

Falls Community Health Governing Board Minutes
Thursday, April 15, 2021 at 12:00 pm

Present: Virtually, Kari Benz, Brenda Parker, Angela Landeen, Cindy Binkerd,

In Person: Bernie Schmidt, Dr. Bruce Vogt, Lee Jensen, Linda Barkey,

Absent: Madeline Shields, Moses Pessima, Dr. Katie Skinner,

Staff Present: Alicia Collura, Amy Richardson, Lisa Stensland, Dr. Jen Tinguely, Erin Hartig, Sandy Frentz

Call to Order: The meeting was called to order by Dr. Bruce Vogt at 12:03 pm.

Roll call: A Katie, yes Bruce, Yes Cindy, yes Linda B, Yes Angela, Yes Brenda, A Madeline, yes Bernie, yes Kari, Yes Lee, A Moses

A motion was made to approve the minutes for Falls Community Health Governing Board dated March 18, 2021 and April 7, 2021, supported by Kari, seconded by Brenda, motion carries.

Roll call: A Katie, yes Bruce, Yes Cindy, yes Linda B, Yes Angela, Yes Brenda, A Madeline, yes Bernie, yes Kari, Yes Lee, A Moses

QUALITY:

Ryan White review was done last month

CMS Preparedness Standards and Update

The CMS preparedness rule was published in the CFR9-16-2016 with an implementation date of 11-15-2017. The interpretive Guidance that is to be used by Licensure and Certification came out in late June 2017. Rural Health clinics/FQHC's are one of the 17 provider agencies that MUST comply with the emergency preparedness. This plan once established must be reviewed and update at least every two years.

The Health Department HVA was conducted on 4-5-2021. The results of the HVA were consistent with both major healthcare systems in Sioux Falls: External Threats or hazards include cyber, weather related (thunderstorm/lightening, hail, flash flood and wind), external chemical HAZMAT exposure. Internal threats or hazards could include: Violent patients, electrical failures, information system failures

- Strategies include our partnership with many other healthcare entities and we employ the 4 phases of disaster management (mitigation, preparedness, response and recovery). Mitigation and preparedness are pre-disaster, response being during an event and recover is post event)
 - Mitigation – property inspections
 - Preparedness – trainings, educations, drills, exercises
 - Response – our goal is always life safety and then property preservation
 - Recovery – return to normal – do an after action and learn from the response

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 every two years. We have developed policies to address threats identified by the HVA and they are reviewed every other year per CMS guidance.

Emergency Communications- the following information is documented in the Department COOP plan which is updated on an annual basis: 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. We are able to provide updates about the general condition and location of patients/our facility through the city/county EOC.

The FQHC must establish and maintain an emergency preparedness plan that must be reviewed and updated at least every two years. We practice safe evacuation with our fire response plan and a shelter in place with the tornado/severe weather plan. We also participate in the regional and statewide healthcare coalition to conduct drills and exercises to prepare staff, service providers and volunteers for a disaster. We are required to participate in at least two preparedness training/exercises per year. Real world events that require activation of an agencies emergency plan will allow an agency to be exempt from their next full scale, community based exercise or individual facility based functional exercise. We will use the COVID response from 2020 as a full scale/real world event- which means we have met our obligations for 2021, but we will also use our vaccination clinics for this year's full scale/real world event, allowing us to only have to conduct some other drill or tabletop exercise for this year and next year.

UDS (Universal Data System):

We saw some significant drops in our goal numbers. Between the new EMR and then Covid we had 8 out of 15 measures that had a slight drop or a significant drop. The other 7 met or increased the goal. We also had 3 new measures added in 2020.

Weight assessment and counseling has had new brochures created. They are very kid friendly with stickers and goal charts. Increased audits and monitoring and have improved overall to 26% for kids and 41% for adults. The registered dietician has also helped.

There is a pilot program for tobacco cessation from the Quitline to help reduce some barriers for patients. It will assist them with the enrollment and the kits will be sent to the clinic for patients with unstable housing. There will also be training for the provider staff.

Depression screening and follow- ups have been added to the QI dashboard schedule and will be shared with staff on a more regular basis; which will increase audits, monitoring and training and utilization of the triage counselor. We have added another person to this to allow for more availability

We are in the process of scheduling a health fair in the fall that would include some of these quality measures.

