



**10100 Trinity Parkway, Suite 100, Stockton, CA 95219**  
**SJ Health Board of Directors – Quality Committee Agenda**  
**Monday August 29, 2022 at 4:00 p.m.**

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[Click here to join the meeting](#)

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Phone Conference ID: 262 298 430#

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- |   |   |                 |
|---|---|-----------------|
| 1. Call to Order  |   | Kristin Shinn   |
| 2. Approval of Minutes from June 27, 2022                               | * | Kristin Shinn   |
| 3. Introduction of Dr. Diulio as Medical Director of Ambulatory Quality |   | Jonathon Diulio |
| 4. Committee Change Announcements                                       |   | Kristin Shinn   |
| a. Quarterly Meeting Frequency  |   |                 |
| b. Chairperson  |   |                 |
| c. Adding Compliance to Scope (Susan Thorner)                           |   |                 |
| 5. Clinical Quality Report  | * | Angela Ayala    |
| 6. Adjournment  |   | Kristin Shin    |

**\*Action Item**

**Next Meeting Date:      September 26, 2022 at 4:00pm**  
**Microsoft Teams Meeting**

Note: If you need disability-related modification or accommodation to participate in this meeting, please contact San Joaquin Health Centers at (209) 953-3711 at least 48 hours prior to the start of the meeting. Government Code Section 54954.2(a) - materials related to an item on this agenda submitted to the Board after distribution of the agenda packet are available for public inspection by contacting SJ Health Clinic Administration at 10100 Trinity Parkway, Suite 100, Stockton, CA 95219 during normal business hours.

## Minutes of June 27, 2022

### San Joaquin Health Centers Board of Directors – Quality Committee

**Board Members Present:** Charson Chang (Quality Committee Chair); Farhan Fadoo (SJCC CEO); Monica Fuentes; Jessica Hernandez (Quality Committee); Karen Lee (Quality Committee); Rod Place (Board Chair); Kristin Shinn (Quality Committee); Tarsha Taylor-Godfrey

**Board Members Excused Absent:** Bernadette Pua (Quality Committee)

**Board Members Unexcused Absent:** none

**SJCC Staff:** Michael Allen (Board Clerk); Angela Ayala; Rajat Simhan; Alice Soulligne (COO); Susan Thorner (Consultant); Kris Zuniga (CFO)

**Guests:** Carla Bomben (SJGH Standards & Compliance)

AGENDA ITEM	ATTACHMENTS	ACTION
<b>1. <u>Call to Order (Charson Chang, SJCC Board Member)</u></b> The meeting was called to order at 4:07 p.m. A quorum was established for today's meeting. Charson led a session to allow everyone to get to know the newest members Tarsha and Kristin. Kristin expressed interest in serving on the Quality Committee, so she was added to the roster.	No attachments	No action required
<b>2. <u>Approval of Minutes from 5/23/2022 (Charson Chang, SJCC Board Member)</u></b> Minutes from May 23, 2022 were approved unanimously.	Quality Committee Meeting Minutes from May 23, 2022	Rod motioned to approve the minutes and Jessica seconded; minutes were approved unanimously
<b>3. <u>Clinical Quality Report (Angela Ayala, SJCC Staff)</u></b> Dr. Jonathon Diulio is joining the Quality team as a physician representative. He will be joining us on the Quality Committee meetings starting in July 2022. Still several vacancies in the Quality department and efforts are under way to hire for these positions.  Gap closure clinics continue, but success has dropped off. Will be meeting this week to address high no-show rate for these Saturday clinics.  Clustered quality metric check-off lists are still being used. Feedback is being gathered from staff to evaluate effectiveness of 2-week sprints.  Next week will begin code reviews for QIP PY5.  Ongoing efforts are underway to improve Saturday gap clinic participation. Continuing to work with HPSJ to help fill Saturday schedules. Focus is also continuing for chronic care patients, as well as getting patients into the clinics if they've only had telehealth appointments recently, since some metrics cannot be satisfied during telehealth encounters.	Quality Committee Report – June 2022	No action required

