

Falls Community Health Governing Board Minutes
Thursday, September 17, 2015, at 12:00 pm

Present: Kari Benz, Susy Blake, Linda Karnof, Gwendolyn Martin-Fletcher, Jim Kellar, John Peterson, Katie Reardon, Arlene Olson, Tracy Johnson, Bruce Vogt

Absent:

Staff Present: Alicia Collura, Amy Richardson, Dr. Jen Tinguely, Lisa Stensland

Call to Order: The meeting was called to order by Kari Benz at 12:02 pm.

Minutes: Motion made to approve the minutes for August 19, 2015, supported by Jim, Suzy seconded, motion carried.

OLD BUSINESS:

Nominating Committee:

A vote was taken verbally to accept Jim Kellar as chair for Falls Community Health Governing Board, and was unanimously approved.

A vote was taken verbally to accept Bruce Vogt as vice chair for Falls Community Health Governing Board, and was unanimously approved.

NEW BUSINESS:

The Falls Community Health reports attached are through the month ending August 31, 2015. We are 67% through our fiscal year. The last financials presented were through the month of July 2015.

Operating Revenues: Net patient revenue consists of all patient charges/fees. Total net patient revenue for August came in at \$390,379 which is 61% of the YTD August actuals to budget.

Total grant revenue of \$215,370 includes grant drawdowns from the Community Health Center, Ryan White Part C, HIV Prevention and Refugee grants.

Total Other Revenue is \$35,766; this includes the quarterly payment from the Medicaid Health Home program of \$35,424.

Total Operating Revenues YTD August budget is \$5.1M, which is 64% compared to budget at 67%.

Operating Expenses: Operating expenses are classified within 7 categories. Total expenses were \$549,363 for the month of August. Monthly average is approximately \$600K.

- Personnel expenses are at 57% of the budget, expenses are less than budget due to vacancies in positions this year and less part time expense.
- Professional Services are at 67% of the YTD budget. This category includes payments to Center for Family Medicine, locum providers, interpreter services and laboratory expenses.
- Rentals are at 96% of the YTD budget. The expected one-time payment of \$107K was processed in July for annual computer and software expense.
- Repair and Maintenance is at 75% of the YTD budget. August expenses were \$1396.
- Supplies and Materials are at 48% of YTD budget. This category includes general medical and dental supplies, immunization and pharmaceuticals as well as the monthly maintenance of the electronic medical and dental software systems.
- Training is at 64% of the YTD budget. Majority of YTD actuals are from Continuing Education expenses for the medical providers and out of state travel.
- Utilities are at 56% YTD budget. The majority of this expense occurs quarterly. Payment was processed in July; next payment should be processed in the October reporting.

Non-operating Revenue (Expense):

- Other Revenue is at 83% of the budget and includes USD dental lease payments and recovery of prior year revenue.
- Estimated Uncollectible Revenue is at 134% to YTD budget. This line will continue to exceed the YTD throughout the year due to a change in expense allocation. For August, estimates are \$26K of the Net Patient Revenue.

Net Income (Loss): August actuals are \$80,285 and YTD (\$469,511), 52% of YTD budget.

Motion made to accept the financial report, supported by Gwen, Arlene seconded. Motion carries.

The City conducted an audit of the Community Health Grant and the Ryan White Grant and there were no major findings.

Motion made to approve the audit of both programs and to upload it to the grant supported by Bruce, Tracy seconded. Motion carries.

ACCESS:

The phone abandon rates have been increasing from July to August partially due to training of PSTs on the phone. The 3rd next available is back down to 17 ½ days the target is 14 days. That stat is going in the right direction.

Areas of concern are the school based no-show rates and to address that will be a renewed effort to look for ways the providers can engage with the teachers and school nurses and other opportunities to improve.

Leah Mergen is doing great and we are so glad that she is here.

QUALITY:

Our focus remains on Colorectal Cancer (CRC), Pap smears, and Hypertension (HTN) with continued monitoring of all our measures. We are entering the last few months of our reporting period so CLOUT will be looking closely at all measures to be sure we are doing our best to obtain our goals.

Colorectal Cancer

In June we were waiting to hear if the Colorectal Cancer Screening program would receive more funding and we were quite hopeful that it would, however, this was not the case. Staff continues to encourage patients to screen, only a few patients that have refused the colonoscopy after a positive. Those positives without funding have been referred to Avera, after discussion with Avera on how the charity care process works, able to utilize NCM (nurse case managers) and Social Workers to assist with this process. The clinic remains at 31% which is goal and the highest the clinic has ever been.

Pap Smears

Efforts continue to mail out the "Happy Birthday" pap smear reminder letters each month. This will continue for 6 months and reevaluate. Staff is continuing to encourage "add-a-paps". Reporting remains at 47% (for the past 10 months so we are maintaining) with a goal of 50%.

Hypertension

PDSA (plan do study act) remains with Dr. Tinguely utilizing the pharmacy students. In review of the patients currently enrolled in the PDSA, 8/10 have a most recent documented blood pressure that is improving. The remaining 2 patients were lost to follow up and another was just recently added this month. Overall the feedback from the pharmacy students has been positive and the patients seem to appreciate the extra hands on. In June, FCH increased its contract with SDSU to add more clinical pharmacy time. This is now operational and we have a clinical pharmacist in house MTWF am and all day Thursday. The scheduling of appointments has been a slow start but this will improve as staff becomes for comfortable with the process. We are pleased to report we have improved from 60% in Jan to 64% in Aug. This is a large group of patients, so it takes a lot to move the number. With our goal being 65%, I think we should be able to meet this by the end of the year!

Diabetic Self-Management Program (DM)

Diabetic Self-Management Program-Progress is moving along, recently purchased a curriculum. Our focus for the end of the year and into the first part of 2016 will be getting continuing education for the nurse case manager.

PCMH

A recent audit of the 2011 standards showed continued improvement. We are meeting or exceeding all factors except 2 in the medication management portion. We continue to make progress towards 2014 standards and having conference calls with Candace Chitty (content expert).

Ryan White Quality Committee

The site review of RW Part C yielded four minor findings. Our corrective action plan was submitted (and accepted) by the project officer on 8/5/15. All four findings will be resolved by next month. The largest practice implications/quality improvements will be the implementation of clinical policies and peer reviews specific to the Part C program

Quality Grant Received

The clinic received a quality grant in the amount of \$18,478. This is an increase from last year as a result of improvement on 2 or more quality measures in 2014. This money can be utilized for further educational opportunities for staff and enhancing QI activities. The plan is to use the money for the diabetic self-management education for the nurse case manager.

Patient Satisfaction survey

There were 422 surveys that were returned. Most of the areas covered saw improvements some noteworthy ones are: same day appointments at 84% vs 79% in 2013, calls answered in a timely manner up to 89% vs 85%; adequate parking was 90% vs 79%; given good advice and treatment 98% vs 94%; confirmation of name and birthdate was 99% vs 96% and would you recommend FCH was 99% vs 95%. Items of concern include staff asking questions about problems with medicines or asking about health goals, asking about seeing other providers, and helping make appointments with other providers. These areas ranged from 46%-65%.

EXECUTIVE DIRECTOR'S REPORT:

Our competition grant was submitted and we should hear in January. FCH received an expanded services grant and will be used for dental services, psychiatry or chemical counseling.

Kari was thanked for her service at board chair for the last two years

There being no other business Motion to adjourn, supported by Tracy, seconded by Linda. Motion carries.
Adjourned at 1:10 pm



Jim Kellar- Board Chair

October 15, 2015