members

4th Quarter Complaints and Incidents

(See Document- 2020 Q4 Complaints JPG)

ICS Quality Project Manager, Kimmy Hicks

- Kimmy went over the amount of complaints that were received and explained the kinds of complaints that came in. She gave a breakdown of complaints from each department and site. Included in the packet are definitions of the events. There has been a decrease in the amount of incidents for quarter 4 2020 for all of the service areas. Primary care had the most incidents reported.
- There was an error in the reporting for the pharmacy; some of the incidents were duplicated. Kimmy will give the corrected information for the pharmacy to Linda to share with the CHCB. The actual number for incidents is closer to 3 than 14.
- Dental and Lab have stayed the same.
- PAC had no incidents reported.

Question: *Were the complaints supposed to be broken down by percentage compared to appointments?*

Answer: *Kimmy will request the data be compared to the amount of complaints to patient visits.*

Question: *Are you collecting complaints from COVID testing and COVID vaccines?*

Answer: *We do have one that I know of regarding a mix up in where the patient was supposed to go. Those complaints will be presented in the next quarter because COVID vaccines have just started.*

Question: *What kind of follow up is there for pain complaints that weren't managed appropriately, in regards to patients of color.*

Answer: *We have a process for complaints related with pain. The Medical director leads these investigations, and there is a board that looks at these complaints.*

Question: *When you gave the figures 41 thousand, was that for all clinics or just East County?*

Answer: *That was for all of the clinics. I can ask for that to be broken down by clinics.*

No further discussion questions were raised by CHCB members

Board Member Candidate Darrell Wade (Vote required)

Nominating Committee Chair, Tamia Deary

- Nominating Committee Chair, Tamia Deary introduced Candidate Darrell Wade to the Board.
- Darrell spoke briefly to the board members and gave a brief background of himself and explained why he is interested and excited to become a member of the CHCB.

No questions or comments were raised by CHC members

Vote was conducted electronically via anonymous ballot (Google Form) - 100% voted to approve Darrell Wade as a CHCB Member.

ICS.01.44 Quality Improvement Policy Renewal (Vote required)

(See Document- ICS.01.44 - Quality Improvement Policy 2-2021)

Interim Health Center Quality Director, Brieshon D'Agostini

- Brieshon explained what changes are being made to policy and how they better aligned the verbage to fit the purpose of the policy.
- There were minimal changes

Question: *What will be the effective date for this policy?*

Answer: *This will be effective once the board approves it. Usually within a few days it is uploaded and communication is sent out.*

No further discussion questions were raised by CHCB members

Motion by David to approve the February 2020 Meeting Minutes.

Seconded by Fabiola

9 aye; 0 nay; 0 abstain (includes new member Darrell)

Motion carries

SEHC Repair Update

(See Document - SEHC Repair Project_Combined)

ICS Project Manager, Ryan Francario

- Ryan gave an update of the progress of the SEHC construction project. There were bid errors in conflict with the MCHD Good Faith Effort that resulted in a 3 to 5 month delay. Patient communication had not been released, and there was minimal face to face communication with patients so patients are not aware of the delay. She gave a breakdown of the new timeline of the revised repair project schedule. Rebid will be from February to March. The beginning of January 2022 construction should be complete and operations are expected to

fully resume in mid January 2022.

Question: Are the forms going to patients going to be in Spanish as well? Do I need to call my primary care doctor that works there?

Answer: The contact list indicates what preferred language the patient wants. If Spanish is indicated it will go out in Spanish. We will communicate the information in the top 5 languages spoken at SEHC. If there are updates that patients need to make regarding their information they are encouraged to contact PAC.

Answer: You should not have the need to contact your provider. We are going to be sending information out in several ways. If a patient has an appointment, then they will be contacted by PAC with information on where their provider will be, and any options. Pharmacy will remain open.

Question: Could the schedule include the exact closure date of the clinic and when patients will be transferred?

Answer: The 3rd slide shows the exact dates. There is a high expectation that this is the schedule to be followed. There is a buffer period in case anything happens during the procurement process.

No further discussion questions were raised by CHCB members

Health Center Executive Director Updates

Health Center Deputy Director, Adrienne Daniels

- North Portland dental opening was delayed because of the snow. But it is fully opened now, and can offer 500 visits a month.
 - Information was sent out patients in February letting them know dental is now an option at North Portland
- Hiring a Chief Medical Officer and Operations Officer
 - Interviews have started for the Chief Medical Officer
 - Operations Officer interviews will beginning soon
- Health Equity Roles
 - Hiring 4 new health equity positions next month
 - Addressing health equity based on feedback from community
 - Interviews will finish in next two weeks
- HRSA Technical Assistance
 - 1 item has been submitted
 - 1 item being submitted soon
 - 5 remaining areas are due by June 1st
 - New policies to address these areas will be proposed to the board by May
- 2 pilot programs to bring vaccines to patients
 - Now have access to vaccines from OHA and HRSA

- Staff are contacting patients that qualify
 - Currently focusing on elderly population
- We passed the 1000 mark for vaccines given
- Working with volunteers and partner locations to increase access
- Advocacy on Health Equity
 - Because of COVID the CHCB will not be able to attend the advocacy day in Salem with the Oregon Primary Care Association.
 - Letter has been drafted from the Board Chair instead
 - Highlight key legislative activities and ideas this session

No further discussion questions were raised by CHCB members

Council Business Committee Updates

Finance Committee Update

Treasurer, David Aguayo

David Aguayo, Treasurer and Finance Committee Chair, presents the finance committee update.

- The finance committee met February 26th and continued the discussion about separating health center funds from County funds and processes. This will allow for more control over and clarity of the health center funds. Jeff is working on breaking the monthly budget report revenue and expenses down by per clinic.
- The budget was created without using any county general funds this year. End of year projections are projecting \$10 million loss, due to the cut in dental visits because of COVID. MCHD will receive provider relief funds, Care Oregon dental cap funding, and we can also utilize our beginning working capital to help offset the deficit. The final FY22 budget will be presented to the CHCB for approval at the April CHCB Public Meeting.

No further discussion questions were raised by CHCB members

Executive Committee Update

Chair, Harold Odhiambo

- The Executive Committee met on February February 22nd. Kerry, Nina, and Darrell were nominated to participate in the NACHC Board Member Boot Camp on March 14th.
- We also discussed actions being taken for the request of information from HRSA to bring the health center into compliance.
- We Provided feedback to Jeff and Tasha on how the board should be presented with the budget tonight.

- And we crafted the agenda for tonight's meeting by previewing all proposed items.

Meeting Adjourned at 7:47 pm.

Signed: _____ **Date:** _____
Pedro Prieto Sandoval, Secretary

Community Health Center Board
Public Meeting Agenda



Monday, March 8, 2021

6:00 - 8:00 pm

Virtual (*Board Members and Staff - See Google Calendar Event for Link*)

Public Access Call: +1-253-215-8782

Meeting ID: 962 1204 3153

Password: 026710

Health Center Mission: Bringing services to individuals, families, and communities that improve health and wellness while advancing health equity and eliminating health disparities.

Our Meeting Process Focuses on the Governance of the Health Center

- Meetings are open to the public
- Guests are welcome to observe/listen**
- Use timekeeper to focus on agenda
- Please email questions/comments outside of agenda items and for guest questions to linda.niksich@multco.us

Board Members

Dave Aguayo (Treasurer); Fabiola Arreola (Vice-Chair); Tamia Deary (Member-at-Large); Iris Hodge; Kerry Hoeschen (Member at Large); Nina McPherson; Susana Mendoza; Harold Odhiambo (Chair); Pedro Sandoval Prieto (Secretary)

Item	Process/Who	Time	Desired Outcome
<u>Call to Order/Welcome</u>	<ul style="list-style-type: none">Chair, Harold Odhiambo	6:00-6:05 (5 min)	Call to order Review processes
<u>Minutes</u> VOTE REQUIRED	<ul style="list-style-type: none">Approval for January Emergency and February Public Meeting Minutes	6:05-6:10 (5 min)	Board votes to approve
<u>Monthly Budget Report</u>	<ul style="list-style-type: none">HC CFO, Jeff Perry	6:10-6:25 (15 min)	Board receives report and update

<u>FY22 Budget Overview</u> (in prep for April Approval)	<ul style="list-style-type: none"> • HC CFO, Jeff Perry 	6:25-6:45 (20 min)	Board and Staff Discussion
<u>4th Quarter Complaints and Incidents</u>	<ul style="list-style-type: none"> • Quality Project Manager, Kimmy Hicks 	6:45-7:00 (15 min)	Board receives update
<u>BREAK</u>	<ul style="list-style-type: none"> • All 	7:00-7:10 (10 min)	
<u>Board Member Candidate Darrell Wade</u> VOTE REQUIRED	<ul style="list-style-type: none"> • Nominating Committee Chair, Tamia Deary 	7:10-7:20 (10 min)	Nominating Committee presents candidate and Board votes whether to approve membership
<u>ICS.01.44 Quality Improvement Policy Renewal</u> VOTE REQUIRED	<ul style="list-style-type: none"> • Interim Quality Director, Brieshon D'Agostini 	7:20-7:30 (10 min)	Board Discussion and vote
<u>SEHC Repair Update</u>	<ul style="list-style-type: none"> • Project Manager, Ryan Francario 	7:30-7:45 (15 min)	Board receives update
<u>Health Center Executive Director Updates</u>	<ul style="list-style-type: none"> • HC Deputy Director, Adrienne Daniels 	7:45-7:55 (10 min)	Board receives updates
<u>Council Business Executive Committee Update</u>	<ul style="list-style-type: none"> • Chair, Harold Odhiambo • Finance Committee Update; Treasurer, David Aguayo 	7:55-8:00 (5 min)	Board receives updates from Chair
Adjourn Meeting	<ul style="list-style-type: none"> • Chair, Harold Odhiambo 	8:00	Goodnight!

A stylized graphic on the left side of the slide. It features two dark green mountain peaks with rounded tops. Below the mountains is a dark green wavy line representing a shoreline or a body of water. At the bottom of the graphic is a blue wavy line representing water. The entire graphic is set against a white background.

Multnomah County Federally Qualified Health Center

Monthly Financial Reporting Package

March 2021

V02 Updated 03/05/2021

Prepared by: Financial and Business Management Division

**Multnomah County Health Department
Federally Qualified Health Center Financial Statement**

Revenue: are tax and non-tax generated resources that are used to pay for services.

Behavioral Health: Revenue earned by the Mental Health Division in its capacity as an insurance provider for Medicaid clients (by way of Health Share of Oregon).

General Fund: The general fund is the primary operating fund for the County, and is used to account for and report all financial resources not accounted for and reported in another fund. All County departments have some part of their operations either reported in or supported by the general fund.

Grants – PC 330 (BPHC): The Bureau of Primary Health Care grant revenue is isolated here. This grant is also known as the Primary Care 330 (PC 330) grant.

Medicaid Quality and Incentives (formerly Grants – Incentives): External agreements that are determined by meeting certain metrics.

Grants – All Other: The County receives various Federal and State grants for specific programmatic purposes.

Health Center Fees: Revenue from services provided in the clinics that are payable by insurance companies.

Self Pay Client Fees: Revenue from services provided in the clinics that are payable by our clients.

Write-offs: Write-offs occur when the actual amount received for a claim differs from the amount originally recorded at the time of service. Transactions are recorded as revenue, but they can be positive or negative.

Expenses: are what the County spends to provide services to the community. Expenditure categories include personnel, materials and supplies, internal services, contracted services, and capital.

Personnel: Costs of salaries and benefits.

Contracts: professional services that are provided by non-County employees: e.g., lab and x-ray services, interpretation services, etc.

Materials and Services: non-personnel expenses the program needs to perform its mission: e.g., medical and dental supplies, repairs & maintenance, supplies, etc.



Multnomah County Health Department
Federally Qualified Health Center Financial Statement

Internal Service

Facilities/Building Management
IT/Data Processing
Department Indirect
Central Indirect
Telecommunications
Mail/Distribution
Records
Motor Pool

Allocation Method

FTE Count Allocation
PC Inventory, Multco Align
FTE Count (Health HR, Health Business Ops)
FTE Count (HR, Legal, Central Accounting)
Telephone Inventory
Active Mail Stops, Frequency, Volume
Items Archived and Items Retrieved
Actual Usage

Capital Outlay: Capital Expenditures - purchase of capital items that cost \$5,000 or more that have an expected useful life of more than one fiscal year: e.g., medical and dental equipment.



