



**ACHCH Commission Clinical Quality Sub-Committee Meeting
Agenda**

May 1, 2023

9:00 – 10:00 am

- I. Welcome AB
- II. Minutes from January 30, 2023 Clinical Quality Sub-Committee Meeting [Attached Report]
- III. Staffing
 1. ACHCH Staff AB; 10 Minutes
 2. Clinical Provider Training Rotations Update AB; 5 Minutes
- IV. Quarterly Quality Report – Highlights
 1. Service Utilization Data [Attached Report] CZ; 20 Minutes
 2. Staff Education and Best Practices
 - RN SOP: OTC Medications AB; 15 Minutes
 - Harm Reduction AB; 5 Minutes
 3. Incident Reports AB; 5 Minutes
- V. Next Meeting: July 31, 2023 @ 9:30 AM - 11:00 AM

**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: <ul style="list-style-type: none"> • Michelle Schneidermann, MD 	
Last meeting date: December 19, 2022	Current meeting date: January 30, 2023
Commissioners in attendance: <ul style="list-style-type: none"> • Michelle Schneidermann, MD, • Shannon Smith-Bernardin, PhD, MSN, RN 	
ACHCH staff in attendance: <ul style="list-style-type: none"> • Aislinn Bird, MD • Luella Penserga, MPH • Casey Zirbel • Kathleen Clanon, MD, Medical Director 	
Absent: <ul style="list-style-type: none"> • Gerard Jenkins, MD • Lucy Kasdin, LCSW, Director • Katie Hayes, NP 	

1) **Items discussed:**

- a) ACHCH staff asked that Commissioners refer to the ACHCH Quality report in the meeting packet.
- b) Deputy Director Luella Penserga provided ACHCH staffing updates:
 - i) Deputy Director Penserga noted that ACHCH is continuing to recruit. Attention is being directed to the Pharmacy position, which is in the works (Senior Clinical Pharmacist). Multiple other positions remain unfilled. One internal RN II employee moved into the RN III classification; ACHCH now has two RN IIIs and one RN II.
 - ii) Several important clinical roles remain unfilled.
 - iii) Physician III recruiting remains ongoing. Efforts to recruit this position will continue, and ACHCH is considering how best to resolving the recruiting challenges.
 - (1) Commissioner Schneidermann asked whether it could be an issue with the Job Description or related parameters, and that adjusting those materials may help recruiting.
 - (2) Commissioners Schneidermann and Smith-Bernardin asked whether the title or benefits or responsibilities could be adjusted to draw in more candidates.

- c) Dr. Aislinn Bird provided information regarding Clinical Provider Training Rotations slated for placement within ACHCH.
 - i) There will not be clinical rotations for UCSF or Stanford Healthcare, according to current plans and communications from those entities. Absent further developments, no placements will happen in the near future.

- d) Dr. Kathleen Clanon noted that Roots Community Health Center will be undergoing an evaluation soon regarding their Street Health team's data and performance to-date.

- e) Casey Zirbel presented data from ACHCH programs (UDS data) that are included in the Report's Appendix A. The data reflected in this report includes services provided from January 1, 2022 through December 31, 2022.
 - (1) Commissioners were briefed on the new tables, which are listed below:
 - (a) Brick & Mortar & Specialty Care Clinics, by Medical Encounters only
 - (b) Brick & Mortar & Specialty Care Clinics, by Enabling Service Encounters only
 - (c) Shelter Health & Specialty Referrals, by Medical + Enabling Service Encounters (combined)
 - (d) Street Health Teams, by Zone, by Medical Encounters only
 - (e) Street Health Teams, by Zone, by Enabling Service Encounters only
 - (2) Commissioners asked about why the third table is combined; Casey Zirbel will report back in a future meeting with revised Tables for Shelter Health & Specialty referrals.

- f) Dr. Bird introduced revised Standing Orders/Protocols for RNs,
 - i) Dr. Bird noted that the "Shelter Health" protocols should actually apply to both Street and Shelter settings.
 - ii) Changes to 'Animal Bites' to add notes regarding care coordination considerations and notes regarding handling patients with a bite from several days ago, given the long incubation period for the rabies disease.
 - iii) Changes to 'Lice' to add notes regarding efficacy of shaving the head if clients are amenable.
 - (1) Dr. Bird and Dr. Smith-Bernardin discussed adding a line about disposing of clothing depending upon the severity of the infestation.
 - (2) Dr. Bird and Dr. Smith-Bernardin discussed adding a line about the importance of combing the hair during treatment to maximize efficacy.
 - (3) Dr. Bird noted that ACHCH hopes to annualize the Standing Orders renewal and addition process.

- g) Dr. Bird presented the RN Standardized Procedures for Shelter Based Outreach and Engagement.

- h) Dr. Bird presented the Nursing Standardized Procedures Addendum (Medication List) for common Over-The-Counter medications and the associated standardized procedures.
 - i) Dr. Smith-Bernardin noted that if patients repeatedly ask for common OTC medication, the provider should route them to an appropriate prescriber.

- ii) Commissioner Schneidermann noted that the Table of OTC Meds should include a clear list of contraindications.
 - (1) ACHCH will ensure that the contraindications are included in the document.
 - (2) Commissioner Schneidermann advised that these documents should receive review from the ACHCH Medical Director; Dr. Bird noted that this is part of the process.

 - i) Dr. Aislinn Bird presented information about ACHCH Harm Reduction efforts and workplan.
 - i) Noted that ACHCH is developing a 'Fentanyl Test Strips Training' for which will detail how to discuss testing with patients and what to do if they get a positive test result.
 - ii) ACHCH is continuing to partner with the CHCS Learning Collaborative: Cardea Health, AHS Bridge Clinic, and BACS to study the use of Medication Assisted Treatment (MAT) to improve patient outcomes of individuals at the Henry Robinson Center.

 - j) Dr. Byrd presented the CY2022 Incident Reports summary data to Commissioners. Commissioner Smith-Bernardin suggested that we add an option to indicate 'ACHCH Provider Not Involved'
- 2) Action(s) recommended by the Committee for discussion/action by the full Commission at the next meeting:
- a) ACHCH Standing Orders/Protocols for RNs
 - i) Standing Orders will be routed or have been routed to the full Commission.
- 3) Next Meeting: May 1, 2023, from 9:30am – 10:30am



Date: 5/1/2023

To: ACHCH Commission Clinical Quality Sub-Committee

From: Aislinn Bird, MD, ACHCH Director of Integrated Care; Casey Zirbel, QI/QA Manager

Re: **Quarterly ACHCH Quality Assurance/Improvement Report – January to March 2023**

The following memo provides an overview of ACHCH’s QA/QI activities to-date. Generally, the purpose of the ACHCH QI/QA program is to address:

- A. The quality and utilization of ACHCH’s directly provided, and contracted services:
 - i. community-based and [patient-directed](#)
 - ii. comprehensive, culturally competent, high-quality primary health care services
 - iii. integrate access to pharmacy, mental health, substance use disorder, and oral health services
- B. Support adherence to evidence-based clinical guidelines, standards of care, and standards of practice through provider/staff education and dissemination of resources and tools;
- C. Address patient satisfaction and patient grievance processes;
- D. Address patient safety, including adverse events and follow up actions as necessary;
- E. Ensure that all ACHCH staff and contractors who provide patient care are credentialed and privileged; and
- F. Ensure the patient information and confidentiality is maintained and safeguarded.

