

**Falls Community Health Governing Board Minutes**  
**Thursday, December 21, 2017, at 12:00 pm**

**Present:** Linda Karnof, Gwendolyn Martin-Fletcher, Bruce Vogt, John Peterson-via phone, Cindy Binkerd, Tracy Johnson, Jonathon Ott

**Absent:** Susy Blake, Katie Reardon, Jim Kellar, Brent Christiansen

**Staff Present:** Jill Franken, Alicia Collura, Amy Richardson, Sandy Frentz, Dr. Jennifer Tinguely, Lisa Stensland

Call to Order: The meeting was called to order by Bruce Vogt at 12:01 pm.

A motion was made to approve the consent agenda items including the minutes for Falls Community Health Governing Board dated November 16, 2017, and the QA/QI minutes dated December 6, 2017 supported by Cindy, seconded by Tracy, motion carries.

**FINANCIAL REPORT:**

The Falls Community Health reports attached are through the month ending November 30, 2017. We are 92% through the fiscal year. The last financials presented were through the month of October 2017.

**Operating Revenues:**

- Net Patient Revenue consists of all patient charges/fees. Total Net Patient Revenue for November came in at \$529,209 which is 93% of the YTD actuals to annual budget.
- Total Grant Revenue of \$194,947 includes grant drawdowns from the Community Health Center, Ryan White Part C, and HIV Prevention and Refugee grants.
- Total Other Revenue is \$35,262 for November.

Total Operating Revenues YTD November is \$8,422,530 which is 95% YTD actuals to annual budget.

**Operating Expenses:** Operating expenses are classified within 7 categories. Total expenses were \$754,288 for the month of November.

- Personnel expenses are at 85% of the budget. 2017 is \$418K favorable to YTD budget.
- Professional Services are at 94% of the YTD budget. This category includes payments to Center for Family Medicine, locum providers, interpreter services and laboratory expenses.
- Rentals are at 101% of the YTD budget. Technology charges occur in July of every year.
- Repair and Maintenance is at 55% of the YTD budget.
- Supplies and Materials are at 92% 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.
- Training is at 97% of the YTD budget. The majority of expense are continuing education expenses and out of state travel.
- Utilities are at 68% YTD budget. The majority of this expense occurs quarterly. Last payment occurred in September.

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

- Other Revenue is at 156% of the budget and includes USD dental lease payments and recovery of prior year revenue.
- Estimated Uncollectible Revenue is (\$128,636) for November 2017.

**Net Income (Loss):** November actuals are showing net loss of (\$103,127) and YTD net loss of (\$781,858). 2017 is 67% YTD actuals to annual budget.

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

**POLICY REVISION:**

The Cash Handling revision will help clarify current cash handling process.

A motion was made to accept the Sioux Falls Health department/Falls Community Health Standard Operating Policy/Procedure for Cash Handling as presented, supported by Tracy and seconded by Cindy, motion carries.

The Board Policy revision will clarify the health care industry for board composition.

A motion was made to accept the Sioux Falls Health department/Falls Community Health Standard Operating Policy/Procedure for Falls Community Health Governing Board as presented, supported by Linda and seconded by Tracy, motion carries.

**QUALITY:** Deferred

**ACCESS:**

**Family Planning Services Annual Update:** We have a contract with the state to provide services to patients 17 and under, beginning in February 2018 we will be able to expand services to anyone up to age 24. Those services include: Exams (breast and cervical), STI screenings, Pregnancy testing, Education, counseling, and access to contraceptive services. In the future we hope this will expand to all those of child bearing age.

We are looking to expand this service for the following reasons: additional discounts for patients, increased confidentiality for patients, increased outreach to a younger demographic, increased reimbursements and increased discounts on contraceptive forms.

This will impact the board with annual program update and marketing materials for the program and potential recruitment of patients with in the 18-24 age bracket.

**Credentialing and Privileging:**

Motion to accept the credentialing and grant re-privileging for Cheri Kovalenko, CNP, supported by Gwen and seconded by Tracy, motion carries.

Motion to accept the credentialing and grant re-privileging for Susan Olson, PA-C, supported by Linda and seconded by Cindy, motion carries.

Motion to accept the credentialing and grant privileging for Dr. Daniel Felix, supported by Gwen and seconded by Tracy, motion carries.

