

Falls Community Health Governing Board Minutes
Thursday, September 20, 2018 at 12:00 pm

Present: Susy Blake, Linda Karnof, Bruce Vogt, John Peterson, Dr. Katie Skinner, Tracy Johnson, Jonathon Ott, Cindy Binkerd, Bernie Schmidt

Absent: Gwendolyn Martin-Fletcher, Jim Kellar

Staff Present: Jill Franken, Alicia Collura, Amy Richardson, Dr. Jennifer Tinguely, Erin Hartig, Sandy Frentz, Lisa Stensland

Call to Order: The meeting was called to order by Bruce Vogt at 12:03 pm.

The board welcomed Bernie Schmidt and introduced themselves.

A motion was made to approve the consent agenda items including the minutes for Falls Community Health Governing Board dated August 16, 2018 and the QA/QI minutes from August 22, 2018, supported by Susy, seconded by Katie, motion carries.

OLD BUSINESS:

Focus Group- We have not been able to find any volunteers to participate, so Jim and Tracy will set up a table near the waiting room to ask questions of those who have appointments.

NEW BUSINESS:

FINANCIAL REPORT:

The Falls Community Health reports attached are through the month ending August 31, 2018. We are 67% through the fiscal year. The last financials presented were through the month of July 2018.

Operating Revenues:

- Net Patient Revenue consists of all patient charges and adjustments. Total Net Patient Revenue for August came in at \$370,443 which is 51% of the YTD actuals to annual budget.
- Total Grant Revenue of \$367,511 includes grant drawdowns from the Community Health Center, Ryan White Part C, HIV Prevention, and Refugee grants.
- Total Other Revenue of \$41,650 includes Medicaid Health Home quarterly payment.

Total Operating Revenues YTD August is \$5,022,764 which is 57% YTD actuals to annual budget.

Operating Expenses: Operating expenses are classified within 7 categories. Total expenses were \$893,715 for the month of August.

- Personnel expenses are at 59% of the budget. 2018 is \$527,519 favorable to YTD budget.
- Professional Services are at 66% of the YTD budget. This category includes payments to Center for Family Medicine, locum providers, interpreter services and laboratory expenses.
- Rentals are at 101% of the YTD budget. Technology charges occur in July of every year.
- Repair and Maintenance is at 63% of the YTD budget.
- Supplies and Materials are at 48% of YTD budget. Category includes general medical and dental supplies, immunization & pharmaceuticals as well as the monthly maintenance of the electronic medical and dental software systems. 2018 is \$149K favorable to YTD budget.
- Training is at 78% of the YTD budget. The majority of expense are continuing education expenses and out of state travel. Majority of non-continuing education is paid through quality and expansion grants.
- Utilities are at 52% YTD budget. The majority of this expense occurs quarterly, payment was made in July, and next payment is expected in Sep/Oct.

Non-operating Revenue (Expense):

- Other Revenue is at 114% of the budget and includes USD dental lease payments and recovery of prior year revenue.

Net Income (Loss):

August actuals are showing net loss of (\$89,173) and August YTD net loss of (\$676,370).

A motion was made to accept the financial report as presented, supported by Tracy and seconded by Susy, motion carries.

QUALITY:

The clinic has been working on the transformation project. The priorities have been data collection, higher risk patient populations, nursing roles and responsibilities, and reviewing EMR options. They have been using the RACI Tool (Responsible, Accountable, Consulted, and Informed) to help define who is responsible and accountable in various situations. This will help to clarify roles so that all employees are working at the full capacity of their licensure. They are piloting this right now. The next step will be to have the consultant (Shannon) here on October 2-3.

The quality work plan was reviewed and the health care plan goals were reviewed and approved. Many of the strategies for improvement came from the staff and the quality committee and a target measure will be tobacco screening and cessation counseling. Documentation will be key and it may need a different location in the electronic medical records.

An info-graphic was created to help support the progress that has been made in colorectal cancer screening rates.

ACCESS:

A motion was made to accept the re-credentialing and grant re-privileging for Dr. Bradley Kamstra, DO, supported by Bernie, and seconded by Linda, motion carries.

A motion was made to accept the credentialing and grant privileging for Angela Sadowski, CSW-PIP, supported by Bernie, and seconded by Tracy, motion carries.

BOARD MEMEBER:

Motion to accept the re-appointment of Dr. Katie Skinner to the Falls Community Health Governing Board, supported by Tracy, seconded by Susy, motion carries.

