

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

Present: Susy Blake, Gwendolyn Martin-Fletcher, Jim Kellar, John Peterson (via phone), Bruce Vogt, Arlene Olson, Jonathon Ott, Tracy Johnson

Absent: Linda Karnof, Joyeuse Urwibutso, Katie Reardon

Staff Present: Jill Franken, Alicia Collura, Amy Richardson, Dr. Jennifer Tinguely, Dr. Stephanie Schmitz, Erin Hartig, Kimberly Huff

Guest: Shelly Ten Napel the new CHAD CEO

Call to Order: The meeting was called to order by Jim Kellar at 12:04 pm

A motion was made to approve the minutes for Falls Community Health Governing Board dated June 16, 2016 supported by Bruce and seconded by Tracy. Motion carried.

NEW BUSINESS:

FINANCIAL REPORT:

The Falls Community Health reports attached are through the month ending June 30, 2016. We are 50% through the fiscal year. The last financials presented were through the month of May 2016.

Operating Revenues:

- Net Patient Revenue consists of all patient charges/fees. Total Net Patient Revenue for June came in at \$525,154 which is 47% of the YTD actuals to annual budget. 2016 Net Patient Revenue is unfavorable \$171K to YTD budget.
- Total Grant Revenue of \$249,602 includes grant drawdowns from the Community Health Center, Ryan White Part C, and HIV Prevention and Refugee grants.
- Total Other Revenue is \$1,277.

Total Operating Revenues YTD June is \$4.4M, which is 50% YTD actuals to annual budget. 2016 Total Operating Revenues are unfavorable \$42K to YTD budget.

Operating Expenses: Operating expenses are classified within 7 categories. Total expenses were \$605,097 for the month of June.

- Personnel expenses are at 43% of the budget. There are also a couple of vacant positions not being expensed YTD yet budgeted. 2016 is \$473K favorable to YTD budget.
- Professional Services are at 47% of the YTD budget. This category includes payments to Center for Family Medicine, locum providers, interpreter services and laboratory expenses. 2016 is \$51K 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 5% of the YTD budget.
- Repair and Maintenance is at 37% of the YTD budget. 2016 is favorable \$8K to YTD budget.
- Supplies and Materials are at 42% 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 \$56K favorable to YTD budget.
- Training is at 49% of the YTD budget. The majority of expense are continuing education expenses and out of state travel. 2016 is in-line to YTD budget.
- Utilities are at 19% YTD budget. The majority of this expense occurs quarterly. Last payment occurred in March. The second quarter bills were paid in first week of July.

Non-operating Revenue (Expense):

- Other Revenue is at 54% of the budget and includes USD dental lease payments and recovery of prior year revenue.

- Estimated Uncollectible Revenue is (\$57,855) for June. 2016 is \$51K favorable to YTD budget.

Net Income (Loss): June actuals are \$126,074 and YTD \$73,940. 2016 is \$670K favorable to YTD budget.

Motion made to approve the financial report for June, supported by Tracy and seconded by Arlene, motion carried.

Motion made to approve the 2017 Budget as will be presented to council, supported by Bruce and seconded by Suzy, motion carried.

CHAIR/VICE CHAIR NOMINATING COMMITTEE:

Options for voting for Chair and Vice Chair are: Jim and Bruce are eligible to fulfill another year as chair and vice chair respectively or next month we can form a nominating committee or take nominations and then vote in September.

STRATEGIC Plan:

Monitoring Community Trends

- Medicaid expansion
 - Monitor status of expansion efforts and Indian Health Services/health center pilot program if implemented

Promoting Health/Access

- Comprehensive marketing plan for patient recruitment*
 - Develop strategies to attract patients from surrounding neighborhoods of each site
- Comprehensive retail/clinical pharmacy on-site*
 - Complete feasibility study for retail pharmacy
 - Optimize existing clinical pharmacy program
- Urgent care and extended hours
 - Complete needs assessment
 - Complete feasibility study

Maintaining Quality

- Behavioral Health Integration (BHI) *
 - Increase BHI to level 6 of the CIHS Standard Framework of Integrated Care
 - Develop quality and/or performance metrics for BHI
- Increase quality performance to ensure patient outcomes and optimal payment
 - Achieve Patient Centered Medical Home 2014 Level 3 recognition
 - Develop dental dashboard based on National Network of Oral Health Access recommendations

Assuring Fiscal Strength

- Develop patient retention measure for operational dashboard*
 - Train management and staff on patient retention strategies
 - Implement a minimum of one patient retention strategy
- Maximize billable services
 - Advanced care planning
 - Enabling services
- Decrease general fund dependence
 - Develop general fund impact as a financial performance metric
- Increase productivity and decrease no shows
 - Evaluate open access scheduling

Supporting Workforce Development

- Continue full partnership and participation in City Well Being and 5 for Life initiative

The board asked that a statement of clarification for the onsite pharmacy study to also be presented to the board once completed.

