

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

April 2, 2020 @ 11:00 am

Meeting Location: Teleconference Call Information - 831-454-2222: Code: 850702
1080 Emeline Ave., Bldg. D, Santa Cruz, CA 95060

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. March 5, 2020 Meeting Minutes – Recommend for Approval
4. Quality Management Committee Update
5. 300.08 Referral Tracking Policy – Action Required
6. 300.24 Outside Normal Business Hours Advice by Telephone – Action Required
7. 520.05 After-Hours Availability of Medical Records – Action Required
8. 700.01 Medical Emergency Procedures – Action Required
9. County of Santa Cruz Clinic Services Division Emergency Operations Plan (EOP) – Action Required
10. Review data on self-pay patients and total out of pocket cost for FY 18-19 comparing chronic illness and non-chronic illness patients
11. Financial Update
12. CEO/COVID-19 Update

Action Items from Previous Meetings:

Action Item	Person(s) Responsible	Date Completed	Comments
Bring updated corrected UDS report.	Raquel		
New Calendar with back up meeting dates.	Mary		
Keep Commission updated on novel coronavirus (COVID-19)	Amy		
Medication Management Therapy. Report back on this topic at the next meeting.	Raquel		

Next meeting: May 7, 2020 11:00 am- 1:00 pm
1080 Emeline Ave., Bldg., D (DOC Conference Room, 2nd Floor) Santa Cruz, CA 95060

The County of Santa Cruz Integrated Community Health Center Commission

Minute Taker: Mary Olivares

Minutes of the meeting held March 5, 2020


Attendance	
Christina Berberich	Chair
Len Finocchio	Vice Chair
Caitlin Brune	Member at Large
Rahn Garcia	Member
Dinah Phillips	Member
Pamela Hammond	Member
Marco Martinez-Galarce	Member
Amy Peeler	County of Santa Cruz, Chief of Clinic Services
Raquel Ramirez Ruiz	County of Santa Cruz, Senior Health Services Manager
Julian Wren	Administrative Services Manager
Mary Olivares	Admin Aide
Meeting Commenced at 11:02 am and Concluded at 12:31 pm	
Excused/Absent:	
Excused: Gustavo Mendoza	
1. Welcome/Introductions	
2. Oral Communications:	
3. Consideration of Late Additions to the Agenda;	
<p>Rahn motioned to add an emergency declaration to today's agenda. This item came to the attention of the Commission after the agenda was posted. Dinah second, the rest of the members present were in favour.</p> <p>Action: Rahn made a motion to join the Board of Supervisors declaration of a local health emergency based on an imminent threat to public health from the novel coronavirus (COVID-19) in the United States and in neighbouring Santa Clara County. Dinah second, and the rest of the members present were in favour.</p>	
4. February 6, 2020 Meeting Minutes - Action item	
<p>Caitlin had a few changes to February 6, 2020 Minutes.</p> <ol style="list-style-type: none"> 1. Item 4 – correction of spelling HIPAA 2. Item 4 – Add findings to finish sentence. 3. Item 6 - Ability to Pay needs to be capitalized, and correct mis-spelled word. <p>Rahn moved to accept as amended, Pam second, and the rest of the members present were in favour.</p>	
5. Quality Management Committee Update	
<p>Raquel presented a copy of the Quality Management Report. She reviewed the HSA strategic plan overview, Clinic Services Division strategic plan overview and timeline and the three focus areas: organizational culture, operational excellence and community collaboration. Raquel stated they developed goals, strategies and objectives and the team is aiming to meet every other week to complete the project. Other updates Raquel reported on was that the Santa Cruz Health Center and the Homeless Persons Health Project are going to start a Diabetes quality improvement project similar to the Watsonville Health Center. Every month they will pull a report of patients with uncontrolled A1C (over 9) the MA will call the patient for an appointment. Commission member Pam suggested the Clinic Services Division should consider adding chair yoga for patients because it is very gentle and safe. Raquel also mentioned that the Watsonville Health Center is "prescribing" produce to patients on a regular basis for overweight children through a program called Receta Vegetal. The patients will receive a produce box from a local garden program. HPHP is exploring the idea of hosting a foot clinic, for patients with diabetes. The Alliance approached the Watsonville Health Center regarding Medication Management Therapy. Raquel stated this is a pilot project proposal and will report back on this topic at the next meeting. Raquel also reported there were two mortalities, no issues to report at the Peer Review Committee. The Peer Review Committee plan to host a chart review party on a quarterly basis to review other providers charts and then will provide constructive 1:1 feedback, and then global feedback with the providers as a group.</p>	
6. 620.03 Risk Management Plan – Action Required	

