
ACHCH Commission Clinical Quality Subcommittee

Meeting Agenda

May 4, 2022

11:00am -12:30pm

- I. Welcome

- II. Quality Director's Report
 - a. Utilization of health center services
 - b. Patient safety adverse events including follow-up actions
 - c. Patient grievances
 - d. Patient satisfaction/experience

- III. Presentation: ACHCH Shelter Health: A Clinician's View of the Work

- IV. Next Meeting: August 3, 2022 from 11:00am-12:30pm

April 29, 2022

To: ACHCH Commission Clinical/Quality Subcommittee
From: Theresa M. Ramirez, DrPH, Director of Quality
Re: Quality Director's Report

This report is focused on the following: a review of first quarter 2022 UDS data for the ACHCH Health Center, updates in incident reporting, patient grievances, and patient satisfaction/experience activities.

1. PROGRAM/CLINIC PERFORMANCE: ACHCH UTILIZATION AND DEMOGRAPHIC DATA [JAN-MAR 2022]

The tables provided below show data from the first quarter of 2022 for the ACHCH Health Center. During this period, the ACHCH Health Center provided 14,383 encounters to 4,771 patients. The ACHCH Health Center continues to provide services to more men than women and a limited number of veterans. Hispanic/Latino patients make up 20% of those receiving services during this period. Forty percent of patients being served are African American. Eleven percent [n=516] of patients did not disclose their race/ethnicity. Nine thousand three hundred and ninety-seven enabling services were provided to 4,771 patients, a decline from the previous quarter [n=10,531].

TABLE 1: ACHCH HEALTH CENTER STATISTICS [JAN-MAR 2022]

DEMOGRAPHICS	AHS Clinics	AHS Mobile Health	Fruitvale Optometry	La Clinica Dental	Onsite Dental	Shelter Health	Street Health	Trust Clinic	Total	% of Users
Men	1021	90	20	25	127	152	947	570	2,952	62%
Women	700	40	12	12	91	71	510	363	1,799	38%
Veteran	26	9	0	4	5	18	64	29	155	3%
RACE/ETHNICITY										
Hispanic	401	30	13	12	51	105	195	166	973	20%
R/E: African-American (Black)	827	41	10	6	22	33	541	440	1,920	40%
R/E: Asian	89	3	1	0	1	9	30	25	158	3%
RE: Hawaiian/PI	14	2	0	1	0	3	13	7	40	1%
R/E: Am Ind/Alaskan Native	20	0	00	0	0	1	23	14	58	1%
R/E: White	173	11	4	9	15	39	599	212	1,062	22%
R/E: More than one Race	575	71	7	1	8	12	47	37	758	16%
Chose not to Disclose/No Entry	23	6	10	28	172	132	206	198	775	16%
R/E Total	1721	134	32	45	218	229	1,459	933	4,771	100%
SERVICE UTILIZATION										

Unduplicated Users	1721	134	32	45	218	229	1,459	933	4,771
Encounters	3231	182	32	137	293	349	6,997	3162	14,383
Encounters per patient	1.9	1.4	1	3.0	1.3	1.5	4.8	3.4	3.0
Total Enabling Services									9,397

