



C. L. Brumback

Primary Care Clinics

Health Care District Palm Beach County

BOARD OF DIRECTORS

May 19th, 2021

12:45 P.M.

Meeting Location

1515 N. Flagler Drive, Suite 101

West Palm Beach, FL 33401

If a person decides to appeal any decision made by the board, with respect to any matter at such meeting or hearing, he will need a record of the proceedings, and that, for such purpose, he may need to ensure that a verbatim record of the proceedings made, which record includes the testimony and evidence upon which the appeal is to be based.

**BOARD OF DIRECTORS MEETING
AGENDA
May 19, 2021
1515 N. Flagler Drive, Suite 101
West Palm Beach, FL 33401**

Remote Participation Login: <https://tinyurl.com/yda3vnks>

or

DIAL +1 (646) 558 8656; Meeting ID: 550 789 5592; Access number: 946503

1. Call to Order – Mike Smith, Chair

- A. Roll Call
- B. Affirmation of Mission: To provide compassionate, comprehensive health services to all Palm Beach County residents, through collaboration and partnership, in a culturally sensitive environment.

2. Agenda Approval

- A. Additions/Deletions/Substitutions
- B. Motion to Approve Agenda

3. Awards, Introductions and Presentations

- A. COVID Testing and Vaccination Update – Dr. Belma Andric

4. Disclosure of Voting Conflict

5. Public Comment*

6. Meeting Minutes

- A. **Staff recommends a MOTION TO APPROVE:**
Board Meeting Minutes of April 28, 2021 [Pages 1-8]

7. Consent Agenda – Motion to Approve Consent Agenda Items

All matters listed under this item are considered routine and action will be taken by one motion. There will be no separate discussion of these items unless a Commissioner or person so requests, in which the item will be removed from the general order of business and considered on its normal sequence on the Agenda.

7. Consent Agenda (cont.)

A. ADMINISTRATION

7A-1 RECEIVE AND FILE:

May 2021 Internet Posting of District Public Meeting
<https://www.hcdpbc.org/resources/public-meetings>

7A-2 RECEIVE AND FILE:

Attendance tracking [Page 9]

B. FINANCE

7B-1 RECEIVE AND FILE:

C. L. Brumback Primary Care Clinics Grant Updates
(Mina Bayik) [Pages 10-12]

8. Regular Agenda

A. ADMINISTRATION

8A-1 Staff recommends a MOTION TO APPROVE:

Nomination of Joseph Gibbons to the Clinic Board
(Thomas Cleare) [Pages 13-14]

8A-2 Staff recommends a MOTION TO APPROVE:

Board Member Re-Appointments
(Thomas Cleare) [Pages 15-16]

B. EXECUTIVE

8B-1 RECEIVE AND FILE:

Executive Director Informational Update
(Dr. Hyla Fritsch) [Pages 17-18]

C. CREDENTIALING

8C-1 Staff Recommends a MOTION TO APPROVE:

Licensed Independent Practitioner Credentialing and Privileging –
Ada Seminario, DDS; Arwa Alwehaib, DDS; Jennifer Dorce-Medard, DO;
Sandra Warren, MD; Elsy Navarro, APRN; Carline St. Vil, APRN
(Dr. Charmaine Chibar) [Pages 19-21]

8. Regular Agenda(cont.)

D. OPERATIONS

- 8D-1 **Staff Recommends a MOTION TO APPROVE:**
Operations Report
(Marisol Miranda) [Pages 22-27]

E. QUALITY

- 8E-1 **Staff Recommends a MOTION TO APPROVE:**
Quality Report
(Dr. Charmaine Chibar) [Pages 28-76]

F. PATIENT RELATIONS

- 8F-1 **Staff Recommends a MOTION TO APPROVE:**
Q1 Patient Relations Dashboard
(David Speciale) [Pages 77-79]

- 9. AVP and Executive Director of Clinic Services Comments**
- 10. Board Member Comments**
- 11. Closed Meeting**
- 12. Establishment of Upcoming Meetings**

June 23, 2021 (HCD Board Room)
12:45pm Board of Directors

July 28, 2021 (HCD Board Room)
12:45pm Board of Directors

August 25, 2021 (HCD Board Room)
12:45pm Board of Directors

September 29, 2021 (HCD Board Room)
12:45pm Board of Directors

October 27, 2021 (HCD Board Room)
12:45pm Board of Directors

November 30, 2021 (HCD Board Room)
12:45pm Board of Directors

December 14, 2021 (HCD Board Room)
12:45pm Board of Directors

13. Motion to Adjourn

*District Clinic Holdings, Inc. welcomes public comment during its regular monthly meetings. This month, public comment should be emailed to swynn@hcdpbc.org or submitted via phone 561-829-1211 prior to Noon on The Scheduled Meeting Date. All comments received during this time frame will be read aloud and included in the official meeting record.

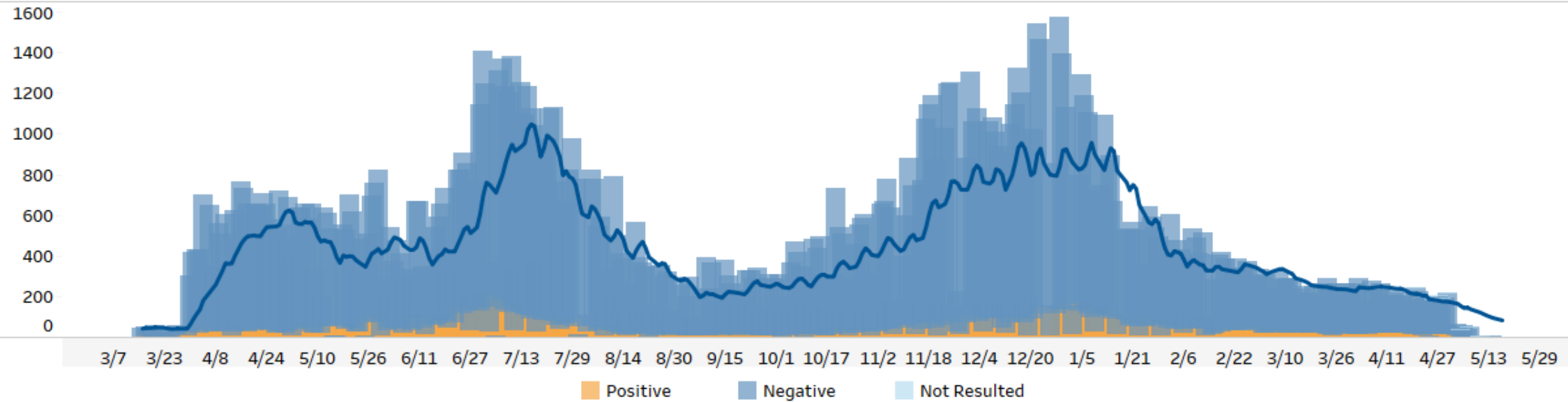
Any person(s) not adhering to the Board's guidelines or who make comments which could be perceived as slanderous or disruptive may be barred from making future comments before the Board.

Health Care District Of Palm Beach County Covid-19 Data Tracker by Date

Updated

5/17/2021

Tests performed by date and 14 day rolling average



Total Tests
Performed

166,885

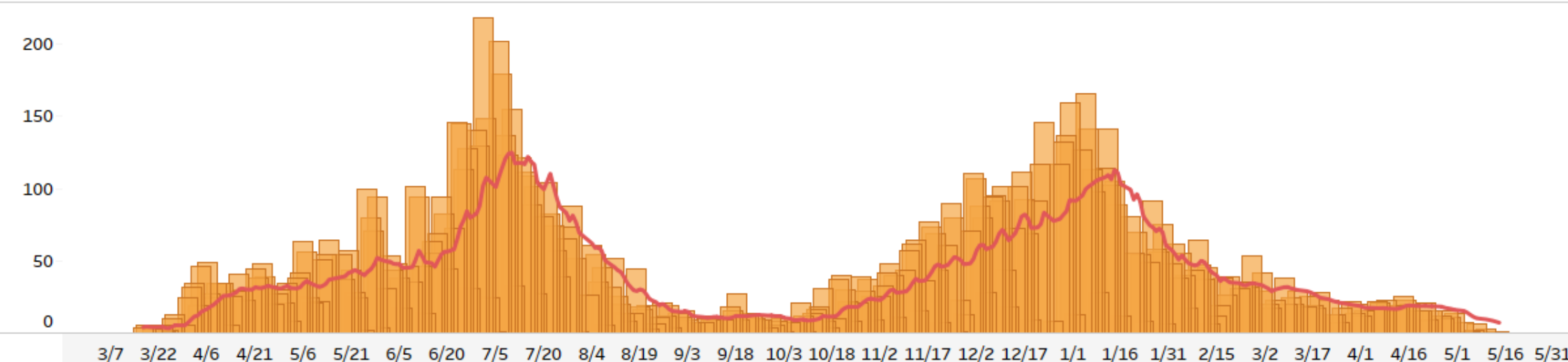
Total Positive
Results

14,524

Tests Performed
prior testing day
5/17/2021

3

Positive Results by date and 14 day rolling average



Positive Results
last reported day
5/17/2021

% Positive
last reported day
5/17/2021

0.0%



Covid19 Vaccines

All vaccination sites

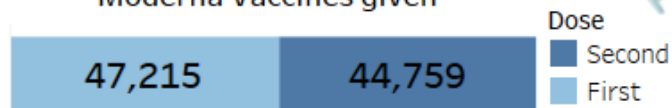
Start Date
12/20/2020

End Date
5/17/2021

All vaccination sites

Fairgrounds	104,434
South County Civic ..	55,044
North County PBG	22,940
County Hero	7,111
West Palm Beach	6,425
County Warrior	6,236
Employee	1,221
Mobile 3 Clinic	962
Outreach	953

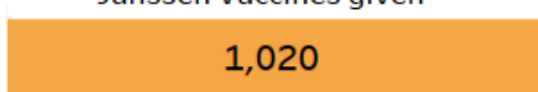
Moderna Vaccines given



Pfizer Vaccines given



Janssen Vaccines given



**Total
Vaccinations
Given**

207,805

*Less than 1% margin of error

Inventory Received

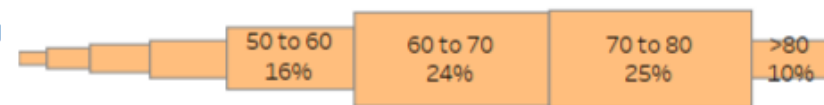
Moderna	90,946
Pfizer	133,707
Janssen	7,400
Total	232,053

Current On Hand Inventory

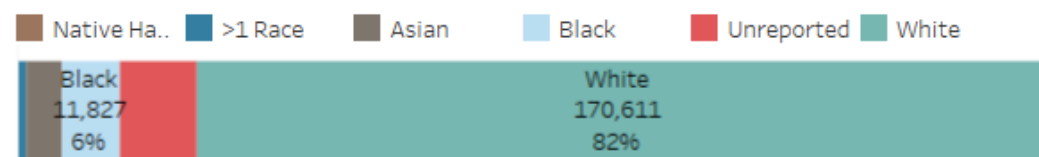
32,236

* Excess doses from vials are added
to Inventory On Hand (>5k)

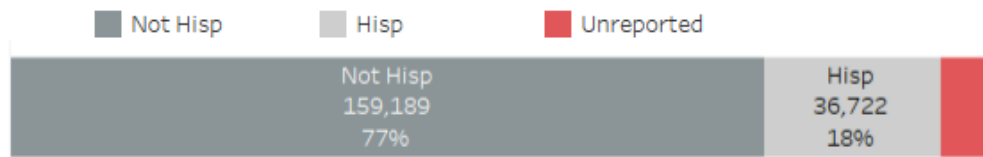
Age Range



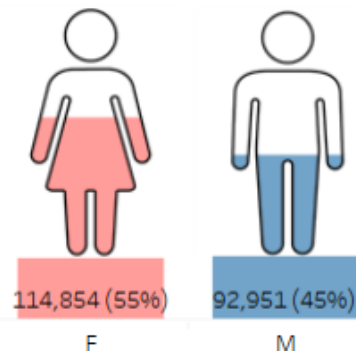
Race



Ethnicity

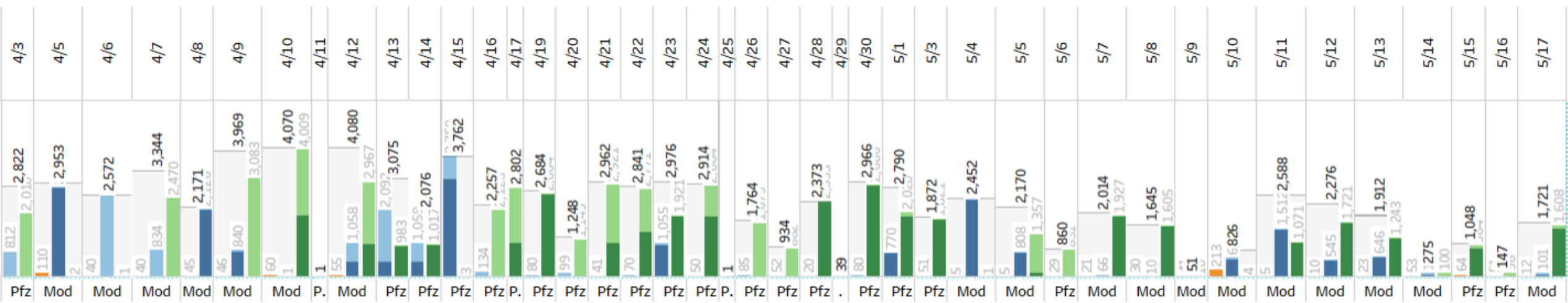


Gender



Daily Vaccines given last 45 days

Janssen Mod-First Mod-Second Pfz-First Pfz-Second



Covid19 Vaccines Geolocation Analysis

All vaccination sites

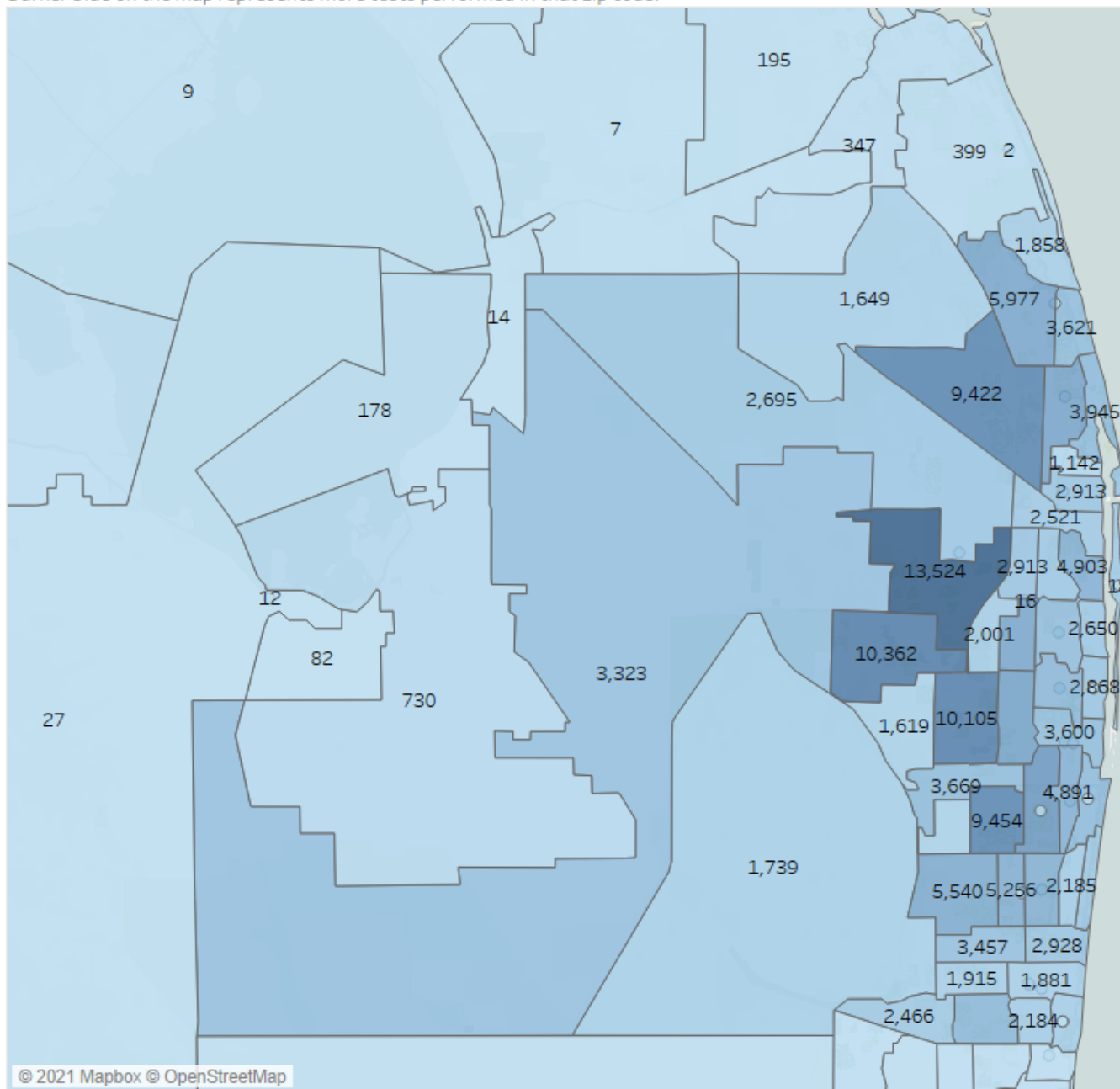
 Start Date
 12/20/2020

 End Date
 5/17/2021

 Site
 All

Darker blue on the map represents more tests performed in that zip code.

*State and County numbers calculated when zip code is available



Florida	206,790	100%	Out Of State/No State	1,015	0%
Palm Beach County	201,122	97%	Other Counties	5,668	3%

Florida State Zip Codes count

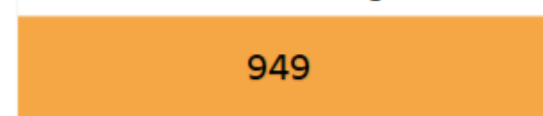
Zip	City	Count
33411	West Palm Beach	13,524
33414	Wellington	10,362
33467	Lake Worth	10,105
33437	Boynton Beach	9,454
33418	Palm Beach Gardens	9,422
33436	Boynton Beach	7,382
33463	Lake Worth	6,493
33410	Palm Beach Gardens	6,224
33458	Jupiter	5,977
33415	West Palm Beach	5,898
33446	Delray Beach	5,540
33484	Delray Beach	5,256
33445	Delray Beach	5,092
33401	West Palm Beach	4,903
33426	Boynton Beach	4,891
33433	Boca Raton	4,264
33461	Lake Worth	4,206
33435	Boynton Beach	3,962
33408	North Palm Beach	3,945
33472	Boynton Beach	3,669
33406	West Palm Beach	3,632
33477	Jupiter	3,621
33462	Lake Worth	3,600
33496	Boca Raton	3,457
33470	Loxahatchee	3,323

Clinic Vaccines

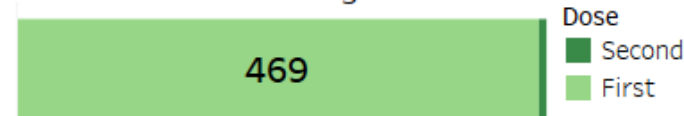
Moderna Vaccines given



Janssen Vaccines given



Pfizer Vaccines given



Total Vaccinations Given

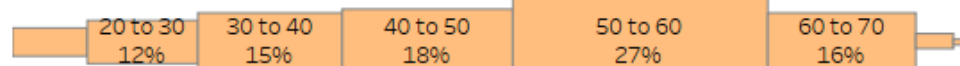
3,144

All vaccination sites

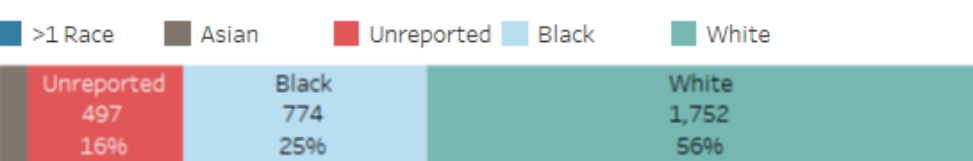
OurClinics

True

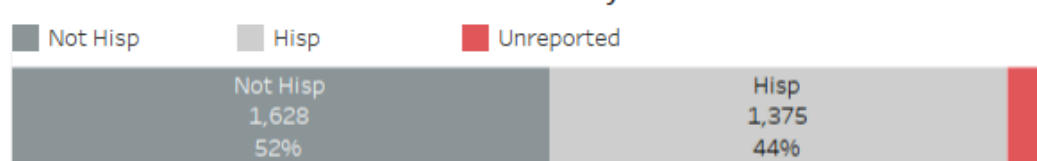
Age Range



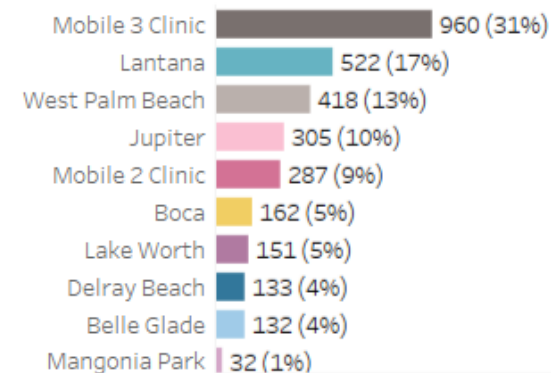
Race



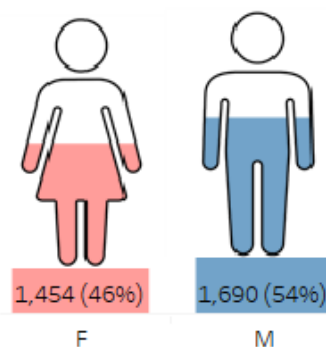
Ethnicity



Total Vaccine Count (%)

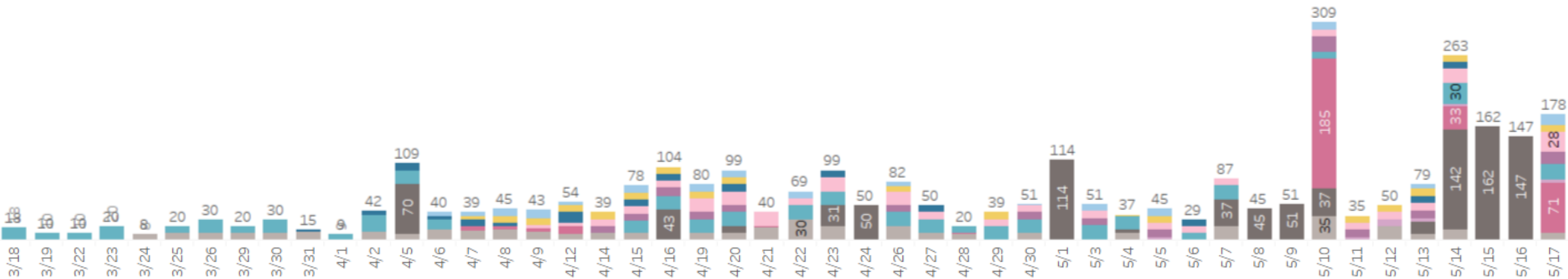


Gender



Daily vaccines given by Clinic

Belle Glade Boca Delray Beach Jupiter Lake Worth Lantana Lewis Center Mangonia Park Mobile 2 Clinic Mobile 3 Clinic Wes





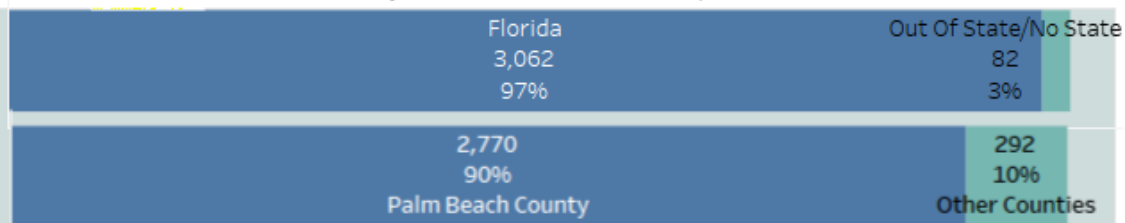
Start Date
12/20/2020

End Date
5/17/2021

Site
All

Darker blue on the map represents more tests performed in that zip code.