Multnomah County Health Department
Federally Qualified Health Center Financial Statement
For Period Ending January 31, 2021

January Target:

58%

	Adopted Budget	Revised Budget	Budget Change	01 July	02 Aug	03 Sept	04 Oct	05 Nov	06 Dec
Revenue									
County General Fund Support	\$ 10,121,214	\$ 10,282,541	\$ 161,327	\$ 856,878	\$ 856,878	\$ 856,878	\$ 856,878	\$ 856,878	\$ 856,878
General Fund Fees and Miscellaneous Revenue	\$ -	\$ -	\$ -	\$ 4,818	\$ 17,641	\$ 7,271	\$ 6,157	\$ 5,273	\$ 5,862
Grants - PC 330 (BPHC)	\$ 9,994,455	\$ 9,994,455	\$ -	\$ -	\$ 1,056,312	\$ 1,004,805	\$ 1,022,045	\$ 1,009,220	\$ (102,209)
Grants - COVID-19	\$ -	\$ 926,977	\$ 926,977	\$ -	\$ -	\$ 32,174	\$ 25,007	\$ 12,498	\$ 32,799
Grants - All Other	\$ 9,036,672	\$ 9,073,908	\$ 37,236	\$ 698,819	\$ 496	\$ 933,577	\$ 784,981	\$ 811,960	\$ 684,513
Medicaid Quality and Incentives	\$ 6,722,000	\$ 6,722,000	\$ -	\$ -	\$ -	\$ 682,500	\$ 2,424,515	\$ 5,408	\$ 568,655
Health Center Fees	\$ 109,550,304	\$ 109,550,304	\$ -	\$ 779,461	\$ 13,191,600	\$ 6,340,430	\$ 9,475,457	\$ 6,798,063	\$ 7,615,455
Self Pay Client Fees	\$ 1,214,770	\$ 1,214,770	\$ -	\$ 29,056	\$ 57,042	\$ 45,990	\$ 86,436	\$ 39,337	\$ 51,407
Beginning Working Capital	\$ 2,515,544	\$ 2,515,544	\$ -	\$ 209,629	\$ 209,629	\$ 209,629	\$ 209,629	\$ 209,629	\$ 209,629
Write-offs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total	\$ 149,154,959	\$ 150,280,499	\$ 1,125,540	\$ 2,578,661	\$ 15,389,598	\$ 10,113,253	\$ 14,891,105	\$ 9,748,267	\$ 9,922,989
Expense									
Personnel	\$ 98,585,933	\$ 99,568,547	\$ 982,614	\$ 7,233,842	\$ 7,033,847	\$ 7,679,089	\$ 7,607,023	\$ 7,382,760	\$ 7,864,022
Contracts	\$ 4,654,127	\$ 4,654,127	\$ -	\$ 90,123	\$ 80,949	\$ 267,579	\$ 207,258	\$ 384,705	\$ 406,108
Materials and Services	\$ 18,216,003	\$ 18,325,355	\$ 109,353	\$ 1,461,548	\$ 1,692,024	\$ 1,305,266	\$ 1,676,618	\$ 1,628,953	\$ 1,555,929
Internal Services	\$ 27,437,897	\$ 27,471,470	\$ 33,573	\$ 1,087,730	\$ 2,743,492	\$ 1,807,649	\$ 2,211,768	\$ 2,064,364	\$ 1,506,898
Capital Outlay	\$ 261,000	\$ 261,000	\$ -	\$ 8,396	\$ -	\$ -	\$ -	\$ -	\$ 16,378
Total	\$ 149,154,959	\$ 150,280,499	\$ 1,125,540	\$ 9,881,639	\$ 11,550,311	\$ 11,059,583	\$ 11,702,666	\$ 11,460,782	\$ 11,349,335
Surplus/(Deficit)	\$ -	\$ -	\$ -	\$ (7,302,978)	\$ 3,839,286	\$ (946,331)	\$ 3,188,439	\$ (1,712,515)	\$ (1,426,347)



Multnomah County Health Department
Federally Qualified Health Center Financial Statement
For Period Ending January 31, 2021

January Target: **58%**

	Adopted Budget	Revised Budget	Budget Change	07 Jan	08 Feb	09 Mar	10 Apr	11 May	12 Jun	Year to Date Total	% YTD
Revenue											
County General Fund Support	\$ 10,121,214	\$ 10,282,541	\$ 161,327	\$ 856,878	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 5,998,149	58%
General Fund Fees and Miscellaneous Revenue	\$ -	\$ -	\$ -	\$ 12,845	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 59,866	
Grants - PC 330 (BPHC)	\$ 9,994,455	\$ 9,994,455	\$ -	\$ 9,974	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 4,000,146	40%
Grants - COVID-19	\$ -	\$ 926,977	\$ 926,977	\$ 57,753	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 160,231	17%
Grants - All Other	\$ 9,036,672	\$ 9,073,908	\$ 37,236	\$ 278,485	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 4,192,831	46%
Medicaid Quality and Incentives	\$ 6,722,000	\$ 6,722,000	\$ -	\$ (5,408)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 3,675,670	55%
Health Center Fees	\$ 109,550,304	\$ 109,550,304	\$ -	\$ 8,289,096	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 52,489,562	48%
Self Pay Client Fees	\$ 1,214,770	\$ 1,214,770	\$ -	\$ 55,796	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 365,064	30%
Beginning Working Capital	\$ 2,515,544	\$ 2,515,544	\$ -	\$ 209,629	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,467,401	58%
Write-offs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Total	\$ 149,154,959	\$ 150,280,499	\$ 1,125,540	\$ 9,765,049	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 72,408,919	48%
Expense											
Personnel	\$ 98,585,933	\$ 99,568,547	\$ 982,614	\$ 7,389,020	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 52,189,602	52%
Contracts	\$ 4,654,127	\$ 4,654,127	\$ -	\$ 295,805	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,732,527	37%
Materials and Services	\$ 18,216,003	\$ 18,325,355	\$ 109,353	\$ 1,694,300	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 11,014,638	60%
Internal Services	\$ 27,437,897	\$ 27,471,470	\$ 33,573	\$ 2,166,857	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 13,588,758	49%
Capital Outlay	\$ 261,000	\$ 261,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 24,774	9%
Total	\$ 149,154,959	\$ 150,280,499	\$ 1,125,540	\$ 11,545,982	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 78,550,299	52%
Surplus/(Deficit)	\$ -	\$ -	\$ -	\$ (1,780,933)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ (6,141,379)	

Notes:

- Financial Statement is for Fiscal Year 2021 (July 2020 - June 2021). Columns are blank/zero until the month is closed.
- The Revised Budget differs from the Adopted Budget due to the following budget modifications:
 - A vacant Senior Finance Manager position was moved from an out-of-scope program in the Financial and Business Management division to an in-scope program in Integrated Clinical Services. General Fund Support and Personnel each increased by \$161 thousand.
 - \$37 thousand Public Health Title V revenue (Grants - All Other) and \$37 thousand expenses (Materials & Supplies) were transferred from an out-of-scope Environmental Health program to an in-scope Early Childhood Services program.
 - Three positions in ICS were reclassified to better align employees' job titles with their responsibilities. Personnel costs and internal services (indirect expense) increased by \$4 thousand, with an offsetting reduction to Materials and Services.
- Programs don't always spend in a uniform manner, sometimes they fluctuate, especially with school-based grants, where spending is concentrated throughout operational months.
- Expenses for a period are invoiced in the next period as per the typical timeline.
- Expenditures are tracking at 52% which is primarily due to personnel and internal services which are tracking at 52% and 49% respectively.
- July - August was FY20 year-end close. Health center fees for July were booked in August. Health center fees in October are approximating our monthly budgeted amount.
- Grants - PC 330 (BPHC): Invoicing typically occurs one month after expenses. This is a typical timeline.
- Grants - All Other: Behavioral Health Grants revenue receipt from July to September received in July. We expect to receive this revenue monthly starting in October.



Multnomah County Health Department
Community Health Council - Fiscal Year 2021 YTD Actual Revenues and Expenses by Program Group
For Period Ending January 31, 2021

			40-740 HD				40-750 HD	40-760 HD						FY 2021 Revised	Percent of	
	Category	Description	Administrative	Non-ICS Service Programs	40-720 HD Dental	40-730 HD Pharmacy	Primary Care Clinics	Quality and Compliance	Student Health Centers	40-770 HD HIV Clinic	40-780 HD Lab	Y-T-D Actual	Y-T-D Budget	Budget	Budget	
Revenues		County General Fund Support	837,755	3,795,022	-	-	83,960	235,727	1,045,686	-	-	5,998,149	5,998,149	10,282,541	58%	
		General Fund Fees and Miscellaneous Revenue	(25)	921	-	30,531	16,336	12,292	(189)	-	-	59,866	-	-	0%	
		Grants - HRSA PC 330 Health Center Cluster	726,800	-	176,069	-	2,672,163	160,745	64,091	200,279	-	4,000,146	5,830,099	9,994,455	40%	
		Grants - HRSA Healthy Birth Initiatives	-	576,155	-	-	-	-	-	-	-	576,155	571,667	980,000	59%	
		Grants - HRSA Ryan White	-	-	-	-	-	-	-	1,210,673	-	1,210,673	1,469,899	2,519,826	48%	
		Grants - DHHS and OHA Ryan White	-	-	-	-	-	-	-	157,003	-	157,003	209,972	359,952	44%	
		Grants - OHA Non-Residential Mental Health Services	-	1,394,172	-	-	-	-	-	-	-	1,394,172	1,626,535	2,788,345	50%	
		Grants - All Other	160,704	207,161	19,802	-	14,936	28	327,110	125,086	-	854,827	1,415,041	2,425,785	35%	
		Grants - Other COVID-19 Funding	7,000	-	-	-	68,217	1,500	-	74,053	-	150,769	-	-	0%	
		Grants - HHS CARES Act Provider Relief	-	-	-	-	-	-	-	-	-	-	184,491	316,270	0%	
		Grants - HRSA Expanding Capacity for Coronavirus Testing	9,461	-	-	-	-	-	-	-	-	9,461	356,246	610,707	2%	
		Medicaid Quality and Incentive Payments	1,724,161	-	783,976	-	-	1,167,533	-	-	-	3,675,670	3,921,167	6,722,000	55%	
		Health Center Fees	942,554	1,639,757	7,028,670	17,117,082	23,530,174	-	879,898	1,351,428	-	52,489,562	63,904,344	109,550,304	48%	
	Self Pay Client Fees	-	-	53,548	142,697	166,981	-	140	1,698	-	365,064	708,616	1,214,770	30%		
	Beginning Working Capital (budgeted in FY20)	408,333	325,362	291,667	-	-	442,038	-	-	-	1,467,401	1,467,401	2,515,544	58%		
Revenues Total			4,816,744	7,938,551	8,353,732	17,290,309	26,552,766	2,019,863	2,316,736	3,120,220	-	72,408,920	87,663,625	150,280,499	48%	
Expenditures	Personnel	Permanent	3,353,975	3,362,602	5,769,414	2,533,986	10,511,113	1,363,176	999,266	1,463,623	514,477	29,871,631	33,101,924	56,746,156	53%	
		Premium	42,426	63,673	57,243	37,428	226,158	8,844	15,561	26,223	61	477,617	712,671	1,221,721	39%	
		Salary Related	1,250,892	1,282,502	2,175,001	931,517	3,838,658	513,791	394,048	518,620	191,120	11,096,150	12,923,393	22,154,388	50%	
		Temporary	97,608	31,757	194,868	34,866	546,602	59,803	10,279	173,743	-	1,149,525	1,023,137	1,753,950	66%	
		Insurance Benefits	1,097,385	1,054,489	1,725,525	642,849	3,007,728	396,176	348,042	438,839	176,462	8,887,494	9,818,170	16,831,149	53%	
		Non Base Fringe	21,757	6,141	43,147	4,393	129,721	16,848	1,142	35,355	-	258,503	242,125	415,072	62%	
		Non Base Insurance	6,117	2,601	4,229	601	25,166	1,118	183	9,228	-	49,244	74,215	127,226	39%	
		Overtime	20,358	14,447	146,937	573	188,888	11,229	1,616	10,884	4,507	399,438	186,017	318,887	125%	
		Personnel Total	5,890,518	5,818,211	10,116,364	4,186,212	18,474,033	2,370,985	1,770,136	2,676,515	886,627	52,189,602	58,081,652	99,568,547	52%	
	Contractual Services	County Match & Sharing	-	150,000	-	-	-	-	-	-	-	150,000	525,947	901,623	17%	
		Direct Client Assistance	3,325	151,493	749	-	2,606	-	135	19,079	206	177,593	47,198	80,910	219%	
		Pass-Through & Program Support	-	209,127	(225)	-	-	-	-	-	-	208,902	278,241	476,984	44%	
		Professional Services	241,952	15,543	111,387	36,765	742,472	2,936	12,188	29,452	3,339	1,196,033	1,863,522	3,194,610	37%	
		Contractual Services Total	245,277	526,163	111,910	36,765	745,078	2,936	12,323	48,530	3,545	1,732,527	2,714,907	4,654,127	37%	
		Internal Services	Indirect Expense	463,382	203,098	1,174,283	489,787	2,026,525	120,920	121,810	281,925	103,735	4,985,465	6,087,367	10,435,486	48%
			Internal Service Data Processing	438,300	541,247	766,922	955,797	1,753,702	190,771	311,196	309,460	81,940	5,349,336	5,902,341	10,118,298	53%
			Internal Service Distribution & Records	18,936	7,445	55,197	58,928	96,042	3,591	51,859	5,268	16,331	313,596	342,830	587,708	53%
			Internal Service Enhanced Building Services	61,589	53,037	86,770	30,171	148,050	18,991	19,350	9,365	427,323	601,422	1,031,008	41%	
	Internal Service Facilities & Property Manage		285,857	246,167	402,733	140,035	687,156	88,145	-	89,810	43,466	1,983,369	2,395,934	4,107,316	48%	
	Internal Service Facilities Service Requests		15,773	4,829	35,384	2,905	57,592	929	51,490	2,002	181	171,084	197,789	339,067	50%	
	Internal Service Fleet Services		475	12,668	11,639	-	-	205	171	45	-	25,203	33,790	57,926	44%	
	Internal Service Other		3,766	1,132	24,593	3,805	12,799	585	1,792	2,267	912	51,651	-	-	0%	
	Internal Service Telecommunications		33,782	48,792	30,333	9,979	107,863	11,908	19,457	14,781	4,837	281,731	463,552	794,661	35%	
	Internal Services Total	1,321,860	1,118,415	2,587,854	1,691,407	4,889,729	436,046	557,773	724,907	260,766	13,588,758	16,025,024	27,471,470	49%		
	Materials & Supplies	Cash Discounts Taken	-	-	-	(4)	-	-	-	-	-	-	(4)	-	0%	
		Communications	1,300	27	-	-	-	910	1,144	1,142	-	-	4,524	5,678	9,734	46%
		Dues & Subscriptions	185	1,233	1,606	640	6,168	-	10,917	280	365	21,395	94,632	162,227	13%	
		Insurance	-	-	-	-	-	156	-	-	-	156	-	-	0%	
		Pharmaceuticals	533	42	-	9,130,974	294,886	-	22,588	60,441	-	9,509,463	8,292,422	14,215,581	67%	
		Refunds	-	-	1,332	113	2,112	-	-	112	-	3,668	-	-	0%	
		Rentals	7,596	3,570	7,704	12,062	37,096	5,355	6,704	4,349	1,580	86,016	31,904	54,692	157%	
		Repairs & Maintenance	80	69	538	39	567	25	1,090	25	2,903	5,338	40,164	68,853	8%	
		Software, Subscription Computing, Maintena	87,725	1,070	2,714	70,126	19	1,717	-	-	-	163,370	63,328	108,562	150%	
Supplies		68,683	24,577	32,708	25,108	42,679	5,943	5,568	40,135	41,259	286,660	440,337	754,863	38%		
Local Travel		4,949	5,120	2,427	1,713	242	3,085	724	682	31	18,972	80,950	138,771	14%		
Medical & Dental Supplies		42,152	254	531,517	265	232,302	243	17,944	16,803	33,643	875,123	1,250,143	2,143,102	41%		
Training & Non-Local Travel		7,864	2,779	1,613	330	17,764	4,535	1,784	1,039	-	37,707	390,233	668,970	6%		
Utilities		-	-	-	-	-	-	-	-	2,251	2,251	-	-	0%		
Materials & Supplies Total		221,068	38,740	582,158	9,241,366	633,835	21,970	68,463	125,007	82,033	11,014,638	10,689,791	18,325,355	60%		
Capital Outlay	-	-	24,774	-	-	-	-	-	-	-	24,774	152,250	261,000	9%		
Capital Outlay Total	-	-	24,774	-	-	-	-	-	-	-	24,774	152,250	261,000	9%		
Expenditures Total			7,678,724	7,501,529	13,423,059	15,155,750	24,742,675	2,831,937	2,408,695	3,574,960	1,232,971	78,550,299	87,663,625	150,280,499	52%	
Net Income/(Loss)			(2,861,980)	437,022	(5,069,327)	2,134,559	1,810,091	(812,073)	(91,960)	(454,740)	(1,232,971)	(6,141,379)	-	-		
Total Beginning Working Capital from Prior Years (includes FY20 budgeted BWC)			2,402,217	43,917	2,588,938	-	41,715	2,834,609	2,000	-	-	7,913,395				