1. Service Utilization / Demographic Data Report

See attached Appendix A: *Data Dashboard* summarizing patient and encounter data by Brick & Mortar Primary Care & Specialty Clinics, Shelter Health Team, and Street Health Teams.

2. Staff Education and Best Practices

The following trainings and resources were developed and/or offered by ACHCH in the past three months.

- A. ACHCH Providers/Staff:
 - i. *ACHCH Direct Services Retreat: March 29, 2023.* Items reviewed included the reporting structure across direct services staff, the evolution of ACHCH’s direct service model, and the new ACHCH Street Health staff focus on high-need isolated individuals who are not residing in encampments.
 - ii. *Fentanyl Test Strip Training for ACHCH Direct Service Staff.* February 8, 2023. Presenter: Aislinn Bird.
 - iii. *Alameda County Public Health Advisory: [Xylazine Risk with Drug Use](#).* Aislinn Bird, MD assisted Nick Moss, MD in writing a health advisory about the potential of drugs being contaminated with Xylazine. The advisory was sent to staff and released by the Alameda County Public Health Dept. on April 12, 2023.
- B. ACHCH Staff, contracted Providers, and other Community-based Organizations:
 - i. *Street Health Learning Collaborative: Caring for People Who are Pregnant: March 22, 2023.* Presenters: Project Pride: Tammy Brown, Magnolia Women’s Recovery: Angel Cannady, Orchid Women’s Recovery Center: Dr. Darlene Mitchell, CPS and Drug Treatment Court: Steven Cutshall, SSA, Child Welfare Supervisor, ACHCH: Aislinn Bird, MD. This two-hour session discussed county recovery programs for people who are pregnant or parents, reviewed current CPS laws and resources, and discussed MAT for people who are pregnant.

- ii. *Harm Reduction in Alameda County: Engaging Our Participants*. March 22, 2023. Presenter: Jennifer Duncan. Review and discussion of the cycle of addiction to gain a better understanding of IUD (Individuals Using Drugs) and serving those who may have unique needs and concerns.
- iii. *California Street Medicine Collaborative: Clinician's Learning Circle*. March 8, 2023. Presenter: Camilo Zaks. Monthly training for street medicine providers across California to share best practices and discuss difficult clinical cases.
- iv. *Improving Indoor Air Quality in Homeless Shelters and Congregate Settings Training*. March 1, 2023. Presenters: David Crosby & Ruben Briones (Alameda County Healthy Homes Department); David Modersbach & Makda Woldesenbet (ACHCH); Debbie Shrem & Janelle Nystrom (California Department of Public Health), Dr. Karen Trivedi (Alameda County DCDCP).
- v. *De-escalation*. February 22, 2023. Presenter: Dani Marchman. How to manage responses to people in crisis to prevent those situations from getting worse.
- vi. *Street Psychiatry: Guiding Principles and Clinical Pearls*. February 9, 2023. Presenter: Aislinn Bird. Street Medicine Foundations Three Day Training sponsored by UCS and Healthnet. Sacramento.
- vii. *Opioid Overdose Responder & Naloxone Training*. Trainer: Jared Bunde, RN / Diane del Pozo, RN. Offered bi-monthly.

ACHCH training resources are available on the ACHCH website on the [Learn page](#).

C. Standing Orders/Protocols for RNs.

- a. Physician Standing Orders for ACHCH-employed RNs were signed by Dr. Clanon, HCSA Medical Director, approved by the ACHCH Clinical Subcommittee, and were reviewed with ACHCH RNs by medical consultant Katie Hayes, NP and Aislinn Bird, MD on April 5, 2023. The Standing Orders provide protocols for a range of selected conditions, e.g., sexually transmitted infections, and conditions related to scabies, bedbugs, lice.

D. Patient Safety, Including Adverse Events

- a. The following are incidents involving ACHCH patients (directly provided care). Consistent with ACHCH’s incident reporting policy and procedure, ACHCH reviews all incident reports immediately, and tracks the following information: date and month, number of incidents by ACHCH team, type of incident, detail, resolution, recommendation included, and follow-up needed.

INCIDENT REPORTS*		
Jan. 1, 2023 – Mar. 31, 2023 [Q1, CY23]		
Program Area	Incidents, by type	Description
ACHCH Street Health Team	1. No Harm = 0 2. Near Miss = 1 3. Adverse Events = 0 4. Sentinel Events = 1	<p><u>Sentinel Event</u> – On March 22, 2023, the ACHCH Street Health team reported a Sentinel Event when they learned during outreach that a patient died in the hospital from an apparent drug overdose. ACHCH staff was informed of, but not involved with, the sentinel event. HCH last served this patient on 1/20/23 during street health outreach.</p> <p><u>Near Miss</u> - On March 28, 2023, the ACHCH Street Health team reported a Near Miss incident when a patient transported to the DMV reported feeling dizzy and unwell, lay down on the floor, and requested an ambulance. The team called 911 and the patient was transported to the ED. Emotional support was provided to the team during the debrief.</p>
<i>Street Health Incidents Reported, TOTAL</i>	2	
ACHCH Shelter Health Team	1. No Harm = 0 2. Near Miss = 0 3. Adverse Events = 0 4. Sentinel Events = 0	N/A
<i>Shelter Health Incidents Reported, TOTAL</i>	0	

*See below for the data definitions used by ACHCH to define incidents involving patients.

Definitions:

- i. **No harm events:** These are incidents that need to be communicated across the Health Care for the Homeless Program of harm that may happen.
- ii. **Near misses:** Those involved do not experience serious injury but could have been harmed by the potential risk detected.
- iii. **Adverse events:** These usually involve medicine, vaccines, and medical devices. They occur when an individual initiates a course of action or treatment that harms a patient rather than he or she is being affected from an existing illness or disease. Adverse events can also include omissions in provision of medical care, vaccines or use of medical devices that lead to harm.
- iv. **Sentinel events:** unexpected occurrences that result in serious physical or psychological injury or death. These can include suicide, falls, disease outbreaks, etc.

E. Patient Satisfaction

- A. ACHCH directly provided services.
 - i. ACHCH revised the ACHCH patient experience survey and incorporated the ACHCH Community Consumer Advisory Board (CCAB) feedback. ACHCH is piloting the surveys in the field (encampments and shelters) in late April/early May 2023.
- B. ACHCH contracted services.
 - i. Use of ACHCH patient experience survey is low. Contractors are using the Consumer Assessment of Healthcare Providers (CAHPS) and Community Health Center Network (CHCN) patient satisfaction survey.

