



San Joaquin County Clinics (SJCC)

Minutes of February 22, 2021
QUALITY Committee Meeting Minutes

San Joaquin County Clinics
Web Conference Call

PRESENT: Alicia Yonemoto (SJCC Board Vice-Chair); Esgardo Medina (SJCC Co-Treasurer); Mary Mills (SJCC Board Member); Dr. Farhan Fadoo (SJCC CEO); Alice Souligne (SJCC COO); Betty Jo Riendel; Carla Bomben; David Culberson (SJGH CEO); Dena Galindo; Rajat Simhan; Jeff Slater; Adelé Gribble

EXCUSED: Rod Place (SJCC Board Chair)

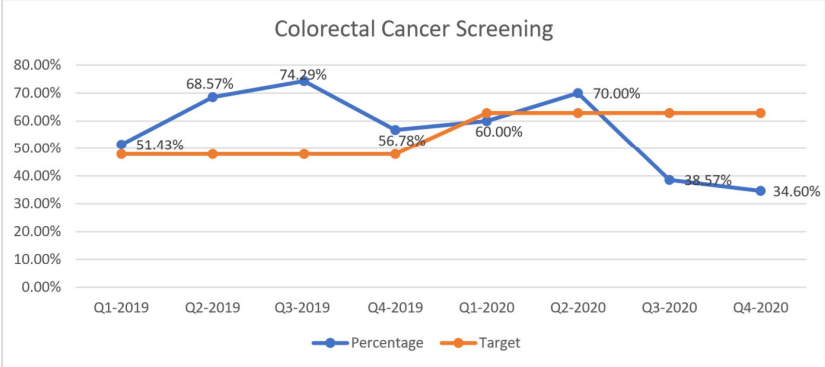
ABSENT: NONE

AGENDA ITEM	ATTACHMENTS	ACTION
<p>1. <u>Call to Order (Alicia Yonemoto, SJCC Board Vice-Chair)</u></p> <p>The meeting was called to order by Alicia Yonemoto at 5:02 p.m. Attendees were notified that this meeting is being recorded.</p>	No Attachments	No Action Required
<p>2. <u>Approval of Minutes of November 24, 2020 (Alicia Yonemoto, SJCC Board Vice-Chair)</u></p> <p>The minutes were reviewed by present committee members. Esgardo Medina made a motion to approve the minutes from November 24, 2020, Alicia Yonemoto seconded the motion and members unanimously approved the minutes.</p>	(Attachment 2) Quality Committee Meeting Minutes from November 24, 2020)	Esgardo Medina – motion to approve minutes from 11/24/2020, Alicia Yonemoto – second the motion. Committee unanimously approved the minutes.
<p>3. <u>Clinical Quality Report (Rajat Simhan)</u></p> <p>Rajat Simhan presented the key clinical quality outcome measures (retroactively for Q4 2020). Overall, COVID continues to have an impact on Clinical Care outcomes. Patients are still not comfortable coming in for visits, most of our encounters are telephonic.</p>	(Attachments 3) Clinical Quality Report for 4 th Quarter ended 12/30/2020	No Action required