**CMS PREPAREDNESS REQUIREMENT OVERVIEW:**

CMS preparedness rule was published in the CFR 9-16-2016 with an implementation date of 11-15-2017. This final rule establishes national emergency preparedness requirements for Medicare- and Medicaid-participating providers and suppliers to plan adequately for both natural and man-made disasters, and coordinate with federal, state, tribal, regional, and local agencies during disasters and emergency situations. Despite some variations, our regulations will provide consistent emergency preparedness requirements, enhance patient safety during emergencies for persons served by Medicare- and Medicaid-participating facilities, and establish a more coordinated and defined response to natural and man-made disasters. The risk assessment is a Hazards Vulnerability Assessment (HVA). The last one was done in July 2017. It is risk based – highest risk is severe weather

- With an HVA we look at these across the community and the community assumes the highest risk on an individual organization
- Severe weather has consistently been the highest risk for our area for years

We have policies and procedures developed that address our high risks (city and health department)

The COOP plan addresses the provision of services and also includes a delegation of authority and a succession plan. We are connected to partners through the EOC and through local and county emergency management.

Per the CMS Requirement: the FQHC must establish and maintain an emergency preparedness plan that must be reviewed and updated at least annually.

The Plan must:

- Be based on a facility-based and community based "all hazards" risk assessment;
- Include strategies for addressing emergency events identified in the risk assessment;
- Address patient populations, including but not limited to the type of services the FQHC has the ability to provide in an emergency; and continuity of operations, including delegation of authority and succession plans;
- Include a process for cooperation and collaboration with local, tribal, regional, State and Federal emergency preparedness officials.

The policies and procedures must be reviewed annually include:

- Safe evacuation
- A means to shelter in place
- A system of medical documentation that preserves patient information, protects confidentiality of patient information, and secures and maintains the availability of records
- The use of volunteers

Communications methods are outlined in our COOP and include: email, phone, cell phone, runner, text messages. We are able to provide updates about the general condition and location of patients/our facility through the city/county EOC.

Our organization also needs to participate in at least two (2) preparedness training/exercises per year. At least one (1) of these exercises must:

- Conduct drills that demonstrate the healthcare organizations' response under duress as well as familiarity with emergency management procedures to detect areas for improvement prior to an actual crisis situation
- Participate in a full-scale, community based exercise with their local and/or state emergency agencies and healthcare coalitions and to have completed a tabletop exercise by the implementation date

#### **EXECUTIVE DIRECTOR'S REPORT:**

See report below.

#### **BOARD SELF-ASSESSMENT:**

The board was given time to fill out the self-assessment and discussion will be deferred till January.

A motion was made to move to Executive session to discuss personnel issue pursuant to SDCL 1-25-2(3), supported by Cindy seconded by Gwen, motion carries.

A motion to end the executive session, supported by Jonathon, seconded by Linda, motion carries.

A motion to approve the Executive Director's performance evaluation as presented in executive session, supported by Cindy, seconded by Pete, motion carries.

A motion to adjourn, supported by Cindy, seconded by Linda, motion carries.

1:05 pm



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H. Bruce Vogt- Board Chair January 18, 2017

## December 2017 Falls Community Health Executive Director Board Update

**Provider positions: APP recruitment.** An offer has been made and accepted for an APP, to start the beginning of February! **Dentist recruitment** continues for the vacancy of Dr. Geffre. Her last day was December 1<sup>st</sup>.

**Health Center Funding Cliff.** 12/21 Update from C. Noem's staff, Matt Hittle:

Hi Jill – I now have a better sense for the legislative path forward on CHCs. Today, the House will consider a continuing resolution that includes a six-month extension of CHIP, CHCs, and the other expiring public health programs. There are several other items in the bill that may be of concern, but we're currently analyzing it. As I understand it, the shorter six month timeline is intended to provide a bit of wiggle room for Congress as it considers a long term extension of not only CHIP/CHCs and the other public health provisions, but also a larger budget caps deal, DACA, expiring tax provisions, and a number of other items.

Kristi spoke with Majority Leader Kevin McCarthy last night after votes and thanked him that the public health items were included in the CR, but expressed concern that it was only six months. She would greatly prefer the language the House passed back in November, which would extend those provisions for multiple years.

**As we end 2018**, I want you to know this has been a year of tremendous contrasts for Falls Community Health. On one hand, we have achieved amazing success as we continue to meet our mission to provide ACCESS to QUALITY primary healthcare to the underserved and uninsured in our community. On the other hand, we have carried out our work without funding assurances from our federal partner who we have an agreement with to provide these services.

The future may be uncertain, but one important factor is very clear; we are stronger as an organization than we have ever been. We are humming on all cylinders and have plans for 2018 to make even greater gains as we optimize our work to achieve our full potential.

Our strength comes from this team. Our patients are first and first and foremost in this team equation, who we work with to take charge of their health and be partners with us in their care to improve their lives. Our board, you all, are next in guiding us to set our course and make sure we stay on the right path. Next is our providers, care teams, and support staff who toil each day to meet our mission and reach for greater success. And lastly to our leadership team, who manage our resources, make strategy recommendations, and work so hard to meet our goals and objectives, even when the fog may be obscuring the path.

I am incredibly proud to work with all of you, I thank you for all we've accomplished in 2017 and I look with hope to 2018.

Sincerely, Jill