<p>Most clinical indicators are improving, with the exception of Adult BMI, which will be a focus of provider education.</p> <p>Employee and patient satisfaction (EAPS) were discussed. It was noted that we rolled out a new survey in June 2022 that is more targeted, meaningful, and will simplified language. Charson requested that the Quality committee receive updates on both the patient and staff aspects of the EAPS committee.</p>		
<p><b>4. <u>Adjournment</u></b> There being no further topics of discussion, Charson Chang adjourned the meeting at 4:54 p.m.</p>	<p>No attachments</p>	<p>No action required</p>

# **JULY 2022 QUALITY REPORT**

By Angela R. Ayala

## **1. Department Updates**

- Introducing Dr. Jonathon Diulio, Medical Director of Ambulatory Quality

## **2. Work Plan Updates**

- Saturday Gap Closure Clinics
  - 7 Events: May - 2, June - 3, July – 3
  - 211 patients seen to date
  - Discussing schedule for next 3 months
- Clinic Team Education
  - Coding Focus: BMI, Cervical Cancer Exclusions, Chlamydia, Depression, Retinal Exams, Tobacco Cessation
- 2-week Sprints with Clinic Operations continue
  - Pap Clinics at French Camp – 1<sup>st</sup> scheduled for 07/28/2022, planned for every Thursday
- Reporting
  - QIP PY 5 code reviews – Cervical Cancer Screening completed
  - Reporting availability for PY5 reporting by 07/31/2022

