

Falls Community Health Governing Board Minutes
Thursday, May 19, 2016, at 12:00 pm

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

Absent: Katie Reardon, Joyeuse Urwibutso, Tracy Johnson,

Staff Present: Jill Franken, Alicia Collura, Amy Richardson, Dr. Jennifer Tinguely, Lonna Jones, Dr. Stephanie Schmitz
Lisa Stensland

Call to Order: The meeting was called to order by Jim Kellar at 12:00 pm

Minutes: Motion made to approve the consent agenda items including:

1. The minutes for Falls Community Health Governing Board dated April 21, 2016
2. The QAQI minutes for March 21, 2016, and May 16, 2016, supported by Susy and seconded by Gwen.
Motion carried.

NEW BUSINESS:

FINANCIAL REPORT:

The Falls Community Health reports attached are through the month ending April 30, 2016. We are 33% through the fiscal year. The last financials presented were through the month of March 2016.

Operating Revenues:

- Net Patient Revenue consists of all patient charges/fees. Total Net Patient Revenue for April came in at \$441,250 which is 31% YTD actuals to annual budget. 2016 is \$156,215 unfavorable to YTD budget.
- Total Grant Revenue of \$271,428 is 37% of the YTD actuals to annual budget. This includes grant drawdowns from the Community Health Center, Ryan White Part C, HIV Prevention and Refugee grants.
- Total Other Revenue is \$11,475.

Total Operating Revenues YTD are \$2.9M, which is 33% YTD actuals to annual budget. 2016 is \$58,798 unfavorable to YTD budget.

Operating Expenses: Operating expenses are classified within 7 categories. Total expenses were \$883,806 for the month of April.

- Personnel expenses are at 29% of the budget. April had 3 pay periods instead of the usual 2. There are also a couple of vacant positions not being expensed YTD yet budgeted. 2016 is \$289K favorable to YTD budget.
- Professional Services are at 32% of the budget. This category includes payments to Center for Family Medicine, locum providers, interpreter services and laboratory expenses. 2016 is \$24K favorable to YTD budget. Laboratory expenses are higher in 2016 due to change of outside lab billing which was not in effect the first half of 2015.
- Rentals are at 1% of the budget. Majority of this budget is onetime expense for technology equipment.
- Repair and Maintenance is at 20% of the budget. 2016 is favorable \$8K to YTD budget.
- Supplies and Materials are at 26% of budget. Category includes general medical and dental supplies, immunization & pharmaceuticals as well as the monthly maintenance of the electronic medical and dental software systems. 2016 is \$54K favorable to YTD budget.
- Training is at 35% of the budget. The majority of expense is continuing education expenses and out of state travel. 2016 is \$1K unfavorable to YTD budget.
- Utilities are at 18% of budget. The majority of this expense occurs quarterly. Last payment occurred in March.

Non-operating Revenue (Expense):

- Other Revenue is at 38% of budget and includes USD dental lease payments and recovery of prior year revenue.
- Estimated Uncollectible Revenue is (\$147,293) for April. 2016 is \$60K unfavorable to YTD budget.

Net Income (Loss):

➤ April actuals are (\$288,200) and YTD (\$68,603). 2016 is \$329K favorable to YTD budget.

Productivity- the clinic provider visits are up from last year. Dental visits are at 101% of goal. Mental Health/Substance Abuse visits are at 105% of goal and Case Management/Social Work visits are at 111% of goal.

Motion made to approve the financial report for April, supported by Bruce and seconded by Gwen, motion carried.

BOARD MEMBER APPROVAL:

A motion was made to accept the re-appointment of Tracy Johnson, supported by Arlene and seconded by Susy, motion carried.

A motion was made to accept the appointment of Jonathan Ott, supported by Gwen, seconded by Kari, motion carried.

QUALITY:

Dental Report:

No-Show Rate 16%

Chart Audit 91%

Completed treatment plans 61%

Free Fluoride Varnishes for the School year 2015-16 724

We sent a mass mailing to the parents of children at the schools and had some success at acquiring more students at all of the schools.