*State and County numbers calculated when zip code is available



Florida State Zip Codes count

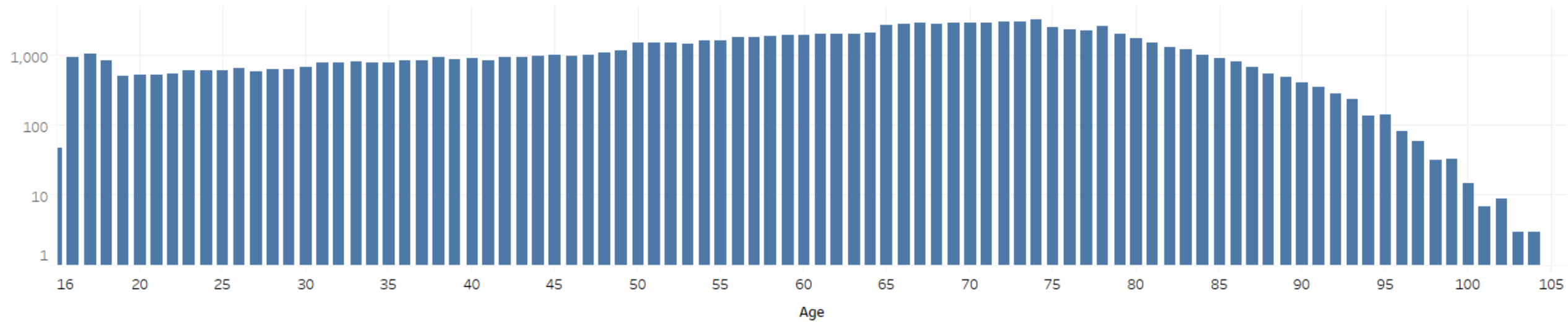
Zip	City	Count
33407	West Palm Beach	211
33458	Jupiter	204
33471	Moore Haven	179
33463	Lake Worth	152
33415	West Palm Beach	142
33401	West Palm Beach	134
33460	Lake Worth Beach	133
33404	West Palm Beach	127
33444	Delray Beach	123
33461	Lake Worth	112
33411	West Palm Beach	108
33430	Belle Glade	93
33409	West Palm Beach	93
33462	Lake Worth	92
33467	Lake Worth	79
33435	Boynton Beach	75
33436	Boynton Beach	66
33406	West Palm Beach	60
33417	West Palm Beach	58
33414	Wellington	55
33428	Boca Raton	53
33410	Palm Beach Gardens	51
33445	Delray Beach	49
33405	West Palm Beach	48
33413	West Palm Beach	34

Covid19 Vaccine Age Distribution

Vaccines given by Age

Order Date
All values

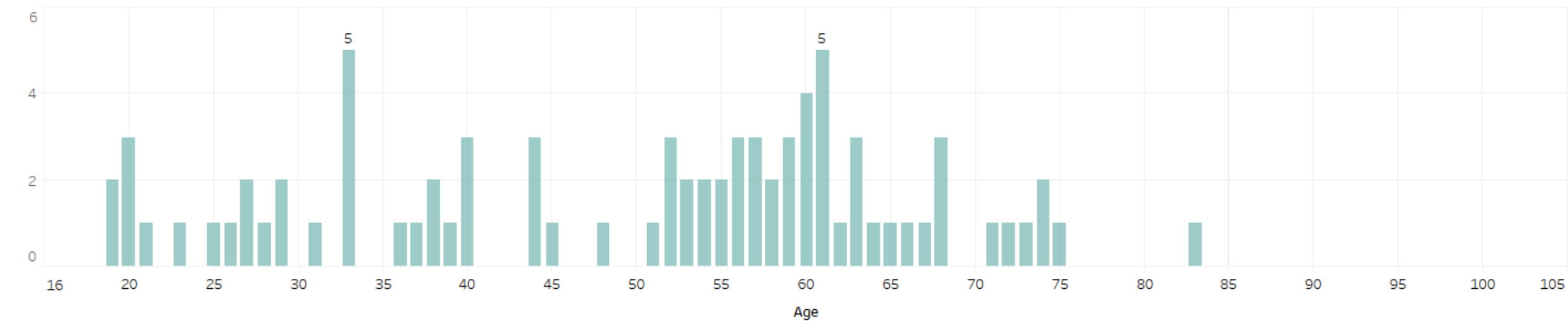
Dose
1 st Dose



Future Appts By Age

App Date
5/19/2021 to 5/29/2021

Dose
1 st Dose



District Clinic Holdings, Inc.
d.b.a. C.L. Brumback Primary Care Clinics
Board of Directors Meeting
Summary Minutes
04/28/2021

Present: Mike Smith, Chairperson; John Casey Mullen; Julia Bullard; Robert Glass; Irene Figueroa, Secretary; Tammy Jackson-Moore; James Elder

Excused: Marjorie Etienne; Melissa Mastrangelo

Absent:

Staff: Darcy Davis, Chief Executive Officer; Dr. Belma Andric, VP & Chief Medical Officer; Dr. Hyla Fritsch, Executive Director of Clinic and Pharmacy Services; Christy Goddeau, Outside General Counsel; Shauniel Brown, Risk Manager; Thomas Cleare, AVP of Strategy; Hector Sanchez, Executive Director of Corporate Quality; Martha Hyacinthe, Director of Corporate Risk; David Speciale, Director of Patient Experience; Patricia Lavelly, Interim CIO; Jonathan Dominique, Clinic Quality Analyst; Dr. Charmaine Chibar, FQHC Medical Director; Michael Maldonado, Desktop Engineer; Shannon Wynn, Administrative Assistant; Nicole Glasford, Executive Assistant; Marisol Miranda, Director of Operations; Lisa Hogan; Candice Abbott; Robin Kish; June Shipek; Maria Chamberlin

Minutes Transcribed By: Shannon Wynn

Meeting Scheduled for 12:45 PM

Meeting Began at 12:49PM

AGENDA ITEM	DISCUSSION	ACTION
1. Call to Order	Mr. Smith called the meeting to order.	The meeting was called to order at 12:49pm
1A. Roll Call	Roll Call was taken.	
1B. Affirmation of Mission	Mr. Smith read the affirmation of mission.	
2. Agenda Approval 2A. Additions/Deletions/	None.	

Substitutions 2B. Motion to Approve Agenda Items	Mr. Smith called for an approval of the meeting agenda	VOTE TAKEN: Ms. Jackson-Moore made a motion to approve the agenda. The motion was duly seconded by Mr. Elder. A vote was called, and the motion passed unanimously.
3. Awards, Introduction and Presentations 3A. COVID-19 Testing and Vaccination Update 3B. Uniform Data System	<p>Dr. Andric presented to the Board the most recent Covid-19 testing and vaccine update.</p> <p>Dr. Andric presented to the Board the Uniform Data System.</p> <p>Mr. Smith asked if the Covid-19 vaccines are being administered to students in school.</p> <p>Dr. Andric stated that only teachers are given the vaccine and, at this time not students.</p> <p>Mr. Glass asked if we would be providing Covid-19 testing on the mobile vans.</p> <p>Dr. Andric stated that, in the future, this is our plan and we will provide rapid testing and have the Abbott machine.</p> <p>Dr. Andric also stated that the clinics would continue to test for Covid-19 in Belle Glade and Lakeside Medical Center until the Department of Health transitions and takes over.</p>	No action necessary.
4. Disclosure of Voting Conflict	None.	No action necessary.
5. Public Comment	None.	No action necessary.

6. Meeting Minutes		
6A-1 Staff Recommends a MOTION TO APPROVE: Board meeting minutes of March 31, 2021	There were no changes or comments to the minutes dated March 31, 2021	VOTE TAKEN: Ms. Jackson-Moore made a motion to approve the Board meeting minutes of March 31, 2021 as presented. The motion was duly seconded by Ms. Figueroa. A vote was called, and the motion passed unanimously.
7. Consent Agenda – Motion to Approve Consent Agenda Items		VOTE TAKEN: Ms. Jackson-Moore made a motion to approve the consent agenda as presented. The motion was duly seconded by Ms. Bullard motion passed unanimously.
7A. ADMINISTRATION		
7A-1. Receive & File: April 2021 Internet Posting of District Public Meeting	The meeting notice was posted.	Receive & File. No further action necessary.
7A-2. Receive & File: Attendance tracking	Attendance tracking was updated.	Receive & File. No further action necessary.
7A-3. Staff Recommends a MOTION TO APPROVE: Change in June Board Meeting Date	We respectfully request that the Board agree to change the June meeting date from June 30, 2021 to June 23, 2021. Per HRSA requirements, Board meetings are required to be held once monthly. In an attempt to avoid having the Board meeting on the last day of the month, we are requesting to move the June meeting to one week early in order to allow time to reschedule if a need arises, such as an emergency or lack of quorum.	
8. REGULAR AGENDA		
8A. ADMISTRATION		
8A-1. Staff Recommends a MOTION TO APPROVE:	We respectfully request the authorization to open Mangonia Park on Saturdays. The C. L. Brumback Primary Care Clinics is respectfully requesting approval to open Mangonia Park	VOTE TAKEN: Ms. Jackson-Moore made a motion to approve the Change in Scope to the Board of Director. The motion was

Change in Scope- Mangonia Park Saturday Hours	<p>Clinic on Saturdays from 9:00 am to 1:00 pm to better support the needs of our patients on weekends. We are projecting that the average annual cost is \$57,213.00 a year to open on Saturdays. This includes all salaries, supplies and drug costs.</p> <p>Ms. Jackson-Moore asked what the annual cost includes.</p> <p>Dr. Fritsch stated the cost includes a provider or nurse a registration specialist and LCSW. This also includes, the cost of supplies and drug costs.</p>	duly seconded by Mr. Mullen. A vote was called, and the motion passed unanimously.
8B. EXECUTIVE		
8B-1. Receive and File: Executive Director Information Update	Dental services have successfully resumed at all locations. High completion rate for Annual Employee Engagement Survey Dental services have returned to normal operations as of April 5th. The only exception is limited dental hygiene as the last of the hygienists are being redeployed back to the clinics from the mass vaccination sites. Last month, all employees of the District completed the Annual Employee Engagement survey. While measurement outcomes are not yet available, the completion rate is 98.58% for the Primary Care Clinic staff. While the timing of the onset of the lockdowns due to the pandemic certainly influenced last year's completion rate with it coming in much lower, this year's completion rate is extremely high in comparison.	Receive & File. No further action necessary.
8C. OPERATIONS		
8C-1. Staff Recommends a MOTION TO APPROVE: Operations Reports	<p>This agenda item provides the following operations reports for February 2021:</p> <p>Clinic Productivity, including in-person and telehealth metrics and no-shows trended over time. In February, we had 7,839 visits which is an increase from the month prior. When looking at the number of patients seen in each clinic in comparison to February 2020, the Lewis Center and Jupiter were the only two clinics to exceed their prior year volume. Our payer mix for the year-to-date reflects 57% uninsured patients and the remainder have Medicaid, Medicare or private coverage. By visit category, pediatric productivity targets were just shy of meeting the goal for in-person and telehealth visits. Women's</p>	VOTE TAKEN: Mr. Mullen made a motion to approve the Operations Report as presented. The motion was duly seconded by Mr. Glass. A vote was called, and the motion passed unanimously.

	<p>Health and Substance Abuse both exceeded their target for in-person. Telehealth visits make up 13% of all visits, which is a decrease from January. Productivity targets for in-person visits were met for adults in Boca Raton and for Women's Health in Lake Worth. In-person visit productivity targets also met goals for Substance Abuse in Mangonia as well as both the Substance Abuse and Behavioral Health at Lewis Center. The pediatric productivity target for in-person visits was in the high 90s for West Palm Beach. Telehealth goals were met for adults in Boca, Belle Glade and for Women's Health in Lake Worth. The No-Show rate in February dropped to 27.9%. Telehealth No-Show rates remain low compared to in-person visits. In comparison, the year-to-date No-Show rate is approximately 25%, of which in-person visits make up 80%.</p> <p>Ms. Jackson-Moore asked when will the Clinics be phasing out Telehealth?</p> <p>Dr. Fritsch stated we are in the process of phasing it out now.</p> <p>Mr. Smith asked if a patient has a Telehealth appointment and does not call at the time of the appointment, does a clinic member contact the patient?</p> <p>Dr. Andric stated that the clinic staff does call the patient and they prep the patient by calling in advance to confirm their appointment.</p>	
8D. Quality		
8D-1. Staff Recommends a MOTION TO APPROVE Quality Reports	<p>This agenda item presents the updated Quality Improvement & Quality Updates:</p> <ul style="list-style-type: none"> • Quality Council Meeting Minutes April 2021 • UDS Report – YTD February • Provider Productivity – February 2021 <p>PATIENT SAFETY & ADVERSE EVENTS:</p> <p>Patient safety and risk, including adverse events, peer review and chart review are brought to the board “under separate cover” on a quarterly basis.</p>	VOTE TAKEN: Ms. Jackson-Moore made a motion to approve the Quality Reports as presented. The motion was duly seconded by Mr. Elder. A vote was called, and the motion passed unanimously.

PATIENT SATISFACTION AND GRIEVANCES:

Patient relations to be presented as a separate agenda item.

QUALITY ASSURANCE & IMPROVEMENT:

In 2020, we struggled to meet our goals for Hypertension control. We have created a targeted approach to help us achieve our goals. An initial report to quantify the number of patients who had a HTN diagnosis was pulled from Tableau to determine how many patients from 2020 have not been seen in 2021 and need appointments. We obtained 100 BP cuffs through the AHA grant and these will be distributed to patients with uncontrolled HTN 150/90 or greater that are uninsured. Nurses in the clinics will have the list of patients. Education and monitoring guidance for the patient and training for the nurses will be done.

UTILIZATION OF HEALTH CENTER SERVICES:

Individual monthly provider productivity stratified by clinic.

Ms. Jackson-Moore asked what is the plan on diabetes for the migrant population who are about to migrate out.

Dr. Andric explained that we have relations with other FQHC sites and we can reach out to the migrant work to find out where they will be relocating to and see if we can help find a FQHC location for them.

Mr. Glass asked about the colonoscopy program and what it entails.

Dr. Chibar explained that we are trying to establish a colonoscopy outreach program with local partners to create a follow-up for the patients who have abnormal test result.

Mr. Glass asked if there's been discussion to provide screening to the homeless population.

Dr. Andric state we do provide the screening on the Mobile Clinics, but it has been challenging to have the patient complete the task on-site.

	<p>Ms. Bullard asked if the diabetes finding included the juvenile population.</p> <p>Dr. Chibar stated the metrics were just for adult patients.</p>	
9. VP and Executive Director of Clinic Services Comments	Dr. Fritsch asked the Board to consider changing the May and June meeting dates.	No action necessary.
10. Board Member Comments	<p>The Board applauded and thanked the Clinic staff for going above and beyond when it comes to helping the community and being great at what they do.</p> <p>Mr. Smith will draft a "Thank You" letter to the staff.</p> <p>Christy Goddeau introduced herself to the Board.</p>	No action necessary.
12. Establishment of Upcoming Meetings	<p><u>April 28, 2021 (HCD Board Room)</u> 12:45pm Board of Directors</p> <p><u>May 26, 2021 (HCD Board Room)</u> 12:45pm Board of Directors</p> <p><u>June 30, 2021 (HCD Board Room)</u> 12:45pm Board of Directors</p> <p><u>July 28, 2021 (HCD Board Room)</u> 12:45pm Board of Directors</p> <p><u>August 25, 2021 (HCD Board Room)</u> 12:45pm Board of Directors</p> <p><u>September 29, 2021 (HCD Board Room)</u> 12:45pm Board of Directors</p> <p><u>October 27, 2021 (HCD Board Room)</u> 12:45pm Board of Directors</p>	No action necessary.

	<u>November 30, 2021 (HCD Board Room)</u> 12:45pm Board of Directors <u>December 14, 2021 (HCD Board Room)</u> 12:45pm Board of Directors	
13. Motion to Adjourn	There being no further business, the meeting was adjourned at 1:33 PM	VOTE TAKEN: Ms. Jackson-Moore made a motion to adjourn. The motion was duly seconded by Ms. Bullard. A vote was called, and the motion passed unanimously.

Minutes Submitted by: _____
Signature Date

**C. L. Brumback Primary Care Clinics
Board of Directors**

Attendance Tracking

	1/27/21	2/24/21	3/12/21	3/31/21	4/28/21	5/26/21	6/30/21	7/28/21	8/25/21	9/29/21	10/27/21	11/30/21	12/15/21
Mike Smith	X	X	X	X	X								
James Elder	X	X	X	E	X								
Irene Figueroa	X	E	A	X	X								
John Casey Mullen	X	X	X	X	X								
Julia Bullard	X	X	X	X	X								
Marjorie Etienne	E	E	X	X	E								
Melissa Mastrangelo	E	A	X	X	E								
Tammy Jackson-Moore	X	X	A	E	X								
Robert Glass		X	X	X	X								

X= Present

C= Cancel

E= Excused

A= Absent

DISTRICT CLINIC HOLDINGS, INC
FINANCE COMMITTEE
May 19, 2021

1. Description: District Clinic Holdings, Inc. 2021 YTD Grant Status Report

2. Summary:

The 2021 YTD Grant Status Report for District Clinic Holdings, Inc. presented for Finance Committee review.

3. Substantive Analysis:

Attached, an overview of grants awarded to District Clinic Holdings, Inc. In this presentation, staff will provide a brief description of each award, analysis on where the clinics stand with grant monies at the midpoint of fiscal year 2021 and any plans for the aforementioned monies.

4. Fiscal Analysis & Economic Impact Statement:

	Amount	Budget
Capital Requirements	N/A	Yes <input type="checkbox"/> No <input type="checkbox"/>
Annual Net Revenue	N/A	Yes <input type="checkbox"/> No <input type="checkbox"/>
Annual Expenditures	N/A	Yes <input type="checkbox"/> No <input type="checkbox"/>

Reviewed for financial accuracy and compliance with purchasing procedure:

DocuSigned by:

77A3B53589A1477

Darcy J. Davis
Chief Executive Officer

5. Reviewed/Approved by Committee:

Finance Committee
Committee Name


May 19, 2021
Date Reviewed/Approved

DISTRICT CLINIC HOLDINGS, INC
FINANCE COMMITTEE
May 19, 2021

6. Recommendation:

Staff recommends that the Finance Committee receive and file the District Clinic Holdings, Inc. 2021 YTD Grant Status Report.

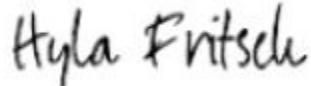
Approved for Legal sufficiency:

DocuSigned by:


Christy Goddeau
Interim General Counsel

DocuSigned by:


Darcy J. Davis
Chief Executive Officer



Dr. Hyla Fritsch
AVP & Executive Director of Clinic and
Pharmacy Services



Primary Care Clinics: Grants Status Report

CONTRACT TITLE	Program Support	Description of expenses	Contract Period	Contract Total	Total Expenses	Remaining Balance
HRSA Primary Base CY 2021	All Services	Percentage of clinic salary expenses	1/1/21 - 12/31/21	6,984,070	2,429,748	4,554,322
HRSA- 2020 Quality Initiative	All Services	Non-salary expenses. Used for quality improvement initiatives, etc.	8/18/20-12/31/21	180,431	-	180,431
HRSA- 2021 Integrated BH Services (IBHS) (year 2)	Behavioral Health Services	Covers a percentage of salary and non-salary expenses of behavioral department	8/18/20 - 12/31/21	167,000	30,505	136,495
HRSA- American Rescue Plan: Funding for Health Centers	All Services	Salary and non-salary expenses including purchase of Scout mobile clinic	4/1/21 - 3/31/23	13,840,750		13,840,750
HRSA- American Rescue Plan: Health Center Construction and Capital Improvements (ARP-Capital)	All Services	Construction & capital improvements	pending	1,010,224		1,010,224
FAU RN Preceptor Program Year 2	Medical	Covers a percentage of registered nurses' salary at Belle Glade clinic	7/1/20 - 6/30/21	39,000	32,259	6,741
Overdose to Action Program from Health Council of Southeast Florida (OD2A)	Medical	Covers a portion of salary expenses of behavioral department	9/1/20 - 8/31/21	126,000	61,679	64,321
Florida Alcohol & Drug Abuse Asso. (FADAA) Drug Assistance	Medical	Vivitrol drug cost and administration to FADAA approved patients	7/1/20 - 6/30/21	75,439	69,803	5,636
Delta Dental Grant	Dental	Dental supplies and equipment	1/1/20 - 12/31/20	53,470	53,470	-
Farris Foundation- Mobile Homeless Health	Medical	Mobile clinic salary and non-salary expenses	12/1/18 - 11/30/20	200,000	200,000	-
COVID19Funding						
HRSA H8C COVID19	Medical	Salary and non-salary expenses related to COVID19	1/20/20 - 3/14/21	146,708	146,708	-
HRSA COVID19 H8D CARES	Medical	Salary and non-salary expenses related to COVID19	1/20/20 - 3/31/21	2,058,425	2,058,425	-
HRSA COVID19 H8E Expanded Capacity Testing	Medical	Salary and non-salary expenses related to COVID19	1/20/20 - 4/30/21	794,089	794,089	-
Stimulus HHS	Medical	Salary and non-salary expenses related to COVID19		448,788	401,465	47,323
Delta Dental- COVID19 Funding	Dental	Dental Covid19 expenses	7/1/20 - 12/31/20	50,000		50,000
Palm Beach County COVID19 Funding	Medical	COVID19 expenses including purchase of Hero mobile clinic	3/13/20 - 12/31/20	372,720	372,720	-
TOTAL: GRANT FUNDS				26,547,114	6,650,870	19,896,243

DISTRICT CLINIC HOLDINGS, INC.
MEMBERSHIP AND NOMINATING COMMITTEE
May 19, 2021

1. Description: Nomination of Joseph Gibbons to the Clinic Board

2. Summary:

Joseph Gibbons' application for the Clinic Board.

3. Substantive Analysis:

Joseph Gibbons has submitted an application for consideration for appointment to the District Clinic Holdings, Inc. Board of Directors. Mr. Gibbons currently serves on the Health Care District's Finance and Audit Committee. The appointment of Mr. Gibbons to the Clinic Board will create a valuable link between the Clinic Board and the Health Care District's Finance and Audit Committee.

Mr. Gibbons currently serves as the President and CEO of Gibbons Consulting Group where he is a consultant and lobbyist. Mr. Gibbons previously served as a State Representative from 2006 to 2014 in the Florida State Legislature. Prior to that, Mr. Gibbons served on the Broward County Planning Council and as the President and General Manager of an IT manufacturing company.

A copy of Mr. Gibbons' application is attached to this agenda item.

4. Fiscal Analysis & Economic Impact Statement:

	Amount	Budget
Capital Requirements	N/A	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Annual Net Revenue	N/A	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Annual Expenditures	N/A	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

Darcy J. Davis
Chief Executive Officer

5. Reviewed/Approved by Committee:

Nominating Committee

Committee Name

May 19, 2021

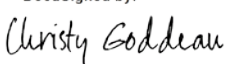
Date Approved

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
May 19, 2021


6. Recommendation:

Staff recommends the Membership and Nominating Committee advance a recommendation to the District Clinic Holdings, Inc. Board to approve the appointment of Joseph Gibbons to the District Clinic Holdings, Inc. Board.