Risk Management Plan, Policy 620.03 was brought for approval. Rahn moved to approve as presented, Caitlin second, and the rest of the members present were in favour.
7. 200.03 Credentialing and Privileging – Action Required
Credentialing and Privileging, Policy 200.03 was brought for approval. Rahn moved to approve as presented, Caitlin second, and the rest of the members present were in favour.
8. 130.02 Continuous Quality Improvement Plan – Action Required
Continuous Quality Improvement Plan, Policy 130.02 was brought for approval. Rahn moved to approve as presented, Caitlin second, and the rest of the members present were in favour.
9. 130.01 Patient Grievance Process – Action Required
Patient Grievance Process, Policy 130.01 was brought for approval. Rahn moved to approve as presented, Caitlin second, and the rest of the members present were in favour.
10. County of Santa Cruz Clinic Services Division Emergency Operations Plan (EOP) – Action Required
Raquel presented the Emergency Operations Plan for approval. The purpose of the Health Services Agency, Clinic Services Division Emergency Plan (EOP) is to establish a basic emergency program to provide timely, integrated and coordinated response. Raquel stated this is a living document and will need to be revised to address specific areas in the appendices. Rahn made a motion to accept the DRAFT, Dinah second and the rest of the members present were in favour. Rahn also stated in future meetings would like to discuss the evolution of the Emergency Operations Plan.
11. Review and approve Revised draft 100.03 HSA Billing FO Policy Procedures – Action Required
HSA Billing FO Policy Procedures, Policy 100.03 was brought for approval. Rahn moved to approve, Dinah second, and the rest of the members present were in favour.
12. Review and approve Revised draft 100.04 HSA Billing Ability to Pay Policy Procedures – Action Required
HSA Billing Ability to Pay Policy Procedures, Policy 100.04 was brought for approval. Rahn moved to approve, Dinah second, and the rest of the members present were in favour.
13. Review data on self-pay patients and total out of pocket cost for FY 18-19 comparing chronic illness and non-chronic illness patients.
This item was tabled for next Commission Meeting Agenda.
14. Operational Site Visit and Commission Attendance
Commission members discussed who would be able to attend the HRSA Operational Site Visit on April 14 th from 12-1:15. It was decided that Dinah, Len, Pam and Rahn will be in attendance. Commission members were also invited to the entrance of the conference from 9-10 the same day. The exit of the conference will be April 16 th from 11-12, Len, and Christina will be in attendance. Caitlin un-sure of availability will try to attend.
15. Financial Update
Julian stated he still has two positions to fill in the Business Office, and that he has completed Clinics proposed budget for FY 20/21. He presented the fiscal updates. He stated overall visits remain relatively flat with a couple of exceptions: SCHC visits are up 12% compared to this time last year, WHC Visits are up 7% compared to this time last year, and Watsonville IBH is up 2% compared to this time last year. Other items discussed: Total aging of claims - he stated we remain slightly less than 13 weeks ago, Visits - this report showed Medical Billing Productivity, Financials Report - are as of 1/31/20 We are currently \$3,923,672 ahead of where we were last FY currently in revenue and we are currently scrutinizing our spending, reviewing contract and prioritizing expenditures to help HSA budget for this fiscal year.
16. CEO update
Amy reported on novel coronavirus (COVID-19). She stated that at this moment we do not have any one positive and there was one person tested. There are three criteria for testing for the novel coronavirus (COVID-19) CDC stated that providers can use their own judgement if they need someone tested. The clinics only have six tests available for the entire County and that Quest Labs will be able to start testing next week. Amy stated that the County is getting prepared. There was much discussion within the Commission on COVID-19. Amy to keep Commission updated on any information related to COVID-19. Amy also stated we are actively recruiting for Medical Director.
Action items: •

Next Meeting: April 2, 2020 11:00 am - 1:00 pm
1080 Emeline, Santa Cruz, CA

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

(Date)

SUBJECT: Referral Tracking	POLICY NO.: 300.08 PAGE 1 OF 7	 COUNTY OF SANTA CRUZ HEALTH SERVICES AGENCY
SERIES: 300 Patient Care and Treatment	EFFECTIVE DATE: February 2017	
APPROVED BY: Amy Peeler, Chief of Clinic Services	REVISED: August 2018 Dec 2018 March 2020	Clinics and Ancillary Services

GENERAL STATEMENT:

This policy is to promote continuity of patient care and standardize the process for initiating arranging, following up, establishing reasonable time frames and documenting patient referrals. Health Service Agency Services Agency Clinic Services Division (HSA) strives to facilitate timely referral appointments for our patients with appropriate specialists. We track those referral orders through to receiving consult notes/results, providing that information to providers, and scanning results into the electronic health record (EHR). HSA-Clinic Services Division will maintain a referral process in accordance with industry standards to assure quality of care for our patients.

POLICY STATEMENT:


Our policy is to maintain a highly reliable, closed-loop referral tracking system to ensure appropriate care for our patients with a focus on reducing missed and delayed diagnoses. We strive to refer patients for services deemed important to ensure accurate diagnosis and treatment as well as for services indicated by practice guidelines. We aim to coordinate the care of our patients with shared care partners in ways that facilitate prompt and reliable exchange of information, assist patients with navigating the healthcare system, and track all referrals through to provider acknowledgement, cancellation or patient no-show (and unable to reschedule).

DEFINITIONS:

Referrals are defined as services that are initiated and ordered by a licensed healthcare provider to be completed by the patient at a facility outside of the primary care clinic they attend. This includes diagnostic studies, pregnancy related services, dental care, consults with specialists and any other services the primary care physician (PCP) considers necessary for the health and well-being of the patient. For the purpose of this policy, the referral procedures are for full referrals and not merely recommended services (e.g., Alcoholics Anonymous (AA), Women, Infants & Children (WIC), dental referrals).

Staff: A general term referring to Nurses (RNs), Medical Assistants (MA) or Referral Center (RC) Staff who are processing referrals.

Emergency Referrals: Referrals that must be processed (described below) by the medical assistant (MA) within 24 hours. Every attempt should be made to schedule the patient prior to leaving the clinic. MA must notify the provider if patient is not scheduled within 24 hours or other timeframe specified by the provider.

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Urgent Referrals: Referrals that must be processed within 24 to 72 hours. Staff must call servicing provider to confirm referral was received and advise specialist of referral status.

Routine Referrals: Referrals that must be processed (described below) within 10 business days. All patients with routine referrals must be scheduled within 60 days of the referral order date. Staff must notify the provider if unable to schedule a patient within the 60-day timeframe. Routine referrals should be closed within 120 days.

Processed Referral: a referral that includes the following

1. Prior authorization documented, if required; and
2. Information faxed to specialist/servicing provider; and
3. Referral status updated to appropriate status – see Table 1

No-Show: patient fails to call or reschedule appointment and does not show up for appointment with the specialist/servicing provider.

Patient Declined: having been informed of the risks, benefits and alternatives, the patient declines the referral exercising their freedom to decide.

Staff: A general term referring to Nurses (RNs), Medical Assistants (MA) or Referral Center (RC) Staff who are processing referrals.

