



**COMMUNITY HEALTH CENTER (CHC)
GOVERNING BOARD MEETING**

AGENDA

Thursday, November 7, 2024, at 4:45 p.m.

Bryan Goldfarb joining from 600 Front Street, #310, San Diego, CA 92101

Eric Menendez joining from 201 N. Palm Canyon, Suite 220, Palm Springs, CA 92262

District Administrative Offices: 6530 La Contenta Road, Suite 400, Yucca Valley CA 92284

The public may also attend the meeting via the electronic link provided below:

INSTRUCTIONS FOR JOINING THIS MEETING BY REMOTE LINK

This public meeting may be accessed through the Microsoft Teams platform. Join the meeting by (1) visiting the District website at MBHDistrict.org and (2) selecting the purple tab “Board Meeting Agendas” at the top of the home page. (3) Click on the URL link presented under the agenda buttons and (4) enter the meeting using the ID and Passcode listed below. Access to the meeting may require the download of the Microsoft Teams application on the device being used.

- Meeting ID: 235 841 528 050
- Passcode: iz7ztm

CALL TO ORDER

ROLL CALL

PLEDGE OF ALLEGIANCE – Please stand as able.

READING OF MISSION AND VISION STATEMENTS

***Mission Statement:** To improve the health and wellness of the communities we serve.*

***Vision Statement:** A healthy Morongo Basin.*

***Core Values:** Commitment, Collaboration, Accountability, Dignity, Integrity, and Equity*

PUBLIC COMMENTS

The public comment portion of this agenda provides an opportunity for the public to address the Governing Board on items not listed on the agenda and that are of interest to the public at large and are within the subject matter jurisdiction of this Board. The Governing Board is prohibited by law from taking action on matters discussed that are not on the agenda, and no adverse conclusions should be drawn if the Board does not respond to public comments at this time. Comments that concern individual incidences of patient care are welcome, however, we encourage doing so only after other administrative avenues for redress have been fully exhausted. In all such instances we will be unable to ever respond publicly due to patient confidentiality obligations. In all cases, your concerns will be referred to the Administrator for review and a timely response. Comments are limited to three (3) minutes per speaker. All comments are to be directed to the Governing Board and shall not consist of any personal attacks. Members of the public are expected to maintain a professional, courteous decorum during their comments. Public input may be offered on an agenda item when the item comes up for discussion and/or action and will be limited to 90 seconds per speaker. Members of the public who wish to speak shall proceed when called by the Chairperson of the Board. Please state your name and community of residence for the record.

APPROVAL OF MEETING AGENDA.....Pages 1-2

- *Motion 24-48: Motion to approve the meeting Agenda as published.*

ACTION ITEMS

APPROVAL OF CHC CONSENT AGENDA Pages 3-6

- *Motion 24-49: Motion to approve the October 3, 2024, minutes.*

RE-APPOINTMENT OF BOARD MEMBER– *Cindy Schmall, CEO*

- *Motion 24-50: Motion to re-appoint Bryan Goldfarb to the CHC Board..*

DISCUSSION/APPOINTMENT OF POTENTIAL BOARD MEMBER – *Cindy Schmall, CEO... Page 7*

- *Motion 24-51: Motion to appoint Lisa Ryan to the CHC Board.*

CHC-QA-100 – QUALITY ASSURANCE & PERFORMANCE IMPROVEMENT PLAN

– *Tricia Gehrlein, CPE/CO..... Pages 8-14*

- *Motion 24-52: Motion to approve the updated Quality Assurance & Performance Improvement Plan.*

FINANCIAL REPORT – *Debbie Anderson, CFO..... Pages 15-17*

- *Motion 24-53: Motion to accept and file the September 2024 Financial Report.*

HRSA VISIT REVIEW DISCUSSION – *Tricia Gehrlein, CPE/CO and Cindy Schmall, CEO*

REPORTING

CLINICAL OPERATIONS REPORT – *Tina Huff, Chief Clinical Operations Officer..... Page 18*

QUALITY REPORT – *Tricia Gehrlein, CPE/CO..... Pages 19-20*

CEO REPORT – *Cindy Schmall, CEO..... Page 21*

CALENDAR REVIEW – *Cindy Schmall, CEO..... Pages 22-23*

BOARD MEMBERS COMMENTS

ADJOURN MEETING

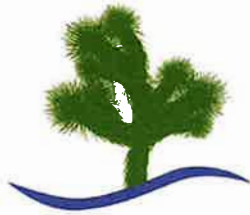
I CERTIFY THAT A COPY OF THIS AGENDA WAS POSTED PER SECTION 54954.2 OF THE CALIFORNIA GOVERNMENT CODE.

Beverly Krushat

Posted November 4, 2024, at 3:00 p.m.

Beverly Krushat, CHC Board Clerk and Executive Assistant

The Morongo Basin Healthcare District Board of Directors’ meeting facility is accessible to persons with disabilities. If assistive listening devices or other auxiliary aids or services are needed to participate in the public meeting, requests should be made through the Executive Assistant at least three (3) business days prior to the meeting. The Executive Assistant’s telephone number is 760.820-9229 and the office is located at 6530 La Contenta Rd, #100, Yucca Valley, CA. The California Relay Service is 711. In conformity with Government Code Section 54957.5, any writing that is a public record, that relates to an item listed on this agenda, and that will be distributed to all or a majority of Morongo Basin Healthcare District Board of Directors less than twenty-four (24) hours prior to the meeting for which this agenda relates, will be available for public inspection at the time the writing is distributed. This inspection may be made during the meeting at the address/meeting room(s) listed above or an electronic copy may be requested in advance of the meeting via email message to bkrushat@mbhdistrict.org.