Approved for Legal sufficiency:

DocuSigned by:

A200254D011E48F

Christy L. Goddeau, Esquire
Interim General Counsel



Thomas Cleare
AVP, Communications, Community Engagement
& Corporate Security



Dr. Hyla Fritsch
AVP & Executive Director of Clinics and
Pharmacy Services

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
May 19, 2021

1. Description: Election of Officers and Committee Appointments

2. Summary:

This agenda item presents the annual election of Officers and Committee Appointments.

3. Substantive Analysis:

The Clinic Bylaws require the Officers of the Board to be elected each year. This agenda item presents the current Officers of the Board as well as the current Committee Appointments. The Clinic Bylaws only permit someone to hold a specific officer position for two consecutive terms. Officers in their second term are not permitted to hold the same Officer Position for another term. However, they can hold other Officer Positions. Committee appointments do not have limits on how long a Board Member can serve on a committee.

The current Officers of the Board are:

Chairperson

Michael Smith (First Term)

Vice-Chairperson

Melissa Mastrangelo (First Term)

Secretary

Irene Figueroa (Second Term)

Treasurer

Tammy Jackson-Moore (First Term)

The current Committee Appointments are:

Finance Committee:

James Elder

Michael Smith

Tammy Jackson-Moore

Membership / Nominating Committee:

John Casey Mullen

Irene Figueroa

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
May 19, 2021

Planning Committee:
All Board Members

4. Fiscal Analysis & Economic Impact Statement:

	Amount	Budget
Capital Requirements	N/A	Yes <input type="checkbox"/> No <input type="checkbox"/>
Annual Net Revenue	N/A	Yes <input type="checkbox"/> No <input type="checkbox"/>
Annual Expenditures	N/A	Yes <input type="checkbox"/> No <input type="checkbox"/>

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

Darcy J. Davis
Chief Executive Officer

5. Reviewed/Approved by Committee:

N/A

Committee Name


N/A

Date Approved

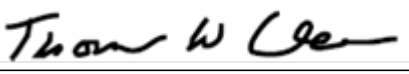
6. Recommendation:

Staff recommends the Board Elect Officers and appoint Committee Membership/Designations.

Approved for Legal sufficiency:

DocuSigned by:

A209254B911F48F

Christy L. Goddeau, Esquire
Interim General Counsel



Thomas Cleare
AVP of Planning & Community Engagement



Dr. Hyla Fritsch
AVP & Executive Director of Clinics and
Pharmacy Services

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
May 19, 2021

1. Description: Executive Director Informational Update

2. Summary:

- Update on Epic
- Vaccine Mass Site wrap up

3. Substantive Analysis:

Our Epic implementation is steadily moving forward and is on target for our July 1st go-live. Super Users who will be elbow to elbow with staff during the first two weeks of go-live were identified and began receiving their training starting on May 10th. End User training will begin for all remaining staff on May 24th and will wrap up on June 23rd.

Administration and subject matter expert staff continue to work closely with our Memorial and Epic partners to ensure our processes and systems are in place for implementation. All clinic staff were given the opportunity to attend an Epic Town Hall on May 6th to ask questions and get up-to-date information about our go-live plans.

Our three mass vaccination sites are winding down operations. Both the North County site at the Burns Road Community Center and the South County site at the South County Civic Center have disassembled their sites after the last vaccine event concluded on May 15th. Our Fairgrounds operations will finish with their final second shot day May 27th. We have now concentrated our efforts on using the mobile units to reach underserved and needy communities for targeted vaccination efforts.

4. Fiscal Analysis & Economic Impact Statement:

	Amount	Budget
Capital Requirements	N/A	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Annual Net Revenue	N/A	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Annual Expenditures	N/A	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

Darcy J Davis
Chief Executive Officer

5. Reviewed/Approved by Committee:

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
May 19, 2021

N/A

Committee Name

Date Approved

6. Recommendation:

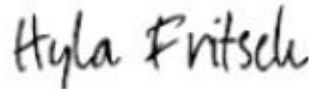
Staff recommends Board receive and file the Executive Director Informational Update.

Approved for Legal sufficiency:

DocuSigned by:

A209254D911F48F

Christy Goddeau
Interim General Counsel



Dr. Hyla Fritsch
AVP & Executive Director of Clinic Operations &
Pharmacy Services

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
May 19, 2021

1. Description: Licensed Independent Practitioner Credentialing and Privileging

2. Summary:

The agenda item represents the licensed independent practitioners recommended for credentialing and privileging by the FQHC Medical Director.

3. Substantive Analysis:

The LIPs listed below satisfactorily completed the credentialing and privileges process and met the standards set forth within the approved Credentialing and Privileging Policy. The credentialing and privileging process ensures that all health center practitioners meet specific criteria and standards of professional qualifications. This criterion includes, but is not limited to:

- Current licensure, registration or certification
- Relevant education, training and experience
- Current clinical competence
- Health fitness or ability to perform the requested privileges
- Malpractice history (NPDB query)
- Immunization and PPD status; and
- Life support training (BLS)

Last Name	First Name	Degree	Specialty	Credentialing
Seminario	Ada	DDS	General Dentistry	Recredentialing
Alwehaib	Arwa	DDS	General Dentistry	Recredentialing
Dorce-Medard	Jennifer	DO	Family Medicine	Recredentialing
Warren	Sandra	MD	Preventive Medicine	Recredentialing
Navarro	Elsy	APRN	Nurse Practitioner	Recredentialing
St. Vil	Carline	APRN	Nurse Practitioner	Recredentialing

Primary source and secondary source verifications were performed for credentialing and privileging elements in accordance with state, federal and HRSA requirements. A Nationally accredited Credentials Verification Organization (CVO) was utilized to verify the elements requiring primary source verification.

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
May 19, 2021

The C.L. Brumback Primary Care Clinics utilized internal Credentialing staff and the FQHC medical Director to support the credentialing and privileging process.

Ada Seminario, DDS joined the West Boca Clinic in 2015 specializing in General Dentistry. She attended, the University of Connecticut, School of Dental Medicine. Dr. Seminario has been in practice for twenty-five years and is fluent in Spanish.

Arwa Alwehaib, DDS joined the Delray Beach Clinic in 2015 specializing in General Dentistry. She attended, the Nova Southeastern University, School of Dental Medicine. Dr. Alwehaib has been in practice for six years and is fluent in Arabic.

Jennifer Dorce-Medard, DO joined the Belle Glade Clinic in 2017 specializing in Family Medicine. She attended, the Touro College of Osteopathic Medicine and also completed her residency at Broward Health Medical Center. Dr. Dorce-Medard is certified in Family Medicine and Osteopathic Manipulative Treatment by the American Osteopathic Board of Family Physicians. She has been in practice for five years and is fluent in Creole and French.

Sandra Warren, MD joined the West Palm Beach Clinic in 2015 specializing in Preventive Medicine. She attended, the University of Caldas and also completed her residency at Palm Beach County Public Health Services. Dr. Warren is certified in Public Health and General Preventive Medicine by the American Board of Preventive Medicine. She has been in practice for six years and is fluent in Spanish.

Elsy Navarro, APRN joined the West Palm Beach Clinic in 2015 as a Nurse Practitioner specializing in Family Medicine. She attended, Stony Brook University and is certified as an Adult Nurse Practitioner by the American Academy of Nurse Practitioners. Ms. Navarro has been in practice for twenty-nine years and is fluent in Spanish.

Carline St. Vil, APRN joined the Delray Beach Clinic in 2015 as a Nurse Practitioner specializing in Family Medicine. She attended, Long Island University and is certified as a Family Nurse Practitioner by the American Academy of Nurse Practitioners. Ms. St. Vil has been in practice for ten years and is fluent in Creole and French.

4. Fiscal Analysis & Economic Impact Statement:

	Amount	Budget
Capital Requirements		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Annual Net Revenue		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Annual Expenditures		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

Darcy J. Davis
Chief Executive Officer

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
May 19, 2021

**5. Reviewed/Approved by
Committee:**

N/A	N/A
_____ Committee Name	_____ Date Approved

6. Recommendation:

Staff recommends the Board approve the Recredentialing and renewal of privileges of Ada Seminario, DDS, General Dentistry.

Staff recommends the Board approve the Recredentialing and renewal of privileges of Arwa Alwehaib, DDS, General Dentistry.

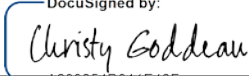
Staff recommends the Board approve the Recredentialing and renewal of privileges of Jennifer Dorce-Medard, DO, Family Medicine.

Staff recommends the Board approve the Recredentialing and renewal of privileges of Sandra Warren, MD, Preventive Medicine.


Staff recommends the Board approve the Recredentialing and renewal of privileges of Elsy Navarro, APRN, Adult Nurse Practitioner.

Staff recommends the Board approve the Recredentialing and renewal of privileges of Carline St. Vil, APRN, Family Nurse Practitioner.

Approved for Legal sufficiency:

DocuSigned by:


A20A254D7911E48F
Christy L. Goddeau, Esquire
Interim General Counsel



Dr. Charmaine Chibar
FQHC Medical Director



Dr. Hyla Fritsch
AVP & Executive Director of Clinics and
Pharmacy Services

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
May 19, 2021

1. Description: Operations Reports – March 2021

2. Summary:

This agenda item provides the following operations reports for February 2021:

- Clinic Productivity, including in-person and Telehealth metrics and No-Show trends over time

3. Substantive Analysis:

In March, we had 9,426 visits which is both an increase from the month prior and from March 2020. With the impact of COVID, it is expected to see the lower number of visits in 2020. Regarding individual clinics visits, all clinics exceeded their 2020 totals except for Lantana medical, West Palm medical and dental, Delray dental and Belle Glade dental. Dental clinics did not reopen fully until the end of April this year. Our payer mix for the year-to-date reflects a slightly higher percent of uninsured patients at 58%.

By visit category, both OBGYN and Substance Use exceeded their productivity targets for in-person again this month. Women's Health and Substance Abuse both exceeded their target for in-person. Telehealth visits decreased to 11% of all visits which is down from 13% last month.

Productivity targets for in-person visits were met again for adults in Boca Raton, Women's Health in Lake Worth and for pediatrics in West Palm. In-person visit productivity targets also met the goal for Substance Abuse in Mangonia, as well as both Substance Abuse and Behavioral Health at Lewis Center. Telehealth goals were met for adults in Boca.

The No Show rate in March remains relatively leveled at 28.4%. Telehealth No Show rates remain low compared to in-person visits. In comparison, the year-to-date No Show rate is approximately 25%, of which in-person visits make up 81%.

4. Fiscal Analysis & Economic Impact Statement:

	Amount	Budget
Capital Requirements		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Annual Net Revenue		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Annual Expenditures		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
May 19, 2021

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

Darcy J. Davis
Chief Executive Officer

5. Reviewed/Approved by Committee:

N/A


Committee Name

Date Approved


6. Recommendation:

Staff recommends the Board Approve the Operations Reports for February 2021.

Approved for Legal sufficiency:

DocuSigned by:

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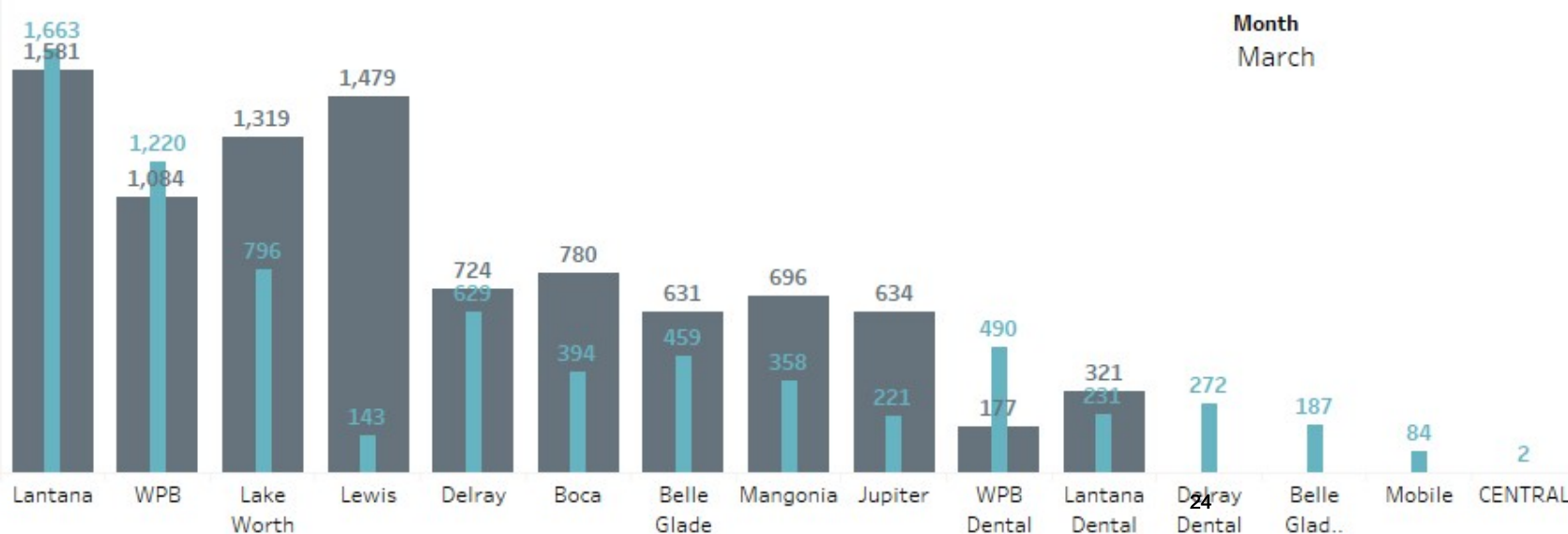
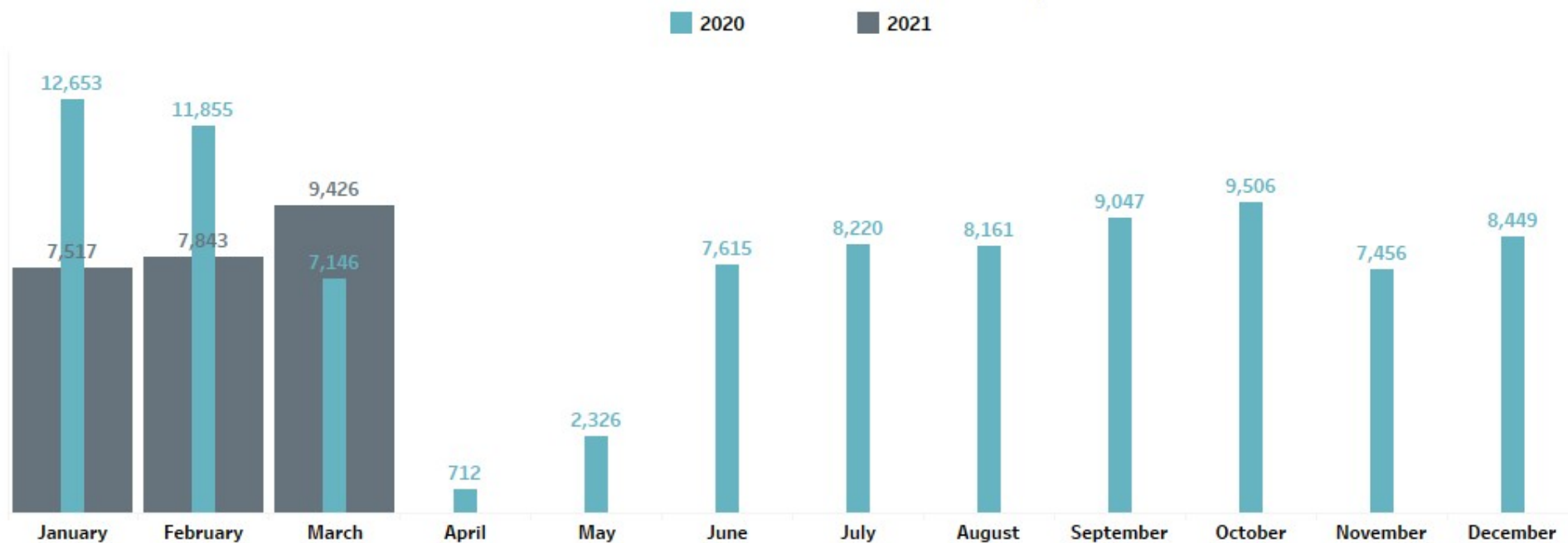
Christy Goddeau
Interim General Counsel



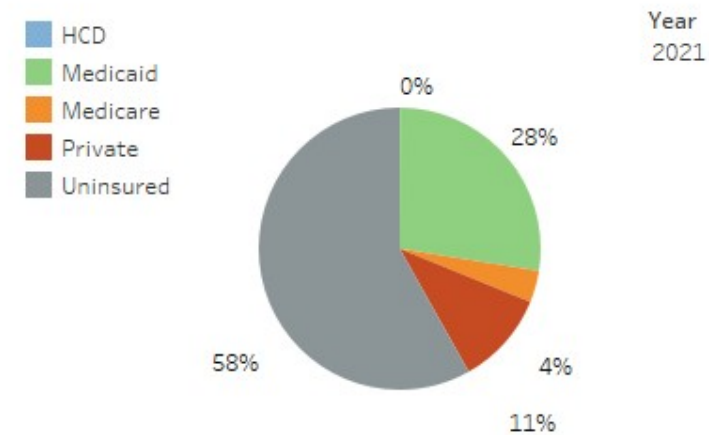
Dr. Hyla Fritsch
AVP & Executive Director of Clinics
and Pharmacy Services

2021 Visits 24,786

Service Date
1/1/2020 to 3/31/2021



Payer Mix



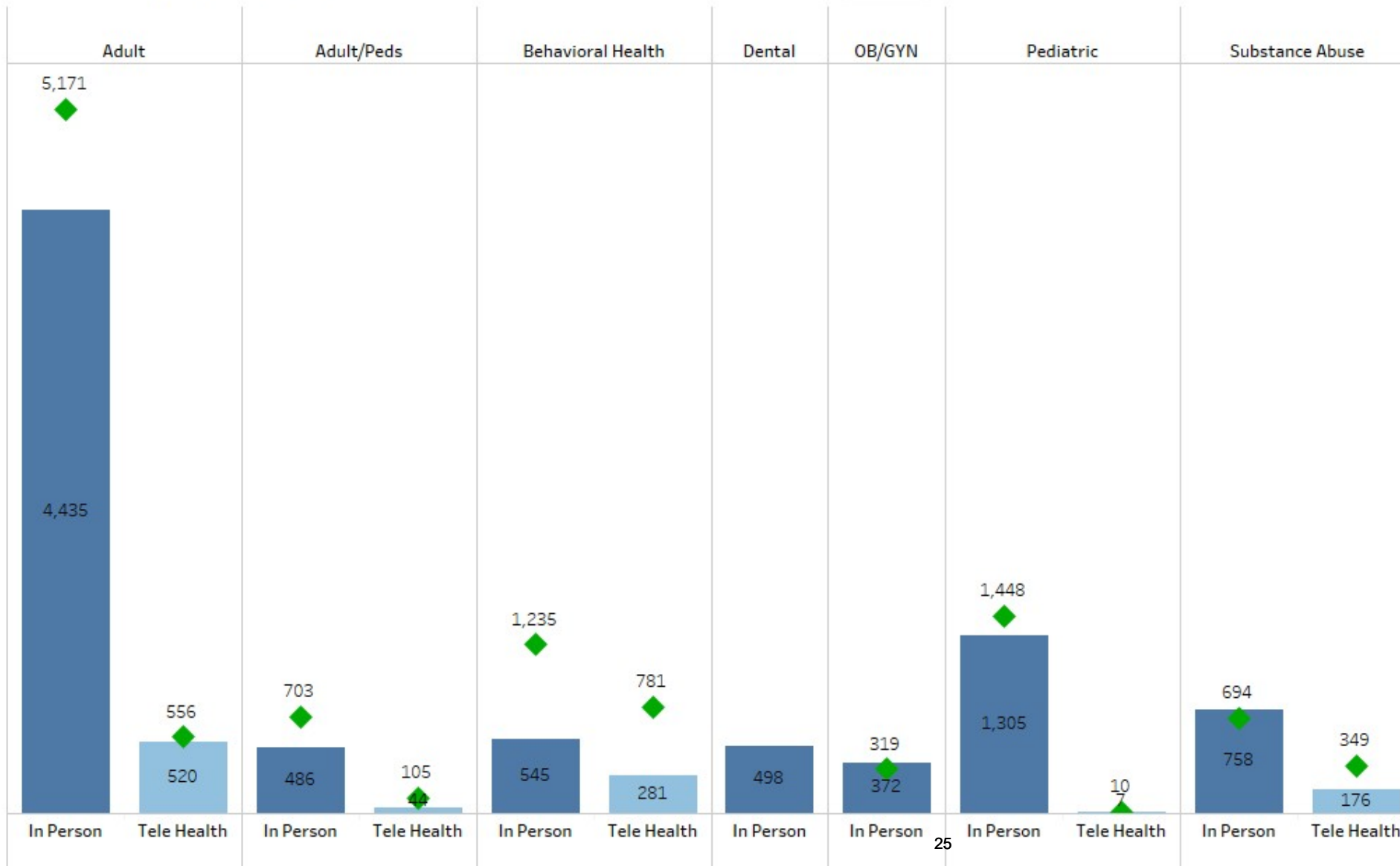
All Clinics Productivity March 2021

3/1/2021 to 3/31/2021



Productivity by Category

■ In Person ■ Tele Health ◆ Target



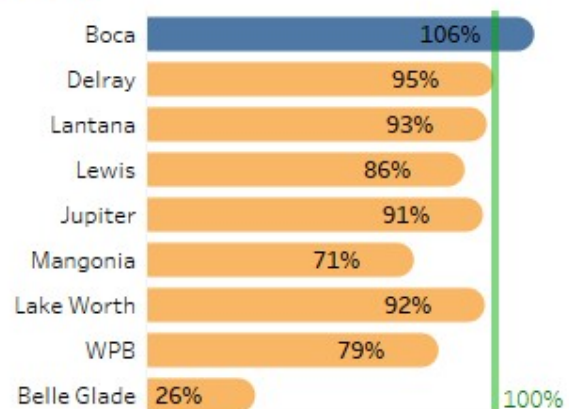
	In Person	Tele Health	Grand Total
Adult	4,435	520	4,954
Adult/Peds	486	44	530
Behavioral Health	545	281	826
Dental	498		498
OB/GYN	372		372
Pediatric	1,305	7	1,312
Substance Abuse	758	176	934
Total Visits	8,399	1,028	9,426



■ Target met ■ Target not met

In Person Encounters

Adult



Women's Health



Behavioral Health



Adult/Peds (Residents)



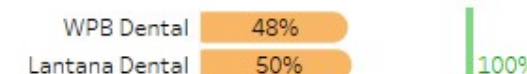
Pediatric



Substance Abuse

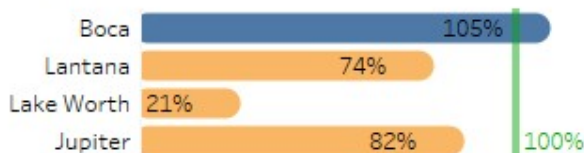


Dental



Tele Health Encounters

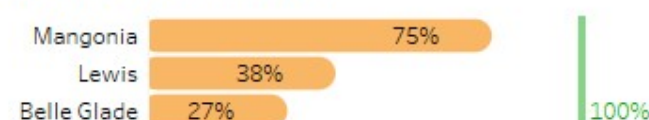
Adult



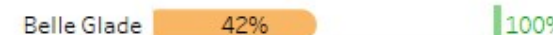
Women's Health



Behavioral Health



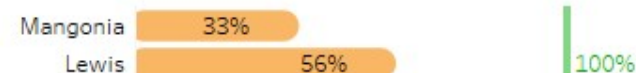
Adult/Peds (Residents)