TABLE 1 – Referral Status Options

Referral Status Options in Epic	
New Request	Referral order that has been entered into Epic by ordering PCP and signed
Open	Referral order has been entered into Epic by ordering PCP, signed and staff have
	1. Obtained prior authorization if applicable
	2. Provided the specialist office with the required documentation
Closed	3. Made notes and updated status of the referral order
	Any of the following:
	1. Consult report placed in provider box
	2. Consult report received in Epic
	3. Patient no-shows twice to scheduled appointment (documented in Epic and ordering provider is notified)
4. Patient declines (documented in Epic and ordering provider is notified)	
5. Unable to contact patient after three calls and a letter	


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TABLE 2 – Scheduling Status Options

Scheduling Status Options in Epic
Ready to Schedule
Some Visits Scheduled

PROCEDURE/POLICY:

A. INITIATING A REFERRAL ORDER:

1. When the provider determines that a patient needs a referral, a referral order will be entered into Epic and will automatically fall into the referral queue once the order is signed by the provider. The provider will designate the priority of the referral as emergency, urgent or routine.
2. Staff reviews the referral queue on a daily basis and identifies the priority level of the referral.
 - a. If the referral is prioritized as emergency, the referral must be processed within 24 hours.
 - i. Appointments for emergency referrals should be made by the MA prior to the patient leaving the clinic.
 - ii. If the referral is made when the patient is not in the clinic, the staff must call and speak to the patient or their representative/guardian. ~~The staff can leave a voice message with the following information~~ An example of an appropriate message is: "My name is _____ from Watsonville Health Center. Please have _____ (patient's name and last name) return our call to 763-_____" "Mi nombre es _____ del centro de Salud de Watsonville. Por favor _____ (nombre y apellido del paciente) regresar nuestra llamada al teléfono 763-_____"
 - iii. The staff must ensure that the patient is informed of the referral appointment, location, phone number, date and time. If the staff is unable to speak to the patient or patient's representative, the staff must inform the referring provider verbally ~~and in-basket-in-basket~~ message to the provider.
 - b. If the referral is ordered as urgent, the staff must process the referral within 24 to ~~75-72~~ hours.
 - c. If the referral is ordered as routine, the staff must process the referral within 10 business days.
 - i. If the patient schedules own appointment, the staff will generate a Referral Authorization Form, which will be sent to the appropriate payer

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(i.e., Central California Alliance for Health) and faxed to the referral site. The staff will inform patients to contact specialist/servicing provider within 10 business days to schedule an appointment and to call the Referral Center with appointment, which will be documented in the Epic.

- ii. If the staff makes the appointment, the staff must ensure that the patient is informed of the referral appointment location, phone number, date and time. Staff will change status of the referral to "Scheduled" and will document the appointment on Scheduling/External appointment in the Epic referral module.

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3. The patient must receive the referral information necessary to follow-through on their appointment – location, phone number, date and time, and this must be documented in the Epic Referral Module. The staff must also note when and how the patient was given the referral information in the Epic Referral Module.


- a. The patient may be told in person, prior to leaving the clinic, or by telephone and/or mailed letter after leaving the clinic.
- b. The communication must be documented on the "General Referral Note Section" in Epic. These notes can be seen by the provider when the referral is opened through chart review.
- c. The instructions to the patient shall include: the office or facility of the referral, the street address, the telephone number, the fax number, the date and time of the appointment.
- d. The patient shall be advised it is their responsibility to contact the office they are referred to if they are unable to keep their appointment, running late or to re-schedule.
- e. Patient shall be advised to contact referring provider's clinic if appointment was rescheduled or canceled.

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4. The staff will verify that the demographic information, medication list, problem list and any specific information required by specialist/servicing- provider is included as part of the referral.

5. The Referral Authorization Form from payer (i.e. Central California Alliance for Health), clinical referral, and the clinical summary will be faxed to the specialist/servicing provider by the staff. Copies will be given to the patient to hand carry to their appointment, if the appointment is made while they are in the clinic. Not all referrals require prior authorization from payer.

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B. REFERRAL CENTER

1. Tracking and Status Reports


- a. On a monthly basis Health Center Management (HCM) will provide-retrieve and monitor the following with two reports:
 - i. Percentage open > 90 days
 - ii. Total referrals, open referrals and new referrals.
- b. On a quarterly basis HCM will provide Medical Director, Nurse Supervisor, and staff with quarterly versions of the reports described above.
- c. If indicated, a report will be provided to the staff with all any or all of the following:
 - i. Referrals not processed within 10 business days
 - ii. Referrals not scheduled within 90 days
 - iii. Referrals open beyond 120 days
- d. If necessary, the staff will report back to Health Center Management (HCM) with explanations of why any of the categories of referrals exceeded acceptable timeframes as outlined in this policy and procedure.

2. Referral Queue Workflow

- a. The staff will work the Epic referral queue on a daily basis.
 - i. "Pending Schedule" – by ascertaining both specialist and patient availability, get patient scheduled and ensure patient has the necessary information. Document in referral notes on Scheduling Status/external appointment in the Epic referral module. Change the status from "Pending Schedule" to the correct option from table 1.
 - ii. "Scheduled" – check if report has arrived or if it is accessible through SCHIE or Care Everywhere (and has been routed to provider), change status from "Scheduled to Closed"; enter general note stating report received and routed to provider who ordered the referral.
 - iii. If no consult note/results within 10 days of appointment, staff will call the specialist/service provider to request that note/results get faxed to (831) 763-8201.
- b. Consult notes/results received via fax
 - i. Staff will affix ordering provider's stamp and write patient Medical Record Number on document. Report will be routed to ordering provider.

SUBJECT: Referral Tracking	POLICY NO.: 300.08 PAGE: 6 OF 7	
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- ii. Within 10 business days, the ordering provider will review, sign and date in space designated by the stamp and send report to be scanned, if necessary.
 - iii. Within five business days, signed reports from ordering provider will be scanned by Medical Records (MR) into the patient chart. MR will notify the staff if that goal cannot be reached.
- c. Goal is to ensure that all consult notes/results are faxed to one fax machine: (831) 763-8201.
- d. "No-Shows" and "Declines"
 - i. For the first "No Show", the staff will call patient at least two times and ask if they intend to go to the specialist/servicing provider. The staff will facilitate rescheduling if patient is interested. The staff will send letter to patient requesting they call the Referral Center within the next week. If no response to letter within two weeks, staff will close the referral and notify referring provider via in-basket and wait for instructions. (Use options from Table 2)
 - ii. If patient did not show for their appointment for second time; the staff will close the referral and include a notation of why the referral was closed. The MA will send a letter to the ~~patient, and patient and~~ notify the referring provider via ~~in-basket~~ message that the referral has been closed and why. The provider may then decide on the next step.
 - iii. If the patient declines, the staff will notify referring provider via in-basket message, document in the medical record and close referral. If patient decides to proceed with the consulting specialist/servicing provider, the staff will instruct patient to schedule own appointment, assist patient if necessary and document in the patient chart, as above. (Use options from Table 2)
- e. All pending/scheduled referrals will be identified as a part of pre-visit planning. The care team will engage the patient, as appropriate, for all outstanding referrals. If the patient confirms they have been seen by the specialist/servicing provider, the MA will check the health information exchange (HIE) first. If the referral report is in the HIE, the MA will move it into the chart. If the report is not in the health information exchange (HIE) the MA will call the specialist/servicing provider for consult notes/referral and will change the status to Closed, if/when the documents are received and given to ordering provider for review.