MORONGO BASIN HEALTHCARE DISTRICT

Morongo Basin Health Care District
Community Health Center
GOVERNING BOARD MEETING
MINUTES of Thursday, October 3, 2024, at 4:45 p.m.

This meeting convened on the District’s campus at 6530 La Contenta Road, Suite 400, Yucca Valley, CA 92284. The meeting was also accessible by Microsoft Teams remote platform.

Mission Statement: *To improve the health and wellness of the communities we serve.*

Vision Statement: *A healthy Morongo Basin.*

Core Values: *Commitment, Collaboration, Accountability, Dignity, Integrity, and Equity*

PRESENT:

- Cody Briggs (*remote*)
- Patricia “Pat” Cooper (*present*)
- Mary Dunn (*present*)
- Marc Greenhouse (*present*)
- Bryan Goldfarb (*remote*)
- Nicola Keller (*present*)
- Eric Menendez (*present*) (*appointed at 4:52 pm*)
- Jackie Todd (*present*)

STAFF:

- Cindy Schmall, CEO (*present*)
- Tina Huff, Chief Clinical Operations Officer (*present*)
- Beverly Krushat, CHC Board Clerk (*present*)
- Janeen Duff, Program Dev. Liaison (*present*)
- Tricia Gehrling, Chief Patient Experience/ Compliance Officer (*remote*)

CALL TO ORDER – Board meeting was called to order by Nicola Keller at 4:45 p.m.

ROLL CALL - Beverly Krushat conducted roll call and confirmed there is a quorum.

OBSERVANCES –

Nicola Keller led the pledge.

Marc Greenhouse read the Mission and Vision statements.

PUBLIC COMMENTS – None

APPROVAL OF MEETING AGENDA -

Motion 24-44: MSC (Cooper/Greenhouse) 5/0/0 motion carried to approve the Agenda as published.

APPROVAL OF CHC CONSENT AGENDA –

- September 12, 2024, Meeting Minutes

Motion 24-45: MSC (Dunn/Todd) 5/0/0 motion carried to approve the Consent Agenda.

DISCUSSION AND APPOINTMENT OF POTENTIAL BOARD MEMBER – Cindy Schmall, CEO

CEO Schmall introduced Mr. Eric Menendez as a potential Board member and read his list of achievements to the Board members. She informed Mr. Menendez that this is a “patient representative” position and therefore Mr. Menendez must be seen at least once in a two-year period at one of our clinics. Mr. Menendez agreed to be a patient and to attend Board meetings on the first Thursday of the month at 4:45 p.m.

Motion 24-41: MSC (Greenhouse/Todd) 6/0/0 motion carried to appoint Mr. Eric Menendez to the CHC Board.

FINANCIAL REPORT – Debbie Anderson, CFO

OVERVIEW:

The clinic financials for the month of August show a loss of \$(85,632) and year to date shows a loss of \$(238,726). (See Table 1 & 2)

We continue to have staff turnover, which means budgeted positions are not fully filled, which is why there are positive variances in salaries and wages. Also, 340B drug restrictions continue to take a toll on our 340B revenue. Finally, the 3rd year of the HIV grant ended August 31st, 2024.

CLINIC CHANGE IN NET POSITION

Table 1 Clinics August 2024

Clinics	Actual Mth	Budget Mth	Over/(Under)	% of Budget
Patient services (net)	693,887	662,398	31,489	4.75%
Grant Revenue	145,239	155,958	(10,719)	-6.87%
340B Revenue	19,974	31,924	(11,950)	-37.43%
Capitation Fees	172,278	166,695	5,583	3.35%
Records & Interest	176	140	36	25.87%
Cost Report Adjustments	(141,667)	(141,667)	(0)	-0.00%
Quality	31,670	43,217	(11,547)	-26.72%
	921,556	918,664	2,891	0.31%
Salaries - Clinic	429,791	528,194	98,403	18.63%
Fringe - Clinic	107,450	120,795	13,345	11.05%
Phys Fees - Clinic	122,655	109,898	(12,757)	-11.61%
Purchases Services - Clinic	51,248	65,901	14,653	22.24%
IT, Network & Phones - Clinic	18,516	17,393	(1,123)	-6.46%
Supplies - Clinic	47,639	31,428	(16,211)	-51.58%
Supplies - 340B	19,718	21,180	1,462	6.90%
R&M - Clinic	2,609	4,698	2,089	44.47%
Leases/Rentals - Clinic	100	377	277	73.49%
Utilities - Clinic	10,009	8,521	(1,488)	-17.47%
Ins - Clinic	144	152	9	5.66%
Other - Clinic	22,980	7,329	(15,651)	-213.56%
Depreciation	16,439	14,590	(1,850)	-12.68%
	849,298	930,455	81,157	8.72%
Operating Income/(Loss) before Allocation	72,258	(11,791)	84,049	712.82%
Allocation of Overhead for Health Centers	(157,890)	(198,323)	40,433	20.39%
Change in Net Position	(85,632)	(210,114)	124,482	59.24%

Quality payments are not as high due to complexities of timing, bundled scores, improvement from the previous year, and other factors. The physician fees are over due to an unexpected necessary contract hire for dental, supplies for the clinic is over due to equipment being bought for the ARP capital grant. This was not budgeted since we were unsure if HRSA was going to approve the change from the modular building to equipment. The other variance has to do with recruitment fees paid for doctor recruitment.

