

Falls Community Health Governing Board Minutes
Thursday, October 18, 2018 at 12:00 pm

Present: Linda Karnof, Gwendolyn Martin-Fletcher, Jim Kellar, Bruce Vogt, John Peterson, Tracy Johnson, Bernie Schmidt, Dr. Katie Skinner

Absent: Susy Blake, Cindy Binkerd, Jonathon Ott,

Staff Present: Jill Franken, Alicia Collura, Dr. Jennifer Tinguely, Lisa Stensland

Call to Order: The meeting was called to order by Bruce Vogt at 12:02 pm.

A motion was made to approve the minutes for Falls Community Health Governing Board dated September 20, 2018, supported by Susy, seconded by Katie, motion carries.

A motion to add agenda items including: Board positions and old business, supported by Bernie, seconded by Jim, motion carries

BOARD POSITION:

As we are having difficulty finding a replacement for John, we would request that John continues as a board member into November.

A motion to have John Peterson serve on the board through November supported by Jim, seconded by Linda, 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. We can add a question to their willingness to serve on the board. Susy is willing to help with the questions as well.

NEW BUSINESS:

FINANCIAL REPORT:

The Falls Community Health reports attached are through the month ending September 30, 2018. We are 75% through the fiscal year. The last financials presented were through the month of August 2018.

Operating Revenues:

- Net Patient Revenue consists of all patient charges and adjustments. Total Net Patient Revenue for September came in at \$290,963 which is 56% of the YTD actuals to annual budget.
- Total Grant Revenue of \$293,285 includes grant drawdowns from the Community Health Center, Ryan White Part C, HIV Prevention, and Refugee grants.
- Total Other Revenue of \$698.

Total Operating Revenues YTD September is \$5,607,710 which is 64% YTD actuals to annual budget.

Operating Expenses: Operating expenses are classified within 7 categories. Total expenses were \$673,227 for the month of September.

- Personnel expenses are at 66% of the budget. 2018 is \$625K favorable to YTD budget.
- Professional Services are at 73% 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 66% of the YTD budget.
- Supplies and Materials are at 55% 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 \$159K favorable to YTD budget.

- Training is at 90% 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 October.

Non-operating Revenue (Expense):

- Other Revenue is at 128% of the budget and includes USD dental lease payments and recovery of prior year revenue.

Net Income (Loss):

September actuals are showing net loss of (\$61,471) and September YTD net loss of (\$727,841).

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

QUALITY:

The medical Patient Satisfaction Survey results were reviewed. There were 311 survey's returned.

98% of respondents would recommend our clinic to others. There were several questions about extended hours. A new section was added this year in regard to the sliding fee: 88% of the responses felt that the fees are nominal. We hope to have dentals results in November or December.

Consultant visit:

The staff is continuing the nursing role discussions and sustainability/spread planning from pilot. This will help maximize scope of licensure (RN and LPN). Further development is needed for the Nurse Care Manager role and integration into the care team. The CLOUT team is currently doing a Failure Modes and Effects analysis on referral tracking process. Huddle preparation was excellent and led to effective and meaningful conversation during morning huddle. There is an opportunity to "complete conversation" during huddles; several conversations occur that do not have a resolution and so a missed opportunity for additional education or services resulted. Next steps include: Meet with Consultant for coaching on how to further improve huddles, Record provider huddle team for training/spread to other provider teams as pilot is spread, enhance Chart Prep report; at a minimum including CEMs.

Another area to look at would be Clinical Discharge in exam room by LPN/RN. This change will require minimum documentation entry during course of visit and utilization of electronic vs. paper forms. There will be a meeting with providers to discuss minimum documentation requirements. This will require some changing to current visit summaries to make them more meaningful.

The consultant identified 3 opportunities for expanding RN duties: Assigned panel of patients (est. 30 patients) to manage and conduct care management as well as RN only visits, new patient assessment visits and annual wellness visits.

