

Falls Community Health Governing Board Minutes
Thursday, December 16, 2021 at 12:00 pm

Present: Bernie Schmidt, Kari Benz, Lee Jensen, Moses Pessima, Brenda Parker, Cindy Binkerd, Sylvia Humke

Virtual/Phone: Angela Landeen

Absent: Dr. Katie Skinner, Linda Barkey, Madeline Shields

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

Guest: Dr. Mark Huntington

Call to Order: The meeting was called to order by Bernie Schmidt at 12:00 pm.

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

A motion was made to approve the minutes for Falls Community Health Governing Board dated November 18, 2021 supported by Cindy, seconded by Kari, motion carries.

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

Motion made to amend the agenda to add strategic plan and board membership supported by Brenda, seconded by Cindy, motion carries. Roll call: A Katie, Yes Cindy, A Linda B, Yes Angela, Yes Brenda, A Madeline, Yes Bernie, Yes Kari, Yes Lee, Yes Moses, Yes Sylvia

INTRODUCTION OF NEW BOARD MEMBER:

The board welcomed Sylvia Humke to the board and introduced themselves.

FINANCIALS:

The Falls Community Health reports attached are through the month ending November 30, 2021. We are 92% through the fiscal year. The last financials presented were through the month of October 2021.

Operating Revenues:

- Net Patient Revenue consists of all patient charges and adjustments. Total Net Patient Revenue for November came in at (\$169,224), which is 51% of the YTD actuals to annual budget.
- Total Grant Revenue of \$412,244 includes grant drawdowns from the Community Health Center, COVID, Ryan White Part C, HIV Prevention, Family Planning, and Colorectal Cancer grants.
- Total Other Revenue for November is \$30,650, which includes the Medicaid Health Home quarterly payment.

Total Operating Revenues YTD November is \$6,172,964 which is 73% YTD actuals to annual budget.

Operating Expenses: Operating expenses are classified within 7 categories. Total expenses were \$787,646 for the month of November.

- Personnel expenses are at 80% of the budget. November had 2 pay periods. 2021 is \$936K favorable to YTD budget.
- Professional Services are at 67% of the YTD budget. This category includes payments to Center for Family Medicine, locum providers, interpreter services and laboratory expenses.
- Rentals are at 95% of the YTD budget. Technology charges occur in July of every year.
- Repair and Maintenance is at 80% of the YTD budget.
- Supplies and Materials are at 108% 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 54% of the YTD budget. The majority of expense are continuing education expenses and licensure renewals.
- Utilities are at 63% YTD budget. The majority of this expense occurs quarterly. Last payment occurred in October 2021.

Total Operating Expenses YTD November is \$8,805,758 which is 79% YTD actuals to annual budget.

Non-operating Revenue (Expense):

- Other Revenue is at 58% of the budget and includes payments from USD dental lease payments, recovery of prior year revenue, and interest.

Net Income (Loss):

- November actuals are showing a net loss of (\$496,613) and a YTD net loss of (\$2,410,449).

A motion to approve the financial statement as presented supported by Lee seconded by Kari, motion carries. Roll call: A Katie, Yes Cindy, A Linda B, Yes Angela, Yes Brenda, A Madeline, Yes Bernie, Yes Kari, Yes Lee, Yes Moses, Yes Sylvia

Productivity:

Productivity has been on a steady increase the last few months and even though we are not at 100% to our goal we are exceeding the prior two years. All but two areas are surpassing last year's numbers and the total number of patients seen is over 31,000 about 80% of goal. COVID vaccines are also increasing.

QUALITY:

The QI-RM and subcommittees were restructured about a year ago. There now monthly dashboards provided on clinical quality measures.

Highlights of the year:

- Frequent No Show workflow
 - Providing education to patients on no show policy
 - Since rollout, there has been a decrease of no show appointments from 488 to 241 meaning 247 appointments have become available for access to other patients!
- Portal rollout
 - Patient satisfaction survey going out currently (also providing paper copies)
 - Access to test results/lab results/etc.
 - Communication access to nurse/provider without having to call
- Kiosk rollout
 - Patient safety measure as they can enter/confirm their own demographics, allergies, PMH, etc.
- Diabetic supply workflow
 - Access to patients needing testing supplies to obtain DM control
- STD Guidelines/Algorithm for treatment

UDS Clinical Priority Measures:

- Controlled HgbA1c in patients with diabetes
 - Improvement from both 2019 and 2020 UDS Report
- Child/Adolescent education on nutrition and exercise
 - Improvement from both 2019 and 2020 UDS Report
- Tobacco screening and cessation
 - Increased from 2020 UDS report (close to 2019 report)
- Depression screening and follow up
 - More than doubled our 2020 UDS Report
- Depression remission (new measure in 2020)