Multnomah County Health Department
Community Health Council - Fiscal Year 2021 YTD Actual Revenues and Expenses by Program Group

Notes:

Total Beginning Working Capital represents BWC reported on Ledger Account 50000

Administrative Programs include the following:

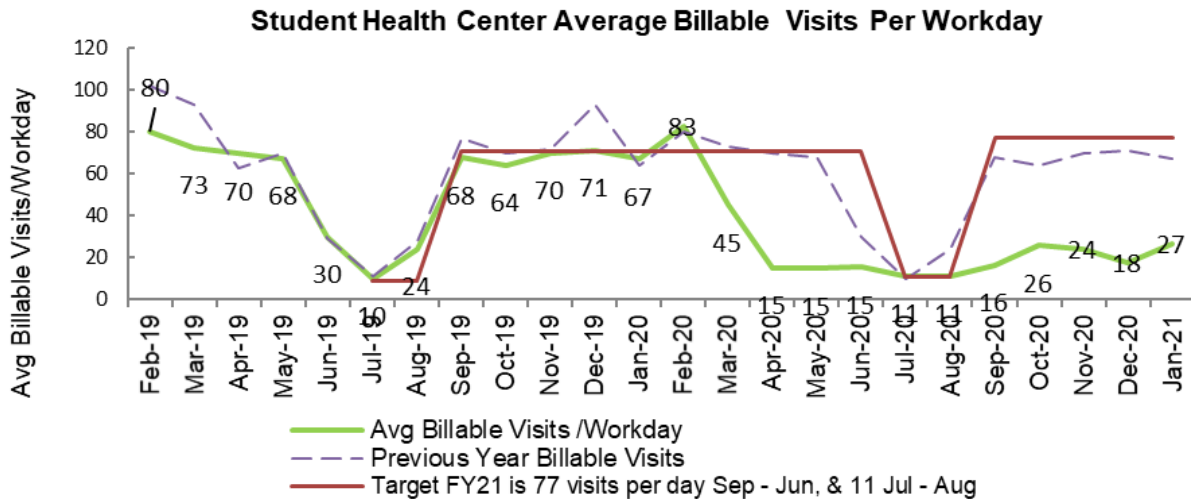
- > ICS Administration
- > ICS Health Center Operations
- > ICS Primary Care Administrative and Support

Non-ICS Service Programs include the following:

- > Direct Clinical Services - Behavioral Health Division
- > Maternal Child Family Health - Public Health Division



FQHC Average Billable Visits per day by month per Service Area



What this slide shows:

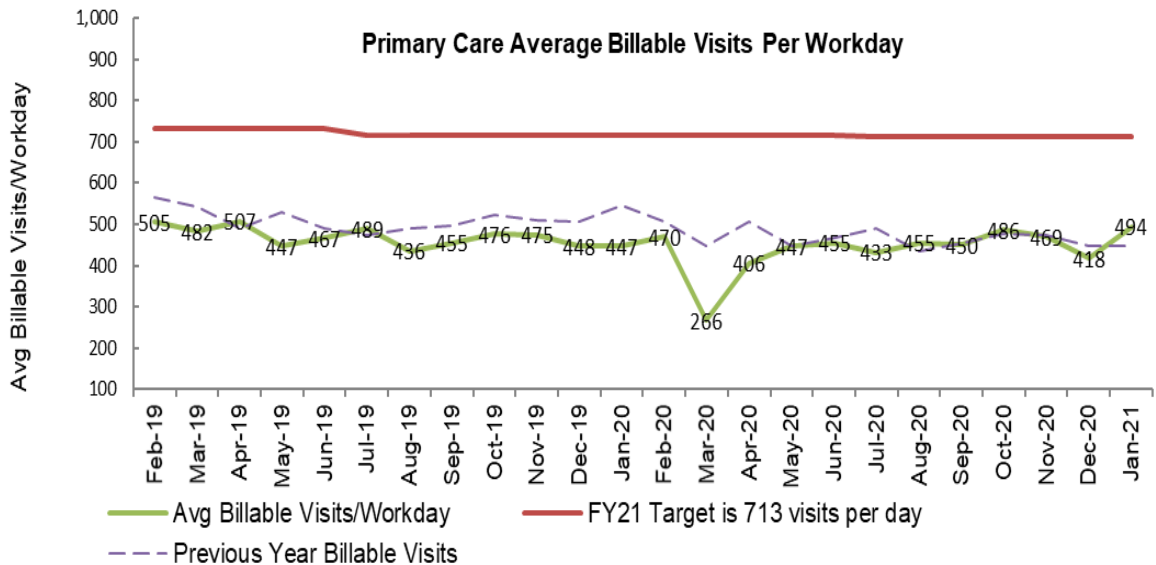
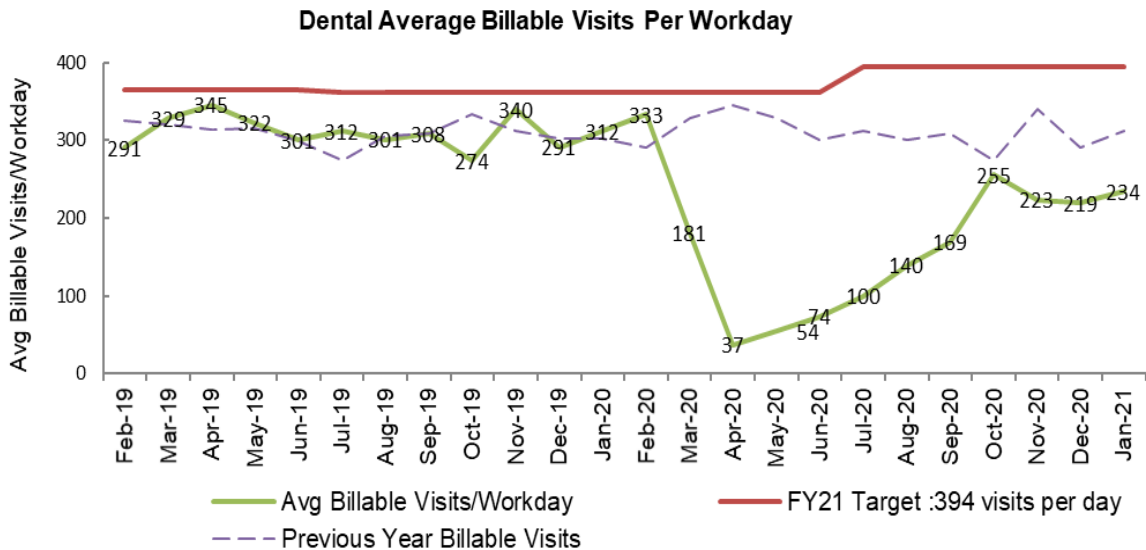
This report takes the total number of billable visits for a month and divides it by total number of work days for an Average Billable Visits per work day, and compares to a Target based on the total # of provider FTE.

Good performance = the green “actual average” line at or above the red “target” line

Definitions:

- Billable:** Visit encounters that have been completed and meet the criteria to be billed.
- Some visits may not yet have been billed due to errors that need correction.
 - Some visits that are billed
 - may not be paid, or not paid at the full billed amount, due to missing or incorrect documentation or coding, exceeding timely filing, or what is included in the insurance plan’s benefits.

Work Days: PC and Dental are based on number of days actually worked. SHC are based on days the clinics are open and school is in session.



Notes: Primary Care and Dental visit counts are based on an average of days worked.

School Based Health Clinic visit counts are based on average days clinics are open and school is in session. Schools closed an additional 7 days in March 2020 due to Covid-19 outbreak



Percentage of Uninsured Visits by Quarter

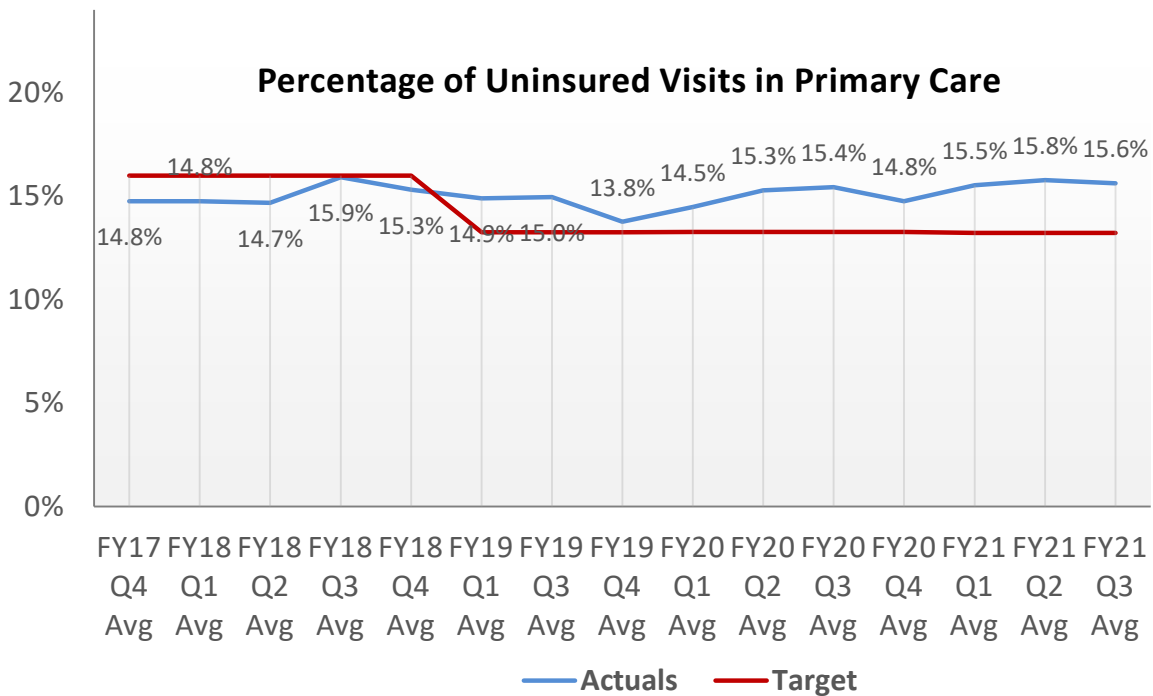
What this slide shows:

This report shows the average percentage of “self pay” visits per month.

