

# CQI Committee Meeting Agenda

**Date:** [Insert Date]

**Time:** [Insert Time]

**Location:** [Insert Location or Virtual Link]

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**1. Welcome and Call to Order**

**Ashli Acevedo, Chair**

- Brief introductions (if needed)
- Review of agenda and objectives

**2. Bylaws Update**

**Dena Hughes, CEO**

- Review any revisions or additions
- Vote (if applicable)
- Discussion of implications for CQI oversight

**3. Risk Management Q3 Update**

**Misty Kibodeaux, CQI**

- Highlights from Q3 risk incidents and trends
- Status of corrective action plans
- Risk mitigation priorities for Q4

**4. FTCA Submission**

**Misty Kibodeaux, CQI**

- Status of current year submission
- Required documents and deadlines
- Discussion of any outstanding items

**5. PCMH Recognition Update**

**Misty Kibodeaux, CQI**

- Status of current PCMH compliance and initiatives
- Progress on milestones and documentation
- Opportunities for improvement and support

**6. Quarterly Demographics Report**

**Misty Kibodeaux, CQI**

- Key demographic trends and service area analysis
- Implications for access, equity, and outreach

**7. Quarterly Productivity & Clinical Measures Update**

**Misty Kibodeaux, CQI**

- Provider Productivity by location
- UDS measure performance and comparison
- Discussion of underperforming indicators and improvement strategies

**8. Open Discussion / Q&A**

**Ashli Acevedo, Chair**

**9. Next Steps & Adjournment**

**Ashli Acevedo, Chair**

- Action items and responsible parties
- Next meeting date

## Risk Management Q2 Updates

Goal #	Risk Management / CQI Goal	PLAN – Quarterly Activities	DO – Quarterly Actions Taken	Responsible Staff or Team	STUDY – What Did We Learn?	ACT – Adjustments or Next Steps
1	Collaborate with the local medical equipment calibration company for annual calibration services of BioMedical Equipment. Ensure all medical equipment is properly recalibrated according to the manufacturer's recommendations	Q1: Research and connect with a BioMedical Equipment company.	Q1: Connection with a BioMedical Equipment company is still pending. Bids are being collected for service contracts.	Health Center	No calibration services have been completed yet due to the pending selection of a service provider. This delays the anticipated scheduled visits; thus, the prediction of compliance was not yet measurable.	
		Q2: Identify BioMedical Equipment companies servicing SETX. Confirm that the equipment lists are updated.	Q2: Collect three bids from medical equipment calibration companies. secure a scheduled date of March 13, 2025, with Electro Medical Analysis, Inc in Kirbyville.	Health Center		
		Q3: Finalize the BioMedical Equipment company	Q3: Monitor calibrated equipment	Health Center		Establish annual review and calibration of health center equipment.
		Q4: Complete calibration process; monitoring and planning for 2026.	Q4:	Health Center		1. Establish a recurring annual calibration schedule for all centers. 2. Create a shared internal tracking log for equipment status and service records. 3. Begin developing a service-level agreement (SLA) with selected vendor for long-term partnership.
2	Increase the percentage of patients referred to the OYHY Program for diabetes and hypertension education/monitoring to 5%. Implement and monitor OYHY appointments in eCW and track referrals from outside providers. Refer 5% of high-risk Diabetic and Hypertensive patients to OYHY for lifestyle modification and RPM (remote patient monitoring) equipment.	Q1: 1. Planning for continued expansion for high-risk patient education. 2. Increase awareness of the program to the selected patient populations. 3. Clearly define the parameters of the program for the clinical staff and providers. 4. Encourage staff to refer appropriate patients.	Q1: 1. Increased patient engagement in Saturday sessions, particularly among Orange HC patients. 2. Increase in referrals.	Patient Services/OYHY		
		Q2: 1. Develop new flyers and distribute them across all Healthcare Centers in May 2025 to raise patient awareness. 2. Nurse training.	Q2: Referral awareness improved across clinical teams, resulting in increased provider-initiated referrals.	Patient Services/OYHY	Increase in the patient engagement and educational resources provided to the patients in attendance.	
		Q3: Reframe the AIM	Q3: Nurse education efforts expanded, with clinic LVNs more involved in identifying and referring eligible patients.	Patient Services/ CQI		1. Ensure each healthcare center is fully stocked with patient education materials and RPM supplies. 2. Train new OYHY Nurse and continue LVN-led referral model. 3. Develop tracking for point-of-service education delivery.
		Q4:	Q4:			