Table 2 Clinics Year to Date

Clinics	Actual YTD	Budget YTD	Over/(Under)	% of Budget
Patient services (net)	1,283,033	1,324,796	(41,763)	-3.15%
Grant Revenue	288,286	311,915	(23,629)	-7.58%
340B Revenue	53,307	63,848	(10,541)	-16.51%
Capitation Fees	342,196	333,390	8,807	2.64%
Records & Interest	282	280	2	0.69%
Cost Report Adjustments	(283,333)	(283,334)	0	0.00%
Quality	67,487	86,433	(18,947)	-21.92%
	1,751,258	1,837,328	(86,071)	-4.68%
Salaries - Clinic	878,413	1,080,397	201,984	18.70%
Fringe - Clinic	177,103	228,864	49,761	21.93%
Phys Fees - Clinic	242,165	219,797	(22,368)	-10.18%
Purchases Services - Clinic	116,321	130,706	14,385	11.01%
IT, Network & Phones - Clinic	34,794	34,785	(9)	-0.03%
Supplies - Clinic	76,142	62,856	(13,286)	-21.14%
Supplies - 340B	30,567	42,360	11,793	27.84%
R&M - Clinic	13,604	9,396	(4,208)	-44.78%
Leases/Rentals - Clinic	512	755	243	32.14%
Utilities - Clinic	21,151	16,709	(4,442)	-26.58%
Ins - Clinic	287	305	17	5.66%
Other - Clinic	63,035	14,657	(48,378)	-330.07%
Depreciation	32,808	29,179	(3,729)	-12.78%
	1,687,003	1,868,766	181,762	9.73%
Operating Income/(Loss) before Allocation	64,255	(31,437)	95,692	304.39%
Allocation of Overhead for Health Centers	(302,981)	(398,647)	93,666	23.61%
Change in Net Position	(238,726)	(428,083)	189,357	44.23%

CFO Anderson explained and expanded on the following points:

- Items costing \$5,000 or more are a capital expense.
- Items costing \$5,000 or below are an expense.
- Physicians fees are over because of an unexpected contract hire for dental.
- American Recovery Act equipment or the capital grant originally slated for the modular at Split Rock, was re-allocated to use for equipment instead.
- Because of drug manufacturers restrictions, 340B revenue is under budget. We brought the numbers down when we budgeted because we were expecting it to trend downward, but then again, we don't really know.
- Visits for August were less than anticipated by 440, however, we had a number of providers that took a week off. If you note in July we were 440 visits up.

CLINICAL OPERATIONS REPORT - Tina Huff, Chief Clinical Operations Officer

- Dr. Kim, MD started in 29 Palms this week.
- Dr. Rao, MD, our new Child Psychiatrist, has begun seeing patients.
- We attended a Job Fair at Copper Mountain College and hired two new Medical Assistants.
- Copper Mountain Nursing Students started their rotation in Pediatrics last week.
- We are currently recruiting for another Physician in Yucca Valley.

CEO REPORT – Cindy Schmall, CEO

SPLIT ROCK

- Permanent foundation was completed on September 23, 2024.
- Still waiting for a call back for the septic system to be installed, hopefully next week.
- Cameras have been installed on the outside of each of the Split Rock buildings.
- We are in the process of electrical, plumbing, and concrete.
- We have a little trouble with getting a plumber who wants to do a public works job. As a District, the District has to do every project as a public works project. This means, that contractors have to pay a prevailing wage and meet government requirements.

YV CAMPUS REMODEL

- David Clarke, Architect, secured a company to come in on Sunday, September 29, 2024, to use a laser device to map out the interior of the YV campus buildings.

CEO Schmall informed the Board that cameras are now installed at both clinic locations because of past theft at our Split Rock location and vandalism at our Yucca Valley clinic. She continued with an update on the YV Clinic's space and the remodel. The last of her report was turned over to Tricia Gehrlein, Chief Patient Experience/Compliance Officer.

Tricia Gehrlein, CPE/CO

Informed the Board members of the name change from LIFT to WELLNESS WHEELS, the name was voted on by the Transportation team. The name change was needed because MBHD Lift and LYFT were getting confused by individuals as being the same company. LYFT is the transportation that IEHP contracted, unfortunately, because of the confusion between the two companies, patients weren't getting picked up, canceled, or taken and not get picked back up.

CALENDAR REVIEW – *Cindy Schmall, CEO*

CEO Schmall reminded all Board members that the calendar has now changed to Board meetings on the first Thursday of each month at 4:45 p.m. and the MBHD Board will follow at their regular time of 6:00 p.m. She also reminded everyone of the Health Fair on October 12, 2024, from 9 a.m. to 1 p.m. at Freedom Plaza in 29 Palms.

BOARD MEMBER COMMENTS

Pat Cooper thanks CFO Anderson for her report and welcomed back CEO Schmall.

Nicola Keller welcomed the new Board member Eric Mendez.

Eric Menendez informed the Board members on the Homeless Outreach meetings he attends with the 29 Palms City Council.

ADJOURNMENT

Meeting adjourned at 5:30 p.m.

Pat Cooper, Secretary of the Board

Minutes recorded by Beverly Krushat, CHC Board Clerk

Lisa Ryan Application for CHC Board

Ms. Ryan has applied to be a Board member on the CHC Board. Her skills, experience, and interests are in Finance and Administration and she is currently studying to be a Notary.

She intends to contribute her knowledge and work experience, while also disseminating information, to those in need of medical care, who are unfamiliar with the services that we provide.

Ms. Ryan is a licensed realtor for Cherie Miller & Associates, a PCA/Med Tech for the Santa Fe Assisted Living Facility in Yucca Valley, and volunteers at the YV Community Center.

Ms. Ryan will commit to attending no less than nine (9) of the twelve meetings per year and understands that meetings are held on the first Thursday of the month at 4:45 p.m.



