



C. L. Brumback
Primary Care Clinics
Health Care District Palm Beach County

BOARD OF DIRECTORS
October 27, 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
October 27, 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. American Heart Association: Silver Achievement Level Recognition (Ms. Sheree Wolliston)
- B. COVID Testing and Vaccination Update (Dr. Belma Andric)
- C. St. Ann Place (Mr. Robert Glass)

4. Disclosure of Voting Conflict

5. Public Comment*

6. Meeting Minutes

- A. **Staff recommends a MOTION TO APPROVE:**
Board Meeting Minutes of September 29, 2021 [Pages 1-12]

**C. L. Brumback Primary Care Clinics
Board of Directors
Meeting Agenda
October 27, 2021**

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.

A. ADMINISTRATION

7A-1 RECEIVE AND FILE:

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

7A-2 RECEIVE AND FILE:

Attendance tracking [Page 13]

B. FINANCE

7B-1 Staff recommends a MOTION TO APPROVE:

C.L. Brumback Primary Care Clinics Financial Report August 2021
(Candice Abbott) [Pages 14-31]

C. POLICIES

7C-1 Staff recommends a MOTION TO APPROVE:

Tracking Higher Level of Care Referrals Policy
(Dr. Charmaine Chibar) [Pages 32-35]

D. CREDENTIALING

7D-1 Staff recommends a MOTION TO APPROVE:

APRN Psychiatry Delineation of Privileges
(Dr. Charmaine Chibar) [Pages 36-39]

8. Regular Agenda

A. ADMINISTRATION

8A-1 Staff recommends a MOTION TO APPROVE:

Executive Director of Clinic Annual Evaluation
(Dr. Belma Andric) [Under Separate Cover] [Page 40-41]

8A-2 RECEIVE AND FILE:

Organizational Chart Review and Staffing
(Dr. Hyla Fritsch) [Pages 42-44]

**C. L. Brumback Primary Care Clinics
Board of Directors
Meeting Agenda
October 27, 2021**

(Regular Agenda Cont.)

8A-3 Staff recommends a MOTION TO APPROVE:

C. L. Brumback Primary Care Clinics Fiscal Year 2022 Adopted Budget
(Candice Abbott) [Pages 45-50]

B. EXECUTIVE

8B-1 RECEIVE AND FILE:

Executive Director Informational Update
(Dr. Hyla Fritsch) [Pages 51-52]

C. CREDENTIALING

8C-1 Staff Recommends a MOTION TO APPROVE:

Licensed Independent Practitioner Credentialing and Privileging –
(Dr. Charmaine Chibar) [Pages 53-55]

D. OPERATIONS

8D-1 Staff Recommends a MOTION TO APPROVE:

Operations Report
(Marisol Miranda) [Pages 56-63]

E. QUALITY

8E-1 Staff Recommends a MOTION TO APPROVE:

Quality Report
(Dr. Charmaine Chibar) [Pages 64-97]

F. PATIENT RELATIONS

8F-1 Staff Recommends a MOTION TO APPROVE:

Q3 Patient Relations Dashboard
(David Speciale) [Pages 98-100]

9. AVP and Executive Director of Clinic Services Comments

10. Board Member Comments

11. Establishment of Upcoming Meetings

November 30, 2021 (HCD Board Room)

12:45 p.m. Board of Directors

C. L. Brumback Primary Care Clinics
Board of Directors
Meeting Agenda
October 27, 2021

December 14, 2021 (HCD Board Room)

12:45 p.m. Board of Directors

12. 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 at 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.

**District Clinic Holdings, Inc.
d.b.a. C.L. Brumback Primary Care Clinics
Board of Directors Meeting
Summary Minutes
9/29/2021**

Present: Mike Smith, Chair; Julia Bullard, Secretary; Joseph Gibbons, Treasurer; John Casey Mullen; Tammy Jackson-Moore; James Elder; Irene Figueroa

Excused: Melissa Mastrangelo, Vice-Chairperson; Robert Glass
Absent: Marjorie Etienne;

Staff: Darcy Davis, Chief Executive Officer; Dr. Belma Andric, Chief Medical Officer; Dr. Hyla Fritsch, Executive Director of Clinic and Pharmacy Services; Bernabe Icaza, VP & General Counsel; Candice Abbott, VP & CFO; Shauniel Brown, Risk Manager; Thomas Cleare, AVP, Communications, Community Engagement & Corporate Security; Martha Hyacinthe, Director of Corporate Risk; David Speciale, Director of Patient Experience; Dr. Charmaine Chibar, FQHC Medical Director; Donald Moniger, Desktop Engineer; Shannon Wynn, Administrative Assistant; Marisol Miranda, Director of Operations; Andrea Steele; Heather Bokor; Alexa Goodwin; Jonathan Dominique; Patricia Lavelly; June Shipek; Robin Kish; Carla Trivino; Dominique Domond; Annmarie Hankins

Minutes Transcribed By: Shannon Wynn

Meeting Scheduled for 12:45 p.m.
Meeting Began at 12:48 p.m.

AGENDA ITEM	DISCUSSION	ACTION
1. Call to Order	Mr. Smith called the meeting to order.	The meeting was called to order at 12:48 p.m.
1A. Roll Call	Roll call was taken.	
1B. Affirmation of Mission	Mr. Smith read the affirmation of mission.	

2. Agenda Approval	
2A. Additions/Deletions/ Substitutions 2B. Motion to Approve Agenda Items	<p>Yes. Dr. Fritsch requested that section 3B be removed from this meeting and be presented later. Mr. Smith called for approval of the meeting agenda.</p>
3. Awards, Introductions and Presentations	
3A. COVID-19 Testing and Vaccination Update	Dr. Andric presented to the Board the most recent Covid testing and vaccine update.
3B. St. Ann Place- Presentation	St. Ann Place's presentation was postponed until further notice.
4. Disclosure of Voting Conflict	None.
5. Public Comment	None.
6. Meeting Minutes 6A-1 Staff Recommends a MOTION TO APPROVE: Board meeting minutes of July 28, 2021	<p>There were no changes or comments to the minutes dated August 25, 2021.</p> <p>VOTE TAKEN: As presented, Ms. Tammy Jackson-Moore made a motion to approve the Board meeting minutes of August 25, 2021. Mr. Elder duly seconded the motion. A vote was called, and the motion passed unanimously.</p>

7. Consent Agenda – Motion to Approve Consent Agenda Items		VOTE TAKEN: Ms. Jackson-Moore made a motion to approve the consent agenda as presented. Ms. Figueroa duly seconded the motion. A vote was called, and the motion passed unanimously.
7A. ADMINISTRATION		
7A-1. Receive & File: September 2021 Internet Posting of District Public Meeting	The meeting notice was posted.	Receive & File. No further action is necessary.
7A-2. Receive & File: Attendance tracking	Attendance tracking was updated.	Receive & File. No further action is necessary.
7B. FINANCE		
7B-1. Staff Recommends a MOTION TO APPROVE: District Clinic Holdings, Inc., Financial Report: July 2021	The July statements represent the financial performance through the tenth month of the 2021 fiscal year for the C.L. Brumback Primary Care Clinics. Gross patient revenue YTD was favorable to budget by \$6.0M due to increased patient volumes. Net patient revenue YTD was favorable to budget by \$1.7M. Total YTD revenue was unfavorable to budget by (\$1.3M) due primarily to the timing of COVID-19 stimulus funds. The COVID funds were budgeted for the current year, but due to changing guidance, they were able to be recognized earlier than anticipated in the prior year, thus creating a timing difference. Operational expenses before depreciation were favorable to budget by \$440k due mostly to positive variances in medical supplies \$648k, lease and rental of \$259k, and medical services \$174k. Total YTD net margin was (\$11.6M) compared to budget of (\$11.0M) resulting in an unfavorable variance of (\$595K) or 5.4%. The Medical clinics gross patient revenue exceeded budget by \$4.5M. This resulted from the clinics being able to resume patient-facing visits earlier than anticipated. Net patient revenue YTD for the Medical clinics was favorable to budget by \$1.3M. The Medical clinics total YTD revenue was unfavorable to budget by (\$1.7M). Total operating expenses of \$19.8M were favorable to budget of \$20.2M by \$438k. The main reason for the positive variance of \$438k	VOTE TAKEN: Ms. Jackson-Moore made a motion to approve the PCC Financial Report July 2021. Ms. Figueroa duly seconded the motion. A vote was called, and the motion passed unanimously.

	<p>is primarily due to the delayed timing of medical supply purchases, including COVID-19 test kits. Total YTD net margin was (\$10.4M) compared to budget of (\$9.4M) resulting in an unfavorable variance of (\$1.0M) or 10.9%. The Dental clinics total YTD gross patient revenue was favorable to budget by \$1.5M. Net patient revenue YTD for the Dental clinics was favorable to budget by \$396k. Total operating expenses of \$3.3M were slightly favorable to budget by \$1.2k. Total YTD net margin was (\$1.2M) compared to a budget loss of (\$1.6M) for a favorable variance of \$428k or (27.0%). On the Comparative Statement of Net Position, due from other governments increased from \$5.4M to \$6.2M. This balance is due mainly from Health Resources and Service Administration (HRSA). The District subsidy YTD for the Medical and Dental clinics are \$9.0M and \$961k, respectively, for a combined subsidy of \$10.0M.</p>	
<p>7C. POLICIES</p>		
<p>7C-1. Staff Recommends a MOTION TO APPROVE: Sliding Fee Discount Program Policy</p>	<p>The Sliding Fee Discount Program Policy and patients will now be evaluated every twelve months ,instead of every six months, for the Sliding Fee Discount Program.</p>	<p>VOTE TAKEN: Ms. Tammy Jackson-Moore made a motion to approve the Sliding Fee Discount Program Policy. Ms. Irene Figueroa duly seconded the motion. A vote was called, and the motion passed unanimously.</p>
<p>7C-2. Staff Recommends a MOTION TO APPROVE: Purchasing Policy</p>	<p>The Policy was previously revised and approved on September 25, 2018. Attached for your review is the revised version approved on June 29, 2021, by the Health Care District Board and Finance and Audit Committee. C.L. Brumback Primary Clinics adopts the purchasing Policy of the District.</p> <p>Substantive changes include:</p> <p><i>Except where a standard District Purchase Order is authorized (see below), any request for goods or services must be accompanied by a fully executed agreement between the parties and must comply with all District legal policies and procedures, unless otherwise approved by General Counsel and the Chief Financial Officer.</i></p> <p><i>The District has established a Purchase Order which, contains the District's standard contractual Terms and Conditions. In lieu of a contract, a standard</i></p>	<p>VOTE TAKEN: Ms. Tammy Jackson-Moore made a motion to approve the Purchasing Policy. Ms. Irene Figueroa duly seconded the motion. A vote was called, and the motion passed unanimously.</p>

	<p><i>District Purchase Order may be used for purchases of goods and/or services that meet the following requirements:</i></p> <ul style="list-style-type: none"> • <i>The term of the purchase does not exceed one (1) year;</i> • <i>The amount of the purchase(s) does not exceed \$10,000;</i> • <i>The purchase does not create substantial risk or exposure to the District (e.g., property damage, personal injury, or other risk to the District);</i> • <i>The purchase does not include any construction services; and,</i> • <i>The purchase is not defined as a capital asset.</i> <p>Only the Supply Chain Department can print purchase orders with the District's standard contractual Terms & Conditions. Upon approval of a Requisition/Purchase Order, the Supply Chain Department will electronically send the PO to the requestor for them to forward it to its respective vendor.</p>	
<p>7D. CREDENTIALING</p> <p>7D-1. Staff Recommends a MOTION TO APPROVE:</p> <p>Behavioral Health Delineation of Privileges</p>	<p>The agenda item represents the Behavioral Health Delineation of Privileges recommended for Behavioral Health practitioners by the FQHC Medical Director and Behavioral Health Director.</p> <p>The Delineation of Privileges presented meets 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:</p> <ul style="list-style-type: none"> • 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) <p>The C.L. Brumback Primary Care Clinics utilized internal Credentialing staff and the FQHC Medical Director to support the credentialing and privileging process.</p>	<p>VOTE TAKEN: Ms. Tammy Jackson-Moore made a motion to approve the Behavioral Health Delineation of Privileges. Ms. Irene Figueroa duly seconded the motion. A vote was called, and the motion passed unanimously.</p>
<p>8. REGULAR AGENDA</p>		

8A. ADMINISTRATION					
<p>8A-1 Staff Recommends a MOTION TO APPROVE: Summary of Board Member Self-Evaluations</p>	<p>This agenda item presents the Board’s annual self-evaluation tally of results from August 2021.</p> <p>The C. L. Brumback Primary Care Clinics Board completes an annual self-evaluation. Attached you will find the tally of results for 2021.</p>				
<p>8A-2. Staff Recommends a MOTION TO APPROVE: Change In Scope – Form 5B: C. L. Brumback Primary Care Clinics – St. Ann Place</p>	<p>We respectfully requests the authorization to add a new site to Form 5B: C. L. Brumback Primary Care Clinics – St. Ann Place by creating a clinic at St. Ann Place located at 2107 N Dixie Hwy, West Palm Beach, FL 33407.</p> <p>Staff respectfully request a permanent Change In Scope to create a new site at St. Ann Place in partnership with their team. St. Ann Place is a homeless resource center that connects clients to community resources to raise people out of homelessness and provide respite and food services.</p> <p>The clinic will have a full-time nurse to assess and connect patients to medical care through in-person and telehealth visits for primary care and behavioral health.</p> <p>Mr. Smith asked if St. Ann Place would be a Telehealth location.</p> <p>Dr. Fritsch stated we would have a one-room clinic at St. Ann Place for full-time nurse who can help connect patients to care.</p>				
8B. EXECUTIVE					
<p>8B-1. Receive and File: Executive Director Information Update</p>	<p>This agenda item compares C.L. Brumback to local, state, and national data from HRSA.</p>				
<table border="1" style="width: 100%; background-color: black; color: white;"> <tr> <td style="padding: 5px;">C.L. BRUMBACK PCC</td> <td style="padding: 5px;">PALM BEACH</td> <td style="padding: 5px;">FLORIDA</td> <td style="padding: 5px;">UNITED STATES</td> </tr> </table>		C.L. BRUMBACK PCC	PALM BEACH	FLORIDA	UNITED STATES
C.L. BRUMBACK PCC	PALM BEACH	FLORIDA	UNITED STATES		
<p>Receive & File. No further action necessary.</p>					

		33,168	1,426,772	20,278,447	321,004,407
POPULATION					
MEDIAN ANNUAL HOUSEHOLD INCOME	approx \$12,000 (avg household size is 2.7)	\$57,256	\$50,883	\$57,652	
LOW INCOME POPULATION	25,633	87,148	1,420,551	20,501,813	
HEALTH CENTER PROGRAM FY 2020 FUNDING	\$7,552,630	\$20,266,069	\$243,590,405	\$4,944,798,892	
HEALTH CENTER PROGRAM FY 2020 UNIQUE AWARDEES		4	47	1,383	
PRIMARY HEALTH CARE/HEALTH CENTER COVID-19 RESPONSE FY 2020 FUNDING	\$2,225,464	\$7,859,713	\$96,844,079	\$2,014,915,613	
8C. CREDENTIALING					

<p>8C-1. Staff Recommends a MOTION TO APPROVE Licensed Independent Practitioner and Credentialing and Privileging</p>	<p>The agenda item represents the licensed independent practitioners recommended for credentialing and privileging by the FQHC Medical Director.</p> <p>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:</p> <ul style="list-style-type: none"> • 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) <table border="1" data-bbox="719 682 826 1591"> <thead> <tr> <th>Last Name</th> <th>First Name</th> <th>Degree</th> <th>Specialty</th> <th>Credentialing</th> </tr> </thead> <tbody> <tr> <td>Marzouca</td> <td>Kisha</td> <td>MD</td> <td>Pediatric Medicine</td> <td>Initial Credentialing</td> </tr> </tbody> </table> <p>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.</p> <p>The C.L. Brumback Primary Care Clinics utilized internal Credentialing staff and the FQHC Medical Director to support the credentialing and privileging process.</p> <p>Kisha Marzouca, MD, joined the West Palm Beach Clinic in 2021, specializing in Pediatric Medicine. She attended the State University of New York College of Medicine and completed her residency at the State University of New York College of Medicine. Dr. Marzouca is certified in Pediatrics by the American Board of Pediatrics. She has been in practice for seventeen years.</p>	Last Name	First Name	Degree	Specialty	Credentialing	Marzouca	Kisha	MD	Pediatric Medicine	Initial Credentialing	<p>VOTE TAKEN: Mr. Elder made a motion to approve the Initial Credentialing and privileges of Kisha Marzouca, MD, as presented. The motion was duly seconded by Mr. Mullen. A vote was called, and the motion passed unanimously.</p>
Last Name	First Name	Degree	Specialty	Credentialing								
Marzouca	Kisha	MD	Pediatric Medicine	Initial Credentialing								
<p>8D. OPERATIONS</p>												

<p>8D-1. Staff Recommends a MOTION TO APPROVE Operations Reports</p>	<p>This agenda item provides the following operations reports for July 2021:</p> <p>Clinic Productivity, including in-person and telehealth metrics and No-Show, trended over time.</p> <p>In July, we had 8,044 visits which are 24% less than the prior month and 13% less than July of 2020. This is due to the decrease in schedules during our EHR EPIC conversion and go-live. Our payer mix reflects a slightly higher percentage of uninsured patients at 64% for the year-to-date.</p> <p>By visit category, Adult Medical, Behavioral Health and Dental met their productivity target. Pediatrics missed their target productivity by a very small margin. Telehealth visits continue to decrease at 3% of all visits, down from 5% last month.</p> <p>Productivity targets for in-person visits were met in the Lake Worth, WPB, Boca and Delray Adult Primary Care, WPB and Mobile Clinic, Pediatrics, Behavioral Health in Mangonia and Lake Worth and all four Dental Clinics. In the 90% and higher range were Lantana and Belle Glade Adult Medical and Lantana Pediatrics.</p> <p>The No-Show rate in July was consistent with the prior month at 29%.</p> <p>In July, the largest age group were those from 30-49 years old with 30%. The largest populations are English-speaking at 58%, followed by Spanish-speaking patients at 27% and Creole-speaking at 8%. In Race, 50% were White, 39% Black or African American and 37% were Hispanic or Latino. 3% of our population were Agricultural Workers of which 73% were Seasonal workers and 27% Migrant workers. 13% of our population were Homeless, with the largest percentage of 71% being those who Doubled Up. 59% identify as female and 41% male. For Sexual Orientation, 84% identify as Straight and 13% Choose not to disclose.</p> <p>Mr. Jackson- Moore asked what doubling up means in this agenda item.</p> <p>Dr. Fritsch stated that doubling up means that a person is living with someone but is not contributing to bills or rent.</p>	<p>VOTE TAKEN: Ms. Jackson-Moore made a motion to approve the Operations Reports as presented. Mr. Mullen duly seconded the motion. A vote was called, and the motion passed unanimously.</p>
---	---	--

	<p>Mr. Jackson-Moore stated that the population of the Creole-speaking community is low at 8%.</p> <p>Ms. Miranda stated that if the patient is a Creole-speaking person yet prefers to communicate in English, the system won't capture the patient as a Creole-speaking patient.</p> <p>Dr. Andric stated that the numbers seem low and requested to re-run the numbers and bring it back to the next Board of Directors meeting in October.</p> <p>Ms. Jackson-Moore asked why the No-Show rate state was the same as the previous month.</p> <p>Ms. Miranda stated that the No-Show rates range from the high 20% to 31%, and the month present was not unique.</p> <p>Ms. Jackson-Moore asked if we reach out to patients via phone call or text to remind them of their upcoming appointment.</p> <p>Ms. Miranda stated we provide phone calls, text messages and packets to confirm their upcoming appointments.</p> <p>Mr. Smith stated that there is a tremendous amount of data on our patients. He sees trends but would like to know what we are doing about them.</p> <p>Mr. Gibbons asked for a customized report from Epic.</p> <p>Dr. Andric stated that in the Quality Council Meeting minutes, you could find more trends in detail. She requests that the Board review the minutes so they can see the trends.</p> <p>Ms. Jackson- Moore would like to see the No-Show trend from this year compared to last year.</p> <p>Mr. Smith asked about the mental health visits being down from last year and would like to know the reason for the decrease.</p>	
--	---	--

	<p>Dr. Andric stated that we didn't do well with telehealth and struggled with primary care. We are in the process of hiring more behavioral health providers to resolve the decrease.</p>	
<p>8E. QUALITY</p>		
<p>8E-1. Staff Recommends a MOTION TO APPROVE Quality Reports</p>	<p>This agenda item presents the updated Quality Improvement & Quality Updates: Quality Council Meeting Minutes September 2021 Provider Productivity – July 2021</p> <p><u>PATIENT SAFETY & ADVERSE EVENTS</u> 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> <p><u>PATIENT SATISFACTION AND GRIEVANCES</u> Patient relations are to be presented as a separate agenda item.</p> <p><u>QUALITY ASSURANCE & IMPROVEMENT</u> We are collaborating with the American Cancer Society on FL HPV QI Learning Collaborative. As part of this project, we have analyzed our pediatric HPV vaccination rates and have created our AIM statement to outline our desired improvement outcomes. We are currently working on identifying barriers to improving our HPV vaccination rates and creating a plan to implement solutions for the pediatric clinics.</p> <p><u>UTILIZATION OF HEALTH CENTER SERVICES</u> Individual monthly provider productivity is stratified by the clinic.</p> <p>Ms. Jackson-Moore asked if the report was accurate.</p> <p>Dr. Chibar stated that the report was extracted from Epic Q3, Q4, Q1 was in Athena and not captured in Epic.</p>	<p>VOTE TAKEN: Mr. Gibbons made a motion to approve the Quality Reports as presented. Ms. Bullard duly seconded the motion. A vote was called, and the motion passed unanimously.</p>
<p>9. A.V.P. and Executive Director of Clinic Services Comments</p>	<p>None.</p>	<p>No action necessary.</p>

<p>10. Board Member Comments</p>	<p>Mr. Gibbons stated his appreciation for the service we do. Ms. Jackson-Moore thanks Dr. Andric and her team for their work in Belle Glade's mobile vaccine site.</p>	<p>No action necessary.</p>
<p>11. Closed Meeting</p>		<p>No action necessary.</p>
<p>12. Establishment of Upcoming Meetings</p>	<p><u>October 27, 2021 (HCD Board Room)</u> 12:45 p.m. Board of Directors <u>November 30, 2021 (HCD Board Room)</u> 12:45 p.m. Board of Directors <u>December 14, 2021 (HCD Board Room)</u> 12:45 p.m. Board of Directors</p>	<p>No action necessary.</p>
<p>13. Motion to Adjourn</p>	<p>There being no further business, the meeting was adjourned at 1:52 p.m.</p>	<p>VOTE TAKEN: Mr. Mullen made a motion to adjourn. Ms. Tammy Jackson-Moore duly seconded the motion. A vote was called, and the motion passed unanimously.</p>

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	5/19/21	6/23/21	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	A	X	E	X (ZOOM)	X			
James Elder	X	X	X	E	X	X	X	X	X	X			
Irene Figueroa	X	E	A	X	X	X	X	X	E	X			
John Casey Mullen	X	X	X	X	X	X	X	X	X	X			
Julia Bullard	X	X	X	X	X	X	X	E	X	X			
Marjorie Etienne	E	E	X	X	E	E	A	E	E	A			
Melissa Mastrangelo	E	A	X	X	E	X	X	X	X	E			
Tammy Jackson-Moore	X	X	A	E	X	X	X	X	X (ZOOM)	X			
Robert Glass		X	X	X	X	X	E	X	X	E			
Joseph Gibbons						X	X	E	E	X			

X= Present

C= Cancel

E= Excused

A= Absent

**DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
October 27, 2021**

1. Description: District Clinic Holdings, Inc., Financial Report August 2021

2. Summary:

The August 2021 financial statements for the District Clinic Holdings, Inc., are presented for Board review.

