

Falls Community Health Governing Board Minutes
Thursday, May 18, 2017, at 12:00 pm

Present: Susy Blake, Linda Karnof, Gwendolyn Martin-Fletcher, Jim Kellar, Bruce Vogt, Tracy Johnson, Jonathon Ott, John Peterson via phone, Katie Reardon, Cindy Binkerd, Brent Christiansen

Absent:

Staff Present: Alicia Collura, Amy Richardson, Dr. Jennifer Tinguely Lisa Stensland

Call to Order: The meeting was called to order by Jim Keller at 12:03 pm.

A motion was made to approve the meeting minutes for Falls Community Health Governing Board dated April 20, 2017, supported by Gwen, seconded by Brent, motion carries.

BOARD MEMBER APPROVAL:

A motion was made to accept the re-appointment of Brent Christensen, supported by Bruce, seconded by Tracy, motion carried.

Jim commented that the Tobacco Free City Property ordinance passed the city council.

FINANCIAL REPORT:

The Falls Community Health reports attached are through the month ending April 30, 2017. We are 33% through the fiscal year. The last financials presented were through the month of March 2017.

Operating Revenues:

- Net Patient Revenue consists of all patient charges/fees. Total Net Patient Revenue for April came in at \$455,522 which is 32% of the YTD actuals to annual budget. 2017 Net Patient Revenue is \$63K less than YTD budget.
- Total Grant Revenue of \$245,694 includes grant drawdowns from the Community Health Center, Ryan White Part C, and HIV Prevention and Refugee grants.
- Total Other Revenue is \$7K. This is the SD Community Foundation donation for colonoscopies.

Total Operating Revenues YTD April is \$708,216, which is 32% YTD actuals to annual budget. 2017 Total Operating Revenues is \$126,650 less than YTD budget.

Operating Expenses: Operating expenses are classified within 7 categories. Total expenses were \$703,585 for the month of April.

- Personnel expenses are at 30% of the budget. 2017 is \$215K favorable to YTD budget.
- Professional Services are at 33% of the YTD budget. This category includes payments to Center for Family Medicine, locum providers, interpreter services and laboratory expenses.
- Rentals are at 3% of the YTD budget. Technology charges occur in July of every year.
- Repair and Maintenance is at 17% of the YTD budget. 2017 is favorable \$10K to YTD budget.
- Supplies and Materials are at 30% 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 \$23K favorable to YTD budget.
- Training is at 31% of the YTD budget. The majority of expense are continuing education expenses and out of state travel.

- Utilities are at 23% YTD budget. The majority of this expense occurs quarterly. Last payment occurred in April. 2017 is \$10K favorable to YTD budget.

Non-operating Revenue (Expense):

- Other Revenue is at 55% of the budget and includes USD dental lease payments and recovery of prior year revenue.
- Estimated Uncollectible Revenue is (\$94,114) for April 2017 and is \$225K more than YTD budget.

Net Income (Loss): April actuals are showing a net loss of (\$65,695) and YTD net loss of (\$393,097). 2017 is \$7K more than YTD budget.

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

The board reviewed the Fee Schedule for Immunizations. A motion was made to accept the alternative proposed immunization fee scale, supported by Bruce and seconded by Tracy, motion carries.

QUALITY:

Dental Report: Productivity is holding steady, while the no show rate is under goal. Since January there have been 808 emergency visits which averages 10 per day. The school based clinics continue to work on the Fluoride Varnish Program and have 144 students from Hayward, 123 from Hawthorne and 45 from Terry Redlin School. The number of fluoride applications received at each school are: 142 at Hayward, 165 at Hawthorne and 159 at Terry Redlin. We are currently working on simplifying the paperwork process for the teachers, students, and parents in the schools. The Hawthorne clinic will receive a second dental chair at the end of June. The goal is to increase efficiency for the dental providers and to treat more patients on site.

There is a high rate of decay at the Terry Redlin School and we will explore a free sealant program to take place next February during Dental Health Month, this is just in the planning stages. Also, we will make sure that the sign ups include the language of "Free Fluoride Treatment" to clarify to the parents.

There are 6 Dental Collaborative Measures the first is Caries at Recall- the goal is 10% or less, our average is 16%. Caries Risk Assessment- the goal is 95% or higher, our average is 98%. Sealants 10-14 yrs- the goal is 60%, our average is 59%. Sealants 6-9 yrs- goal is 60% and the average is 80%. No Shows- goal is 16%, average is 13%. Treatment Plan Completed in last 6 months- goal is 75% and the average is 78%.

ACCESS:

The new No Show policy has been in place since March 1st. The goal of the policy is to have a no show rate of 15% or less. January it was 22%, February 17%, March 19%. In 2016, over 8,000 appointments were either no show or cancel, which equals a 27% daily no show and cancel rate. Tracking the no shows revealed 117 appointments in March were short cancellations – 5 per day which was 6 in 2016. Without those the rate was 15% and with the short cancellations it was 19%. 222 patients have been placed on the no show list due to 3 or more no shows in the last 6 months. These patients cannot schedule an appointment, but can come at 8:00 or 1:00 to be triaged. The list is rolling, so patients can earn their way back into the appointment system. The nurses and case managers will work with the patients to overcome any barriers to access they may have.

OPERATIONAL SITE VISIT:

We will again have a 3 day visit with HRSA this August. Alicia reviewed several of the 19 key requirements with the Board. The Board was also provided with a paper copy of the 19 key requirements and an electronic copy of the health centers response to all of the requirements. Alicia also went over the probable logistics schedule and

how the Board would likely be involved. Several members shared their experience from the last OSV. When asked what additional training or preparation the Board would like, Bruce requested a list of 2014 OSV conditions and the health centers responses. We concluded by saying that additional information or training will be at the request of the Board and we will leave some time at the June and July meetings for this.

EXECUTIVE DIRECTOR'S REPORT:

Deferred.

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



Jim Kellar- Board Chair
June 15, 2017

DRAFT