F. Patient Grievances

- a. No patient grievances have been received for this quarter (1/1/2023 – 3/31/2022).

G. ACHCH Credentialing, Privileging

- a. ACHCH providers (directly provided services):
 - i. Credentialing process is done through Alameda County's [CAQH](#) credentialing portal. On March 17, 2023, County staff facilitating the CAQH process informed ACHCH that all ACHCH staff had received satisfactory assessments during the recent round of CAQH attestations, which are required every 120 days.
 - ii. Quarterly Clinician Assessments. ACHCH conducts QI/QA assessments (peer review) on a quarterly basis to inform the modification of the provision of health center services. Chart reviews are conducted quarterly by the following peer reviewers:

ACHCH Staff Quarterly Peer Reviews				
Clinicians	Peer Reviewer	Q4 '22 (Oct – Dec)	Q1 '23 (Jan – Mar)	Q2 '23 (Apr – June)
Aislinn Bird, MD	Vicente Gonzaga, MD (ACBH locum tenens)	Complete	Completed	July '23
Wale Arshad, NP	Aislinn Bird, MD	Complete	Completed	July '23
Jared Bunde, RN	Consultant: S. Smith-Bernardin, PhD, RN Cardea Health	Complete	Completed	July '23
Phoebe Rossiter, RN	Consultant: S. Smith-Bernardin, PhD, RN Cardea Health	Complete	Completed	July '23
Diane Del Pozo, RN	Consultant: S. Smith-Bernardin, PhD, RN Cardea Health	Complete	Completed	July '23

H. Retrievable Health Record, Protecting and Safeguarding Patient Information

- a. HCH Database. ACHCH is working on improvements to the HCH client database: (1) interface for end-users, (2) ingestion of contractor data to reduce errors (3) reports and (4) preparing patient data for migration to Epic.
- b. Epic EHR. ACHCH is meeting weekly with Alameda Health System to plan for AHS to extend its Epic electronic health record system (via Community Connect) to ACHCH for ACHCH directly-provided care. ACHCH staff will view demos of AHS' Epic system in May.

**Appendix A:
Alameda County Health Care for the Homeless
Data Dashboard, January 1 – February 28, 2023**

As a Federally Qualified Health Center program, ACHCH produces and shares reports on QI/QA to support decision-making and oversight by key management staff and by the ACHCH Commission regarding the provision of ACHCH health center services.

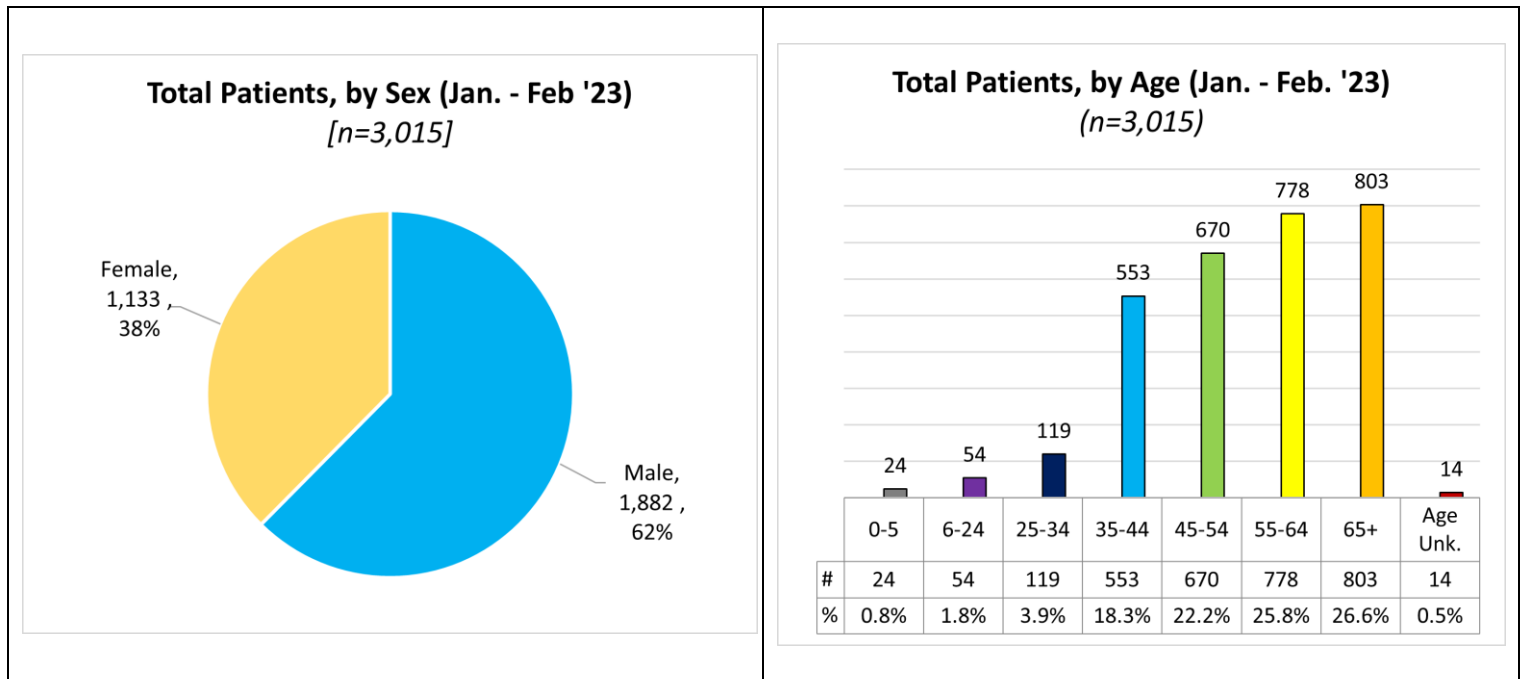
The following is a data dashboard of patients and services to-date, for Calendar Year (CY) 2023. Data include both: (1) patients served directly ACHCH employees, and (2) contracted services with community providers.