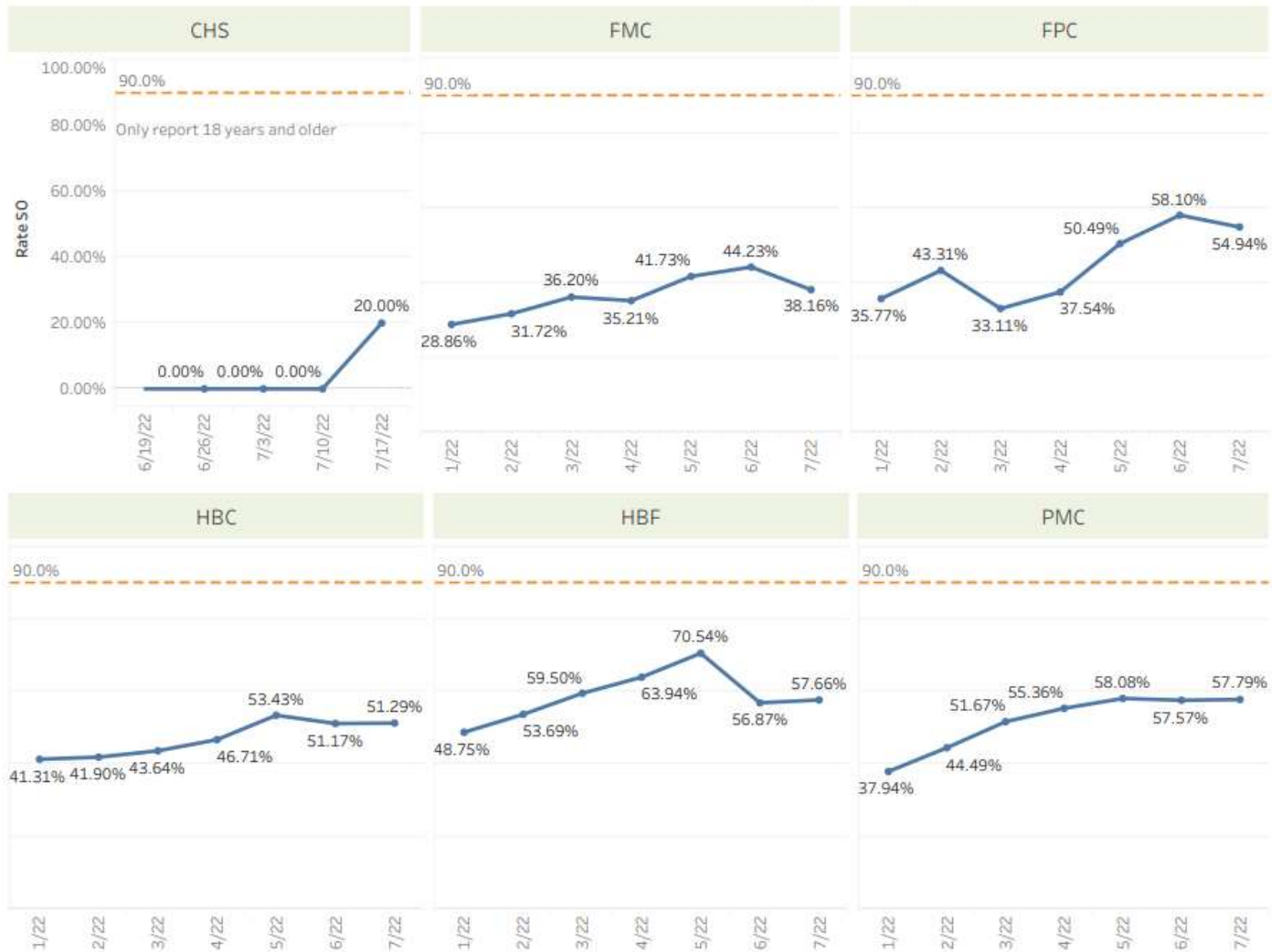
## **3. Ongoing Efforts**

- Improve Saturday Clinic participation – Clinic staff supporting with outreach
- Patient Incentives – Back to school drive, \$25 Gift Cards