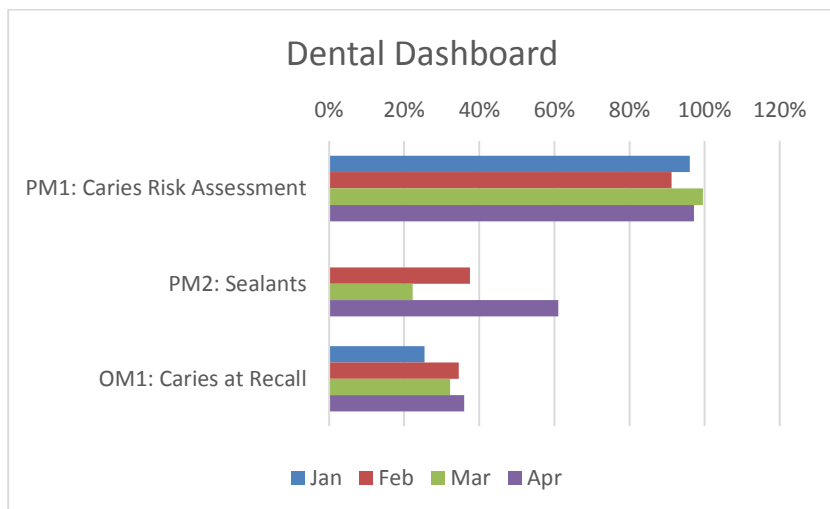
	Students	Decay rate for those students
Hawthorne	96	50%
Hayward	114	61%
Terry Redlin	49	84%

We will need to do more work to get participation at all of the schools and hopefully improve the decay rate for those students.

Dr. Schmitz, Amy Richardson and Lonna Jones have been working with the National Network for Oral Health Access on a pilot project to create a dental dashboard that can be used across the country at Community Health Centers. Dr. Schmitz and Lonna have attended two work sessions and with the help of Amy have created the beginning of our dental dashboard.

The project is to improve access and outcomes for all of our patients. The measures that we have started with are:

1. Caries (Cavities) Risk Assessments at every exam visit.
2. Sealants on children between the ages of 6-9
3. Reducing the number of Caries at Recall



ACCESS:

A motion was made to accept the credentialing and grant the re-privileging of Sarah Toms as presented by Dr. Tinguely supported by Kari and seconded by Arlene, motion carried.

A motion was made to accept the credentialing and grant the re-privileging of Whitney Larsen as presented by Dr. Tinguely supported by Bruce and seconded by Susy, motion carried.

A motion was made to accept the credentialing and grant the re-privileging of Judy Jacobsen as presented by Dr. Tinguely supported by John and seconded by Bruce, motion carried.

A motion was made to accept the credentialing and grant the privileging of Kimberly Heinemann as presented by Dr. Schmitz supported by Susy and seconded by Arlene, motion carried.

A motion was made to accept the policy changes to the Sioux Falls Health Department Standard Operating Policy and Procedure For Policy Development and Review as presented, supported by Bruce, seconded by John, motion carried.

EXECUTIVE DIRECTOR'S REPORT:

See attached.

Motion to adjourn, supported by Susy, seconded by Kari. Motion carries. 1:02 pm



Jim Kellar- Board Chair
June 16, 2016

May 2016 Falls Community Health Executive Director Board Update	
Board Members	<ul style="list-style-type: none"> • This is Kari's last board meeting. A big thank you for her service on this board, including her position as board chair for two years. • Thank you to Tracy, for her commitment to continue service on the board for another term. • Jonathan Ott will start his service as a board member, replacing Kari, in June. • Recruitment continues for a patient board applicant to replace Arlene. If you know of anyone who is a patient who would be a good board member, please contact Lisa ASAP.
Board Strategic Planning	<ul style="list-style-type: none"> • Administration developing working plan based on priorities identified by the board, as well as those brought forward by the management team. • Draft plan will be presented at the July board meeting. • Approval to adopt the strategic plan at the August board meeting.

2017 FCH Budget	<ul style="list-style-type: none"> • Budget planning underway, will be presented to board in July for approval. • Priorities may include slight refinements to staffing plan. • Of note: early staff and board strategic discussions do not include significant budget items for 2017 FCH budget.
Dental Team FTE's/Update	<ul style="list-style-type: none"> • Part-time dentist recruited to fill in during Dr. Naber's FMLA. • Temp hygienist also recruited for Rachel Larsen's FMLA. • Gina Geffres, our new dentist, will start in July.
Care Team Model	<ul style="list-style-type: none"> • Go Live for Care Team changes took place 4/25. <ul style="list-style-type: none"> ○ Go Live included basic structural implementation of new care team model. <ul style="list-style-type: none"> ▪ Care management development had specific focus on diabetes ○ Work is now being completed to develop care pathways for other top patient conditions. <p><i>While everyone is working hard to make this transition successful, the PST's have to be recognized for their success in this major shift in their roles and responsibilities.</i></p>