

**Falls Community Health Governing Board Minutes**  
**Thursday, November 16, 2018 at 12:00 pm**

**Present:** Linda Karnof, Jim Kellar, Bruce Vogt, John Peterson, Tracy Johnson, Bernie Schmidt, Cindy Binkerd,

**Absent:** Susy Blake, Gwendolyn Martin-Fletcher, Jonathon Ott, Dr. Katie Skinner

**Staff Present:** Jill Franken, Amy Richardson, Dr. Jennifer Tinguely, Dr. Elizabeth Naber, Lisa Stensland

Call to Order: The meeting was called to order by Bruce Vogt at 12:02 pm.

A motion was made to approve the consent agenda items including the minutes for Falls Community Health Governing Board dated October 18, 2018 and the QA/QI minutes from October 3, 2018 and November 7, 2018, supported by Bernie, seconded by Jim, motion carries.

**OLD BUSINESS:**

Focus Group- Tracy and Jim will be here next Monday to meet with the patients in the waiting room.

**NEW BUSINESS:**

**FINANCIAL REPORT:**

The Falls Community Health reports attached are through the month ending October 31, 2018. We are 83% through the fiscal year. The last financials presented were through the month of September 2018.

**Operating Revenues:**

- Net Patient Revenue consists of all patient charges and adjustments. Total Net Patient Revenue for October came in at \$345,767 which is 63% of the YTD actuals to annual budget.
- Total Grant Revenue of \$249,001 includes grant drawdowns from the Community Health Center, Ryan White Part C, HIV Prevention, and Family Planning grants.
- Total Other Revenue is \$9,347.

Total Operating Revenues YTD October is \$6,211,825 which is 71% YTD actuals to annual budget.

**Operating Expenses:** Operating expenses are classified within 7 categories. Total expenses were \$801,832 for the month of October.

- Personnel expenses are at 73% of the budget. 2018 is \$718K favorable to YTD budget.
- Professional Services are at 82% of the YTD budget. This category includes payments to Center for Family Medicine, locum providers, interpreter services and laboratory expenses.
- Rentals are at 105% of the YTD budget. Technology charges occur in July of every year.
- Repair and Maintenance is at 81% of the YTD budget.
- Supplies and Materials are at 70% 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. 2018 is \$109K favorable to YTD budget.
- Training is at 102% of the YTD budget. The majority of expense are continuing education expenses and out of state travel. Majority of non-continuing education is paid through quality and expansion grants.
- Utilities are at 82% YTD budget. The majority of this expense occurs quarterly, payment was made in October, and next payment is expected in December.

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

- Other Revenue is at 146% of the budget and includes USD dental lease payments and recovery of prior year revenue.

**Net Income (Loss):**

October actuals are showing net loss of (\$162,879) and October YTD net loss of (\$900,720).

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

A motion was made to update the Billing and Collection policy to update with the changes as discussed, supported by Jim and seconded by Tracy, motion carries.

#### **QUALITY:**

Dental Report: The fall 2018 school stats: Hayward has seen 119 students for exams, Terry Redlin, 66 and Hawthorne 55. Hayward had 56 treatments done, Terry Redlin 22 as well as Hawthorne. Fluoride treatments are increasing at each school. All students at the 3 elementary schools received an oral screening and a free toothbrush donated by Delta Dental. The students identified with immediate needs will have follow up by done by the dental staff and school nurses.

Then sealant program has been expanded to include Hawthorne 2<sup>nd</sup> grade students this year. There has been a 90% return rate on consent forms at this school.

Dr. Schmitz and Dr. Dan Kohler will be working part time until we get our fourth dentist hired. This will help out with the 533 patients that were seen as an emergency from August to October, that is an average of 8.5 patients per day.

A review of the quality measures was given and things are very steady at this time.

The dental patient satisfaction surveys were reviewed as well. We have collected data for the last 3 years and the categories of great and good are totaled and the responses are holding steady. There was a bit of a drop in the amount of time spent waiting for a scheduled appointment, adequate parking and if the patient considered the clinic their primary dentist. The sliding fee questions are new and are looking very good. Nothing stood out as a concern.