<p>SUBJECT: Outside Normal Business Hours Advice by Telephone</p> <p>SERIES: 300 Patient Care & Treatment</p> <p>APPROVED BY: Amy Peeler, Chief of Clinic Services</p>	<p>POLICY NO.: 300.24</p> <p>PAGE: 1 OF 2</p> <p>EFFECTIVE DATE: December 2011</p> <p>REVISED: June 2017 <u>March 2020</u></p>	 <p>COUNTY OF SANTA CRUZ HEALTH SERVICES AGENCY</p> <hr/> <p>Clinics and Ancillary Services</p>
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GENERAL STATEMENT:

It is the policy of the County of Santa Cruz Health Services Agency (~~HSA~~) Clinic Services Division that patients have timely access to interactive clinical advice to communicate over the telephone with a provider outside of normal business hours in a manner that is culturally and linguistically appropriate.

It is the policy of the ~~HSA~~ Clinic Services Division that clinical advice by telephone outside of normal business hours is communicated only to patients who are established with the ~~HSA's clinics~~ Clinic Services Division Health Centers.

It is the policy of the ~~HSA's Clinics~~ Clinic Services Division that communication outside of normal business hours (and during business hours) by telephone is performed and documented in the patient's medical record in a manner that is consistent with medical and legal prudence.

PROCEDURE:


Patients can seek and receive clinical advice from an on-call provider employed by ~~HSA~~ the Clinic Services Division by telephone when the office is closed in addition to when the office is open.

~~HSA~~ The Clinic Services Division establishes a monthly schedule for on-call providers which can be found on the intranet site.

Patients are informed of the availability of outside of normal business hours coverage service when they establish care with an ~~HSA Clinic Services Division Health Center~~ clinic, on the front door of the clinics as well as on every appointment reminder card. The number is also stated on the outside of normal business hours message.

When patients call an ~~HSA~~ Health Center ~~clinic~~ during usual operating hours they hear a recording that informs them:

1. Of the ~~Clinic's~~ Health Center's usual business hours.
2. To call 911 for a medical emergency.

SUBJECT: Outside Normal Business Hours Advice by Telephone	POLICY NO.: 300.24 PAGE: 2 OF 2	
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3. Of the telephone number for the on-call provider.

Once the patient is connected to the answering service, the operator on duty at the answering service:

1. Obtains the caller's name, the patient's full name, the patient's date of birth, the primary provider name, and the reason for the call.
2. Identifies the correct provider and contacts him or her.

The provider contacts the patient within 30 minutes of receiving the call. The provider provides the patient with advice related to his or her needs. All communications are documented in the patient's medical record in a manner that is consistent with medical and legal prudence.

If there is no response to the operator's call within 30 minutes from the on-call provider, the operator on duty at the answering service performs one or more of the following steps, listed in sequential order:


1. Calls the provider on call.
2. Attempts to contact the on-call provider at his or her secondary contact number.
3. Calls the appropriate medical director.
4. Contacts the medical director on his or her secondary contact number.

The operator reports unsuccessful attempts to contact the on-call provider to the HSA-Clinic Administration email or telephone call the next morning.


If applicable, the operator reports unsuccessful attempts to contact the on-call provider to the HSA-Clinic Administration email or telephone call the next morning.

All communication is thoroughly documented in the patient's record, including the content of the communication, the provider, and date and time.

The HSA-Clinics Services Division strive to employ and make available providers who ~~are able to~~ can speak in the language of its patients. ~~In the event that~~ If a patient cannot be accommodated with a provider fluent in the patient's language, the provider is responsible for initiating a three-way conference call with the HSA's Clinic Services Division interpreter service. All calls will be handled in a manner that is culturally appropriate.

SUBJECT: Outside Normal Business Hours Advice by Telephone	POLICY NO.: 300.24 PAGE: 3 OF 2	 The seal of Santa Cruz County, California, featuring a central figure holding a scale, surrounded by the text "THE GREAT SEAL OF THE COUNTY OF SANTA CRUZ" and "1850".
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As with any form of patient communication and documentation, unprofessional remarks or comments in telephone communications are prohibited. Confidentiality of patient information ~~is maintained at all times~~ is always maintained to protect the integrity of protected health information (PHI).

<p>SUBJECT: After-Hours Availability of Medical Records</p> <p>SERIES: <u>500</u> <u>Medical Records</u></p> <p>APPROVED BY: Amy Peeler, Chief of Clinic Services</p>	<p>POLICY NO.:</p> <p style="text-align: center;">520.05</p> <p>EFFECTIVE DATE: December 2011</p> <p>REVISED: March 2020</p>	<div style="text-align: center;">  </div> <hr/> <p style="text-align: center;">COUNTY OF SANTA CRUZ HEALTH SERVICES AGENCY</p> <p style="text-align: center;">Clinics and Ancillary Services</p>
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POLICY STATEMENT:

It is the policy of the County of the Santa Cruz Health Services Agency Clinic Service Division that the medical record is available to clinical providers when the office is closed in order to provide timely and appropriate care to clinic patients.


PROCEDURE:

Clinical providers are issued a remote log-in and a unique personal identification and password to the electronic health record system, EPIC. Patient clinical information is made available to on-call providers and to other external facilities with appropriate secure internet interfaces for after-hours care. Remote access is limited to those clinical providers who require it. Each clinical provider using the remote access receives training and resources in the secure use of the remote log-in function.

Clinical Providers are responsible to create and maintain secure passwords according to the Health Services Agency internet security practices.