## 4. Overall Performance Updates

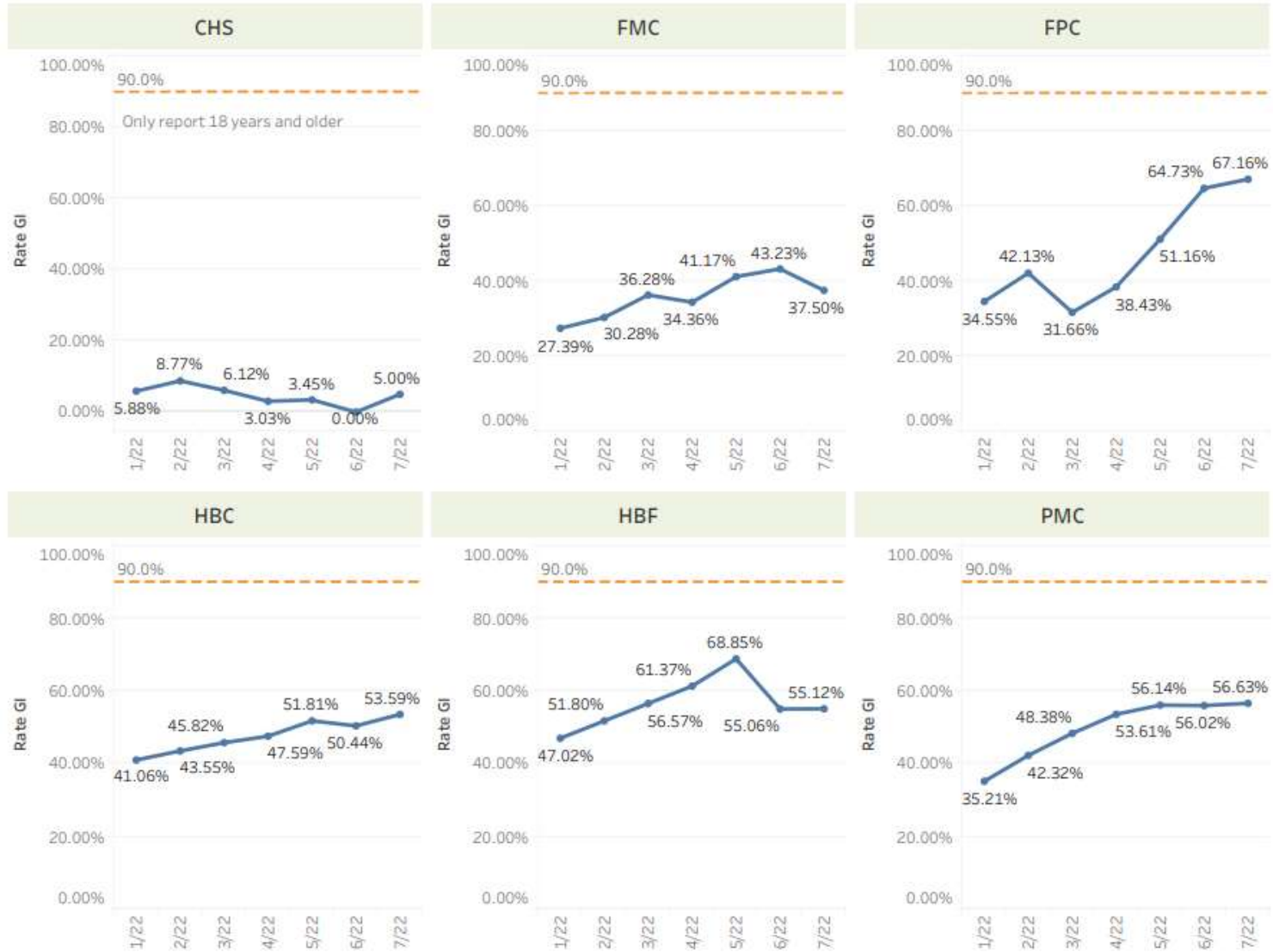
- Sexual Orientation

Sexual Orientation Audit Dashboard (Monthly)



- Gender Identity

### Gender Identity Audit Dashboard (Monthly)



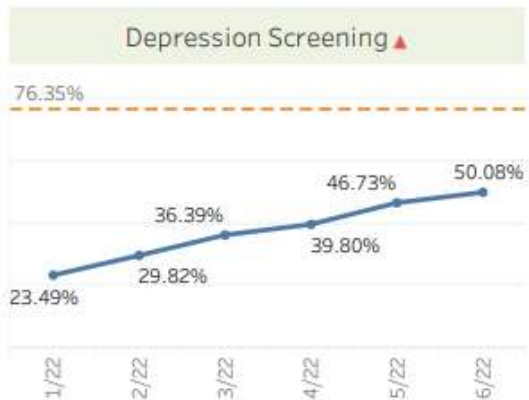
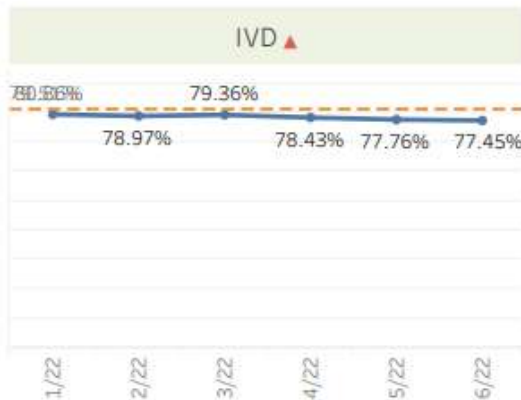
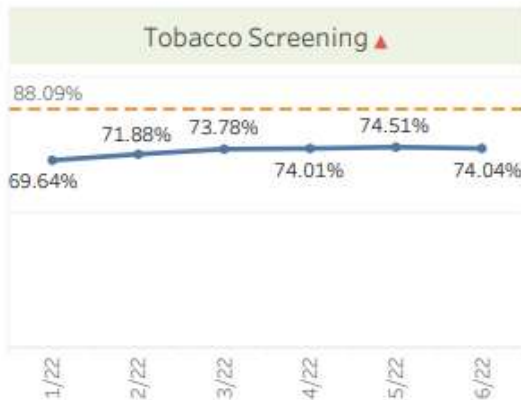
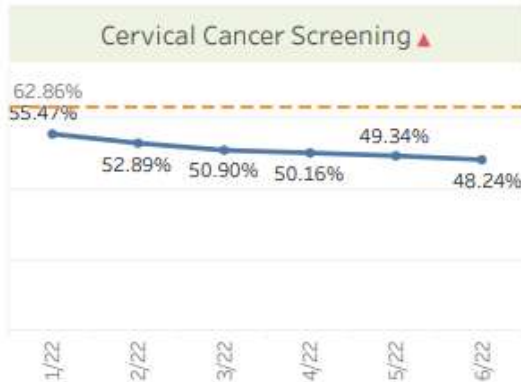
- Comprehensive Diabetes Care-Code Completeness