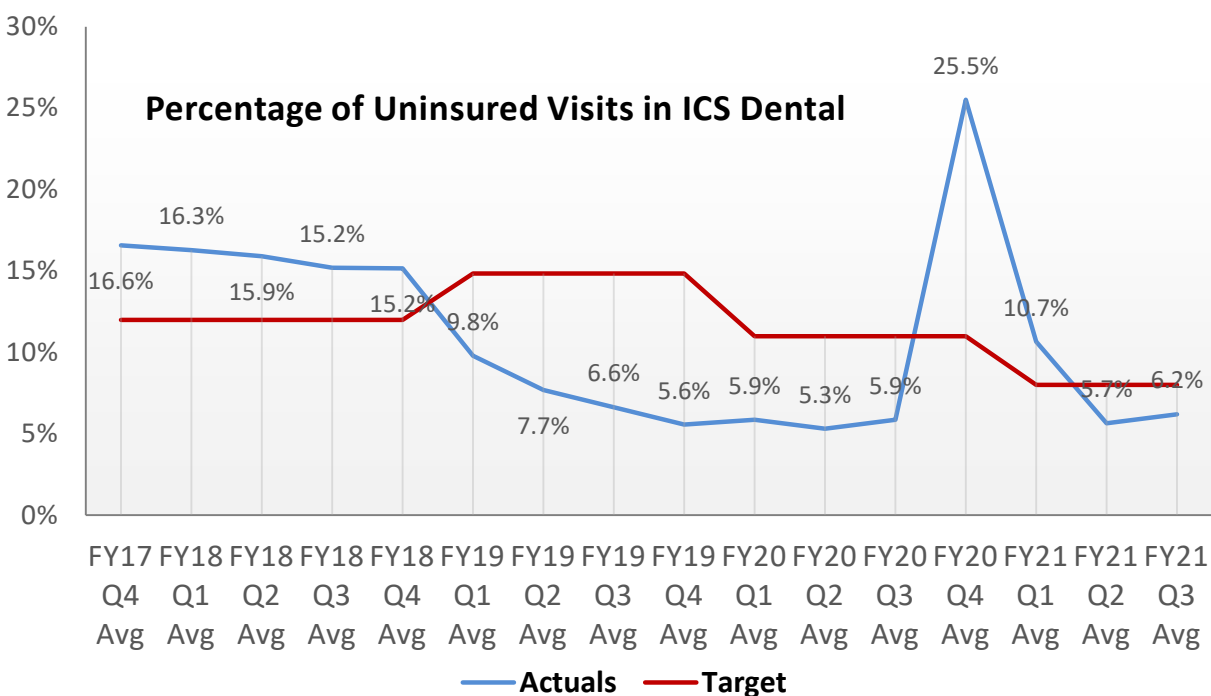
Good performance = the blue “Actual” line is around or below the red “Target” line

Definitions:

- Self Pay visits:** visits checked in under a “self pay” account
- Most “self pay” visits are for uninsured clients
 - Most “self pay” visits are for clients who qualify for a Sliding Fee Discount tier
 - A small percentage may be for patients who have insurance, but for various reasons have chosen not to bill the visit to insurance (confidential services, etc)



Comments:
Primary Care target % of Uninsured Visits for FY18: 16%; for FY19: 13.25%; for FY20 13.27%; FY21 13.23%
Dental target % of Uninsured Visits for FY18: 12%; for FY19: 14.85%; for FY20 11.00%; FY21 8%



Payer Mix for ICS Primary Care Health Center

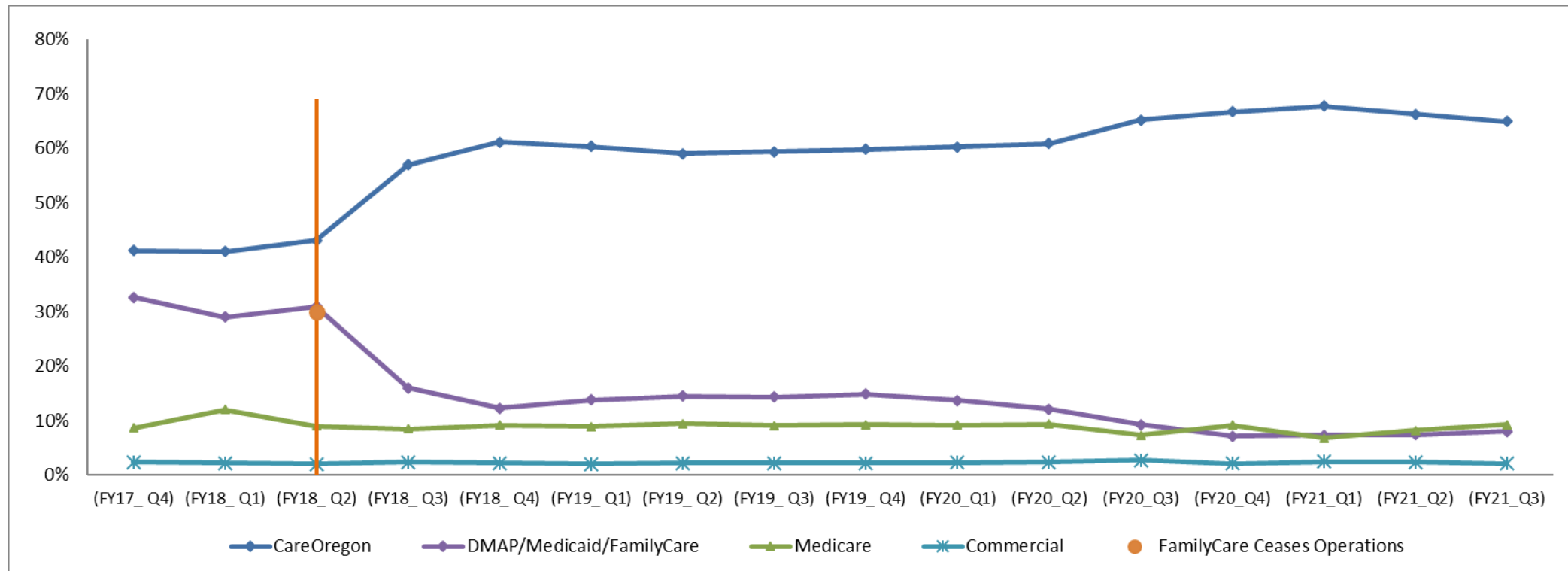
What this slide shows:

This report shows the percentage of total visits checked in to each payer for Primary Care (excludes SHC and HHSC).

This slide is not meant to assess “good performance,” but to understand the changes in payer mix. Deviations (such as closure of a Medicaid plan or changes in plan preferred providers) may mean changes in revenue and should be reviewed and explained.

Definitions:

Payer: Who will be billed/charged for the visit, based on the account that the visit was checked in under.



Notes: Payer Mix for Primary Care Health Service Center shows the percentage of patient visits per payer and per Quarter



Number of OHP Clients Assigned by CCO

What this slide shows:

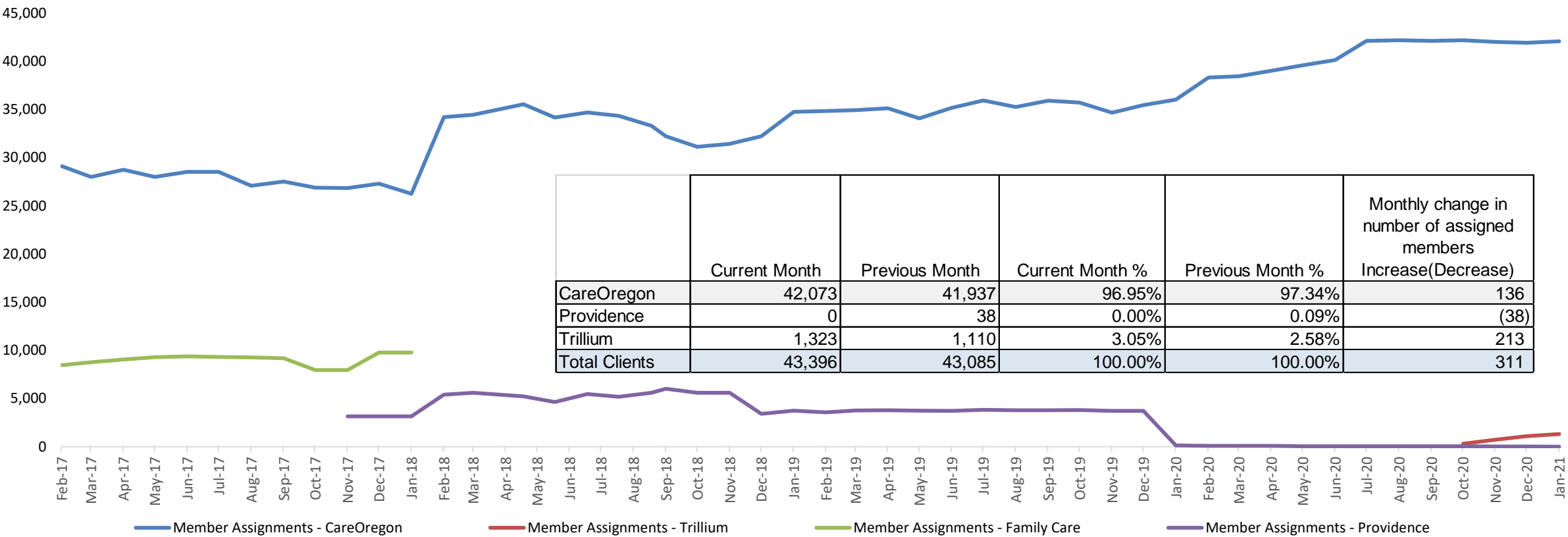
This report shows the total number of patients OHP has assigned to the Multnomah County Health Center Primary Care clinics. *NOTE: Not all of these patients have established care.*

Good performance = increased number of assigned patients, suggesting higher potential APCM revenue

Definitions:

APCM: Alternative Payment and Care Model (aka APM: Alternative Payment Methodology). In addition to billing for services, APCM payers also pay health centers a PMPM rate.

PMPM: Per-Member-Per-Month. PMPM ranges around \$40-60/month, depending on payer. This is only received if the patient is assigned to us by their OHP health plan AND meets criteria for being established and engaged in care (has a qualifying visit or care step)



CareOregon FY21 average 42,092 :: Providence FY21 average 38 :: Trillium FY21 average 868

- Trillium added October 2020



ICS Net Collection Rate by Payer Nov'20 – Jan'21 vs Jul'20 – Jan'21 (YTD)

	Nov'20 - Jan'21 Payments	YTD Payments	Nov'20 - Jan'21 Net Collection	YTD Net Collection
CareOregon Medicaid	3,371,981	7,304,108	99%	99%
Commercial	168,494	372,867	79%	82%
Medicaid	256,629	631,000	95%	95%
Medicare	468,033	1,168,082	97%	98%
Reproductive Health	27,261	71,994	100%	99%
Self-Pay	142,545	345,888	23%	25%
	\$4,434,943	\$9,893,940		

What this slide shows:

This report shows effectiveness in collecting reimbursements by Service Group

The benchmark for Net Collection Rate is 90% - 100%. Over 95% is ideal per HFMA

Definitions:

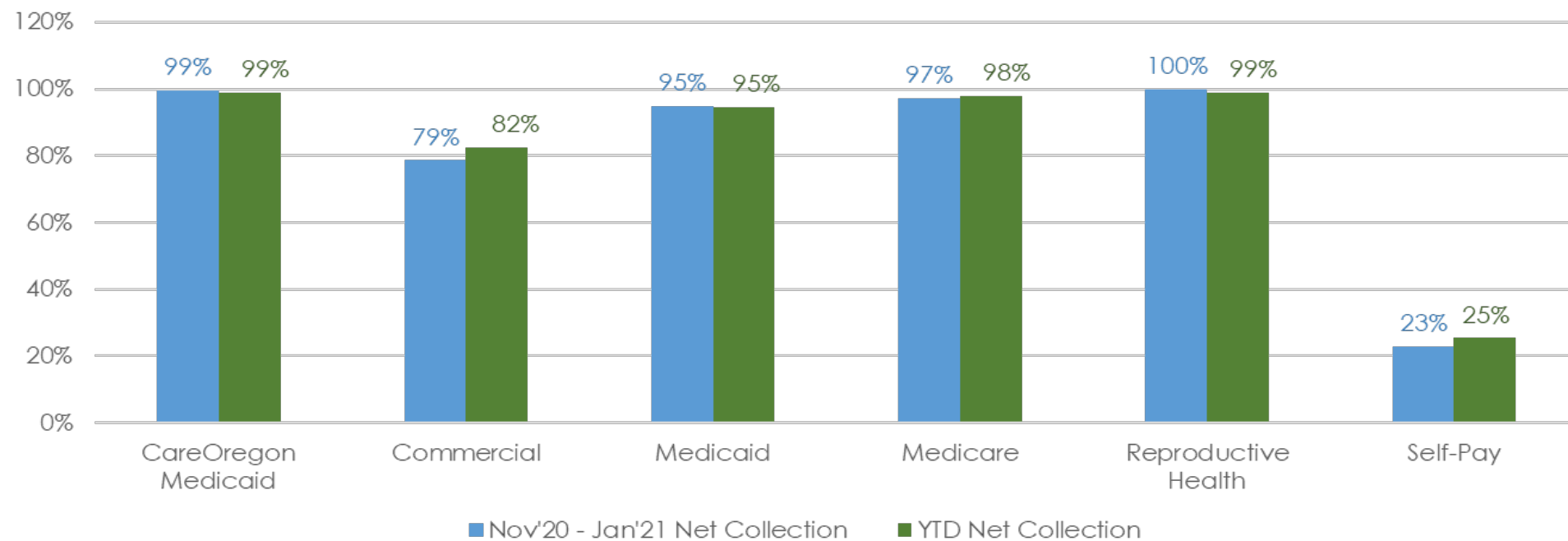
Net Collection Rate % = Payments / Payments + Avoidable

Avoidable: Bad Debt, Write-off Past Untimely Filing and DX Not Covered.