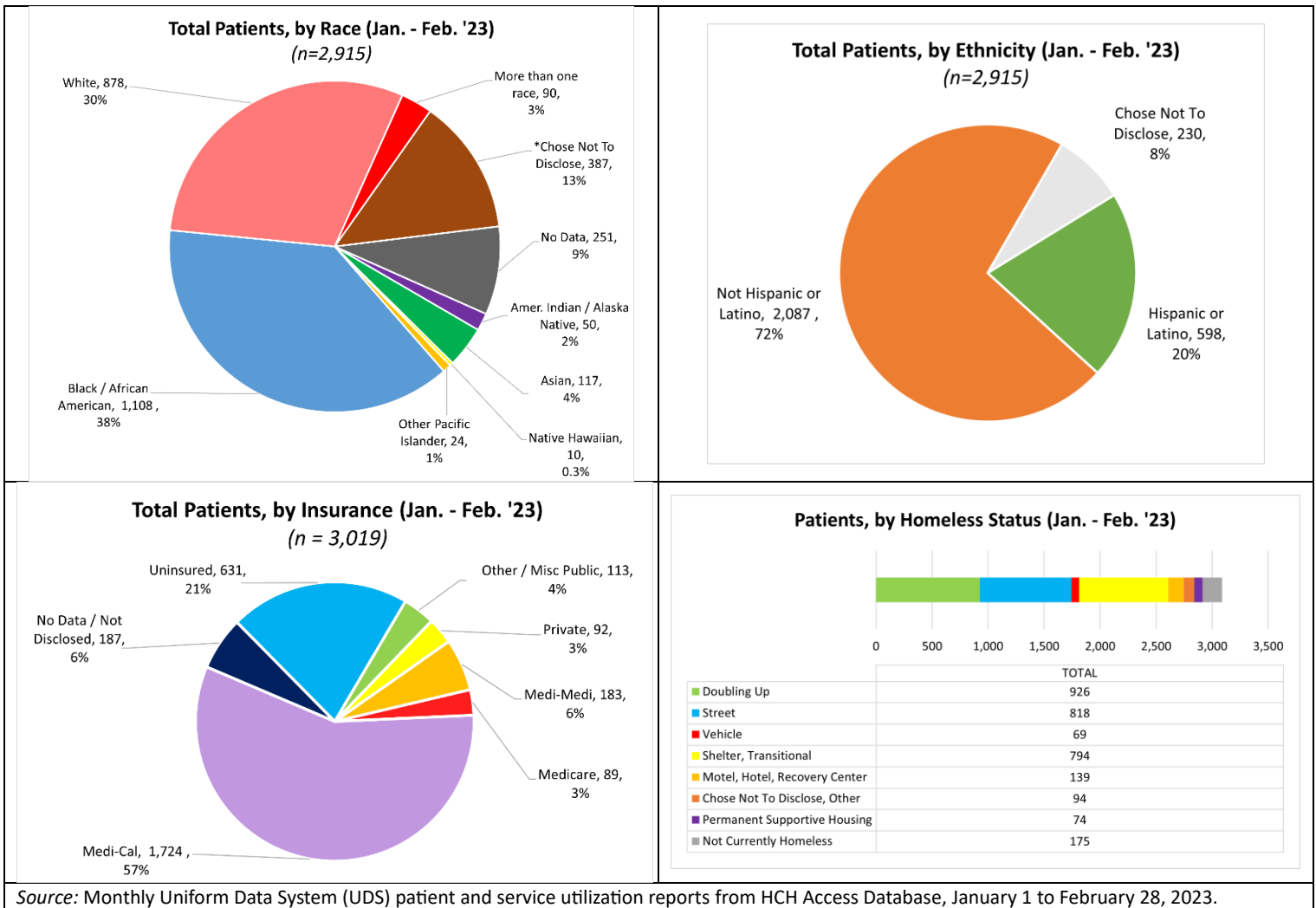
Demographics of patients served to-date:

The demographic composition of total ACHCH patients served to-date are:

- Sex: The majority of patients served are men (62%).
- Age: Aging population and therefore a higher prevalence of chronic and acute conditions. More than half of total patients served older (55+ years), with 27% who are 65+ years old.
- Race and Ethnicity: 38% patients are Black/African American, 30% White, and 20% Latino/Hispanic.
- Insurance Status: The majority of patients (57%) are covered by Medi-Cal. A significant number are uninsured and are a mix of people who are Medi-Cal or HealthPAC eligible, but not enrolled.

PATIENTS

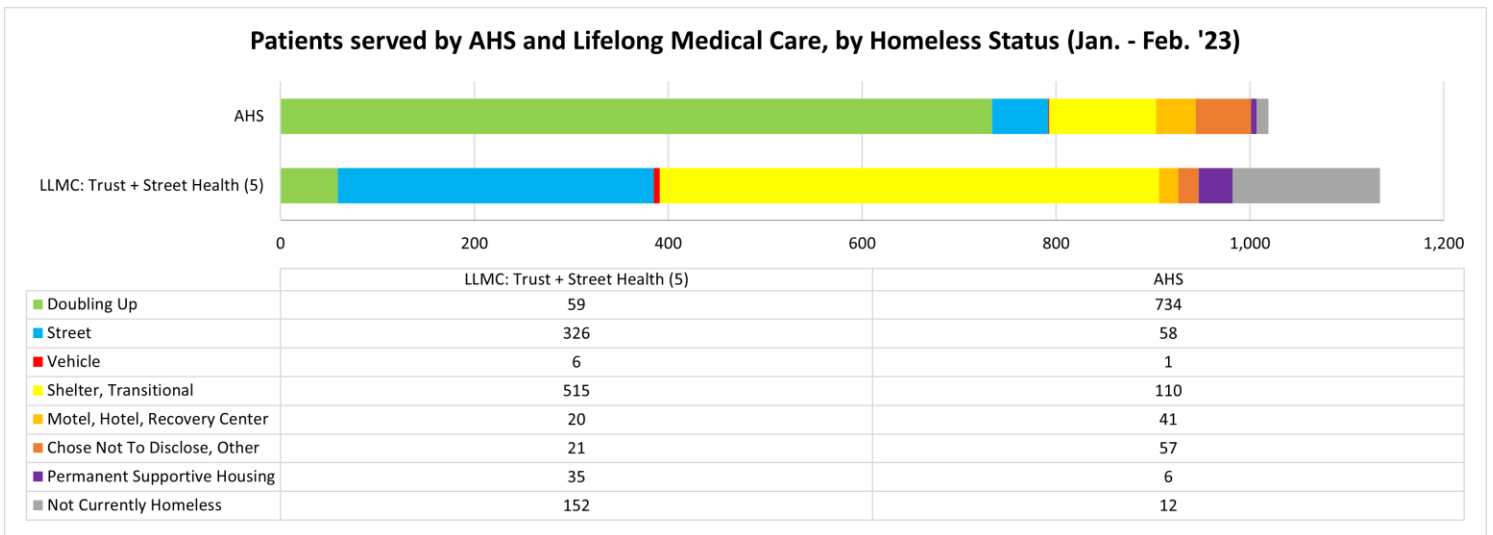




Source: Monthly Uniform Data System (UDS) patient and service utilization reports from HCH Access Database, January 1 to February 28, 2023.