3. Substantive Analysis:

Management has provided the income statements and key statistical information for District Clinic Holdings, Inc. Additional Management discussion and analysis are incorporated into the financial statement presentation.

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:

Candice Abbott
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A
Committee Name

Date Approved

**DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
October 27, 2021**

6. Recommendation:

Staff recommends the Board approve the August 2021 District Clinic Holdings, Inc., financial statements.

Approved for Legal sufficiency:



Bernabe A Icaza
VP & General Counsel



Candice Abbott
VP & Chief Financial Officer



Dr. Hyla Fritsch
Executive Director of Clinic and Pharmacy
Services



MEMO

To: Finance Committee
From: Candice Abbott
Chief Financial Officer
Date: October 27, 2021

Subject: Management Discussion and Analysis as of August 2021 C.L. Brumback Primary Care Clinic Financial Statements.

The August statements represent the financial performance through the eleventh month of the 2021 fiscal year for the C.L. Brumback Primary Care Clinics. Gross patient revenue YTD was favorable to budget by \$6.5M due to increased patient volumes. Net patient revenue YTD was favorable to budget by \$2.1M. Total YTD revenue was favorable to budget by \$206k. Increased unanticipated grant revenues, as well as patient visits are contributing to this favorable variance. Operational expenses before depreciation were favorable to budget by \$681k due mostly to positive variances in medical supplies \$665k, medical services \$217k, and lease and rental of \$338k. Total YTD net margin was (\$12.1M) compared to budget of (\$13.1M) resulting in a favorable variance of \$1.0M or (8.1%).

The Medical clinics gross patient revenue exceeded budget by \$4.7M. This resulted from the clinics being able to resume in-person visits earlier than anticipated. Net patient revenue YTD for the Medical clinics was favorable to budget by \$1.3M. The Medical clinics total YTD revenue was unfavorable to budget by (\$791k). This unfavorable variance resulted from recognition timing of COVID-19 related stimulus funding. Total operating expenses of \$21.7M were favorable to budget of \$22.3M by \$642k. The positive variance of \$642k is primarily due to purchase timing of medical supplies, including COVID-19 test kits. Total YTD net margin was (\$11.3M) compared to budget of (\$11.3M) resulting in a small variance of \$12k or (.01%).

The Dental clinics total YTD gross patient revenue was favorable to budget by \$1.9M. Net patient revenue YTD for the Dental clinics was favorable to budget by \$771k. Total revenue of \$4.0M exceeded budget by \$997k due to increased patient visits. Total operating expenses of \$3.7M were favorable to budget by \$39k. Total YTD net margin was (\$801k) compared to a budget loss of (\$1.9M) for a favorable variance of \$1.1M or (56.9%).

On the Comparative Statement of Net Position, due from other governments decreased from \$6.2M to \$1.7M. This balance is due mainly from Health Resources and Service Administration (HRSA). The District subsidy YTD for the Medical and Dental clinics are \$9.0M, and \$961k respectively for a combined subsidy of \$10.0M.

DISTRICT CLINIC HOLDINGS, INC.
COMPARATIVE STATEMENT OF NET POSITION

	Aug 31, 2021	Jul 31, 2021	Increase (Decrease)
Assets			
Cash and Cash Equivalents	(4,523,276)	(7,796,102)	\$ 3,272,825
Restricted Cash	-	-	-
Accounts Receivable, net	3,359,665	2,408,480	951,185
Due From Other Funds	-	-	-
Due from Other Governments	1,646,586	6,162,665	(4,516,079)
Other Current Assets	206,935	251,155	(44,220)
Net Investment in Capital Assets	2,767,117	2,763,457	3,660
Total Assets	<u>\$ 3,457,027</u>	<u>\$ 3,789,655</u>	<u>\$ (332,629)</u>
Liabilities			
Accounts Payable	317,493	286,986	30,507
Due To Other Governments	-	-	-
Deferred Revenue	834,022	834,022	-
Other Current Liabilities	1,542,692	1,400,585	142,107
Non-Current Liabilities	1,426,124	1,438,384	(12,260)
Total Liabilities	<u>4,120,331</u>	<u>3,959,976</u>	<u>160,355</u>
Deferred Inflows of Resources			
Deferred Inflows- Other Post Employment Benefits	474	474	-
Net Position			
Net Investment in Capital Assets	2,767,117	2,763,457	3,660
Unrestricted	(3,430,896)	(2,934,252)	(496,643)
Total Net Position	<u>(663,778)</u>	<u>(170,795)</u>	<u>(492,983)</u>
Total Liabilities, Deferred Inflows of Resources and Net Position	<u>\$ 3,457,027</u>	<u>\$ 3,789,655</u>	<u>\$ (332,629)</u>

Note: Amounts may not foot due to rounding.

District Clinic Holdings, Inc. Statement of Revenues and Expenses

FOR THE ELEVENTH MONTH ENDED AUGUST 31, 2021

Actual	Current Month		Fiscal Year To Date		Prior Year	Variance	%
	Budget	Variance	Budget	Variance			
1,898,181	1,375,898	522,283	428,311	6,509,991	16,519,083	3,740,777	22.6%
997,078	246,181	(750,897)	(305.0%)	(4,310,663)	3,163,847	(3,617,510)	(114.3%)
34,285	537,783	503,498	93.6%	(701,092)	5,683,431	(401,961)	(7.1%)
(5,864)	190,556	196,420	103.1%	(903,203)	3,365,822	542,127	16.1%
1,025,498	974,520	(50,978)	(5.2%)	(5,914,958)	12,213,100	(3,477,344)	(28.5%)
398,507	417,234	(18,727)	(4.5%)	1,514,469	4,262,020	1,437,091	34%
1,271,190	818,612	452,578	55.3%	2,109,502	8,568,002	1,700,524	19.8%
66.97%	59.50%		49.17%	59.34%	51.87%		
1,271,064	42,249	1,228,815	2,908.5%	7,444,654	6,964,872	2,940,460	42.2%
39,642	145,876	(106,234)	(72.8%)	4,895,588	(3,944,012)	(1,323,031)	(58.2%)
1,392	45,034	(43,642)	(96.9%)	495,374	(420,336)	14	0.0%
1,312,098	233,159	1,078,939	462.7%	12,835,616	(1,903,669)	1,617,443	17.4%
2,583,288	1,051,771	1,531,517	145.6%	20,994,640	17,882,506	3,317,967	18.6%
<i>Direct Operational Expenses:</i>							
1,390,250	1,460,073	69,823	4.8%	15,864,304	15,410,714	(382,554)	(2.5%)
333,706	386,441	52,735	13.6%	4,227,724	(165,510)	(326,030)	(8.0%)
56,438	48,415	(8,023)	(16.6%)	599,626	(486,919)	(291,991)	(36.7%)
114,069	130,483	16,414	12.6%	1,311,248	664,772	(229,412)	(55.0%)
19,548	26,518	6,970	26.3%	291,798	51,971	(56,129)	(30.6%)
46,697	89,003	42,306	47.5%	896,491	216,588	319,159	31.9%
43,486	64,299	20,813	32.4%	643,086	4,416	262,290	29.0%
28,202	9,629	(18,573)	(192.9%)	105,919	(143,667)	50,255	16.8%
101,374	180,968	79,594	44.0%	1,483,187	338,287	111,633	8.9%
7,689	7,341	(348)	(4.7%)	80,751	1,709	(3,743)	(5.0%)
59,175	38,973	(20,202)	(51.8%)	444,288	122,077	(48,349)	(17.7%)
4,026	4,334	308	7.1%	47,674	6,604	(12,113)	(41.8%)
2,204,660	2,446,477	241,817	9.9%	26,000,512	681,364	(606,984)	(2.5%)
378,628	(1,394,706)	1,773,334	(127.1%)	(5,005,872)	887,198	2,710,984	(39.7%)
Net Performance before Depreciation & Overhead Allocations							

District Clinic Holdings, Inc. Statement of Revenues and Expenses

FOR THE ELEVENTH MONTH ENDED AUGUST 31, 2021

	Current Month			Fiscal Year To Date			
	Actual	Budget	Variance	%	Prior Year	Variance	%
31,096	17,334	(13,762)	(79.4%)	20,995	(10,101)	(48.1%)	Depreciation
<i>Overhead Allocations:</i>							
2,046	2,875	829	28.8%	(11,117)	(13,163)	118.4%	Risk Mgt
294,666	206,967	(87,699)	(42.4%)	-	(294,666)	0.0%	Rev Cycle
1,246	3,852	2,605	67.6%	-	(1,246)	0.0%	Internal Audit
20,987	19,768	(1,219)	(6.2%)	17,315	(3,672)	(21.2%)	Home Office Facilities
17,706	33,232	15,526	46.7%	32,060	14,354	44.8%	Administration
44,579	47,193	2,615	5.5%	34,774	(9,804)	(28.2%)	Human Resources
70	17,241	17,171	99.6%	25,073	25,003	99.7%	Legal
2,443	8,048	5,606	69.6%	6,798	4,356	64.1%	Records
2,013	6,886	4,873	70.8%	5,123	3,110	60.7%	Compliance
7,031	7,007	(25)	(0.4%)	-	(7,031)	0.0%	Comm Engage Plan
52,523	82,884	30,361	36.6%	-	(52,523)	0.0%	IT Security
10,402	8,445	(1,957)	(23.2%)	-	(10,402)	0.0%	IT Applications
35,527	40,421	4,894	12.1%	-	(35,527)	0.0%	Security Services
48,223	47,251	(972)	(2.1%)	-	(48,223)	0.0%	IT EPIC
225,929	121,543	(104,386)	(85.9%)	-	(225,929)	0.0%	Finance
34,115	31,665	(2,450)	(7.7%)	29,815	(4,300)	(14.4%)	Public Relations
5,124	10,057	4,933	49.1%	5,555	431	7.8%	Information Technology
35	8,303	8,268	99.6%	160,423	160,388	100.0%	Corporate Quality
32	4,761	4,730	99.3%	-	(32)	0.0%	Project MGMT Office
13,101	11,235	(1,866)	(16.6%)	-	(13,101)	0.0%	Managed Care Contract
-	1,328	1,328	100.0%	2,007	2,007	100.0%	Total Overhead Allocations
817,797	720,963	(96,834)	(13.4%)	307,827	(509,970)	(165.7%)	
3,053,553	3,184,774	131,221	4.1%	2,686,555	(366,999)	(13.7%)	Total Expenses
\$ (470,265)	\$ (2,133,003)	\$ 1,662,738	(78.0%)	\$ (747,243)	\$ 276,978	(37.1%)	Net Margin
22,718	45,000	22,282	49.5%	96,485	73,767	76.5%	Capital
\$ -	\$ 2,177,000	\$ 2,177,000	100.0%	\$ 586,792	\$ 586,792	100.0%	General Fund Support/ Transfer In
346,797	190,674	(156,123)	(81.9%)	206,898	(139,900)	(67.6%)	
34,477	31,624	(2,853)	(9.0%)	8,932	(25,545)	(286.0%)	
2,363,175	2,276,638	(86,537)	(3.8%)	1,162,953	(1,200,222)	(103.2%)	
31,025	42,367	11,343	26.8%	40,512	9,488	23.4%	
202,734	217,453	14,719	6.8%	208,635	5,901	2.8%	
398,561	365,552	(33,009)	(9.0%)	371,874	(26,687)	(7.2%)	
550,179	519,126	(31,052)	(6.0%)	434,460	(115,718)	(26.6%)	
206,896	189,655	(17,241)	(9.1%)	185,103	(21,793)	(11.8%)	
76,260	88,531	12,271	13.9%	74,828	(1,432)	(1.9%)	
58,574	75,745	17,171	22.7%	87,891	29,317	33.4%	
79,662	77,076	(2,587)	(3.4%)	-	(79,662)	0.0%	
762,530	911,719	149,189	16.4%	-	(762,530)	0.0%	
95,103	92,898	(2,205)	(2.4%)	-	(95,103)	0.0%	
494,340	444,630	(49,710)	(10.1%)	-	(494,340)	0.0%	
506,614	519,765	13,151	2.5%	-	(506,614)	0.0%	
1,121,167	1,336,977	215,810	16.1%	-	(1,121,167)	0.0%	
323,990	348,310	24,320	7.0%	338,087	14,096	4.2%	
77,163	110,626	33,463	30.2%	97,575	20,411	20.9%	
99,633	91,330	(8,303)	(9.1%)	1,126,387	1,026,754	91.2%	
57,129	52,373	(4,756)	(9.1%)	17,368	(39,760)	(228.9%)	
107,935	123,587	15,652	12.7%	59,985	(47,950)	(79.9%)	
6,415	14,612	8,196	56.1%	27,468	21,052	76.6%	
7,593,563	7,930,595	337,033	4.2%	4,242,056	(3,351,506)	(79.0%)	
33,259,508	34,121,781	862,273	2.5%	29,161,118	(4,098,390)	(14.1%)	
\$ (12,059,034)	\$ (13,127,141)	\$ 1,068,107	(8.1%)	\$ (11,278,612)	\$ (780,422)	6.9%	
22,718	847,210	824,492	97.3%	102,945	80,227	77.9%	
\$ 9,987,030	\$ 13,984,000	\$ 3,996,970	28.6%	\$ 11,174,659	\$ 1,187,629	10.6%	

District Clinic Holdings, Inc.- Medical Statement of Revenue and Expenses

FOR THE ELEVENTH MONTH ENDED AUGUST 31, 2021

	Current Month			Fiscal Year To Date			
	Actual	Budget	Variance	%	Prior Year	Variance	%
1,227,622	1,064,657	162,965	15.3%	1,400,114	(172,492)	43.6%	13,949,641
692,520	195,335	(497,185)	(254.5%)	348,377	(344,143)	(141.2%)	2,718,665
3,032	358,834	355,802	99.2%	-	(3,032)	(20.0%)	4,188,478
18,368	170,586	152,218	89.2%	740,009	721,642	(37.3%)	3,180,564
713,919	724,755	10,836	1.5%	1,088,387	374,467	(56.7%)	10,087,708
207,735	303,832	(96,097)	(31.6%)	342,918	(135,183)	(27.0%)	3,128,714
721,438	643,734	77,704	12.1%	654,646	66,792	20.8%	6,990,647
58.77%	60.46%	46.76%		46.76%		50.11%	50.11%
1,070,595	35,507	1,035,088	2,915.2%	346,855	723,740	208.7%	5,734,901
-	145,876	(145,876)	(100.0%)	535,807	(535,807)	(100.0%)	1,956,378
1,392	45,034	(43,642)	(96.9%)	3,731	(2,339)	(84.9%)	75,025
1,071,987	226,417	845,570	373.5%	886,392	185,595	(20.9%)	7,766,303
1,793,425	870,151	923,274	106.1%	1,541,038	252,387	(4.4%)	14,756,951
1,191,300	1,235,227	43,927	3.6%	1,265,659	74,359	0.3%	12,843,741
284,289	329,808	45,519	13.8%	252,440	(31,850)	(12.6%)	3,380,376
53,947	44,994	(8,953)	(19.9%)	43,904	(10,043)	(22.9%)	699,558
88,260	115,717	27,457	23.7%	20,455	(67,805)	(331.5%)	221,460
18,352	19,093	741	3.9%	15,175	(3,176)	(20.9%)	153,898
46,697	89,003	42,306	47.5%	164,329	117,632	71.6%	999,062
43,486	64,223	20,737	32.3%	86,206	42,719	49.6%	905,157
27,766	7,308	(20,458)	(279.9%)	11,729	(16,037)	(136.7%)	260,830
78,964	154,299	75,335	48.8%	95,490	16,526	17.3%	979,801
5,903	6,008	105	1.7%	14,765	8,862	60.0%	53,944
56,405	33,480	(22,925)	(68.5%)	24,047	(32,359)	(134.6%)	249,338
3,938	4,293	355	8.3%	3,675	(263)	(7.2%)	28,578
1,899,309	2,103,453	204,144	9.7%	1,997,875	98,566	4.9%	20,775,744
(105,883)	(1,233,302)	1,127,419	(91.4%)	(456,836)	350,953	(76.8%)	(6,018,793)
							1,517,518
							(25.2%)

Direct Operational Expenses:	
Salaries and Wages	5.9%
Benefits	(12.6%)
Purchased Services	(22.9%)
Medical Supplies	(331.5%)
Other Supplies	(20.9%)
Medical Services	71.6%
Drugs	49.6%
Repairs & Maintenance	(136.7%)
Lease & Rental	17.3%
Utilities	60.0%
Other Expense	(134.6%)
Insurance	(7.2%)

Net Performance before Depreciation & Overhead Allocations	
21,668,644	642,404
22,311,048	2.9%
(4,501,275)	(4,352,469)
(148,806)	3.4%
1,517,518	(25.2%)

District Clinic Holdings, Inc. - Medical Statement of Revenue and Expenses

FOR THE ELEVENTH MONTH ENDED AUGUST 31, 2021

	Current Month			Prior Year			Fiscal Year To Date							
	Actual	Budget	Variance	%	Prior Year	Variance	%	Variance	%					
24,104	12,917	(11,187)	(86.6%)	15,379	(8,725)	(56.7%)	Depreciation	142,087	(125,228)	(88.1%)	152,769	(114,546)	(75.0%)	
1,723	2,464	740	30.0%	(9,142)	(10,866)	118.9%	Risk Mgt	27,100	(2,442)	(9.0%)	7,345	(22,196)	(302.2%)	
248,779	174,743	(74,036)	(42.4%)	-	(248,779)	0.0%	Rev Cycle	1,922,177	(72,997)	(3.8%)	944,673	(1,050,501)	(111.2%)	
1,069	3,301	2,232	67.6%	-	(1,069)	0.0%	Internal Audit	36,306	9,693	26.7%	33,317	6,703	20.1%	
18,897	17,713	(1,184)	(6.7%)	15,474	(3,423)	(22.1%)	Home Office Facilities	182,548	12,297	6.3%	186,462	3,914	2.1%	
14,913	28,478	13,565	47.6%	26,366	11,453	43.4%	Administration	313,258	(28,254)	(9.0%)	305,822	(35,691)	(11.7%)	
38,144	40,768	2,625	6.4%	28,467	(9,677)	(34.0%)	Human Resources	475,410	(26,957)	(6.0%)	355,662	(119,748)	(33.7%)	
70	14,775	14,705	99.5%	20,620	20,550	99.7%	Legal	162,524	(14,775)	(9.1%)	152,225	(25,074)	(16.5%)	
2,095	6,897	4,802	69.6%	5,991	3,496	62.5%	Records	75,866	10,449	13.8%	61,537	(3,880)	(6.3%)	
1,727	5,901	4,174	70.7%	4,213	2,486	59.0%	Compliance	50,246	64,910	14,664	22.6%	72,280	22,034	30.5%
6,019	6,005	(15)	(0.2%)	-	(6,019)	0.0%	Comm Engage Plan	66,050	(2,273)	(3.4%)	-	(68,323)	0.0%	
45,055	71,027	25,972	36.6%	-	(45,055)	0.0%	IT Operations	781,293	127,185	16.3%	-	(654,108)	0.0%	
8,922	7,237	(1,685)	(23.3%)	-	(8,922)	0.0%	IT Security	79,609	(1,971)	(2.5%)	-	(81,579)	0.0%	
30,475	34,638	4,163	12.0%	-	(30,475)	0.0%	IT Applications	381,023	8,441	2.2%	-	(372,582)	0.0%	
41,008	40,184	(824)	(2.1%)	-	(41,008)	0.0%	Security Services	442,024	11,202	2.5%	-	(430,822)	0.0%	
193,805	104,156	(89,649)	(86.1%)	-	(193,805)	0.0%	IT EPIC	961,753	1,145,716	183,963	16.1%	-	(961,753)	0.0%
29,264	27,135	(2,129)	(7.8%)	24,519	(4,745)	(19.4%)	Finance	277,923	298,483	20,560	6.9%	278,036	113	0.0%
4,395	8,618	4,223	49.0%	4,568	173	3.8%	Public Relations	66,192	94,800	28,609	30.2%	80,244	14,052	17.5%
35	7,115	7,080	99.5%	131,929	131,894	100.0%	Information Technology	85,380	78,265	(7,115)	(9.1%)	926,319	840,939	90.8%
32	4,080	4,049	99.2%	-	(32)	0.0%	Corporate Quality	44,881	(4,075)	(9.1%)	14,283	(34,672)	(242.7%)	
11,238	9,628	(1,610)	(16.7%)	-	(11,238)	0.0%	Project MGMT Office	92,588	105,908	13,319	12.6%	49,331	(43,258)	(87.7%)
-	1,122	1,122	100.0%	1,630	1,630	100.0%	Managed Care Contract	5,416	12,337	6,920	56.1%	22,312	16,896	75.7%
697,667	615,984	(81,683)	(13.3%)	254,235	(443,432)	(174.4%)	Total Overhead Allocations	6,489,384	6,775,826	286,442	4.2%	3,489,847	(2,999,536)	(86.0%)
2,621,079	2,732,354	111,275	4.1%	2,267,489	(353,591)	(15.6%)	Total Expenses	29,228,961	803,618	2.7%	24,418,360	(4,006,983)	(16.4%)	
\$ (827,654)	\$ (1,862,203)	\$ 1,034,549	(55.6%)	\$ (726,451)	\$ (101,203)	13.9%	Net Margin	\$ (11,257,973)	\$ (11,270,382)	\$ 12,409	(0.1%)	\$ (9,661,409)	\$ (1,596,564)	16.5%
22,718	45,000	22,282	49.5%	(6,460)	(29,178)	451.7%	Capital	847,210	824,492	(22,718)	-	(22,718)	0.0%	
\$ -	\$ 1,910,000	\$ 1,910,000	100.0%	\$ 336,232	\$ 336,232	100.0%	General Fund Support/ Transfer In	\$ 9,025,566	\$ 12,165,000	\$ 3,139,434	25.8%	\$ 9,508,641	\$ 483,075	5.1%