Payments: What we received from each payer, based on contacted rates (for insurance plans) and Sliding Fee Discount fees (for self pay)

** Previous reports used calendar year for YTD. Beginning Jan'21 fiscal year is being used for YTD for more consistency.

Net Collection Rate by Payer



ICS Net Collection Rate by Service Group Nov'20 – Jan'21 vs Jul'20 – Jan'21 (YTD)

	Nov'20 - Jan'21 Payments	YTD Payments	Nov'20 - Jan'21 Net Collection	YTD Net Collection
MC Dental	\$ 1,490,552	\$ 2,788,091	97%	96%
MC HSC Health Service Center	\$ 209,082	\$ 548,891	96%	92%
MC Pharmacy - Self Pay Only	\$ 59,666	\$ 146,053	33%	38%
MC Primary Care	\$ 2,550,378	\$ 6,168,902	87%	88%
MC School Based Health Centers	\$ 125,265	\$ 242,004	97%	95%
	\$4,434,943	\$9,893,940		

What this slide shows:

This report shows effectiveness in collecting reimbursements by Service Group

The benchmark for Net Collection Rate is 90% - 100%. Over 95% is ideal per HFMA

Definitions:

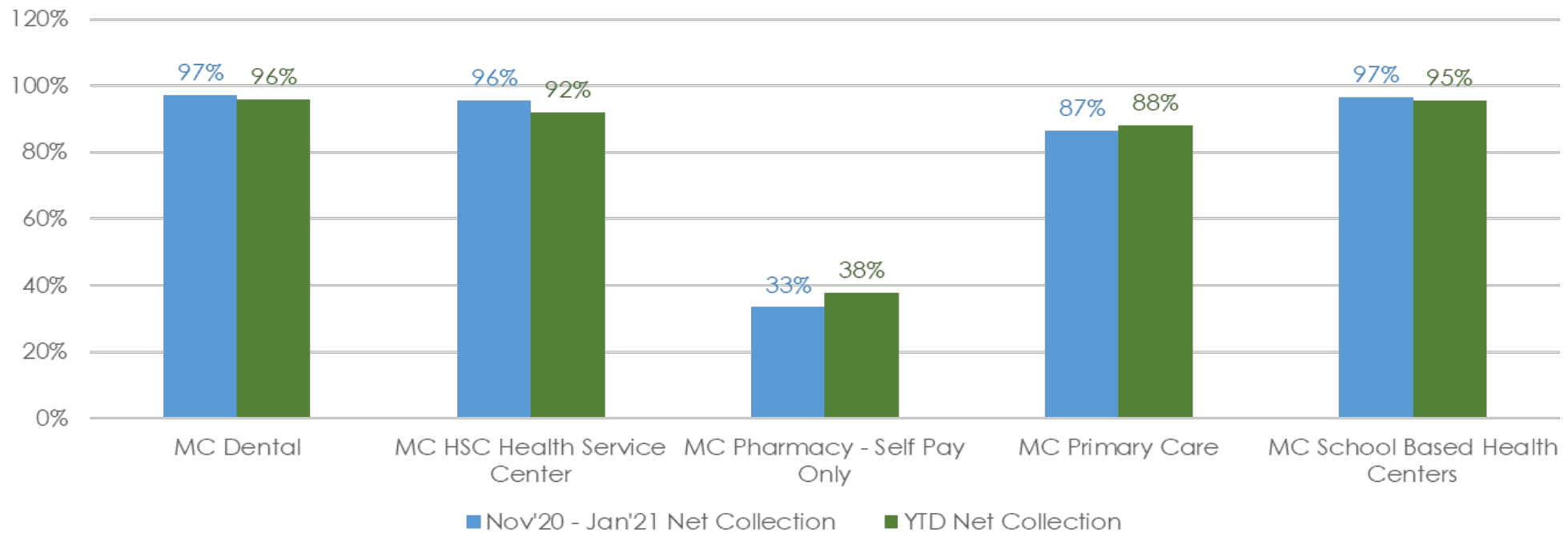
Net Collection Rate % = Payments / Payments + Avoidable

Avoidable: Bad Debt, Write-off Past Untimely Filing and DX Not Covered.

Payments: What we received from each payer, based on contacted rates (for insurance plans) and Sliding Fee Discount fees (for self pay)

** Previous reports used calendar year for YTD. Beginning Jan'21 fiscal year is being used for YTD for more consistency.

Net Collection Rate by SVC Group



FY 22 Budget Overview

(20 min)

Jeff Perry
Chief Financial Officer

No Action



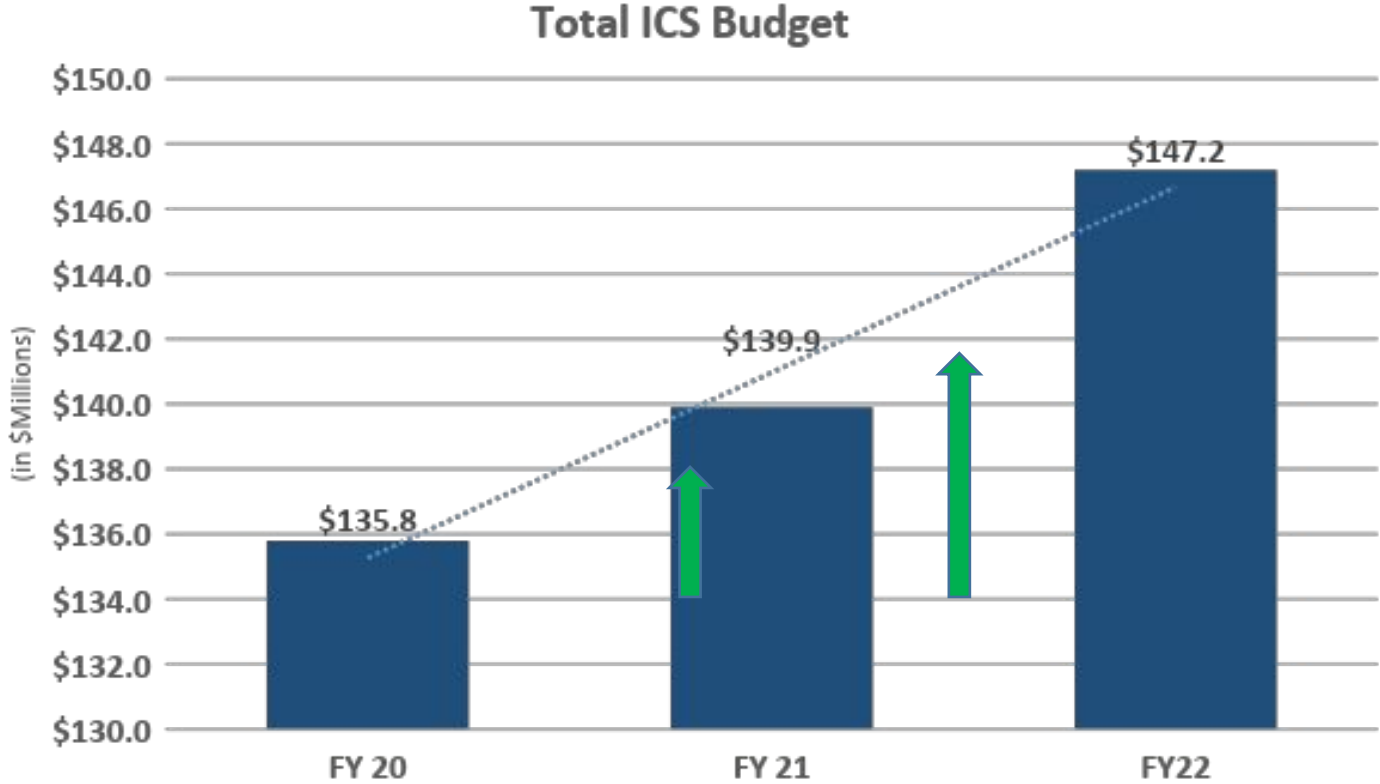
FY 22 Budget Timing



- February 4- Phase 1 Budgets Submitted
- March 16 – ICS to Finalize Budgets
- March 18 - Review Final Version of FY 22 Budget with Finance Committee
- April 12 – Present Final Budgets to the CHCB
- April 22 – County Chair Publishes County Budgets
- May 3 or 8 – Health Dept Budget Presentation to County Board
- May 22 – County Board Budget Adoption



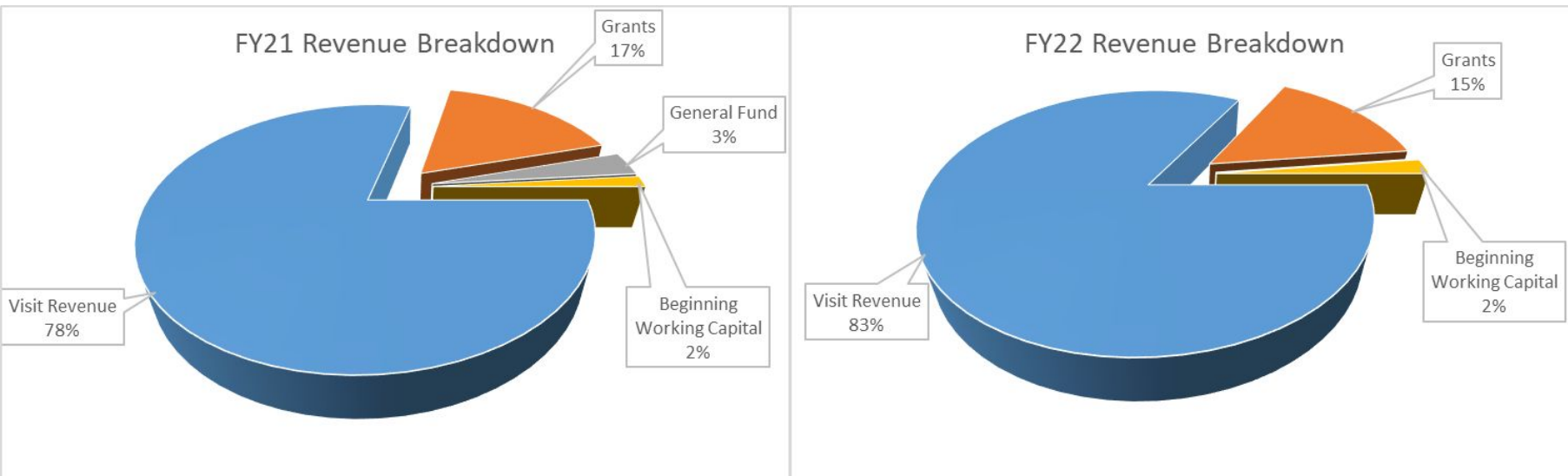
ICS Budget Trend



ICS Budgeted Revenue by Category



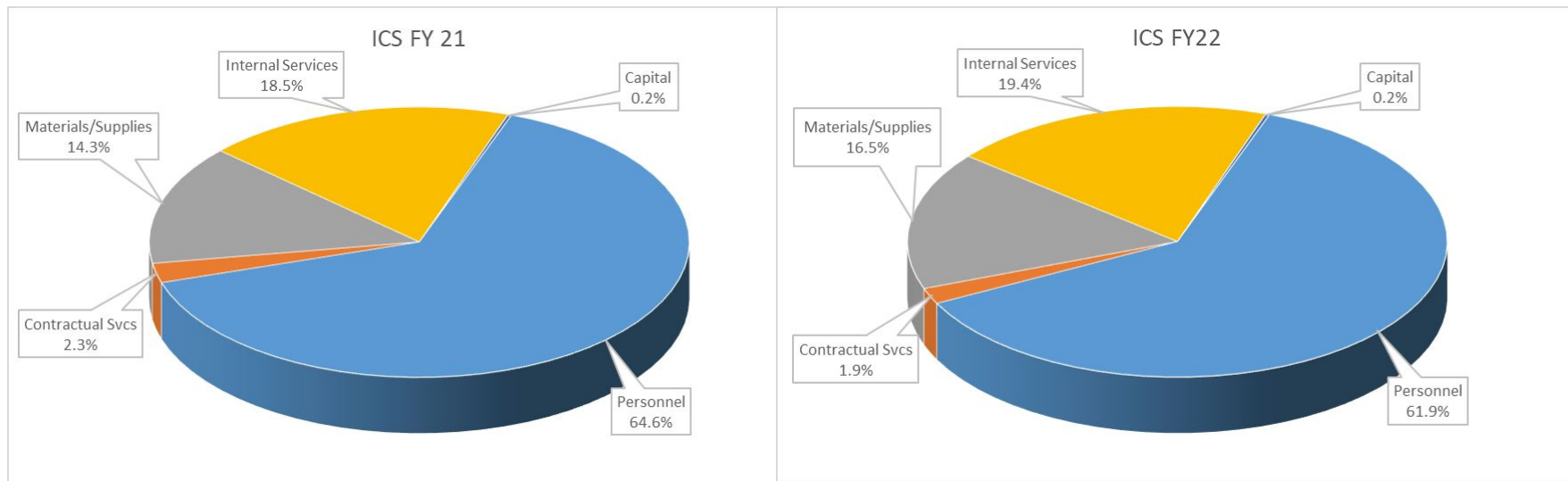
(FY21 Budget \$139.9M – FY22 Budget \$147.2M)