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<div data-bbox="170 302 936 678" data-label="Figure"> <table border="1"> <caption>DM A1c Poor Control Data</caption> <thead> <tr> <th>Quarter</th> <th>Percentage</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td>Q1-2019</td> <td>35.71%</td> <td>30.39%</td> </tr> <tr> <td>Q2-2019</td> <td>37.14%</td> <td>30.39%</td> </tr> <tr> <td>Q3-2019</td> <td>27.14%</td> <td>30.39%</td> </tr> <tr> <td>Q4-2019</td> <td>32.68%</td> <td>30.39%</td> </tr> <tr> <td>Q1-2020</td> <td>30.39%</td> <td>30.39%</td> </tr> <tr> <td>Q2-2020</td> <td>48.39%</td> <td>30.39%</td> </tr> <tr> <td>Q3-2020</td> <td>43.79%</td> <td>30.39%</td> </tr> <tr> <td>Q4-2020</td> <td>42.05%</td> <td>30.39%</td> </tr> </tbody> </table> </div> <ul data-bbox="201 699 982 797" style="list-style-type: none"> • To Improve the care of Diabetic patients, Ambulatory Quality Department is calling patients and scheduling appointments with their provider. • Staff is engaged in mailing letters to patients, encouraging them to make appointments for diabetic foot exam and retinal screenings. <div data-bbox="170 857 989 1211" data-label="Figure"> <table border="1"> <caption>CVD Blood Pressure Data</caption> <thead> <tr> <th>Quarter</th> <th>Percentage</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td>Q1-2019</td> <td>61.52%</td> <td>70.00%</td> </tr> <tr> <td>Q2-2019</td> <td>67.55%</td> <td>70.00%</td> </tr> <tr> <td>Q3-2019</td> <td>67.81%</td> <td>70.00%</td> </tr> <tr> <td>Q4-2019</td> <td>65.28%</td> <td>70.00%</td> </tr> <tr> <td>Q1-2020</td> <td>65.34%</td> <td>70.00%</td> </tr> <tr> <td>Q2-2020</td> <td>54.94%</td> <td>70.00%</td> </tr> <tr> <td>Q3-2020</td> <td>52.05%</td> <td>70.00%</td> </tr> <tr> <td>Q4-2020</td> <td>51.13%</td> <td>70.00%</td> </tr> </tbody> </table> </div> <p data-bbox="170 1230 989 1328"> QI Staff have begun to work with providers to open "hypertension clinic". Various efforts are also being made to provide patient letters to hypertensive patients to notify them the need to capture and manage their hypertension during this pandemic. We are continuously ordering BP monitors for patients and providing education on its use. </p> <p data-bbox="170 1349 989 1446"> Quality team staff have provided education on proper documentation of BP measurements taken by patients during tele visit. There is also an effort to collaborate with call center agents and nursing staff in reminding hypertensive patients to contact us if they do not have a BP monitor and reminding patients that BP measurements will be needed during tele visits to better control their hypertension. </p>	Quarter	Percentage	Target	Q1-2019	35.71%	30.39%	Q2-2019	37.14%	30.39%	Q3-2019	27.14%	30.39%	Q4-2019	32.68%	30.39%	Q1-2020	30.39%	30.39%	Q2-2020	48.39%	30.39%	Q3-2020	43.79%	30.39%	Q4-2020	42.05%	30.39%	Quarter	Percentage	Target	Q1-2019	61.52%	70.00%	Q2-2019	67.55%	70.00%	Q3-2019	67.81%	70.00%	Q4-2019	65.28%	70.00%	Q1-2020	65.34%	70.00%	Q2-2020	54.94%	70.00%	Q3-2020	52.05%	70.00%	Q4-2020	51.13%	70.00%		
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<p>2. Appointment for follow up is to be given in a timely manner</p> <p>3. If there is a discrepancy, all available tests will be performed</p> <div data-bbox="233 440 1031 818"> <table border="1"> <caption>Pediatric Immunization</caption> <thead> <tr> <th>Quarter</th> <th>Percentage</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td>Q1-2019</td> <td>38.57%</td> <td>70.00%</td> </tr> <tr> <td>Q2-2019</td> <td>42.85%</td> <td>70.00%</td> </tr> <tr> <td>Q3-2019</td> <td>34.29%</td> <td>70.00%</td> </tr> <tr> <td>Q4-2019</td> <td>38.57%</td> <td>70.00%</td> </tr> <tr> <td>Q1-2020</td> <td>25.71%</td> <td>70.00%</td> </tr> <tr> <td>Q2-2020</td> <td>38.57%</td> <td>70.00%</td> </tr> <tr> <td>Q3-2020</td> <td>54.29%</td> <td>70.00%</td> </tr> <tr> <td>Q4-2020</td> <td>42.86%</td> <td>70.00%</td> </tr> </tbody> </table> </div> <p>Pediatric measures the Quality team are working on are CIS, IMA and W30.</p> <p>CIS- Reviewing immunization records for children under two and scheduling appointments to update immunizations (or Well child visit if due)</p> <p>IMA- Reviewing immunization records of patients ages 11- 12 and scheduling appointments for immunizations needed prior to 13th birthday.</p> <p>W30- contacting and scheduling appointments for infants/patients under 30 months of age in need of a well child visit.</p> <div data-bbox="174 1166 972 1474"> <table border="1"> <caption>Cervical Cancer Screening</caption> <thead> <tr> <th>Quarter</th> <th>Percentages</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td>Q1-2019</td> <td>55.71%</td> <td>60.00%</td> </tr> <tr> <td>Q2-2019</td> <td>57.14%</td> <td>60.00%</td> </tr> <tr> <td>Q3-2019</td> <td>66.95%</td> <td>60.00%</td> </tr> <tr> <td>Q4-2019</td> <td>51.43%</td> <td>60.00%</td> </tr> <tr> <td>Q1-2020</td> <td>54.29%</td> <td>60.00%</td> </tr> <tr> <td>Q2-2020</td> <td>51.43%</td> <td>60.00%</td> </tr> <tr> <td>Q3-2020</td> <td>55.71%</td> <td>60.00%</td> </tr> <tr> <td>Q4-2020</td> <td>51.32%</td> <td>60.00%</td> </tr> </tbody> </table> </div>	Quarter	Percentage	Target	Q1-2019	38.57%	70.00%	Q2-2019	42.85%	70.00%	Q3-2019	34.29%	70.00%	Q4-2019	38.57%	70.00%	Q1-2020	25.71%	70.00%	Q2-2020	38.57%	70.00%	Q3-2020	54.29%	70.00%	Q4-2020	42.86%	70.00%	Quarter	Percentages	Target	Q1-2019	55.71%	60.00%	Q2-2019	57.14%	60.00%	Q3-2019	66.95%	60.00%	Q4-2019	51.43%	60.00%	Q1-2020	54.29%	60.00%	Q2-2020	51.43%	60.00%	Q3-2020	55.71%	60.00%	Q4-2020	51.32%	60.00%		