- No change – continue this measure as a priority in 2022
- HIV screening (new measure in 2020)
 - Increase from 13% to 19% (over 5500 people in this population)
- Breast cancer screening (new measure in 2020)
 - Maintained rate of 40%

Priorities for 2022:

- Self-monitoring blood pressure program
 - Received grant funds to provide blood pressure cuffs to patients
- Depression remission rate
 - Ordered new education materials for emotional health, to be placed in the waiting room and utilized by staff as needed
- Colorectal Cancer Grant
 - Received dollars to provide colonoscopies to qualifying patients up to 30
- Nursing competencies
- Medication access
- Electronic occurrence/incident reporting

Ryan White Program:

- The federal guidance on re-assessing eligibility has changed
 - Currently updating the policy to be in accordance with the changes
- Created an electronic form within the medical record for the case manager to use for initial and ongoing enrollment in Ryan White.
 - Previously this was captured via paper form and scanned into the chart. This electronic form will increase communication within the care team as everything will be located in one place versus having to consult multiple locations for the information
- Patient engagement plans-
 - In January we will be sending out annual patient satisfaction surveys to all Ryan White patients.
 - The Ryan White Quality team will review the survey in advance for any revisions
 - Surveys will be a mix of paper and electronically as not all patients are signed up for the Portal
 - 63% of Ryan White patients are currently signed up for the Portal. A project for next quarter will be to obtain patient feedback on Portal use and encourage further sign-up
 - Viral load suppression is not showing any disparities among risk groups- wonderful news!

ACCESS:

Alicia reviewed the new hours that will take effect February 7, 2022. The clinic will open at 7:45 with lab only and call-ins. The doctors will start at 8 or 8:15 depending on the provider.

Annual Family Planning Report:

Services include:

- Exams and screenings for breast and cervical cancer
- STI testing
- Education, counseling, and access to contraceptive services
- Pregnancy testing and OB care referral
- Eligible patients: men or women of childbearing age

Annual update: patients served 194 pts to 534 pts 2018 - to 2019 (275% increase). 324 total patients served in 2021.

Marketing: website, pamphlets and auto enrollment when patients meet the program guidelines

Program notes:

- State provides over \$100,000 in revenue for the program.
- Numerous requirements for billing, training and documentation.
- We have purchased the full EMR reporting package to help with compliance monitoring.

Program increases patient access to affordable options and provides more patient choice.

Strategic Planning:

We had planned an extended meeting in February at the time of our normally scheduled meeting, but we have found a few conflicts. We would like to move the board meeting to Tuesday, February 15, 2022 from 11:00-1:00 pm. Please check your schedules and let us know your availability.

BOARD SELF EVALUATION:

Board members were given the summary to review.

BOARD MEMBERSHIP:

Motion to accept the appointment of Christin Koball to the Falls Community Health Governing Board supported by Moses, seconded by Lee, motion carries. Roll call: A Katie, Yes Cindy, A Linda B, Yes Angela, Yes Brenda, A Madeline, Yes Bernie, Yes Kari, Yes Lee, Yes Moses, Yes Sylvia

EXECUTIVE DIRECTOR REPORT:

See report below.

PUBLIC INPUT:

None at this time

Motion to move to executive session to discuss personnel issue, pursuant to SDCL 1-25-2(3) supported by Lee, and seconded Kari, motion carries.

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

Motion to end executive session, supported by Moses, and seconded by Brenda, motion carries.

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

Motion to adjourn supported by Cindy seconded by Brenda, motion carries.

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

1:25 pm



Bernie Schmidt –Chair January 20, 2022

**FALLS COMMUNITY HEALTH GOVERNING BOARD MEETING
THURSDAY, DECEMBER 16 2021
12:00 PM-1:00 PM**

Executive Director's Report

Key Staffing Updates

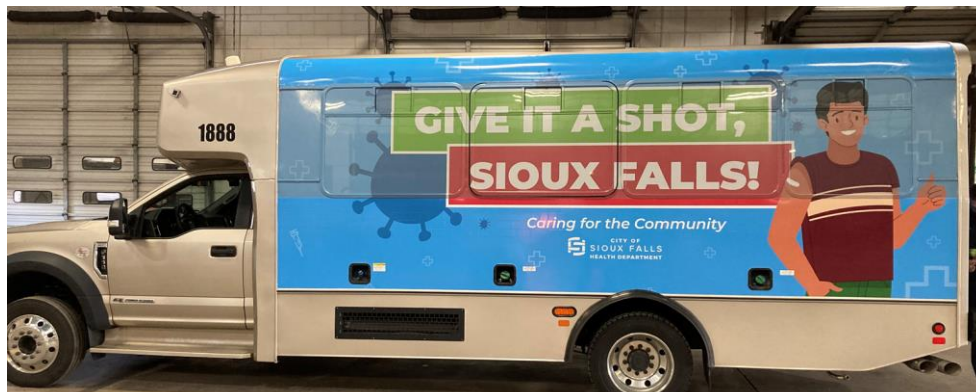
- Nurse Manager – we have identified a finalist for the nurse manager position. She has significant outpatient experience with Avera in Pierre. Final interview/facility tour is scheduled for next week.
- Community Outreach and Engagement Coordinator – new role in the health department that will support the clinic as well.
 - Marketing and communications.