#### **ACCESS:**

Deferred

#### **RISK MANAGEMENT ANNUAL REVIEW AND UPDATE:**

Top concerns for 2018:

- Occurrences and incidents not being routed in a timely manner remains a work in progress. Though all recognize the importance of improving. Management is blocking time to specifically address and route incident/occurrence forms and the Risk Management team is adding one meeting per month to account for all incident/occurrence forms before our quarterly Risk Management Review meetings.
- Not getting occurrence/incident/behavior reports from all divisions- This has improved and there are documented forms from all areas of the medical/dental operations.
- Staff concerns regarding PST/Nursing role transition- This continues to be a high priority. We continue to work with our consultant on practice transformation and have a detailed work plan.

2019 goals: Perception that patient behaviors present safety risk- Evaluate need for non-violence crisis intervention. And Repeated themes in occurrence reports- Re-education and environmental controls to decrease mislabeling of lab specimens, reviewing for root cause of patient demographic errors, add root cause analysis staff documentation requirements for any incidents, continued awareness of importance of reporting; highlighting a “good catch” of the month, integrate promoting professionalism pyramid into incident/occurrence procedures.

#### **BOARD MEMBERS:**

A motion was made to re-appoint Dr. Bruce Vogt and Jim Keller, and to appoint Nicholas Thompson, supported by Bernie and seconded by Tracy, motion carries.

The board recognized the service of John Peterson for the past six years and thanked him for his dedication to the board.

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

See report below:

**PUBLIC INPUT:**

None at this time

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

A motion to end executive session and adjourn, supported by Jim, seconded by Tracy, motion carries.

1:12 pm



---

H. Bruce Vogt- Board Chair December 20, 2018

## November 2018 FCH Executive Director Board Update

### Operations Update

Dentist position- we have made an offer to a dentist on Monday, 11/12, and are in active discussions with the dentist and anticipate receiving acceptance of the position soon.

School Based health Clinic Liaison. This position has been filled and Kayla started last week and will be a great addition to the team to bridge school and clinic to assure we get kids the medical and dental services they need at our school sites.

### Substance Use Disorder

- Alicia and Amy have been meeting with the SD DSS Medicaid and Behavioral Health Divisions. We have negotiated very minimal requirements to become accredited to provide SUD services and Vanessa submitted the application for this accreditation.
- Amy had great success recently in getting the state to accept an idea she had related to our Medical Health Home incentive payments. To quote her: " *I am so Jazzed! I just got off a conference call with Medicaid and they incorporated my suggestions on the quartile and tiering of Medicaid incentive payments!*"
- An RFI has been submitted to the state which will hopefully yield some nonetary, resources for our SUD screening through our triage addition counselor, a type of patient engagement as part of full integrated behavioral health in our primary care setting.

Terry Redlin Counseling Room – this is moving forward. Alicia met with Jeff Kreiter from SFSD and said he would do the schematics and bid for us.

SUD Community Awareness- researching speakers for community event. One very promising group that we will likely work with the Network for Public Health Law, and organization that we've worked successfully with in the past. Their work in the area of addiction policy is gaining good traction and would be a very interesting topic for this community.

### Grants

- Service Area Competition: notification pending
- Ryan White Part C: Non-competing grant submitted this week

### Community Awareness

Mayor Paul requested his flu shot on Facebook Live, so Dr. Tinguely and Katie Wick visited his office to administer his vaccination and discuss the importance of preventing influenza. In October on City Scene, Katie interviewed Dr. Kohler as our newest dentist, and Dr. Tinguely and Katie talked about the importance of flu vaccination. A new episode now airing on opioid addiction and treatment was also completed by the Tinguely/Wick team. Great work everyone!

Lastly, a note from Dr. Shields, our most recent volunteer dermatologist:

*Thanks to everyone for the sheet cake (not a Weight Watcher's item) (Did I mention I have an addiction to sheet cake?) And for the cards and sweet comments everyone wrote! And the Plaque! I have always wanted to be a hero! Never thought I'd make it. In 69 years I have never received a commemorative plaque and now in the last year I have gotten two!*

*I am proud but humbled: Probably because the teaching, contact with great patients, and caring nursing, and ancillary staff has well as the CFM staff docs seemed reward enough and remains as a great gift to my soul. I am hoping I can find a gig like it here in NoCo. We will see! I wish you all the best and I think Dr. McGran will find it as satisfying as Dr. Burrish and I have found it.*

*Take Care, David Shields*