The Practice-Clinic Services Division assures that its providers with after-hours access can view the patients' entire electronic health records

If care is provided by a facility unaffiliated with the HSA's-Clinic Services Division Health Center clinics or at which there is not secure online access to the patient's electronic health record, HSA-Clinic Services Division makes available an electronic or printed copy of a clinical summary of the medical records.

<p>SUBJECT: Medical Emergency Procedures</p> <p>SERIES: 700 Standing Orders</p> <p>APPROVED BY: Amy Peeler, Chief of Clinic Services</p>	<p>POLICY NO.: 700.01</p> <p>EFFECTIVE DATE: March 2000</p> <p>REVISED: November 2003 August 2017<u>March</u> <u>2020</u></p>	 <p>COUNTY OF SANTA CRUZ HEALTH SERVICES AGENCY</p> <hr/> <p>Clinics and Ancillary Services</p>
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GENERAL STATEMENT:


Primary eCare eClinics are not equipped to provide sophisticated emergency medical care. The following Standard Procedures are to be used by staff in the instance when specific physician's orders are not immediately available, and while awaiting the 911 emergency medical response.

POLICY STATEMENT:

It is the policy of the County of Santa Cruz Health Services Agency Clinic Services Division to respond to an emergency need while awaiting a 911 emergency medical response.

PROCEDURE:

1. ~~HSA~~ The Clinics Services Division maintain an emergency cart and ensures that all equipment used is accessible and in good working order. The equipment is inventoried monthly and tested according to recommendation of the vendor(s).
2. The first staff member on the scene currently trained in emergency response initiates cardiopulmonary resuscitation (CPR) or basic airway management as required.
3. Any staff member who discovers a patient, visitor, or employee needing emergent care is responsible for activating the emergency medical system. This includes:
 - a. Getting appropriate assistance, including notifying an employee who is currently trained in CPR.
 - b. Calling 911 or requesting another staff person call 911.
 - c. Notifying a provider in the immediate vicinity of the location and type of emergency.

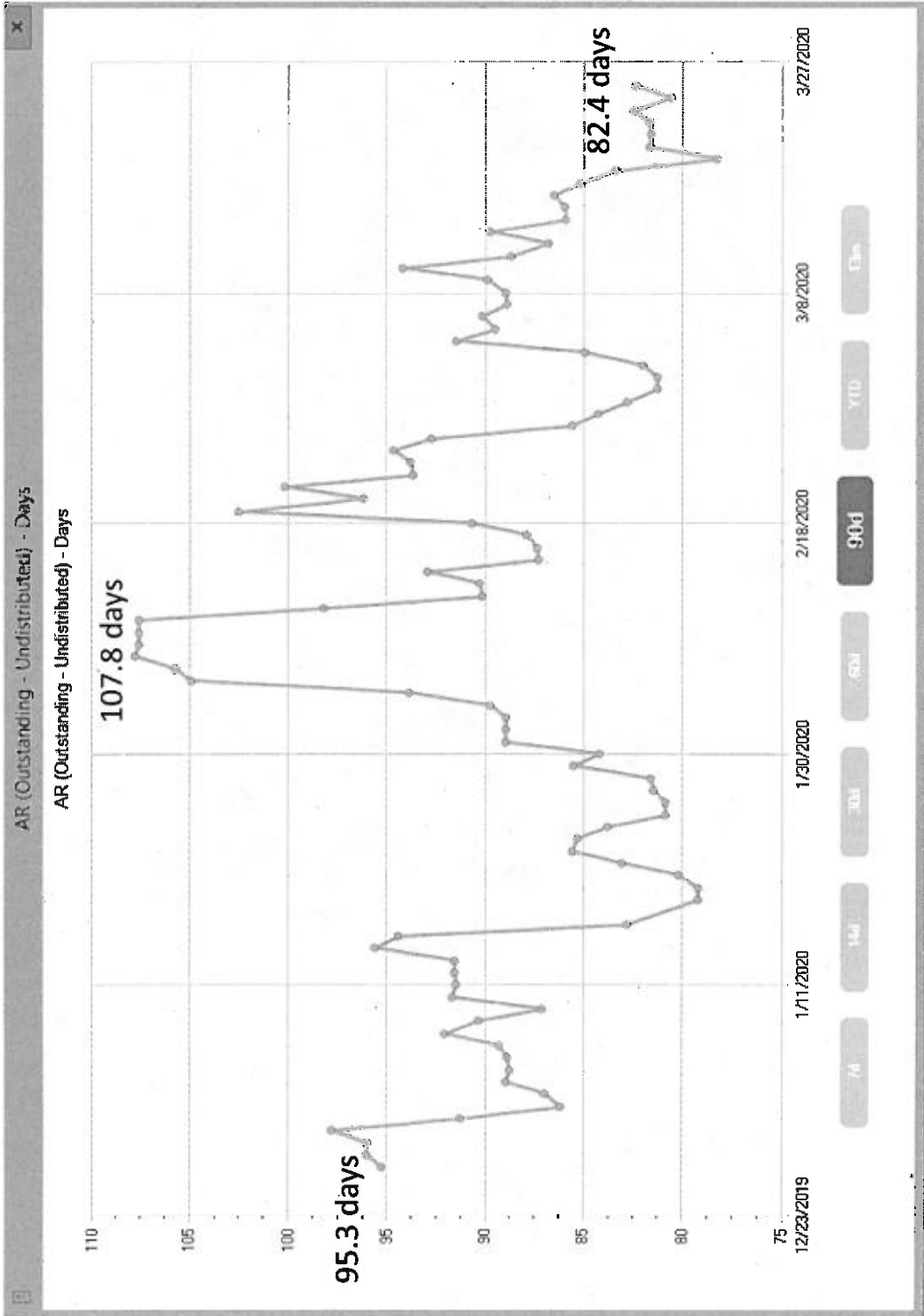
SUBJECT: Medical Emergency Procedures	POLICY NO.: 700.01 PAGE: 2 OF 2	 The seal of Santa Cruz County, California, featuring a central figure holding a scale, surrounded by the text "THE GREAT SEAL OF THE COUNTY OF SANTA CRUZ" and "1850".
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4. The first provider on the scene is responsible for managing the emergency situation until paramedics arrive. He or she should then assist as necessary. Until that time, the provider can delegate roles as he or she sees fit for the effective performance of resuscitation.
5. A staff member is assigned to the entrance door to direct paramedics to the emergency location.
6. Thorough documentation of any patient involved in an emergency is required.
7. If the emergency involves a non-patient, a thorough incident report should be completed by the Health Center Manager or provider on scene with input from staff present.
8. Any actual event requiring resuscitation will be followed within two working days by a meeting of all involved to debrief the event, provide support as needed, and review any suggestions for improvement.