NOMINATING COMMITTEE:

There were no further nominations or volunteers for the Chair and Vice-Chair positions.

Motion to accept the nomination of Jonathon Ott for the position of Vice-Chair of the Falls Community Health Governing Board, supported by Bernie, seconded by Katie, motion carries.

Motion to accept the nomination of Dr. Bruce Vogt for the position of Chair of the Falls Community Health Governing Board, supported by Bernie, seconded by Tracy, motion carries.

FAMILY PLANNING MARKETING PLAN:

This project is just getting started. There are plans to update and order a brochure, maintain a page on the city's website, add information about family planning on the television in the waiting room, include the brochure with other outreach event materials and do at least 1 post-secondary school presentation. The hope is to have a 3% annual increase in patients using the family planning services.

Motion to approve the Family Planning Marketing plan, supported by John, seconded by Cindy, motion carries.

EMERGENCY MANAGEMENT PLAN:

CMS preparedness rule was published in the CFR 9-16-2016 with an implementation date of 11-15-2017. We are one of the 17 agency provider types that must comply with the rule.

The Health Department's Emergency Operations Plan

- Be based on a facility-based and community based "all hazards" risk assessment;
- Include strategies for addressing emergency events identified in the risk assessment;

- Address patient populations, including but not limited to the type of services the FQHC has the ability to provide in an emergency; and continuity of operations, including delegation of authority and succession plans;
- Include a process for cooperation and collaboration with local, tribal, regional, State and Federal emergency preparedness officials.

The Health Department's Emergency Operations Plan is supported by the City of Sioux Falls Emergency Operations Plan

The risk assessment is a Hazards Vulnerability Assessment (HVA) – last one done May 2018. It is risk based – highest risk is severe weather

- With an HVA we look at these across the community and the community assumes the highest risk on an individual organization
- Severe weather has consistently been the highest risk for our area for years

We have policies and procedures developed that address our high risks (city and health department).

The Health Department's COOP (continuity of operations plan) addresses provision of services and also includes a delegation of authority and a succession plan.

We are connected to partners through the City's Emergency Operations Center and through local and county emergency management.

Motion to approve the Emergency Management plan, supported by Bernie, seconded by Katie, motion carries.

EXECUTIVE DIRECTOR'S REPORT:

See report below:

PUBLIC INPUT:

None at this time

A motion to adjourn, supported by Tracy, seconded by Katie, motion carries.

1:10 pm



H. Bruce Vogt- Board Chair October 18, 2018

September 2018 FCH Executive Director Board Update

Upcoming Board Vacancies- recruitment continues for a board member applicant.

Operations Update

- Dentist vacancy: we have inquiries for both full-time and part-time employment.
- Clinical efficiencies along with care team model project work continues. We had a medical software consultant was on site Sept 11th through the 13th, who spent time listening and observing for workflow issues/concerns from staff about how they use the software every day. The goal of the project is to look at optimizing use of the software system, improving clinical workflows and efficiencies and to work towards adding new efficiencies to the system. A project plan is being developed with closure by the end of the year.
- Substance Abuse and School Based Services Medicaid coverage-
 - SD Medicaid office has agreed to reimburse SD CHC's at our Medicaid PPS rate,
 - Discussion continues to work through accreditation requirements to be a Medicaid SUD provider.
 - We have not yet reached agreement on exemption from the PCP referral requirement when providing urgent care to students at our School Based Sites.

Grants

- We received Notice of Award this week for our SUD Substance Use Disorder expanded services supplemental funding. \$175,000 in one time funding and \$121,250 added to our base funding. This is an increase over our requested amount (\$25K one-time, \$10K ongoing).

	FY 2018 Funding
Expanded Services Funding (required):	
Base amount	Up to \$100,000
Additional MAT amount (if eligible)	Up to \$250 per MAT patient reported in 2017 UDS
One-Time Funding (optional):	
One-time investments to support expanded services	Up to \$150,000

Expansion planned:

- Increase clinical pharmacist onsite by 1 day per
- Increase psych nurse practitioner by 1.5 days per
- Remaining to support behavioral health staffing expansion
- Expenses related to Medication Assisted Treatment as allowable

One time funding:

- Minor renovation at Terry Redlin to create counseling room
- Community based messaging and awareness campaign development
- Community based event i.e. BHS summit
- Evidence based treatment protocols, algorithms, and in-house training