MORONGO BASIN HEALTHCARE DISTRICT

6530 La Contenta Road #100 | Yucca Valley CA 92284 | 760-820-9229 | MorongoBasinHealth.org


TO: CHC Board of Directors
FROM: Tricia Gehrlein, CPE&CO
DATE: November 07, 2024
SUBJECT: Approval of CHC-QA-100

HISTORY

- HRSA requires that MBCHC has a Board approved policy that establishes a QI/QA Program addressing the following:
 - The quality and utilization of healthcare services
 - Patient satisfaction and grievance processes
 - Patient safety, including adverse events
- CHC-QA-100, Quality Assurance and Performance Improvement Plan addresses the quality of services provided; last approval date was January 2022.
- CHC-QA-100 is to be updated every three years so it is due for renewal.
- The Quality Committee met to discuss updates to CHC-QA-100. The Committee recommended, approved minor updates, and ensured that MBCHC remains in compliance with HRSA standards.

2025 – 2027 QUALITY ASSURANCE PLAN

- Policy CHC-QA-100 Quality Assurance and Performance Improvement Plan, covering the time period January 2025 – December 2027, is presented for your approval. (Please note that the changes to the policy are displayed in red font).

 <p>MORONGO BASIN COMMUNITY HEALTH CENTER <small>A SERVICE OF MORONGO BASIN HEALTHCARE DISTRICT</small></p>	<p>DEPARTMENT / MANUAL: QUALITY ASSURANCE</p>
<p>ORIGINAL DATE: June 2015</p>	<p>REVIEW & REVISION DATES: 01/18; 04/21, 01/22</p>
<p>TITLE: Quality Assurance and Performance Improvement Plan</p>	<p>APPROVED BY:</p> <p>CEO: _____ Date: _____</p> <p>GOVERNING BOARD: _____ Date: _____</p>

PURPOSE

The Quality Assurance and Performance Improvement Plan for Morongo Basin Community Health Center (MBCHC) is to provide a formal ongoing process by which the organization and stakeholders utilize objective measures to monitor and evaluate the quality of services, both clinical and operational, provided to the patients. The QA/PI Plan, which addresses general medical, behavioral health, and oral health care and services, defines and facilitates a systematic approach to identify and pursue opportunities to improve services and resolve identified problems.

MISSION, VISION, AND CORE VALUES

- Mission: To improve the health and wellness of the communities we serve.
- Vision: A healthy Morongo Basin
- Core Values: Commitment, Collaboration, Accountability, Dignity, Integrity

ORGANIZATIONAL STRUCTURE

1. The Governing Board is the final authority for the Quality Assurance and Performance Improvement Program. The Governing Board is responsible for the approval of the Quality Assurance / Performance Improvement (QA/PI) Plan at least every three years and may delegate QA/PI program activities to MBCHC staff. The Governing Board will receive periodic QA/PI measurements from health center leadership to ensure safe, high-quality care is-being provided to patients.
2. **Chief Executive Officer:** The CEO is responsible for ensuring the QA/PI Plan activities are implemented, quality measurements are evaluated, and opportunities for improvement are used to maintain safe, high-quality patient care.
3. ~~Quality Senior Manager~~**Chief Patient Experience and Compliance Officer:** Is responsible for serving as QA/PI Committee Chair in a facilitative and consultative manner, and appointing responsibility for quality, safety, and infection control activities to appropriate staff. In collaboration with the CEO, the Quality Senior Manager is responsible for accepting patient satisfaction and grievances and incident reports, and reporting results to the Committee.
4. **Managers/Supervisors:** Managers and supervisors are responsible for implementation of the QA/PI Plan for their respective programs and sites. In addition, these managers and supervisors are members of the QA/PI Committee.

5. **Medical/Dental Providers:** Medical/Dental providers should be familiar with the UDS performance measures and QA/PI initiatives of the health center at their respective programs and sites. The Medical Directors of each service line should drive UDS performance and other QA/PI initiatives. Medical/Dental providers will be active participants in performance improvement activities. The purpose of this participation is to bring the medical/dental providers' perspective to the performance improvement opportunities and initiatives of the health center as well as resolution of problems.

6. **Other Staff:** Staff should be familiar with performance measures and QA/PI initiatives underway for the health center and their specific programs and sites. Staff will be asked to participate in these activities. The purpose of this participation is to bring the staff perspective to the performance improvement opportunities and initiatives of the health center as well as resolution of problems.

QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT GOALS

The goal of the plan is to continuously improve the patient's access to care and services, and to improve the health and wellness of our patients.

CLINICAL GOALS

Clinical goals are a generally based on clinical UDS performance measures and derived from evidence-based clinical guidelines. Measurement allows an evaluation of an important outcome of care for a designated population of patients, and it is a proxy to understand the effectiveness of the underlying systems of care. Just as there are evidence-based care guidelines for many conditions, there also are established measures that indicate how effectively guidelines are translated to practice.

