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| Board Members |  | Board Members |  | Staff |  |
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| Ric Bonner, Chairperson | **x** | Clay Eubank | **Excused** | Chloë Guazzone, ED | **x** |
| Kathy Cox, Vice-Chairperson | **X** | Lucy Plancarte | **x** | Cynthia Novella FNP, Medical Director | **x** |
| Eric Labowitz, Treasurer | **Excused** | Yuridia Cruz-Arrelo | **Excused** | Fabiola Cornejo, Operations Director | **Excused** |
| Heidi Knott, Secretary | **x** | Mike Zaugg | **x** | Donna Sherwood | **x** |
| Autumn Ehnow | **x** | Ron Gester | **x** | Marcelle Scramaglia | **x** |
| Aliya Anguiano Rubio | **x** | Susan Smith | **x** |  |  |

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| Call to Order & Quorum / Agenda / Minutes Approval | Action |
| The Chairperson called the meeting to order at  5:07 pm. Meeting was held in person at the clinic and via GoTo meeting. | Meeting called to order; quorum established.  The draft September 4, 2025, meeting agenda was approved.  Motion: Cox Second: Smith All ayes. |
| Conflict of Interest | The Board and Staff were polled and were not aware of any potential or actual conflicts of interest at this time. |
| The draft August 7, 2025, Board minutes were reviewed and approved as presented. | The draft August 7, 2025, minutes were approved. Motion: Gester Second: Smith. All other ayes. |
| **Board Compliance Training** | Fourth 2025 quarter, November training by the Write Choice Network (WCN) |

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| Staff and Committee Reports | Reports/Discussion | Action |
| **Performance Improvement Committee** | * **Review of Patient Satisfaction Survey by Marcelle Scramaglia, Population Health Director** reviewed with the board; see the results and summary of the survey in the board package.   Improvement projects are developed from the survey results. i.e., Patients did not feel the provider was reviewing lab results with them. Wording in the November Patient Survey will be reworked so that the question is specific to the process in place.   * Reports and graphs, in package of the latest Uniform Data System (UDS) clinical measures and Clinical Dashboards (April, May, June) 2nd Quarter.   Marcelle Scramaglia asked the board for questions regarding the second quarter’s data on the UDS measures and dashboards. Board members had questions regarding Diabetes, Childhood immunization and other tracked measures. Marcelle explained reasons behind the data in both the dashboards and UDS measures, along with the Partnership Health Plan (PHP) measures. AVHC has the highest PHP score in our region.  **Incidents/complaints:**   * Volatile patient - Patient was verbally inappropriate to a medical assistant after being told he was too early for a blood draw. The medical assistant will not be interacting with this patient moving forward. The provider will be reaching out to the patient. * Patient Complaint - A patient had an appointment scheduled with another provider, the patient requested a mask be used by medical staff, this patient has a chronic condition, the provider declined to see the patient. * **Review and Approve** updated Dispensary Policy and Procedures, see attached policy list on Exhibit “A” hereto and made a part hereof. | The updated Dispensary Policies and Procedures were approved per the recommendation of the PI committee. Motion: Gester, Second: Plancarte, All ayes. |
| **Executive Team / Staff Report Summary** | **Medical Director-Cindy Novella**  As of today, there have now been four code blue incidents, each is debriefed and continual training with the staff. Each patient incident was different.  For complete detail, please refer to the Staff report.  **Operations Director- Fabiola Cornejo, presented by Chloe:**  FTCA was approved and the deeming notice was received this week.  For complete detail, please refer to the Staff report.  **Executive Director-Chloe Guazzone**  AVHC was the only clinic with a Student Board Representative at the All-Board Meeting held in Fort Bragg on Friday, September 22, 2025  For complete detail, please refer to the Staff report. | Executive Team / Staff Report Summary  **.** |
| **Finance Committee.** | * Upon the recommendation of the Finance Committee, review and approve the financial reports July 2025 please review board attachments for details. * July 2025 –loss from operations of $1,949. for the month of July 2025, Year to date resulted in a profit of $300,200. * **Review and approve** AVHC Billing and Collections P&P to be *moved to the October Board meeting,* * **Approve** the Finance Recommendation to shift $850,000.00 of our savings to the investment accounts. Ric to ask the broker for an analysis of the assets they are invested in. | The July 2025 financial reports were approved. Motion: Bonner, Second: Smith, All ayes.  Moved to October Board Meeting.  Finance Recommendation to shift savings to investment accounts was approved. Motion: Bonner, Second: Smith, All ayes. |
| **Outreach and Marketing** | Heidi would like to be removed from this committee.  A committee meeting will be held regarding Board and Staff engagement, which Heidi will be included. |  |
| **Executive Committee** | * **Ratify the approval** of the Annual Risk Management report that the Executive Committee approved for re-submission to FTCA | Ratify the approval re-submission of Annual Risk Management report to FTCA. Motion: Cox, Second: Ehnow, All ayes. |
| **New Business** | Chloe Guazzone -   * Discuss results and solution projects that the leadership and department heads developed regarding the **staff satisfaction survey,** surveys presented at the July board meeting. Fifty percent of the staff completed the surveys.   The two main takeaways:   1. Those that replied have been at AVHC 0-2 years. 2. Transparency with Staff as to upcoming changes with the clinic. Need to revisit the Organizations Strategic Plan.   Board discussion on why staff turnover, continue with staff retreats, Sarah HR working on onboarding and training.    ● Debrief all Boards Meeting held last Friday, August 22, 2025, by ARCH, discussed during the Executive team summary by Chloe |  |
| **Board Development and Governance** | * No activity |  |
| **Public Comments** | * None present |  |
| **Items of Interest /Concern to Board Members** |  |  |
| **Closed Session** | * Executive Director evaluation | Upon recommendation of the Executive Committee, the CEO Evaluation for Chloe Guazzone was approved in a closed session.  Motion, Bonner, Second Cox, All ayes |
| **Adjournment** | * A motion to adjourn was approved at 6.42 p.m. | Meeting Adjourned  Motion: Cox,  Second: Ehnow, All ayes. |

