

Falls Community Health Governing Board Minutes
Thursday, March 17, 2016, at 12:00 pm

Present: Susy Blake, Linda Karnof, Gwendolyn Martin, Fletcher, Jim Kellar, John Peterson, Katie Reardon, Joyeuse Urwibutso, Bruce Vogt, Arlene Olson, Tracy Johnson, Guest Dr. Mark Huntington

Absent: Kari Benz

Staff Present: Alicia Collura, Amy Richardson, Rick Pudwill, Lisa Stensland

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

Minutes: Motion made to approve the minutes for February 18, 2016 supported by Gwen and seconded by Linda. Motion carried.

Motion made to approve the QAQI minutes for February 22, 2016 supported by Arlene and seconded by John. Motion carried.

NEW BUSINESS:

FINANCIAL REPORT:

The Falls Community Health reports attached are through the month ending February 29, 2016. We are 16.7% through the fiscal year. The last financials presented were through the month of January 2016.

Operating Revenues:

- Net Patient Revenue consists of all patient charges/fees. Total net patient revenue for February came in at \$424,071 which is 15% of the YTD February actuals to budget. 2016 Net Patient Revenue is favorable \$108,095 compared to YTD Feb 2015.
- Total Grant Revenue of \$252,547 includes grant drawdowns from the Community Health Center, Ryan White Part C, HIV Prevention and Refugee grants.
- Total Other Revenue is \$39,011. The Medicaid Health Home quarterly payment was received in February.

Total Operating Revenues YTD February is \$1.4M, which is 16% compared to budget at 16%. 2016 Total Operating Revenues is favorable \$324,601 compared to YTD Feb 2015.

Operating Expenses: Operating expenses are classified within 7 categories. Total expenses were \$639,866 for the month of February.

- Personnel expenses are at 11% of the budget. Due to timing of pay periods, some expense for January payroll was incurred in December. There are also a couple of vacant positions not being expensed YTD yet budgeted. 2016 is \$53K unfavorable to YTD Feb 2015.
- Professional Services are at 13% of the YTD budget. This category includes payments to Center for Family Medicine, locum providers, interpreter services and laboratory expenses. 2016 is \$31K unfavorable to YTD Feb 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 0% of the YTD budget.
- Repair and Maintenance is at 9% of the YTD budget. 2016 is favorable \$9K to YTD Feb 2015.
- Supplies and Materials are at 10% 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 \$17K unfavorable to YTD Feb 2015.
- Training is at 18% of the YTD budget. The majority of expense is continuing education expenses and out of state travel. 2016 is \$5K unfavorable to YTD Feb 2015.
- Utilities are at 2% YTD budget. The majority of this expense occurs quarterly. Last payment occurred in December.

Non-operating Revenue (Expense):

- Other Revenue is at 20% of the budget and includes USD dental lease payments and recovery of prior year revenue.
- Estimated Uncollectible Revenue is \$97,993 for February. 2016 is \$4K favorable to YTD Feb 2015.

Net Income (Loss): February actuals are \$(5,584) and YTD \$288,259. 2016 is \$235K favorable to 2015 Feb YTD.

The Federal Poverty Guidelines were also presented for board approval

Motion made to approve the financial report for February and the 2016 Federal Poverty Guidelines, supported by Suzy and seconded by Bruce, motion carried.

QUALITY:

Safety update:

The staff is documenting issues as an Occurrence vs an Incident. Since the change of the form in late 2014, there has been a better staff response to filling out an Occurrence Report. It stresses to the staff the importance of documenting the incident not to place blame on anyone but to correct a potentially serious issue.

Staff continues to monitor the Ebola issues and preparation. There have been new staff members and retraining has occurred with the Infectious Strike Team. They are meeting on a regular basis.

Other items the Safety team is working on are: Acquiring AED's for all 3 school locations, Outlet covers in the clinical areas of the clinics, an updated Infection Control Plan/Policy (had not been done since moving here), Slips, trips and falls promotion began this past fall, and installation of more hand sanitizer dispensers.

The reporting has helped find issues to discuss with staff for example there were 17 occurrences of patient identification issues that all but 2 were corrected prior to care. The other two became incidents. Lab result issues – there were 15 reports all corrected prior to sending to the patient chart or before care was given based on results. Medication/ Immunization- there were 4 occurrences with 3 incidents of the wrong person immunized or the incorrect dosage and 1 incorrect storage of the vaccine. There were 3 incidents of needle exposure and 2 patient falls, one due to fainting and the other due to seizure.

The 2016 agenda includes: update/revise TB plan, Hazard Risk Assessment of the building interior and exterior, continuing to limit risk for the employees and patients, continue tracking occurrences and incidents. In conjunction with the city wide safety initiative the Safety Data Sheets are now online.

Care Team Update:

Work continues to progress with the care teams. We have piloted a 1, 2 and weeklong pilot that has moved the PST's to the phones and the LPN's to help with the clinical staff. The phone calls were handled and appropriately transferred. The checkout piece still needs tweaking to run efficiently. The modifications will ensure that a provider has an RN and a LPN with them. April 25th will be the official change over, in the meantime there will be provider meetings and meetings with CFM so that all involved understand the changes. The PST's will continue their training and we will work through the gaps in RN experience. Scheduling refinements will also continue.

ACCESS:

We did not meet our February goal, but there is a lot of good happening that is showing better numbers than 2015. Areas that have increased over 2015 include: provider, dentist, mental health and case management visits. One cause of lower numbers is the day of the blizzard where we only saw 35 patients versus the 85 normal visits.

STRATEGIC PLANNING AGENDA:

April 7th we will hold a strategic planning session. This will review the 3-5 year strategic plan.

Stage #1 Understand Board's responsibility:

- Develop a process in partnership with management.
- Make decisions about the plan and approve the plan.
- Assure that the plan is used to guide decisions.
- Evaluate the organization's progress in meeting the plan's goals and objectives.

Stage #2 Board to review in preparation:

- Mission and vision statement
- Needs assessments
 - Summary from grant
 - Summary from CHNA
 - Management feedback
- Health Center Scope
 - Review from grant application
- Patient and employee satisfaction surveys and board evaluations

- Review most current
- Clinical and financial performance measures
 - 2015 UDS with trends
- Organizational assessments and external reports
 - Review status of 2 site visits, security risk assessment, HIV, RW, and CHC external audits

Stage #3 Narrow scope:

- Based on data and trends, narrow to a few critical issues and themes whose successful resolution is essential to improving patient services (guiding question). Use these to define goals and objectives.

Stage #4 Develop action plans:

- Describe strategies for achieving the goals and objectives including cost, staffing requirements, individuals responsible, and timelines for major milestones.

Proposed Timeline:

3/17/2016	Review work plan with Board
4/7/2016	Review data gathered with Board, elicit top issues and identify goals
4/2016-6/2016	Develop plan with management
7/21/2016	Review draft with Board, gather remaining feedback
8/16/2016	Formal approval by Board

The board was also given the Health Center Program Governance Requirements to review.

EXECUTIVE DIRECTOR'S REPORT:

Deferred.

Motion to adjourn, supported by Jim, seconded by Tracy. Motion carries. 1:05 pm



Jim Kellar- Board Chair
April 20, 2016