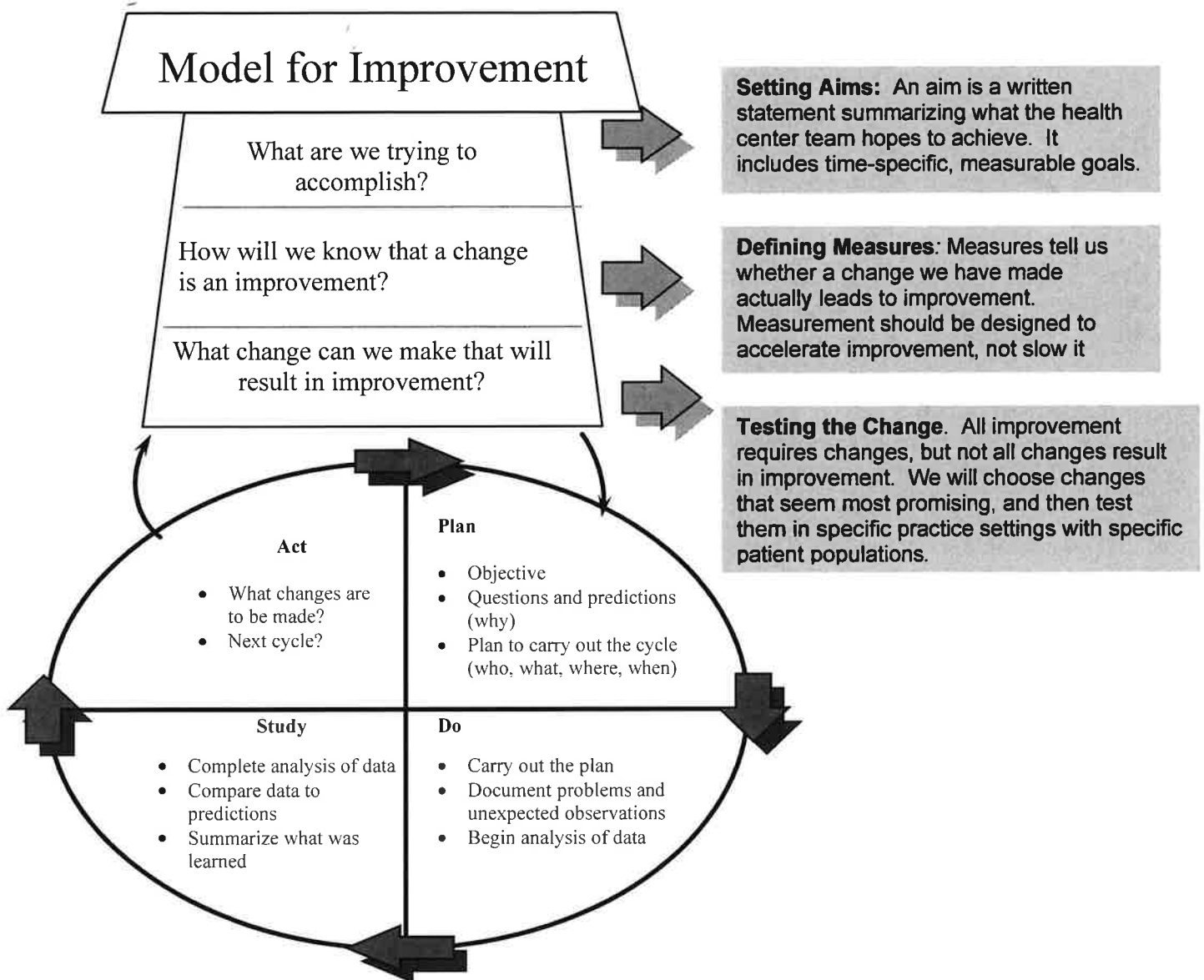
OPERATIONAL GOALS

Operations are the things a team does on a daily basis to make the organization run. Operations implement the strategy and planning that supports the organization's growth and development. Operational goals are set in consideration of the organization's mission statement. The delivery of health care can be based on six key dimensions.

1. Safety: Avoid injury to patients from that which is intended to help them
2. Timeliness: Reduce waits and harmful delays
3. Effectiveness: Provide services based on scientific knowledge to all who could benefit and refrain from providing services to those not likely to benefit (avoiding overuse and underuse, respectively)
4. Efficiency: Avoid waste
5. Equitability: Provide care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographical location, and socioeconomic status
6. Patient centeredness: Provide care that is respectful and responsive to individual patient preferences, needs, and values

PERFORMANCE IMPROVEMENT PROCESS

The health center will conduct a root cause analysis when addressing performance improvement. Following the root cause analysis, the health center will use the Plan-Do-Study-Act model for the performance improvement process. This improvement model consists of three fundamental questions and a Plan-Do-Study-Act cycle to test and implement change.



COLLECTION AND CONTINUOUS MONITORING OF DATA

As part of the QA/PI Plan, the health center conducts on-going collection and monitoring of data which covers a multitude of variables including clinical and operational, as well as patient satisfaction.

Data collection activities will be based on quality monitors set by the Quality Committee. The Quality Committee considers the population served by the health center as well as high risk, high volume and problem prone activities which occur. Requirements for data collection imposed by funding sources and legal/regulatory agencies will also be included, when appropriate. The data collected will be used to monitor the stability of existing processes, identify opportunities for improvement, identify changes that lead to improvement, and/or to demonstrate sustained improvement.

The following is a summary of quality monitors and the data collection efforts currently underway at the health center as well as a schedule outlining the frequency of data collected, analyzed and reported. This data will be collected within the organization’s resources.

Clinical Quality	
Performance Measure	<i>Reported</i>
Patient Satisfaction	Quarterly
Uniform Data System Quality Measures and PI Process Review	Monthly
IEHP P4P Compliance Data and PI Process Review	Quarterly
Departmental Clinical Indicators/ PDSA targeted for improvement in care	Quarterly
Safety-Risk Management-Infection Control Monitors	
Safety Performance Measures:	
Medication Excursions	as occur
Medical Equipment (biomed testing)	Annually
Laboratory Proficiency Testing Excursions	as occur
Risk Management Performance Measures:	
Patient Grievances	Quarterly
Incident and Accident Investigation (AIR) Forms Reporting	Quarterly
HIPAA Compliance	Semiannually
Infection Control Performance Measures:	
Sterilization (Spore Testing) Excursions	as occur
Refrigerator Monitoring Excursions	as occur
Communicable disease reportable to the State	Quarterly

Other information may be collected on an as needed basis and will be based upon performance improvement objectives or other rationales.