Date Minutes Accepted:

Committee Chairman: \_\_\_\_\_\_\_\_\_

Minutes: Sherwood The next AVHC Board meeting will be on Thursday, October 2, 2025, at 5:00 p.m. via in person or open meeting.

Exhibit “A”

Dispensary Policies and Procedures approved by board September 4, 2025

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| PC-DIS-001 | Dispensary Medication Management Program |
| PC-DIS-002 | Adverse Drug Reaction Monitoring & Reporting |
| PC-DIS-003 | Controlled Drug Dispensing |
| PC-DIS-004&A | Dispensary Charges |
| PC-DIS-005 | Patient Disposal of Unusable or unwanted medications |
| PC-DIS-006 | Medication Errors |
| PC-DIS-008 | Medication Recalls |
| PC-DIS-009 | Management of High-Alert Medications |
| PC-DIS-010 | Drug Labeling Standards |
| PC-DIS-012 | Drug Ordering, Administration & Dispensing Standards |
| PC-DIS-013 | Drug Inventory Control |
| PC-DIS-014 | Medication Security |
| PC-DIS-015 | Medication Reconciliation |
| PC-DIS-016 | Poison Control Resources |
| PC-DIS-017 | Black Box Warnings for Drugs, Devices & Biologicals |
| PC-DIS-018 | Safe Medication Practices |
| PC-DIS-019 | Influenza Vaccinations |
| PC-DIS-022 | Medication Administration-General Guidelines |
| PC-DIS-023 | Medication Administration-Pediatric |
| PC-DIS-024 | 340B Prime Vendor Program-eligible patients |
| PC-DIS-025 | 340B Eligible Patients and Prevention of Duplicated Discounts |
| PC-DIS-026 | Prevention of Duplicate Discounts |
| PC-DIS-027 | 340B Annual Recertification-Database Changes |
| PC-DIS-028 | 340B Savings and Fiscal Responsibility |
| PC-DIS-029 | Enrollment in Prime Vendor Program |
| PC-DIS-030 | Material Breach |
| PC-DIS-031 | Quarterly Records Review |
| PC-DIS-032 | Internal Audit Procedures |
| PC-DIS-033 | In-service & Continuing Education |
| PC-DIS-034 | Responsible & Qualified Staff |
| PC-DIS-035 | Pharmaceutical Procurement & Inventory |
| PC-DIS-036 | Scope of Services |
| PC-DIS-040/MED-077 | Influenza Vaccines for Walk-in Patients |
| PC-DIS-043/MED-76 | Immunization Ordering, Storage & Handling |
| PC-DIS-046 | Maintenance of Vaccine Refrigeration Equipment |
| PC-DIS-049 | Vaccine Program Point of Contact |
| PC-DIS-050 | 340B Contract Pharmacy |
| PC-DIS-051 | Freedom of Choice and accurate information |
| PC-DIS-052 | Changes to AVHC’s information in the HRSA 340B database |
| PC-DIS-053 | Collection and Removal of Outdated and/or Damaged Medications |