SOURCE: ACHCH ACCESS DATABASE – 4/27/22

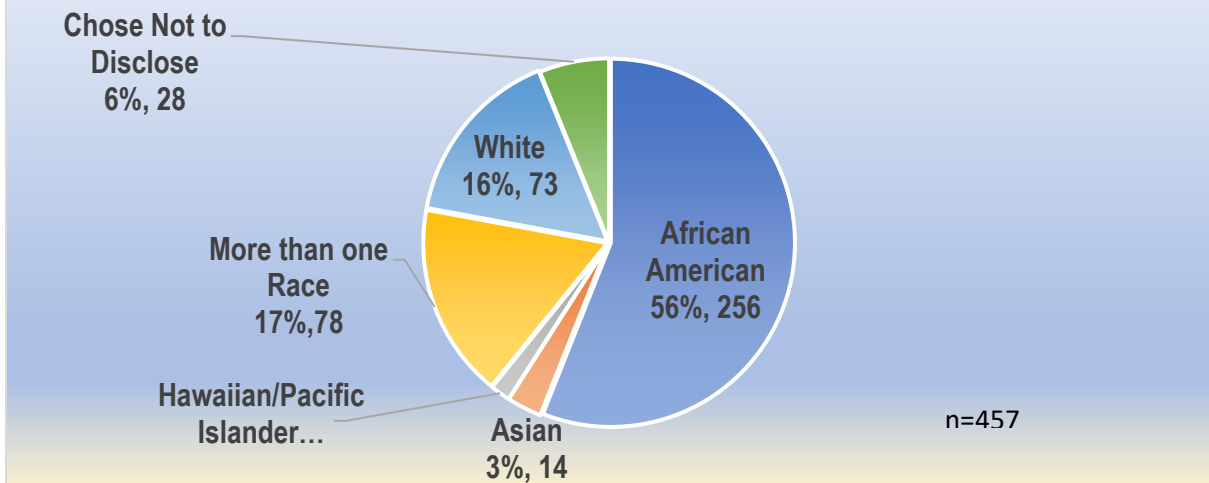
Encounters per patient have increased in Street Health but have slightly decreased in other sites/services.

Table 2 provides an overview of selected diagnoses reported to the ACHCH Health Center in the first quarter of 2022. The top three diagnoses are substance related disorders, anxiety/PTSD and hypertension. Currently, the Street Health program has an RBA impact measure in place for tracking linkage to care for patients documented to have two elevated blood pressures. There are similar RBA measures in place for HIV and Hepatitis C positive individuals. ACHCH staff has just finalized RBA measures for FY2022-23 which include three new SUD measures focusing on supplying substance use harm reduction supplies and in supporting homeless individuals in creating and completing substance use harm reduction goals.