Homeless Status of Patients Served, by Provider

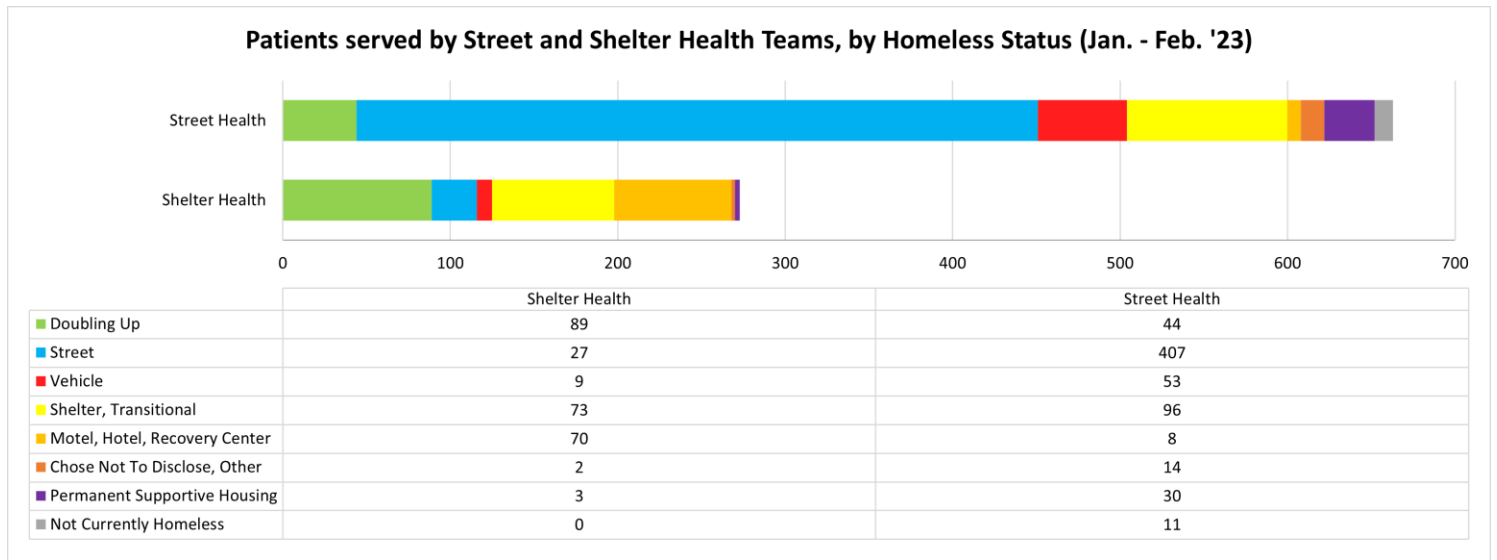
- The mix of patients and their housing status varies by provider:
- AHS saw more than 1,000 patients to-date, with a high number of patients (734) who are doubled-up.
- LifeLong Medical Care data shows more than 1,100 patients served who are literally homeless (note: Trust and street health team data are combined).



Note: LLMC data includes LLMC's five Street Health teams in addition to Trust Clinic.

Source: Monthly Uniform Data System (UDS) patient and service utilization reports from HCH Access Database, January 1 to February 28, 2023.

In combination, ACHCH-staff and contracted Street Health teams served almost 700 patients to-date.



Note: "Street Health" includes 1 BACH team, 1 Abode/BACH team, 1 ACHCH team, and 3 TVHC teams. This graphic excludes Lifelong Medical Care, who has 5 Street Health teams (included in the previous chart). "Shelter Health" includes the ACHCH Shelter Health team and Onsite Mobile Dental.

Source: Monthly Uniform Data System (UDS) patient and service utilization reports from HCH Access Database, January 1 to February 28, 2023.

Patient Diagnoses and Encounters

This table shows selected **medical, mental health, and substance use disorder (SUD) conditions** tracked by ACHCH as part of federal Health Center reporting.

- **Hypertension** - The highest average visit rate is with patients with hypertension (2 visits/per patient in the reporting period). ACHCH has made hypertension control a priority, with a goal of linking 80% of patients with high blood pressure with a PCP at a medical home or through a Street Health team.
- **HIV** - ACHCH staff and contractors saw 86 people living with HIV, with an average of 1-2 visits each during the January-February period. ACHCH follows HRSA-recommended guidelines to (1) increase counseling and testing, prescribing of PrEP (pre-exposure prophylaxis), and linkage to care and treatment within 30 days of diagnosis. ACHCH contractors are established HIV care providers; additionally Street Health teams offer rapid testing and blood draws for HIV and Hepatitis C. ACHCH has offered the annual training [HIV/HCV Testing, linkages, PrEP, and Rapid ART](#) by Sophy Wong, MD to staff and contractors.
- **Hepatitis C** - a total of 51 patients were seen to-date, with an average of 1-2 visits each. Hepatitis C is curable in 8-12 weeks. As part of HIV/Hep C services, ACHCH staff and contractors use harm reduction including condom distribution, partnerships with syringe exchange programs, and patient education to discourage sharing of drug supplies.
- **Asthma** - 186 patients were seen to-date, averaging 1 visit each. If seen on the street, Street Health teams are able to offer low barrier care with provider and nurse visits, and dispensing of inhalers and limited medications.

Data on patients with mental health and SUD diagnoses is incomplete and does not reflect the current level of effort by ACHCH staff and contractors who are responding to mental health and substance use disorder needs of patients.

ACHCH staff and contractors continue to report difficulty with doing health maintenance (i.e., preventive care and screenings) in the field outside of a clinic setting, at the level needed by patients.

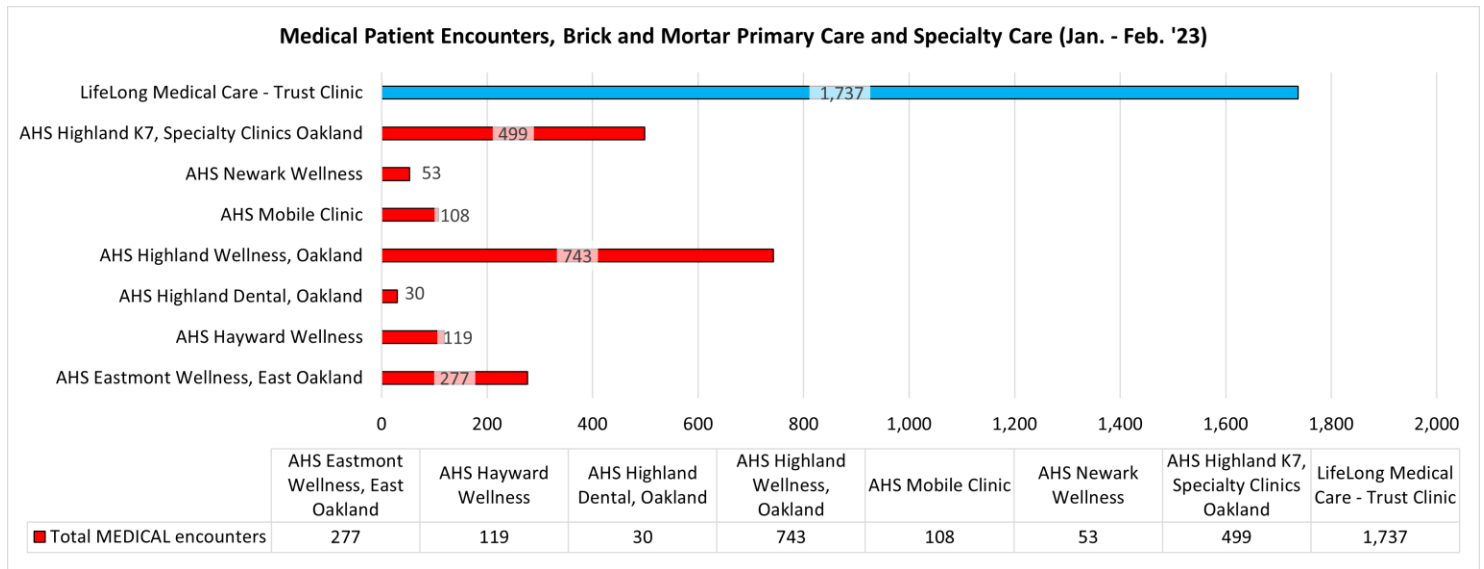
Patients with Selected Diagnoses and Number of Encounters per Patient (Jan. – Feb. '23)