Pediatric



Substance Abuse



No Show appointments analysis

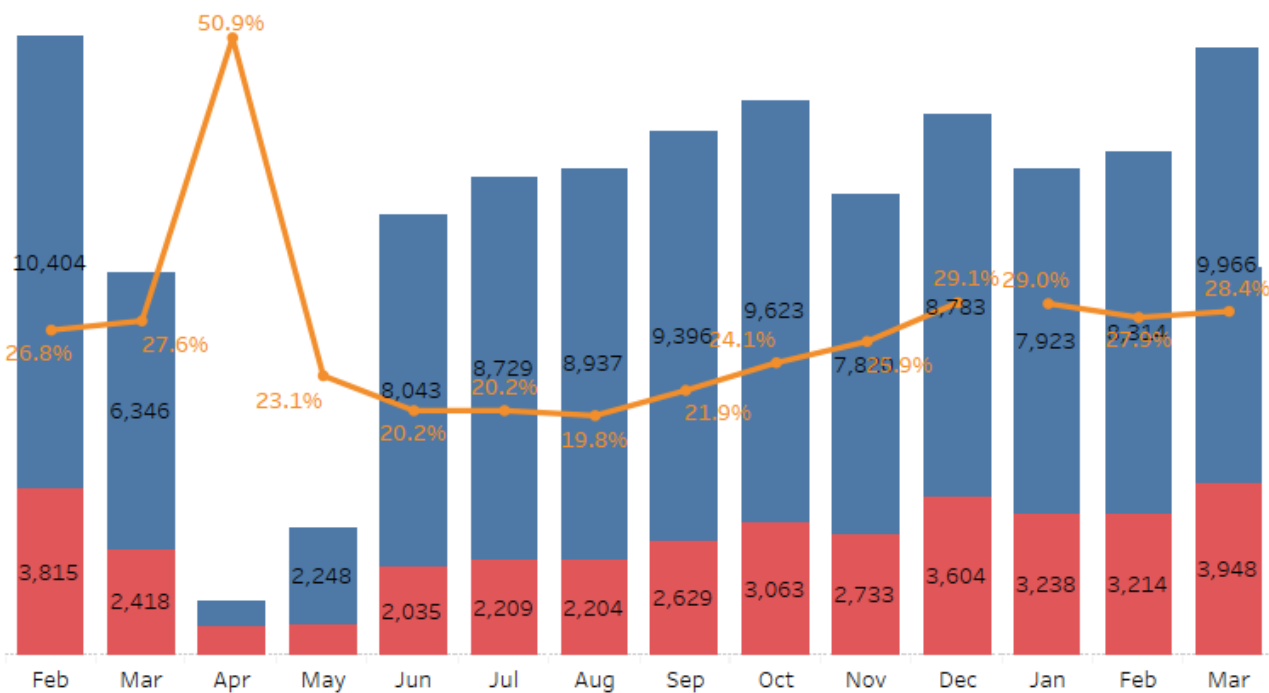
Schedule Resource Type
Multiple values

Start Date
2/1/2020

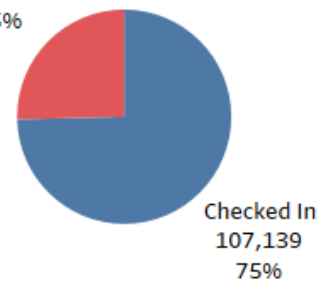
End Date
3/31/2021

No Show VS Checked in appointments

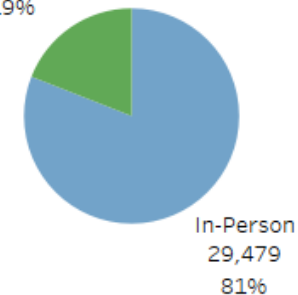
Checked In No Show Percent no show



No Show
36,414
25%

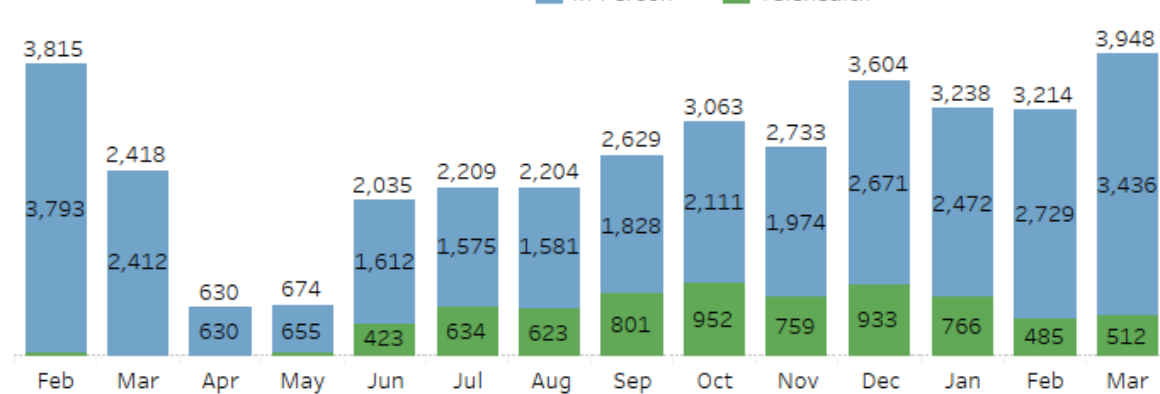


Telehealth
6,935
19%



Telehealth VS In Person No-Shows

In-Person Telehealth



DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
May 19, 2021

1. Description: Quality Report

2. Summary:

This agenda item presents the updated Quality Improvement & Quality Updates:

- Quality Council Meeting Minutes May 2021
- UDS Report – YTD March
- Provider Productivity – March 2021

3. Substantive Analysis:

PATIENT SAFETY & ADVERSE EVENTS

Patient safety and risk, including adverse events, peer review and chart review are brought to the board “under separate cover” on a quarterly basis.

PATIENT SATISFACTION AND GRIEVANCES

Patient relations to be presented as separate agenda item.

QUALITY ASSURANCE & IMPROVEMENT

In 2020, we struggled to meet our goals for Colorectal cancer screening. We have started to see some improvement with our return rate for our FIT test. There was a return rate of 42%. We have changed our reporting for FIT Test results. We are no longer reporting data by in clinic and tele. Instead, we have changed our reporting to help us focus on missed opportunities for screening. These missed opportunities are being stratified by the clinic as well as by the provider. There is an increase in missed opportunities for almost every clinic; Belle Glade is the highest with 41% missed opportunities. WPB is the lowest with 24% missed opportunities. Lake Worth is the highest for completed FIT tests at 50% and WPB at 47%. WPB has the highest completed and least missed opportunities. Share the report with the WPB clinic and find out their process for success. Discuss challenges with Belle Glade.

UTILIZATION OF HEALTH CENTER SERVICES

Individual monthly provider productivity stratified by clinic.

4. Fiscal Analysis & Economic Impact Statement:

	Amount	Budget
Capital Requirements	N/A	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Annual Net Revenue	N/A	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Annual Expenditures	N/A	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
May 19, 2021

Reviewed for financial accuracy and compliance with purchasing procedure:

DocuSigned by:

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Darcy J. Davis
Chief Executive Officer

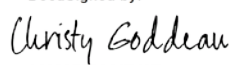
5. Reviewed/Approved by Committee:

N/A	
_____ Committee Name	_____ Date Approved


6. Recommendation:

Staff recommends the Board Approve the updated Quality Report.

Approved for Legal sufficiency:

DocuSigned by:

A209254D911F48F

Christy Goddeau
Interim General Counsel



Dr. Charmaine Chibar
FQHC Medical Director



Dr. Hyla Fritsch
AVP & Executive Director of Clinic and
Pharmacy Services

Quality Council Meeting Minutes

Date: May 4, 2021

Time: 11:00AM – 5:00PM

Attendees: Dr. Charmaine Chibar –Medical Director; Jonathan Dominique – Clinic Quality Analyst; Andrea Steele – Quality Director; Lisa Hogans –Director of Nursing; Shauniel Brown – Risk Manager; Ivonne Cohen – Quality Reporting Analyst; Dr. Hyla Fritsch – Executive Director of Clinic Operations & Pharmacy Services; Dr. John Cucuras - Dental Director; David Speciale – Director of Patient Experience; Dominique Domond – Operations Process Manager; Marisol Miranda – Director of Practice Management; Alexa Goodwin – Patient Relations Manager; Leah Serio – Director of Clinic Operations; Dr. Belma Andric – Chief Medical Officer; Kara Baker – Diabetes Nurse Educator; Nicole Glasford, Executive Assistant

Excused: Dr. Courtney Phillips - Director of Behavioral Health

Minutes by: Jonathan Dominique

<u>AGENDA ITEM</u>	<u>DISCUSSION / RECOMMENDATIONS</u>	<u>ACTION ITEMS (AI)</u>	<u>RESPONSIBLE PARTY</u>	<u>DATE</u>
QUALITY				
QUALITY AUDITS				
DENTAL	<u>Dental Encounter Closed Rate</u> Unlocked dental chart notes for 2021 are as follows: January-2 March – 2 March – 0	Remind providers to use tool to check for opened encounters	Dr. Cucuras	6/1/2021
	<u>Dental Encounters</u> <u>March 2021</u> 1. 655 Patients 2. 738 Total Encounters	Number will increase after clinics open on 4/5/2021	Dr. Cucuras	6/1/2021
	<u>Dental Triage</u> 162 Patients			

<p><u>Same Day Extractions</u> <u>NO Same Day Extractions</u></p> <p>105 (65%) 57 (35%)</p> <p><u>21 Day return</u></p> <p>28 Patients Returned within 21 days, of which:</p> <ul style="list-style-type: none"> – 11 were from same day extraction – 17 were from no same day extraction <p>11 Patients returned after 21 days, of which:</p> <ul style="list-style-type: none"> - 10 were from same day extraction - 1 was from no same day extraction <p>84 of same day extraction didn't return</p> <p>39 of no same day extraction didn't return</p>			
<p><u>Dental Sealants</u></p> <p>99%</p>			
<p><u>MDI / MDI WHO</u></p> <p><u>March 2021</u></p> <p>561 Unique patients seen in pediatrics</p> <p>83 Sick Patients</p>	<p>Only 1 MDI per unique patient in one month, review with hygienist not to do more than one MDI per month</p>	<p>Dr. Cucuras</p>	<p>6/1/2021</p>

	<p>16 With Dental Homes</p> <p>18 Patients with no availability in clinic</p> <p>478 Unique Patients for MDI</p> <ul style="list-style-type: none">– 315/478 MDI/Unique for MDI (66%)– 16 MDI had dental office– 18 No availability– 64/281 WHO/ MDI (23%) ideal 82/299 (27%)– 64/478 WHO/total pediatrics (13 %)																	
	<p><u>Dexis Imaging:</u></p> <p>0 lost (regained) radiographs for the month of March</p> <p>Dental Production as of February 2020 82%</p> <p>Dental Production as of April 2021 79%</p>																	
WOMEN’S HEALTH	<p><u>Prenatal Age</u></p> <table><tr><th>Age</th><th>Number of Patients</th></tr><tr><td>Less than 15 Years</td><td>0</td></tr><tr><td>Ages 15-19</td><td>1</td></tr><tr><td>Ages 20-24</td><td>3</td></tr><tr><td>Ages 25-44</td><td>26</td></tr><tr><td>Ages 45 and Over</td><td>0</td></tr><tr><td>Total</td><td>30</td></tr></table> <p>(Report with graph presented)</p>	Age	Number of Patients	Less than 15 Years	0	Ages 15-19	1	Ages 20-24	3	Ages 25-44	26	Ages 45 and Over	0	Total	30			
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Total	30																	
	<p><u>Entry into Care</u></p> <p>30 women entered into Care in the month of</p> <p>March. 21 - Entered into Care in the First trimester</p>																	

	<p>7 - Entered into care in the second trimester 2 - Entered into care in the third trimester</p> <p>27 - Entered into Care with the CL Brumback Primary care Clinics 2 - Had her first visit with another provider 1- Had initial provider not recorded.</p> <p>(Report with graph presented)</p>			
	<p><u>Deliveries & Birthweights</u> 9 Deliveries in the month of March.</p> <ul style="list-style-type: none"> – (<1500 grams) – 0 – (1500-2499 grams) – 0 – (>2500 grams) – 9 <p>(Report with graph presented.)</p>			
MEDICAL	<p><u>Medical Encounter Close Rate</u> Majority of providers are now closing documents within 2 days. For the month of March, the outlier was the behavioral health service line. There were 4 providers who averaged more than 2 days to close their encounters.</p>			
	<p><u>Hemoglobin A1C/Point of Care Testing</u> The uncontrolled diabetes measure data shows that our patients currently controlled at 63% while 24% uncontrolled (2050 diabetic patients total) and 13% of patients need data. There were 1,268 POC A1Cs (62% of Diabetic Patients). (Report with graph presented.)</p> <p>Boca (53), Lake Worth (42), and West Palm Beach (42) - have highest number of untested patients (needs data)</p>			

	<p><u>HPV Collaborative</u></p> <p>HPV March 2021 Patient Ages from 11 - 18</p> <table><tr><th colspan="3">Gardasil 9 (PF) 0.5 ML Intra Muscular</th></tr><tr><th>Department</th><th># Vaccines Administered</th><th># Unique Patients</th></tr><tr><td>Belle Glade</td><td>2</td><td>15</td></tr><tr><td>Boca</td><td>0</td><td>3</td></tr><tr><td>Jupiter</td><td>0</td><td>2</td></tr><tr><td>Lantana</td><td>54</td><td>162</td></tr><tr><td>West Palm Beach</td><td>16</td><td>44</td></tr><tr><td>Grand Total</td><td>72</td><td>233</td></tr></table> <p>Lantana is the primary user of this program.</p>	Gardasil 9 (PF) 0.5 ML Intra Muscular			Department	# Vaccines Administered	# Unique Patients	Belle Glade	2	15	Boca	0	3	Jupiter	0	2	Lantana	54	162	West Palm Beach	16	44	Grand Total	72	233			
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	<p><u>Referrals Per Patient Per Visit</u></p> <p>All providers averaged <3 referrals per patient and per visit</p> <p>Lake Worth Providers appear to have high referral rates for Gynecology.</p>																											
	<p><u>Diabetes Distress Scale</u></p> <p>None</p>																											
	<p><u>Blood Pressure Cuffs</u></p> <p>None</p>																											

BEHAVIORAL HEALTH	<p><u>MAT Census</u></p> <p>In MAT, we have 406 total patients enrolled. In March 2021 we enrolled 51 patients. Since reopening in March 2020, we have had an average of 41 intakes per month, which is higher than pre-COVID intake numbers.</p> <p>Overall Discharges are up to 11.08% from previous month but staying around an average of ~10.97% for the last twelve months. Types of discharges are tracked and finding that percent lost to follow-up has increased to 8.13%, which is below the mean.</p> <p>Readmission rate for March 2021 was 5.17%</p> <table><tr><td></td><td>March 2021 (n=406)</td></tr><tr><td>Phase 1</td><td>207</td></tr><tr><td>Phase 2</td><td>39</td></tr><tr><td>Phase 3</td><td>45</td></tr><tr><td>Phase 4</td><td>57</td></tr><tr><td>Vivitrol</td><td>10</td></tr><tr><td>Naltrexone</td><td>48</td></tr><tr><td></td><td>406</td></tr></table> <p>Question about the process behind classifying patients as either lost to follow-up or left the program; along with patients that have been declared or reported dead by family members.</p>		March 2021 (n=406)	Phase 1	207	Phase 2	39	Phase 3	45	Phase 4	57	Vivitrol	10	Naltrexone	48		406	<p>Peer review process to commence for patients who have passed.</p> <p>Shauniel to schedule a meeting to address the acquisition of patient death information from third-party and developing an SOP /</p>	Shauniel / Dr. Ziemba	6/1/2021
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		Workflow for confirming and documenting patient death, closing charts.		
	<p><u>ASU transitional Dashboard:</u></p> <p>132 Total Patients from 3/1/2021 – 3/31/2021</p> <ul style="list-style-type: none"> – 101 Walk-ins – 28 West Palm Beach Fire Rescue – 3 Police <p>121 Were discharged from the Hospital</p> <p>11 Were listed with No Discharge</p>			

	<p>Did the patient Make it to HCD?</p> <ul style="list-style-type: none">– 48 (36%) Yes– 78 (59%) No– 6 (5%) No Answer <p>Warm Handoff date</p> <ul style="list-style-type: none">– 48 (36%) Yes– 84 (64%) No																		
	<p><u>Care Coordinators:</u></p> <p>March Overview List of Care coordinators who are linking patients from the hospital to the MAT clinic 44 weekend registrations in March 2021 and 16 (36%) were registered to be seen by a provider in the following week.</p> <p>Overall ~46% of patients registered on weekends are seen in HCD</p>																		
	<p><u>Cage-Aid:</u> Over 4896 performed in the month of March. Very few positives (n= 275)but majority were in Mangonia Park and Lewis Center.</p> <table><tr><th>Total Score</th><th># Patients</th><th>%</th></tr><tr><td>Unscored</td><td>95</td><td>2.04%</td></tr><tr><td>Score = 0</td><td>4,276</td><td>91.94%</td></tr><tr><td>Score = 1</td><td>25</td><td>0.54%</td></tr><tr><td>Score = 2</td><td>21</td><td>0.45%</td></tr></table>	Total Score	# Patients	%	Unscored	95	2.04%	Score = 0	4,276	91.94%	Score = 1	25	0.54%	Score = 2	21	0.45%			
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	<table><tr><td>Score = 3</td><td>47</td><td>1.01%</td></tr><tr><td>Score = 4</td><td>187</td><td>4.02%</td></tr></table> <p>1.9% unscored which is an increase from 1.3% unscored in February 2021, unscored still highest in Lake Worth but improved in West Palm Beach and Delray Beach. Lantana is second highest in overall improvement.</p> <p>Comparing February 2021 and March 2021, there was an increase in the number of patients with Positive CAGE and no SBIRT but 15% increase in the rate. Lewis Center has the highest number at 88.</p> <p>(Report with graph presented.)</p>	Score = 3	47	1.01%	Score = 4	187	4.02%																	
Score = 3	47	1.01%																						
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	<p><u>SBIRT:</u> 53% of all patients who had SBIRT done in 2021 had it done in March.</p> <table><tr><td>2021</td><td>Unique Patients</td><td>%</td><td>Total # Encounters</td><td>%</td></tr><tr><td>Jan-21</td><td>91</td><td>100%</td><td>102</td><td>100%</td></tr><tr><td>Feb-21</td><td>74</td><td>45%</td><td>78</td><td>43%</td></tr><tr><td>Mar-21</td><td>168</td><td>50%</td><td>204</td><td>53%</td></tr></table> <p>The clinics improved overall from February 2021 to March 2021, and continued to out-perform the rest of 2021; going from 78 encounters to 204.</p>	2021	Unique Patients	%	Total # Encounters	%	Jan-21	91	100%	102	100%	Feb-21	74	45%	78	43%	Mar-21	168	50%	204	53%			
2021	Unique Patients	%	Total # Encounters	%																				
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	<p>SBIRTS continue to be higher in March 2021 than many months in 2020</p> <p>Lewis and Mangonia are doing the most SBIRTS.</p>			
	<p>Postive CAGE AID with no SBIRT in March 2021: 275 total cage aid positives resulted in no SBIRT, a regression over last month (53).</p> <p>Three Month Summary:</p> <ul style="list-style-type: none"> • January Positive with NO SBIRT = 27 • February Positive with NO SBIRT = 43 • March Positive with NO SBIRT = 154 			
	<p><u>PRAPARE:</u></p> <p>Of the 13,764 patients who had a PRAPARE Completed, 9% were positive with social needs. Less than 10% of the completed 9% dropped the order for referral Behavioral Health.</p> <p>i. Over half patients got prepare once; of those; 9% positive with social needs; 9% of those with social needs actually dropped positive prepare order.</p>			

	<p><u>PHQ 2/9</u> 42% of encounters got a phq2/9. Of which, very few were unscored (1%). 10% positive score over 5</p> <p>Were seen by the BHC - 88%</p> <p>Positive with no BH appointment is 12%, down from 16% in February. Looking at excel report, 3 in belle glade; 10 in Boca; 6 in Delray; 20 in Jupiter; 12 in lake worth; 8 in lantana; 0 in Mangonia Park; 9 in Lewis center; 7 west palm; of this whole list of 75 patients not seen by BHC.</p> <p>Unscored around 0.6%, a decrease from February (1%)</p> <p>10% positive rate based on >5. When epic comes, they consider a positive >10. We will also start with epic regarding an index episode as positive greater than 10 as it is not particularly spelled out with HRSA.</p>	<p>‘5 and above’ rule will change next month</p> <p>April re-worked jabber coordination, and have had increase in responding same day to +PHQ9 in Jupiter and Boca</p>	<p>Dr. Ziemba</p> <p>Dr. Ziemba</p>	<p>6/1/2021</p> <p>6/1/2021</p>
	<p><u>BH Productivity</u></p> <p>AOTP: = all licensed clinicians above 92% Registered Intern was in Training for part of March</p> <ul style="list-style-type: none"> Increasing case load; in March numbers productivity is 47% <p>General BH= all above 85%</p> <ul style="list-style-type: none"> BHC Provider Jones continues to have excellent numbers in productivity Dr. Ziemba’s numbers incorrect: days worked is actually 18, not 21 Averaging 8.2 per day = 100% 			

	<ul style="list-style-type: none"> Feb 2020 (Charokee visit): total BHC visits (excluded SUD): 678 <p>March 2021: total BHC visits (excluded SUD): 826</p>			
	<p><u>BH Director Update</u></p> <ol style="list-style-type: none"> All licensed clinical staff is bordering on burn-out <ul style="list-style-type: none"> AOTP has case load above 70 each for licensed clinician Having an impact on their own health, and many are extremely worried about patients not having enough care and attention General BH talk about how they are not recognized by the organization ; experiencing demoralization <ul style="list-style-type: none"> Negative view of number productivity as the only metric they are judged on Hiring additional BHC for both service lines is needed : <ul style="list-style-type: none"> To support the requests/ screening responses PCBH model can be much improved if there is room on the schedule for brief follow-ups BH Receiving Facilities connection needs to be strengthened: near daily “walk-ins” to clinics “ I was discharged and told to come here” <ul style="list-style-type: none"> Suggestion: Liaison with the Southeast Florida Behavioral Network 			
NURSING	<p><u>Higher Level of Care</u></p> <p>72 ER referrals/ 67 patients were sent to the ER in the month of March. There were 3 patients with multiple orders in March. Upon completion of chart review, all patients with multiple orders were appropriate. One patient was a no show for a Nurse appt. For the month of March, Carline St. Vil, ARNP, Delray, was the highest producer of HLC referrals with 17% (12) of ER referrals. Dr. Clarke, WPB peds, ordered 11% (8) of the ER referrals.</p>	Discussion needed to propose nurses calling their no-show nurse appointments.	Lisa/Angela	6/1/2021

	Jennifer Cassanova, ARNP for WH ordered 11% (8); Dr. Florez, WPB, ordered 7% (5); Dr. Dabu, ordered 7% (5).			
	<u>Tele Appts w/Fecal Occult Blood Orders</u> We can discontinue this moving forward.			
	<u>FIT Test</u> March 2021 There was a return rate of 42%. We are no longer reporting data by in-clinic and tele. There is an increase in missed opportunities for almost every clinic, Belle Glade is the highest with 41% missed opportunities. WPB is the lowest with 24% missed opportunities. (this is not taking into account Mangonia, Lewis Center and the BH clinics). Lake Worth is the highest for completed FIT tests at 50% and WPB at 47%. WPB has the highest completed and least missed opportunities. (Report with graph presented)	Share the report with the WPB clinic and find out their process for success. Discuss challenges with Belle Glade.	Lisa	6/1/2021
	<u>BYMY</u> No Report.			
QUALITY METRICS				
<u>UDS YTD March 2021</u> Of the 17 UDS Measures: 11 exceeded the HRSA Goal and 6 were short of the HRSA Goal (<i>Clinic Score/ HRSA Goal / Healthy People Goal</i>). <i>HIV screening was not included in this month analysis.</i> <i>*Athena reporting has known issues due to the updates being made to UDS 2020 reporting capabilities. Data not validated.</i>				
Medical UDS Report	Breast Cancer Screening: (60% HRSA / 65% <i>HCD</i>) Findings: We continue to meet HRSA goal	Interventions: None		