AGGREGATION AND ANALYSIS OF DATA

Decision-making will be based upon data collected. Data will be aggregated and analyzed by the organization in such a way that current performance levels, patterns, or trends can be identified. The organization will utilize appropriate statistical tools and techniques to analyze and display data.

When appropriate, data will be trended and compared internally over time. In addition, external sources of information will be used to benchmark the health centers performance when it is available and appropriate to identify opportunities for improvement.

Analysis will be conducted when data indicates that levels of performance, patterns, or trends vary substantially from those expected and for those topics chosen by the organization as priorities for improvement.

Each PDSA activity will establish quantitative tracking methodology and a corresponding performance goal as part of its process. More intensive aggregations and analysis of data may be required in an active PDSA activity above and beyond general monitoring.

QUALITY ASSURANCE ACTIVITIES

1. Clinical Practice Guidelines and MBCHC Protocols

Medical and dental providers will provide care with the utmost accuracy, efficiency, confidentiality, and precision. All medical and dental providers will be guided by appropriate governing entities. Medical and dental providers will adhere to current evidence-based clinical

guidelines, protocols established by MBCHC, standards of care, and standards of practice in the provision of medical, dental, and behavioral health services.

2. Risk Management

All employees will be informed of the principles of risk management at the start of employment, annually, and as deemed necessary. Risk management is defined for this organization as clinical and administrative activities undertaken to identify, evaluate, and reduce the risk of loss to the organization. The health center supports the establishment of a culture that emphasizes implementing evidence-based best practices, learning from error analysis, and providing constructive feedback rather than blame and punishment. Employees will be encouraged to bring risk management concerns to their manager/supervisor or Senior Quality Manager/Chief Patient Experience and Compliance Officer.

3. Patient Satisfaction

Patient satisfaction surveys are conducted for medical, dental, and behavioral health services ~~by an outside vendor. The vendor provides q~~Quarterly reports will be reviewed to identify with opportunities for improvement.

4. Patient Grievance

The health center has a patient grievance and complaint process that ensures patients can freely voice complaints/grievances and recommend changes without being subject to discrimination, retaliation or unreasonable interruption of care, treatment, or service.

5. Patient Safety

The health center is committed to improving safety for its patients at all locations. The continuous quality improvement plan has incorporated the activities and functions necessary to establish and maintain a comprehensive patient safety program.

PERFORMANCE IMPROVEMENT INITIATIVES.

Performance improvement initiatives will be based on the data identified and reviewed under the performance improvement process. A key part of the data is the UDS data which is reviewed quarterly. After analyzing the UDS data and comparing it to prior quarters, and prior year, initiatives will be reassessed, and changes made as necessary.

DOCUMENTATION OF PERFORMANCE IMPROVEMENT ACTIVITIES

The Quality Committee will document the meeting using an agenda and minutes of the meeting. Performance improvement activities and measures presented to the QA/PI Committee will also be included in the meeting agenda packet. Performance activities will be documented utilizing a variety of tools and forms, including data collection tools and dashboards. Also, PDSA cycles will be documented using a PDSA work sheet.

EDUCATION.

Educational needs for quality improvement identified in the QA/PI Committee will provided in the appropriate setting by the most qualified employee.

ANNUAL EVALUATION

The QA/PI Committee is responsible for the annual evaluation of the appropriateness and effectiveness of the QA/PI Plan. Primarily, the review will focus on the UDS data since this is the most comprehensive tool.

CONFIDENTIALITY

All information generated as a result of the QA/PI Plan is considered confidential and will be exempt from subpoena or discovery in accordance with California Evidence Code 1157 protections.

REFERENCES

1. Institute of Medicine (IOM). Crossing the Quality Chasm: A New Health System for the 21st Century. Washington, D.C: National Academy Press; 2001.
2. Six Domains of Health Care Quality, November 2018. Agency for Healthcare Research and Quality. www.ahrq.gov/talkingquality/measures/six-domains.html
3. Developing and Implementing QI Plan, HRSA, April 2011.



MORONGO BASIN HEALTHCARE DISTRICT

6530 La Contenta Road, Suite 100, Yucca Valley California 92284 | 760.820.9229

November 7, 2024

TO: CHC Board of Directors

FROM: Deborah Anderson, CFO

RE: CFO's Report for September 2024

OVERVIEW

The clinic financials for the month of September show a loss of \$(108,095) and year to date shows a loss of \$(346,821). (See Table 1 & 2)

Overall, clinics are doing better than budgeted, even though the clinics are still coming in negative. Part of this is due to savings on salaries and benefits, since staff turns over and thus not all positions budgeted are currently filled. There are variances in supplies and IT due to equipment being bought for the ARP equipment grant that was not budgeted. Year to date visits came in at 9,094. Prior year to date visits for the same period were 8,546. The HIV grant has been extended for another year, so we are revamping staffing to account for that.

