

Falls Community Health Governing Board Minutes
Thursday, November 19, 2015, at 12:00 pm

Present: Kari Benz, Linda Karnof, Gwendolyn Martin-Fletcher, Jim Kellar, John Peterson, Katie Reardon, Bruce Vogt, Tracy Johnson, Joyeuse Urwibutso

Absent: Susy Blake, Arlene Olson

Staff Present: Jill Franken, Amy Richardson, Dr. Jen Tinguely, Lisa Stensland

Call to Order: The meeting was called to order by Jim Keller at 12:02 pm.

Consent Agenda items: Governing Board Minutes for October 15, 2015, and QAQI Minutes from October 19, 2015 and November 16, 2015 were unanimously approved.

Introductions were made of the staff and board members and new board member Joyeuse Urwibutso.

OLD BUSINESS:

The policy/procedure for Scheduling of Appointments was updated. The policy's purpose is to provide adequate access for patients, provides guidelines for scheduling staff, assures organizational efficiency and productivity goals, and staff and provider well-being.

There is some analysis that will be brought before the board, and the board would like some time to thoroughly read through the policy.

A motion made to approve the Falls Community Health Standard Operating Policy/Procedure for Scheduling of Appointments- Medical supported by Bruce and seconded by Katie, motion carries.

NEW BUSINESS:

FINANCIAL REPORT:

The financial report was deferred this month.

QUALITY:

Risk Management Report: This is the first of an annual report to be done. Staff came together to share their data and make recommendations for 2016 improvement initiatives. In summary, there were no findings in the medical malpractice claims, patient satisfaction survey, HIPAA, financial audits, and employee grievances.

Findings included:

- Clinical quality: a gap in MRI follow up. The QA/QI team will look for workflow implementation.
- Peer review: social worker, nurse case manager, and the psychiatric nurse practitioner are currently not included in the peer review. The clinical services manager will compare other health centers and recommend if they should be included and implement workflow.
- Safety and security: risk Manager (Mike Hall) recommends universal lock down policy for the main site. Alicia will work with the county to gauge interest on next steps. If they concur, it will be referred to the building wide security committee for implementation.
- Incident reporting: Order entry/labeling (positive identification and training) errors with nursing/lab/providers with many occurrence reports. Lab manager will retrain.
 - Vaccination/medication management: storage and administration. The next steps need to be discussed with the nursing manager. Improvement is needed along the spectrum of management including ordering, stocking and administering.

EXECUTIVE DIRECTOR'S REPORT:

Care team restructure: there will be two phases of the restructure with both being completed by July 1, 2016. The goals:

- To optimize roles of care team members by modifying job descriptions for the RN, LPN, and PST roles.
- RN staff will have enhanced clinical duties in keeping with their licensure and training.
- Increased patient appointment efficiency, with higher compliance with UDS and PCMH prescribed goals and objectives.
- Patients will have increased access to members of the care team through shared care planning and internal referrals.

- Increased efficiency and effectiveness of scheduling with centralization of intake and phone duties.
- Staff and providers will report increased satisfaction through understanding the roles of each care team member and sharing patient care.

SD Medicaid Expansion: SD Medicaid work group continues to work with CMS and SD stakeholders. Strategies focused on increase to the federal match for Native American healthcare; savings from Medicaid state match will then be used to cover future SD Medicaid budget expenditures.

Alicia serves on the behavioral health services subcommittee- primarily charged with increasing access to BHS services for American Indians. Additional SD CHAD members serving on other subcommittees.

Community Behavioral Health Needs: The meeting coordinated by SFHD with behavioral health services stakeholders on October 27th, was a success. All stakeholders invited were represented and most in attendance engaged in dialogue during the meeting. Vanessa Sweeney presented perceived challenges, most of which were validated by the stakeholders. The next steps include identifying top gaps and possible next steps should be to begin to address those gaps with a targeted action plan. The next meeting will be late January or early February.

Clinic renovations: Phase 2 of the Medical Records remodel project is nearing completion. Front desk renovation is expected to be finalized on Friday November 20. Final inspection and walk-throughs are planned for next week. The front desk should be open for business by Wednesday, November 25th. Furniture for the remodel project has been ordered and expected delivery and install in mid-December. The entire project should be completed by the end of December 2015.

Motion to move to Executive session was made by Kari and supported by Gwen. Motion carries.

Motion to move from executive session and there being no other business Motion to adjourn, supported by Linda, seconded by Gwen. Motion carries.

Jim Kellar- Board Chair

December 17, 2015