<p>Childhood immunization: (60%HRSA / 60% HCD)</p> <p>Findings: Small Universe</p>	<p>Interventions: Team to evaluate if historical vaccine entry is required.</p>	<p>Dr. Chibar</p>	<p>6/1/2021</p>
<p>Cervical Cancer Screening: (65%HRSA/61%HCD)</p> <p>Findings: Compared to the previous year, the clinics score below % HRSA goal this month.</p>	<p>Interventions: Medical Records department presented the project to start following requests of medical records needed for C.L. Brumback Clinics. The project was not approved due to budget constrictions. This project will be included in the budget for fiscal year 2022, which starts October 2021. It will then be presented for new approval.</p> <p>List of patients with missing cervical cancer screenings will be stratified by clinic and</p>	<p>Dr. Chibar Dr. Warren</p>	<p>5/4/2021</p>

	the list will be provided to clinic coordinators to follow with MAs and providers on the day of patient's appointment to close the gap.		
Weight assessment, Children & Adolescent: (90% HRSA /96 %HCD) Findings: We continue to meet HRSA goal	Interventions: None		
Adult Weight screening and follow up: (_90%HRSA /98%HCD) Findings: this metric shows us to be above HRSA goal. The Athena report discrepancy noted in the report for the month of February was corrected and current data is accurate.	Interventions: None		
Tobacco use screening & cessation: (93%HRSA /95%HCD) Findings: This metric is currently at goal.	Interventions: None		
Coronary Artery Disease CAD: (81%HRSA /85%HCD) Findings: We continue to meet HRSA goal	Interventions: None		
Ischemic Vascular Disease (IVD): (86%HRSA /87%HCD) Findings: This metric continues to reach HRSA goal.	Interventions: The patients who are missing the metric are going to be reviewed with the providers. The 18 records from the month of February were already reviewed.	Dr. Chibar Dr. Warren	6/1/2021
Colorectal Cancer Screening: (82%HRSA /42%HCD)			

	<p>Findings: Difficulty in getting FIT test returned from patients.</p> <p>Some patients may have colonoscopies in Allscripts that have not been updated in Athena</p>	<p>Interventions: - Encourage POD.</p> <p>- Custom report developed and dashboard created</p>	Dr. Chibar Dr. Warren	6/1/2021
	<p>HIV linkage: (85%HRSA / 100% HCD)</p> <p>Findings: We continue to meet the HRSA goal.</p>	Interventions: None		
	<p>Depression screening: (83% HRSA/95%HCD)</p> <p>Findings: We continue to meet the HRSA goal.</p>	Interventions: None		
	<p>Depression screening (Homeless): (83%HRSA /95%HCD)</p> <p>Findings: We continue to meet the HRSA goal.</p>	Interventions: None		
	<p>Hypertension: (80%HRSA / 65%HCD)</p> <p>Findings: These patients only include patients seen during the months of February and March 2021.</p> <p>The new metric definition changed and the population to follow now includes the previous year and the current year HTN patients.</p>	<p>Interventions: The 100 BP cuff obtained through the AHA grant will be distributed to patients with uncontrolled HTN 150/90 or greater that are uninsured. Nurses in the clinics will have the list of patients.</p>	Dr. Chibar Dr. Warren	6/1/2021

	<p>Education and monitoring guidance for the patient and training for the nurses will be done in collaboration between Angela and Kara Baker.</p> <p>An initial report to quantify number of patients who had a HTN diagnosis was pulled from Tableau to determine how many patients from 2020 have not seen in 2021 and need appointments.</p>		
<p>Diabetes: (67%HRSA / 63%HCD)</p> <p>Findings: There has been an increase in the number of patients with uncontrolled diabetes 55% vs. 45% in February. This does not account for patients who did not have a test performed during the 2 months prior to March.</p>	<p>Interventions: POC HgbA1c testing implemented to increase patient compliance.</p> <p>The Diabetes Care and Education Specialist is currently reviewing information and</p>	<p>Dr. Chibar Dr. Warren</p>	<p>6/1/2021</p>

		<p>strategies to develop self-education diabetes program.</p> <p>The diabetes distress scale pilot project to assess what areas the patient with uncontrolled diabetes is having more difficulty to manage diabetes initial meeting at Delray Clinic was done. Follow meeting with director of nursing is pending to decide final implementation.</p> <p>The list of combined uncontrolled diabetic and HTN patients was pulled by clinic. Follow-up of these patients by each individual clinic needs to be discussed.</p>		
	<p>Diabetes (Migrant): (67%HRSA /52%HCD)</p> <p>Findings: This population had a better performance compared to the general population of diabetic patients.</p>	<p>Interventions: POC HbA1c POC initiative will continue and reaching to set appointments for the patients with missing data or uncontrolled.</p>	<p>Dr. Chibar Dr. Warren</p>	<p>6/1/2021</p>

EPIC	Appointment Conversion: None			
	Chart Abstraction: None			
PATIENT RELATIONS				
CLINIC SERVICE CENTER	<u>Call Center Statistics</u> <p>For March 2021, there were 69,759 calls received, which is a 9% decrease from the prior month. Of these calls, there were 28,247 unique numbers which is a 11% decrease from last month. The highest call volumes an were between 10:00am and 11:00am, followed by 9:00am to 10:00pm. Highest call volumes are typically on Mondays however, due to increased demand for COVID testing and vaccines, there have been higher call volumes throughout the week. The highest call volumes continue to occur on Mondays, with the highest all volume occurring on 3/1/2021 at 3,945 calls. All voicemails for the month were responded to.</p> <p>End-of-month voicemailbox report presented and each Department's mailbox activity reported between October 2020 thru March 2021. Due to decreased call volume, the Clinic Service Center is tending to the CAC voicemailboxes and providing callers information on the District Cares Voucher program as needed. Meetings are being held to evaluate the current phone tree and will be revising to reflect current operations.</p> <u>CSC Productivity</u>			

	<p>For March 2021, the Clinic Service Center started with 20 agents with one resigning on the third of the month. One agent was reassigned to Vaccine administration sites. Agents continued with outbound call campaigns, chart conversions and provided occasional coverage at the vaccine administration sites.</p> <ul style="list-style-type: none"> • Total handled calls have increased by 14% <ul style="list-style-type: none"> ▪ Total Calls Handled – increased from 24,207 to 27,514 total calls ranging between 52 and 2,529 calls per agent ▪ Average Calls per Hours Worked – Ranged between 2.3 and 15.1 calls per hour • Total scheduled appointments decreased by 34% <ul style="list-style-type: none"> ▪ Total # of Appointment Scheduled – decreased from 13, 852 to 9,043. Total appointments ranging between 80 and 857 appointments per agent • # of appointment scheduled by appointment type – 50% of all appointments scheduled were for COVID19 testing and vaccinations. (last month = 82%) • Trends over time reported. • Clinic Service Center completed all received voicemails and remain at zero. • The Clinic Service Center (CSC) have been responding to the Certified Application Counselors voice mailboxes and returning calls to patients who have questions about the District Cares Voucher Programs. <p>There seems to be concern with where the number of calls received by some CSC staff that do not translate to appointments.</p> <p>David is working on a dashboard with CSC productivity information for the QPSC and June Clinic Board</p>			
		David and Alexa to present their findings	David/Alexa	6/1/2021

	<p>Outbound Campaign – Cancer Screenings (Breast, Cervical, Colorectal)</p> <p>During April 2021, the Clinic Service Center conducted an outbound call campaign to schedule patients who are due for a Cervical, Breast, and/or Colorectal Cancer Screening this calendar year. Of the 4,250 patients called, 636 (15%) appointments were scheduled. There were also 114 (3%) patients that reported already receiving the screening. Of the patients called there were 559 patients that reported they have a new PCP and are no longer a patient of the clinic.</p> <p>Agents are now conducting an Outbound Campaign for Uncontrolled Diabetes and will be soon conducting a Dental Outreach Campaign.</p> <p>(Report with graphs presented)</p>	<p>from the Live monitoring, etc.</p> <p>David's team will continue to follow-up with patients that have not yet been reached.</p>	David	6/1/2021
SURVEY RESULTS	<p><u>Patient Satisfaction Survey</u></p> <p>In March 2021, there were 299 Patient Satisfaction Surveys completed across 8 clinics. This is a 37% increase from last month. This brings the total surveys received this year to 817. Of the 299 surveys, the highest rate of return was by the West Palm Beach clinic with 83 surveys (28% of total). The lowest rate of return was the Mangonia Park clinic with 0 completed surveys. Of the 299 surveys completed, 58% were completed in English, 36% of surveys were completed in Spanish and 6% were completed in Creole. The</p>			

	<p>majority of patients surveyed identified as Female. The majority of surveys were completed for individuals aged 1- to 9- years old. Most surveys were completed following an in-person, adult medical appointment. Patients prefer to be seen Monday mornings. Roll-Up report for each clinic presented and will be sent to Clinic Supervisors for display as patient-facing content. Significant findings include: Increased response form Creole speaking patients, Newborns and Walk-In patients.</p> <p>Patients are least satisfied with the ability to communicate directly with clinics by phone, ease of scheduling appointments, Providers providing details about new medications prescribed, and Providers listening carefully and respectfully to patients.</p> <p>To improve the rate of return, signs were created containing a QR code that links to the Clinics 2021 Patient Satisfaction Survey. Signs were sent to clinics and to be placed in exam rooms for all service lines.</p> <p>Dr. Andric requested the PSS Data be trended.</p> <p>Team will look to see if we can use grant funds to look to outsource the agile point project in order to have tableau dashboard.</p> <p>(Patient Satisfaction Survey PowerPoint presented)</p>	<p>David will send Dashboards to Ivonne for her to trend for next month's meeting.</p> <p>Andrea will reach out to Patty for options.</p>	<p>David / Ivonne</p> <p>Andrea</p>	<p>6/1/2021</p> <p>6/1/2021</p>
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	<p><u>Voicemails</u></p> <p>We seem to have a shortage in Creole-speaking referral clerks</p> <p>David will re-route Trauma Voicemails to Dr. Grbic / Marguerite.</p>	<p>David will assign a CSC staff member to check these mailboxes. He will communicate with Marguerite on process.</p> <p>Dr. Grbic to discuss with Marguerite if they would like to receive trauma Voice Mails</p>	David	6/1/2021
	<p><u>Patient Cycle Time</u></p> <p>The overall Clinic Patient Cycle Time (PCT) for continues to decrease. In March 2021 the overall clinic PCT for in-person appointments decreased by one minute and fifty-three seconds (1:53) and Tele Health appointments decreased by one minute and thirty-six seconds (1:36) when compared to the previous month.</p> <p>Overall In-Person Appointments:</p> <ul style="list-style-type: none"> • Phase 1: Check In - PCT decreased by 6 seconds. • Phase 2: Intake – PCT increased by 13 seconds. • Phase 3: Exam – PCT decreased by 25 seconds. • Phase 5: Check Out – PCT decreased by 34 seconds • Total Wait Time – decreased by 15 seconds • Total Active Time – decreased by 55 seconds <p>Overall Tele Health Appointments:</p>	<p>Send reports to Clinics and post on Quality Board</p>	David	6/1/2021

	<ul style="list-style-type: none"> • Phase 1: Check In - PCT decreased by 6 seconds. • Phase 2: Intake – PCT decreased by 34 seconds. • Phase 3: Exam – PCT increased by 11 seconds. • Phase 5: Check Out – PCT decreased by 1:59. • Total Wait Time – increased by 51 seconds. • Total Active Time – decreased by 2:16. <p>Patient Cycle Time By Service Type (in Person / Telehealth)</p> <ul style="list-style-type: none"> • Adult – Increased by 14 seconds/ Decreased by 2:06 • Adult/Peds - Decreased by 1:26/ Decreased by 4:28 • Behavioral Health - Decreased by 7:27/ Increased by 3:49 • OB/GYN - Increased by 53 seconds / Increased by 47:30 • Pediatric - Decreased by 2:29/ Increased by 6:36 • Substance Abuse - Decreased by 8:13/ Decreased by 21:49 <p>Patient Cycle Times for all clinics and service types presented and to be displayed as Employee-facing content in clinics.</p> <p>(Report with graphs presented)</p>			
	<p><u>Next Third Available</u></p> <p>Next Third Available presented as of 5/3/2021. In this report, COVID appointments were removed in order to focus on Clinic appointments and access. Report presented as a roll up report and by clinic. One Adult Medical provider is out on leave and removed from the report.</p> <p>Clinic Specific Reports</p> <p>Belle Glade</p> <ul style="list-style-type: none"> • Medical – Ranges from 18 days to 40 days (6/12/2021) • Nursing – Ranges from 50 to 60 days (7/2/2021) 			

	<ul style="list-style-type: none"> • Dental – zero (0) days • Residents – Range from 7 days to 38 days (6/10/2021) <p>Boca Raton</p> <ul style="list-style-type: none"> • Medical – Ranges from 10 days to 75 days (6/12/2021) • NOTE: One provider is at 56 days but on leave • Nursing – zero (0) days <p>Delray Beach</p> <ul style="list-style-type: none"> • Medical – Ranges from 10 days to 75 days (7/17/2021) • Nursing – Ranges from 50 to 60 days (7/2/2021) • Dental – zero (0) days <p>Jupiter</p> <ul style="list-style-type: none"> • Medical – Ranges from 11 days to 18 days (5/21/2021) • Nursing – zero (0) days <p>Lake Worth</p> <ul style="list-style-type: none"> • Medical – Ranges from 12 days to 15 days (5/21/2021) • Nursing – one (1) day • Woman’s Health – 15 days (5/18/2021) <p>Lantana</p> <ul style="list-style-type: none"> • Medical – Ranges from 8 days to 47 days (6/19/2021) • Pediatrics - Ranges from 1 day to 2 days (5/5/2021) • Nursing – zero (0) days • Dental Adult – Ranges from 0 days to 3 days (5/6/2021) • Dental Peds – 119 days (8/30/2021) <p>Lewis Center</p> <ul style="list-style-type: none"> • Psychiatry – 59 days (7/1/2021) • Behavioral Health – 59 days (7/1/2021) • Medical – zero (0) days <p>Mangonia Park</p>			
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	<ul style="list-style-type: none"> • Psychiatry – Ranges from 2 days to 3 days (5/6/2021) • Behavioral Health – 59 days (7/1/2021) • Medical – zero (0) days <p>West Palm Beach</p> <ul style="list-style-type: none"> • Medical – Ranges from 29 days to 59 days (7/1/2021) • Pediatrics – Ranges from 10 days to 42 days (6/14/2021) • Nursing – zero (0) days • Dental Adult – 31 days (6/3/2021) <p>It appears as if Dr. Medard has an open schedule</p> <p>There are providers (Cesaire-Jean, Duthil) who have open schedules in Boca when they should not. It is possible that this has to do with them covering for others.</p> <p>Walk-In Report</p> <p>Belle Glade – Adult medical ranges from 16 to 18 days; Dental triage is zero (0) days.</p> <p>Boca Raton – Ranges from 0 to 29 days</p> <p>Delray Beach – Ranges from 0 to 4 days; Dental triage is zero (0) days.</p> <p>Jupiter – Ranges from 1 day to 15 days</p> <p>Lake Worth – 0 days</p> <p>Lantana – Adult ranges from 0 to 3 days; Pediatrics range from 0 to 1 day.</p> <p>Lewis Center – Psychiatry is 59 days; Adult medical is zero (0) days</p> <p>Mangonia Park – Psychiatry is 16 days; Adult medical is zero (0) days</p> <p>West Palm Beach – Adult ranges from 0 days to 1 day; Pediatrics is 0 days; Dental triage is zero (0) days</p>	David to follow up on why Dr. Medard has an open schedule in Belle Glade	David	6/1/2021
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	<p><u>PDCA – Whole Person Care</u></p> <p>A PDCA addressing whole-person care, self-management support and comprehensiveness was launched March 15, 2021. In this PDCA, we reviewed data from 7,171 PRAPAREs and 75 Unite us referrals and tried to find ways to improve patient care by marrying the two.</p> <p>We found that of the 7,171 PRAPAREs administered in Q1 2021:</p> <ul style="list-style-type: none"> • 625 (9%) were positive, indicating that the patients had needs that fell under the social determinants of health. <p>Of these 625 patients</p> <ul style="list-style-type: none"> • There were 317 (51%) patients with positive PRAPAREs not seen by a behavioral health consultant. • There were 308 (49%) patients with positive PRAPAREs seen by a behavioral health consultant. <p>Of the 308 patients that saw a BHC</p> <ul style="list-style-type: none"> • 26 (8%) patients were provided with a referral in the Unite Us platform, and • 292 (92%) patients who scored positively on the PRAPARE and seen by a BHC were not referred to a service to help address their SDOH needs. <p>In a breakdown of the 75 Unite Us referrals sent in Q1-2021:</p> <ul style="list-style-type: none"> • 26 (35%) of the patients that received a Unite Us referrals also received a positive PRAPARE and BHC appointments. • 49 (65%) of the patients that received a Unite Us referral did NOT receive a positive PRAPARE. <p><u>Two BHC Champions</u> – Dr. Adriana Ziemba, Karen Hirsch. We can meet with them to follow their process, find and address possible barriers for their colleagues to improve across the board.</p>	<p>Train Providers to review positive PRAPARE scores and drop referrals to the BHC</p> <p>Train BHCs to identify Social Determinants of Health, identified in positive PRAPARE's and make an appropriate referral in the Unite PBC platform.</p> <p>Track and Trend after training and compare Q2 data to Q1 data.</p> <p>Possibly add this as another productivity metric influencing KPIs.</p> <p>Break down and target Clinic Specific needs and find partners to help address them.</p> <p>Follow-up with patients that did not receive a BH appointment.</p>	<p>David / Jonathan</p>	<p>6/1/2021</p>
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GRIEVANCES, COMPLAINTS & COMPLIMENTS	<p><u>Patient Relations Report</u></p> <p>For March 2021, there were a total of 22 Patient Relations Occurrences that occurred between 5 clinics, Fairgrounds and Clinic Administration. Of the 22 occurrences, there were 8 Grievances and 14 Complaints. The top 5 categories were Care & Treatment, Respect Related, Finance, Communication and Physician Related. The top subcategory with 9 Complaints and Grievances was Care & Treatment followed by respect Related with 5 Complaints and Grievances. There were also 40 compliments received across 5 clinics, South County Civic Center, Fairgrounds and Clinic Administration.</p> <p>Compliments were greater than complaints and grievances. There seems to have been an increase in Admin complaints. Most of these are due to the Clinic Service Center and District Cares.</p> <p><i>[PowerPoint presented with roll up of each clinic]</i></p>		Alexa	6/1/2021
UTILIZATION				
OPERATIONS	<p><u>Productivity (based on checked-in appts)</u></p> <p>10,750 visits all clinics.</p> <p>Payer Mix is as follows: Uninsured – 58 % Medicaid – 25 % HMO – 2 % Medicare Part B – 2 % Group policy – 8 %, Commercial- 4 %, Other- 1 %</p>			

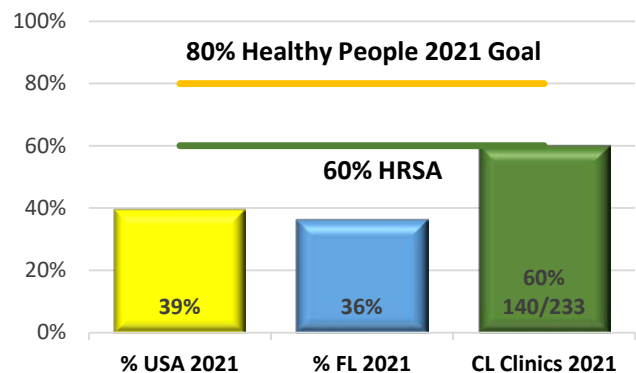
	<table><tr><th colspan="2">Service Line</th><th>Target</th><th>Actual</th></tr><tr><td rowspan="2">Adult</td><td>In-Person</td><td>5171</td><td>4859</td></tr><tr><td>Telehealth</td><td>556</td><td>546</td></tr><tr><td rowspan="2">Pediatric</td><td>In-Person</td><td>1448</td><td>1371</td></tr><tr><td>Telehealth</td><td>10</td><td>8</td></tr><tr><td rowspan="2">Behavioral Health</td><td>In-Person</td><td>1235</td><td>1244</td></tr><tr><td>Telehealth</td><td>781</td><td>643</td></tr><tr><td>Dental</td><td>In-Person</td><td>1016</td><td>803</td></tr><tr><td rowspan="2">Women’s Health</td><td>In-Person</td><td>319</td><td>371</td></tr><tr><td>Telehealth</td><td>1</td><td>1</td></tr><tr><td rowspan="2">Substance Abuse</td><td>In-Person</td><td>694</td><td>646</td></tr><tr><td>Telehealth</td><td>349</td><td>258</td></tr></table>	Service Line		Target	Actual	Adult	In-Person	5171	4859	Telehealth	556	546	Pediatric	In-Person	1448	1371	Telehealth	10	8	Behavioral Health	In-Person	1235	1244	Telehealth	781	643	Dental	In-Person	1016	803	Women’s Health	In-Person	319	371	Telehealth	1	1	Substance Abuse	In-Person	694	646	Telehealth	349	258			
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	<p>Visit Breakdown: n= 10,750</p> <ul style="list-style-type: none">– 14 % Telehealth– 86 % In-Person <p><i>(Clinic productivity report with graphs were presented)</i></p>																																														
	<p><u>No Show Rates</u></p> <p>No Show Rate slightly increased in March to 28.4% which about 0.5% more than February.</p>																																														

	(Report with graph presented)			
OUTREACH SUMMARY	COVID-19 Vaccines: As of 5/3/2021 <ul style="list-style-type: none"> – 187,821 Total Vaccinations Given – 90,946 Moderna Received – 133,707 Pfizer Received – 54,021 inventory on hand – 56% Female – 44% Male 			
	COVID-19 Testing: 3/1/2020 – 3/31/2021 <ul style="list-style-type: none"> – 6,352 Tests – Highest Positives <ul style="list-style-type: none"> ○ 11-20: 15% ○ 20-30: 16% ○ 30-40: 19% ○ 40-50: 14% ○ 50-60: 15% – Positives: <ul style="list-style-type: none"> ○ Male – 47% ○ Female – 53% – In the Past 30 days, the rate of Positivity is at 8% for Palm Beach County 			
Meeting Adjourned: 4:30 PM				



C. L. BRUMBACK PRIMARY CARE CLINICS
YTD March 2021

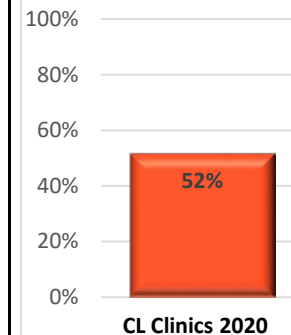
CHILDHOOD IMMUNIZATION



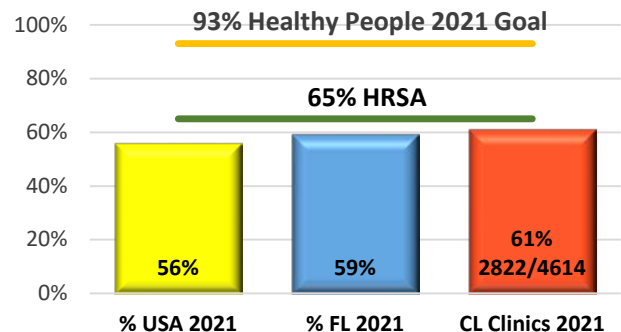
Findings: 1. Small universe.