**TABLE 2: SELECTED DIAGNOSES FOR ACHCH PROGRAM
JAN-MAR 2022**

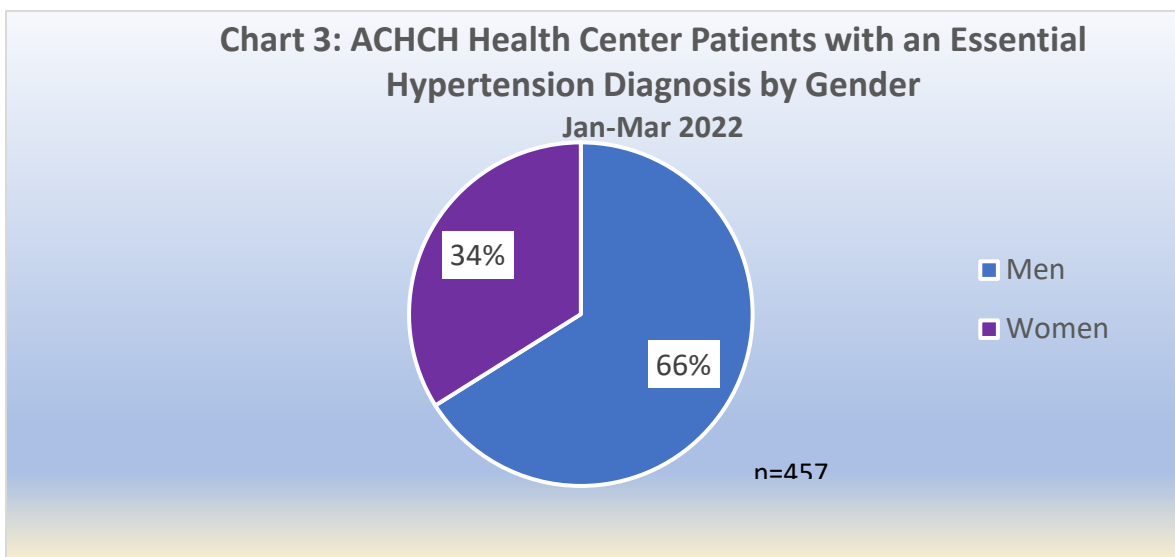
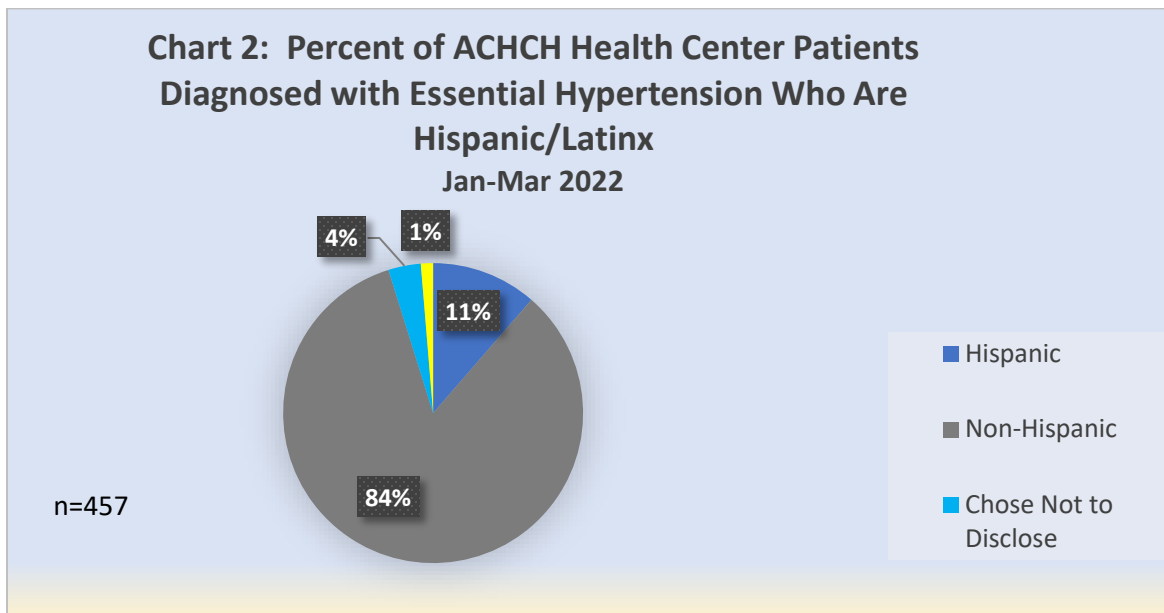
<i>Diagnosis</i>	Number of Users	Number of Encounters
<i>HIV</i>	106	147
<i>Hepatitis C</i>	101	157
<i>Asthma</i>	100	118
<i>Diabetes Mellitus</i>	324	493
<i>Hypertension</i>	510	729
<i>Anxiety/PTSD</i>	417	963
<i>Depression & Other Mood Disorders</i>	360	754
<i>Other Mental Disorders</i>	278	438
<i>Alcohol Related Disorders</i>	178	294
<i>Substance related disorders</i>	641	1063

**Chart 1: ACHCH health Center Patients Diagnosed with
Essential Hypertension by Race/Ethnicity
Jan-Mar 2022**



Four hundred and fifty-seven ACHCH Health Center patients [n=457] out of 4,771 served in the first quarter of 2022 had a essential hypertension diagnosis [ICD10=i10]. Chart 1 shows the race/ethnic breakdown of patients with an essential hypertension diagnosis. African Americans represent the highest percent [56%] of patients with this condition. In addition, Hispanic/Latinx patients make up 11% [n=52] of all ACHCH patients [n=457] diagnosed with essential hypertension [see chart two]. Chart three displays data by gender. Men represent 66% of ACHCH Health Center patients with an essential hypertension diagnosis while women make up 34% in this quarter.

This data should be reviewed with caution as it does not include comorbid heart or kidney conditions in the analysis. Therefore, it does not give a complete picture of the disease burden associated with hypertension.



