

Falls Community Health Governing Board Minutes
Thursday, April 20, 2017, at 12:00 pm

Present: Susy Blake, Linda Karnof, Gwendolyn Martin-Fletcher, Jim Kellar, Bruce Vogt, Tracy Johnson, Jonathon Ott

Absent: John Peterson, Katie Reardon, Cindy Binkerd

Staff Present: Jill Franken, Alicia Collura, Amy Richardson, Dr. Jennifer Tinguely, Dr. Stephanie Schmitz, 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 consent agenda items including the minutes for Falls Community Health Governing Board dated March 16, 2017, and the QA/QI minutes dated March 20, 2017 supported by Bruce, seconded by Gwen, motion carries.

BOARD MEMBER APPROVAL:

A motion was made to accept the re-appointment of Susy Blake, supported by Tracy, seconded by Gwen, motion carried.

FINANCIAL REPORT:

The Falls Community Health reports attached are through the month ending March 31, 2017. We are 25% through the fiscal year. The last financials presented were through the month of February 2017.

Operating Revenues:

- Net Patient Revenue consists of all patient charges/fees. Total Net Patient Revenue for March came in at \$482,649 which is 25% of the YTD actuals to annual budget.
- Total Grant Revenue of \$324,360 includes grant drawdowns from the Community Health Center, Ryan White Part C, HIV Prevention and Refugee grants.
- Total Other Revenue is (\$1,051). There was a duplicate invoice entry in January, reversed in March.

Total Operating Revenues YTD March is \$826,646, which is 24% YTD actuals to annual budget.

Operating Expenses: Operating expenses are classified within 7 categories. Total expenses were \$1,019,521 for the month of March.

- Personnel expenses are at 23% of the budget. 2017 is \$147K favorable to YTD budget.
- Professional Services are at 24% of the YTD budget. This category includes payments to Center for Family Medicine, locum providers, interpreter services and laboratory expenses. 2017 is \$25K favorable to YTD budget.
- Rentals are at 3% of the YTD budget. Technology charges occur in July of every year.
- Repair and Maintenance is at 15% of the YTD budget. 2017 is favorable \$6K to YTD budget.
- Supplies and Materials are at 23% 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. 2017 is \$12K favorable to YTD budget.
- Training is at 28% of the YTD budget. The majority of expense are continuing education expenses and out of state travel. 2017 is \$2K unfavorable to YTD budget.
- Utilities are at 23% YTD budget. The majority of this expense occurs quarterly. Last payment occurred in March. 2017 is \$2.5K favorable to YTD budget.

Non-operating Revenue (Expense):

- Other Revenue is at 27% of the budget and includes USD dental lease payments and recovery of prior year revenue.
- Estimated Uncollectible Revenue is (\$135,986) for March 2017.

Net Income (Loss): March actuals are (\$328,827K) and YTD (\$327,702). 2017 is unfavorable \$38K to 2017 budget.

A motion was made to accept the financial report, supported by Bruce and seconded by Linda, motion carries.

QUALITY:

Deferred this month

ACCESS:

Dr. Gina Geffre has been on maternity leave and we have worked to fill this time with part-time and locum providers including Dr. Mark Turner who is being presented for approval.

Motion made to accept the credentialing and grant privileging for Dr. Mark Turner, supported by Tracy and seconded by Susy, motion carries.

PATIENT SATISFACTION SURVEY RESULTS:

There were 465 surveys returned, with 60% from female patients and 66% from the ages of 30-64. A few of the questions asked are required by PCMH standards. An area for further analysis by the CLOUT team includes the ability to get medical advice after hours. When the survey is done again this fall we may add more detailed questions as to when patients would prefer to come. Our benchmark question is if patients would refer others to FCH and 98% of patients reported that they would. A tribute to the care and customer service of our staff! The complete results, including comments, will be shared with staff.

EXECUTIVE DIRECTOR'S REPORT:

See report below.

