Falls Community Health Governing Board Minutes  
Thursday, November 16, 2017, at 12:00 pm

Present: Susy Blake, Linda Karnof, Gwendolyn Martin-Fletcher, Jim Kellar, Bruce Vogt, John Peterson, Cindy Binkerd, Tracy Johnson, Jonathon Ott

Absent: Katie Reardon, Brent Christiansen

Staff Present: Jill Franken, Alicia Collura, Amy Richardson, Dr. Stephanie Schmitz, Kelly Piacentino, Erin Hartig, Lisa Stensland

Call to Order: The meeting was called to order by Bruce Vogt at 12:00 pm.

A motion was made to approve the consent agenda items including the minutes for Falls Community Health Governing Board dated October 19, 2017, and the QA/QI minutes dated November 1, 2017 supported by Susy, seconded by Tracy, motion carries.

FINANCIAL REPORT:
The Falls Community Health reports attached are through the month ending October 31, 2017. We are 83% through the fiscal year. The last financials presented were through the month of September 2017.

Operating Revenues:
- Net Patient Revenue consists of all patient charges/fees. Total Net Patient Revenue for September came in at $593,284 which is 84% of the YTD actuals to annual budget.
- Total Grant Revenue of $279,019 includes grant drawdowns from the Community Health Center, Ryan White Part C, and HIV Prevention and Refugee grants.
- Total Other Revenue is $0 for October.

Total Operating Revenues YTD October is $7,943,002 which is 86% YTD actuals to annual budget.

Operating Expenses: Operating expenses are classified within 7 categories. Total expenses were $647,377 for the month of October.
- Personnel expenses are at 78% of the budget. 2017 is $337K favorable to YTD budget.
- Professional Services are at 84% 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 48% of the YTD budget.
- Supplies and Materials are at 78% 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. 2017 is $40K favorable to YTD budget.
- Training is at 89% of the YTD budget. The majority of expense are continuing education expenses and out of state travel.
- Utilities are at 66% YTD budget. The majority of this expense occurs quarterly. Last payment occurred in September.

Non-operating Revenue (Expense):
- Other Revenue is at 143% of the budget and includes USD dental lease payments and recovery of prior year revenue.
- Estimated Uncollectible Revenue is ($158,411) for October 2017.

Net Income (Loss): October actuals are showing net income of $86,393 and YTD net loss of ($678,731). 2017 is 59% YTD actuals to annual budget.
A motion was made to accept the financial report as presented, supported by Jim and seconded by Susy, motion carries.
The Billing Policy revision will help clarify the bad check process. 
A motion was made to accept the Sioux Falls Health department/Falls Community Health Standard Operating Procedure/procedure for Billing as presented, supported by Linda and seconded by Jim, motion carries.

QUALITY:
Dental update: The Hawthorne dental operatory is fully operational and equipped for completing dental treatment on site. That means we no longer have to transport students from that site to the main clinic. New endodontic equipment has increased efficiency and improved treatment outcomes. 
An overview of school-based clinic visits and fluoride varnishes from 2016 and 2017 was given as well as data comparison of the number of patients, treatment plan completions, emergency visits and chart audits were compared for July-October of 2016 vs 2017. There were great improvements in services and quality measures.

Quality Policy revision will include missing verbiage regarding maintaining confidentiality of patient records, more details of the Plan Do Study Act, more details of the metrics reviewed monthly and the specific measures we are monitoring, inclusion of representation of all services, and more action items and follow-up activities for the CLOUT team.

A motion was made to accept the Quality Assurance and Quality Improvement plan, supported by Tracy and seconded by Jim, motion carries.

ACCESS:
A motion was made to accept the change of scope to include nutrition services, supported by Tracy and seconded by Jim, motion carries.

A motion was made to accept the change of scope document that outlines where services are provided, either directly or through established written arrangements and referrals per OSV condition, supported by Linda and seconded by Susy, motion carries.

Motion to accept the permanent credentialing and grant privileging for Dr. Shania Riggs, supported by Susy and seconded by Tracy, motion carries.

RISK MANAGEMENT POLICY:
The annual review of the risk management policy is required to meet FTCA requirements. All items from the 2017 work plan were completed. 2018 work plan includes the routing of occurrences and incidents in a timely manner, reports of incidents/behavior from all divisions, and addressing staff concerns regarding PST/nursing role transition.

EXECUTIVE DIRECTOR’S REPORT:
See report below.

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.

Motion to end the executive session and adjourn, supported by Cynthia, seconded by Gwen, motion carries. 1:15 pm

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H. Bruce Vogt- Board Chair  December 21, 2017
**November 2017 Falls Community Health Executive Director Board Update**

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<th>FCH General Updates</th>
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<td><strong>Open provider positions: APP recruitment</strong>: applicants were interviewed with second interviews to be completed before the end of November. <strong>Dentist recruitment</strong> underway for the upcoming vacancy of Dr. Geffre, who submitted her resignation effective 12/1/2017.</td>
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<td>A <strong>CMS Preparedness Rule</strong> went into effect 11/15/17. This requires us to complete a risk assessment using an “all hazards” approach, and in response to the assessment have in place a Plan focusing on capacities and capabilities critical to preparedness for a full spectrum of emergencies and disasters. Sandy Frentz will be coming to the board meeting in December to provide more detail on FCH’s compliance with this new federal requirement, but a few activities to date include:</td>
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<td>- Initial Emergency Operations Plan executed 2009; currently being revised and updated</td>
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<td>- Continuity of Operations Plan updated 2/2017</td>
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<td>- Last Hazard and Vulnerably assessment 7/2017</td>
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<td>- Sample of recent executed drills and exercises:</td>
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<td>- All staff tornado drill 4/2017</td>
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<td>- State-wide Health Care Coalition exercise 5/2017</td>
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<td>- All staff full scale exercise (fire evacuation) 6/2017</td>
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<td><strong>Outreach and Enrollment</strong>: our O/E staff have been busy assisting with ACA Marketplace enrollments. The period of enrollment began 11/1 and ends 12/15. CHAD has been very busy getting the word out on the open enrollment period given the timeframe for enrolling has been decreased. Nationally, enrollment has surged and the number of people signing up is ahead of last year at this same time.</td>
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<td><strong>Health Center Funding Cliff:</strong></td>
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<td>- Since the House passed the CHAMPION Act to reauthorize health center mandatory funding for two years, there has been no further action taken by the Senate on this bill or the CHIME Act, another bill which would reauthorize funding five additional years.</td>
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<td>- CHIP reauthorization has not been accomplished yet, nor has National Health Service Corps funding reauthorization.</td>
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<td>- CHAD is working to try to get a meeting with Governor Daugaard in the next week to discuss with him the impact of this potential loss of funding. Will update you if we are able to get this meeting accomplished.</td>
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<td>- If you have not yet done so, please sign up for DAKOTA VOICE, the CHAD advocacy website.</td>
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