2022 A1c Data Completion Dashboard (Weekly)



- Monthly Clinical Indicators

### Clinical Indicators (Monthly)





# **AUGUST 2022 QUALITY REPORT**

By Angela R. Ayala

## **1. Department Updates**

- Introducing Dr. Jonathon Diulio, Medical Director of Ambulatory Quality (from July's report)

## **2. Work Plan Updates**

- Gap Closure Clinics
  - Continuing Saturday clinics – Provider Participation
  - Continue additional workday clinics
  - Weekly Thursday Pap clinics
  - Backpack distribution at French Camp
- Clinic Team Engagement Efforts
  - Visit frequency for Well Care Visits
  - Streamline information regarding payer partner benefits to our patients
  - Adequate use of quality reporting codes
- 2-week Sprints with Clinic Operations
  - Capturing clinical workflows
- Reporting
  - Draft Dashboard – Presented to leadership
    - Areas of focus: Cervical Cancer Screening, Breast Cancer Screening and Well Care Visits

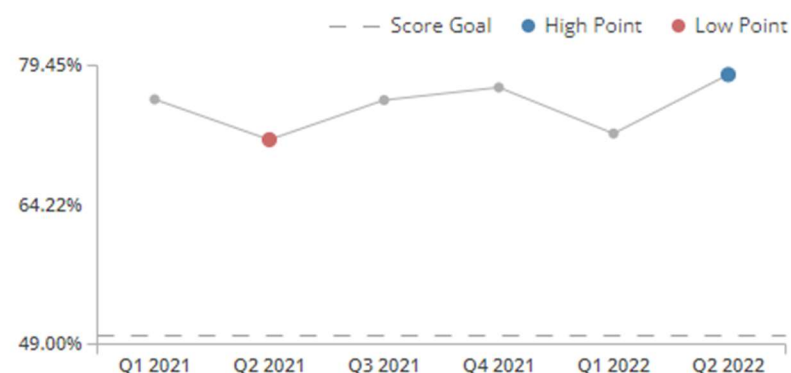
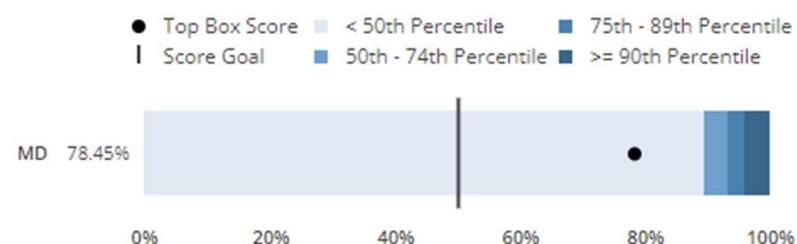
## **3. Ongoing Efforts**

- Affinity Project – Week 15
  - Appoint post-partum care and well care visit on the same day
  - 23 successful connections
- Outreach
  - Cervical Cancer Screenings
  - Well Care Visits
  - Chronic Care
  - Postpartum
- Providing feedback to our clinical teams
  - Provider level performance information
  - Participate in formal monthly meetings