FCH Strategic Planning

- On track: need for change in timing of meeting in February.

COVID-19 Updates

- FEDERAL VACCINE MANDATE
 - Following injunction by a federal judge in Missouri, we suspended implementation of the Federal Vaccine Mandate and will revisit when the case is settled in court.
- OMICRON
 - An emerging variant of the Sars-Cov-2 virus, named Omicron, is raising concern globally.
 - Preliminary evidence suggests it is more transmissible than the Delta variant but it appears to cause a less severe form of the disease. Cases have been confirmed in 34 states in the US. We will monitor the developments and update accordingly.
- STATUS OF COVID-19 IN SIOUX FALLS
 - hospitalizations at Avera and Sanford remain high, with 109 hospitalized as at 12/15/21.
 - A COVID update joint press conference with Avera and Sanford was held on 12/15 with emphasis on promoting vaccinations and ways to safely enjoy the holiday celebrations.
- VACCINATION MILESTONE
 - More than 60% of the entire population in Minnehaha and Lincoln Counties have received at least 1 dose of COVID-19 vaccination. This is an important milestone as we continue working to increase vaccination rate in the community.
- COVID VACCINATION OUTREACH EVENTS:
 - Hawthorne elementary on 11/29; Terry Redlin Elementary on 11/30; Hayward Elementary on 12/13: 27 vaccinations were given in total including, 12 first doses.
 - We are planning a major outreach in January 2022 for Northwest Sioux Falls.
- NEW COVID DASHBOARD
 - We worked with Civic Analytics team at City of Sioux Falls IT Department to develop and disseminate a dashboard showing census-tract level COVID-19 vaccination rates in Lincoln and Minnehaha counties.
 - We continue to advocate for health system and community partners to prioritize the census tracts with lower vaccination rates in their outreach efforts.
 - See screenshot below





Sioux Falls Area Census-Tract Level COVID Vaccination Dashboard

Updated
22
November 2021

1

Click a Census Tract in the map to Select/Unselect
(Hold Shift to pan the map)

2

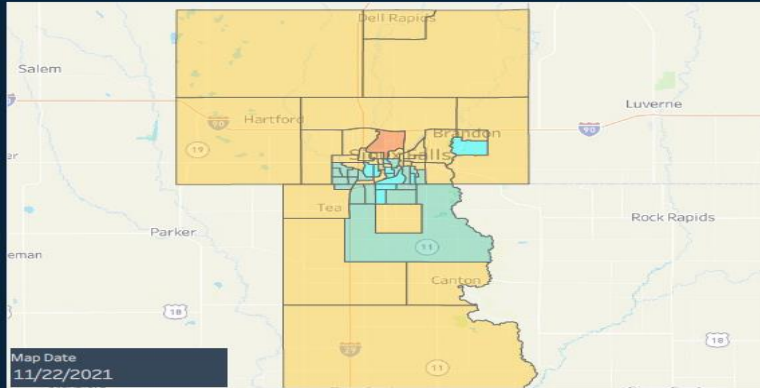
Select a Compare Date
10/19/2021

Vaccination Rate as of 11/22/2021
for Minnehaha & Lincoln County

62.0%
162,775 Persons
administered one shot

Change In Vaccination Rate since 10/19/2021
for Minnehaha & Lincoln County

7.2% increase
11,696 More Persons
administered one shot



Vaccination Rate: **Under 50 %** **50-60%** **60-70%** **over 70%**

Click a row to change map view. Click again to unselect.

County	Tract Number	Vaccination Rate	Increase since Compare Date
Lincoln	101.11	76.6%	6.5%
	101.16	71.4%	8.5%
	101.09	68.5%	9.2%
	101.13	62.9%	8.0%
	101.12	63.0%	7.9%
	101.14	60.3%	7.2%
	101.10	61.5%	9.9%
	101.03	61.9%	7.6%
	102	54.0%	4.4%
	103	59.3%	8.0%
Minnehaha	104	50.3%	6.4%
	101.15	55.7%	9.8%
	101.07	53.4%	8.7%
	7.01	120.0%	5.5%
	19.02	89.6%	7.9%
	16	78.5%	9.0%
	18.05	77.1%	7.8%

Map Date
11/22/2021

Source: SD Immunization Information System (SDIIS); US Census Bureau 2020 Decennial Census
Total persons administered a first dose by census tract, updated monthly