2. INCIDENT REPORTING

There was one incident reported by the Zone 11 StreetHealth team to the Quality Director in the first quarter of 2022. It was discussed in the March Quality meeting and was deemed a 'no harm' event. There was no additional follow-up required. Quality staff recently completed an incident report training session with the ACHCH StreetHealth team on April 26th. There are plans to conduct the same training with the ACHCH Shelter Health team, in mid-May.

3. PATIENT GRIEVANCES/COMPLAINTS

There were no patient grievances reported to the Quality Director during the first quarter of 2022. Per the Clinical/Quality subcommittee's request for additional data on the role of the ACHCH front desk staff in fielding grievances, the Quality Director interviewed the ACHCH Street Health Manager, Ted Aames, and two community health outreach workers under his supervision, who provide phone coverage and document calls in a log.

ACHCH Street Health community health workers who provide telephone coverage during business hours reported that they did not receive any verbal or written complaints. If they receive such a call, they are trained to de-escalate individuals and/or refer these calls to the appropriate management staff. The phone log contains information on the purpose of the call and any resolution ACHCH staff has been able to provide. The Quality Director reviewed the log for complaints and confirmed that there were none recorded in this time period.

4. PATIENT EXPERIENCE

Data collection for the ACHCHC Patient Experience Surveys in the first quarter continues to be challenging due to changes in clinic service delivery brought on by the COVID-19 pandemic. The Quality Director has followed up with a point-of-contact at each of the participating sites to determine the barriers to providing this survey tool to their patients and to support new strategies for motivating both staff to distribute the survey and encouragement for patients to complete it. In addition to the work with our partners regarding the use of patient satisfaction/experience surveys, our internal focus is in developing a patient satisfaction/experience tool that will be easy to understand and use for our Street Health and Shelter Health teams. We are exploring the use of Vaccine Ambassadors to distribute this survey tool to our homeless patients when it is finalized.

Alameda County

On any given night, there are over 3,000 persons experiencing homelessness living in shelters and residential programs throughout Alameda County.

Persons living in shelters suffer from increasingly complex medical and behavioral health issues, have tremendous unmet health needs and often have limited, episodic, and uncoordinated access to needed care.



ACHCH



Shelter Health

ACHCH Shelter Health teams provide:

- Regularly scheduled social services and limited medical services
- Health services are designed to bring the "front door" directly to shelter, recovery, and transitional housing locations and other places homeless individuals access services including Wellness Centers, homeless service centers, and soup kitchens.
- Services are designed to engage patients outside of the traditional office setting, which include "meeting them where they are at and on their terms," assessing their needs, providing education and resources, and connecting patients with appropriate services and care

Shelter Health Staffing:

- 4 RN's
- 2 Social Workers
- 4 Ambassadors



Expanding Shelter Health Services

2019:

- Conducted Shelter Health Needs Assessment
- Diverted AHS-based Mobile Health clinic providing health care services at shelters and homeless services centers.

2020:

- Expansion and program re-design to include behavioral health and nursing services
- Multidisciplinary service delivery model
- Enhanced Dental Case Management and portable dental care pilot
- Short term Behavioral Health case management
- Increased medical services
- Increased collaboration with shelter, housing and medical providers

2022:

- Revise the model to have RN lead teams



ACHCH

AHCH Shelter Health Services

- Clinical Care Management
- Immunizations
- Point of Care (POC) Testing
- Patient Enabling Services including case management, assessment, referrals, linkages, and transportation assistance
- Health Education for both patients and facility staff
- Dental Case Management
- Infectious Disease Prevention
- Over the Counter medication
- Hygiene kits, Naloxone, safe injection kits, and other basic need and harm reduction supplies as needed



Shelter Health Contractor's

- On-Site Mobile Dentistry
- La Clinica Dentistry
- Fruitvale Optometry
- Alameda Health Systems Mobile Van



ACHCH

AHS Mobile Van Services



Social Services Provided Referral to:

- Alcohol/Drug Treatment
- Benefits Assistance
- Dental Care
- Eye Exam/Glasses
- Food Assistance Resources
- Free CA ID Vouchers
- Housing/Shelter Resources
- Legal Assistance
- Mental Health
- Primary Medical Care
- Transportation Assistance