	Diagnosis	# Patients	# Encounters	Encounters Per User
Medical	HIV	86	130	1.51
	Hepatitis C	51	72	1.41
	Asthma	186	252	1.35
	Diabetes Mellitus	338	468	1.38
	Hypertension	362	916	2.53
Mental Health	Anxiety/PTSD	377	798	2.12
	Depression & Other Mood Disorders	253	450	1.78
	Other Mental Disorders	83	129	1.55
SUD	Alcohol Related Disorders	429	655	1.53
	Substance Related Disorders	86	130	1.51

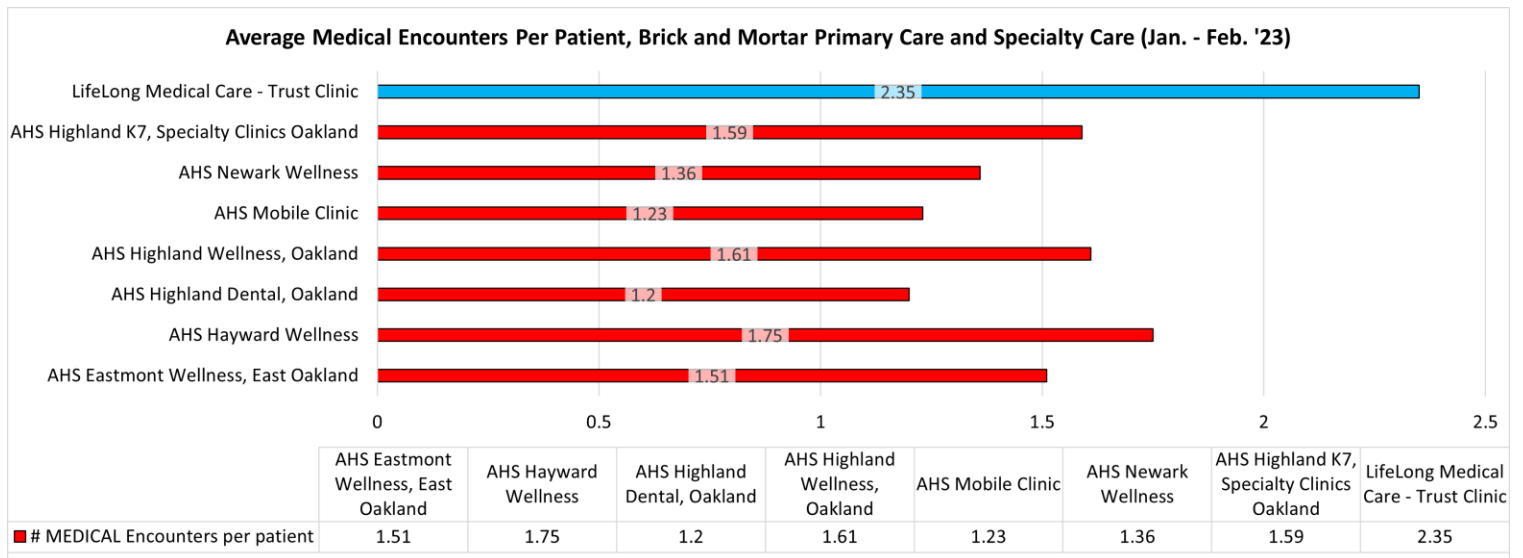
Source: Monthly Uniform Data System (UDS) patient and service utilization reports from HCH Access Database, January 1 to February 28, 2023.

ACHCH Service Encounters, January – February 2023

The following tables show the volume of encounters, by provider. Level of patient engagement in care is displayed as the average number of visits per patient (higher is better).



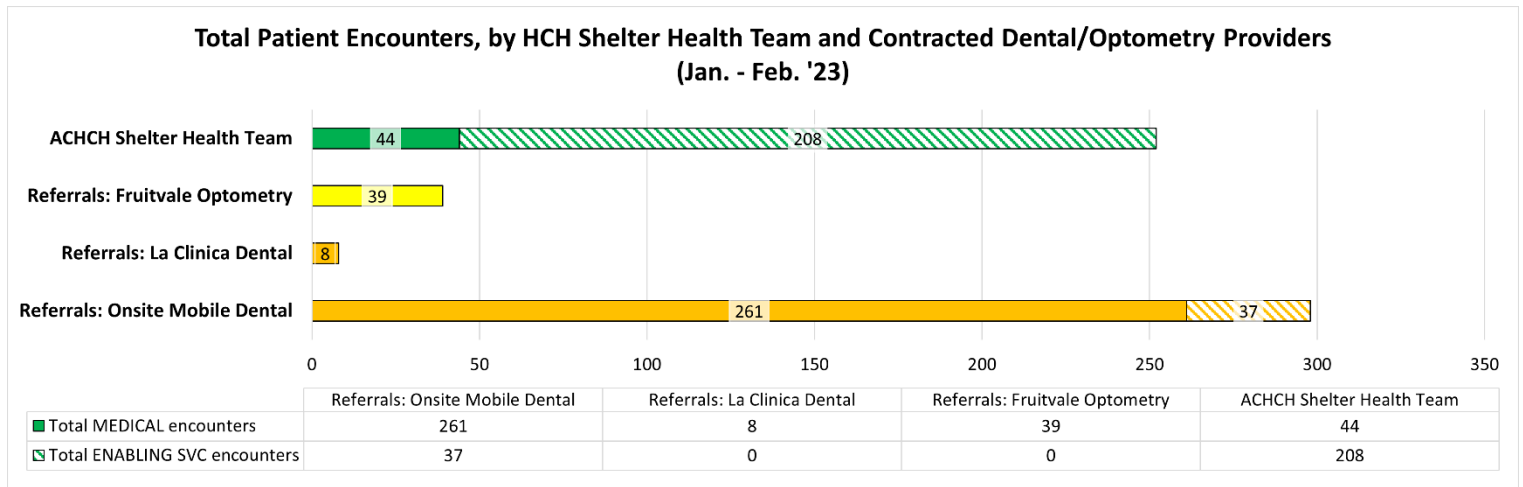
Source: Monthly Uniform Data System (UDS) patient and service utilization reports from HCH Access Database, January 1 to February 28, 2023.