3	To screen patients 14 to 65 years old that present to the office for an appointment and wish to inquire about pregnancy intention, contraception, or family planning services. TAN Healthcare's goal is to screen 70% of all patients ages 14 to 65 by December 31, 2025. Baseline 0%	Q1: 1. Meet with UpStream about structured data sets for Azara to capture the corresponding data. 2. Review baseline information. 3. Healthcare Center staff education	Q1: 1. As of March 31st, the baseline increased from 0 to 12% for patients screened with the SINC question. 2. Educational training provided by DJ to HC staff. 3. Additional training scheduled for April 4th all-staff meeting.	E/O	Encouraging increase to 12% in patient screenings; training well received; structured question integrated into HPI workflow. Q2: Progress continued, but at a slower rate. Weekly documentation helped maintain focus. Workflows still need refinement to reach higher screening percentages.	Q1: 1. Continue clinical staff training sessions (2 per HC). 2. Ongoing review of weekly data to monitor trends and identify HCs needing support. 3. Refine workflows in collaboration with clinicians and support staff.
		Q2: Continued monthly training and education with clinical support staff and clinicians.	Q2: Update data set fields in eCW. Set-up weekly Azara reporting to be sent to DJ, Misty, Stephenie & Clay. Submit a mapping ticket to Azara for End Method data capture. Confirm mapping ticket submission and follow-up with UpStream	EO/CQI	1. Screening rate increased slightly from 12% to 14%. 2. Ongoing training and workflow discussions continued. 3. Weekly documentation shared with Health Education and provider team.	Q2: 1. Increase consistent communication with clinical teams. 2. Strengthen coordination between DJ and all Healthcare Centers. 3. Identify barriers in specific locations to target focused improvements
		Q3: Submit follow-up mapping ticket to Azara for End Method data capture. Email communications with UpStream (Hannah).	Q3:		Q3: Pending — outcomes to be measured once Azara mapping is completed.	Q3: To be reported in the latter part of Q3 after Azara mapping implementation is confirmed.
		Q4:	Q4:			
4	AIM: Reduce wait time for new patients to be seen by a TAN Healthcare provider. Schedule routine new patient appointments within 3 business days, and same-day or within 24 hours for acute/sick visits. Ensure patients are scheduled: • Within 3 business days for routine Primary Care. • Within 24 hours for urgent, acute, or sick visits.	Q1: Review and updated scheduling template	Q1:		Q1: Staff confusion regarding the strict scheduling template led to inconsistent scheduling and new patients being booked outside of the desired timeframe.	Increased wait time for new patients; rigid time slots reduced flexibility and led to scheduling inefficiencies. The goal of 3-day access was not consistently met.
		Q2: Review and update revised scheduling template	Q2: Healthcare centers still have a 2-week lag time for new patients wanting to establish primary care services but sick/acute visits are being assessed within a 24-hour time.		Acute scheduling goal was achieved, but routine new patient scheduling remains delayed. The need for a balanced approach between template structure and flexibility was reinforced.	1. Create tiered time slot options in the template for varying appointment types (e.g., new patient, follow-up, acute). 2. Monitor lag times weekly and share updates with Healthcare Center Managers. 3. Assign the EIV team members to resolve delays proactively.
		Q3: 1. Conduct focused scheduler training to reinforce use of the tiered templates. 2. Implement real-time monitoring of new patient lag times through EIV dashboards.	Q3:		To be evaluated after July implementation. Early feedback from schedulers will be collected.	1. Conduct scheduler refresh training. 2. Report monthly on lag time trends by center and identify top-performing sites for best-practice sharing.
		Q4:	Q4:			

# CQI Board Committee – Quarterly Data Report

1. Quarterly UDS Demographics: ☒ Q1 ☒ Q2 ☐ Q3 ☐ Q4

With the change from the administration, some demographic information, including Sexual Orientation and Sexual Identity, are no longer required to be collected and reported through UDS. We have included the total number of males/females as well as “race/ethnicity”.

**Population by Gender:** Total numbers do not reflect unduplicated volume, only patient visits during the quarter.

Description	Q1	Q2	Q3	Q4
<b>Total Male</b>	728	719		
<b>Total Female</b>	1,095	1087		
<b>Trans Population</b>		8		
<b>Other</b>		57		
<b>Total Population</b>	1753	1806		

## Race/Ethnicity – Q1

Patients by Race	Mexican A	Puerto Ric	Cuban(a3)	Another H	Yes,Hispa	Total	Hispa	Not	Hispa	Unreported	Total (d)	( Total(Yes, Total(Tot	Total(Not	Total(Unre	Total(Tota
1a. Asian Indian	0	0	0	0	0	0	1	0	1						
1f. Vietnamese	0	0	0	0	0	0	2	0	2						
1g. Other Asian	0	0	0	0	0	0	21	0	21						
2b. Other Pacific Isla	0	0	0	0	1	1	3	0	4						
3. Black or African A	0	1	0	0	3	4	594	0	598						
4. American Indian/A	0	0	0	0	24	24	3	0	27						
5. White	1	0	1	1	160	163	915	0	1,078						
6. More than one rac	0	0	0	0	3	3	17	0	20						
7. Unreported/Chose	0	1	0	0	30	31	17	25	72	221	226	1,573	25	1,823	