CLINIC CHANGE IN NET POSITION

Table 1 Clinics September 2024

Clinics	Actual Mth	Budget Mth	Over/(Under)	% of Budget
Patient Services (net)	612,325	602,180	10,144	1.68%
Grant Revenue	134,492	127,742	6,750	5.28%
340B Revenue	27,741	29,022	(1,280)	-4.41%
Capitation Fees	173,397	166,695	6,702	4.02%
Records & Interest	169	127	41	32.36%
Cost Report Adjustments	(141,667)	(141,667)	(0)	-0.00%
Quality	31,399	43,217	(11,818)	-27.35%
	837,856	827,316	10,539	1.27%
Salaries - Clinic	399,354	480,177	80,823	16.83%
Fringe - Clinic	82,594	102,301	19,708	19.26%
Phys Fees - Clinic	130,105	99,908	(30,197)	-30.23%
Purchases Services - Clinic	59,195	64,015	4,820	7.53%
IT, Network & Phones - Clinic	46,901	17,393	(29,509)	-169.66%
Supplies - Clinic	38,468	28,571	(9,898)	-34.64%
Supplies - 340B	17,353	19,876	2,523	12.69%
R&M - Clinic	3,040	4,521	1,482	32.77%
Leases/Rentals - Clinic	320	377	57	15.06%
Utilities - Clinic	8,770	7,854	(916)	-11.66%
Ins - Clinic	144	152	9	5.66%
Other - Clinic	9,109	6,970	(2,139)	-30.69%
Depreciation	16,507	14,590	(1,918)	-13.14%
	811,862	846,705	34,844	4.12%

Table 1 (continued)

Clinics	Actual Mth	Budget Mth	Over/(Under)	% of Budget
Operating Income/(Loss) before Allocation	25,994	(19,389)	45,383	234.07%
Allocation of Overhead for Health Centers	(134,089)	(180,294)	46,205	25.63%
Change in Net Position	(108,095)	(199,683)	91,588	45.87%

Quality payments are not as high, due to complexities of timing, bundled scores, improvement from the previous year, and other factors. The physician fees are over due to an unexpected necessary contract hire for dental. IT & supplies for the clinic is over due to equipment being bought for the ARP capital grant. This was not budgeted since we were unsure if HRSA was going to approve the change from the modular building to equipment. Since there was less expenses than budgeted in administration, the allocation of overhead expenses is not as much as budgeted.

Table 2 Clinics Year to Date

Clinics	Actual YTD	Budget YTD	Over/(Under)	% of Budget
Patient Services (net)	1,895,358	1,926,976	(31,618)	-1.64%
Grant Revenue	422,779	439,657	(16,879)	-3.84%
340B Revenue	81,048	92,869	(11,821)	-12.73%
Capitation Fees	515,593	500,085	15,509	3.10%
Records & Interest	450	407	43	10.61%
Cost Report Adjustments	(425,000)	(425,000)	0	0.00%
Quality	98,885	129,650	(30,765)	-23.73%
	2,589,114	2,664,645	(75,531)	-2.83%
Salaries - Clinic	1,277,767	1,560,574	282,807	18.12%
Fringe - Clinic	259,697	329,165	69,468	21.10%
Phys Fees - Clinic	372,270	319,704	(52,566)	-16.44%
Purchases Services - Clinic	175,516	194,722	19,205	9.86%
IT, Network & Phones - Clinic	81,696	52,178	(29,518)	-56.57%
Supplies - Clinic	114,610	91,426	(23,184)	-25.36%
Supplies - 340B	47,920	62,236	14,316	23.00%
R&M - Clinic	16,643	13,917	(2,726)	-19.59%
Leases/Rentals - Clinic	832	1,132	299	26.45%
Utilities - Clinic	29,921	24,563	(5,358)	-21.81%
Ins - Clinic	431	457	26	5.66%
Other - Clinic	72,145	21,627	(50,517)	-233.58%
Depreciation	49,415	43,769	(5,646)	-12.90%
	2,498,864	2,715,470	216,606	7.98%
Operating Income/(Loss) before Allocation	90,249	(50,826)	141,075	277.57%
Allocation of Overhead for Health Centers	(437,070)	(576,941)	139,871	24.24%
Change in Net Position	(346,821)	(627,766)	280,946	44.75%

The 340B revenue variance is due to pharmaceutical drug restrictions placed on FQHC's by the drug companies. The Other variance is due to recruitment fees paid for the new Split Rock doctor.

Chart A – Visits History Chart

Month	FY 18-19	FY 19-20	FY 20-21	FY 21-22	FY 22-23	FY 23-24	FY 24-25
Jul	3,055	3,283	3,091	2,877	2,670	2,758	3,054
Aug	3,886	3,587	3,016	3,425	3,315	3,195	2,992
Sep	3,140	3,501	3,069	3,134	3,256	2,593	3,048
Oct	3,562	3,892	3,267	3,282	3,071	3,026	
Nov	3,249	3,353	2,632	3,116	2,936	2,974	
Dec	2,898	3,304	2,984	2,705	2,881	2,613	
Jan	3,698	4,011	2,926	2,925	3,001	3,258	
Feb	3,198	3,763	3,192	3,068	2,882	2,998	
Mar	3,515	2,927	3,521	3,332	3,331	3,057	
Apr	3,660	2,066	3,461	3,094	2,896	3,026	
May	3,662	2,200	3,043	3,239	3,247	3,160	
Jun	3,344	2,786	3,086	3,218	2,939	2,679	
Total	40,867	38,673	37,288	37,415	36,425	35,337	9,094
Total July - Sept	10,081	10,371	9,176	9,436	9,241	8,546	9,094



MORONGO BASIN
COMMUNITY HEALTH CENTER
A SERVICE OF MORONGO BASIN HEALTHCARE DISTRICT

6530 La Contenta Road, #100 | Yucca Valley, CA 92284 | 760.820.9229 | MorongoBasinHealth.org

TO: CHC Board
FROM: Tina Huff, Chief Clinical Operations Officer
DATE: November 7, 2024
SUBJECT: Clinical Operations Report

- Dr. Kim, MD is currently seeing patients in 29 Palms this week.
- Dr. Rao, MD, our new Child Psychiatrist, is seeing 4-6 patients per week.
- Hired three (3) new Medical Assistants.
- Currently looking at hiring a Nurse Educator
- We are recruiting for another provider in Yucca Valley.
- Kaiser will have their mobile medical unit at our clinics four (4) times per month beginning in December. They are currently out here every other week.