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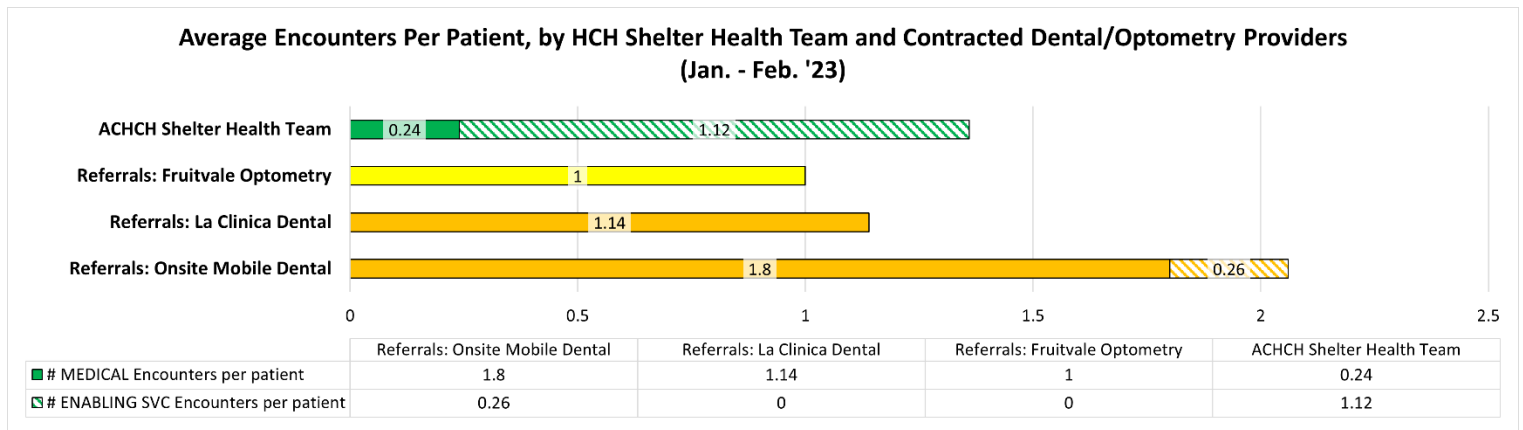
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Patient Encounters by HCH Shelter Health Team and by Contracted Dental/Optometry Provider



Source: Monthly Uniform Data System (UDS) patient and service utilization reports from HCH Access Database, January 1 to February 28, 2023.

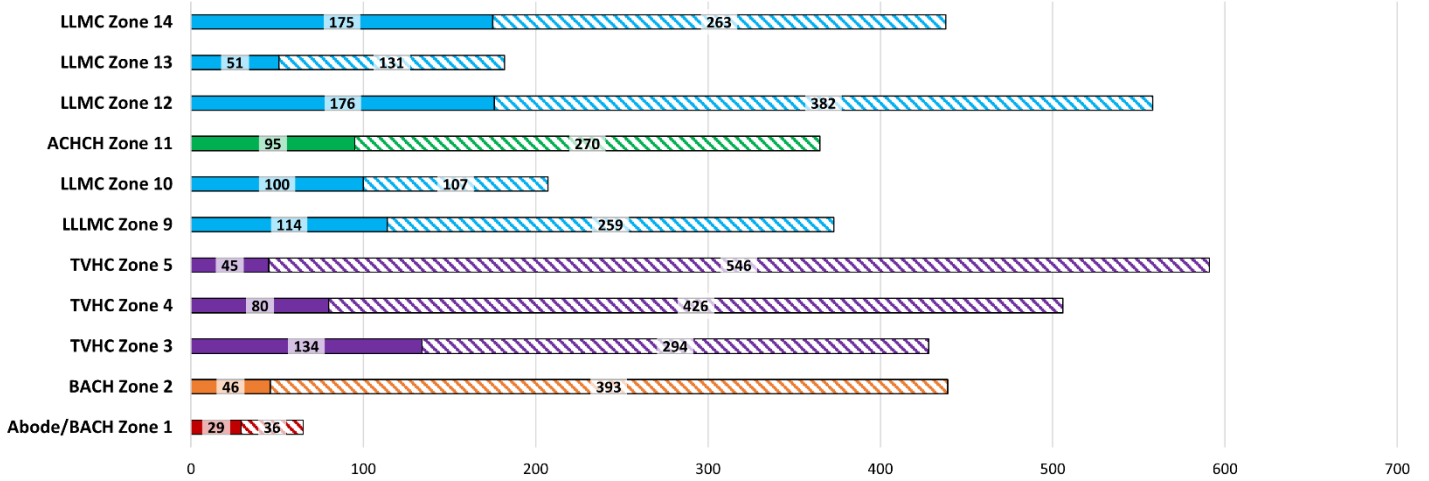
Notes:



Source: Monthly Uniform Data System (UDS) patient and service utilization reports from HCH Access Database, January 1 to February 28, 2023.

Notes:

Total Street Health Encounters, by Zone (Jan. - Feb. '23)