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<p>Cervical cancer screening has posed a challenge due to limited appointment availability along with patient compliance (many patients scheduled are a no show for appointments). Quality team is working with OB/GYN department to formulate a plan to best serve the patients.</p>  <p>Due to Holidays Colorectal cancer screenings have experienced a decline. This quarter, we experienced delays in patients mailing specimen to Quest Diagnostics. Due to surge of COVID-19 quest lab is behind in sending results Quality team is currently mailing patients FIT/FOBT kits and following up to encourage participation in the screenings.</p> <p>Rajat advised the QI team will be implementing a HEDIS Drive Up Clinic. They are focusing primarily on Nursing visits to begin with such as Depression, Alcohol and Substance Abuse Screenings. They will possibly also include Tobacco, A1c and BP screenings. They would like to see what level of success we reach before rolling out on a larger scale. The goal is to begin this during the first week of March. This will be run by the nurses and medical assistants in the Quality team. If there are patients in need of a provider, they will have a provider either come to the drive-up clinic or do a telephonic encounter.</p>																																																																																																				
<p>4. Access Improvement OASC Report (Dena Galindo)</p> <p>Dena Galindo presented her reports below:</p> <p>FQHC Continuity Productivity</p> <table border="1" data-bbox="296 1300 1098 1474"> <thead> <tr> <th></th> <th>Jan</th> <th>Feb</th> <th>Mar</th> <th>Apr</th> <th>May</th> <th>June</th> <th>July</th> <th>Aug</th> <th>Sept</th> <th>Oct</th> <th>Nov</th> <th>Dec</th> <th>total</th> </tr> </thead> <tbody> <tr> <td>Template</td> <td>15,406</td> <td>13,574</td> <td>6,840</td> <td>13,405</td> <td>12,739</td> <td>12,093</td> <td>11,117</td> <td>10,478</td> <td>11,081</td> <td>10,615</td> <td>8,851</td> <td>9,668</td> <td>135,867</td> </tr> <tr> <td>Appointments seen</td> <td>11,668</td> <td>10,593</td> <td>5,089</td> <td>8,698</td> <td>9,948</td> <td>8,536</td> <td>9,925</td> <td>9,006</td> <td>9,057</td> <td>8,478</td> <td>7,078</td> <td>7,641</td> <td>105,717</td> </tr> <tr> <td></td> <td>75.7%</td> <td>78.0%</td> <td>74.4%</td> <td>64.9%</td> <td>78.1%</td> <td>70.6%</td> <td>89.3%</td> <td>86.0%</td> <td>81.7%</td> <td>79.9%</td> <td>80.0%</td> <td>79.0%</td> <td>77.8%</td> </tr> <tr> <td>Same Day Open</td> <td>2,089</td> <td>1,836</td> <td>1,172</td> <td>6,794</td> <td>4,289</td> <td>2,626</td> <td>1,515</td> <td>787</td> <td>522</td> <td>285</td> <td>252</td> <td>240</td> <td>22,407</td> </tr> <tr> <td>Same Day Filled</td> <td>1,728</td> <td>1,634</td> <td>966</td> <td>2,899</td> <td>3,319</td> <td>2,362</td> <td>1,559</td> <td>1,378</td> <td>996</td> <td>701</td> <td>799</td> <td>640</td> <td>18,981</td> </tr> <tr> <td></td> <td>82.7%</td> <td>89.0%</td> <td>82.4%</td> <td>42.7%</td> <td>77.4%</td> <td>89.9%</td> <td>102.9%</td> <td>175.1%</td> <td>190.8%</td> <td>246.0%</td> <td>317.1%</td> <td>266.7%</td> <td>84.7%</td> </tr> </tbody> </table>		Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	total	Template	15,406	13,574	6,840	13,405	12,739	12,093	11,117	10,478	11,081	10,615	8,851	9,668	135,867	Appointments seen	11,668	10,593	5,089	8,698	9,948	8,536	9,925	9,006	9,057	8,478	7,078	7,641	105,717		75.7%	78.0%	74.4%	64.9%	78.1%	70.6%	89.3%	86.0%	81.7%	79.9%	80.0%	79.0%	77.8%	Same Day Open	2,089	1,836	1,172	6,794	4,289	2,626	1,515	787	522	285	252	240	22,407	Same Day Filled	1,728	1,634	966	2,899	3,319	2,362	1,559	1,378	996	701	799	640	18,981		82.7%	89.0%	82.4%	42.7%	77.4%	89.9%	102.9%	175.1%	190.8%	246.0%	317.1%	266.7%	84.7%	<p>(Attachment 4) OASC FQHC Board Meeting Feb 2021</p>	<p>No Action Required</p>
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Dena advised when she first joined the call center there was a big push to ensure we are using all the same day access. They have exceeded the number of amount they had available through each month.