Medical Services provided

Health Education

- Flu Vaccine (October-April)
- Hep-A Vaccination
- TB Tests (by appointment)
- Point-of-Care Testing:
HIV/Hepatitis C
- Covid Vaccines



**Alameda County Health Care for the Homeless Commission
Committee Report**

Committee:

- Executive:** Oversees Commission structure organized and moving; provides strategic guidance to staff. Meets monthly.
- Clinical Quality:** Recommends clinical measures to the full Commission; informs medical, dental, mental health, SUD programming. Meets quarterly.
- Budget and Finance:** Monitors HRSA grant budget vs actuals; recommends budgetary actions to the full Commission. Meets quarterly.

Commissioner liaison to the full Commission: Michelle Schneidermann, MD	
Last meeting date: December 3rd, 2021	Current meeting date: March 2, 2022
Commissioners in attendance: Michelle Schneidermann, MD Shannon Smith-Bernardin, PhD, MSN, RN	
CCAB Members in attendance: No members in attendance	
ACHCH staff in attendance: Luella Penserga, MPH, Theresa Ramirez, DrPH,	
Absent: Sam Weeks, DDS, Gerard Jenkins, MD	

a. Items discussed:

Agenda	Discussion	Action Items
I. Welcome		
II. .Quality Director’s Report a. Quality and utilization of health center services b. Patient safety adverse events including follow-up actions c. Patient grievances d. Patient satisfaction	<ul style="list-style-type: none"> • Quality/Utilization: The concepts of health and racial equity should be operationalized and imbedded in how ACHCH data is analyzed and presented to the Clinical/Quality subcommittee members. • Patient Safety: Reviewed last quarter’s incidents, focusing on vaccination errors and implementation of follow-up actions to improve service delivery and patient safety. 	<ul style="list-style-type: none"> • Improve the quality of R/E, Limited English Proficiency [LEP], and SOGI data and other SDOH that might show disparities in the homeless population. • Distribute patient grievance policies and procedures to subcommittee

	<ul style="list-style-type: none"> • Patient Grievance: Discussed capturing verbal and written complaints, both for ACHCH internal teams and contractors. There were no patient grievances in the last quarter. • Patient satisfaction: Reviewed implementation of CCAB survey in 2021. Discussed challenges in distributing survey during the COVID-19 pandemic. Presented overview of Harm Reduction Coalition’s street-based survey as a potential model for use among ACHCH street health teams. 	<p>members for review at next quarterly meeting.</p> <ul style="list-style-type: none"> • Provide summary of telephone call log entries and resolutions documented at next meeting. • Include additional data on clinical service delivery in the field-based teams on Quality Director’s Report
<p>III. ACHCH Data Systems Update</p>	<ul style="list-style-type: none"> • Deputy Director, Luella Penserga, provided an overview of ACHCH’s efforts to contract with OCHIN to purchase Epic as its EHR system and the justification for its acquisition. • Discussed ACHCH experience with implementing Salesforce to support the ACHCH StreetHealth team in collecting patient data more easily with one tool. Salesforce also provided ACHCH team with the means to track data for targeted patient outcomes. Discussed challenges in implementing a new database. • Discussed options to build capacity of ACHCH teams to bill for services through new sources of funding. 	<ul style="list-style-type: none"> • Include presentations from ACHCH clinicians in quarterly meeting agenda: Invite ACHCH StreetHealth Team Lead RN, Phoebe Rossiter to next meeting.
<p>IV. Miscellaneous</p>	<ul style="list-style-type: none"> • Provided update on renewal of pharmacy license and interim strategy for ensuring homeless patients are able to acquire prescriptions from pharmacies. • Discussed need to expand membership on the Clinical/Quality subcommittee 	

V. Meeting Adjourned		
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- a. Informational item(s) to report to the full Commission: None
- b. Action(s) recommended by the Committee for discussion/action by the full Commission at the next meeting: None