ICS Budget Expense by Category



(FY21 Budget \$139.9M – FY22 Budget \$147.2M)



Overhead Rate Allocations FY22 Budget



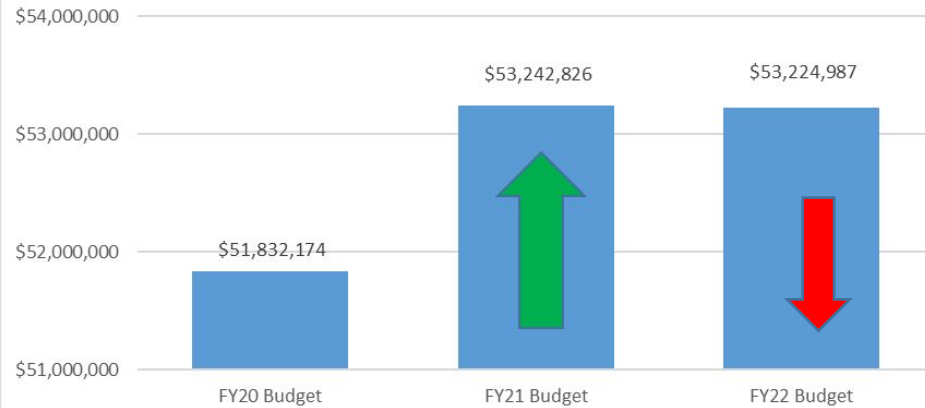
- Indirect Rate Allocation for ICS - 11.7%
 - Central – 2.53%
 - Health Department – 9.17%
- Internal Services Rate Allocation – 19.4%
- Currently working through details behind the allocations



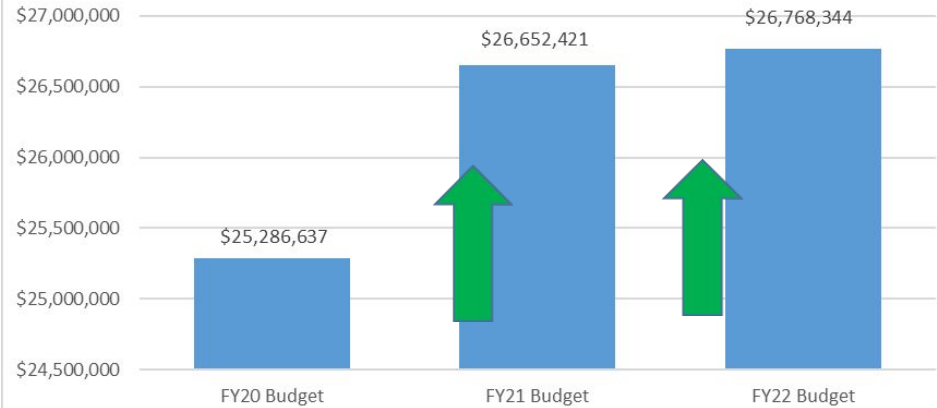
FY 2022 Budget by Program



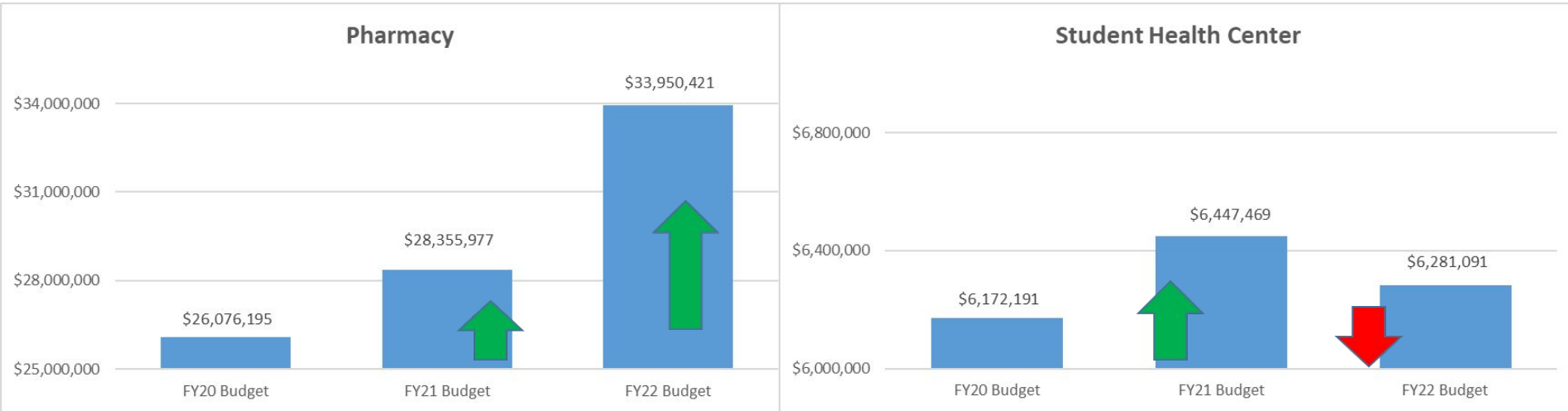
Primary Care Clinics



Dental Clinics



FY 2022 Budget by Program



Title:	Quality Improvement		
Policy #:	ICS.01.44		
Section:	Integrated Clinical Services	Chapter:	General
Approval Date:	<u>March 8, 2021</u> 2/11/2018	Approved by:	D. Shatzel, RN, BSN <u>D'Agostini</u> /s/ ICS Interim Quality Director T. Marshall <u>H. Odhiambo</u> , Chair /s/ Community Health <u>Center</u> Board <u>council</u>
Related Procedure(s):		ICS QI Procedure Reproductive Health Program	
Related Standing Order(s):		N/A	
Applies to:		Programs requiring Quality Improvement (QI) procedures to meet/exceed standards/targets for compliance	

PURPOSE

Promote a culture of quality within Integrated Clinical Services (ICS) with the philosophy of continuous quality improvement (CQI) among management and staff for service delivery and population health outcomes. This policy establishes a quality improvement and quality assurance program for the health center program, the Integrated Clinical Services division and related services.

DEFINITIONS

Term	Definition
Quality Assurance (QA)	Systematic monitoring or evaluation to ensure that requirements or standards of quality are being met.
Quality Improvement (QI)	The use of a deliberate, systematic and continuous effort to achieve measurable improvements in identified indicators of quality care.
Key Performance Indicators (KPI)	Performance measure/data reports to evaluate performance.

POLICY STATEMENT

The Quality program objectively, systematically and continuously monitors, evaluates and makes improvements to assure the quality of services provided to the ~~target population~~the people served at the Multnomah County Community Health Centers. ICS regularly generates KPI measures to monitor and address metrics not meeting goals.

Each year, the Health Center~~ICS~~ creates an annual Quality Plan, which is approved by the Community Health ~~Council~~Center Board, including various identified goals based on regulatory requirements and ~~national~~industry standards and best practices to assist leadership to identify quality improvement priorities. Activities are identified, iimplemented and ~~progress~~evaluated according to the time frame indicated for the activity. ICS provides assessment reports to other agencies as required.

The Quality Program is managed by the Quality Director with clinical oversight by the Medical Director. The program will be responsible for assessing:

- The quality of health center services;
- Patient satisfaction and the outcomes of patient grievance processes;
- The utilization of Hhealth Ccenter services, consistent with evidence-based guidelines; and
- The status of activities around any safety and adverse events, including follow-up actions, as appropriate.

PROCEDURES AND STANDING ORDERS

Methods to collect KPI/data

1. Review of Medical Records (OHA Required Activity):
 - Perform reviews of medical records, or random chart audits, on a regular basis to assess proper charting and provision of quality care. Select chart audits across providers and types of services; may be conducted by designated leadership, or performed as a group activity such as during a staff meeting. Provide to appropriate staff identified areas of improvement. Leadership determines the number of medical records reviewed and frequency.

2. Client or Customer Satisfaction Surveys

- Conduct regular Client Satisfaction Surveys to determine the patient's perspective related to the quality of care to report as performance metrics.
- ICS will participate in the Customer Satisfaction Survey process conducted by various accrediting and regulatory agencies, if required.

3. Direct Observation

4. Audits

5. Interview with Staff

6. Staff Feedback

Conditions to meet when initiating change

1. Communication to key stakeholders findings and recommendations
2. Educate affected staff of changes
3. Train affected staff of new procedure
4. Practice/apply new procedure at work
5. Sustain using a monitoring system

REFERENCES AND STANDARDS

- Health Resources & Services Administration (HRSA). (2017). [Health Center Program Compliance Manual](#).
- HHS.gov Title X Family Planning. (2017) retrieved from <https://www.hhs.gov/opa/title-x-family-planning/index.html>
- The Joint Commission Standards (TJC). (2017) Retrieved from [https://www.jointcommission.org/standards information/standards.aspx](https://www.jointcommission.org/standards-information/standards.aspx)