Phone center's statistics through the end of the year is shown below:

Phone Center Statistics

2020	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	TOTAL
Calls Received	19,250	17,475	18,751	15,904	17,656	24,649	28,778	21,792	20,869	22,830	21,090	23,272	252,316
Calls Answered	18,838	17,010	18,309	15,606	17,038	23,808	26,941	21,289	20,300	21,858	20,018	21,869	242,884
Calls Missed	412	465	442	298	618	841	1,837	503	569	972	1,072	1,403	9,432
Percent Missed	2.1%	2.7%	2.4%	1.9%	3.5%	3.4%	6.4%	2.3%	2.7%	4.3%	5.1%	6.0%	3.6%
Avg Answer Time-ENG	21	18	23	21	26	38	70	29	25	39	71	67	37
Avg Answer Time-SPA	24	25	31	26	41	44	82	44	35	63	95	98	51

2019	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	TOTAL
Calls Received	18,820	16,446	19,289	19,171	18,989	17,405	20,448	20,178	18,593	20,102	15,989	17,197	222,627
Calls Answered	17,306	15,108	17,465	17,690	17,439	15,227	17,742	18,852	17,762	19,422	15,623	16,748	206,384
Calls Missed	1,514	1,338	1,824	1,481	1,550	2,178	2,706	1,326	831	680	366	449	16,243
Percent Missed	8.0%	8.1%	9.5%	7.7%	8.2%	12.5%	13.2%	6.6%	4.5%	3.4%	2.3%	2.6%	7.2%
Avg Answer Time-ENG	72	57	78	65	68	82	128	49	53	28	18	23	60
Avg Answer Time-SPA	138	117	124	104	108	96	160	57	64	36	26	29	88

The referrals from October through February 14th is reflected below:

Referrals:

Row Labels	Count of Case Number
Accepted	203
Attended	601
Cancelled	832
Closed	552
Completed	398
Not Started	1199
Pending	1156
Pending Reschedule	262
Prepare Send	77
Rejected	85
Scheduled	450
Sent	2219
Grand Total	8034

Top medical services requested:

Row Labels	Count of Case Number
Physical Therapy	884
Gastroenterology	815
Ophthalmology	486
Orthopedic Surgery	485
Cardiology	408
Other	334
Neurology	332
Obstetrics/Gynecology	328
Dermatology	320
Pain Management	303
Otolaryngology	301
Surgery	275
Urology	265

Top medical services requested (cont.):

Row Labels	Count of Case Number
Audiology	256
Sleep Medicine	256
Endocrinology	188
Pulmonary	166
Nephrology	129
Podiatry	126
Neurological Surgery	121
Rheumatology	119
Hematology/Oncology	100
Occupational Therapy	99

AGENDA ITEM	ATTACHMENTS	ACTION																																																				
<p style="text-align: center;">Press Ganey Survey Comments</p> <table border="1" data-bbox="191 345 1031 738"> <tr> <td colspan="2">November 2020</td> </tr> <tr> <td>Total Number of Responses</td> <td>68</td> </tr> <tr> <td>Satisfied Responses</td> <td>39</td> </tr> <tr> <td>Concerns</td> <td>29</td> </tr> <tr> <td>Dissatisfied with</td> <td></td> </tr> <tr> <td>• Insufficient time with Provider</td> <td>6</td> </tr> <tr> <td>• Wait Time</td> <td>3</td> </tr> <tr> <td>• Customer Service Registration</td> <td>2</td> </tr> <tr> <td>• Insensitive staff/ provider</td> <td>9</td> </tr> <tr> <td>• Medication Refill Process</td> <td>4</td> </tr> <tr> <td>• Test Result Notification</td> <td>1</td> </tr> <tr> <td>• Lack of Parking</td> <td>1</td> </tr> <tr> <td>• Customer Service Apt. Call Center</td> <td>1</td> </tr> <tr> <td>• Lack of Interpreter</td> <td>1</td> </tr> </table> <p style="text-align: center;">Press Ganey Survey Comments</p> <table border="1" data-bbox="197 849 1035 1252"> <tr> <td colspan="2">December 2020</td> </tr> <tr> <td>Total Number of Responses</td> <td>50</td> </tr> <tr> <td>Satisfied Responses</td> <td>32</td> </tr> <tr> <td>Concerns</td> <td>18</td> </tr> <tr> <td>Dissatisfied with</td> <td></td> </tr> <tr> <td>• Insufficient time with Provider</td> <td>3</td> </tr> <tr> <td>• Wait Time</td> <td>5</td> </tr> <tr> <td>• Medication Refill Process</td> <td>4</td> </tr> <tr> <td>• Test Result Notification</td> <td>1</td> </tr> <tr> <td>• Request in person care</td> <td>2</td> </tr> <tr> <td>• Missed Telehealth Visit Call, no call back</td> <td>2</td> </tr> <tr> <td>• Scheduled Appointment not in system upon arrival; rescheduled</td> <td>1</td> </tr> </table> <p data-bbox="151 1308 1453 1365">There are still concerns about wait time and perceptions that the provider did not spend enough time with the patient or was sensitive to the patient's needs.</p> <p data-bbox="151 1399 1453 1456">Alicia Yonemoto requested if the Quality Committee could receive a report that shows whoever caused the problem, how it has been addressed. Betty Jo advised she will see what we can do to fully reflect this request.</p>	November 2020		Total Number of Responses	68	Satisfied Responses	39	Concerns	29	Dissatisfied with		• Insufficient time with Provider	6	• Wait Time	3	• Customer Service Registration	2	• Insensitive staff/ provider	9	• Medication Refill Process	4	• Test Result Notification	1	• Lack of Parking	1	• Customer Service Apt. Call Center	1	• Lack of Interpreter	1	December 2020		Total Number of Responses	50	Satisfied Responses	32	Concerns	18	Dissatisfied with		• Insufficient time with Provider	3	• Wait Time	5	• Medication Refill Process	4	• Test Result Notification	1	• Request in person care	2	• Missed Telehealth Visit Call, no call back	2	• Scheduled Appointment not in system upon arrival; rescheduled	1		