Commission Fiscal Presentation

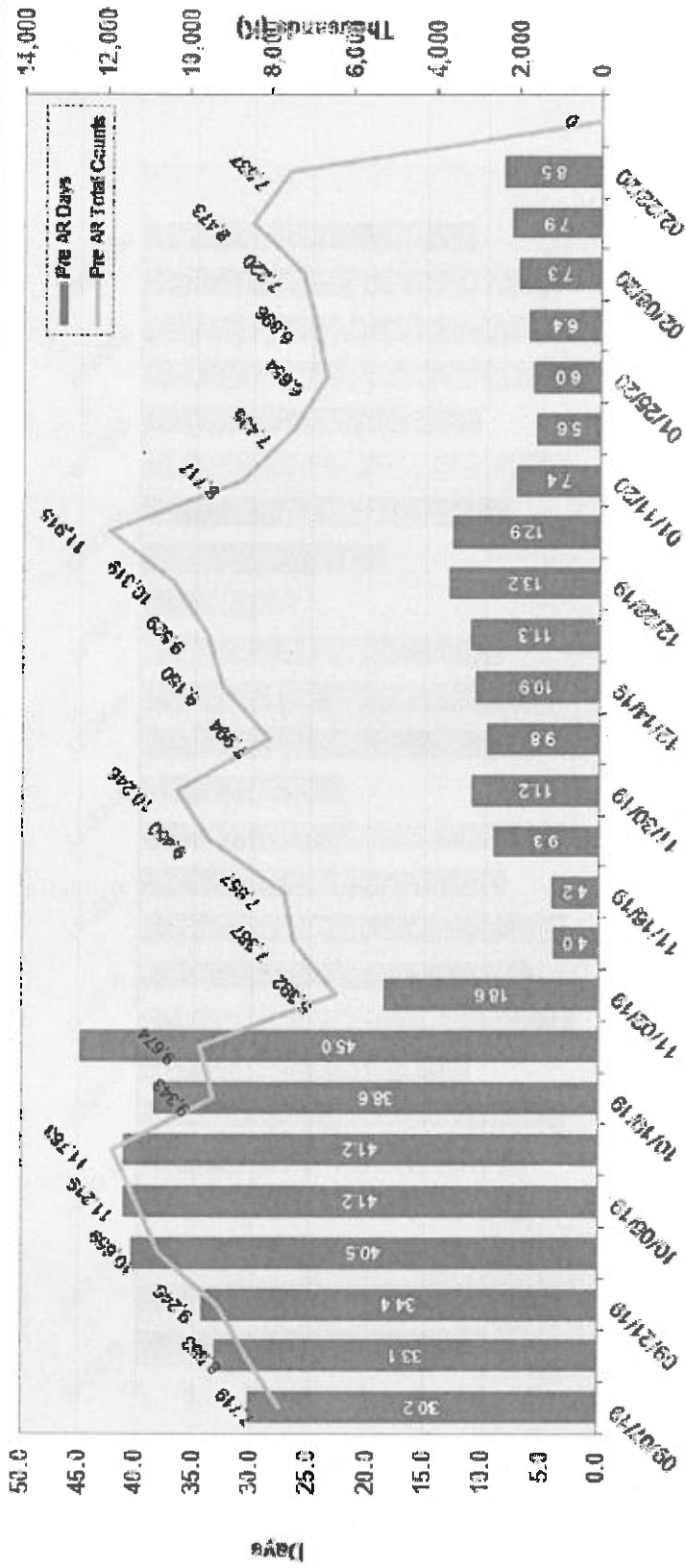
DR. JULIAN N. WREN,
MSW, ED.D. 3-26-20



Return Home

Pre-AR (Charge Review)

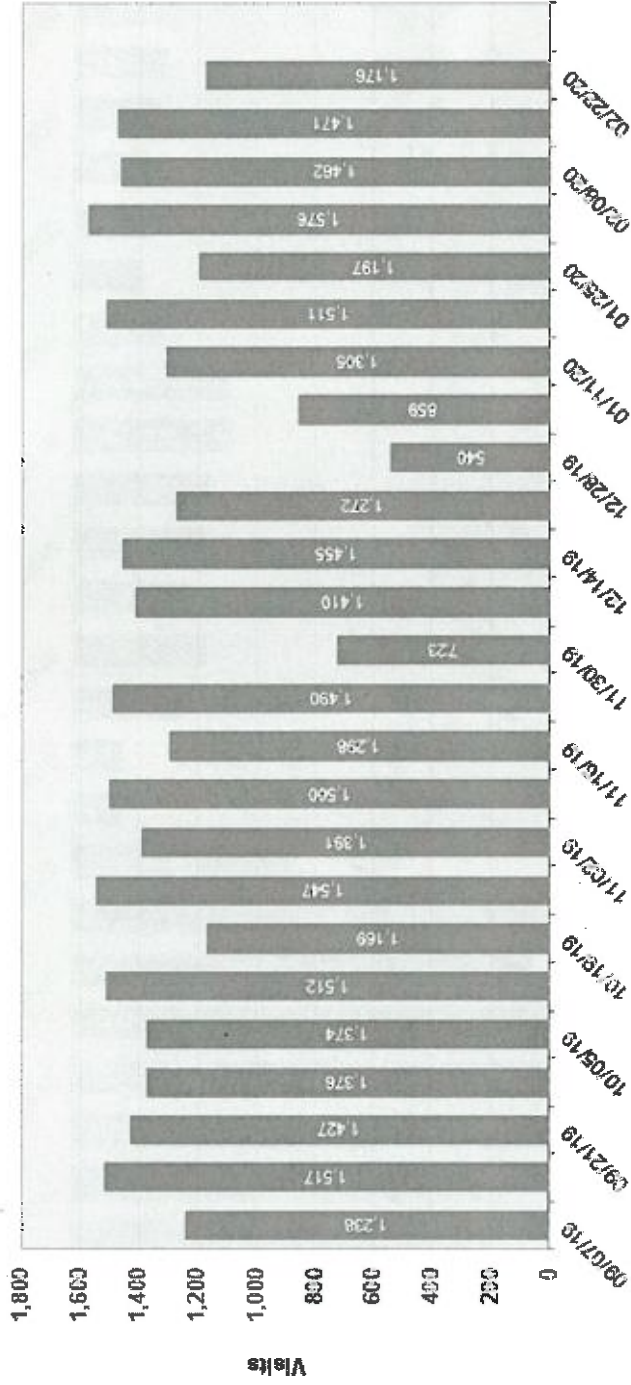
Epic Data Only



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Visit Metrics

[Return Home](#)



Visit Volume: Weekly total of all arrived or completed appointments.