District Clinic Holdings, Inc.- Dental Statement of Revenues and Expenses by Location

FOR THE ELEVENTH MONTH ENDED AUGUST 31, 2021

	Dental Clinic Administration	West Palm Beach Dental Clinic	Lantana Dental Clinic	Delray Dental Clinic	Belle Glade Dental Clinic	Total
Gross Patient Revenue	-	1,829,604	1,783,319	746,174	571,563	4,930,659
Contractual Allowances	-	698,635	801,667	265,231	270,713	2,036,246
Charity Care	-	814,893	478,466	320,440	130,697	1,744,496
Bad Debt	-	107,173	286,200	43,581	19,720	456,675
Total Contractual Allowances and Bad Debt	-	1,620,702	1,566,333	629,252	421,129	4,237,417
Other Patient Revenue	-	791,799	395,572	282,891	333,280	1,803,542
Net Patient Revenue	-	1,000,701	612,558	399,813	483,713	2,496,785
Collection %	-	54.69%	34.35%	53.58%	84.63%	50.64%
Grant Funds	134,644	503,978	309,408	277,489	113,109	1,338,627
Other Financial Assistance	(1,389)	64,763	28,930	91,833	13,555	197,692
Other Revenue	-	-	-	-	-	-
Total Other Revenues	133,255	568,741	338,337	369,322	126,664	1,536,319
Total Revenues	133,255	1,569,442	950,896	769,135	610,376	4,033,104
<i>Direct Operational Expenses:</i>						
Salaries and Wages	323,618	847,769	512,586	509,690	216,922	2,410,585
Benefits	87,104	244,544	132,301	142,905	67,370	674,224
Purchased Services	-	5,097	6,189	4,288	9,362	24,936
Medical Supplies	-	52,351	46,504	29,780	22,840	151,475
Other Supplies	488	34,091	14,464	15,907	12,209	77,159
Drugs	-	-	7	2	-	9
Repairs & Maintenance	-	2,997	2,648	2,502	2,502	10,650
Lease & Rental	-	101,098	59,837	56,095	29,425	246,455
Utilities	-	3,991	4,355	1,715	8,780	18,840
Other Expense	2,282	13,888	8,206	7,342	3,817	35,535
Insurance	-	-	-	-	635	635
Total Operational Expenses	413,492	1,305,827	787,096	770,226	373,864	3,650,504
Net Performance before Depreciation & Overhead Allocations	(280,236)	263,616	163,800	(1,091)	236,513	382,600
Depreciation	-	21,415	10,314	9,284	38,469	79,483
<i>Overhead Allocations:</i>						
Risk Mgt	512	1,735	1,099	1,071	518	4,935
Rev Cycle	-	144,299	91,516	89,077	43,109	368,001
Internal Audit	458	1,550	983	957	463	4,411
Home Office Facilities	20,186	-	-	-	-	20,186
Administration	5,923	20,051	12,706	12,380	5,988	57,048
Human Resources	6,248	27,908	15,620	18,744	6,248	74,769
Legal	3,073	10,403	6,592	6,423	3,107	29,597
Records	1,126	3,810	2,417	2,352	1,138	10,843
Compliance	865	2,927	1,856	1,807	874	8,328
Comm Engage Plan	1,177	3,985	2,527	2,460	1,190	11,339
IT Operations	11,257	38,100	24,163	23,519	11,382	108,421
IT Security	1,404	4,752	3,014	2,934	1,420	13,524
IT Applications	6,412	21,702	13,764	13,397	6,483	61,757
Security Services	-	29,719	18,848	18,346	8,879	75,792
IT EPIC	16,551	56,019	35,528	34,581	16,735	159,415
Finance	4,783	16,188	10,267	9,993	4,836	46,067
Public Relations	1,139	3,855	2,445	2,380	1,152	10,972
Information Technology	1,480	5,010	3,174	3,093	1,496	14,253
Corporate Quality	849	2,873	1,820	1,774	858	8,173
Project MGMT Office	1,593	5,393	3,420	3,329	1,611	15,347
Managed Care Contract	-	392	248	242	117	999
Total Overhead Allocations	85,037	400,670	252,009	248,858	117,604	1,104,179
Total Expenses	498,529	1,727,911	1,049,419	1,028,368	529,937	4,834,165
Net Margin	\$ (365,273)	\$ (158,469)	\$ (98,524)	\$ (259,233)	\$ 80,439	\$ (801,061)
Capital	-	-	-	-	-	-
General Fund Support/ Transfer In	\$ 961,464	-	-	-	-	961,464

District Clinic Holdings, Inc.- Dental Statement of Revenues and Expenses

FOR THE ELEVENTH MONTH ENDED AUGUST 31, 2021

		Current Month				Fiscal Year To Date								
Actual	Budget	Variance	%	Prior Year	Variance	%	Prior Year	Variance	%					
670,559	311,241	359,318	115.4%	69,756	600,803	861.3%	Gross Patient Revenue	4,930,659	3,073,115	1,857,544	60.4%	2,569,441	2,361,218	91.9%
304,558	50,846	(253,712)	(499.0%)	20,170	(284,388)	(1,409.9%)	Contractual Allowances	2,036,246	503,054	(1,533,192)	(304.8%)	445,182	(1,591,064)	(357.4%)
31,253	178,949	147,696	82.5%	44,970	13,717	30.5%	Charity Care	1,744,496	1,765,482	20,986	1.2%	1,494,953	(249,543)	(16.7%)
(24,232)	19,970	44,202	221.3%	7,940	32,173	405.2%	Bad Debt	456,675	196,586	(260,089)	(132.3%)	185,257	(271,417)	(146.5%)
311,579	249,765	(61,814)	(24.7%)	73,080	(238,499)	(326.4%)	Total Contractuals and Bad Debts	4,237,417	2,465,122	(1,772,295)	(71.9%)	2,125,392	(2,112,025)	(99.4%)
190,772	113,402	77,370	68.2%	71,449	119,323	167.0%	Other Patient Revenue	1,803,542	1,118,191	685,351	61.3%	1,133,306	670,237	59.1%
549,752	174,878	374,874	214.4%	68,124	481,628	707.0%	Net Patient Revenue	2,496,785	1,726,184	770,601	44.6%	1,577,355	919,430	58.3%
81.98%	56.19%	97.66%		97.66%			Collection %	50.64%	56.17%		61.39%			
200,469	6,742	193,727	2,873.4%	214,220	(13,751)	(6.4%)	Grant Funds	1,338,627	1,309,877	28,750	2.2%	1,229,971	108,656	8.8%
39,642	-	39,642	0.0%	115,929	(76,288)	(65.8%)	Other Financial Assistance	197,692	-	197,692	0.0%	318,229	(120,537)	(37.9%)
-	-	-	0.0%	-	-	0.0%	Other Revenue	-	-	-	0.0%	-	-	0.0%
240,111	6,742	233,369	3,461.4%	330,149	(90,038)	(27.3%)	Total Other Revenues	1,536,319	1,309,877	226,442	17.3%	1,548,201	(11,881)	(0.8%)
789,863	181,620	608,243	334.9%	398,273	391,590	98.3%	Total Revenues	4,033,104	3,036,061	997,043	32.8%	3,125,556	907,548	29.0%
										<i>Direct Operational Expenses:</i>				
198,951	224,846	25,895	11.5%	232,876	33,925	14.6%	Salaries and Wages	2,410,585	2,442,856	32,271	1.3%	2,566,973	156,388	6.1%
49,417	56,633	7,216	12.7%	46,447	(2,970)	(6.4%)	Benefits	674,224	619,173	(55,051)	(8.9%)	686,828	12,604	1.8%
2,491	3,421	930	27.2%	6,286	3,795	60.4%	Purchased Services	24,936	35,384	10,448	29.5%	94,996	70,059	73.7%
25,809	14,766	(11,043)	(74.8%)	16,522	(9,287)	(56.2%)	Medical Supplies	151,475	145,754	(5,721)	(3.9%)	195,604	44,129	22.6%
1,196	7,425	6,229	83.9%	18,472	17,276	93.5%	Other Supplies	77,159	81,775	4,616	5.6%	29,800	(47,359)	(158.9%)
-	-	-	0.0%	-	-	0.0%	Medical Services	-	-	-	0.0%	-	-	0.0%
-	76	76	100.0%	-	-	0.0%	Drugs	9	740	731	98.8%	219	210	95.8%
435	2,321	1,886	81.3%	2,883	2,448	84.9%	Repairs & Maintenance	10,650	25,531	14,881	58.3%	39,011	28,361	71.7%
22,410	26,669	4,259	16.0%	25,000	2,590	10.4%	Lease & Rental	246,455	261,209	14,754	5.6%	276,731	30,276	10.9%
1,786	1,333	(453)	(34.0%)	11,048	9,262	83.8%	Utilities	18,840	14,663	(4,177)	(28.5%)	21,355	2,515	11.8%
2,770	5,493	2,723	49.6%	285	(2,485)	(871.8%)	Other Expense	35,535	61,928	26,393	42.6%	24,525	(11,010)	(44.9%)
88	41	(47)	(113.7%)	41	(47)	(115.7%)	Insurance	635	451	(184)	(40.8%)	379	(256)	(67.4%)
305,352	343,024	37,672	11.0%	359,858	54,507	15.1%	Total Operational Expenses	3,650,504	3,689,464	38,960	1.1%	3,936,421	285,917	7.3%
484,511	(161,404)	645,915	(400.2%)	38,415	446,096	1,161.3%	Net Performance before Depreciation & Overhead Allocations	382,600	(653,403)	1,036,003	(158.6%)	(810,865)	1,193,465	(147.2%)

District Clinic Holdings, Inc.- Dental Statement of Revenues and Expenses

FOR THE ELEVENTH MONTH ENDED AUGUST 31, 2021

				Current Month				Fiscal Year To Date					
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%
6,993	4,417	(2,576)	(58.3%)	5,616	(1,377)	(24.5%)	79,483	48,587	(30,896)	(63.6%)	54,129	(25,353)	(46.8%)
323	411	89	21.6%	(1,975)	(2,297)	116.3%	4,935	4,524	(411)	(9.1%)	1,586	(3,349)	(211.1%)
45,886	32,224	(13,662)	(42.4%)	-	(45,886)	0.0%	368,001	354,462	(13,539)	(3.8%)	218,279	(149,722)	(68.6%)
177	551	374	67.8%	-	(177)	0.0%	4,411	6,061	1,650	27.2%	7,196	2,784	38.7%
2,090	2,055	(34)	(1.7%)	1,840	(249)	(13.6%)	20,186	22,608	2,423	10.7%	22,174	1,988	9.0%
2,793	4,754	1,961	41.3%	5,695	2,902	51.0%	57,048	52,294	(4,754)	(9.1%)	66,052	9,004	13.6%
6,435	6,425	(10)	(0.2%)	6,307	(128)	(2.0%)	74,769	70,674	(4,095)	(5.8%)	78,798	4,030	5.1%
-	2,466	2,466	100.0%	4,454	4,454	100.0%	29,597	27,131	(2,466)	(9.1%)	32,878	3,280	10.0%
347	1,151	804	69.8%	1,208	860	71.2%	10,843	12,665	1,822	14.4%	13,291	2,448	18.4%
286	985	699	70.9%	910	624	68.5%	8,328	10,836	2,507	23.1%	15,611	7,283	46.7%
1,012	1,002	(10)	(1.0%)	-	(1,012)	0.0%	11,339	11,026	(313)	(2.8%)	-	(11,339)	0.0%
7,468	11,857	4,389	37.0%	-	(7,468)	0.0%	108,421	130,426	22,004	16.9%	-	(108,421)	0.0%
1,481	1,208	(273)	(22.6%)	-	(1,481)	0.0%	13,524	13,289	(235)	(1.8%)	-	(13,524)	0.0%
5,051	5,782	731	12.6%	-	(5,051)	0.0%	61,757	63,606	1,849	2.9%	-	(61,757)	0.0%
7,214	7,067	(147)	(2.1%)	-	(7,214)	0.0%	75,792	77,741	1,949	2.5%	-	(75,792)	0.0%
32,124	17,387	(14,737)	(84.8%)	-	(32,124)	0.0%	159,415	191,261	31,846	16.7%	-	(159,415)	0.0%
4,851	4,530	(321)	(7.1%)	5,296	445	8.4%	46,067	49,828	3,761	7.5%	60,051	13,984	23.3%
729	1,439	710	49.4%	987	258	26.2%	10,972	15,825	4,853	30.7%	17,331	6,359	36.7%
-	1,188	1,188	100.0%	28,494	28,494	100.0%	14,253	13,065	(1,188)	(9.1%)	200,067	185,815	92.9%
-	681	681	100.0%	-	-	0.0%	8,173	7,492	(681)	(9.1%)	3,085	(5,088)	(164.9%)
1,863	1,607	(256)	(15.9%)	-	(1,863)	0.0%	15,347	17,680	2,333	13.2%	10,654	(4,692)	(44.0%)
-	207	207	100.0%	377	377	100.0%	999	2,275	1,276	56.1%	5,156	4,157	80.6%
120,130	104,979	(15,151)	(14.4%)	53,591	(66,538)	(124.2%)	1,104,179	1,154,769	50,590	4.4%	752,209	(351,970)	(46.8%)
432,474	452,420	19,946	4.4%	419,066	(13,408)	(3.2%)	4,834,165	4,892,820	58,655	1.2%	4,742,759	(91,406)	(1.9%)
\$ 357,389	\$ (270,800)	\$ 628,189	(232.0%)	\$ (20,792)	\$ 378,181	(1,818.9%)	\$ (801,061)	\$ (1,856,759)	\$ 1,055,698	(56.9%)	\$ (1,617,203)	\$ 816,142	(50.5%)
-	-	-	0.0%	102,945	102,945	100.0%	-	-	-	0.0%	102,945	102,945	100.0%
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	-	-	0.0%
\$ -	\$ 267,000	\$ 267,000	100.0%	\$ -	\$ -	0.0%	\$ 961,464	\$ 1,819,000	\$ 857,536	47.1%	\$ 1,666,019	\$ 704,555	42.3%



Health Care District Palm Beach County

Clinic Visits - Adults and Pediatrics	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Current Year Total	Current YTD Budget	%Var to Budget	Prior Year Total
	West Palm Beach	1,227	929	1,068	836	879	1,119	1,138	1,007	1,173	911	1,004	11,291	6,319	78.7%	12,993
Delray	1,061	883	989	776	582	723	600	541	560	457	528	7,700	6,813	13.0%	9,215	
Lantana	1,738	1,282	1,379	1,374	1,480	1,638	1,799	1,695	1,832	1,258	1,452	16,927	17,637	(4.0%)	15,343	
Belle Glade	616	395	661	451	555	656	622	566	616	621	792	6,551	4,621	41.8%	6,275	
Lewis Center	786	695	807	662	696	685	584	541	648	227	427	6,758	1,833	268.7%	2,690	
Lake Worth & Women's Health Care	1,153	979	958	907	953	1,339	1,206	1,222	1,409	1,002	1,246	12,374	7,591	63.0%	11,386	
Jupiter Clinic	602	407	468	450	527	656	501	415	533	484	456	5,499	4,117	33.6%	3,966	
West Boca & Women's Health Care	786	679	730	641	666	798	741	637	562	354	395	6,989	4,679	49.4%	6,648	
Cib Mob 1 Warrior	16	-	-	1	-	-	-	-	-	351	2,234	2,602	136	1,813.2%	1,087	
Cib Mob 2 Scout	-	-	-	-	-	-	-	-	-	559	1,115	1,674	136	1,130.9%	-	
Cib Mob 3 Hero	-	-	-	-	-	-	-	-	-	592	460	1,052	136	673.5%	-	
Mangonia Park	259	203	198	224	261	447	508	523	554	64	52	3,293	1,368	-	1,904	
Mangonia Park-Substance	-	-	-	-	-	-	-	-	-	-	-	-	1,809	(100.0%)	2,338	
Total Clinic Visits	82,444	64,522	72,258	63,322	65,999	80,061	76,999	71,147	78,887	68,880	10,161	-	827,710	57,195	44.6%	73,845

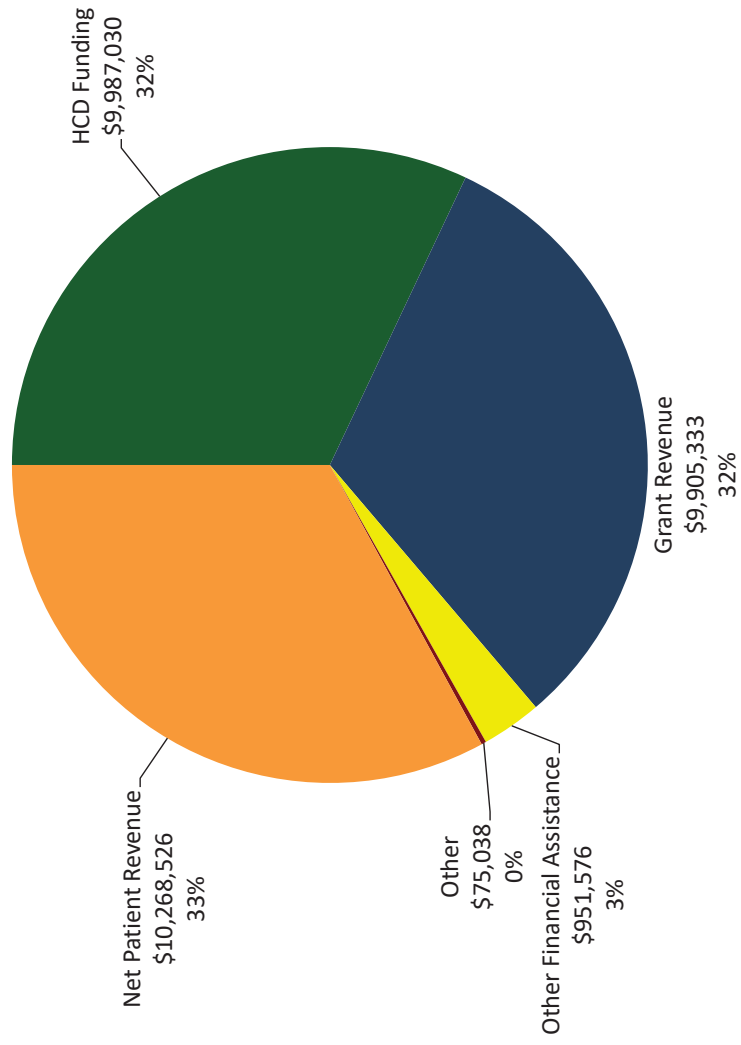
Total Dental Visits	Total Dental Visits												Total			
	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21		Current Year Total		
West Palm Beach	467	334	427	172	159	179	693	691	705	469	703	4,999	4,721	5.9%	5,465	
Lantana	447	358	473	466	495	558	553	423	561	475	603	5,412	7,032	(23.0%)	3,026	
Delray	-	-	-	-	-	-	306	480	338	362	362	1,889	3,369	(43.9%)	3,171	
Belle Glade	-	-	-	2	-	-	201	270	346	307	375	1,501	1,838	(18.3%)	2,081	
Total Dental Visits	914	692	900	640	654	737	1,753	1,864	2,015	1,589	2,043	-	13,801	16,960	(18.6%)	13,743

Total Medical and Dental Visits	9,158	7,144	8,158	6,962	7,253	8,798	9,452	9,011	9,902	8,469	12,204	-	96,511	74,155	30.1%	87,588
---------------------------------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	--------	---	--------	--------	-------	--------