Opportunities in regard to the RN/LPN duties: Separate meetings with RN and LPNs to facilitate building of higher functioning care team and build out individual and team roles. LPNs: Discuss opportunity for education regarding obesity, tobacco cessation and other brief interventions. Training on Motivational Interviewing for all clinical support staff.

FMEA Referral Tracking: Display FMEA in common area and encourage staff participation in completing FMEA. The CLOUT team will revisit during next meeting and identify rapid cycle improvement plans to improve process.

The Nurse Case Managers will begin to develop process maps. They will begin by identifying current definition of Actively Engaged patients, and develop triggers for floor RN/LPN to identify patients for the nurse case managers. We will also need to develop ways to "graduate" patients.

Phone intake suggestions include: develop call center protocols and train call center staff on addressing specific issues that would result in reduced outflow of calls as well as add a clinical phone agent. This role will assist in answering and researching clinical questions that are currently be pushed out to triage or clinical teams. Clinical phone call agent can also assist with referral tracking and other clinically oriented administrative tasks

Next steps:

- Review results of RACI and Site Visit recommendations. Build project plan with leads, workgroups and timeline
- Nursing resource is a barrier – identify top training opportunities until fully staffed.
- Continue:
 - Vanessa and case managers – Continue defining “actively engaged” and developing process maps.
 - Dr. Tinguely and providers – develop “minimal documentation requirements” for meaningful clinical discharge.
 - Katie and nursing team – give all nurses the opportunity to work in the pilot model, continue role development and training.
 - Erin and CLOUT – FMEA analysis of referral tracking.

ACCESS:

A motion was made to accept the re-credentialing and grant re-privileging for Dr. Mark Huntington, supported by Tracy, and seconded by Bernie, motion carries.

The clinic will be losing two of the APP’s by the end of the year. Judy Jacobsen will be retiring December 31st, and Leah Mergen on November 30th.

EXECUTIVE DIRECTOR’S REPORT:

See report below:

PUBLIC INPUT:

None at this time

A motion to adjourn, supported by Jim, seconded by Bernie, motion carries.

1:00 pm



H. Bruce Vogt- Board Chair November 15, 2018

October 2018 FCH Executive Director Board Update

Upcoming Board Vacancies- recruitment continues for a patient board member applicant. Applications have also been received by the Mayor's office for reappointment of Jim Kellar and Bruce Vogt.

Operations Update

- Dentist vacancy: we have had inquiries and first round of interviews has been conducted.
- Medicaid reimbursement changes
 - Meetings continue to work through accreditation requirements to be a Medicaid SUD provider.
 - Same day billing for primary care visit and behavioral health visits has been approved, as well as group visit billing.
 - Medicaid officials have indicated verbally that they will be requesting a state plan amendment to revise their rules regarding acute care visits for Medicaid patients. If this change is approved, patients on Medicaid will be eligible for a certain number of acute visits annually without prior authorization needed.
- Clinical Efficiencies
 - Biweekly meetings continue with the provider staff to work through provider documentation efficiencies and software questions.
 - Electronic prescribing of controlled substances is active for a couple of the provider staff. Dr. Tinguely and Mary Lisa Borgstadt CNP are our test providers, still a few bumps in the road but have successfully sent some prescriptions.
- 340B policy and audit plan work continues. The goal is to present at Nov or Dec board meeting.

Grants

Service Area Competition: notification pending

Ryan White Part C: Non-competing grant submission due November 15th

Behavioral Health Stakeholder Meeting

On 9/27 the health department convened a meeting of community behavioral health stakeholders, to review progress in closing identified gaps in local behavioral health needs and to hear from Mayor TenHaken, who shared his "One Sioux Falls" vision and opened up the meeting to receive input from the attendees.

Included was a presentation by Alicia Collura regarding the work of FCH in the area of behavioral health as well as new opportunities in the area of community awareness that FCH will engage in using SUD funding.

Next steps:

- A survey has been sent to attendees to recruit workgroup members for both addiction prevention efforts and an awareness campaign.
- Continue participation/leadership to advance the Community Triage Center.