2020 Data Report:

Every year as part of our grant compliance. Falls Community Health is required to submit an annual data report. The report includes: Patient demographics and financial status, revenue and expenses and quality measures and diagnoses. Along with the federal government, we use this information to show and monitor program improvements, monitor quality programs and track fiscal performance.

In 2020 FCH served 10,390 patients generating 30,389 visits. Ten years ago we served 13,028 for 44,121 visits. Patients by zip code – 57103 & 57104 make up half of the patients seen at FCH, 57106 is 13% of patients. Payer mix- 50% of patients are uninsured, 27% on Medicaid, 16% insured and 7% on Medicare. Age/Gender of patients- 52% female, 48% male. The 19-39 age is 37%, 46-64 is 34%, 0-18 23% and 65+ is 6%. Race/ethnicity of patients- white 58%, black 21%, American Indian 12%, Asian 5%, More than one race, Pacific Islander and unreported make up the remaining 4%. There are 22 different languages used with 14% of all patients are best served in a language other than English, the top three are Kunama, Nepali, Spanish. 777 patient identified as being homeless, 19-64 was the highest age groups. 250 listed as in transitional housing, 225 were doubling up, nearly 200 were in the shelters.

At the school based sites there were 1,102 patents seen, most in the 0-18 year olds, then in the 40-64-year-old range with 19-39 next then 65+. The payer mix at the schools is uninsured 45%, Medicaid 25%, Insurance 22% and Medicare 8%.

FINANCIALS:

The Falls Community Health reports attached are through the month ending March 31, 2021. We are 25% through the fiscal year. The last financials presented were through the month of February 2021.

Operating Revenues:

- Net Patient Revenue consists of all patient charges and adjustments. Total Net Patient Revenue for March came in at \$141,337, which is 14% of the YTD actuals to annual budget.
- Total Grant Revenue of \$441,613 includes grant drawdowns from the Community Health Center, COVID, Ryan White Part C, HIV Prevention, Family Planning, Colorectal Cancer, Behavioral Health and Refugee grants.
- Total Other Revenue is \$70 for March.

Total Operating Revenues YTD March is \$1,717,885 which is 20% YTD actuals to annual budget.

Operating Expenses: Operating expenses are classified within 7 categories. Total expenses were \$755,360 for the month of March.

- Personnel expenses are at 20% of the budget. March had 2 pay periods. 2021 is \$364K favorable to YTD budget.
- Professional Services are at 12% 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 10% of the YTD budget.
- Supplies and Materials are at 22% 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 7% 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 1% YTD budget. The majority of this expense occurs quarterly. Last payment occurred in December 2020.

Total Operating Expenses YTD March is \$2,019,649 which is 18% YTD actuals to annual budget.

Non-operating Revenue (Expense):

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

Net Income (Loss):

- March actuals are showing net loss of (\$157,463) and YTD net loss of (\$251,619).

A motion to approve the financial statement as presented supported by Bernie seconded by Angela, motion carries.

Roll call: A Katie, yes Bruce, Yes Cindy, yes Linda B, Yes Angela, Yes Brenda, A Madeline, yes Bernie, yes Kari, Yes Lee, A Moses

Productivity:

The providers are at 82% of goal through March. Nursing visits are at 86% of goal without covid vaccinations. The dentists are at 82% of goal and missing a dentist. Dental Hygiene is at 100% of goal. Dietitian is at 93 % of goal. Mental health/Substance Abuse is at 77% of goal. Case management/social work is at 57% of goal.

ACCESS:

A motion to accept credentialing and grant privileging for Cassandra Heuer, CNP, supported by Bernie, seconded by Cindy, motion carries.

Roll call: A Katie, yes Bruce, Yes Cindy, yes Linda B, Yes Angela, Yes Brenda, A Madeline, yes Bernie, yes Kari, Yes Lee, A Moses

EXECUTIVE DIRECTOR / BOARD CHAIR REPORT:

Bruce read a thank you card from Jill thanking the board for their service to the community.
HRSA has been notified that Dr. Jen Tinguely will serve as Interim Program Director for Falls Community Health.

PUBLIC INPUT:

None at this time

EXECUTIVE SESSION:

Deferred

Motion to adjourn, support supported by Bernie, and seconded by Linda, motion carries.

Roll call: A Katie, yes Bruce, Yes Cindy, yes Linda B, Yes Angela, Yes Brenda, A Madeline, yes Bernie, yes Kari, Yes Lee, A Moses

1:00 pm



Dr. H. Bruce Vogt –Chair May 20, 2021

DRAFT