## Race/Ethnicity – Q2

Patients by Race	Mexican A	Puerto Ric	Cuban(a3)	Another H	Yes,Hispa	Total	Hispa	Not	Hispa	Unreported	Total (d)	( Total(Yes, Total(Tot	Total(Not	Total(Unre	Total(Tota
1a. Asian Indian	0	0	0	0	0	0	1	0	1						
1f. Vietnamese	0	0	0	0	0	0	2	0	2						
1g. Other Asian	0	0	0	0	0	0	21	0	21						
2b. Other Pacific Isla	0	0	0	0	1	1	3	0	4						
3. Black or African A	0	1	0	0	3	4	594	0	598						
4. American Indian/A	0	0	0	0	24	24	3	0	27						
5. White	1	0	1	1	160	163	915	0	1,078						
6. More than one rac	0	0	0	0	3	3	17	0	20						
7. Unreported/Chose	0	1	0	0	30	31	17	25	72	221	226	1,573	25	1,823	

Categories include Total Hispanic/Total Non-Hispanic/ Total Unreported and Final Total.

**Insurance Coverage:** Total numbers do not reflect unduplicated volume, only patient visits during the quarter.

Coverage	Q1	Q2	Q3	Q4
<b>None</b>	1012	1104		
<b>Medicaid/CHIP</b>	176	188		
<b>Medicare</b>	177	156		
<b>Private Insurance</b>	458	427		
<b>Total</b>	<b>1823</b>	<b>1825</b>		

Key Notes:

1. Uninsured Patients represent approximately **55%** of our patient mix. Average rate per visit is between \$25 and \$50 per patient.
2. Medicaid Patients represent approximately **9%** of our patient mix.
3. Medicare Patients represent approximately **9%** of our patients' mix
4. Private Insured Patients represent approximately **25%** of our patient mix.

## 2. Provider Productivity

Provider productivity reports were reviewed at the monthly provider meeting. Additional meetings will be held to review key concerns brought up including: 1) provider scheduling due to staff shortage; 2) BH shortage and patient increase and 3) chart closures and billing.

## 3. Clinical Measures – See Attached

Attached you will find clinical measures.

MEASURE	RESULT	CHANGE	TARGET	NUMERATOR	DE-NOMINATOR	PREVIOUS
Childhood Immunization Status (CMS 117v13)	0.0%	0.0%	50.0%	0	19	0
Child Weight Assessment / Counseling for Nutrition / Physical Activity (CMS 155v13)	56.8%	- 0.6% ▼	80.0%	231	407	0
BMI Screening and Follow-Up 18+ Years (CMS 69v13)	61.1%	+ 1.5% ▲	83.1%	1,980	3,239	8
Depression Remission at Twelve Months (CMS 159v13)	2.1%	+ 0.1% ▲	10.2%	3	140	98
Screening for Depression and Follow-Up Plan (CMS 2v14)	54.7%	+ 1.6% ▲	70.0%	1,711	3,127	329
Tobacco Use: Screening and Cessation (CMS 138v13)	76.3%	- 0.4% ▼	95.0%	1,815	2,378	0
Colorectal Cancer Screening (CMS 130v13)	26.3%	- 0.9% ▼	45.6%	440	1,673	22
Cervical Cancer Screening (CMS 124v13)	27.3%	+ 0.6% ▲	79.2%	375	1,372	227
Breast Cancer Screening Ages 50-74 (CMS 125v13)	45.6%	+ 1.5% ▲	40.0%	324	711	9
Hypertension Controlling High Blood Pressure (CMS 165v13)	66.0%	+ 0.6% ▲	80.0%	847	1,284	31
Diabetes A1c or GMI > 9 or Untested (CMS 122v13)	26.3%	+ 0.2% ▲	30.0%	198	753	7
StatIn Therapy for the Prevention and Treatment of Cardiovascular Disease (CMS 347v8)	64.1%	- 0.2% ▼	80.0%	777	916	17
Initiation of Substance Use Disorder Treatment (CMS137v13a)	10.0%	- 0.7% ▼	Not Set	3	30	0
Initiation and Engagement of Substance Use Disorder Treatment (CMS137v13b)	0.0%	0.0%	Not Set	0	30	0
IVD Aspirin Use (CMS 164v7.2)	80.5%	- 0.6% ▼	80.0%	107	133	30
HIV Screening (CMS 349v7)	86.0%	+ 0.3% ▲	Not Set	2,478	2,881	220
HIV and Pregnant	0.0%	0.0%	Not Set	0	0	0
HIV Linkage to Care	96.7%	- 0.1% ▼	95.0%	29	30	0
Dental Sealants for Children between 6-9 Years (CMS 277v0)	0.0%	0.0%	Not Set	0	0	0