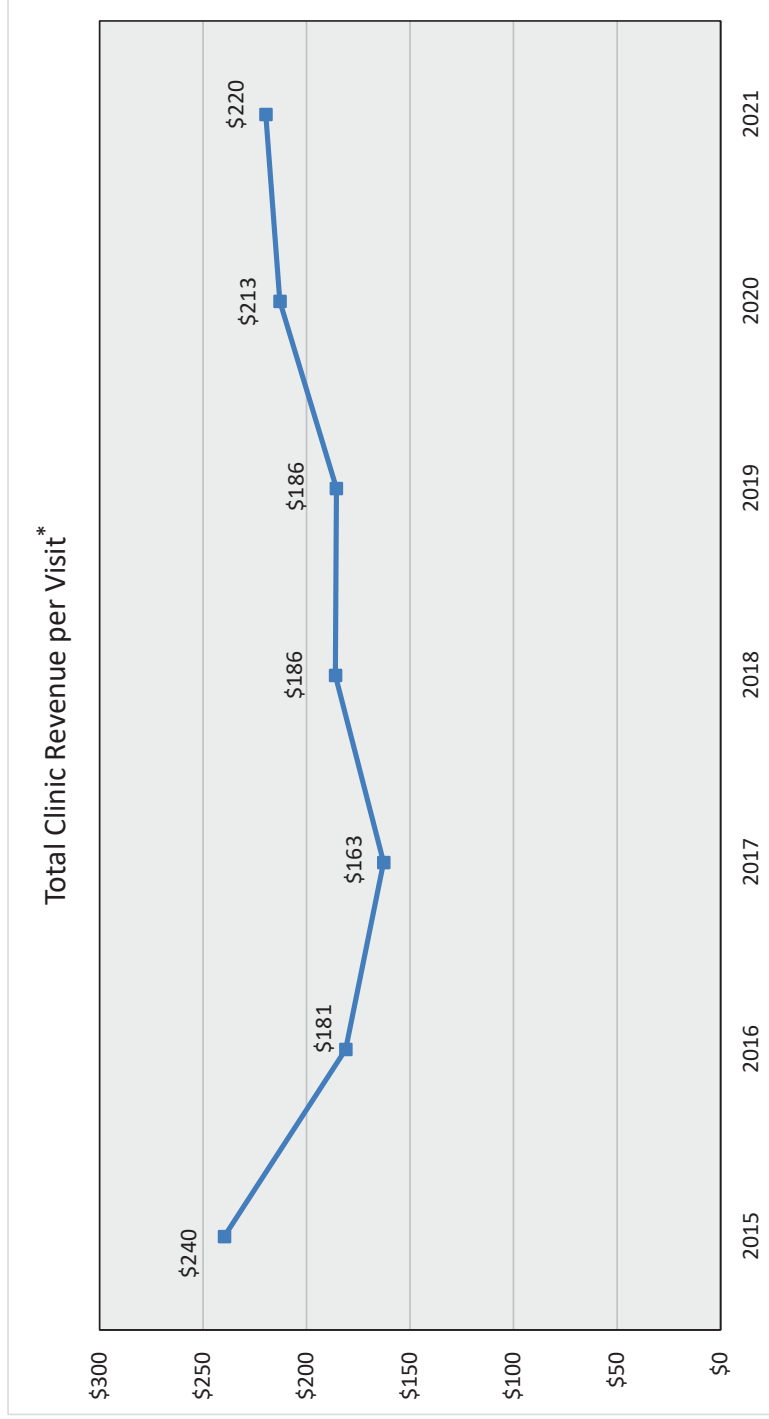
Key Ratios	Collection Ratio	Bad debt write off as a percentage of total billing	Collections per visit	Charges Per Visit	Percentage of A/R less than 120 days	Days in AR
West Palm Beach	21%	0%	5.23	126	5%	47

Mental Health Counselors (non-billable)	Mental Health Counselors (non-billable)												Total			
	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21		Current Year Total		
West Palm Beach	60	41	22	1	3	2	-	-	1	19	86	143	850	(83.2%)	1,345	
Delray	-	36	2	1	1	-	-	3	1	-	-	43	2,806	(98.5%)	4,392	
Lantana	26	18	41	21	14	21	18	15	11	67	80	332	315	5.4%	871	
Belle Glade	458	205	225	214	205	311	441	387	409	463	533	3,851	1,231	212.8%	2,052	
Mangonia Park	308	381	544	678	709	838	729	625	677	764	927	7,180	1,172	512.6%	1,377	
Lewis Center	12	-	1	-	-	-	-	-	-	137	174	324	895	(63.8%)	1,205	
Lake Worth	-	-	-	-	-	-	-	-	-	-	-	-	-	0.0%	1	
Jupiter	-	-	-	-	-	-	-	-	-	-	-	-	-	0.0%	11	
West Boca	-	-	-	-	-	-	-	-	-	-	-	-	-	0.0%	362	
Mobile Van	-	-	-	-	-	-	-	-	-	-	-	-	-	0.0%	1	
Total Mental Health Screenings	864	683	835	915	932	1,172	1,188	1,030	1,099	1,504	1,800	-	12,022	8,389	43.3%	12,468

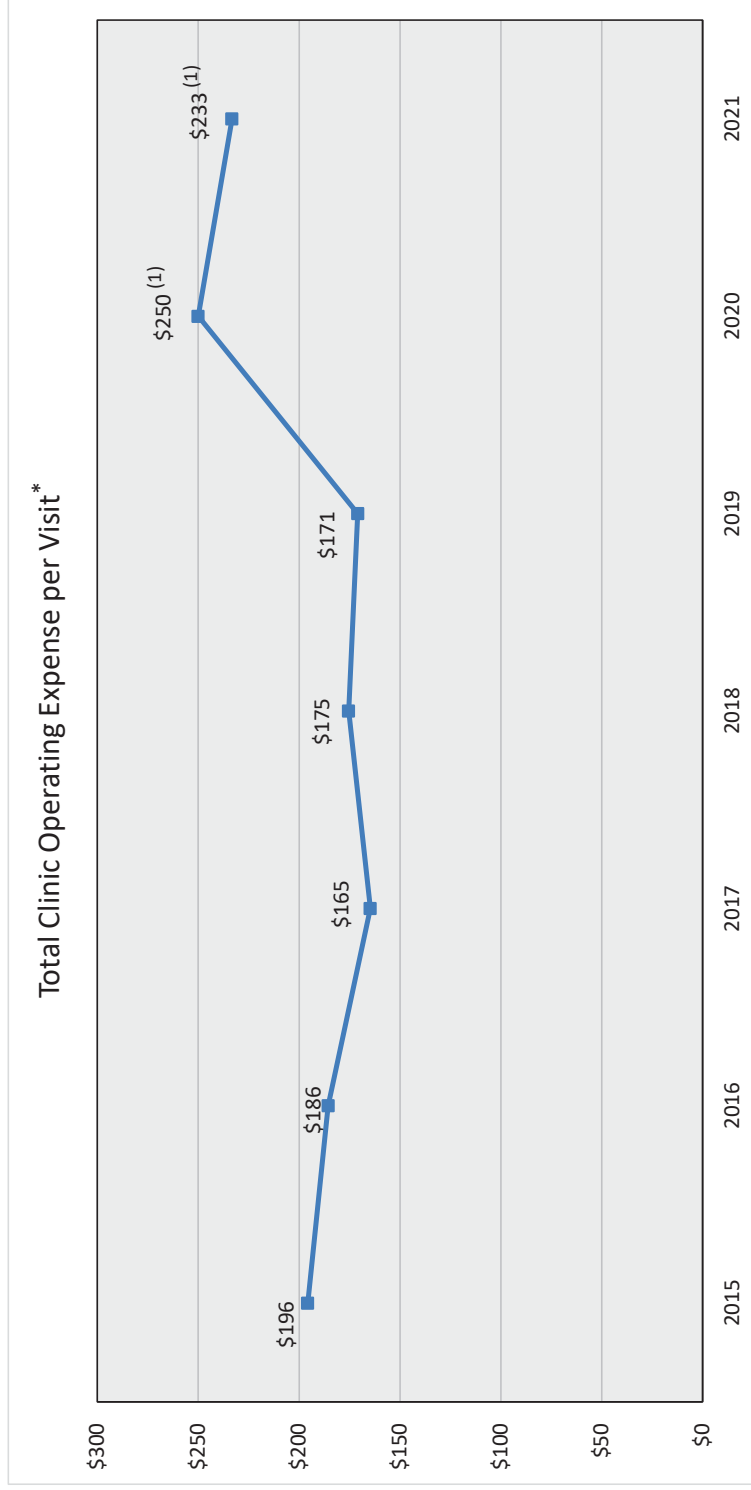
Primary Care Clinics Funding Sources



Fiscal YTD August 2021 Total Revenue \$31,187,503

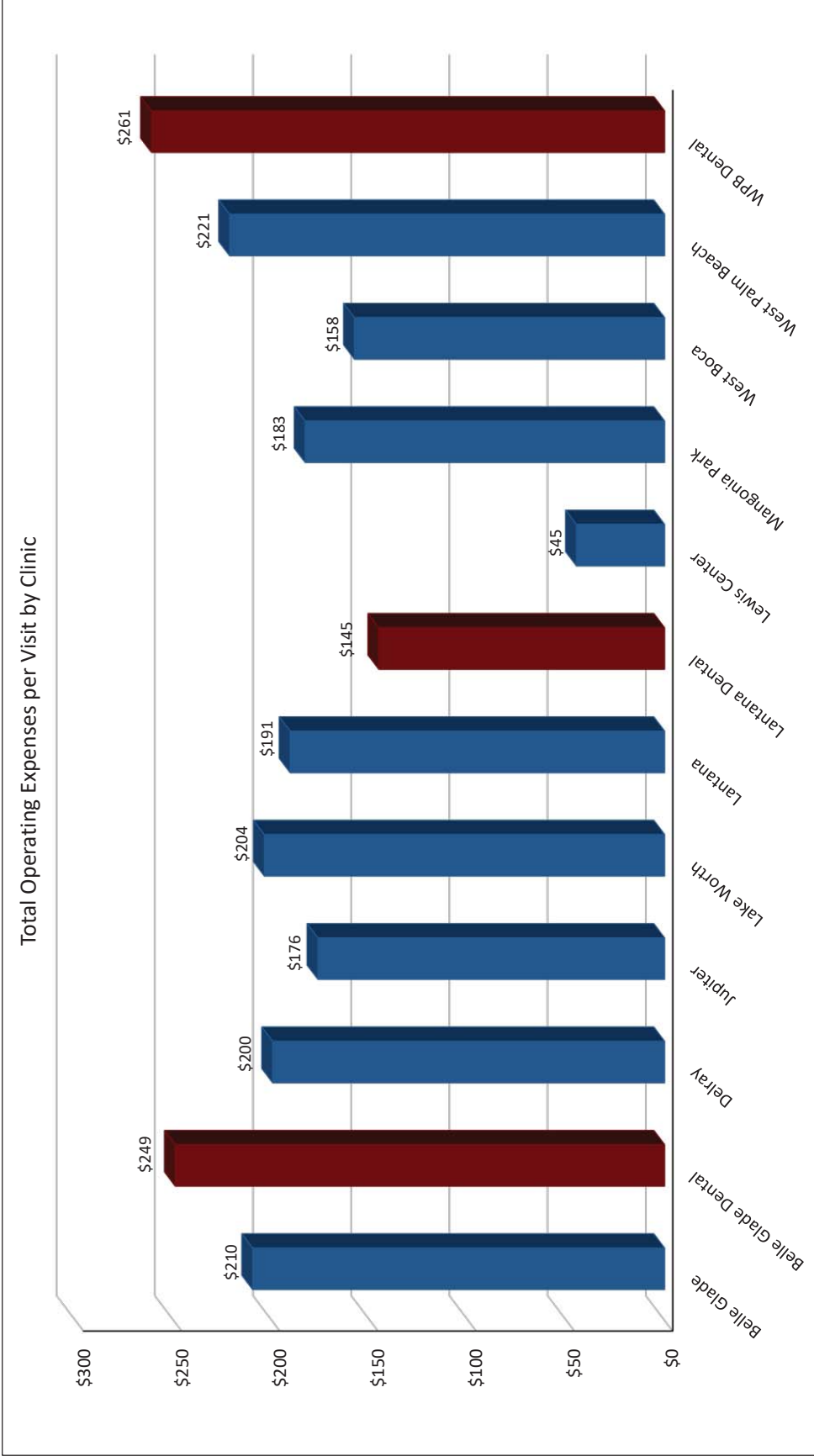


* Based on total medical and dental visits



(1) Increase in expense per visit is due to lower visits in fiscal years 2020 and 2021 related to operational changes for Covid-19

* Based on total medical, dental, and mental health visits



* Based on Fiscal Year-to-Date August 2021 total operating expenses (excludes depreciation, overhead allocations, and capital)

** Visits for the medical clinics include medical and mental health visits

**DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
October 27, 2021**

1. Description: Tracking Higher Level of Care Referrals Policy

2. Summary:

C. L. Brumback Primary Care Clinics have revised the “Tracking Higher Level of Care Referrals” to accurately reflect the processes in place.

3. Substantive Analysis:

Attached you will find the Tracking Higher Level of Care Referrals Policy staff are recommending for approval.

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

Candice Abbott
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

Committee Name

Date Approved

**DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
October 27, 2021**

6. Recommendation:

Staff recommends the Board approve the revised Tracking Higher Level of Care Referrals Policy.

Approved for Legal sufficiency:



Bernabe Icaza
VP & General Counsel



Dr. Charmaine Chibar
FQHC Medical Director



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



Tracking Higher Level of Care Referrals Policy

Policy #: PCC-Clin-832-14.1 Effective Date: 10/13/2021
 Business Unit: Primary Care Clinics Last Review Date:
 Approval Group: PCC Clinical Policy Document Owner(s): Primary Care Clinics
 Board Approval Date: 10/23/2014

PURPOSE

N/A

SCOPE

N/A

POLICY

It is the policy of C.L. Brumback Primary Care Clinics to track all hospital and emergency department (ED) visits for all established primary care patients according to HRSA guidance provided in the Program Assistance Letters (PAL) to ensure continuity of care and a seamless transition from the clinic to the hospital and from the hospital back to the clinic. Each clinic site will assign a staff member to follow through on all known hospital admissions or ED visits. Hospital and ED visits will be monitored as closely as possible to when they occur in order to enhance follow up, prevent readmission and prevent condition from worsening. C.L. Brumback Primary Care Clinics will strive to establish two-way communication with local hospitals and ED departments so the Primary Care Provider will be notified of an admission or ED visit. C.L. Brumback Primary Care Clinic staff will ask patients at the beginning of each visit whether they have had a hospital admission or ED visit since their last health center appointment.

EXCEPTIONS

N/A

RELATED DOCUMENTS	
Related Policy Document(s)	
Related Forms	
Reference(s)	



Last Revision	
Revision Information/Changes	
Next Review Date	

APPROVALS	
Reviewer approval	Sandra Warren; Charmaine Chibar;
Reviewer approval date	
Final approver	Hyla Fritsch;
Final approval date	

This policy is only intended to serve as a general guideline to assist staff in the delivery of patient care; it does not create standard(s) of care or standard(s) of practice. The final decision(s) as to patient management shall be based on the professional judgement of the health care providers(s) involved with the patient, taking into account the circumstances at that time. Any references are to sources, some parts of which were reviewed in connection with formulation of the policy/procedure. The references are not adopted in whole or in part by the hospital(s) or clinic(s) / provider(s).

The master document is controlled electronically. Printed copies of this document are not controlled. Document users are responsible for ensuring printed copies are valid prior to use.

**DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
October 27, 2021**

1. Description: APRN Psychiatry Delineation of Privileges

2. Summary:

The agenda item represents the APRN Delineation of Privileges for Psychiatry recommended for Behavioral Health practitioners by the FQHC Medical Director and Behavioral Health Director.

3. Substantive Analysis:

The Delineation of Privileges presented meets 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)

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

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

Candice Abbott
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

Committee Name

Date Approved

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
October 27, 2021

6. Recommendation:

Staff recommends the Board approve the APRN Psychiatry Delineation of Privileges.

Approved for Legal sufficiency:

DocuSigned by:
Bernabe Icaza

0290C6C02014479...
Bernabe Icaza

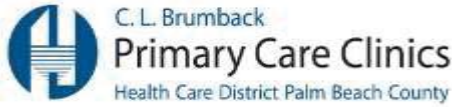
VP & General Counsel

lh Dr MD

Dr. Charmaine Chibar
FQHC Medical Director

H Fritsch

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



*Application for Clinical Privileges APRN
Specialty: Psychiatry*

DELINEATION OF PRIVILEGES

Initial Appointment Reappointment

Practitioner Name:	
Specialty:	

Clinic Privileges Eligibility Criteria:

1. Current active licensure to practice as a nurse practitioner in the State of Florida
2. Completed additional education/training as follows: Advanced Practice Registered Nurse by the Florida State Board of Nursing and current certification by the American Nurses Credentialing Center (ANCC), American Academy of Nurse Practitioners (AANP), or an equivalent body as required by licensure

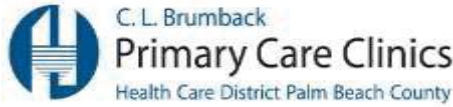
General Privileges - Core I Privileges

Psychiatry Core I privileges includes the evaluation, diagnosis, treatment and consultation to patients presenting with mental, behavioral, addictive, or emotional disorders. Must be able to engage in initial and continuing evaluation and treatment of patients, including treatment intervention. Must be able to provide both psychotherapeutic and psychopharmacologic services to patients and teach those services to house staff. Privileges in Core I include medical problems that normally are taught in residency programs. Nurse Practitioners requesting privileges in this Core I will have documented experience, demonstrated ability, and current competence in the field of Psychiatric Medicine.

- Clinical interviewing, including psychosocial history taking
- Mental Status examination
- Physical examination including lab results
- Psychiatric diagnosis using DSM
- Consultation and liaison with other nurse practitioners in other fields regarding psychiatric disorders interacting with physical disorders
- Crisis intervention
- Emergency psychiatry
- Ambulatory psychiatry
- Psychopharmacology
- Working knowledge of major psychotherapeutic modalities
- Differential diagnosis of patients with medical problems presenting with behavioral symptoms
- Use of psychological tests, rating scales and outcome measures
- Domestic violence, recognize/manage
- Physical, emotional and sexual abuse, neglect, recognize/ manage
- Limited Medical Management consistent with psychiatric supervisor

Requested by: _____
(Applicant Signature)

Approved by: _____
(Behavioral Health Director Signature)



Application for Clinical Privileges APRN
Specialty: Psychiatry

Core II Privileges

Privileges in this Core may be granted to practitioners who have acquired added experience and/or training, and who have special skills and knowledge in the specific areas. A representative but, of necessity, not complete list of Psychiatry Core II Privileges is stated below.

Requested Approved

- _____ _____ Child Psychiatry (3-13 yrs.)
Qualifications: Successful completion of two (two) years of specialized training in child psychiatry or in an accredited child psychiatry program or documentation of two (2) years' work experience specific to the care and treatment of children.

- _____ _____ Adolescent Psychiatry (14 – 17 yrs.)
Qualifications: Documentation of one (1) year work experience specifically related to the care and treatment of adolescents/ adults.

Applicant Attestation:

I attest by signature that I have requested privileges for which by education, training, current experience and demonstrated performance I am qualified to perform and for which I wish to exercise at the C.L. Brumback Primary Care Clinics to the extent services are available to be performed. I further agree to provide documentary evidence of clinical experience and performance of the past two (2) years if requested.

Applicant Printed Name

Specialty

Applicant Signature

Date

Behavioral Health Director:

The C.L. Brumback Primary Care Clinics' Behavioral Health Director accepts the above applicant's attestation and asserts that he/she meets the minimum criteria for the privileges requested.

Courtney Phillips, MD

Behavioral Health Director

Behavioral Health Director
Signature

Date

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
October 27, 2021

1. Description: Executive Director of Clinic Annual Evaluation

2. Summary:

This agenda item presents the annual evaluation of Dr. Hyla Fritsch, AVP & Executive Director of Clinic & Pharmacy Services.

3. Substantive Analysis:

The Bylaws and HRSA Compliance Manual indicate that the annual evaluation of the Executive Director of the Clinics are reviewed and approved by the Board. Evaluation provided under separate cover.

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

Candice Abbott
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

Committee Name

Date Approved

**DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
October 27, 2021**

6. Recommendation:

Staff recommends the Board approve Dr. Fritsch's Annual Evaluation.

Approved for Legal sufficiency:



Bernabe Icaza
VP & General Counsel



Dr. Belma Andric
Chief Medical Officer, VP & Executive Director
of Clinic Services



Darcy J. Davis
Chief Executive Officer

**DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
October 27, 2021**

1. Description: Organizational Chart Review and Staffing

2. Summary:

Review of Organizational Chart and staffing for the Clinics.

3. Substantive Analysis:

Review of Organizational Chart and staffing for the Clinics.

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

Candice Abbott
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

Committee Name

Date Approved

6. Recommendation:

Staff recommends Board receive and file the Review of Organizational Chart and staffing for the Clinics.

**DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
October 27, 2021**

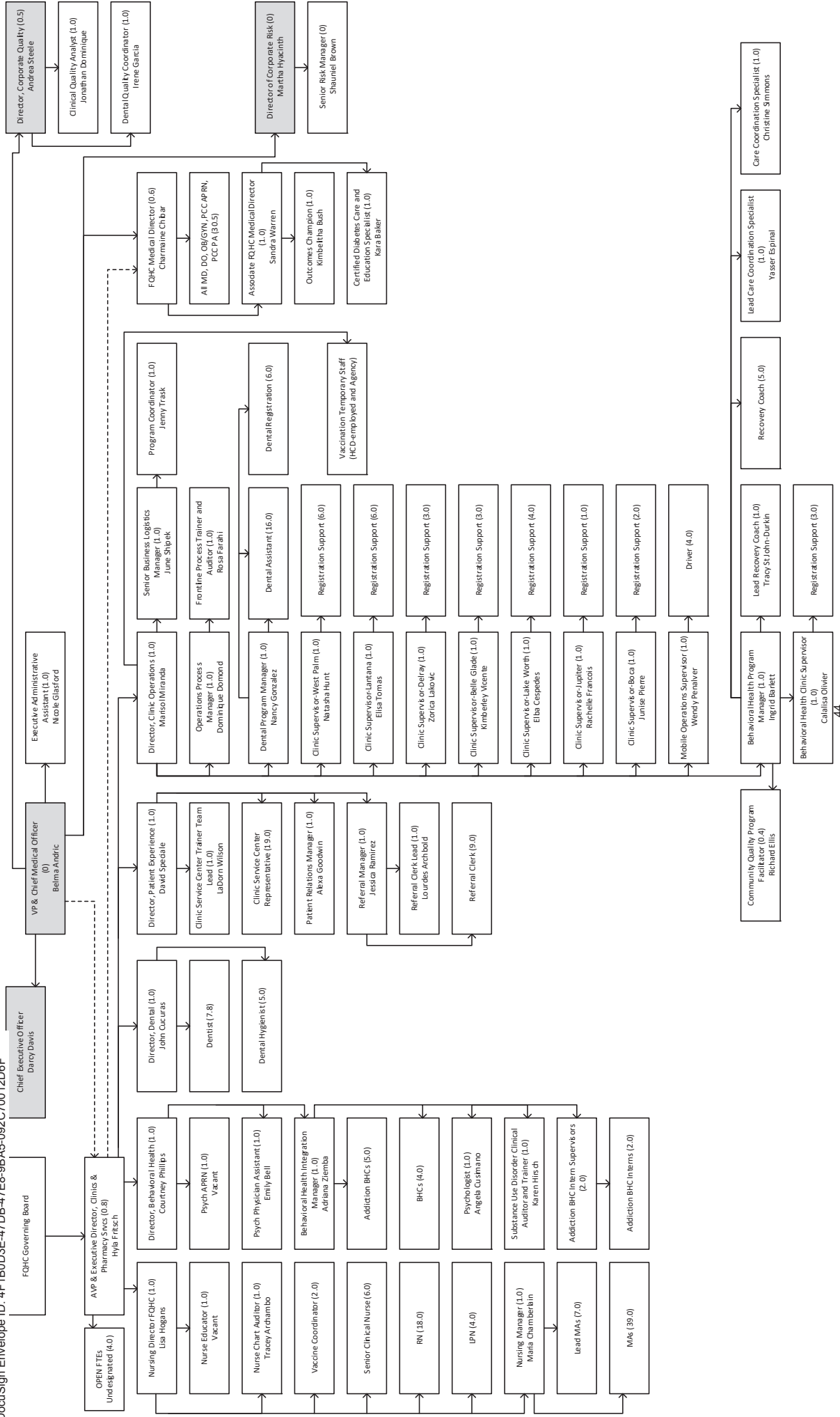
Approved for Legal sufficiency:



Bernabe Icaza
VP & General Counsel



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



DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
October 27, 2021

1. Description: C. L. Brumback Primary Care Clinics Fiscal Year 2022 Adopted Budget

2. Summary:

This item presents the fiscal year 2022 budget for the C.L. Brumback Primary Care Clinics adopted by the Health Care District Board.

3. Substantive Analysis:

The fiscal year 2022 budget, which was previously adopted by the Health Care District Board on September 28, 2021, is attached for your review. The budget includes total expenditures and capital of \$43,854,839 and District support of \$16,700,000.

4. Fiscal Analysis & Economic Impact Statement:

	Amount	Budget
Capital Requirements	\$1,201,050	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Annual Net Revenue	\$27,176,127	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Annual Expenditures	\$42,653,789	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Reviewed for financial accuracy and compliance with purchasing procedure:



Candice Abbott
 VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

Health Care District Board and
 Finance and Audit Committee

Committee Name

9/28/2021

Date Approved

**DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
October 27, 2021**

6. Recommendation:

Staff recommends the Board approve the adoption of the fiscal year 2022 budget.

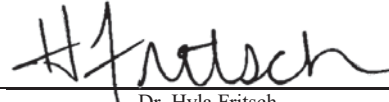
Approved for Legal sufficiency:



Bernabe Icaza
VP & General Counsel



Candice Abbott
VP & Chief Financial Officer



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



District Clinic Holdings, Inc.



Fiscal Year 2022 Budget

Primary Care Clinics Trended Performance

	2018		2019		2020		2021		2022		Variance from 2021 Projected	
	Actual		Actual		Actual		Actual		Budget		\$	%
Gross Patient Revenue	22,427,858		22,224,392		18,294,850		20,773,607		22,710,078		1,936,471	9.32%
Contractual Allowances	9,877,568		7,132,374		3,629,389		5,406,906		5,414,142		7,236	0.13%
Charity	4,444,727		6,419,573		5,797,489		7,308,711		7,753,183		444,472	6.08%
Bad Debt	2,298,002		2,908,424		4,393,095		3,568,388		3,700,866		132,478	3.71%
Total Contractual Allowances and Bad Debt	16,620,297		16,460,371		13,819,973		16,284,005		16,868,191		584,186	3.59%
Other Patient Revenue	9,388,261		5,604,055		4,725,920		6,068,354		5,489,757		(578,597)	-9.53%
Net Patient Revenue	15,195,822		11,368,076		9,200,798		10,557,956		11,331,644		773,688	7.33%
Collection Percentage	67.75%		51.15%		50.29%		50.82%		49.90%		-0.93%	
Grant Funds	7,310,918		10,526,621		8,143,988		11,022,910		15,725,393		4,702,483	42.66%
Other Financial Assistance	-		-		2,421,186		911,081		-		(911,081)	-100.00%
Interest Earnings	-		8,515		1,300		-		-		-	-
Other Revenue	1,929,420		2,404,782		577,073		119,090		119,090		-	0.00%
Total Other Revenues	9,240,338		12,939,917		11,143,546		12,053,081		15,844,483		3,791,402	31.46%
Total Revenues	24,436,160		24,307,993		20,344,344		22,611,037		27,176,127		4,565,090	20.19%
<i>Direct Operational Expenses:</i>												
Salaries and Wages	14,600,308		15,726,103		17,206,257		18,148,910		19,341,061		1,192,152	6.57%
Benefits	3,973,342		4,265,707		4,479,585		4,921,895		5,281,345		359,449	7.30%
Purchased Services	984,482		900,124		872,041		1,225,826		945,201		(280,625)	-22.89%
Medical Supplies	488,562		429,051		500,203		675,000		927,170		252,170	37.36%
Other Supplies	218,830		546,725		167,960		249,503		505,831		256,328	102.74%
Contracted Physician Expense	15,355		-		-		-		-		-	-
Medical Services	-		559,907		1,076,791		750,000		764,000		14,000	1.87%
Drugs	527,296		808,151		989,744		782,121		1,041,130		259,009	33.12%
Repairs & Maintenance	586,669		399,137		316,713		278,381		630,551		352,170	126.51%
Lease & Rental	1,358,420		1,380,020		1,345,490		1,256,735		2,125,314		868,579	69.11%
Utilities	73,840		73,139		83,710		89,750		102,520		12,770	14.23%
Other Expense	311,538		287,612		319,921		381,867		715,100		333,233	87.26%
Insurance	22,163		23,819		32,673		46,865		48,314		1,449	3.09%
Total Operational Expenses	23,160,807		25,399,496		27,391,089		28,806,852		32,427,537		3,620,685	12.57%
Net Performance before Overhead Allocations & Depreciation	1,275,353		(1,091,503)		(7,046,745)		(6,195,816)		(5,251,410)		944,406	15.24%
Depreciation	206,940		158,465		236,878		380,381		490,000		109,619	28.82%
Total Overhead Allocations	3,449,008		4,177,581		4,534,880		7,413,247		10,226,252		2,813,005	37.95%
Total Expenses	26,816,754		29,735,542		32,162,847		36,600,480		43,143,789		6,543,309	17.88%
Net Margin	\$ (2,380,594)		\$ (5,427,549)		\$ (11,818,503)		\$ (13,989,444)		\$ (15,967,662)		\$ (1,978,218)	-14.14%
Capital Contribution Capital	-		5,893		-		-		-		-	-
General Fund Support/ Transfer In	\$ 2,370,000		\$ 4,798,453		\$ 11,249,311		\$ 13,675,000		\$ 16,700,000		\$ 3,025,000	22.12%

Primary Care Clinics - Medical - Trended Performance

	2018		2019		2020		2021		2022		Variance from 2021 Projected	
	Actual		Actual		Actual		Actual		Proposed Budget		\$	%
Gross Patient Revenue	18,498,402		18,216,651		15,476,662		16,853,162		18,478,691		1,625,529	9.65%
Contractual Allowances	8,798,825		6,278,688		3,134,856		4,326,577		4,638,459		311,882	7.21%
Charity	2,901,754		4,555,969		4,188,478		5,541,328		5,791,648		250,320	4.52%
Bad Debt	1,910,897		2,745,131		4,168,423		3,210,450		3,362,355		151,905	4.73%
Total Contractual Allowances and Bad Debt	13,611,476		13,579,788		11,491,757		13,078,355		13,792,462		714,107	5.46%
Other Patient Revenue	6,121,466		3,985,951		3,438,753		4,272,767		4,521,776		249,009	5.83%
Net Patient Revenue	11,008,393		8,622,814		7,423,658		8,047,574		9,208,005		1,160,431	14.42%
Collection Percentage	59.51%		47.33%		47.97%		47.75%		49.83%		2.08%	
Grant Funds	5,905,811		8,630,642		6,710,257		9,033,482		13,239,833		4,206,351	46.56%
Other Financial Assistance	-		-		1,920,733		647,090		-		(647,090)	-100.00%
Interest Earnings	-		8,515		1,300		-		-		-	-
Other Revenue	1,895,420		2,404,548		577,073		119,090		119,090		-	0.00%
Total Other Revenues	7,801,232		11,043,705		9,209,363		9,799,662		13,358,923		3,559,261	36.32%
Total Revenues	18,809,625		19,666,519		16,633,021		17,847,236		22,566,928		4,719,692	26.44%
<i>Direct Operational Expenses:</i>												
Salaries and Wages	11,943,929		12,929,614		14,365,557		15,332,232		16,427,236		1,095,004	7.14%
Benefits	3,194,929		3,469,984		3,731,106		4,161,908		4,462,406		300,498	7.22%
Purchased Services	802,703		780,554		772,218		1,194,083		870,240		(323,843)	-27.12%
Medical Supplies	186,330		176,286		296,745		518,950		765,425		246,475	47.49%
Other Supplies	168,247		392,357		137,824		162,253		454,218		291,965	179.94%
Contracted Physician Expense	15,355		-		-		-		-		-	-
Medical Services	-		559,907		1,076,791		750,000		764,000		14,000	1.87%
Drugs	516,286		806,796		989,506		781,708		1,041,130		259,422	33.19%
Repairs & Maintenance	515,066		349,554		272,423		265,481		604,737		339,256	127.79%
Lease & Rental	964,162		1,063,998		1,043,975		987,475		1,783,353		795,878	80.60%
Utilities	63,847		64,034		59,389		69,551		83,340		13,789	19.83%
Other Expense	263,883		252,085		294,056		331,500		667,907		336,407	101.48%
Insurance	21,143		23,325		32,253		46,377		47,262		885	1.91%
Total Operational Expenses	18,655,880		20,868,494		23,071,844		24,601,516		27,971,254		3,369,737	13.70%
Net Performance before Overhead Allocations & Depreciation	153,745		(1,201,975)		(6,438,822)		(6,754,280)		(5,404,326)		1,349,955	19.99%
Depreciation	63,896		117,632		173,775		292,739		375,000		82,261	28.10%
Total Overhead Allocations	2,715,609		3,366,191		3,732,165		6,337,239		8,777,405		2,440,167	38.51%
Total Expenses	21,435,385		24,352,317		26,977,783		31,231,494		37,123,659		5,892,165	18.87%
Net Margin	\$ (2,625,761)		\$ (4,685,798)		\$ (10,344,762)		\$ (13,384,258)		\$ (14,556,731)		\$ (1,172,473)	-8.76%
Capital Contribution	-		5,893		-		-		-		-	-
Capital	-		-		-		-		1,061,050		1,061,050	-
General Fund Support/ Transfer In	\$ 2,370,000		\$ 4,798,453		\$ 9,583,293		\$ 13,100,000		\$ 15,250,000		\$ 2,150,000	16.41%

Primary Care Clinics - Dental - Trended Performance

	2018 Actual	2019 Actual	2020 Actual	2021		2022		Variance from 2021 Projected	
				Projected Actual	Proposed Budget	\$	%		
Gross Patient Revenue	3,929,455	4,007,741	2,818,188	3,920,445	4,231,387	310,942	7.93%		
Contractual Allowances	1,078,743	853,687	494,533	1,080,329	775,683	(304,646)	-28.20%		
Charity	1,542,973	1,863,604	1,609,010	1,767,383	1,961,535	194,152	10.99%		
Bad Debt	387,105	163,293	224,672	357,938	338,511	(19,427)	-5.43%		
Total Contractual Allowances and Bad Debt	3,008,821	2,880,583	2,328,216	3,205,650	3,075,729	(129,921)	-4.05%		
Other Patient Revenue	3,266,795	1,618,104	1,287,168	1,795,587	967,981	(827,606)	-46.09%		
Net Patient Revenue	4,187,429	2,745,262	1,777,140	2,510,382	2,123,639	(386,743)	-15.41%		
Collection Percentage	106.57%	68.50%	63.06%	64.03%	50.19%	-13.85%			
Grant Funds	1,405,106	1,895,979	1,433,731	1,989,428	2,485,560	496,132	24.94%		
Other Financial Assistance	-	-	500,452	263,990	-	(263,990)	-100.00%		
Other Revenue	34,000	233	-	-	-	-	-		
Total Other Revenues	1,439,106	1,896,212	1,934,183	2,253,419	2,485,560	232,141	10.30%		
Total Revenues	5,626,536	4,641,474	3,711,323	4,763,801	4,609,199	(154,602)	-3.25%		
<i>Direct Operational Expenses:</i>									
Salaries and Wages	2,656,379	2,796,489	2,840,700	2,816,678	2,913,825	97,147	3.45%		
Benefits	778,414	795,724	748,479	759,987	818,939	58,951	7.76%		
Purchased Services	181,778	119,570	99,824	31,743	74,961	43,218	136.15%		
Medical Supplies	302,233	252,765	203,458	156,050	161,745	5,695	3.65%		
Other Supplies	50,583	154,369	30,136	87,250	51,613	(35,637)	-40.84%		
Drugs	11,009	1,355	238	413	-	(413)	-100.00%		
Repairs & Maintenance	71,603	49,583	44,290	12,900	25,814	12,914	100.11%		
Lease & Rental	394,259	316,023	301,515	269,260	341,961	72,701	27.00%		
Utilities	9,994	9,105	24,321	20,199	19,180	(1,019)	-5.04%		
Other Expense	47,656	35,527	25,865	50,367	47,193	(3,174)	-6.30%		
Insurance	1,020	493	420	488	1,052	564	115.57%		
Total Operational Expenses	4,504,927	4,531,002	4,319,245	4,205,336	4,456,283	250,947	5.97%		
Net Performance before Overhead Allocations & Depreciation	1,121,609	110,472	(607,922)	558,465	152,916	(405,549)	-72.62%		
Depreciation	143,044	40,833	63,103	87,642	115,000	27,358	31.22%		
Total Overhead Allocations	733,398	811,389	802,715	1,076,009	1,448,847	372,838	34.65%		
Total Expenses	5,381,369	5,383,225	5,185,063	5,368,986	6,020,130	651,144	12.13%		
Net Margin	\$ 245,166	\$ (741,751)	\$ (1,473,741)	\$ (605,185)	\$ (1,410,931)	\$ (805,746)	-133.14%		
Capital	-	-	-	34,756	140,000	105,244	302.81%		
General Fund Support/ Transfer In	\$ -	\$ -	\$ 1,666,019	\$ 575,000	\$ 1,450,000	\$ 875,000	152.17%		

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
October 27, 2021

1. Description: Executive Director Informational Update

2. Summary:

Update on Fiscal Year (FY) 2021 American Rescue Plan – Health Center Construction and Capital Improvements (ARP-Capital) grant award.

3. Substantive Analysis:

The Fiscal Year (FY) 2021 American Rescue Plan – Health Center Construction and Capital Improvements (ARP-Capital) makes available one-time supplemental funding for health centers to support construction, expansion, alteration, renovation, and other capital improvements to modify, enhance, and expand health care infrastructure.

The grant application was submitted in June of this year. We have received our Notice of Award for the full expected amount of \$1,010,224. The plan is to use these funds primarily to purchase equipment for our new locations.

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

Candice Abbott
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

Committee Name

Date Approved

6. Recommendation:

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

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
October 27, 2021

Approved for Legal sufficiency:



Bernabe Icaza
VP & General Counsel



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

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
October 27, 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
Lawrence	Melissa	LMHC	Licensed Mental Health Counselor	Initial Credentialing
Lucchesi	Karen	LMHC	Licensed Mental Health Counselor	Initial Credentialing
Cusimano	Angela	PhD	Psychology	Initial Credentialing
Koopman	Rebecca	PA	Physician Assistant	Initial Credentialing
Garcia	Carlos	APRN	Family Nurse Practitioner	Initial Credentialing

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.

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

Melissa Lawrence, LMHC, joined the West Palm Beach Clinic in 2021 as a Licensed Mental Health Counselor. She attended Brennu University. Ms. Lawrence has been in practice for seven years.

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
October 27, 2021

Karen Lucchesi, LMHC, joined the West Palm Beach Clinic in 2021 as a Licensed Mental Health Counselor. She attended Nova Southeastern University. Ms. Lucchesi has been in practice for twenty-four years.

Angela Cusimano, Ph.D., joined the West Palm Beach Clinic in 2021, specializing in Psychology. She attended Florida Atlantic University. Ms. Cusimano has been in practice for eight years.

Rebecca Koopman, PA, joined the West Palm Beach Clinic in 2021 as a Physician Assistant. She attended Sullivan University, College of Pharmacy and Health Sciences and is certified as a Physician Assistant by the National Commission on Certification of Physician Assistants.

Carlos Garcia, APRN, joined the Mobile Clinic unit in 2021 as a Nurse Practitioner specializing in Family Medicine. He attended Ana G. Mendez University and is certified as a Family Nurse Practitioner by the American Academy of Nurse Practitioners. He has been in practice for three years and is fluent in French and Spanish.

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

 Candice Abbott
 VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

 Committee Name

 Date Approved

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
October 27, 2021

6. Recommendation:

Staff recommends the Board approve the Initial Credentialing and privileges of Melissa Lawrence, LMHC, Licensed Mental Health Counselor.

Staff recommends the Board approve the Initial Credentialing and privileges of Karen Lucchesi, LMHC, Licensed Mental Health Counselor.

Staff recommends the Board approve the Initial Credentialing and privileges of Angela Cusimano, Ph.D., Psychology.

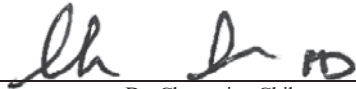
Staff recommends the Board approve the Initial Credentialing and privileges of Rebecca Koopman, PA, Physician Assistant.

Staff recommends the Board approve the Initial Credentialing and privileges of Carlos Garcia, APRN, Family Nurse Practitioner.

Approved for Legal sufficiency:



Bernabe Icaza
VP & 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
October 27, 2021

1. Description: Operations Reports – August 2021

2. Summary:

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

- Clinic Productivity, including in-person and telehealth metrics, No Show and demographics trended over time.

3. Substantive Analysis:

In August, we had 9,771 visits which, is 1,727 more than the month prior and 870 more than August of 2020. Our average patient visits per weekday was 446 among all clinics and an average of 40 patients on Saturdays among 6 clinics. The Lantana Clinic had the highest volume with 1,514 visits followed by the Lake Worth Clinic with 1,343.

Our payer mix for the year to date reflects 62% percent uninsured patients and 27% Managed Care.

By visit category, Pediatrics and Substance Abuse met their productivity target. Telehealth visits increased to 6% of all visits which, is up from 3% last month.

Productivity targets for in-person visits were met in the Lewis Center Adult Primary Care and Substance Abuse, WPB and Lantana Pediatrics. In the 90% and higher range were Delray Adult Primary, Lake Worth Behavioral Health and Lantana Dental.

The No Show rate in August was consistent with prior month at 29%. 10% of the Year-to-date no show appointments were attributed to telehealth visits.

For the first half of the year we had 19,475 unique medical patients. 879 were unique medical and behavioral health patients of which 254 were homeless.

In August for Race, 55% were White and 45% Black or African America. 40% of our patients were Hispanic or Latino. The largest population are English-speaking at 58% followed by Spanish-speaking patients at 29% and Creole-speaking at 12%. 4% of our population were Agricultural Workers and 10% of our population were reported as Homeless.

**DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
October 27, 2021**

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

Candice Abbott
Chief Executive Officer

5. Reviewed/Approved by Committee:

N/A


Committee Name

Date Approved

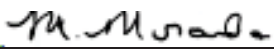
6. Recommendation:

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

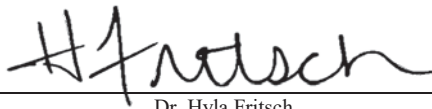
Approved for Legal sufficiency:



Bernabe Icaza
VP & General Counsel



Marisol Miranda
Director of Clinic Operations



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



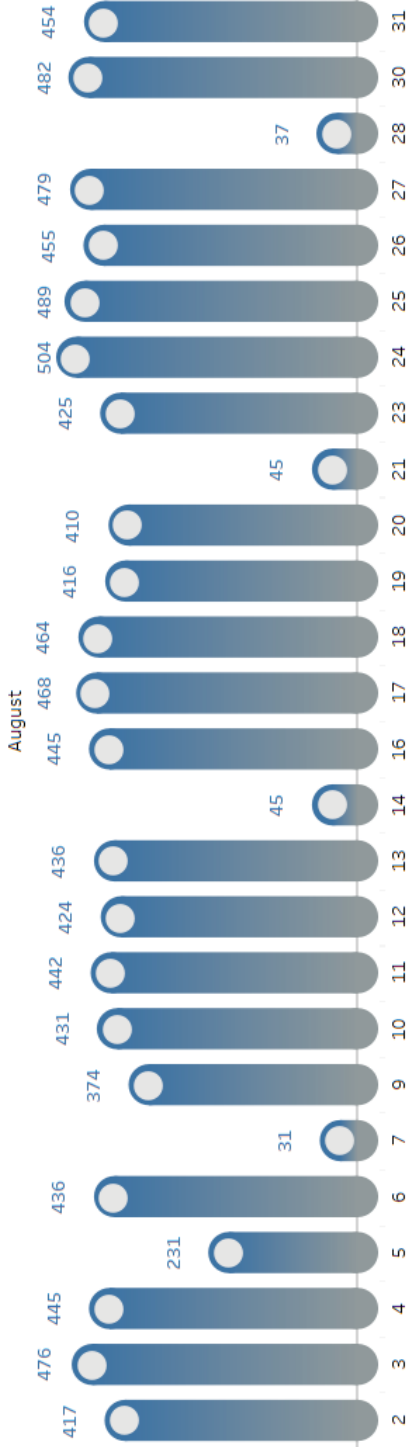
Primary Care Clinics
Health Care District Palm Beach County

DocuSign Envelope ID: 4F1B0D3E-47DB-47E8-9BA5-092C70012D6F

Monthly Productivity August 2021

Click to display filter options

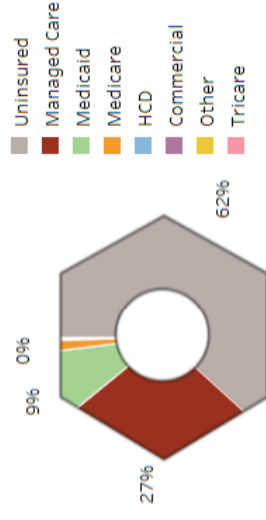
DAILY VOLUME



VOLUME BY CLINIC

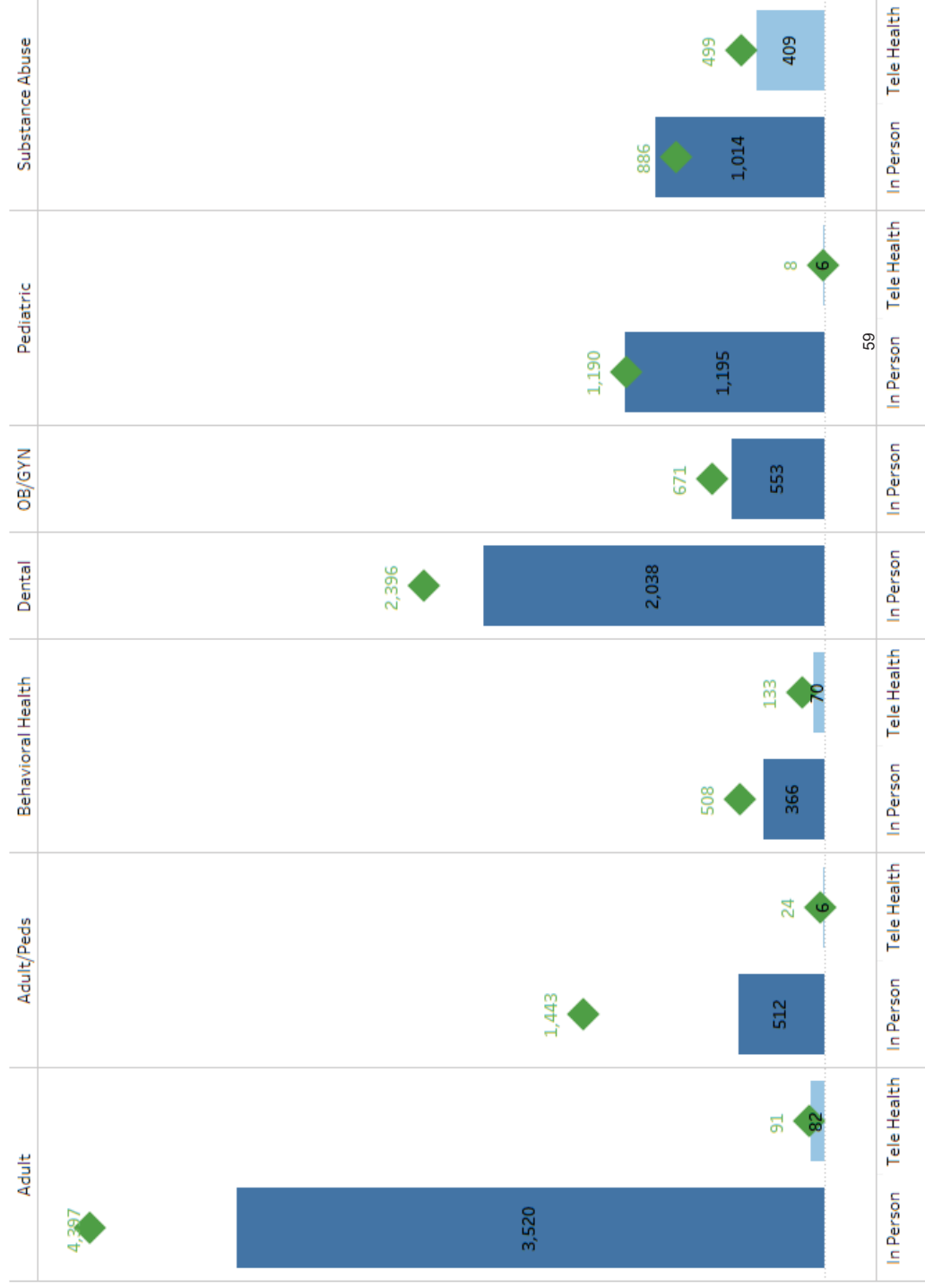


Payer Mix





Productivity by Category August 2021



	In Person	Tele Health	Total
Adult	3,520	82	3,602
Adult/Peds	512	6	518
Behavioral Health	366	70	436
Dental	2,038		2,038
OB/GYN	553		553
Pediatric	1,195	6	1,201
Substance Abuse	1,014	409	1,423
Total	9,198	573	9,771

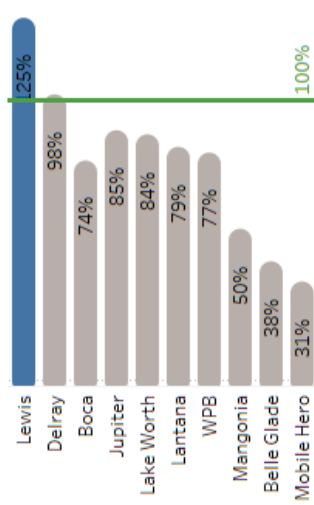




Target Met Target Not Met

In Person Encounters

Adult



Women's Health



Pediatrics



Behavioral Health



Adult/Peds (Residents)



Dental

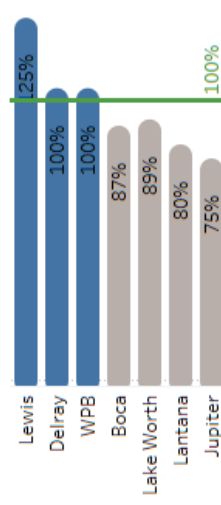


Substance Abuse



Tele Health Encounters

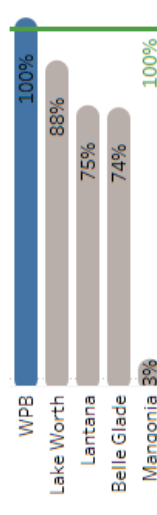
Adult



Women's Health



Behavioral Health



Substance Abuse



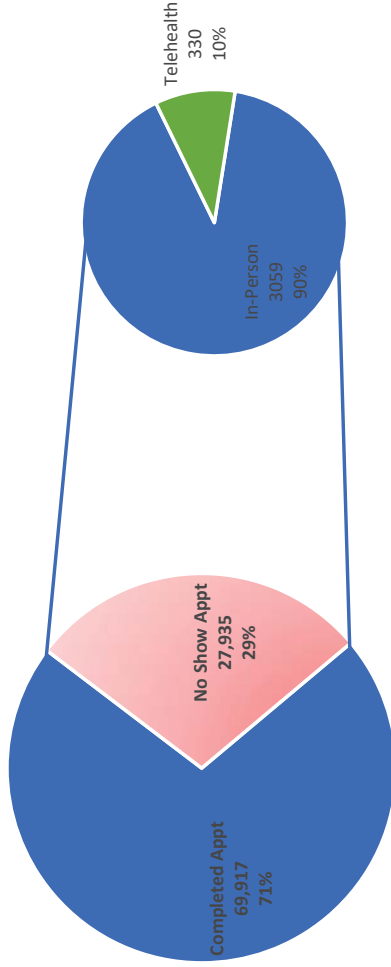
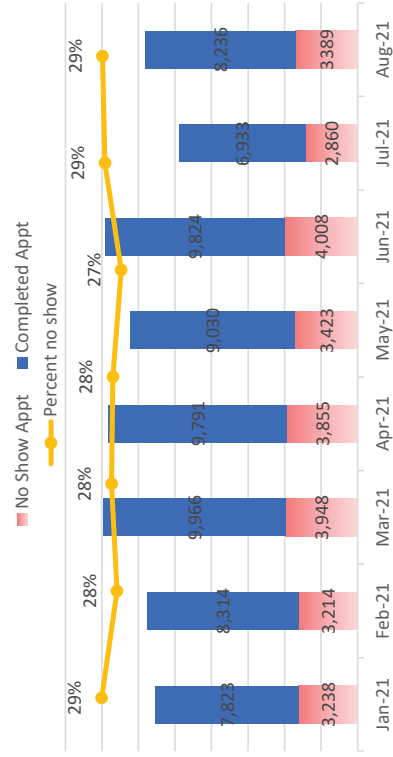
Adult/Peds (Residents)

No Show Appointment Analysis

Jan – Aug 2021

(Medical, Adult Peds, Pediatric Care, Women's Health, Behavioral Health and Substance Abuse Care)

No Shows vs Checked in appointments



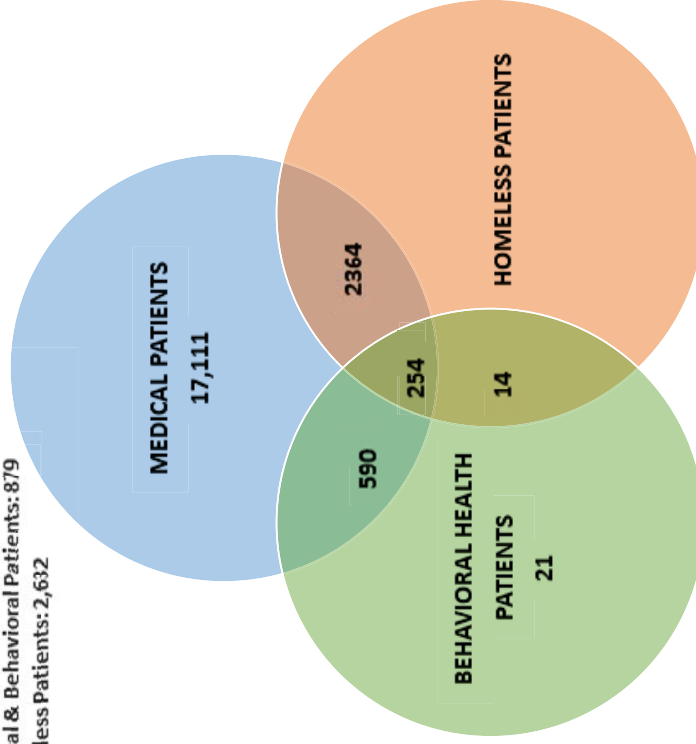
Jan - June 2021

Total Unique Medical Patients: 19,475

Total Unique Behavioral Health Patients: 35

Total Unique Medical & Behavioral Patients: 879

Total Unique Homeless Patients: 2,632

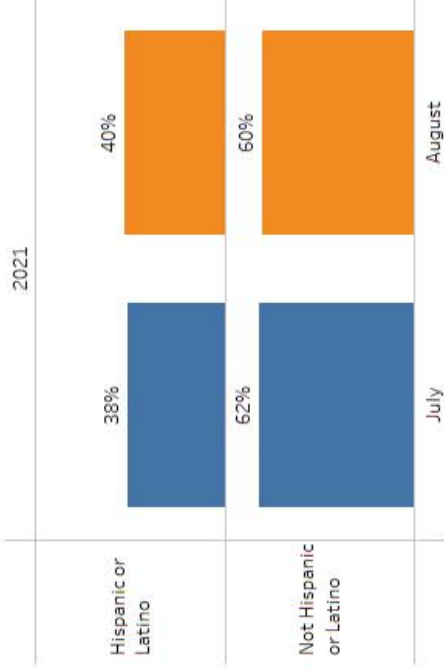


DEMOGRAPHICS TREND

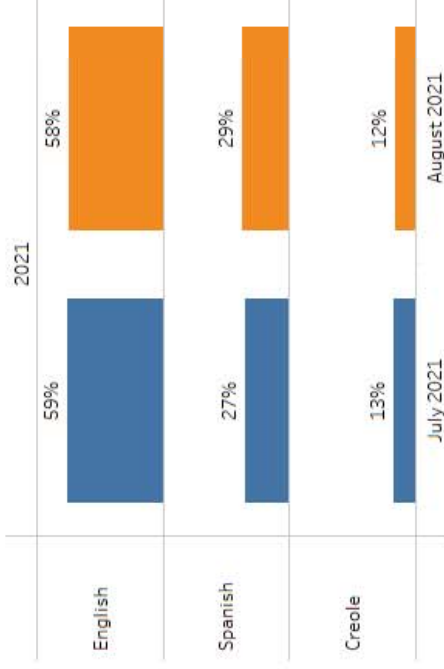
RACE OVER TIME



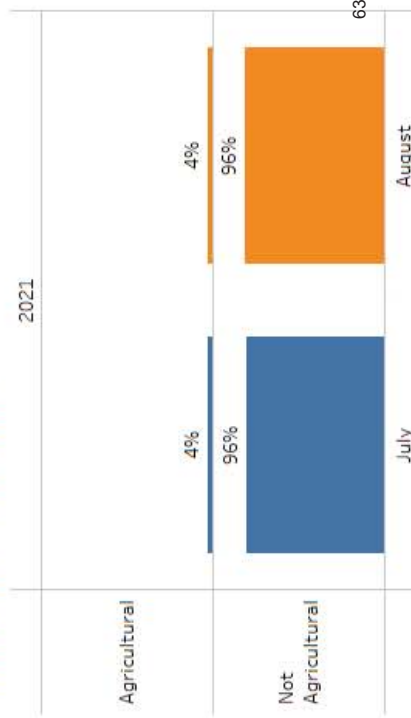
ETHNICITY OVER TIME



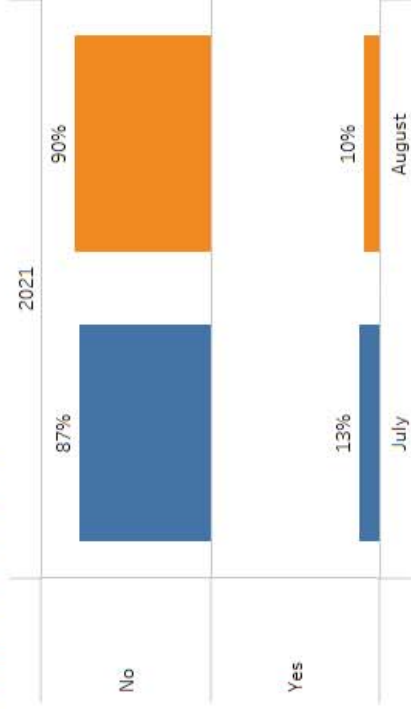
LANGUAGE SPOKEN OVER TIME



AGRICULTURAL OVER TIME



HOMELESS OVER TIME



63

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
October 27, 2021

1. Description: Quality Report

2. Summary:

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

- Quality Council Meeting Minutes October 2021
- Provider Productivity – August 2021
- Epic UDS Q3 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 are to be presented as a separate agenda item.

QUALITY ASSURANCE & IMPROVEMENT

We continue to work on our AHA BP Monitor initiative. The list of the 2nd round of patients has been distributed to the clinic nurses, and we are working on distributing monitors to these patients.

For those **45** patients who received the Blood Pressure Monitor from 1st round distribution:

Of the **45** Patients that were scheduled for a follow-up appointment:

- **35** (78%) patients attended the appointments to receive the BP Monitors and of these
 - **7** had their BP Log uploaded into their Medical record.
 - **6** had a medication change as a result of the follow-up appointment.
 - **22** were listed as having met the controlled blood pressure metric at the time of the visit / or having controlled blood pressure
- **5** did not attend their appointment
- **5** appointments are pending

The data shows that 63% of patients that attended the follow-up appointment had controlled blood pressure at the time of visit compared to 58% at the last review.

UTILIZATION OF HEALTH CENTER SERVICES

Individual monthly provider productivity is stratified by the clinic.

**DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
October 27, 2021**

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

Candice Abbott
VP & Chief Financial 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:

Bernabe Icaza

Bernabe Icaza
VP & General Counsel

lh *Dr* *MD*

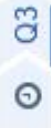
Dr. Charmaine Chibar
FQHC Medical Director

H Fritsch

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

Quality Measures

Table 6B



	Jul	Aug	Sep
Childhood Immunization Status	53 %	46 %	49 %
Cervical Cancer Screening	51 %	45 %	40 %
Breast Cancer Screening	64 %	60 %	55 %
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	87 %	90 %	94 %
Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	34 %	35 %	36 %
Tobacco Screening and Cessation Intervention	87 %	87 %	87 %
Statin Therapy	82 %	83 %	79 %
Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet	77 %	81 %	75 %
Colorectal Cancer Screening	27 %	25 %	23 %
HIV Screening	13 %	15 %	14 %
Screening for Clinical Depression and Follow-Up Plan	95 %	96 %	97 %
Depression Remission at 12 Months	-	-	-
Dental Sealants for Children Between 6-9 Years	82 %	85 %	81 %
Controlling High Blood Pressure	73 %	71 %	68 %
Diabetes: Hemoglobin A1c Control >9%	38 %	35 %	32 %

Table 7B



Healthcare District of Palm Beach County

	Jul	Aug	Sep
Hispanic or Latino/a	100 %	-	-
Asian	-	100 %	-
Native Hawaiian	-	100 %	-
Other Pacific Islander	-	100 %	-
Black/African American	68 %	78 %	76 %
American Indian/Alaska Native	0 %	0 %	40 %
White	76 %	78 %	72 %
More than one race	75 %	57 %	50 %
Unreported/Refused to Report Race	79 %	81 %	80 %
Non-Hispanic or Latino/a	71 %	64 %	63 %
Asian	-	0 %	-
Native Hawaiian	100 %	100 %	67 %
Other Pacific Islander	68 %	65 %	63 %
Black/African American	57 %	63 %	57 %
American Indian/Alaska Native	79 %	74 %	78 %
White	60 %	75 %	67 %
More than one race	79 %	77 %	69 %
Unreported/Refused to Report Race	33 %	0 %	50 %
Unreported/Refused to Report Ethnicity			
Unreported/Refused to Report Race			

Table 7C

*Note: Lower is better for this measure.



	Jul	Aug	Sep
Healthcare District of Palm Beach County			
Hispanic or Latino/a			
Asian	0 %	-	-
Other Pacific Islander	-	100 %	-
Black/African American	24 %	31 %	21 %
American Indian/Alaska Native	100 %	-	100 %
White	37 %	34 %	31 %
More than one race	50 %	67 %	67 %
Unreported/Refused to Report Race	35 %	42 %	27 %
Non-Hispanic or Latino/a			
Asian	35 %	19 %	11 %
Native Hawaiian	-	0 %	-
Other Pacific Islander	0 %	-	0 %
Black/African American	41 %	37 %	35 %
American Indian/Alaska Native	50 %	50 %	33 %
White	36 %	28 %	29 %
More than one race	0 %	67 %	67 %
Unreported/Refused to Report Race	27 %	40 %	25 %
Unreported/Refused to Report Ethnicity			
Unreported/Refused to Report Race	100 %	100 %	100 %



Quality Council Meeting Minutes

Date: October 5, 2021

Time: 9:30AM – 4:00PM

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 – Corporate 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 Clinic Operations; Alexa Goodwin – Patient Relations Manager; Dr. Belma Andric – Chief Medical Officer; Maria Chamberlin, Nursing Manager; Kara Baker – Diabetes Nurse Educator; Tracey Archambo – Nurse Chart Auditor; Irene Garcia, Dental Quality Coordinator; Nancy Gonzalez, Dental Program Manager; Dr. Courtney Phillips - Director of Behavioral Health

Excused:

Minutes by: Jonathan Dominique

<u>AGENDA ITEM</u>	<u>DISCUSSION / RECOMMENDATIONS</u>	<u>ACTION ITEMS (AI)</u>	<u>RESPONSIBLE PARTY</u>	<u>DATE</u>
UTILIZATION				
OPERATIONS	<p><u>Productivity (based on checked-in appts) - September</u> 10,122 visits across all clinics.</p> <p>Medical Payer Mix is as follows: Self-Pay – 57% Medicaid – 4% Managed Care – 35% Medicare – 2% Pending Medicaid – 2%</p> <p>Dental Payer Mix is as follows: Self-Pay – 54% Medicaid – 38% Medicare – 0% Managed Care – 7% Pending Medicaid – 1%</p>			11/2/21



Service Line		Target	Actual
Adult	In-Person	4,641	4,579
	Telehealth	48	44
Pediatric	In-Person	1,146	1,276
	Telehealth	3	1
Behavioral Health	In-Person	728	510
	Telehealth	84	70
Dental	In-Person	2,258	1,909
Women's Health	In-Person	610	552
	Telehealth	0	0
Substance Abuse	In-Person	550	738
	Telehealth	513	443

Visit Breakdown: n= **10,122**

- **6%** Telehealth
- **94%** In-Person

Tracy (addiction BHC) seems to be doing an extremely large portion of the recovery coach encounters.