Santa Cruz

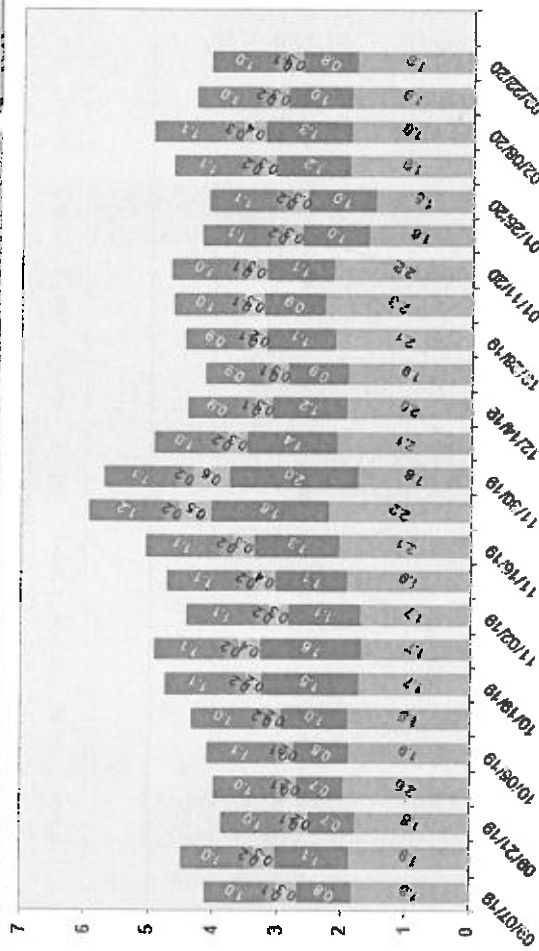
Return Home

Total Aging Dollars (M)

Scale: Dollars Millions

Percent

Over 120
 91-120
 61-90
 31-60
 0-30

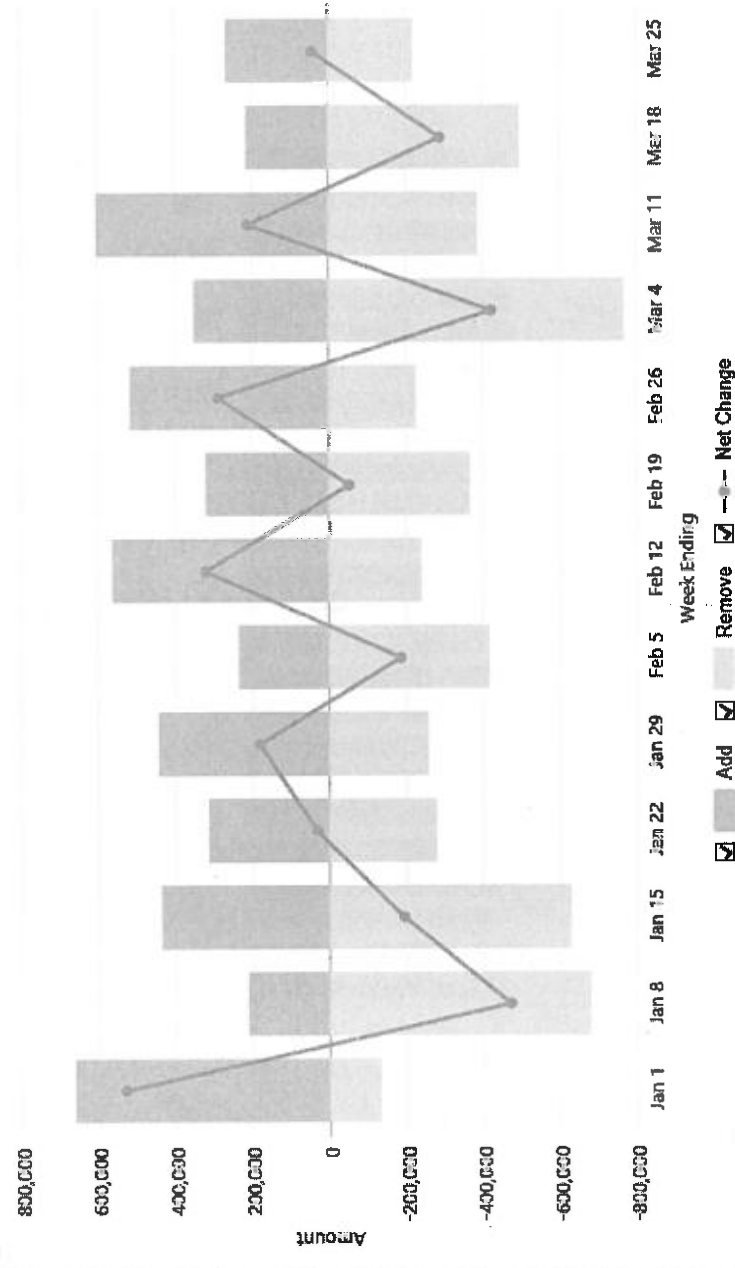


- Total
- Blue Cross
- Blue Shield
- Other
- Commercial
- Medicare
- Medicaid
- Self-pay
- Worker's Comp
- Tricare
- Epic Only
- Legacy Only

Aging Dollars: include outstanding debits minus credits (including undistributed credits) and aging is determined by your system configuration as indicated below.
 Insurance: Service Date or Post Date
 Self-Pay: Service Date or Post Date or First Stmt Date
 Total: Includes Epic and Legacy Data (if available). All Other Categories are Epic Only.