Team to evaluate if historical vaccine entry is needed.

Interventions: 1.



CERVICAL CANCER SCREENING

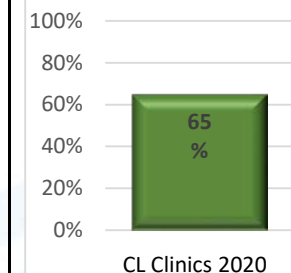


Findings: 1. Compared to February the score increased by 5%. 2. The QMR report is not capturing PAP smears done with HPV co-testing.

Interventions: 1. List of patients with missing cervical cancer screenings will be stratified by clinic and the list will be provided to clinic supervisors to follow with MAs and providers on the day of patient's appointment to close the gap.

2. Providers will be reminded of proper documentation as per peer review findings related to cervical cancer screening.

3. Patient's with no schedule appointments and missing the metric will be scheduled by the call center.

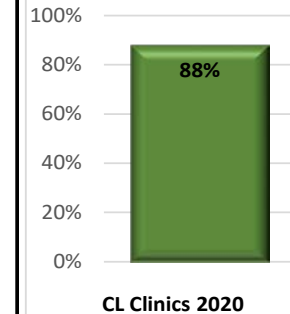
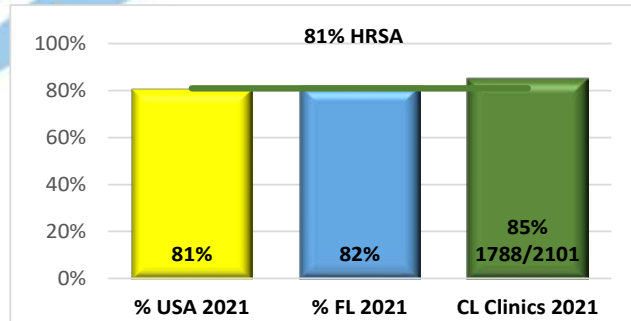




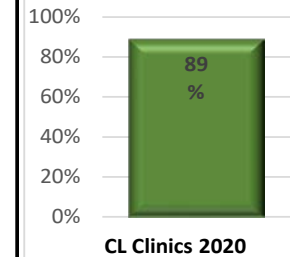
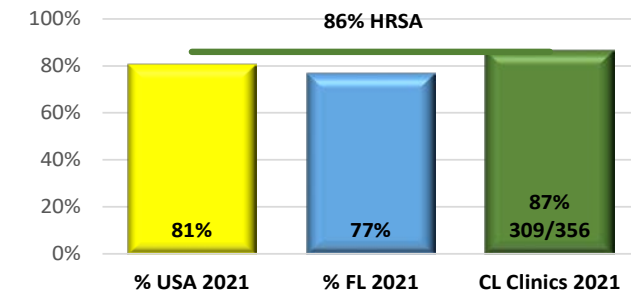
WEIGHT SCREENING AND COUNSELING FOR CHILDREN AND ADOLESCENTS																		
<table><tr><th>Category</th><th>Percentage</th><th>Count</th></tr><tr><td>% USA 2021</td><td>69%</td><td></td></tr><tr><td>% FL 2021</td><td>79%</td><td></td></tr><tr><td>CL Clinics 2021</td><td>96%</td><td>1039/1081</td></tr></table>	Category	Percentage	Count	% USA 2021	69%		% FL 2021	79%		CL Clinics 2021	96%	1039/1081		<table><tr><th>Category</th><th>Percentage</th></tr><tr><td>CL Clinics 2020</td><td>93%</td></tr></table>	Category	Percentage	CL Clinics 2020	93%
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ADULT WEIGHT SCREENING AND FOLLOW UP																		
<table><tr><th>Category</th><th>Percentage</th><th>Count</th></tr><tr><td>% USA 2021</td><td>70%</td><td></td></tr><tr><td>% FL 2021</td><td>81%</td><td></td></tr><tr><td>CL Clinics 2021</td><td>98%</td><td>7680/7832</td></tr></table>	Category	Percentage	Count	% USA 2021	70%		% FL 2021	81%		CL Clinics 2021	98%	7680/7832		<table><tr><th>Category</th><th>Percentage</th></tr><tr><td>CL Clinics 2020</td><td>97%</td></tr></table>	Category	Percentage	CL Clinics 2020	97%
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TOBACCO USE SCREENING AND CESSATION INTERVENTION																		
<table><tr><th>Category</th><th>Percentage</th><th>Count</th></tr><tr><td>% USA 2021</td><td>88%</td><td></td></tr><tr><td>% FL 2021</td><td>90%</td><td></td></tr><tr><td>CL Clinics 2021</td><td>95%</td><td>3227/3381</td></tr></table>	Category	Percentage	Count	% USA 2021	88%		% FL 2021	90%		CL Clinics 2021	95%	3227/3381		<table><tr><th>Category</th><th>Percentage</th></tr><tr><td>CL Clinics 2020</td><td>97%</td></tr></table>	Category	Percentage	CL Clinics 2020	97%
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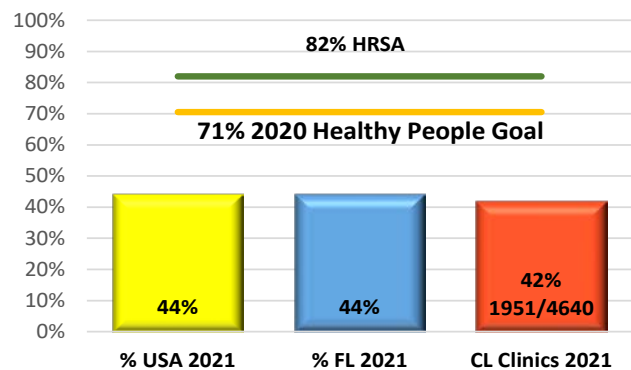
CORONARY ARTERY DISEASE (CAD): LIPID THERAPY



ISCHEMIC VASCULAR DISEASE (IVD): Antiplatelet Therapy

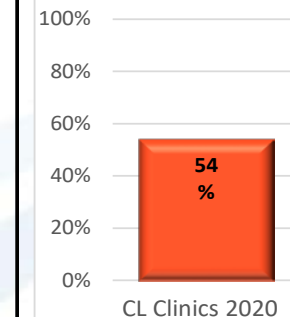


COLORECTAL CANCER SCREENING



Findings: 1. Difficulty in getting FIT test returned from patient. 2. Some patients may have colonoscopies in Allscripts that have not been updated in Athena.

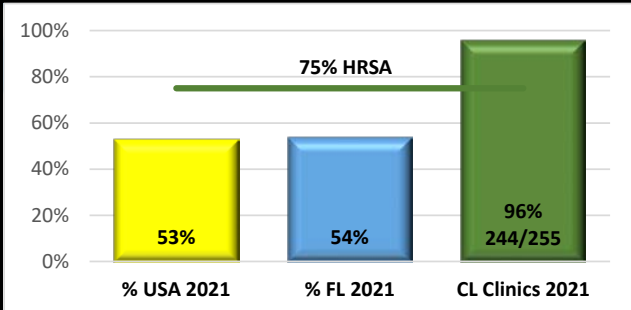
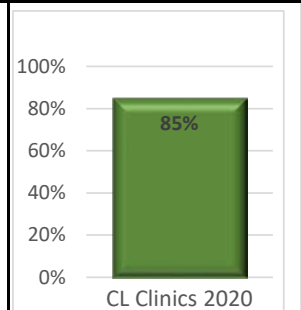
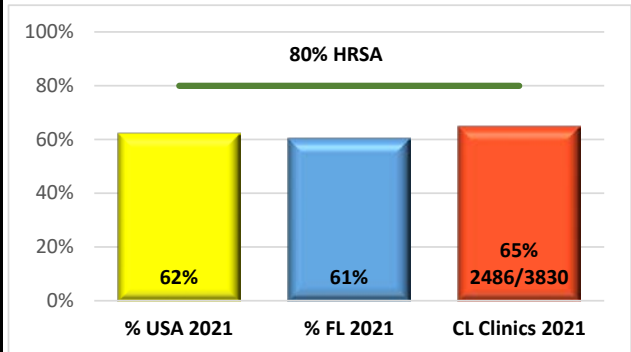
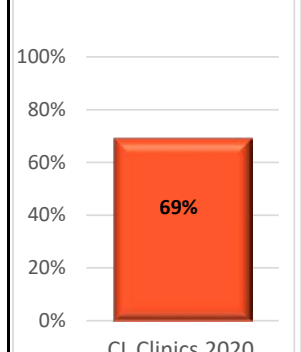
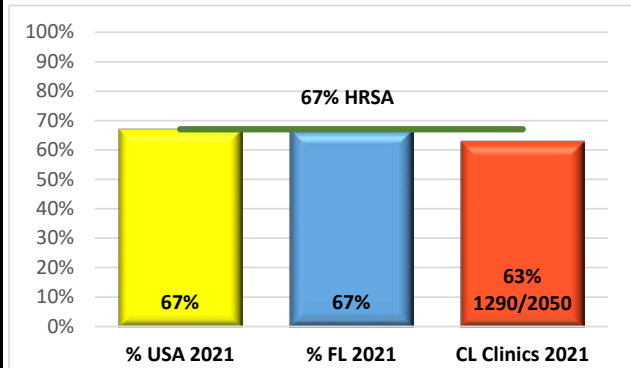
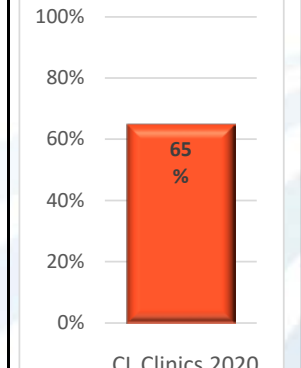
Interventions: 1. Encourage POD. 2. More robust patient follow up through phone call reminders. 3. Custom report developed and dashboard created 4. Work on importing colonoscopy quality data into Athena. 5. Plan charity colonoscopy program with community partners for uninsured patients.





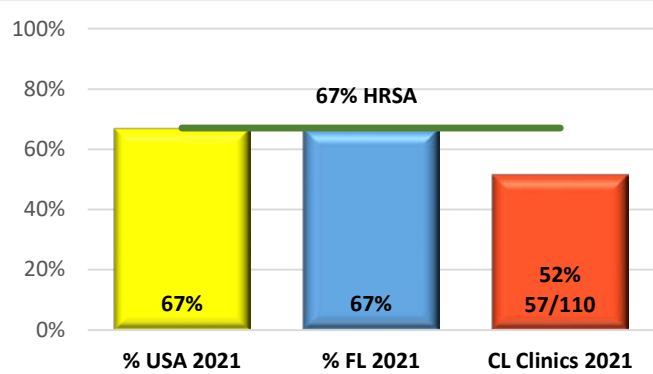
HIV LINKAGE TO CARE														
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PATIENTS SCREENED FOR DEPRESSION AND FOLLOW-UP SPECIAL POPULATION: HOMELESS														
<table><tr><th>Category</th><th>Value</th></tr><tr><td>% USA 2021</td><td>71%</td></tr><tr><td>% FL 2021</td><td>78%</td></tr><tr><td>CL Clinics 2021</td><td>95% 800/843</td></tr></table>	Category	Value	% USA 2021	71%	% FL 2021	78%	CL Clinics 2021	95% 800/843		<table><tr><th>Category</th><th>Value</th></tr><tr><td>CL Clinics 2020</td><td>95%</td></tr></table>	Category	Value	CL Clinics 2020	95%
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DENTAL SEALANTS														
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HYPERTENSION														
 <table><tr><th>Category</th><th>Value</th></tr><tr><td>% USA 2021</td><td>62%</td></tr><tr><td>% FL 2021</td><td>61%</td></tr><tr><td>CL Clinics 2021</td><td>65% 2486/3830</td></tr></table>	Category	Value	% USA 2021	62%	% FL 2021	61%	CL Clinics 2021	65% 2486/3830	<p>Findings: 1. These patients only include patients seen during the months of January and February, 2021. 2. the metric improved by 4% when comparing to the month of February.</p> <p>Interventions: 1. The SOP for BP cuff from the AHA is finalized. Training will start at the beginning of May with the clinic nurses. Kara Baker will lead the training. 2. The new metric definition report including the 2020 population is been finalized to present the updated measure next month. 3. The call center will receive the monthly list of patients that are uncontrolled, needs data and do not have an appointment to schedule appointments. 4. The hypertension guidelines for C L Brumbak are bee revised during the month of May to set a future training for medical providers.</p>	 <table><tr><th>Category</th><th>Value</th></tr><tr><td>CL Clinics 2020</td><td>69%</td></tr></table>	Category	Value	CL Clinics 2020	69%
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DIABETES														
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Category	Value													
CL Clinics 2020	65%													

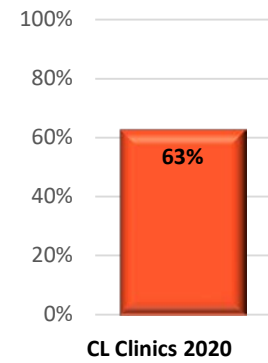


DIABETES FOR SPECIAL POPULATIONS: MIGRANT

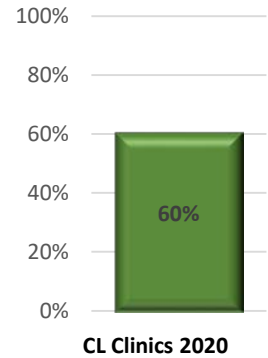
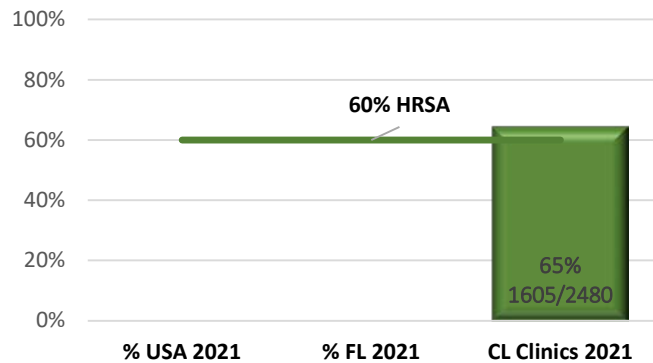


Findings: Compared with the general diabetic population there is a lower number of uncontrolled diabetics among this population.

Interventions: POC HbA1c POC initiative will continue and reaching to set appointments for the patients with missing data or uncontrolled.



BREAST CANCER SCREENING



PRODUCTIVITY MARCH 2021

ALL PROVIDERS

AS 03/31/2021 Based on Checked-In App

<51%

>=51% and < 80%

>= 80% and <100%

>= 100%

ADULT CARE												
Provider	Daily Target	Days Worked	Target for the Month			Total for the Month Seen			% Monthly Target Achieved		Daily Average	
			In-Person	Telehealth	Total	In-Person	Telehealth	Total				
Alfonso_Puentes_Rami	18	23	396	9	405	362	91%	4	44%	366	90%	15.9
Cesaire_Jean_Rose_Ca	16	18	279	1	280	212	76%	0		212	76%	11.8
Dabu_Viray_Dabu	18	22	380	7	387	350	92%	6	86%	356	92%	16.2
Estime_Guerlyne	14	13	175	0	175	125	71%	0		125	71%	9.6
Florez_Gloria	18	23	405	0	405	355	88%	0		355	88%	15.4
Harberger_Seneca & Residents	18	14	225	0	225	350	156%	0		350	156%	25.0
Inacio_Vanessa	18	18	176	139	315	174	99%	142	102%	316	100%	17.6
JeanJacques_Fernique	16	12	192	0	192	206	107%	0		206	107%	17.2
Lam_Minh_Dai	16	22	99	245	344	122	123%	285	116%	407	118%	18.5
Montenegro_Claudia	18	23	405	0	405	369	91%	0		369	91%	16.0
Navarro_Elsy	16	23	220	140	360	208	95%	106	76%	314	87%	13.7
Perez_Daniel & Residents	16	9	147	0	147	165	112%	0		165	112%	18.3
Philistin_Ketely	16	23	354	6	360	311	88%	0		311	86%	13.5
Pierre_Louis_Joanne	16	19	293	3	296	292	100%	0		292	99%	15.4
SANCHEZ_MARCO	16	23	360	0	360	316	88%	0		316	88%	13.7
Secin_santana_delvis	18	18	314	1	315	247	79%	0		247	78%	13.7
Shoaf_Noremi	16	23	356	4	360	320	90%	3	75%	323	90%	14.0
St_VilJoseph_Carline	16	23	359	1	360	357	99%	0		357	99%	15.5
Zito_Amalinnette	9	4	36	0	36	18	50%	0		18	50%	4.5
ADULT CARE TOTALS		353	5,171	556	5,727	4,859	94%	546	98%	5405	94%	

PEDIATRIC CARE												
Clarke_Aaron_Noella	18	21	369	0	369	382	104%	0		382	104%	18.2
Dessalines_Duclos	18	23	405	0	405	355	88%	0		355	88%	15.4
Lazaro_Nancy	18	16	270	9	279	266	99%	8	89%	274	98%	17.1
Normil_Smith_Sherlou	18	23	404	1	405	368	91%	0		368	91%	16.0
PEDIATRIC CARE TOTALS		83	1,448	10	1,458	1,371	95%	8	80%	1379	95%	

WOMEN'S HEALTH CARE												
Casanova_Jennifer	16	20	319	1	320	371	116%	1	100%	372	116%	18.6
WOMEN'S HEALTH CARE TOTALS		20	319	1	320	371	116%	1	100%	372	116%	

BEHAVIORAL HEALTH												
Alicia_Pinto	11	20	119	107	226	117	98%	91	85%	208	92%	10.4
Alvarez_Franco	18	23	181	224	405	179	99%	174	78%	353	87%	15.3
Angela_Mitchell	11	22	132	119	251	142	108%	113	95%	255	102%	11.6
Calderon_Nylsa	12	17	121	77	198	108	89%	65	84%	173	87%	10.2
Dorvil_Stephany	12	3	35	1	36	36	103%	0		36	100%	12.0
Hirsch_Karen	12	19	157	65	222	151	96%	61	94%	212	95%	11.2
JONES_KIARA	12	23	239	31	270	248	104%	23	74%	271	100%	11.8
Morant_Alicia	11	23	167	93	260	186	111%	68	73%	254	98%	11.0
Ziamba_Adriana	8	21	84	64	148	77	92%	48	75%	125	84%	6.0
BEHAVIORAL HEALTH TOTALS		171	1,235	781	2,016	1,244	101%	643	82%	1887	94%	

SUBSTANCE ABUSE												
Bell_Emily	16	23	339	21	360	279	82%	15	71%	294	82%	12.8
Rexach_Claudia	12	20	102	132	234	138	135%	117	89%	255	109%	12.8
Romain_Reynette	10	22	115	100	215	149	130%	103	103%	252	117%	11.5
Courtney Phillips	8	7	36	20	56	17	47%	3	15%	20	36%	2.9
FARAH_CRISTINA	11	17	102	76	178	63	62%	20	26%	83	47%	4.9
SUBSTANCE ABUSE TOTALS		89	694	349	1,043	646	93%	258	74%	904	87%	

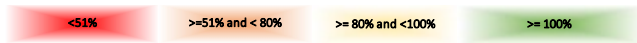
DENTAL												
Alonso_Zenaida	16	2	32		32	14	44%			14	44%	7.0
Cucuras_John	16	1	16		16	15	94%			15	94%	15.0
Silva_Michelle	15	3	40		40	21	53%			21	53%	7.0
Alwehaib_Arwa	16	1	16		16	9	56%			9	56%	9.0
Dental_MDI-LAN	16	18	288		288	319	111%			319	111%	17.7
Rotella_Robert	16	22	344		344	197	57%			197	57%	9.0
Zangeneh_Yasmine	16	18	280		280	228	81%			228	81%	12.7
DENTAL TOTALS		65	1,016		1,016	803	79%			803	79%	

GRAND TOTAL		781	9,883	1,697	11,580	9,294	94%	1,456	86%	10,750	93%	
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PRODUCTIVITY MARCH 2021

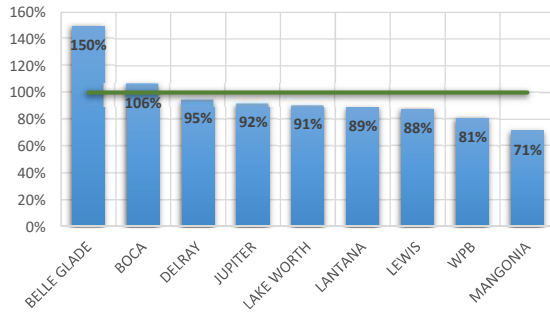
ALL CLINICS

AS 03/31/2021 Based on Checked-In App

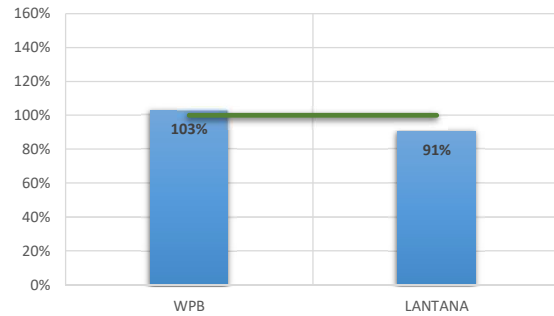


Category AS 03/31/2021	Target for the Month			Total for the Month Seen			% Monthly Target Achieved
	In-Person	Telehealth	Total	In-Person	Telehealth	Total	
ADULT CARE	5,171	556	5,727	4,859 94%	546 98%	5,405	94%
PEDIATRIC CARE	1,448	10	1,458	1,371 95%	8 80%	1,379	95%
WOMEN'S HEALTH CARE	319	1	320	371 116%	1 100%	372	116%
BEHAVIORAL HEALTH	1,235	781	2,016	1,244 101%	643 82%	1,887	94%
SUBSTANCE ABUSE	694	349	1,043	646 93%	258 74%	904	87%
DENTAL	1,016	0	1,016	803 79%	0	803	79%
Grand Total	9,883	1,697	11,580	9,294 94%	1,456 86%	10,750	93%