Dr. Andric informed the team that phone encounters would also be added to productivity. This is happening because many

Dr. Phillips has met with her team and has already addressed the issue with them.

Dr. Phillips
11/2/21



	<p>patients leave the site before receiving the care they need. This will allow them to measure the number of patients that come back after leaving the ASU.</p> <p><i>(Clinic productivity report with graphs were presented)</i></p> <p><u>No Show Rates</u></p> <p>No-Show rate in August was 29%, which is the same as July (29%).</p> <p>Data appears not to include the Dental clinics because the data was initially brought to the Board while the dental clinics were still closed (COVID-19 restrictions). Next month, the data presented will include the dental clinics.</p> <p>(Report with graph presented)</p>			11/2/21
PATIENT RELATIONS				
<p>SURVEY RESULTS</p>	<p><u>Patient Satisfaction Survey</u></p> <p>There were 51 surveys received in August 2021, a 56% decrease from the previous month. This is attributed to the EPIC Go-Live and the need to reduce Provider schedules. The Boca Raton Clinic received the most surveys (41%). This brings the year-to-date total to 2,083 Patient Satisfaction Surveys received.</p> <p>Of the 51 Surveys received in August:</p> <ul style="list-style-type: none"> • Belle Glade – 7 (14%) • Boca Raton – 21 (41%) • Delray Beach – 17 (33%) • Jupiter – 2 (4%) • Lake Worth – 2 (4%) • Lantana – 0 • Lewis Center – 1 (2%) 			



	<ul style="list-style-type: none">• Mangonia Park – 0• West Palm Beach – 1 (2%) <p>General Summary – August 2021</p> <ul style="list-style-type: none">• English-speaking patients completed the most surveys.• Patients aged 41-60 completed the most surveys, while patients over 80 completed the least amount of surveys.• Surveys were received for the following services: Adult Medical, Adult Dental and Pediatrics.• Most patients prefer to be seen in-person in the mornings, preferably on Mondays and Wednesdays.• Patients who have received care at the clinics between 1 and 3 years completed the most surveys. <p>Patient Satisfaction – Overall, patients are likely to recommend their provider and practice to others. Of the 51 surveys, two (4%) surveys were marked as Fair or Poor for Adult Medical Services.</p> <ul style="list-style-type: none">• 1 from Lake Worth (Dr. Alfonso Puentes)• 1 from Delray Beach (Lam) <p>Patient Experience - Most patients rated their experience as positive. The Boca Clinic received at least one survey as Fair or Poor (less than 1% of all surveys received) in the following areas:</p> <ul style="list-style-type: none">• Having a comfortable and pleasant waiting area• Ability to communicate with the practice on the phone• Ease of scheduling this appointment• Being informed about any delays during this visit			
--	--	--	--	--



<p>GRIEVANCES, COMPLAINTS & COMPLIMENTS</p>	<p>Wait Time – Patients' perceived wait time between their scheduled appointment and actual time seen by their provider:</p> <ul style="list-style-type: none"> • 20% - 5 minutes or less • 25% - Between 6 and 15 minutes (highest rate YTD) • 35% - Between 16 and 30 minutes (highest rate for the month) • 12% - Between 31 and 45 minutes • 06% - Over 45 minutes <p>The trend over time data & patient comments presented.</p> <p>(Report with graph presented)</p>										
<p>Patient Relations Report For August 2021, 21 Patient Relations Occurrences occurred between 6 clinics and Clinic Administration. Of the 21 occurrences, there were 5 Grievances and 16 Compliments. The top 5 categories were Care & Treatment, Communication, Respect Related, Finance and Physician Related. The top subcategory with 7 Complaints and Grievances was Wait Time, followed by Poor Communication with 4 Compliments and Grievances. There were also 8 Compliments received across 4 clinics and Clinic Administration for Nursing and Clinical Support Staff.</p> <table border="1" data-bbox="1185 987 1356 1785"> <thead> <tr> <th>Location</th> <th>Complaint(s) / Grievance(s)</th> <th>Compliment(s)</th> </tr> </thead> <tbody> <tr> <td>Belle Glade</td> <td>0</td> <td>0</td> </tr> <tr> <td>Boca</td> <td>3</td> <td>2</td> </tr> </tbody> </table>	Location	Complaint(s) / Grievance(s)	Compliment(s)	Belle Glade	0	0	Boca	3	2		<p>11/2/21</p>
Location	Complaint(s) / Grievance(s)	Compliment(s)									
Belle Glade	0	0									
Boca	3	2									



	<table border="1"> <tr><td>Delray</td><td>2</td><td>0</td></tr> <tr><td>Jupiter</td><td>1</td><td>1</td></tr> <tr><td>Lake Worth</td><td>7</td><td>0</td></tr> <tr><td>Lantana</td><td>3</td><td>1</td></tr> <tr><td>Lewis</td><td>0</td><td>0</td></tr> <tr><td>Mangonia</td><td>0</td><td>1</td></tr> <tr><td>West Palm Beach</td><td>1</td><td>0</td></tr> </table>	Delray	2	0	Jupiter	1	1	Lake Worth	7	0	Lantana	3	1	Lewis	0	0	Mangonia	0	1	West Palm Beach	1	0	
Delray	2	0																					
Jupiter	1	1																					
Lake Worth	7	0																					
Lantana	3	1																					
Lewis	0	0																					
Mangonia	0	1																					
West Palm Beach	1	0																					
<p><i>(presented report with patient relations dashboard)</i></p> <p>Outbound Campaigns – CSC (Aug-Sept)</p> <p>August</p> <ol style="list-style-type: none"> 1. Vaccine Reschedules – 33 2. Hypertension Follow-up – 10 3. Provider Reschedules – 184 <p>September</p> <ol style="list-style-type: none"> 1. EMR Phone Number Update – 924 2. Maternity Care Plan – 273 3. Missing A1C data – 110 4. Vaccine Reschedules – 66 <p>There was 653 patient appointment reschedules for September.</p>				<p>David</p> <p>11/2/21</p>																			
<p>QUALITY</p> <p>QUALITY AUDITS</p>																							



MEDICAL			11/2/21						
<p>Hemoglobin A1C/Point of Care Testing</p> <p>The diabetes measure data for August-September is not available. We have data from the previous month that shows:</p> <p>The diabetes measure data for July-August shows that our patients are currently controlled at 69% while 26% are uncontrolled (from 35,835 diabetic patients total), and 5% of patients need data. HRSA's goal is to have 67% of patients with controlled diabetes. There were 2,840 POC A1Cs done (79% of Diabetic Patients). There was an increase in A1c POC testing compared to 76% in the previous month. The majority of controlled patients had 81%, and uncontrolled 89% patients had the A1c done at POC vs. lab. Compared with June, there were 406 additional POC A1c done.</p> <p>Lewis Center (11%), Boca Clinic (7%), Delray (5%) and Jupiter (5%) - have the highest percentage of untested patients in July-August. In general, these clinics were the lowest, but their percentages were better than in June. 177 patients did not have data, 31% already had a future appointment, and 66% did not have a scheduled future appointment. Less than 1 % had telemedicine appointments set.</p>	<p>Follow-up with Lewis Center provider to evaluate the low number of POC A1c done at that clinic was done. The current problem is related to inadequate staffing. The provider is seeing 40 to 45 patients scheduled as a group. Also, some of the patients with insurance have a different PCP. When staffing is addressed, focus on primary care. A meeting with the clinic MA and nurses at Lewis Center will be set to retrain on doing A1cs.</p>	<p>The list of patients who did not have A1c data was given to the call center to schedule appointments. The table below shows the outcomes of the campaign.</p> <table border="1" data-bbox="1304 472 1380 972"> <thead> <tr> <th>Call Outcome</th> <th># Patients</th> <th>%</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Call Outcome	# Patients	%				Dr. Warren
Call Outcome	# Patients	%							
<p>A1C No Data Results Follow-up</p> <p>As of [August 31, 2021], 177 patients who had a medical appointment were missing A1C results.</p> <table border="1" data-bbox="1271 1249 1360 1770"> <thead> <tr> <th>Clinic Location</th> <th># Patients</th> </tr> </thead> <tbody> <tr> <td>Belle Glade</td> <td>20</td> </tr> <tr> <td></td> <td>11.3%</td> </tr> </tbody> </table>	Clinic Location	# Patients	Belle Glade	20		11.3%			Dr. Warren
Clinic Location	# Patients								
Belle Glade	20								
	11.3%								



	<table border="1" data-bbox="240 1249 586 1770"> <tr><td>Boca</td><td>22</td><td>12.4%</td></tr> <tr><td>Delray Beach</td><td>31</td><td>17.5%</td></tr> <tr><td>Jupiter</td><td>15</td><td>8.4%</td></tr> <tr><td>Lake Worth</td><td>21</td><td>11.9%</td></tr> <tr><td>Lantana</td><td>26</td><td>14.7%</td></tr> <tr><td>Lewis Center</td><td>10</td><td>5.6%</td></tr> <tr><td>Mangonia Park</td><td>1</td><td>0.6%</td></tr> <tr><td>West Palm Beach</td><td>31</td><td>17.5%</td></tr> </table> <p data-bbox="630 989 703 1770">By provider, 6 providers account for 50% of the missing A1c date and are comparable to June.</p> <p data-bbox="954 1402 987 1770">(Report with graph presented)</p>	Boca	22	12.4%	Delray Beach	31	17.5%	Jupiter	15	8.4%	Lake Worth	21	11.9%	Lantana	26	14.7%	Lewis Center	10	5.6%	Mangonia Park	1	0.6%	West Palm Beach	31	17.5%	<table border="1" data-bbox="240 478 773 972"> <tr><td>Appointments scheduled</td><td>28</td><td>23.9</td></tr> <tr><td>Changed provider/clinic</td><td>18</td><td>15.4</td></tr> <tr><td>Don't take insurance</td><td>4</td><td>3.4</td></tr> <tr><td>Unable to contact/LM</td><td>48</td><td>41.0</td></tr> <tr><td>Wrong #</td><td>8</td><td>6.8</td></tr> <tr><td>Refused/declined/ will call back</td><td>10</td><td>8.5</td></tr> <tr><td>Deceased</td><td>1</td><td>0.9</td></tr> <tr><td>Total</td><td>117</td><td>100.0</td></tr> </table> <p data-bbox="898 485 1011 972">We will follow-up with the providers during the provider's meeting to provide results about the missing results.</p> <p data-bbox="1060 562 1174 972">Alexa will provide results from the outbound campaigns similar to Dr. Warren's A1C Data above.</p>	Appointments scheduled	28	23.9	Changed provider/clinic	18	15.4	Don't take insurance	4	3.4	Unable to contact/LM	48	41.0	Wrong #	8	6.8	Refused/declined/ will call back	10	8.5	Deceased	1	0.9	Total	117	100.0	<p data-bbox="898 275 930 411">Dr. Warren</p> <p data-bbox="1060 306 1092 380">Alexa</p>	<p data-bbox="898 128 930 222">11/2/21</p> <p data-bbox="1060 128 1092 222">11/2/21</p>
Boca	22	12.4%																																																		
Delray Beach	31	17.5%																																																		
Jupiter	15	8.4%																																																		
Lake Worth	21	11.9%																																																		
Lantana	26	14.7%																																																		
Lewis Center	10	5.6%																																																		
Mangonia Park	1	0.6%																																																		
West Palm Beach	31	17.5%																																																		
Appointments scheduled	28	23.9																																																		
Changed provider/clinic	18	15.4																																																		
Don't take insurance	4	3.4																																																		
Unable to contact/LM	48	41.0																																																		
Wrong #	8	6.8																																																		
Refused/declined/ will call back	10	8.5																																																		
Deceased	1	0.9																																																		
Total	117	100.0																																																		
<p data-bbox="1190 1430 1222 1776">AHA BP Monitor Follow-Up:</p> <p data-bbox="1222 1014 1336 1776">The 2nd round of patients was distributed to the clinic nurses on 8/25/21. 9 of the 55 (16%) monitors have been distributed to date. 8 patients have refused.</p>			<p data-bbox="1271 128 1304 222">11/2/21</p>																																																	



For those **45** patients who received the Blood Pressure Monitor from 1st round distribution:

Of the **45** Patients that were scheduled for a follow-up appointment:

- **35** (78%) patients attended the appointments to receive the BP Monitors
 - o Of which, **7** had their BP Log uploaded into their Medical record.
 - o **6** Had a medication change as a result of the follow-up appointment.
 - o **22** were listed as having met the controlled blood pressure metric at the time of the visit / or having controlled blood pressure.
- **5** Did not attend their appointment
- **5** appointments are pending.

# Follow-up Appointment scheduled	# Attended appointment	# Appointment pending	# Did not attend appointment	# BP Log uploaded	# Medication change noted	# Blood pressure control at time of visit
45	35	5 (11% scheduled after report date)	5	7	6	22
100%	78%	11%	11%	20%	17%	63%
Last QC report (9/5/2021)	24 (53.3%)	1 (2.2%)	20 (44.4%)	6 (25%)	4 (16.6%)	14 (58.3%)

The data shows that 63% of patients that attended the follow-up appointment had controlled blood pressure at the time of the visit compared to 58% at the last review.



DENTAL

<p><u>Dental Sealants</u></p> <p>88% (n=296) Jan-August 2021</p> <p>14% (n=7) for August. (* data not confirmed)</p> <p>Dr. Cucuras believes that the data is not sound and needs to be rerun, as initial inquiries have found patients placed in the universe that do not belong along with other abnormalities.</p> <p>Andrea Steele suggested that a possible explanation for the data would be the scheduled running of data backfill on the Memorial end not aligning with when the reports were run on our end. If that is the case, we might have to run data during the second week of the month instead of the first week to allow time for up-to-date data. However, when quality measures were checked in Epic during the meeting, they aligned with expectations.</p>	<p>Dr. Cucuras plans to continue to work with Randal to get to the bottom of the issue.</p> <p>Andrea will look into the current procedure to see when the Memorial decides to run the backfill data.</p>	<p>Dr. Cucuras</p> <p>Andrea</p>	<p>11/2/21</p> <p>11/2/21</p>
<p>Same Day Extractions (Limited Exams)</p> <p>Limited Exams (n= 369)</p> <p>Same Day Extractions: 194 (53% n=369)</p> <p>Returns (Follow-Up): Patients with a future extraction appointment type within 21 days – 38 (10% n=369)</p> <p>Returned within 21 days for extraction</p> <p>36 (95% n=38)</p>			



<p>Antibiotics Given: Patients without a future extraction appointment type 84 (23% n=369) Extraction not needed: non-emergent 52 (14% n=369)</p>			
<p>MDI/WHO – August 2021</p> <ul style="list-style-type: none"> – Total Pediatric Patients 823 <ul style="list-style-type: none"> ○ Excluded from MDI 311 (38%) ○ No MDI 280 (34%); ○ MDI 232 (28%) – Total Well visit 512 <ul style="list-style-type: none"> ○ No MDI 280 (55% n=512) ○ MDI 232 (45% n=512) <ul style="list-style-type: none"> ▪ WHO 44 (19% n=232) ▪ No WHO 188 (81% n=232) 			
<p>Dental Clinic Audit Summary West Palm Beach:</p> <ul style="list-style-type: none"> – Signage in the patient area was put up with tape, and some signs were missing. – Instadose software not installed in computers. <p>Lantana:</p> <ul style="list-style-type: none"> – Computer modem and cables on top of the sink in room #4 creating a safety hazard. <p>Delray</p> <ul style="list-style-type: none"> – Vital machines not calibrated on schedule. 	<p>Retrieve and place missing signage Frame and hang existing signage</p> <p>Install Instadose software on computers. (175308)</p> <p>Housing unit/shelf needed to house modem and get cables off of the sink.</p> <p>– Schedule inspection with Crothall.</p>	<p>David Speciale</p> <p>Maintenance /IT Dept.</p> <p>June Shipek</p>	<p>11/2</p> <p>11/2</p> <p>11/2</p>



	<ul style="list-style-type: none"> - The back door has an opening at the bottom, and the fire extinguisher is on the floor. - Belle Glade - The oxygen tank is empty. - The supply closet has items that are less than 18" away from the ceiling/sprinklers. 	<ul style="list-style-type: none"> - Install a new kick plate and fill the gap on the bottom of the door. Fix hook that holds fire extinguisher. - Order a new oxygen tank. - Re-organize the closet to make sure it complies. - Next time will enter an incident report to trigger training. 	<p>DOH Maintenance</p> <p>Irene</p> <p>Irene</p>	<p>11/2/21</p> <p>11/2/21</p>																
<p>WOMEN'S HEALTH</p>	<p><u>Prenatal Age</u></p> <table border="1" data-bbox="641 1129 976 1644"> <thead> <tr> <th colspan="2">July – September 2021</th> </tr> <tr> <th>Age</th> <th>Number of Patients</th> </tr> </thead> <tbody> <tr> <td>Less than 15 Years</td> <td>0</td> </tr> <tr> <td>Ages 15-19</td> <td>9</td> </tr> <tr> <td>Ages 20-24</td> <td>32</td> </tr> <tr> <td>Ages 25-44</td> <td>90</td> </tr> <tr> <td>Ages 45 and Over</td> <td>0</td> </tr> <tr> <td>Total</td> <td>131</td> </tr> </tbody> </table> <p>(Report with graph presented)</p> <p><u>Entry into Care</u></p> <p>131 women entered into care in the month of Aug-Sep.</p> <p>73 - Entered into care in the first trimester</p> <p>43 - Entered into care in the second trimester</p> <p>15 - Entered into care in the third trimester</p> <p>125 - Entered into Care with the C.L. Brumback Primary Care Clinics</p>	July – September 2021		Age	Number of Patients	Less than 15 Years	0	Ages 15-19	9	Ages 20-24	32	Ages 25-44	90	Ages 45 and Over	0	Total	131	<p>There are questions about the number of patients that entered into care with CLBPCC. Ivonne will provide Andrea with the report she used to produce the reports. They will follow-up with Monica to see where the issue might be.</p>	<p>Ivonne / Andrea</p>	<p>11/2/21</p>
July – September 2021																				
Age	Number of Patients																			
Less than 15 Years	0																			
Ages 15-19	9																			
Ages 20-24	32																			
Ages 25-44	90																			
Ages 45 and Over	0																			
Total	131																			



<p>BEHAVIORAL HEALTH</p>	<p>6 - Had her first visit with another provider 0 - Had initial provider not recorded. (Report with graph presented) <u>Deliveries & Birthweights</u> 3 Deliveries in August.</p> <ul style="list-style-type: none"> - (<1500 grams) – — - (1500-2499 grams) – — - (>2500 grams) – 2 <p>The third delivery has a missing birthweight. (Report with graph presented)</p>																		
	<p><u>Cage-Aid:</u> Around 2,991 performed in the month of August. Positives (n=234), majority were in Mangonia Clinic (n=107); Lewis Center Clinic (n=86); Jupiter Clinic (n=10), and Belle Glade Clinic (n=10).</p> <table border="1" data-bbox="1036 1058 1357 1713"> <thead> <tr> <th>July 2021 Total Score</th> <th># Patients</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>Score = 0</td> <td>2,757</td> <td>92%</td> </tr> <tr> <td>Score = 1</td> <td>20</td> <td>1%</td> </tr> <tr> <td>Score = 2</td> <td>11</td> <td>0%</td> </tr> <tr> <td>Score = 3</td> <td>30</td> <td>1%</td> </tr> </tbody> </table>	July 2021 Total Score	# Patients	%	Score = 0	2,757	92%	Score = 1	20	1%	Score = 2	11	0%	Score = 3	30	1%	<p>Dr. Phillips has spoken to her staff about completing the CAGE questionnaire. She already sees improvement in the number of SBIRT BPAs. Dr. Phillips will hold a Q.A. to determine if the CAGE/SBIRTs are being done.</p>	<p>Dr. Phillips</p>	<p>11/2/21</p>
July 2021 Total Score	# Patients	%																	
Score = 0	2,757	92%																	
Score = 1	20	1%																	
Score = 2	11	0%																	
Score = 3	30	1%																	



