

**Falls Community Health Governing Board Minutes**  
**Thursday, June 16, 2016, at 12:00 pm**

**Present:** Susy Blake, Linda Karnof, Gwendolyn Martin-Fletcher, Jim Kellar, John Peterson, Bruce Vogt, Arlene Olson, Katie Reardon, Joyeuse Urwibutso, Jonathon Ott

**Absent:** Tracy Johnson

**Staff Present:** Jill Franken, Amy Richardson, Dr. Stephanie Schmitz, Katie Wick, Lisa Stensland

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

A motion was made to approve the minutes for Falls Community Health Governing Board dated May 19, 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 May 31, 2016. We are 42% through the fiscal year. The last financials presented were through the month of April 2016.

**Operating Revenues:**

- Net Patient Revenue consists of all patient charges/fees. Total Net Patient Revenue for May came in at \$427,447 which is 38% of the YTD actuals to annual budget. 2016 Net Patient Revenue is unfavorable \$212K to YTD budget.
- Total Grant Revenue of \$244,728 includes grant drawdowns from the Community Health Center, Ryan White Part C, HIV Prevention and Refugee grants.
- Total Other Revenue is \$38,917. The quarterly Medicaid Health Home payment is included here.

Total Operating Revenues YTD May is \$3.6M, which is 41% YTD actuals to annual budget. 2016 Total Operating Revenues are unfavorable \$83K to YTD budget.

**Operating Expenses:** Operating expenses are classified within 7 categories. Total expenses were \$672,371 for the month of May.

- Personnel expenses are at 36% of the budget. There are also a couple of vacant positions not being expensed YTD yet budgeted. 2016 is \$385K favorable to YTD budget.
- Professional Services are at 41% of the YTD budget. This category includes payments to Center for Family Medicine, locum providers, interpreter services and laboratory expenses. 2016 is \$16K favorable to YTD budget. 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 4% of the YTD budget.
- Repair and Maintenance is at 25% of the YTD budget. 2016 is favorable \$10K to YTD budget.
- Supplies and Materials are at 36% 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 \$42K favorable to YTD budget.
- Training is at 45% of the YTD budget. The majority of expense are continuing education expenses and out of state travel. 2016 is \$2K unfavorable to YTD budget.
- Utilities are at 18% YTD budget. The majority of this expense occurs quarterly. Last payment occurred in March.

**Non-operating Revenue (Expense):**

- Other Revenue is at 46% of the budget and includes USD dental lease payments and recovery of prior year revenue.
- Estimated Uncollectible Revenue is (\$33,748) for May. 2016 is \$10K unfavorable to YTD budget.

**Net Income (Loss):** May actuals are \$16,469 and YTD (\$52,134). 2016 is \$445K favorable to 2015 budget.

Productivity- the clinic provider visits are up from last year and at 95% of goal. Dental visits are at 99% of goal.

Mental Health/Substance Abuse visits are at 104% of goal and Case Management/Social Work visits are at 110% of goal.

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

**QUALITY:****QA/QI Update:**

Pap smears- the team is working with the American Cancer Society and will be having a video conference with an expert on cervical cancer screening for the nursing staff and providers. Currently two members of the nursing staff are working on a PDSA and documenting reasons why a pap smear is not completed at the visit.

We once again have a colorectal cancer navigator – Beth Hindbjorgen who is tracking the kits that are handed out and will follow up with patients who have not returned the kit.

An audit was done on the babies that have returned to FCH after being referred to CFM, of the six babies zero have come back. We are adding an extra step in the tracking of the OB referrals and will be calling/sending a letter to the mother around her due date. We have made some progress in making our waiting room more kid friendly with the addition of a play area and kid size furniture.

The CLOUT team continues to work through the feedback from nursing staff and providers that have trialed the delinquent deferred orders workflow, and working on how to manage this going forward. The board will need to sign the quality plan by August with a draft being prepared for the July meeting.

The clinic team continues to make progress in the PCMH 2014 standards. Currently the biggest challenge is the Care Management portion. This section played a large part in the reorganization and we are working on more trainings, workflows, and shadowing opportunities to get the staff (both nurses and providers) more comfortable in their new roles.

Diabetes management training was attended by the program coordinator and two nurse case managers to a 3 day training last month. We have started our conversations on how the curriculum will look for our patients. The feedback from the staff that attended the training was very good, just a lot to take in.

**ACCESS:**

A motion was made to accept the credentialing and grant the re-privileging of Dr. Robert Hille as presented by Dr. Schmitz supported by Susy and seconded by Katie, motion carried.

**EXECUTIVE DIRECTOR'S REPORT:**

See attached.

Congratulations to Dr. Jennifer Tinguely for receiving the Outstanding Young Medical Professional award from the South Dakota Medical Association.

Motion to adjourn, supported by Bruce, seconded by Arlene. Motion carries. 1:07 pm



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Jim Kellar- Board Chair  
July 21, 2016

## May 2016 Falls Community Health Executive Director Board Update

<b>Board Members</b>	<ul style="list-style-type: none"> <li>• This is Kari's last board meeting. A big <b><i>thank you</i></b> for her service on this board, including her position as board chair for two years.</li> <li>• <b><i>Thank you</i></b> to Tracy, for her commitment to continue service on the board for another term.</li> <li>• Jonathan Ott will start his service as a board member, replacing Kari, in June.</li> <li>• 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.</li> </ul>
<b>Board Strategic Planning</b>	<ul style="list-style-type: none"> <li>• Administration developing working plan based on priorities identified by the board, as well as those brought forward by the management team.</li> <li>• Draft plan will be presented at the July board meeting.</li> <li>• Approval to adopt the strategic plan at the August board meeting.</li> </ul>
<b>2017 FCH Budget</b>	<ul style="list-style-type: none"> <li>• Budget planning underway, will be presented to board in July for approval.</li> <li>• Priorities may include slight refinements to staffing plan.</li> <li>• Of note: early staff and board strategic discussions do not include significant budget items for 2017 FCH budget.</li> </ul>
<b>Dental Team FTE's/Update</b>	<ul style="list-style-type: none"> <li>• Part-time dentist recruited to fill in during Dr. Naber's FMLA.</li> <li>• Temp hygienist also recruited for Rachel Larsen's FMLA.</li> <li>• Gina Geffres, our new dentist, will start in July.</li> </ul>
<b>Care Team Model</b>	<ul style="list-style-type: none"> <li>• Go Live for Care Team changes took place 4/25.             <ul style="list-style-type: none"> <li>○ Go Live included basic structural implementation of new care team model.                 <ul style="list-style-type: none"> <li>▪ Care management development had specific focus on diabetes</li> </ul> </li> <li>○ Work is now being completed to develop care pathways for other top patient conditions.</li> </ul> </li> </ul> <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>