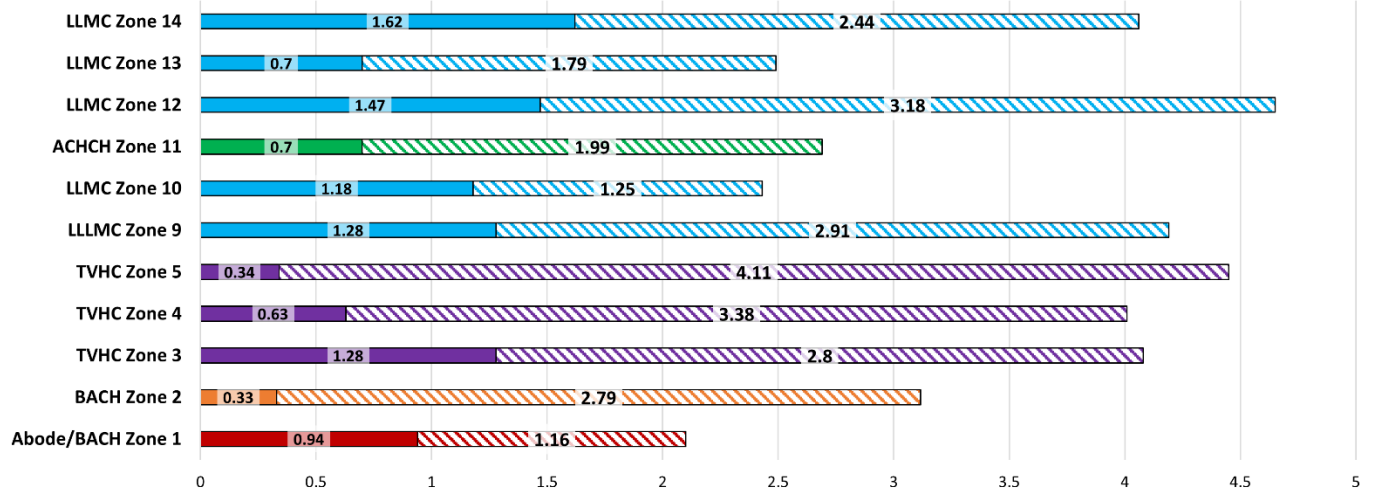


	Abode/BACH Zone 1	BACH Zone 2	TVHC Zone 3	TVHC Zone 4	TVHC Zone 5	LLLMC Zone 9	LLMC Zone 10	ACHCH Zone 11	LLMC Zone 12	LLMC Zone 13	LLMC Zone 14
Total MEDICAL encounters	29	46	134	80	45	114	100	95	176	51	175
Total ENABLING SVC encounters	36	393	294	426	546	259	107	270	382	131	263

Source: Monthly Uniform Data System (UDS) patient and service utilization reports from HCH Access Database, January 1 to February 28, 2023.

Notes:

Average Street Health Encounters Per Patient, by Zone (Jan. - Feb. '23)



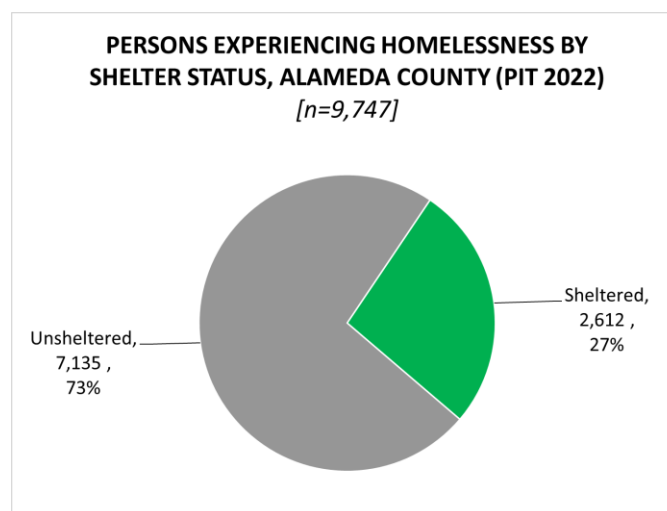
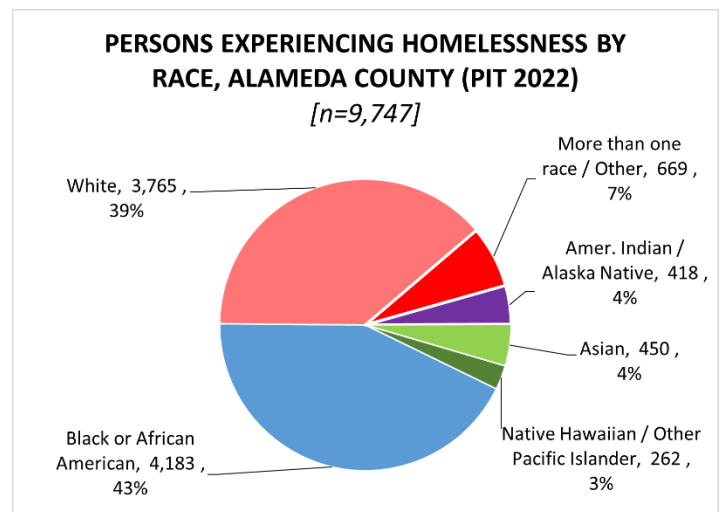
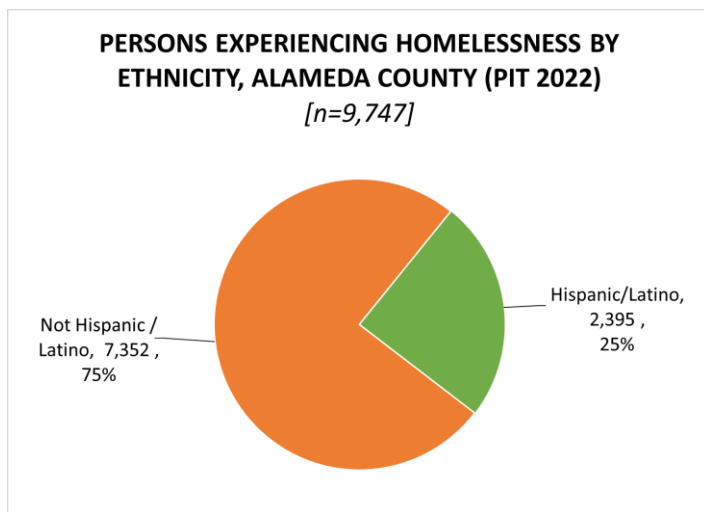
	Abode/BACH Zone 1	BACH Zone 2	TVHC Zone 3	TVHC Zone 4	TVHC Zone 5	LLLMC Zone 9	LLMC Zone 10	ACHCH Zone 11	LLMC Zone 12	LLMC Zone 13	LLMC Zone 14
# MEDICAL Encounters per patient	0.94	0.33	1.28	0.63	0.34	1.28	1.18	0.7	1.47	0.7	1.62
# ENABLING SVC Encounters per patient	1.16	2.79	2.8	3.38	4.11	2.91	1.25	1.99	3.18	1.79	2.44

Source: Monthly Uniform Data System (UDS) patient and service utilization reports from HCH Access Database, January 1 to February 28, 2023.

Notes:

Who is ACHCH Reaching?

- The 2022 Alameda County Point-In-Time (PIT) count estimated that almost 10,000 people in Alameda County are literally homeless: living in a place not meant for human habitation, or in a shelter (HUD definition of homelessness). Of the almost 10,000 people who are literally homeless, 73 percent are without shelter, and 27 percent are in shelters.
- The PIT does not include people who are doubled-up (couch surfing), so the actual number of people who are homeless in Alameda County is far greater than 10,000. As a HRSA-funded health center, ACHCH serves the larger population of homeless including those who are doubled-up.
- However with the exponential growth of the number of "literally homeless" in the last five years, Alameda County has increased focused on expanding services for the subset who are literally homeless: increasing Street Health teams from 3 teams to 14 teams throughout the County, and designing ACHCH services to support the 14 Street Health teams and more than 30 shelters throughout the County.



Source: [2022 ALAMEDA COUNTY HOMELESS COUNT AND SURVEY COMPREHENSIVE REPORT](#); ("PIT 2022")