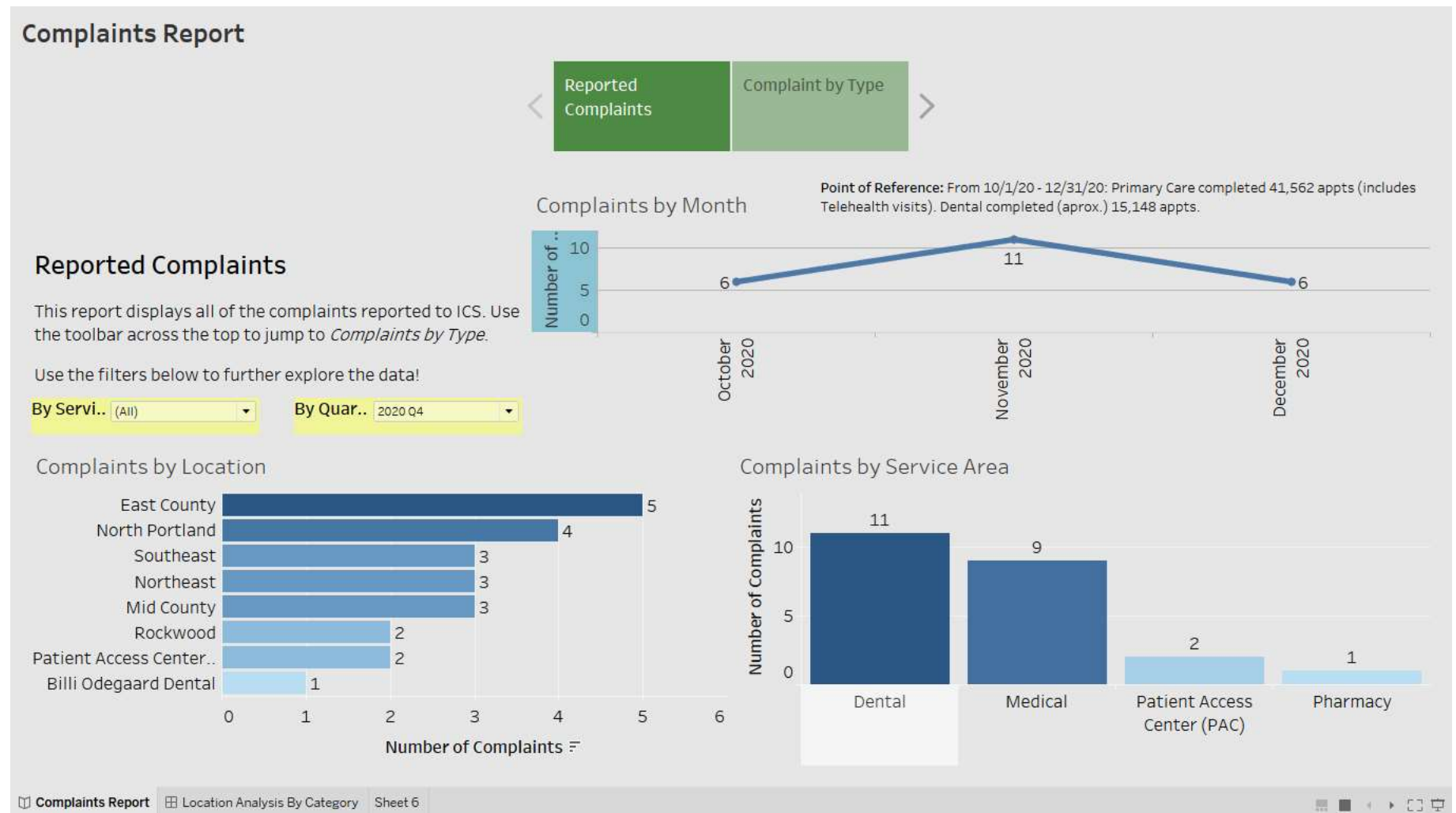
RELATED DOCUMENTS

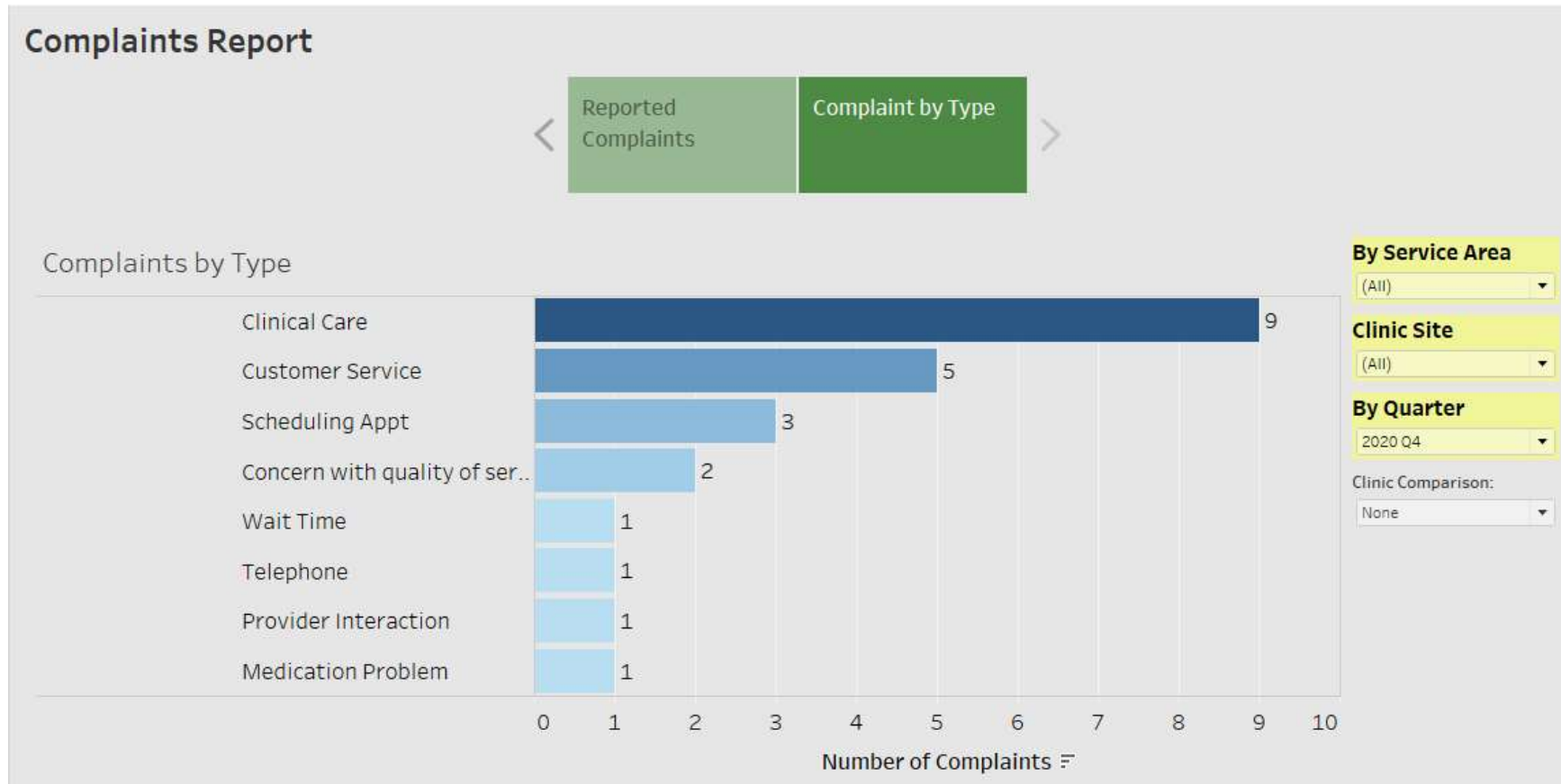
~~otherwise specified~~

Name	
Attachment A — ICS Quality Management Plan	
Attachment B — Complete Template to create a “QI plan” for ICS Programs providing service delivery and population health outcomes	
Attachment C — MCHD Reproductive Health Program (Title X) QI Procedure	

POLICY REVIEW INFORMATION

Point of Contact:	B. D’Agostini D. Shatzel – Interim ICS Quality Director
Supersedes:	N/A





Incidents Report

Reported Incidents	Incident by Type	Reported Pharmacy Med Dispensing Errors	Med Dispensing Error by Type	Definitions
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Point of Reference: From 10/1/20 - 12/31/20: Primary Care completed 41,562 appts (includes Telehealth visits). Dental completed (aprox.) 15,148 appts.



Reported Incidents

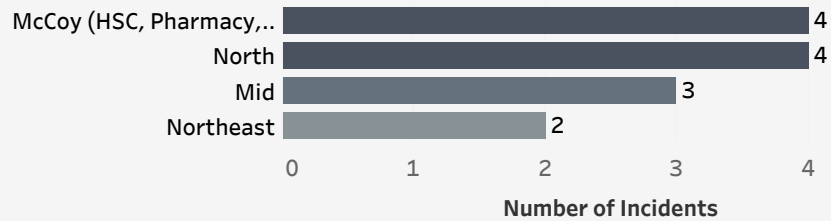
This report displays all of the incidents reported to ICS.

By Servi.. All

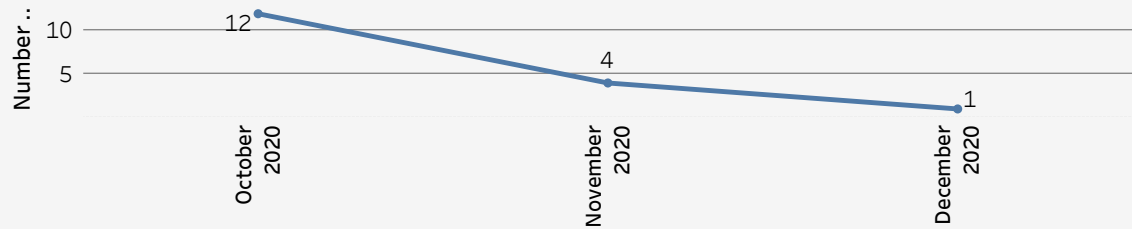
By Quar.. 2020 Q4

Subject .. Client

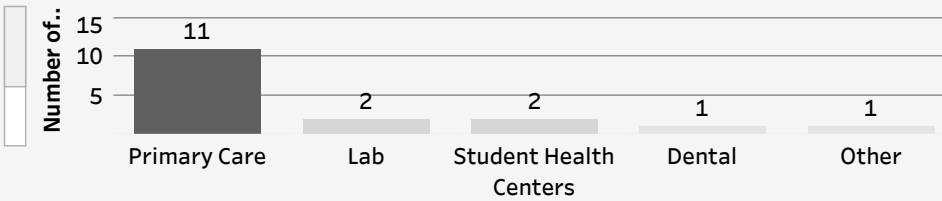
Incidents by Location



Incidents by Month



Incidents by Service Area



Incidents Report

Reported Incidents	Incident by Type	Reported Pharmacy Med Dispensing Errors	Med Dispensing Error by Type	Definitions
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Type of Incident

Suicide Attempt	5			
Clinical Care	3			
Sentinel Event (an event which is an unexpected oc..	3			
Immunization Error - Wrong Timing/Interval	1			
Immunization Error - Wrong Vaccine (LASA)	1			
Lab Related	1			



Use the filters below to further explore the data!

By Quarter:
2020 Q4

By Service Area
All

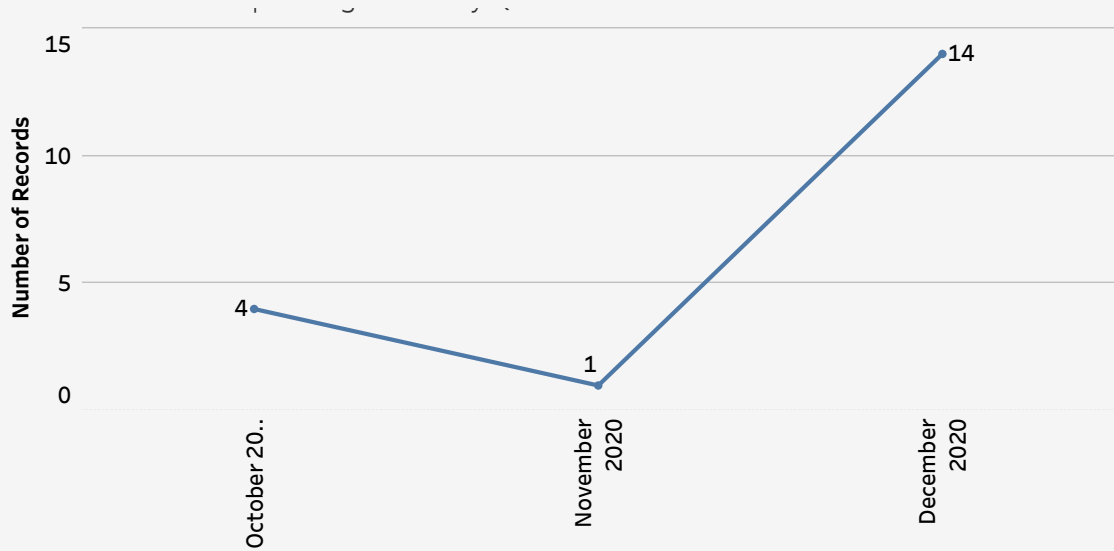
Clinic Site
All

Subject Person:
Client

Incidents Report

Reported Incidents	Incident by Type	Reported Pharmacy Med Dispensing Errors	Med Dispensing Error by Type	Definitions
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Point of Reference: In Q4 MCHD Pharmacies filled 92,411 prescriptions.



Use the filters below to further explore the data!

Quarters

2020 Q4

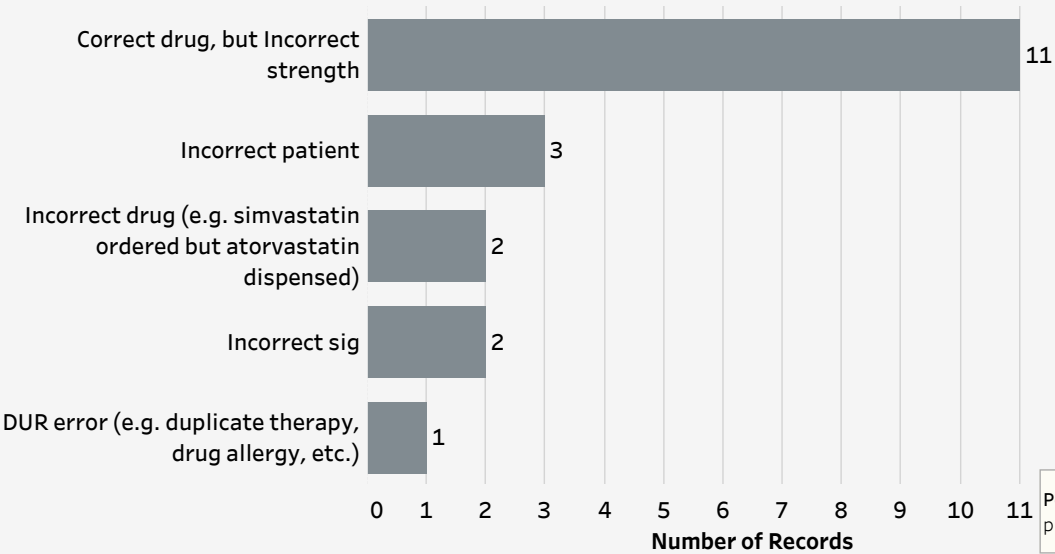
By Pharmacy

All

Pharmacy Name

Incidents Report

Reported Incidents	Incident by Type	Reported Pharmacy Med Dispensing Errors	Med Dispensing Error by Type	Definitions
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Use the filters below to further explore the data!

Quarters

2020 Q4

By Pharmacy

All

Point of Reference: In Q4 MCHD Pharmacies filled 92,411 prescriptions.