QA/QI Update:

Quality Assurance/Quality Improvement plan

The QA/QI plan is a requirement of both HRSA (Health Resources and Services Administration) and FTCA. We also submit portions of it to for PCMH application

Requires board approval every 3 years and August will mark 3 years since the last time it was approved

Should have received a copy of the Quality Assurance/Quality Improvement plan both the current copy and the updated copy

Major changes include:

- Addition of the Clinical Quality Coordinator position

- Included the Ryan White Part C Quality plan to fit within the overall plan

- Added the Safety Committee

- Included the PDSA form that we have adopted as our to QI tool for tracking and monitoring

Examples of how the QA/QI process has worked over the past few years –see report below

This report shows the Quality Measures that were identified by the Quality Council as needing attention

The Quality Committee then reviewed and updated current workflows along with doing PDSA's and I am pleased to report that every measure identified has shown improvement.

Motion made to approve the Quality Plan as presented, supported by Suzy and seconded by Arlene, motion carried.

	June-14	June-15	June-16
Hypertension			
Blood Pressure less than 140/90	60%	63%	69%
Cervical Cancer Screening			
Pap smear for women 24-64yrs w/in 3 years	47%	47%	49%
Colorectal Cancer Screening			
Age 50-74yrs with an up to date screening	29%	31%	32%
Child/adolescent Wt. assessment	35%	28%	39%
Adult wt. assessment and follow up plan	37%	41%	57%
Depression screening and follow up plan	N/A	44%	52%

ACCESS:

A motion was made to accept the credentialing and grant the privileging of Dr. Jay Allison as presented by Dr. Tinguely supported by Tracy and seconded by Bruce, motion carried.

A motion was made to accept the credentialing and grant the re-privileging of Dr. Jean Heisler as presented by Dr. Tinguely supported by Arlene and seconded by Tracy, motion carried.

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

A motion was made to accept the credentialing and grant the re-privileging of Dr. Stephanie Schmitz as presented by Dr. Schmitz supported by Arlene and seconded by Tracy, motion carried.

A motion was made to accept the credentialing and grant the privileging of Dr. Kimberly Heinemann as presented by Dr. Schmitz supported by Bruce and seconded by Tracy, motion carried.

A motion was made to accept the credentialing and grant the privileging of Dr. Gina Geffre as presented by Dr. Schmitz supported by Susy and seconded by Arlene, motion carried.

EXECUTIVE DIRECTOR'S REPORT:

See attached.

The board members were invited to attend the open house for National Community Health Center Week on August 11, from 4-5:30 pm.

Motion to adjourn, supported by Tracy, seconded by Susy. Motion carries. 1:16 pm



Jim Kellar- Board Chair
August 18, 2016

July 2016 Falls Community Health Executive Director Board Update

Board Composition Updates	<ul style="list-style-type: none"> • Recruitment continues for a patient board applicant to replace Arlene <ul style="list-style-type: none"> ○ Implemented exam room flyers and recruitment notice in reception area ○ Providers are working to identify possible applicants to recruit • Election of Board Chair/Vice-Chair: <ul style="list-style-type: none"> ○ Nominations brought forward at the 8/18 board meeting ○ Board to vote on Chair/Vice-Chair at the 9/15 meeting
Health Center Week	<ul style="list-style-type: none"> • Health Center Week fast approaching: August 7-13 • Mayor proclamation Tuesday 8/9 @ 7:00pm • Open House Thursday 8/11 @ 4:00-5:30
Medicaid Expansion	<ul style="list-style-type: none"> • Governor Daugaard made the decision not to request a summer session • Work continues to aim for this to be considered in the 2017 legislative session
2017 FCH Budget Next Steps	<ul style="list-style-type: none"> • Mayor budget address 7/26, 2:30pm • Budget presentation to City Council in 8/16, 3pm • Council approval of City budget in September
Provider Updates	<ul style="list-style-type: none"> • Welcome to Dr. Gina Geffre! • Good-bye to Dr. Jim Wilde after 16+ years of service to FCH • CFM provider to replace Dr. Wilde under consideration at this time
Grant/Collaborative Notables	<ul style="list-style-type: none"> • 2016 Delivery System Health Information Investment supplemental funding application submitted 7/20 • FCH dental quality team accepted for 2nd round of participation with the NNOHA quality collaborative • FCH Budget Period Renewal report due 9/2