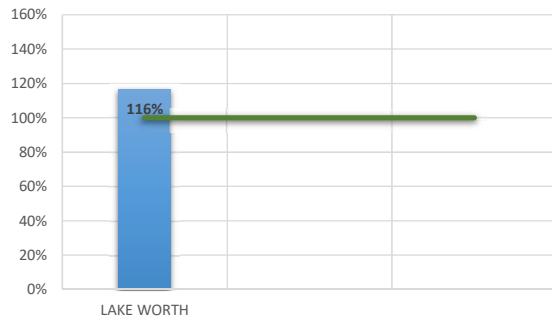
Adult Care



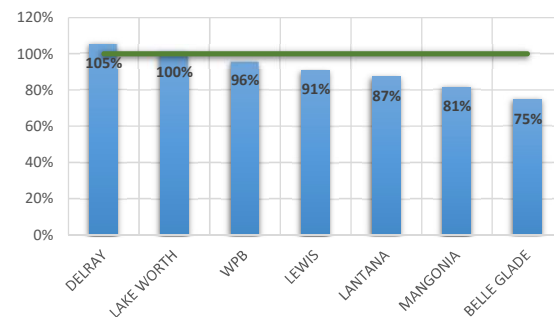
Pediatric Care



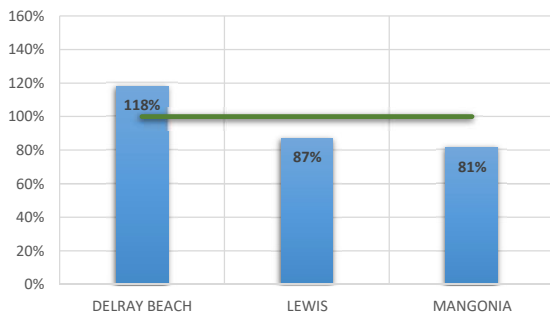
Women's Health Care



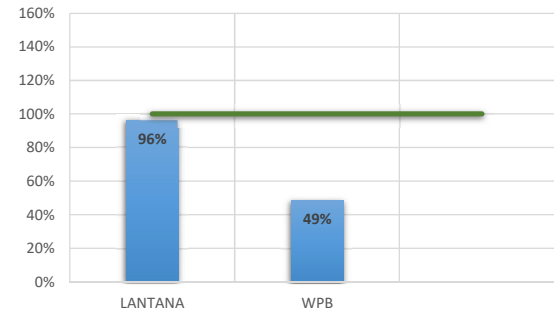
Behavioral Health



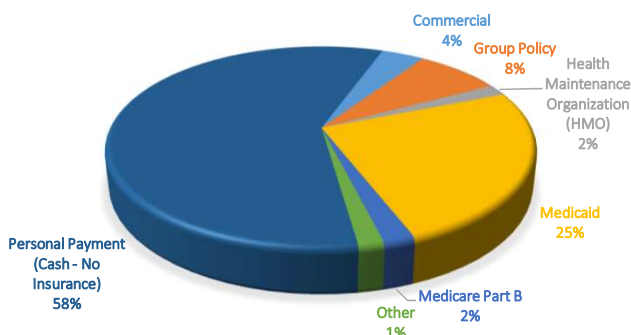
Substance Abuse



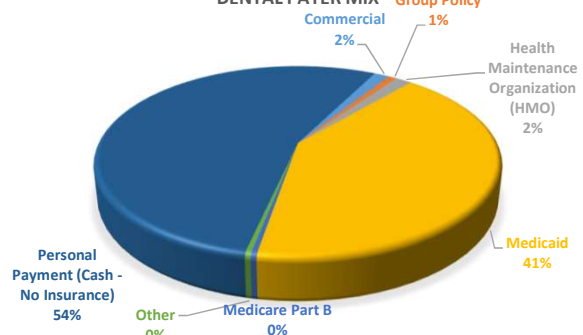
Dental



MEDICAL PAYER MIX

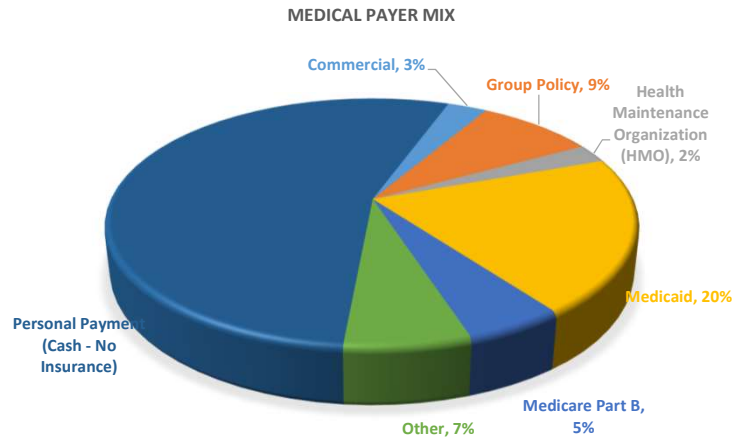
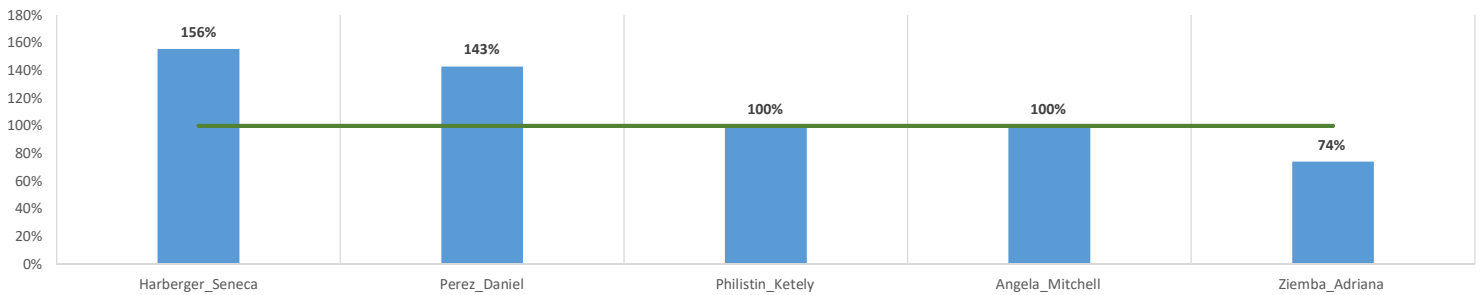


DENTAL PAYER MIX



AS 03/31/2021 Based on Checked-In App

ADULT CARE										
Provider	Daily Target	Days Worked	Target for the Month			Total for the Month Seen			% Monthly Target Achieved	Daily Average
			In-Person	Telehealth	Total	In-Person	Telehealth	Total		
Harberger_Seneca & Residents	18	14	225	0	225	350	0	350	156%	25.0
Perez_Daniel & Residents	16	5	84	0	84	120	0	120	143%	24.0
Philistin_Ketely	16	1	16	0	16	16		16	100%	16.0
ADULT CARE TOTALS		20	325	0	325	486	0	486	150%	
BEHAVIORAL HEALTH										
Angela_Mitchell	12	1	2	0	2	2	0	2	100%	2.0
Ziemba_Adriana	8	18	56	56	112	44	39	83	74%	4.6
BEHAVIORAL HEALTH TOTALS		19	58	56	114	46	39	85	75%	
GRAND TOTAL		39	383	56	439	532	39	571	130%	



BOCA PRODUCTIVITY MARCH 2021

AS 03/31/2021 Based on Checked-In App

<51%

>=51% and < 80%

>= 80% and <100%

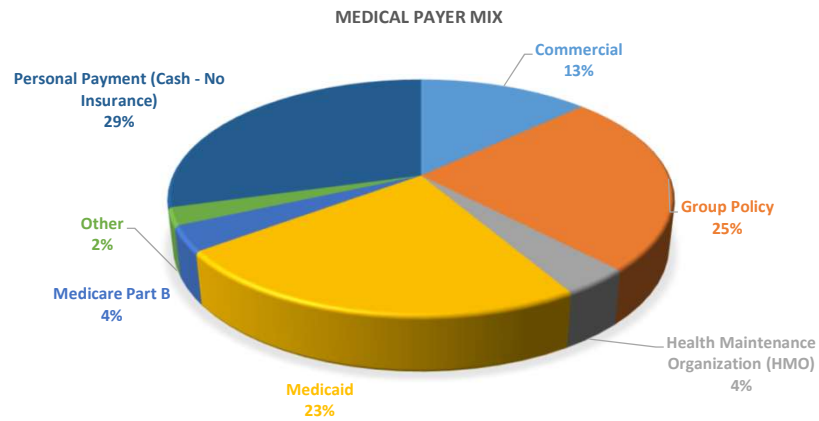
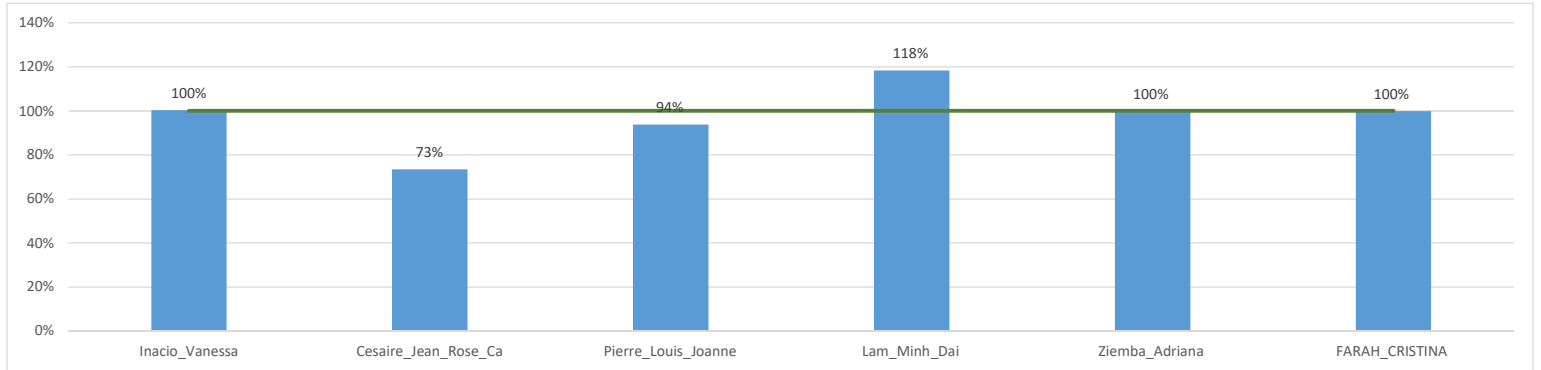
>= 100%

ADULT CARE										
Provider	Daily Target	Days Worked	Target for the Month			Total for the Month Seen			% Monthly Target Achieved	Daily Average
			In-Person	Telehealth	Total	In-Person	Telehealth	Total		
Inacio_Vanessa	18	18	176	139	315	174	142	316	100%	17.6
Cesaire_Jean_Rose_Ca	16	4	64	0	64	47	0	47	73%	11.8
Pierre_Louis_Joanne	16	1	16	0	16	15	0	15	94%	15.0
Lam_Minh_Dai	16	22	99	245	344	122	285	407	118%	18.5
ADULT CARE TOTALS		45	355	384	739	358	427	785	106%	

BEHAVIORAL HEALTH										
Ziemba_Adriana	8	1	0	1	1	1		1	100%	1.0
BEHAVIORAL HEALTH TOTALS		1	0	1	1	1	0	1	100%	

SUBSTANCE ABUSE										
FARAH_CRISTINA	6	1	1	0	1	1		1	100%	1.0
SUBSTANCE ABUSE TOTALS		1	1	0	1	1	0	1	100%	

GRAND TOTAL		47	356	385	741	360	427	787	106%	
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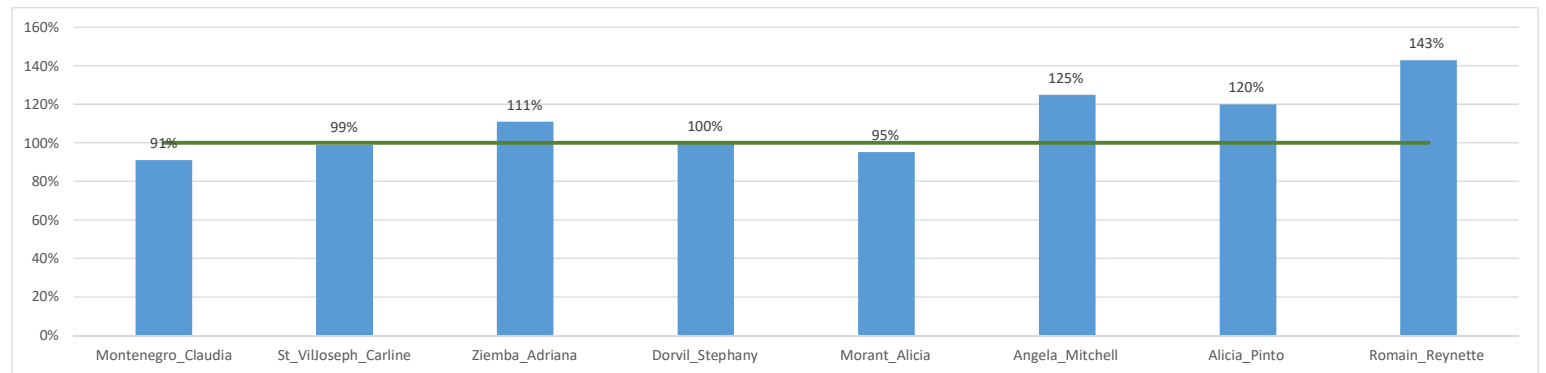


ADULT CARE										
Provider	Daily Target	Days Worked	Target for the Month			Total for the Month Seen			% Monthly Target Achieved	Daily Average
			In-Person	Telehealth	Total	In-Person	Telehealth	Total		
Montenegro_Claudia	18	23	405	0	405	369	0	369	91%	16.0
St_VilJoseph_Carline	16	23	359	1	360	357	0	357	99%	15.5
ADULT CARE TOTALS		46	764	1	765	726	0	726	95%	

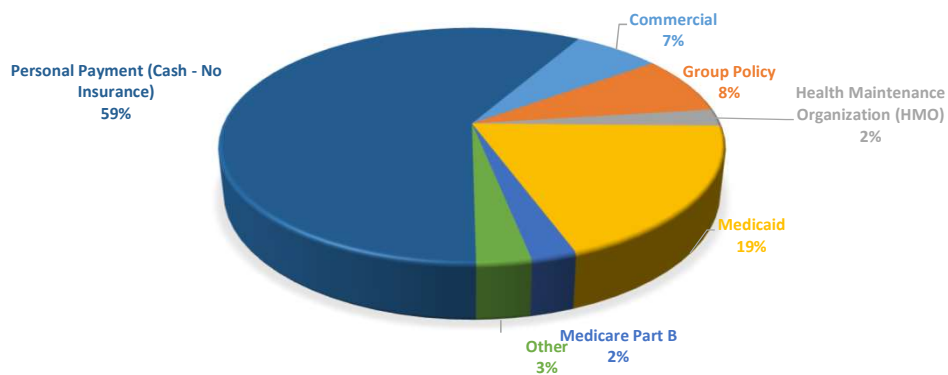
BEHAVIORAL HEALTH										
Ziemba_Adriana	8	7	24	3	27	27	3	30	111%	4.3
Dorvil_Stephany	12	3	35	1	36	36	0	36	100%	12.0
Morant_Alicia	10	4	21	0	21	20	0	20	95%	5.0
Angela_Mitchell	12	2	8	0	8	10	0	10	125%	5.0
Alicia_Pinto	12	3	5	0	5	5	1	6	120%	2.0
BEHAVIORAL HEALTH TOTALS		19	93	4	97	98	4	102	105%	

SUBSTANCE ABUSE										
Romain_Reynette	10	4	14	0	14	19	1	20	143%	5.0
Rexach_Claudia	12	3	14	0	14	13	0	13	93%	4.3
SUBSTANCE ABUSE TOTALS		7	28	0	28	32	1	33	118%	

GRAND TOTAL	72	885	5	890	856	5	861	97%	
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MEDICAL PAYER MIX



JUPITER PRODUCTIVITY MARCH 2021

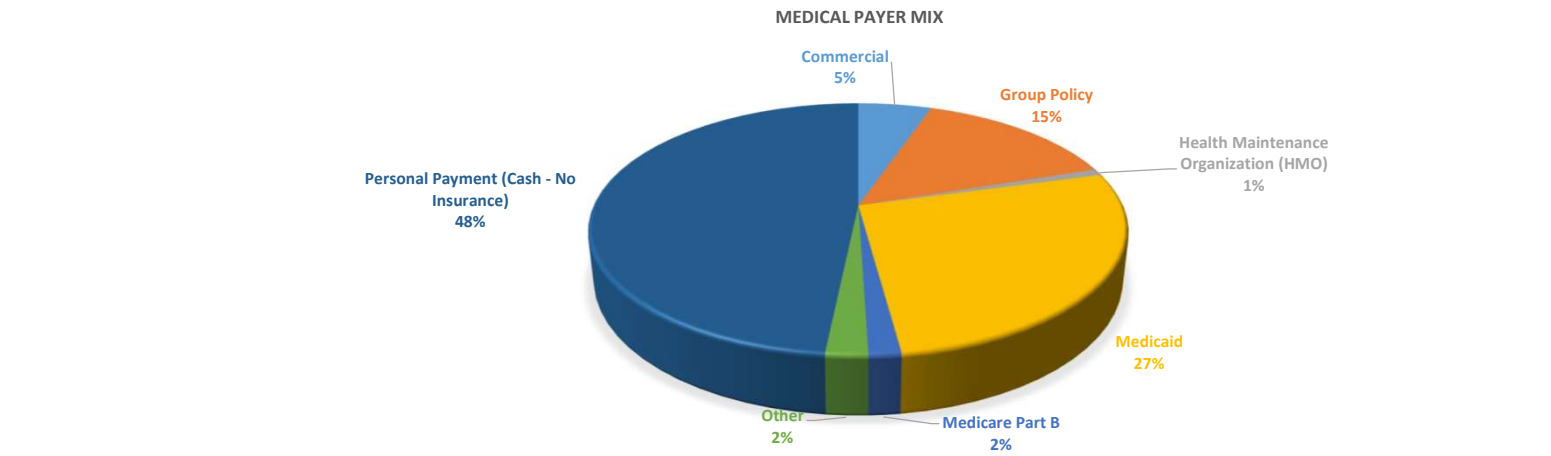
AS 03/31/2021 Based on Checked-In App



ADULT CARE										
Provider	Daily Target	Days Worked	Target for the Month			Total for the Month Seen			% Monthly Target Achieved	Daily Average
			In-Person	Telehealth	Total	In-Person	Telehealth	Total		
Dabu_Viray_Dabu	18	20	344	7	351	325	6	331	94%	16.6
Shoaf_Noremi	16	22	340	4	344	306	3	309	90%	14.0
ADULT CARE TOTALS		42	684	11	695	631	9	640	92%	

BEHAVIORAL HEALTH										
Ziemba_Adriana	8	1	0	2	2		2	2	100%	2.0
BEHAVIORAL HEALTH TOTALS		1	0	2	2	0	2	2	100%	

GRAND TOTAL	43	684	13	697	631	11	642	92%	
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LAKE WORTH

PRODUCTIVITY MARCH 2021

AS 03/31/2021 Based on Checked-In App

<51%

>=51% and < 80%

>= 80% and <100%

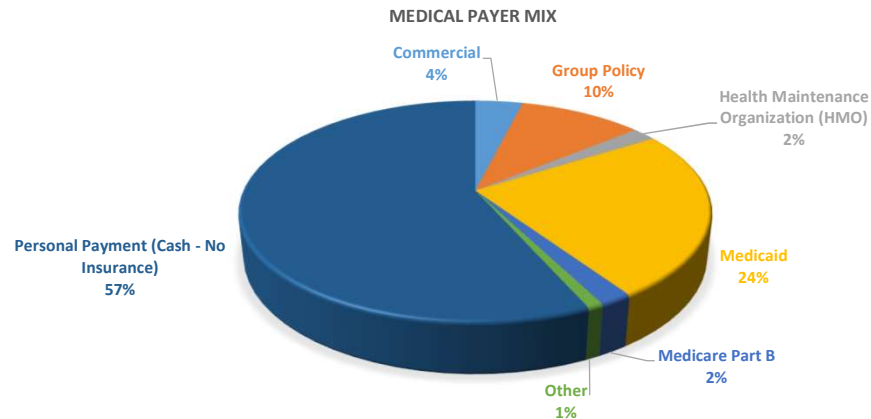
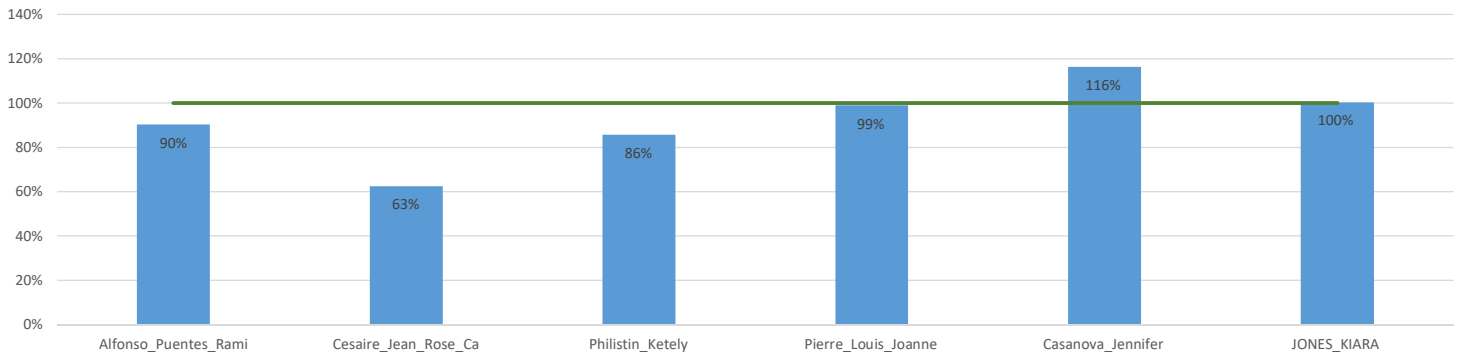
>= 100%

ADULT CARE										
Provider	Daily Target	Days Worked	Target for the Month			Total for the Month Seen			% Monthly Target Achieved	Daily Average
			In-Person	Telehealth	Total	In-Person	Telehealth	Total		
Alfonso_Puentes_Rami	18	23	396	9	405	362	4	366	90%	15.9
Cesaire_Jean_Rose_Ca	16	1	15	1	16	10	0	10	63%	10.0
Philistin_Ketely	16	22	338	6	344	295	0	295	86%	13.4
Pierre_Louis_Joanne	16	18	277	3	280	277	0	277	99%	15.4
ADULT CARE TOTALS		64	1,026	19	1,045	944	4	948	91%	

WOMEN'S HEALTH CARE										
Casanova_Jennifer	16	20	319	1	320	371	1	372	116%	18.6
WOMEN'S HEALTH CARE TOTALS		20	319	1	320	371	1	372	116%	

BEHAVIORAL HEALTH										
JONES_KIARA	12	23	239	31	270	248	23	271	100%	11.8
BEHAVIORAL HEALTH TOTALS		23	239	31	270	248	23	271	100%	

