

Falls Community Health Governing Board Minutes
Thursday, April 21, 2016, at 12:00 pm

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

Absent: Susy Blake, Katie Reardon, Tracy Johnson,

Staff Present: Jill Franken, Alicia Collura, Amy Richardson, Dr. Jennifer Tinguely, 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 March 17, 2016
2. The QAQI minutes for April 18, 2016, supported by Bruce and seconded by Arlene. Motion carried.

NEW BUSINESS:

FINANCIAL REPORT:

The Falls Community Health reports attached are through the month ending March 31, 2016. We are 25% through the fiscal year. The last financials presented were through the month of February 2016.

Operating Revenues:

- Net Patient Revenue consists of all patient charges/fees. Total Net Patient Revenue for March came in at \$460,569 which is 23% of the YTD March actuals to budget. 2016 Net Patient Revenue is favorable \$112,982 compared to YTD Mar 2015.
- Total Grant Revenue of \$272,261 includes grant drawdowns from the Community Health Center, Ryan White Part C, and HIV Prevention and Refugee grants.
- Total Other Revenue is \$3,844.

Total Operating Revenues YTD March is \$2.1M, which is 24% compared to budget at 25%. 2016 Total Operating Revenues is favorable \$189,913 compared to YTD Mar 2015.

Operating Expenses: Operating expenses are classified within 7 categories. Total expenses were \$706,393 for the month of March.

- Personnel expenses are at 18% of the budget. There are also a couple of vacant positions not being expensed YTD yet budgeted. 2016 is \$74K unfavorable to YTD Mar 2015.
- Professional Services are at 23% of the YTD budget. This category includes payments to Center for Family Medicine, locum providers, interpreter services and laboratory expenses. 2016 is \$87K unfavorable to YTD Mar 2015. Laboratory expenses are higher in 2016 due to change of outside lab billing which was not in effect first half of 2015.
- Rentals are at 1% of the YTD budget.
- Repair and Maintenance is at 12% of the YTD budget. 2016 is favorable \$14K to YTD Mar 2015.
- Supplies and Materials are at 19% 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. 2016 is \$13K unfavorable to YTD Mar 2015.
- Training is at 28% of the YTD budget. The majority of expense is continuing education expenses and out of state travel. 2016 is \$4.5K unfavorable to YTD Mar 2015.
- Utilities are at 17% YTD budget. The majority of this expense occurs quarterly. Last payment occurred in March.

Non-operating Revenue (Expense):

- Other Revenue is at 26% of the budget and includes USD dental lease payments and recovery of prior year revenue.
- Estimated Uncollectible Revenue is \$109,095 for March. 2016 is \$4K favorable to YTD March 2015.

Net Income (Loss): March actuals are \$(68,662) and YTD \$219,597. 2016 is \$6K unfavorable to 2015 March YTD. Productivity of the providers for the quarter is ahead of last year but currently at 94 %.

Nursing visits and the dental hygienists are a bit behind, along with the dentists currently at 92% of goal but are ahead of last year. Mental health and case management visits are ahead of last year.
 Motion made to approve the financial report for March, supported by Kari and seconded by Gwen, motion carried.

QUALITY:

The Policy/procedure for tracking Hospital was handed out to the board. HRSA had wanted the policy to reflect more of the procedure to meet requirements. The Policy itself had not changed but the procedure will be added as an Appendix for HRSA and if the procedure changes that can be modified as workflow changes.

Motion made to accept the Sioux Falls Health Department-Falls Community Health Standard Operating Policy/Procedure for Tracking-Hospital supported by Gwen and seconded by Bruce, motion carried.

ACCESS:

Motion made to accept the credentialing and grant the re-privileging of John Erpenbach and Karissa Zimmer as presented by Dr. Tinguely supported by Bruce and seconded by Arlene, motion carried.

Motion made to accept the credentialing and grant the re-privileging of Erin Sanford and Angela Peck as presented by Dr. Tinguely supported by Linda and seconded by John, motion carried.

EXECUTIVE DIRECTOR'S REPORT:

See attached.

Motion to adjourn, supported by Arlene, seconded by John. Motion carries. 12:53 pm



Jim Kellar- Board Chair
 May 19, 2016

April 2016 Executive Director Board Update	
Board Strategic Planning	<ul style="list-style-type: none"> • Meeting on 4/7 included discussion regarding the following: <ul style="list-style-type: none"> ○ patient needs we are not meeting ○ performance measures need more analysis and improvement ○ risks could we face in the next 3 years ○ enhance the engagement of our employees • The items discussed were captured and the top priorities in each of these areas were identified by board members • Next step includes administration developing a working plan which will be: <ul style="list-style-type: none"> ○ Presented to the board in July ○ Approved for adoption in August
Sioux Falls Behavioral Health Services (BHS) Stakeholders Meetings	<ul style="list-style-type: none"> • Stakeholders participating represent health care agencies, social service agencies, city departments, schools, and non-profit agencies. <ul style="list-style-type: none"> ○ 10/27 convened stakeholder group, 2/26 identification of systemic challenges and the gaps between the current system and an ideal system ○ 4/5 completed gaps analysis and agreed the following are the highest priorities: <ul style="list-style-type: none"> ▪ Data to quantify need for services in SF

	<ul style="list-style-type: none"> ▪ SD policy/regulation which negatively impacts or restricts access to services • Next meeting will determine stakeholder commitment: <ul style="list-style-type: none"> ○ To continue as a stakeholder workgroup to partner in addressing top priorities ○ Begin to identify/develop key actions the group can agree to work on together
Dental Team FTE's/Update	<ul style="list-style-type: none"> • New dental FTE's approved with this year's budget: <ul style="list-style-type: none"> ○ Dentist ○ Dental Hygienist ○ 2 Dental Assistants • Have all been hired, with dentist employment to begin mid-summer • Of note: Dr. Naber delivered a baby boy on 4/18, 7#, 22 inches, all doing well • Continuing to work with locum agency to find a replacement for Dr. Naber for her FMLA.
Care Team Model	<ul style="list-style-type: none"> • Go Live for Care Team changes taking place 4/25. <ul style="list-style-type: none"> ○ Team structure, position descriptions and workflows will be implemented • Go Live includes: <ul style="list-style-type: none"> ○ Week #1: basic structural implementation of new care team model ○ Week #2 Focus on priorities- <ul style="list-style-type: none"> ▪ Phone volume, patient check out, patient care alerts, ▪ Specific focus on diabetic care management ○ Beyond Week #2- develop care pathways for other top patient conditions