MORONGO BASIN HEALTHCARE DISTRICT

6530 La Contenta Road #100 | Yucca Valley CA 92284 | 760-820-9229 | MorongoBasinHealth.org

TO: CHC Board
FROM: Tricia Gehrlein, CPE & CO
DATE: November 07, 2025
SUBJECT: CHC Board Of Directors Quality Report, Q3 2024

Patient Satisfaction

Information monitoring has expanded to include:

- Response rate: Number of surveys sent, returned and undeliverable
 - Q3:
 - Number of surveys sent = 3148 (no change)
 - Number returned = 249 (no change)
 - Number undeliverable = 237 (no change)
 - *Action – Front desk staff continues to address patient demographics*
- Median score (average) of all surveys:
 - Q3:
 - Medical = 93.87% (no change)
 - Dental = 88.48% (decrease by 1.66%)
 - Behavioral Health = 92.7%
 - *6 respondents for BH
- Key factors (specific individual survey questions and responses):
 - Q3, all department combined (but monitored separately):
 - Ease of scheduling = 85.49%
 - Appointment at time of need = 81.62%
 - Ease of contacting = 85.77%
 - Ease of check in progress = 89.71%
 - Dental only
 - Informed about delays = 89.68%
 - Wait time = 90.46%
 - Likelihood recommend clinic to others = 88%
 - *August - present lack of dental provider has led to a decrease in satisfaction of less than 7%; trends will continue to be monitored monthly to identify opportunities for service recovery.*

Additionally, patient comments are reviewed to identify trends or specific concerns.

No trends or concerns to be addressed.

Patient Grievances

- 18 grievances were received from July – September. 1 grievance was received directly from a patient and 17 through the IEPH reporting process. The categories of complaints include Quality of Care (7), Scheduling/Communication/Access (6), Provide Communication (3), Referral Process (2), and others (4). Full investigation and remediation have occurred.

Life Safety Rounds

- 10 of 10 clinics had life safety inspections conducted
No trends or concerns identified.

Clinics

- 2 reportable condition/disease, reported per San Bernardino Public Health Guidelines
- No medication/vaccine error
- Expired medications and vaccines were wasted and reported per protocol and per Vaccine for Children (VCF) guidelines

Dental

- Spore tests = 28 completed, no failures.
1 mis-reported fallout due to lack of documentation; spore test was successfully completed without failure. MMU was out of service most of April, May and June. All instruments for mobile dental were sterilized in the YV clinic.
- UDS sealant measure = 86% (Number to be reverified in November)
3 fallouts on report this quarter but only 2 are valid. 2 are due to non-cooperation. 1 shows report as fall out but should be excluded due to having decay on all molars.
- Emergency kits (9) = in full compliance

2024 UDS Measures Q3

eClinic works UDS reports are not accurately reflecting data. The issue is anticipated to be resolved during the first week of November. An ad-hoc Quality meeting will be held when the numbers are available, and the Board of Directors will receive the UDS information at the December 2024 meeting.

Peer Review

- YTD Charts Reviewed:
 - Adult Medicine – 56
 - Pediatrics – 30
 - Behavioral Health – 30
 - Dental – 30

After Hours Calls

- 78 Calls
The number of calls, distribution by age and gender, and disposition were in-line with previous months. Five calls were escalated to a physician.



MORONGO BASIN HEALTHCARE DISTRICT

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TO: CHC Board
FROM: Cindy Schmall, CEO
DATE: November 7, 2024

Health Center

- The Yucca Valley office is undergoing some renovations to expand the space and make room for the providers and staff. The entire “old Pediatrics” suite is being painted and reworked to provide needed adult services.
- Split Rock is still in progress with electrical work and plumbing items in process.
- Dr. Kim has started to see patients but with some delays at Split Rock, there is such limited space that we need to park the Mobile Medical Unit (MMU) on site, so he has a place to work.
- Due to the limited space at Split Rock and needing the MMU there, we have now purchased a Mobile Dental Unit which is getting some work done on it so that the dental team can continue their work at the schools. The MDU as we are calling it will be getting a new wrap and be on the road by December 1st.
- The Health Center participated in the health fair doing health screenings including BP, BMI and A1c’s. About 30 A1c’s were completed and nursing students from CMC assisted. Close to 200 dental kits were also given out.
- We also received a record number of surveys back from the community, receiving about 55 surveys from the community.

BOARD CALENDAR

NOVEMBER 2024

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
27	28	29	30	31	1	2
3	4	5	6	7	8	9
		VOTING DAY		<div style="border: 1px solid black; padding: 5px;"> <p>4:45 pm CHC Board Mtg</p> <p>6:00 pm MBHD special & regular Board Mtgs</p> </div>		
10	11	12	13	14	15	16
	Veterans Day					
17	18	19	20	21	22	23
24	25	26	27	28	29	30
				Thanksgiving Day	MBHD Offices Closed	

BOARD CALENDAR

DECEMBER 2024

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
1	2	3	4	5 4:45 pm CHC Board Mtg 6:00 pm MBHD Board Mtg	6	7
8	9	10	11	12	13 MBHD Employee Luncheon	14
15	16	17	18	19	20	21
22	23	24	25  XMAS	26	27	28
29	30	31	1 New Year's Day	2	3	4