Motion to adjourn, supported by Brent, seconded by Gwen, motion carries. 1:03 pm



Jim Kellar- Board Chair

May 18, 2017

April 2017 Falls Community Health Executive Director Board Update

Item	Update
Board Activities/Updates	<ul style="list-style-type: none"> • Susy Blake's reappointment has been approved by the Mayor/City Council and affirmed by FCH board. Welcome to another term Susy and thank you! • Reminder- save the dates for our HRSA Operational Site Visit. <ul style="list-style-type: none"> ○ <i>Option #1 August 22-24, board meeting 8/24, #2 August 15-17, board meeting is currently scheduled 8/17</i> ○ <i>HRSA will confirm the OSV dates by mid-June.</i>
FCH/Health Team Updates	<ul style="list-style-type: none"> • Health budget draft is in process: <ul style="list-style-type: none"> ○ May/ early June will be department meetings with Finance and HR, meeting with Mayor Huether. ○ FCH board will approve budget draft in July ○ Council presentations in August, budget brought forward for city council approval in September. • City council heard first reading of the Tobacco/smoking restrictions on city property on 4/18 and voted to set a date of hearing and 2nd reading for May 2nd. General tone of the comments conveyed support for the draft policy. Over the summer will work with county to consider tobacco free HHS property.
Community Health Updates	<p>Triage Center- planning project is aimed to investigate the feasibility and develop a business plan for a voluntary, mid-level care alternative for those with substance/alcohol abuse as well as those with mental illness who are not violent in behavior.</p> <ul style="list-style-type: none"> • Alicia Collura will participate in a Triage Center site visit along with other city/county leadership • From the site visits the Policy Team will: <ul style="list-style-type: none"> ○ Define services and recommendations for length of stay ○ Identify staffing needs and narrow location options • Draft the business plan and financial model <p>Goal: a voluntary, mid-level care alternative for those with substance/alcohol abuse as well as those with mental illness who are not violent in behavior.</p> <p>Sioux Empire Network of Care- project funded through a Bush Foundation grant whereby a coordinated social system to:</p> <ul style="list-style-type: none"> ○ Improve collection, reporting and analysis and ○ Track real time resources availability to maximize agency collaboration ○ Use system to identify system gaps and avoid duplication <p>Five agencies have signed on to the SENC project, and since last September over 6,000 unduplicated clients have been entered into the system.</p> <p>Communicable Disease-</p> <ul style="list-style-type: none"> • Outbreak of measles in Minnesota: Hennepin County. Eight confirmed cases as of April 14th, unvaccinated children ages 1-4 years.

- **STI's are on the rise** in the Sioux Falls area (statistics) leading to the implementation of a joint project team between SF Health and SDDOH.

Rates in 2016:

Gonorrhea

- **172%** spike in the Sioux Falls MSA compared to 2005-2014 median.
- Median incidence in Sioux Falls was **138** per year, we observed 376 in 2016.
- Nearly a **four-fold** increase in gonorrhea incidence in Sioux Falls since 2011.
- **30%** of new cases in South Dakota were from the Sioux Falls MSA.

Chlamydia

- **51%** spike in the Sioux Falls MSA compared to 2005-2014 median.
- Median incidence in Sioux Falls was **821** per year, we observed **1,238** in 2016.
- Chlamydia incidence has nearly **doubled** since the mid-2000s.

Syphilis

- **280%** spike in the Sioux Falls MSA compared to the 2005-2014 average.
- Mean incidence in Sioux Falls was about 10 per year, we observed 38 in 2016.
- Syphilis incidence has more than doubled since 2014.
- About 60% of cases in South Dakota were from the Sioux Falls MSA.

HIV/AIDS

- **104%** spike in the Sioux Falls MSA compared to 2010-2015 average.
- Mean incidence in Sioux Falls was **14.2** per year, we observed **29** in 2016.
- **62%** of new cases in South Dakota were from the Sioux Falls MSA.