PB Workqueue Activity - All Owning Areas by Amount

Data collected: Wed 3:25 02:32 AM



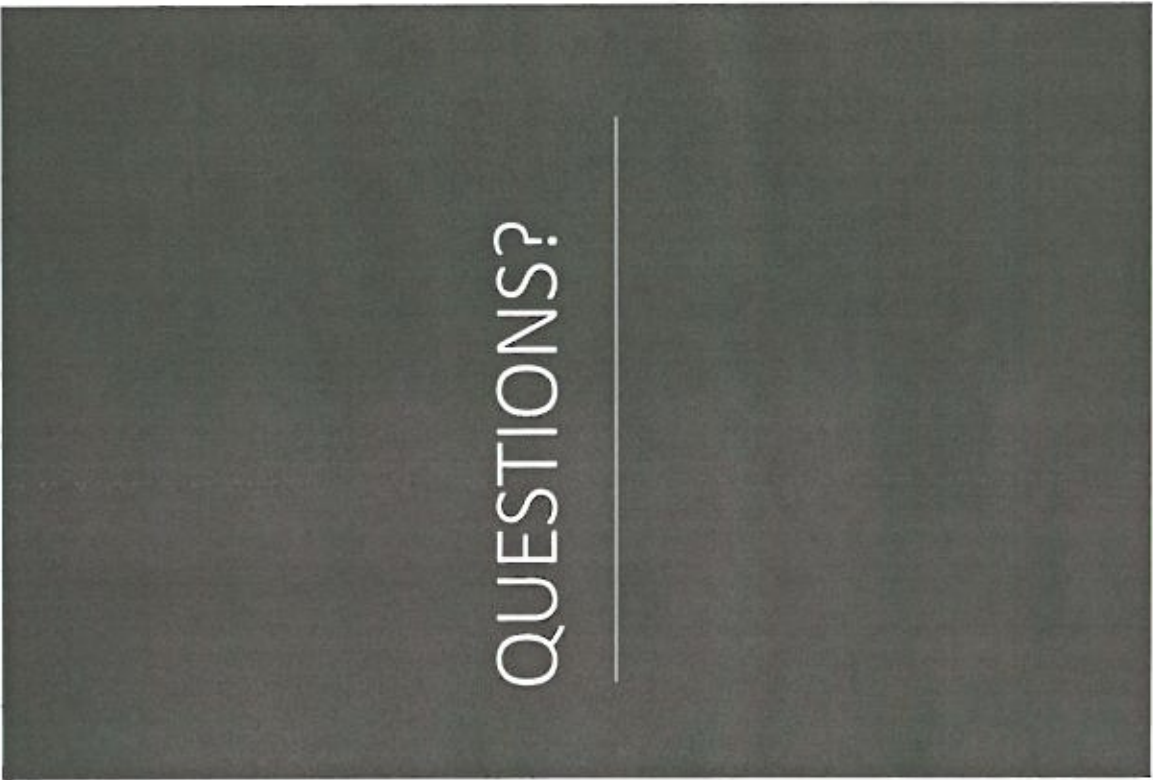
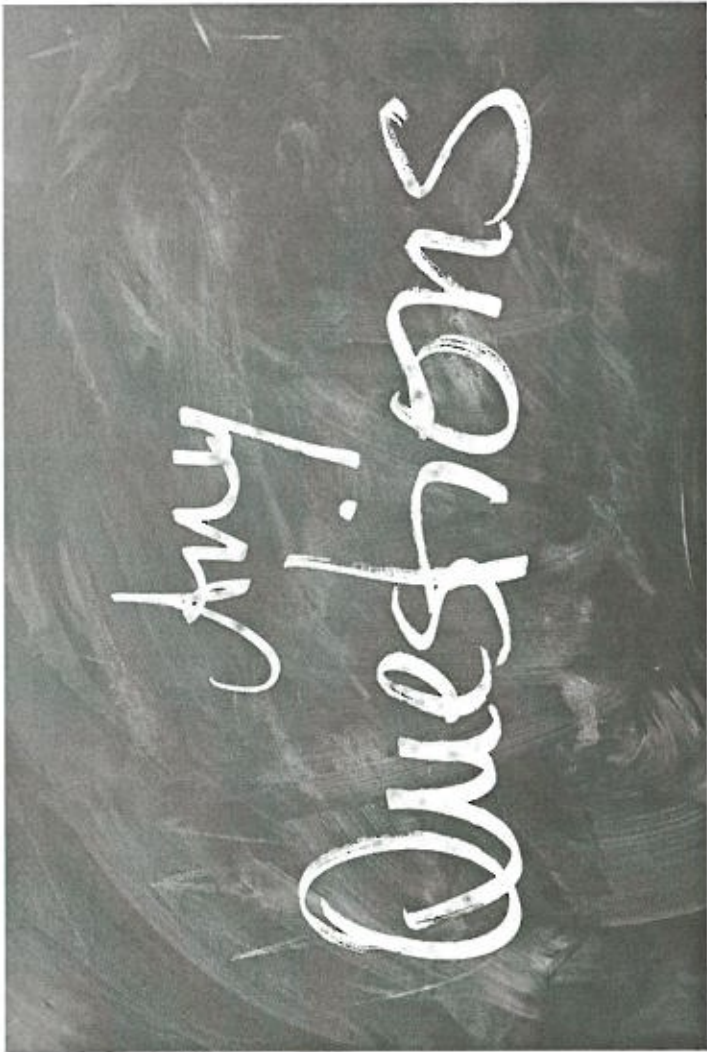
Add Remove Net Change

References

Epic Electronic Medical Record Professional Billing Dashboard 3-25-20

Epic Revenue Management Report 3/15/20 – 3/21/20





Out of Pocket Expenses: chronic vs. non chronic (FY 18/19)

Chronic

- The Mean for those with chronic illness is \$144.49
- The Median for those with chronic illness is \$85.20
- The Mode for those with chronic illness is \$35.00

Non-Chronic

- The mean for those that are not chronic is \$33.48
- The Median for those that are not chronic is \$35.00
- The Mode for those that are not chronic is \$12.00