GRAND TOTAL	107	1,584	51	1,635	1,563	28	1,591	97%	
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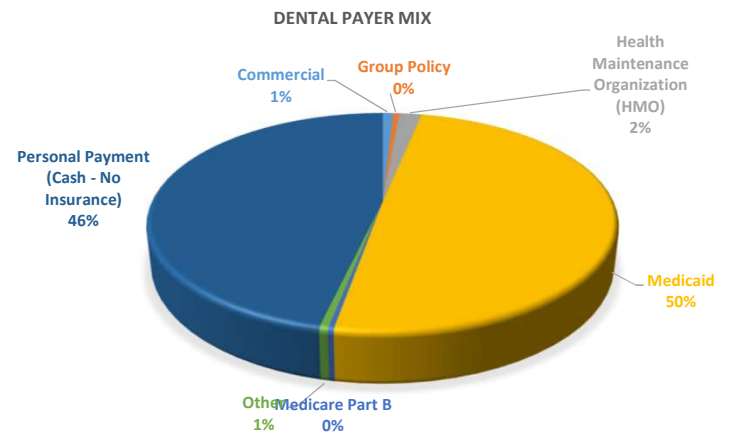
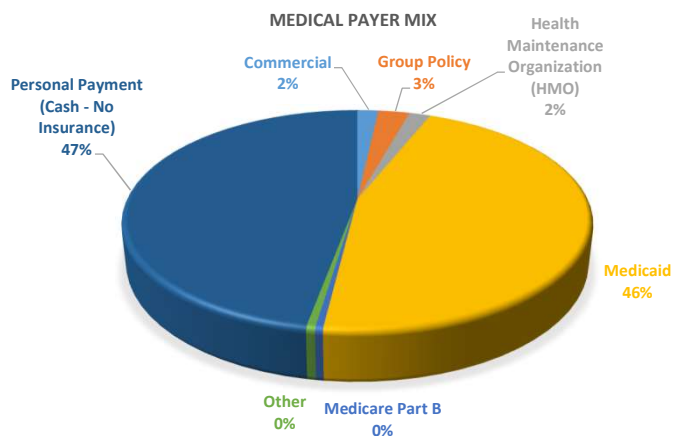
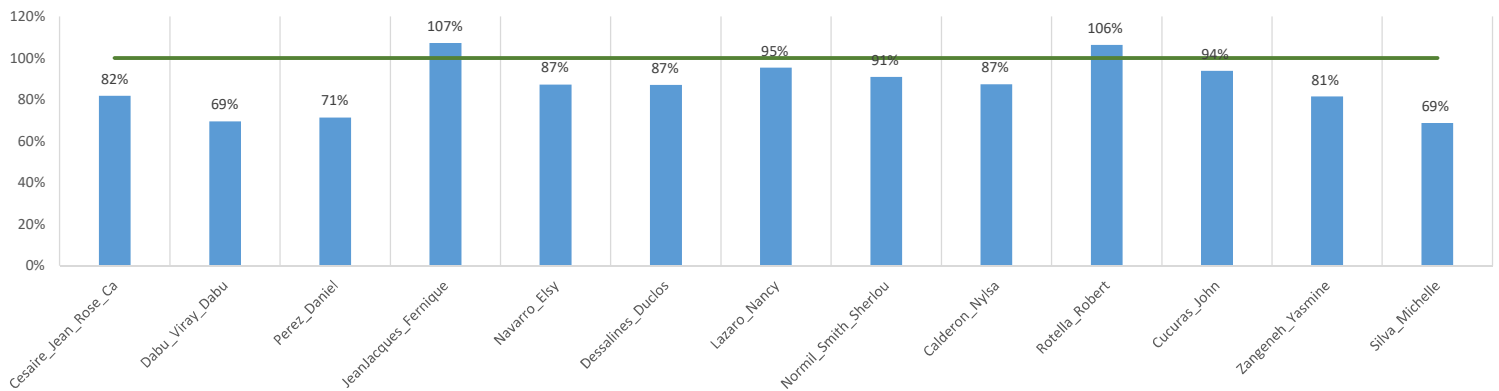
ADULT CARE										
Provider	Daily Target	Days Worked	Target for the Month			Total for the Month Seen			% Monthly Target Achieved	Daily Average
			In-Person	Telehealth	Total	In-Person	Telehealth	Total		
Cesaire_Jean_Rose_Ca	15	7	104	0	104	85	0	85	82%	12.1
Dabu_Viray_Dabu	18	2	36	0	36	25	0	25	69%	12.5
Perez_Daniel	17	4	63	0	63	45	0	45	71%	11.3
JeanJacques_Fernique	16	12	192	0	192	206	0	206	107%	17.2
Navarro_Elsy	16	23	220	140	360	208	106	314	87%	13.7
ADULT CARE TOTALS		48	615	140	755	569	106	675	89%	

PEDIATRIC CARE										
Dessalines_Duclos	18	21	369	0	369	321		321	87%	15.3
Lazaro_Nancy	18	16	270	9	279	266		266	95%	16.6
Normil_Smith_Sherlou	18	23	404	1	405	368		368	91%	16.0
PEDIATRIC CARE TOTALS		60	1,043	10	1,053	955		955	91%	

BEHAVIORAL HEALTH										
Calderon_Nylsa	12	17	121	77	198	108	65	173	87%	10.2
BEHAVIORAL HEALTH TOTALS		17	121	77	198	108	65	173	87%	

DENTAL										
Rotella_Robert	16	3	48	0	48	51		51	106%	17.0
Cucuras_John	16	1	16	0	16	15		15	94%	15.0
Zangeneh_Yasmine	16	18	280	0	280	228		228	81%	12.7
Silva_Michelle	16	1	16	0	16	11		11	69%	11.0
Dental_MDI-LAN	16	18	288	0	288	319		319	111%	17.7
DENTAL TOTALS		41	648	0	648	624		624	96%	

GRAND TOTAL	166	2,427	227	2,654	2,256	171	2,427	91%	
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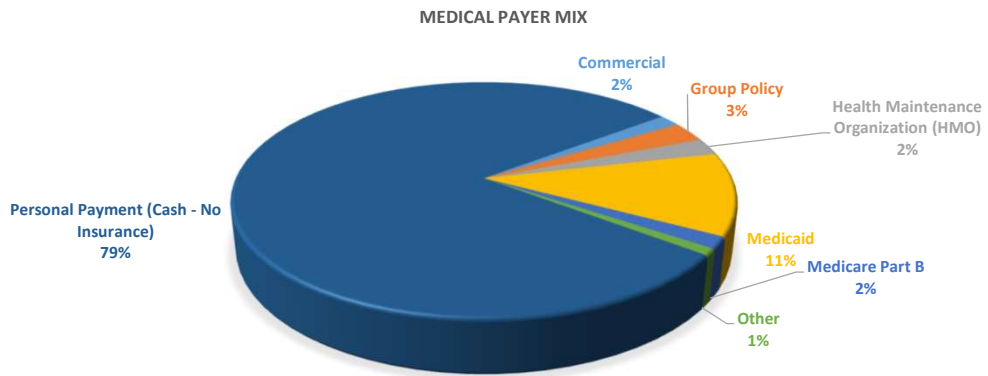
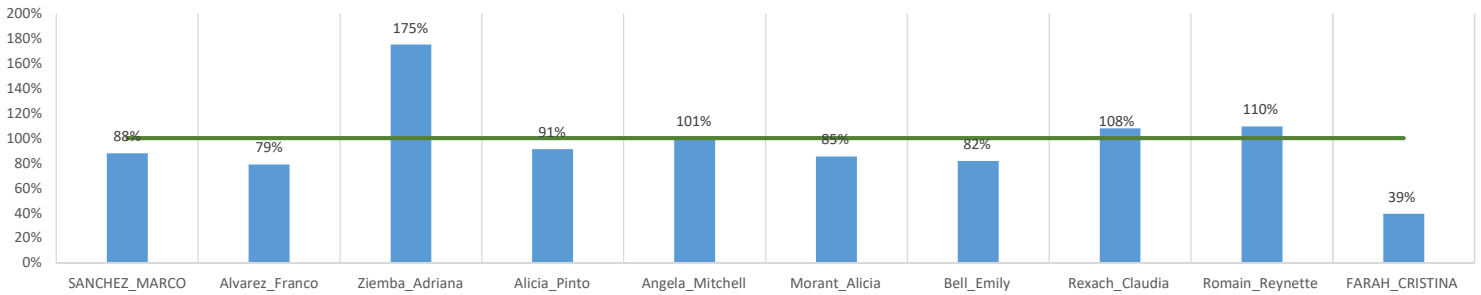


LEWIS PRODUCTIVITY MARCH 2021

AS 03/31/2021 Based on Checked-In App



ADULT CARE										
Provider	Daily Target	Days Worked	Target for the Month			Total for the Month Seen			% Monthly Target Achieved	Daily Average
			In-Person	Telehealth	Total	In-Person	Telehealth	Total		
SANCHEZ_MARCO	16	23	360	0	360	316	0	316	88%	13.7
ADULT CARE TOTALS			23	360	0	316	0	316	88%	
BEHAVIORAL HEALTH										
Alvarez_Franco	17	10	6	98	104	8	74	82	79%	8.2
Ziemba_Adriana	8	3	2	2	4	4	3	7	175%	2.3
Alicia_Pinto	12	16	82	98	180	81	83	164	91%	10.3
Angela_Mitchell	12	17	88	98	186	92	95	187	101%	11.0
Morant_Alicia	12	18	99	90	189	95	66	161	85%	8.9
BEHAVIORAL HEALTH TOTALS			64	277	386	280	321	601	91%	
SUBSTANCE ABUSE										
Bell_Emily	16	23	339	21	360	279	15	294	82%	12.8
Rexach_Claudia	12	17	73	106	179	100	93	193	108%	11.4
Romain_Reynette	10	18	68	79	147	83	78	161	110%	8.9
FARAH_CRISTINA	11	10	46	61	107	28	14	42	39%	4.2
SUBSTANCE ABUSE TOTALS			68	526	267	793	490	690	87%	
GRAND TOTAL			155	1,163	653	1,816	1,086	521	1,607	88%



MANGONIA

PRODUCTIVITY MARCH 2021

AS 03/31/2021 Based on Checked-In App

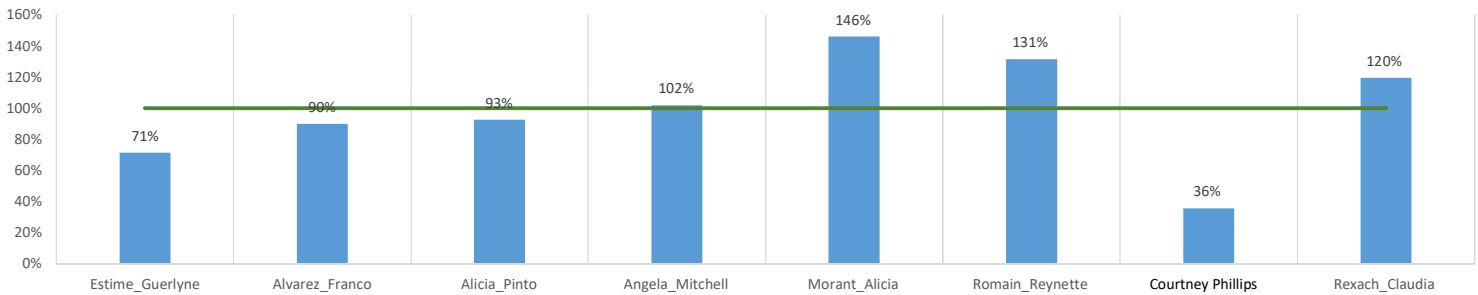


ADULT CARE										
Provider	Daily Target	Days Worked	Target for the Month			Total for the Month Seen			% Monthly Target Achieved	Daily Average
			In-Person	Telehealth	Total	In-Person	Telehealth	Total		
Estime_Guerlyne	14	13	175	0	175	125	0	125	71%	9.6
ADULT CARE TOTALS			175	0	175	125	0	125	71%	

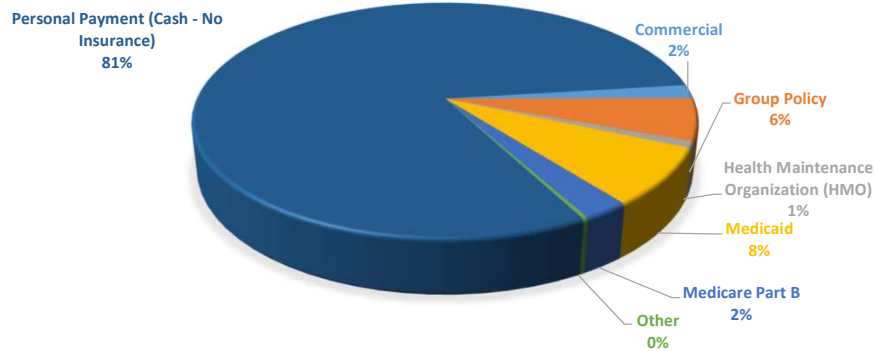
BEHAVIORAL HEALTH										
Alvarez_Franco	18	22	175	126	301	171	100	271	90%	12.3
Alicia_Pinto	10	5	32	9	41	31	7	38	93%	7.6
Angela_Mitchell	10	6	34	21	55	38	18	56	102%	9.3
Morant_Alicia	10	5	47	3	50	71	2	73	146%	14.6
BEHAVIORAL HEALTH TOTALS			288	159	447	311	127	438	98%	

SUBSTANCE ABUSE										
Romain_Reynette	10	6	33	21	54	47	24	71	131%	11.8
Courtney Phillips	8	7	36	20	56	17	3	20	36%	2.9
Rexach_Claudia	10	4	15	26	41	25	24	49	120%	12.3
FARAH_CRISTINA	11	7	55	15	70	34	6	40	57%	5.7
SUBSTANCE ABUSE TOTALS			139	82	221	123	57	180	81%	

GRAND TOTAL		75	602	241	843	559	184	743	88%	
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MEDICAL PAYER MIX



WEST PALM BEACH PRODUCTIVITY MARCH 2021

AS 03/31/2021 Based on Checked-In App

<51%

>=51% and < 80%

>= 80% and <100%

>= 100%

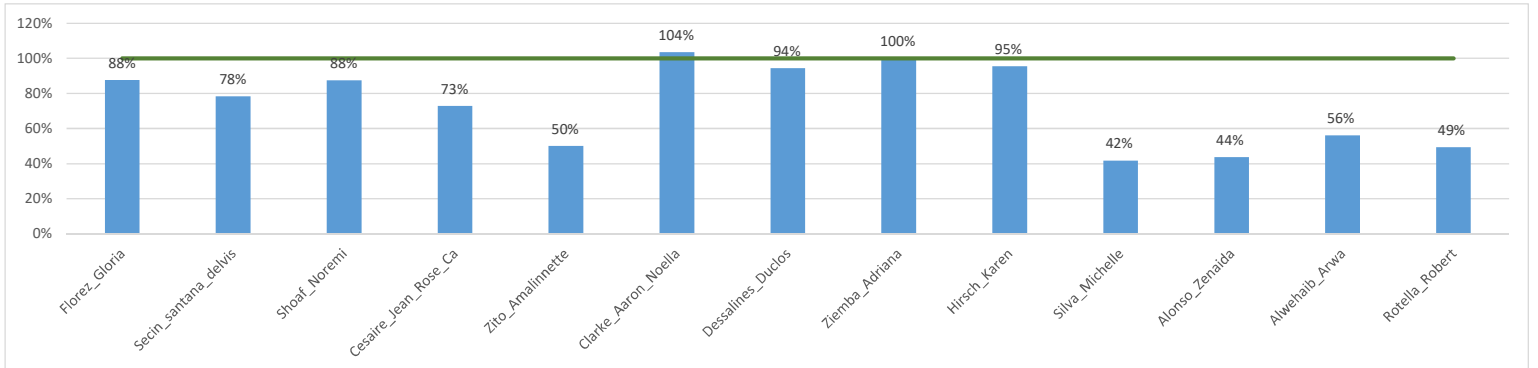
ADULT CARE										
Provider	Daily Target	Days Worked	Target for the Month			Total for the Month Seen			% Monthly Target Achieved	Daily Average
			In-Person	Telehealth	Total	In-Person	Telehealth	Total		
Florez_Gloria	18	23	405	0	405	355	0	355	88%	15.4
Secin_santana_delvis	18	18	314	1	315	247	0	247	78%	13.7
Shoaf_Noremi	16	1	16	0	16	14	0	14	88%	14.0
Cesaire_Jean_Rose_Ca	16	6	96	0	96	70	0	70	73%	11.7
Zito_Amalinnette	9	4	36	0	36	18	0	18	50%	4.5
ADULT CARE TOTALS		52	867	1	868	704	0	704	81%	

PEDIATRIC CARE										
Clarke_Aaron_Noella	18	21	369	0	369	382	0	382	104%	18.2
Dessalines_Duclos	18	2	36	0	36	34	0	34	94%	17.0
PEDIATRIC CARE TOTALS		23	405	0	405	416	0	416	103%	

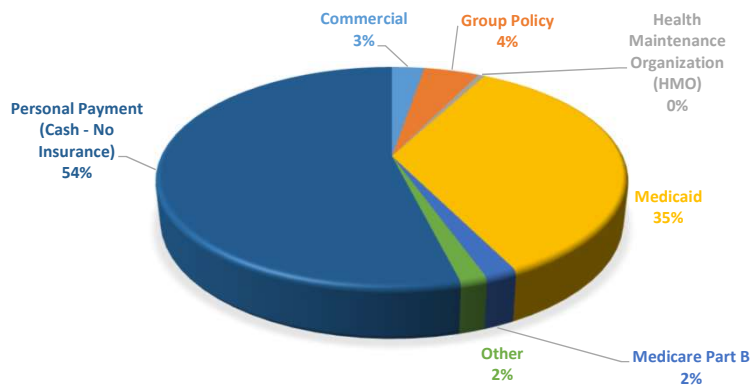
BEHAVIORAL HEALTH										
Ziamba_Adriana	8	1	2	0	2	2	0	2	100%	2.0
Hirsch_Karen	12	19	157	65	222	151	61	212	95%	11.2
BEHAVIORAL HEALTH TOTALS		20	159	65	224	153	61	214	96%	

DENTAL										
Silva_Michelle	13	2	24	0	24	10		10	42%	5.0
Alonso_Zenaida	16	2	32	0	32	14		14	44%	7.0
Alwehaib_Arwa	16	1	16	0	16	9		9	56%	9.0
Rotella_Robert	16	19	296	0	296	146		146	49%	7.7
DENTAL TOTALS		24	368	0	368	179	0	179	49%	

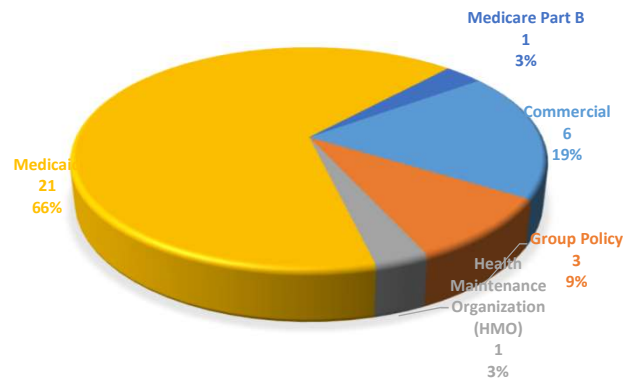
GRAND TOTAL	119	1,799	66	1,865	1,452	61	1,513	81%	
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MEDICAL PAYER MIX



DENTAL PAYER MIX



DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
May 19, 2021

1. Description: Patient Relations Dashboard Report

2. Summary:

This agenda item provides the following:

- Quarterly Patient Relations Dashboard Q1 - 2021

3. Substantive Analysis:

For Quarter 1, there were a total of 64 Patient Relations Occurrences that occurred between 9 clinics, Clinic Administration, South County Civic Center and Fairgrounds. Of the 64 occurrences, there were 20 Grievances and 44 Complaints. The top 5 categories were Care & Treatment, Communication, Finance, Respect Related, and Physician Related. The top subcategory with 18 Complaints and Grievances was Poor Communication followed by Finance with 15 Complaints and Grievances.

There was also a total of 65 compliments received across 5 clinics, Clinic Administration, South County Civic Center and Fairgrounds. Of the 65 compliments, 50 were toward the Clinic Support Staff.

4. Fiscal Analysis & Economic Impact Statement:

	Amount	Budget
Capital Requirements	N/A	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Annual Net Revenue	N/A	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Annual Expenditures	N/A	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

Darcy J. Davis
Chief Executive Officer

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
May 19, 2021

5. Reviewed/Approved by Committee:

N/A

Committee Name


Date Approved

6. Recommendation:

Staff recommends the Board Approve the Quarterly Patient Relations Dashboard for Q4 2020.

Approved for Legal sufficiency:

DocuSigned by:

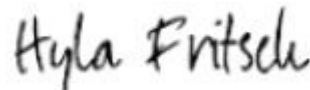


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Christy Goddeau
Interim General Counsel



David Speciale
Director of Patient Experience



Dr. Hyla Fritsch
Executive Director of Clinic and Pharmacy
Services

Patient Relations (Grievances, Complaints & Compliments)

C.L. Brumback Primary Care Clinics

2021 Q1

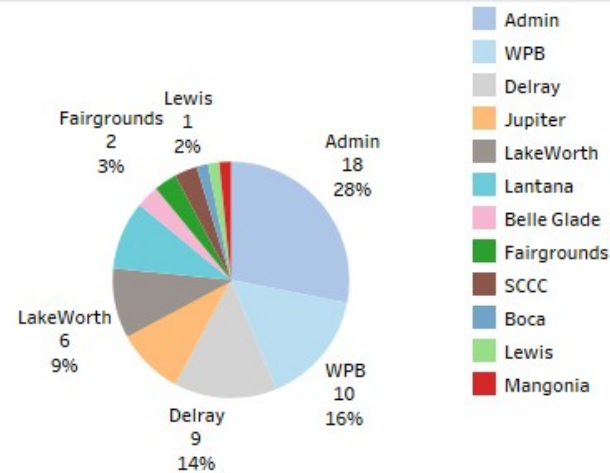
1/1/21 to 3/31/21

Total Complaints and Grievances

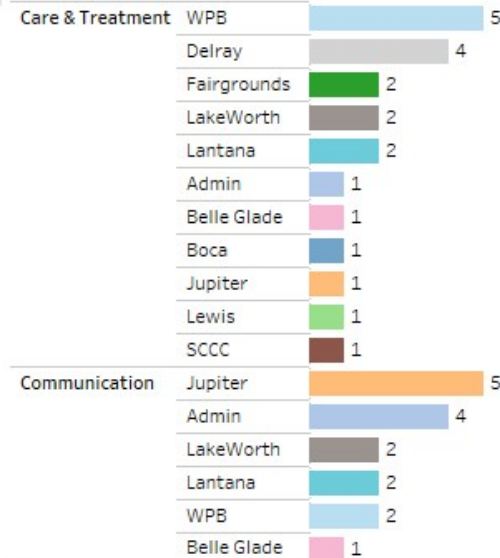
64

Clinic All

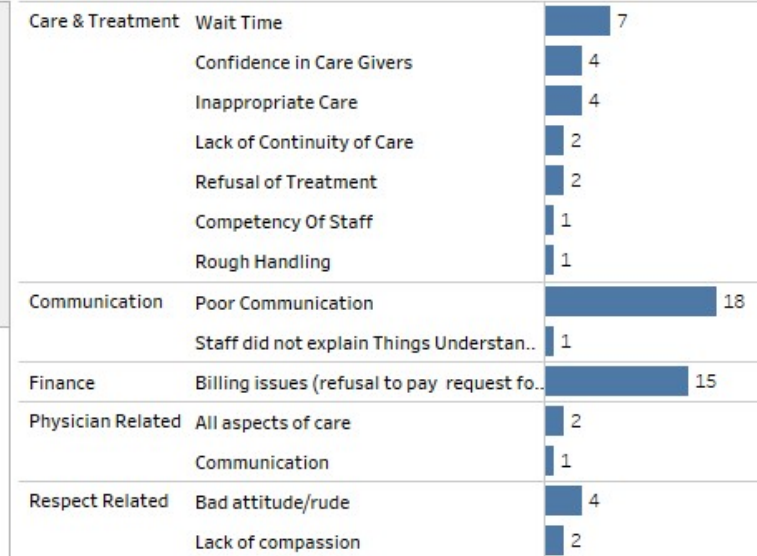
Clinics



Top 5 Categories



Total Top 5 Subcategories



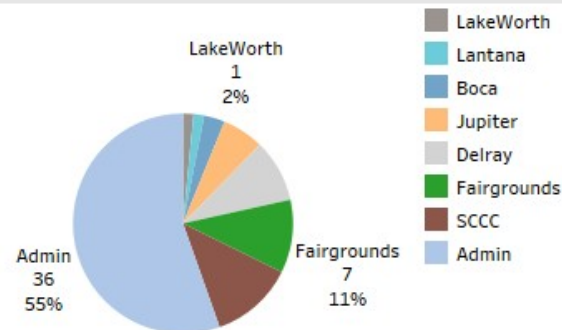
Total Compliments

65

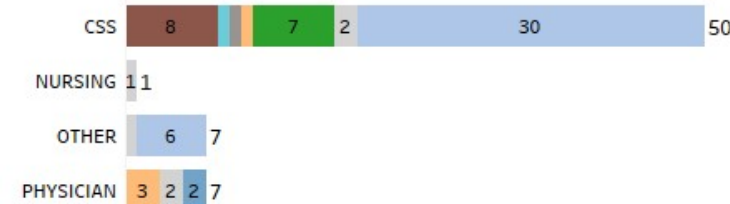
Complaints/Grievances Prev 4 Quarters

218

Clinics



Care and Treatment Categories



Top 5 Categories Trended

1/1/20 to 12/31/20