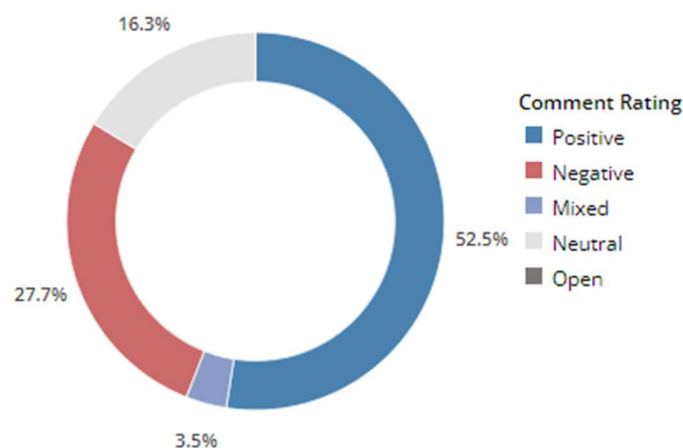
## 4. Patient Satisfaction

### Service Line Performance ⓘ

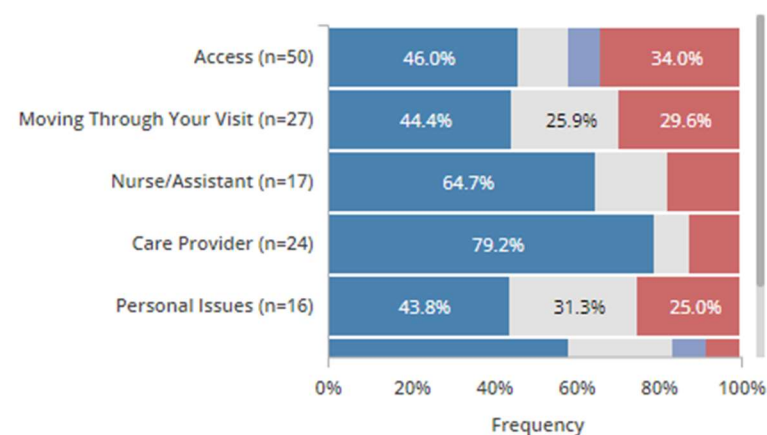
CAHPS Rate 0-10



### Comment Sentiment Distribution ⓘ

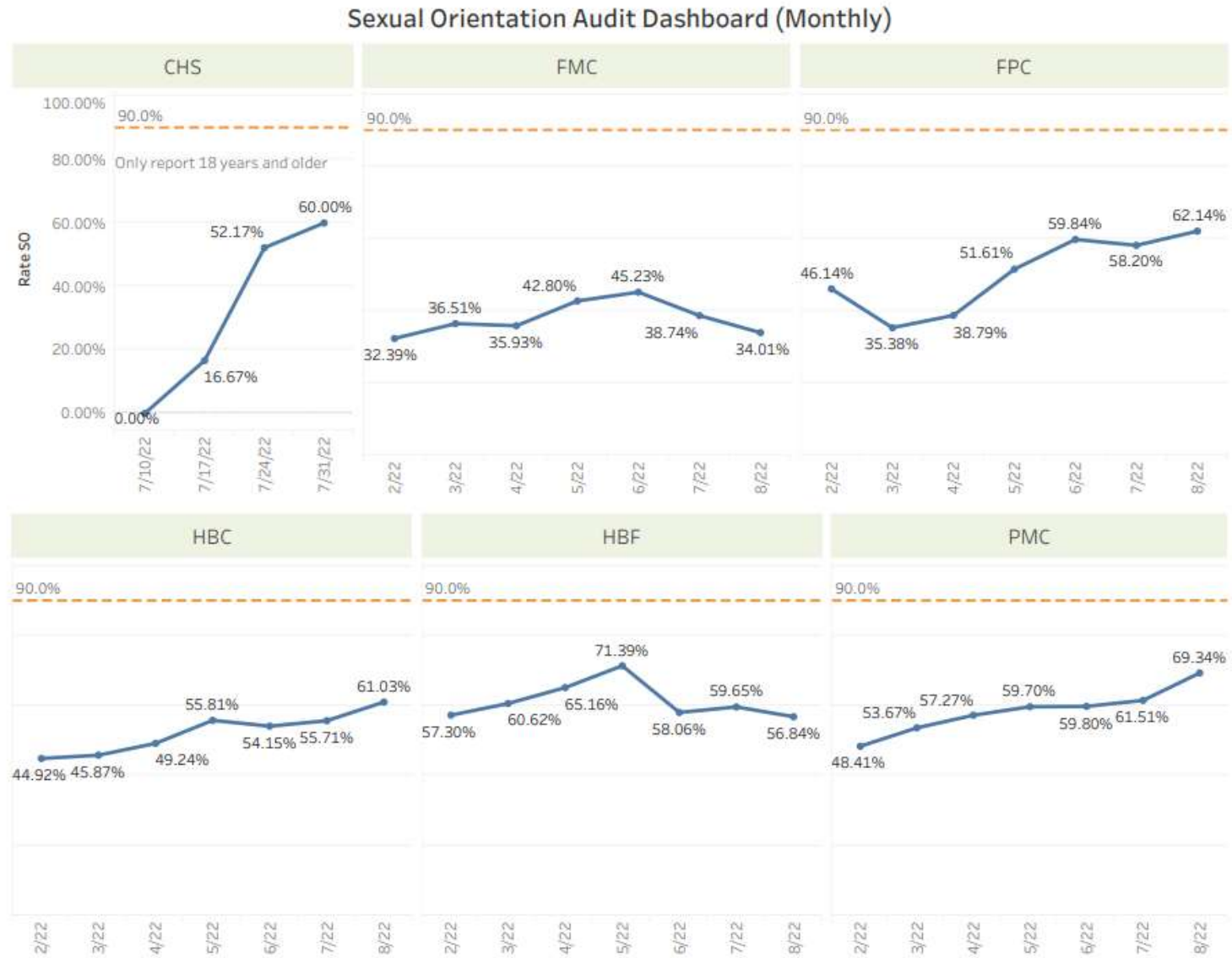


### Comment Sentiment Distribution by Section ⓘ



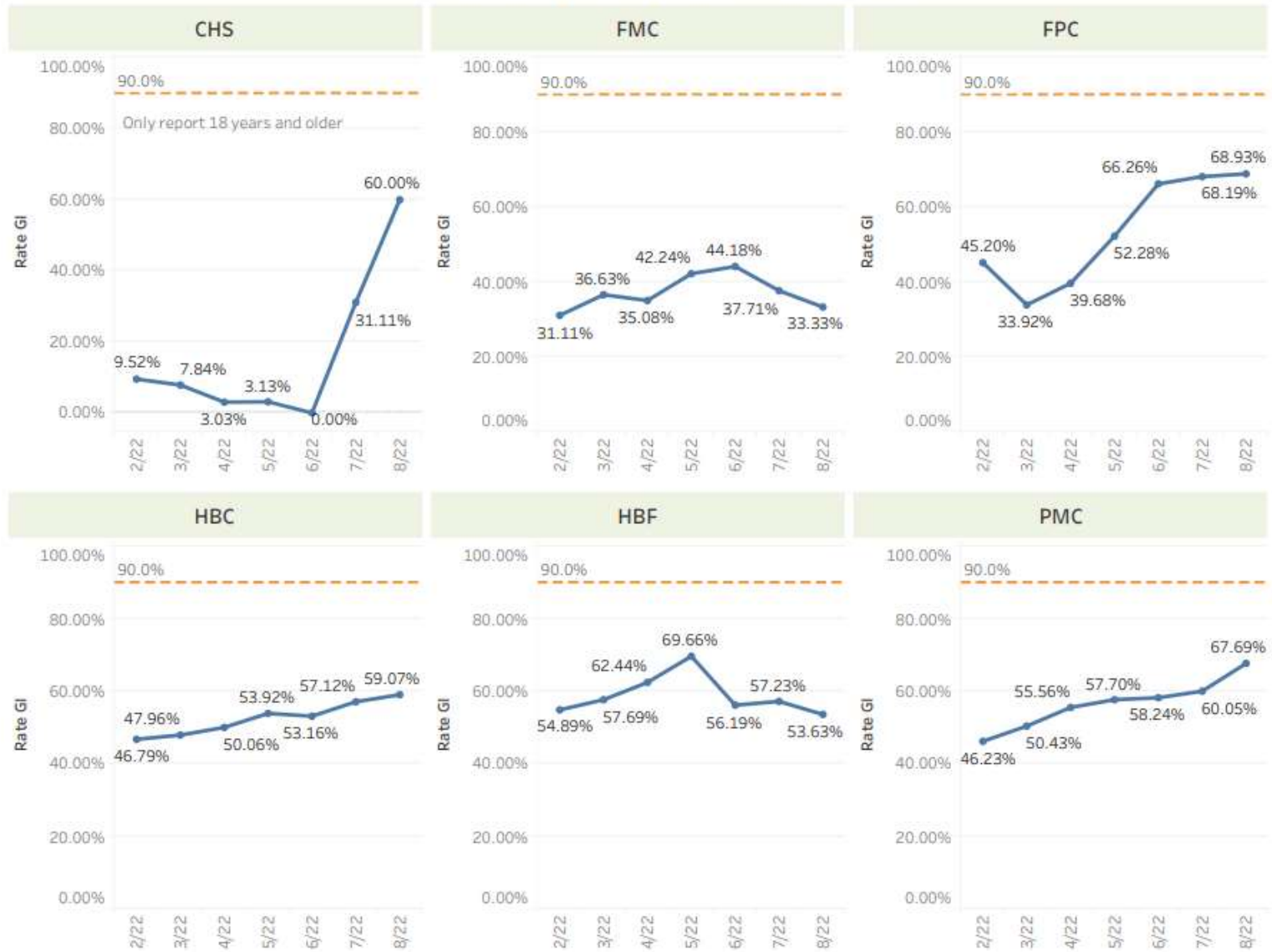
## 5. Overall Performance Updates

- Sexual Orientation



- Gender Identity

### Gender Identity Audit Dashboard (Monthly)



- Comprehensive Diabetes Care-Code Completeness

2022 A1c Data Completion Dashboard (Weekly)



- Health Plan of San Joaquin HEDIS Performance