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<p>6. <u>CROs & Patient Complaints (Carla Bomben)</u></p> <p>Carla Bomben presented the Confidential Reports of Occurrence for the period 08/01/2020 through 12/31/2020 reflected below:</p> <p style="text-align: center;">Event Date is within 08-01-2020 and 12-31-2020</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="background-color: #d3d3d3;">Unit</th> <th style="background-color: #d3d3d3;">Lab/ Specimen</th> <th style="background-color: #d3d3d3;">Provision of Care</th> <th style="background-color: #d3d3d3;">Safety/ Security</th> <th style="background-color: #d3d3d3;">Fall</th> <th style="background-color: #d3d3d3;">Adverse Drug Reaction</th> <th style="background-color: #d3d3d3;">Employee</th> <th style="background-color: #d3d3d3;">Healthcare IT</th> <th style="background-color: #d3d3d3;">Infection</th> <th style="background-color: #d3d3d3;">Professional Conduct</th> <th style="background-color: #d3d3d3;">Grand Total</th> </tr> </thead> <tbody> <tr> <td>Family Medicine Clinic</td> <td>2</td> <td>6</td> <td>1</td> <td>1</td> <td></td> <td></td> <td>1</td> <td></td> <td></td> <td>11</td> </tr> <tr> <td>Primary Medicine Clinic</td> <td>2</td> <td></td> <td>1</td> <td>2</td> <td></td> <td></td> <td></td> <td>1</td> <td>1</td> <td>7</td> </tr> <tr> <td>Healthy Beginnings California Street</td> <td>4</td> <td>1</td> <td>1</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>6</td> </tr> <tr> <td>Children's Health Services</td> <td></td> <td></td> <td>1</td> <td></td> <td></td> <td>1</td> <td></td> <td></td> <td></td> <td>2</td> </tr> <tr> <td>Employee Health Clinic</td> <td></td> <td></td> <td></td> <td></td> <td>2</td> <td></td> <td></td> <td></td> <td></td> <td>2</td> </tr> <tr> <td>Family Practice California Street Clinic</td> <td>1</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>1</td> </tr> <tr> <td>Healthy Beginnings French Camp</td> <td>1</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>1</td> </tr> <tr> <td>Grand Total</td> <td>10</td> <td>7</td> <td>4</td> <td>3</td> <td>2</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> <td>30</td> </tr> </tbody> </table> <p>Carla advised during the same period of time as reflected above, we had thirty-nine patient complaints; 25% brought to us by HPSJ or other Insurance providers.</p> <p>Carla advised when a complaint does mention an employee's name, Dr. Fadoo, Betty Jo Riendel and Alice Souligne do look at the circumstances, investigate and provide closure for each individual CRO. Dr. Fadoo advised If there are system issues, such as delay in processing referrals, they address and prioritize as needed.</p> <p>Alicia Yonemoto stated, to better respond to HRSA's questions, the Quality Team would like to see a summary data grid that shows responses to the problems and/or complaints as they are received. Mary Mills agreed this would be helpful for the Board when asked by HRSA what the responses are to our complaints. Carla agreed she would be able to provide this report at next quarter's meeting.</p>	Unit	Lab/ Specimen	Provision of Care	Safety/ Security	Fall	Adverse Drug Reaction	Employee	Healthcare IT	Infection	Professional Conduct	Grand Total	Family Medicine Clinic	2	6	1	1			1			11	Primary Medicine Clinic	2		1	2				1	1	7	Healthy Beginnings California Street	4	1	1							6	Children's Health Services			1			1				2	Employee Health Clinic					2					2	Family Practice California Street Clinic	1									1	Healthy Beginnings French Camp	1									1	Grand Total	10	7	4	3	2	1	1	1	1	30	<p>(Attachment 6) Confidential Reports of Occurrences</p>	<p>Report to be provided next Quarter showing action taken in response to patient complaints (Carla Bomben)</p>
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<p>7. <u>Adjournment (Alicia Yonemoto, SJCC Board Vice-Chair)</u></p> <p>There being no further topics of discussion, Alicia Yonemoto adjourned the meeting at 5:48 p.m.</p>	<p>No Attachments</p>	<p>No Action Required</p>																																																																																																			

PREPARED BY:
ADELÉ R. GRIBBLE, OFFICE TECHNICIAN COORDINATOR (SJCC BOARD CLERK)
ACS ADMINISTRATION, SAN JOAQUIN COUNTY CLINICS