Incidents Report

Reported Incidents	Incident by Type	Reported Pharmacy Med Dispensing Errors	Med Dispensing Error by Type	Definitions
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Term	Defintion
Immunization Error	Onsite administration of: <ul style="list-style-type: none">- An immunization that is not indicated for the patient- An immunization that was already given- An immunization that was contraindicated- The wrong immunization- An immunization to the wrong patient- An immunization at the wrong interval
Incident	Any event (or near miss) that is not consistent with the routine operation of MCHD services and has resulted in a preventable adverse consequence, or the risk thereof. Some incidents may be identified after being reported by clients/patients in the form of a documented complaint.
Medication Administration Error	Onsite administration of: <ul style="list-style-type: none">- The wrong medication- The wrong dose- The wrong route of administration

SEHC Repair Project Schedule Delay



(15 min)

Ryan Francario
ICS Project Manager
No Action



- ICS and Facilities Management were alerted that the Project needed to be rebid due to bid errors made by the contractors, resulting in 3 month delay
- DCA, ICS, Facilities, and Procurement leadership convened to assess and mitigate impact to ICS
- Project was rebid 2/19/2021
- New Project Schedule has tentatively been confirmed and has support of ICS leadership and staff in Dental, Primary Care, Pharmacy, and SEHC Clinic management
- Patient Communications had not been released yet, all staff notified



Revised SEHC Repair Project Schedule

July 2021 - January 2022

Feb - March 2021	May 2021	July 2021	Nov - Dec 2021	January 2022
<p>Project Rebid</p> <p>Procurement Negotiations</p> <p>Contract Execution</p>	<p>SEHC Patient and Community Partners notified</p> <p>FAC-1 presented to Board</p>	<p>Dental and Primary Care services and staff relocate 7/12</p> <p>Construction begins 7/14</p>	<p>Patients notified of service transfer and clinic reopen</p> <p>Appointment s scheduled for return at SEHC</p>	<p>Construction complete 1/7</p> <p>Staff transfers back to SEHC 1/10-1/14</p> <p>Operations expected to resume in full by 1/21</p>

New SEHC Repair Project Schedule Milestones

- **4/30/2021:** Patient and community partner communications mailed
- **5/3/2021:** Electric communications sent: email, text, MyChart, prescription bag inserts begin
- **7/12/2021:** Staff and Clinic operations begin at new sites
- **7/14/2021:** Construction begins
- **11/15-12/5/2021:** Tentative patient outreach regarding service transfer back
- **1/7/2021:** Scheduled construction completion
- **1/10-1/14/2022:** Primary Care and Dental staff, operations return to SEHC
- **1/21/2022:** Full capacity operations expected to resume by this date



SEHC Repair Project

FAQs (Frequently Asked Questions)



What's happening at SEHC?

Southeast Health Center Primary Care and Dental Clinic services will be relocated while the building is renovated July 2021 - January 2022. Dental and Primary care appointments will continue without any change until July 2021, transfer to other MCHD Clinics by July 12-14, 2021, and will fully reopen at Southeast Health Center January 2022.

Southeast Health Center Pharmacy Services will remain open and ready to fill your prescriptions as usual during this time, during regular business hours.

During the renovation, Multnomah County will be repairing and replacing beams, windows, and siding. The project will remodel the waiting area to increase your comfort and install a new checkout system. This is a temporary change and we look forward to seeing you again in the improved clinic in January 2022.

What do I need to do?

If you have recently moved or changed your phone number, please call the Patient Access Center to update your contact information at (503) 988-5558, or log in to your My Chart portal by visiting www.mychart.ochin.org. If you have an appointment scheduled at the SE Health Center now through July 2021, don't worry! We will see you without needing to change or reschedule your appointment.

When will I hear more from you?

Patients will be receiving more information about this project by mail and email in May 2021.

How will I be able to get care during construction?

Patients are encouraged to call the Patient Access Center at (503) 988-5558 to schedule in-person and telehealth Primary Care and Dental visits with their providers. Patients have the option to schedule with their primary care provider at another clinic or at the MCHD clinic of their choice July 2021 - January 2022.

I'm a patient at the Southeast Health Center. Where should I call to schedule a medical or dental appointment?

Primary care: (503) 988-5558 | Dental: (503) 988-6942

For information about the SEHC Repair Project, please email
2021SEHCRepairProject@multco.us

SEHC Repair Project

Temporary Service Changes



Some services will be impacted while the SEHC is closed for repairs. Here's what you can expect during the construction period of July 2021 - January 2022.

What to expect:

Do I need to do anything?

Primary Care



Your appointment and provider will be relocated to another County Health Clinic July 2021 - January 2022.

You will have a choice in what clinic your appointment will be scheduled at. You can also have a telehealth (video appointment) with your provider.

Your appointments and providers will return to the Southeast Health Center in January 2022.

We are handling any changes for you!

Appointments for April-October 2021 will be scheduled at another clinic and provider of your preference.

Please confirm your address on file is correct. We will be updating patients in May 2021 and December 2021 by mail, phone, text and email.

Dental



Your appointment and provider will be relocated to another County Health Clinic July 2021 - January 2022.

You will have a choice in what clinic your appointment will be scheduled at. You can also have a teledental (video appointment) with your provider.

Your appointments and providers will return to the Southeast Dental Clinic in January 2022.

We are handling any changes for you!

Appointments for April-October 2021 will be scheduled at another clinic and provider of your preference.

Please confirm your address on file is correct. We will be updating patients in May 2021 and December 2021 by mail, phone, text and email.

Pharmacy



No changes to pharmacy hours or services.

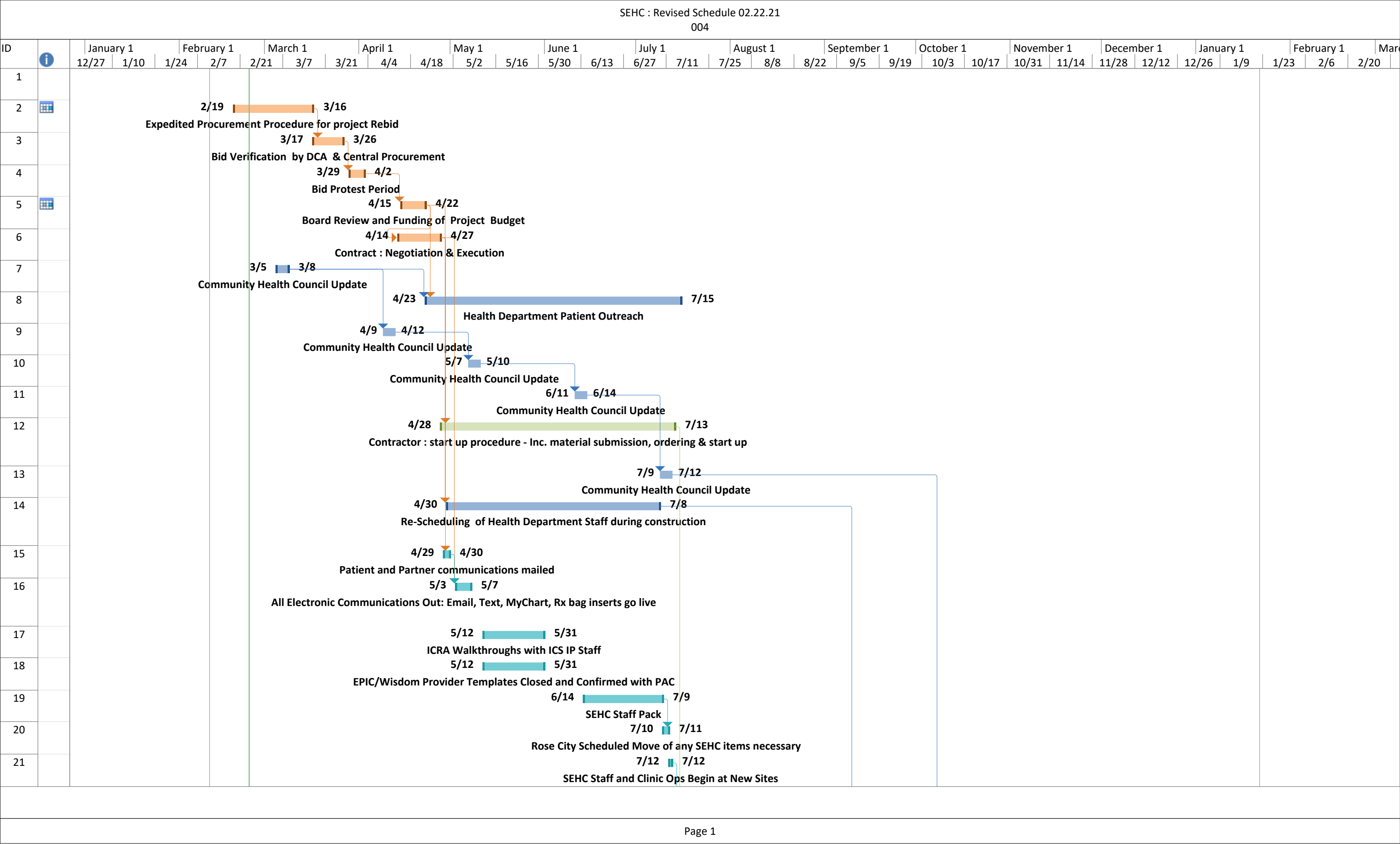
You will still be able to fill and pick up your prescriptions without any change to services.

No changes. Refill and pick up prescriptions as usual.

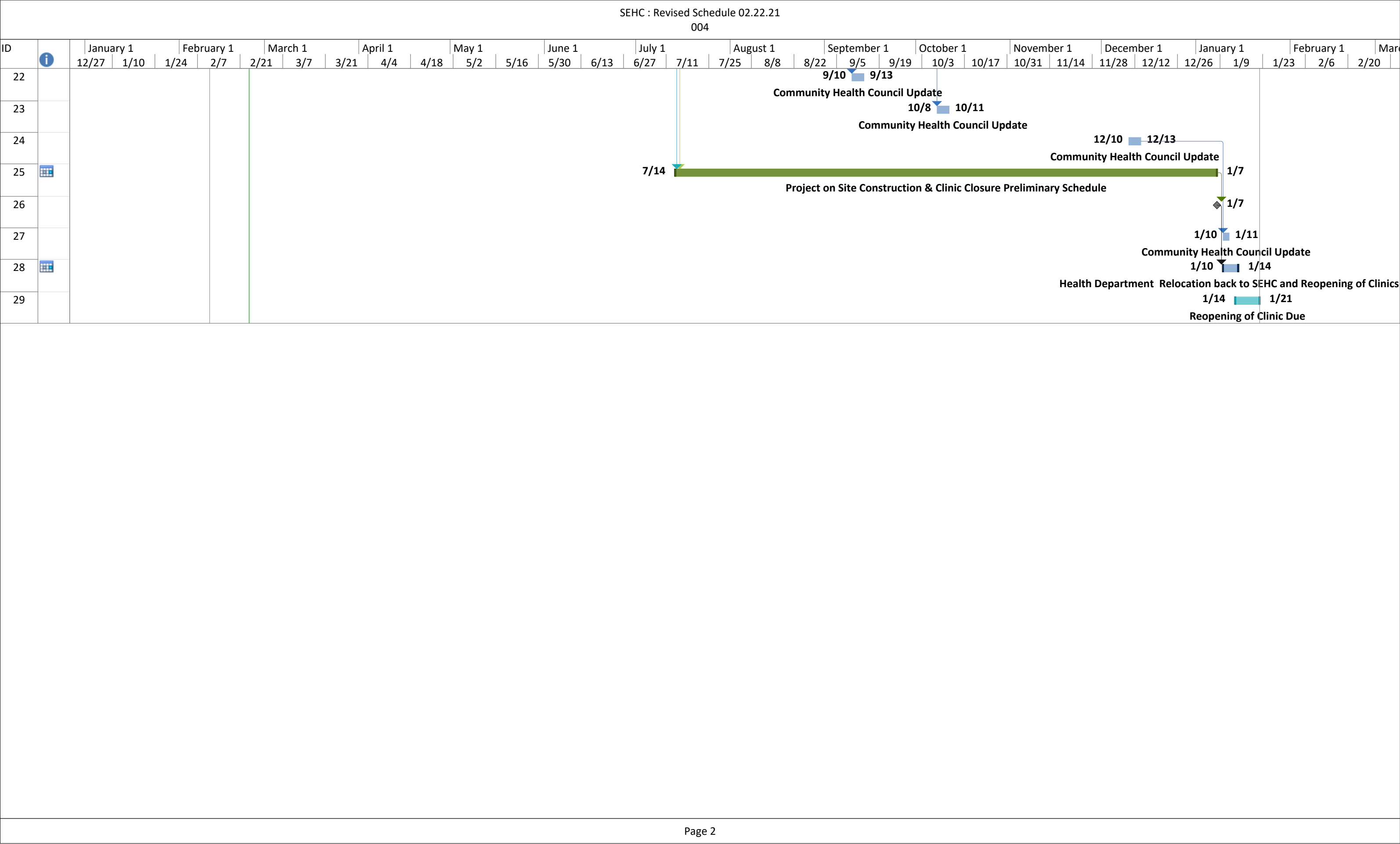
90-day prescription refills are available*.

*as permitted by insurance and client policies

I'm a patient at the Southeast Health Center. How do I schedule a medical or dental appointment?
Primary care: (503) 988-5558 | Dental: (503) 988-6942



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