## Children's Health Measures

Measure Abbrev.	Denominator	Numerator	Compliance Rate	June Rate	25th Percentile	2022 50 <sup>th</sup> Percentile	Members to Goal
<b>CIS-10</b> (Childhood Immunization Status)	522	171	32.76%	30.81%	32.00%	39.00%	33
<b>IMA-2</b> (Immunizations for Adolescents)	558	179	32.08%	27.57%	31.00%	37.00%	27
<b>W30 – 15 mos</b> (Well Child Visits in the first 15 months of life)	290	101	34.83%	30.03%	45.00%	55.00%	59
<b>W30 – 30 mos</b> (Well Child Visits in the first 30 months of life)	532	314	59.02%	56.74%	67.00%	71.00%	64
<b>WCV</b> (Child and Adolescent Well Care Visits)	11,164	2,322	20.80%	16.63%	40.00%	46.00%	2813
<b>LSC</b> (Lead Screening in Children)	523	375	71.70%	71.32%	62.00%	72.00%	2

# Women's Health Measures

Measure	Denominator	Numerator	Compliance Rate	June Rate	25th Percentile	2022 50 <sup>th</sup> Percentile	Members to Goal
<b>BCS</b> (Breast Cancer Screening)	2,344	952	40.61%	39.01%	49%	54%	314
<b>CCS</b> (Cervical Cancer Screening)	10,306	4,433	43.01%	41.92%	52%	60%	1,751
<b>CHL</b> (Chlamydia Screening)	835	437	52.34%	53.09%	49%	55%	22
<b>PPC Post</b> (Postpartum Care)	485	317	65.36%	64.01%	72%	77%	56
<b>PPC - PRE</b> (Prenatal Care)	485	407	83.92%	84.97%	80%	86%	10