## Compliance and Quality Improvement Committee Agenda

### I. Welcome & Roll Call:

- |   |   |  |
|---|---|--|
| <input checked="" type="checkbox"/> Dena Hughes   | <input checked="" type="checkbox"/> Misty Kibodeaux | <input type="checkbox"/> MyEisha Clifton, DNP      |
| <input checked="" type="checkbox"/> Amanda Gibson | <input checked="" type="checkbox"/> Stephenie Adams | <input checked="" type="checkbox"/> Clay Hutchison |
| <input type="checkbox"/> Liberty Woods            | <input checked="" type="checkbox"/> Beth Taylor     | <input type="checkbox"/> _____                     |

### II. Meeting Called to Order at 10:05 AM by Misty Kibodeaux

### III. Old Business

June CQI Meeting Minutes – *see attachment*

*Minutes were previously approved by the Committee on June 12, 2025 via TEAMS*

*QI Review: Jan, April, July & Oct*

*Risk Management Reporting and review: Feb, May, Aug, Nov*

*Compliance Items for Review (Policies, Trainings, Orientation): Mar, June, Sep, & Dec*

### IV. Risk Management / Compliance Reporting

A. 2025 Risk Management Updates *(see attachments)*

B. Provider Open Encounters:

*Total Open Encounters as of July 4, 2025 for the Agency were 241 with the oldest encounter being from March 19, 2025. Email sent to all staff, managers, and Providers on July 1, 2025 at which point there were 280 open encounters.*

*Misty Kibodeaux will add Dena Hughes, Amanda Gibson, and Dr. Schrader to the current Open Encounter Report emails along with the full report for the Agency.*

<i>By Provider:</i>	<i>Total Charts:</i>
<i>Dr. Bagri</i>	<i>54</i>
<i>Dr. Schrader</i>	<i>2</i>
<i>Mya Clifton</i>	<i>54</i>
<i>Madeline BaBee</i>	<i>38</i>
<i>Rui Correia</i>	<i>4</i>
<i>Jaimie Grimes</i>	<i>71</i>
<i>Katie Williamson</i>	<i>0</i>
<i>Bianca Woolridge</i>	<i>2</i>
<i>Nurses</i>	<i>15</i>
<i>Care Managers</i>	<i>0</i>
<i>Non-Billable Appointments (errors)</i>	<i>0</i>

C. Facilities Safety Updates – Liberty Wood

*Orange Healthcare Center – Orange a/c has been fixed! AED and pads have been ordered. Eye washing station has been delivered and is pending installation.*

Beaumont Healthcare Center – *remote entry system is still pending repair or replacement.*

*Pending due to 2 of the 3 bids being received per TAN Healthcare's procurement policy per Amanda Gibson. Also, Beth is working on the ordering of corner security mirrors for the healthcare centers to increase patient waiting room visibility.*

Behavioral Healthcare Center – *needs a lock for patient restroom*

D. Vaccine/Immunization Management Updates

*Emergency Preparedness Plan (EPP)*

*Amanda Gibson will complete the revisions to the Policy and Procedure within the next two weeks for the Committee to review and present to the Board of Directors at the August meeting.*

E. Internal Credentialing and Privileging

*No new updates.*

F. Policy and Procedures Updates

1. *A new policy and procedure is being presented by Liberty Wood, DHCO for review and approval by the CQI Committee - see attachment*

*Formatting updates are needed to fit the current format. Clay and Dena will send the revisions to the Policy & Procedure that is up to date.*

2. *Review and revisions for 06.21.2021 Signed Adult Primary Care Clinical Protocols prior to August CQI Committee Meeting. Additionally, the Pediatric Protocols will be added for review.*

V. **Data Management and Reporting**

A. Clinical, HEDIS and UDS Measures (August 2025)

*UDS Demographical Data*

*UDS Measures Report*

*Quarterly Services and Outcomes*

*Appointment Utilization/Provider Productivity*

B. Patient Satisfaction Data Updates (August 2025)

VI. **Safety Reporting, Patient Grievance Updates – none**

VII. **Quality Improvement Initiatives:**

A. Azara Healthcare

B. Value Based Care (VBS) Program

C. HRSA Quality Badges

X. **Announcements – none currently**

X1. **Meeting Adjourned at 11:50 AM by Misty Kibodeaux**