

**Falls Community Health Governing Board Minutes**  
**Thursday, April 16, 2020 at 12:00 pm**

**Present:** Via Phone: Susy Blake, Cindy Binkerd, Angela Landeen, Brenda Parker, Dr. Bruce Vogt, Jim Keller, Bernie Schmidt, Jonathon Ott

**Absent:** Dr. Katie Skinner, Linda Barkey, Patricia (Annie) Bolds,

**Staff Present:** Alicia Collura, Amy Richardson, Lisa Stensland, Jill Franken and Sandy Frentz via phone

Call to Order: The meeting was called to order by Jonathon Ott at 12:03pm. Roll call \_\_\_ Annie, \_\_\_ Jim, \_\_\_ Katie, \_\_\_yes\_Bruce, Yes\_Jon, \_\_\_yes\_Cindy, \_\_\_ Linda, \_\_\_yes\_Angela, \_\_\_yes\_Brenda, \_\_\_ Madeline, \_\_\_yes\_Bernie

A motion was made to approve the minutes for Falls Community Health Governing Board dated March 25, 2020 supported by Bruce, seconded by Bernie, motion carries. Roll call \_\_\_ Annie, \_\_\_ Jim, \_\_\_ Katie, \_\_\_yes\_Bruce, Yes\_Jon, \_\_\_yes\_Cindy, \_\_\_ Linda, \_\_\_yes\_Angela, \_\_\_yes\_Brenda, \_\_\_ Madeline, \_\_\_yes\_Bernie

**EXECUTIVE DIRECTOR'S REPORT:**

**EOC Update:** The Emergency Command Center (EOC) has been monitoring the COVID situation from the beginning. Data as of 4/15/20 is showing a doubling rate of cases about every 3 days. They have been comparing Sioux Falls MSA data with other cities with a similar per capita size and have looked at the steps taken to flatten the curve for comparison. Our active cases keep us moving up the charts. The Board of Health approved a stay at home order to help flatten the curve. It will go before council tonight.

COOP (Continuity of Operations Plan)- The focus of this committee is to make sure the city is still moving forward while reducing the spread amongst employees, exchanging communication and protecting critical functions.

COOP Objectives:

1. Provide consistent guidelines on workplace mitigation efforts to reduce the spread of COVID-19.
2. Enhance communications across departments relative to COVID-19 response efforts and operational impacts.
3. Assist departments and provide guidance in preserving essential City functions should COVID-19 continue to spread in our community.

**CMS PREPAREDNESS STANDARDS AND UPDATES:**

There are 17 provider agencies that need to comply with an emergency preparedness rule. The clinic is one of those agencies. There are 4 basic requirements: Emergency preparedness plan, Policies and procedures, Emergency communications plan, and training and testing. CMS Requirement: the FQHC must establish and maintain an emergency preparedness plan that must be reviewed and updated at least annually.

The Emergency Preparedness 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.

CMS Requirement: the FQHC must develop and implement emergency preparedness policies and procedures, based on the emergency plan, risk assessment and communications plan.

Policies and procedures must be reviewed and updated at least annually and must address: 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.

The Emergency Communication Plan CMS Requirement is the FQHC must develop and maintain an emergency preparedness communications plan that is reviewed and updated annually. It must include: names and contact information for staff, contracted entities, participating physicians, other FQHCs and volunteers; contact information for Federal, State, tribal, regional and local emergency preparedness staff and other sources of assistance; primary

and alternate means of communications; a means of providing information about the general condition and locations of patients under the facilitates care; a means of providing information about the FQHC's needs and its ability to provide assistance to the jurisdictional authority.

Training and testing CMS Requirement: FQHCs must conduct drills and exercises to prepared your staff, service providers and volunteers for a disaster. Your 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.

#### **FINANCIALS:**

The Falls Community Health reports attached are through the month ending March 31, 2020. We are 25% through the fiscal year. The last financials presented were through the month of January 2020.

#### **Operating Revenues:**

- Net Patient Revenue consists of all patient charges and adjustments. Total Net Patient Revenue for March came in at \$180,194, which is 14% of the YTD actuals to annual budget.
- Total Grant Revenue of \$219,216 includes grant drawdowns from the Community Health Center, Ryan White Part C, HIV Prevention, Family Planning, Colorectal Cancer and Refugee grants.
- Total Other Revenue is \$50 for March.

Total Operating Revenues YTD March is \$1,287,991, which is 14% YTD actuals to annual budget.

**Operating Expenses:** Operating expenses are classified within 7 categories. Total expenses were \$739,507 for the month of March.

- Personnel expenses are at 22% of the budget. March had 2 pay periods. 2020 is \$226K favorable to YTD budget.
- Professional Services are at 10% of the YTD budget. This category includes payments to Center for Family Medicine, locum providers, interpreter services and laboratory expenses.
- Rentals are at 5% of the YTD budget. Technology charges occur in July of every year.
- Repair and Maintenance is at 31% of the YTD budget.
- Supplies and Materials are at 20% 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 15% 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 4% YTD budget. The majority of this expense occurs quarterly. Last payment occurred in December 2019. Next payment is in April 2020.

Total Operating Expenses YTD March is \$2,076,654 which is 19% YTD actuals to annual budget.

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

- Other Revenue is at 13% of the budget and includes USD dental lease payments and recovery of prior year revenue.

#### **Net Income (Loss):**

March actuals are showing net loss of (\$327,197) and YTD net loss of (\$739,010).

A motion to approve the financial statement as presented supported by Jim seconded by Bernie, motion carries. Roll call \_\_\_Annie, \_Yes\_\_ Jim, \_\_\_ Katie, \_yes\_Bruce, Yes\_Jon, \_yes\_Cindy, \_\_\_ Linda, \_yes\_Angela, \_yes\_Brenda, \_\_\_Madeline, \_yes\_ Bernie

In January productivity was down a bit due to the new electronic records conversion. In March the change of operation occurred due to COVID- 19. The residents have moved to helping out in the hospitals, so most of the patients have been seen by our staff. The physicians are at 66% to goal through March, the APP's were at 75% to goal and nursing is at 160%, this has been updated. The average for medical staff is 87% to goal.

The dentists are at 87% to goal as they are only seeing emergency patients, hygiene was at 94%, but they are not seeing patients at this time. The mental health/ substance abuse is at 94%, patients are still able to come in and we are working on getting Telehealth up and running. Case management/social work was at 11% to goal some data is not being captured in this area.

The clinic received a supplemental grant for the COVID- 19 response.

**QUALITY:** deferred

**ACCESS:**

We are reaching out to test the homeless population for COVID-19, and how to respond if someone is positive.

**PUBLIC INPUT:**

None at this time

A motion to adjourn, supported by Jim, seconded by Cindy, motion carries. Roll call \_\_\_Annie, \_Yes\_\_ Jim, \_\_\_ Katie, \_yes\_Bruce, Yes\_Jon, \_yes\_Cindy, \_\_\_ Linda, \_yes\_Angela, \_yes\_Brenda, \_\_\_Madeline, \_yes\_ Bernie

12:59 pm



\_\_\_\_\_  
Jonathon Ott - Chair May 21, 2020