	<table border="1" data-bbox="240 1058 305 1709"> <tr> <td data-bbox="240 1404 305 1709">Score = 4</td> <td data-bbox="240 1249 305 1404">173</td> <td data-bbox="240 1058 305 1249">6%</td> </tr> </table> <p data-bbox="370 1016 553 1772">Comparing July 2021 and August 2021, there was an increase in the number of patients with Positive CAGE and no SBIRT: by 3% n=234, or a 100% rate of +CAGE-AID w/ No SBIRT. Overall a regression, from July, in which n= 209 +CAGE-AID w/ No SBIRT for a rate of 97%.</p> <p data-bbox="581 1404 613 1772">(Report with graph presented)</p> <p data-bbox="641 1310 673 1772">Monthly trend of + CAGE & NO SBIRT</p> <ul data-bbox="706 1278 976 1751" style="list-style-type: none"> • February Positive with NO SBIRT = 43 • March Positive with NO SBIRT = 154 • April Positive with NO SBIRT = 60 • May Positive with NO SBIRT = 64 • June Positive with NO SBIRT = 80 • July Positive with NO SBIRT = 209 • August Positive with NO SBIRT = 234 	Score = 4	173	6%																									
Score = 4	173	6%																											
	<p data-bbox="1008 1688 1032 1772"><u>SBIRT:</u></p> <ul data-bbox="1040 1079 1105 1751" style="list-style-type: none"> • Number of SBIRT vs. CAGE-AID positive continue to be discordant, rather than a 1:1 <table border="1" data-bbox="1154 999 1377 1772"> <thead> <tr> <th data-bbox="1154 1646 1219 1772">2021</th> <th data-bbox="1154 1362 1219 1646">Unique Patients</th> <th data-bbox="1154 1205 1219 1362">%</th> <th data-bbox="1154 999 1219 1205">Total # Encounters</th> <th data-bbox="1154 999 1219 1205">%</th> </tr> </thead> <tbody> <tr> <td data-bbox="1219 1646 1260 1772">Jan-21</td> <td data-bbox="1219 1362 1260 1646">91</td> <td data-bbox="1219 1205 1260 1362">100%</td> <td data-bbox="1219 999 1260 1205">102</td> <td data-bbox="1219 999 1260 1205">100%</td> </tr> <tr> <td data-bbox="1260 1646 1300 1772">Feb-21</td> <td data-bbox="1260 1362 1300 1646">74</td> <td data-bbox="1260 1205 1300 1362">45%</td> <td data-bbox="1260 999 1300 1205">78</td> <td data-bbox="1260 999 1300 1205">43%</td> </tr> <tr> <td data-bbox="1300 1646 1341 1772">Mar-21</td> <td data-bbox="1300 1362 1341 1646">168</td> <td data-bbox="1300 1205 1341 1362">50%</td> <td data-bbox="1300 999 1341 1205">204</td> <td data-bbox="1300 999 1341 1205">53%</td> </tr> <tr> <td data-bbox="1341 1646 1377 1772">Apr-21</td> <td data-bbox="1341 1362 1377 1646">114</td> <td data-bbox="1341 1205 1377 1362">26%</td> <td data-bbox="1341 999 1377 1205">146</td> <td data-bbox="1341 999 1377 1205">28%</td> </tr> </tbody> </table>	2021	Unique Patients	%	Total # Encounters	%	Jan-21	91	100%	102	100%	Feb-21	74	45%	78	43%	Mar-21	168	50%	204	53%	Apr-21	114	26%	146	28%			11/2/21
2021	Unique Patients	%	Total # Encounters	%																									
Jan-21	91	100%	102	100%																									
Feb-21	74	45%	78	43%																									
Mar-21	168	50%	204	53%																									
Apr-21	114	26%	146	28%																									



May-21	112	20%	121	100%
June-21	108	16%	124	16%
July - 21	8	1%	8	1%
Aug -21	No Report	No Report	No Report	No Report
Total	675	100%	783	100%

	<p>PHQ 2/9 Total encounters with PHQ2/9: 5,100 6% positive rate based on >10, or 1 or above, (n=307) Patients that were seen by the BHC - 91% (n= 279) Only n= 28 had positive PHQ9 and NOBH , which is at 9%,</p>			11/2/21
NURSING	<p>Higher Level of Care 44 ER referrals/44 patients were sent to the ER in August. There were 0 patients with multiple orders in August. For August, Dr. Noella Clark-Aaron (WPB) was based in Lantana this month. Lantana Clinic was the highest producer of HLC referrals with 11 (25%). 0 Hospital Referral Types were ordered for August</p>	<p>Dr. Clarke and Dr. Lazaro (other PEDS providers) will be instructed to use the PEDs referral type for easier tracking.</p>	Dr. Chibar	11/2/21
	<p>After Hours On-Call Summary 1. 68% (124) Nonclinical calls- appointments / insurance / referral / general question 2. 32% (58) Clinical calls o 60 % of clinical calls were paged (35) o 97% Response Rate from Providers</p>		<p>Lisa / Dr. Chibar / Dr. Warren / Tracey</p>	11/2/21



			<ul style="list-style-type: none">○ 3% of those paged had no response (1) (*no note in EPIC or on startel)<ul style="list-style-type: none">– 1 Sick/Pain/ in Hospital (PEDS)○ 38% page out was N/A (22)○ 40% of clinical calls not paged (23)<ul style="list-style-type: none">– 4 % of those not paged should have been paged (1)<ul style="list-style-type: none">▪ 1: pharmacy issues Pt. Needed Suboxone○ 12% of clinical calls were Prescription issues: 7 total of which; 3 were Adult Medical; 3 Behavioral Health, 1 Pediatrics○ 34% of clinical calls were Prescription Refill/Requests/Questions: 20 total of which; 15 were Adult Medical; 3 Behavioral Health; 2 Women's Health● Prescription Issue/Refill Caused by Clinic or Pharmacy<ul style="list-style-type: none">○ Total Rx calls-27 (includes Rx refills). 2 prescription errors caused by clinic 7%○ 1-Pt had visit 8/12, med sent to pharmacy 8/13○ 1-Pt case to RN 8/24 who routed to PCP. PCP did not address before patient called again into after hours and on-call provider filled Rx. <p>Dental: 11 total of which were appointment/ nonclinical</p> <ul style="list-style-type: none">● DDS paged 0 times
--	--	--	--



	<p>GOAL: On-call provider addressed patient's need(s) at time of the call and/or follow-up with patient within 24-48 hours or on the first business day after weekend or holiday (by nurse or provider)</p> <ul style="list-style-type: none"> ▪ Yes= 84% (49) ▪ No= 5% (3) ▪ N/A= 10 % (2) deceased and (4) Pts inquiring about test results 			
<p>EPIC</p>	<p><u>Open Tickets</u> No Report</p>			
<p>Meeting Adjourned – 10:41 AM</p>				

PRODUCTIVITY SEPTEMBER 2021

ALL PROVIDERS

AS 09/30/2021 Based on Completed Appointments

<51%

≥51% and < 80%

≥ 80% and <100%

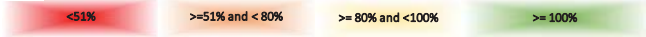
≥ 100%

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	Total			
ALFONSO PUENTES, RAMIRO	17	20.5	347	3	350	264	76%	3	100%	267	76%	13.0
CESAIRE, ROSE CARLINE	15	20.5	307	1	308	229	75%	1	100%	230	75%	11.2
DABU, DARNEL	17	20.0	338	3	341	280	83%	2	67%	282	83%	14.1
DORCE-MEDARD, JENNIFER	17	1.0	18	0	18	19	106%	0		19	106%	19.0
FLOREZ, GLORIA	17	19.0	321	3	324	333	104%	2	67%	335	103%	17.6
HARBERGER, SENECA & Residents	17	9.0	153	0	153	305	199%	0		305	199%	33.9
JEAN-JACQUES, FERNIQUE	15	19.0	284	2	286	264	93%	2	100%	266	93%	14.0
LAM, MINH DAI	15	18.5	268	11	279	293	109%	11	100%	304	109%	16.4
LOUIS, JOANN PIERRE	15	19.0	282	4	286	238	84%	4	100%	242	85%	12.7
NAVARRO, ELSY	15	19.5	288	5	293	263	91%	4	80%	267	91%	13.7
DE OLIVEIRA INACIO, VANESSA	17	16.5	278	3	281	205	74%	3	100%	208	74%	12.6
PEREZ, DANIEL JESUS & Residents	17	20.0	340	1	341	449	132%	1	100%	450	132%	22.5
PHILISTIN, KETELY	15	16.5	248	1	249	201	81%	1	100%	202	81%	12.2
SANCHEZ, MARCO FERNANDEZ	15	22.0	329	3	332	418	127%	3	100%	421	127%	19.1
SECIN SANTANA, DELVIS	17	17.0	288	2	290	299	104%	2	100%	301	104%	17.7
SHOAF, NOREMI	15	13.5	200	3	203	179	90%	3	100%	182	90%	13.5
VIL, CARLINE ST	15	20.0	299	2	301	292	98%	1	50%	293	97%	14.7
WARREN, SANDRA	17	0.5	8	1	9	8	100%	1	100%	9	100%	18.0
ZITO, AMALINETTE	9	5.0	45	0	45	39	87%	0		39	87%	7.8
ADULT CARE TOTALS		297	4,641	48	4,689	4,578	99%	44	92%	4,622	99%	
PEDIATRIC CARE												
CLARKE-AARON, NOELLA	17	19.5	332	0	332	329	99%	0		329	99%	16.9
DESSALINES, DUCLOS	17	11.5	196	0	196	206	105%	0		206	105%	17.9
LAZARO RIVERA, NANCY	17	16.0	271	1	272	324	120%	1	100%	325	119%	20.3
NORMIL-SMITH, SHERLOUNE	17	20.5	347	2	349	417	120%	0		417	119%	20.3
PEDIATRIC CARE TOTALS		67.5	1,146	3	1,149	1,276	111%	1	33%	1,277	111%	
WOMEN'S HEALTH CARE												
CASANOVA, JENNIFER	15	18.5	278	0	278	265	95%			265	95%	14.3
FERWERDA, ANA	17	19.5	332	0	332	287	86%			287	86%	14.7
WOMEN'S HEALTH CARE TOTALS		38	610	0	610	552	90%			552	90%	
BEHAVIORAL HEALTH												
ALVAREZ, FRANCO	17	20.0	336	5	341	191	57%	5	100%	196	57%	9.8
CALDERON, NYLSA	10	19.0	180	10	190	90	50%	4	40%	94	49%	4.9
JONES, KIARA	10	19.5	164	31	195	149	91%	28	90%	177	91%	9.1
ZIEMBA, ADRIANA LEQUERICA	8	15.0	61	42	103	44	72%	33	79%	77	75%	5.1
BEHAVIORAL HEALTH TOTALS		73.5	741	88	829	474	64%	70	80%	544	66%	
SUBSTANCE ABUSE DISORDER												
FARAH, CRISTINA	10	16.5	99	66	165	141	142%	43	65%	184	112%	11.2
HIRSCH, KAREN	10	15.0	95	55	150	96	101%	28	51%	124	83%	8.3
MILETA, SNEZANA	10	10.5	58	47	105	68	117%	19	40%	87	83%	8.3
MITCHELL, ANGELA	10	18.5	72	113	185	102	142%	110	97%	212	115%	11.5
PHILLIPS, COURTNEY	8	13.5	99	9	108	117	118%	9	100%	126	117%	9.3
REXACH, CLAUDIA	10	17.5	50	125	175	67	134%	89	71%	156	89%	8.9
ROMAIN, REYNETTE	10	17.5	77	98	175	133	173%	121	123%	254	145%	14.5
SUBSTANCE ABUSE DISORDER TOTALS		109	550	513	1,063	724	132%	419	82%	1,143	108%	
DENTAL												
ALONSO, ZENAI DA	15	20.5	308	0	308	272	88%			272	88%	13.3
CUCURAS, JOHN N	15	11.5	173	0	173	141	82%			141	82%	12.3
ALWEHAIB, ARWA	15	20.5	308	0	308	291	94%			291	94%	14.2
OLIVEIRA, PAULO	15	7.5	113	0	113	102	90%			102	90%	13.6
SEMINARIO, ADA	15	19.5	293	0	293	254	87%			254	87%	13.0
SILVA, MICHELLE	15	0.5	8	0	8	7	88%			7	88%	14.0
ZANGENEH, YASMINE	15	16.5	248	0	248	175	71%			175	71%	10.6
GARCIA, IRENE	8	11.5	92	0	92	180	196%			180	196%	15.7
HARDCASTLE, CORINA	8	17.5	140	0	140	102	73%			102	73%	5.8
MASON, SHERRY	8	19.5	156	0	156	85	54%			85	54%	4.4
WILLIAMS, RICHARD	15	17.5	263	0	263	182	69%			182	69%	10.4
PETERSEN, PATRICE	8	19.5	156	0	156	117	75%			117	75%	6.0
DENTAL TOTALS		182.0	2,258	0	2,258	1,908	84%			1,908	84%	
GRAND TOTAL		767.0	9,946	652	10,598	9,512	96%	534	82%	10046.0	95%	

PRODUCTIVITY SEPTEMBER 2021

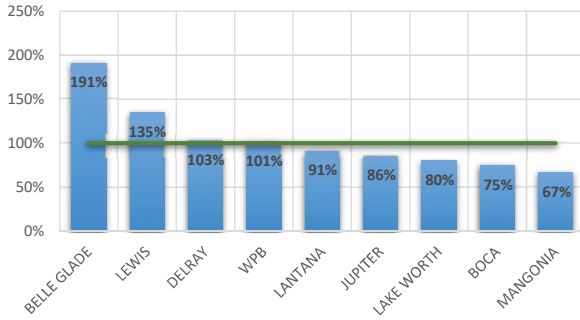
ALL CLINICS

AS 09/30/2021 Based on Completed Appointments

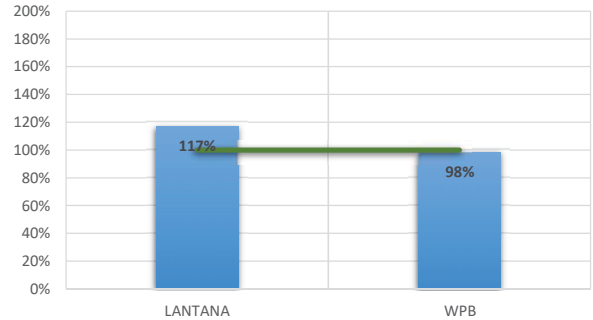


Category	Target for the Month			Total for the Month Seen			% Monthly Target Achieved
	AS 09/30/2021	In-Person	Telehealth	Total	In-Person	Telehealth	
ADULT CARE	4,641	48	4,689	4,578 99%	44 92%	4,622	99%
PEDIATRIC CARE	1,146	3	1,149	1,276 111%	1 33%	1,277	111%
WOMEN'S HEALTH CARE	610	0	610	552 90%	0	552	90%
BEHAVIORAL HEALTH	741	88	829	474 64%	70 80%	544	66%
SUBSTANCE ABUSE DISORDER	550	513	1,063	724 132%	419 82%	1,143	108%
DENTAL HYGIENE	2,258	0	2,258	1,908 84%	0	1,908	84%
Grand Total	9,946	652	10,598	9,512 96%	534 82%	10,046	95%

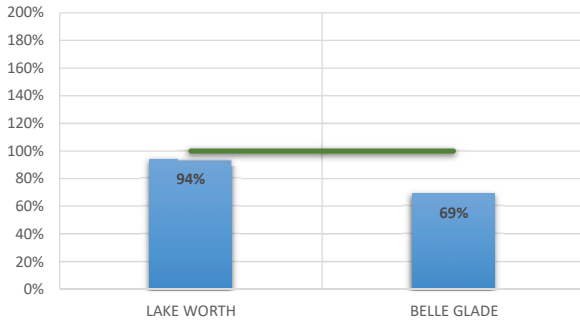
Adult Care



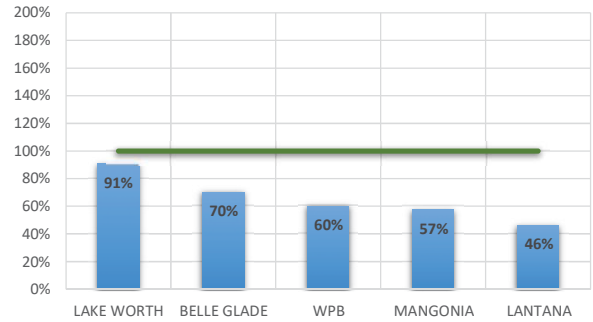
Pediatric Care



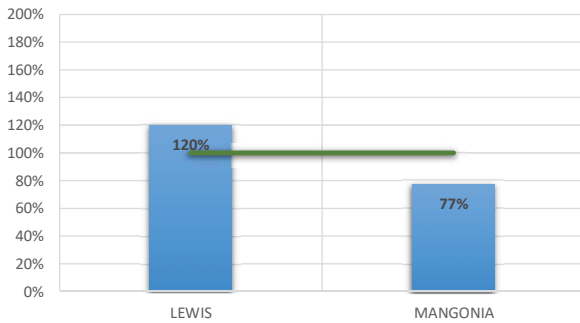
Women's Health Care



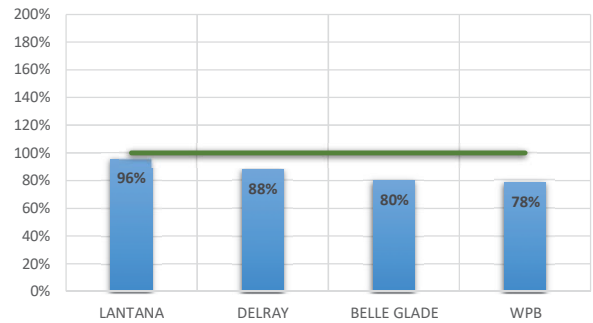
Behavioral Health



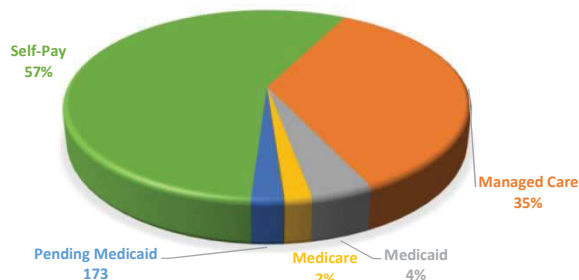
Substance Abuse Disorder



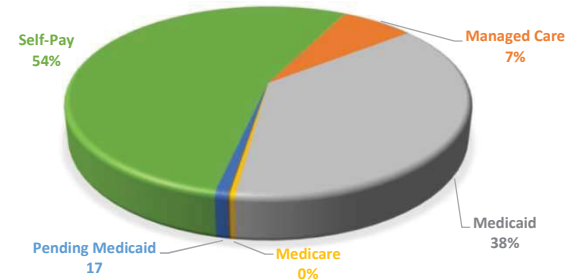
Dental



MEDICAL PAYER MIX



DENTAL PAYER MIX





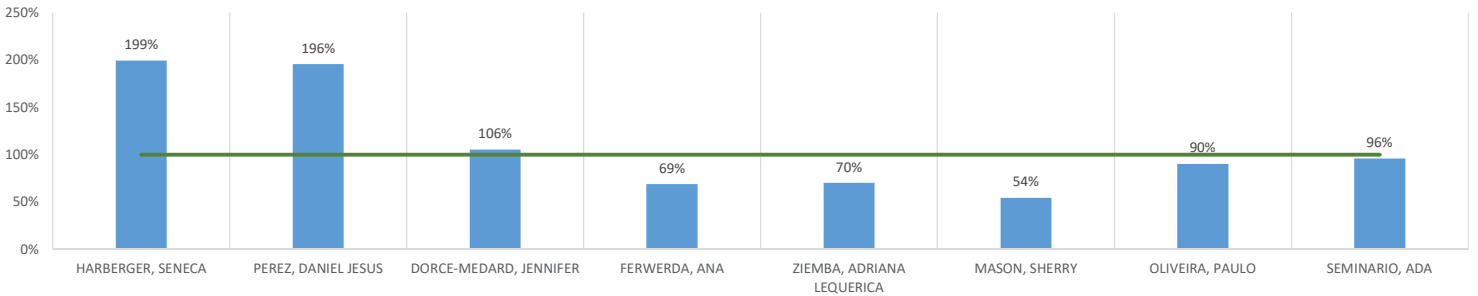
ADULT CARE										
Provider	Daily Target	Days Worked	Target for the Month			Total for the Month Seen			% Monthly Target Achieved	Daily Average
			In-Person	Telehealth	Total	In-Person	Telehealth	Total		
HARBERGER, SENECA & Residents	17	9.0	153	0	153	305		305	199%	33.9
PEREZ, DANIEL JESUS & Residents	17	8.0	136	0	136	266		266	196%	33.3
DORCE-MEDARD, JENNIFER	17	1.0	18	0	18	19		19	106%	19.0
PHILISTIN, KETELY	15	0.5	8	0	8	11		11	138%	22.0
ADULT CARE TOTALS		18.5	315	0	315	601	0	601	191%	

WOMEN'S HEALTH CARE										
FERWERDA, ANA	17	4.5	77	0	77	53		53	69%	11.8
WOMEN'S HEALTH CARE TOTALS		4.5	77	0	77	53	0	53	69%	

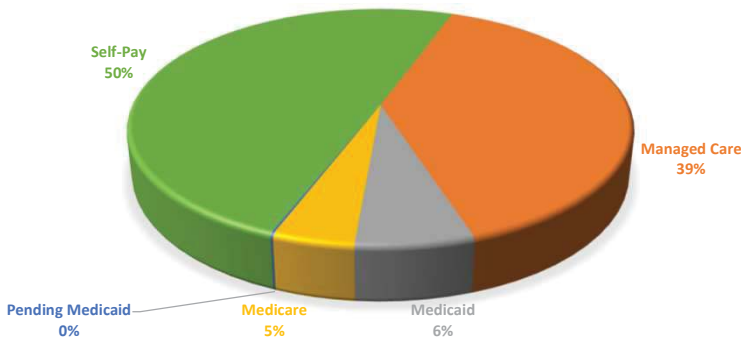
BEHAVIORAL HEALTH										
ZIEMBA, ADRIANA LEQUERICA	8	11.6	49	38	87	32	29	61	70%	5.3
BEHAVIORAL HEALTH TOTALS		11.6	49	38	87	32	29	61	70%	

DENTAL										
MASON, SHERRY	8	19.5	156	0	156	85		85	54%	4.4
OLIVEIRA, PAULO	15	7.5	113	0	113	102		102	90%	13.6
SEMINARIO, ADA	15	12	180	0	180	173		173	96%	14.4
DENTAL TOTALS		39	449	0	449	360	0	360	80%	

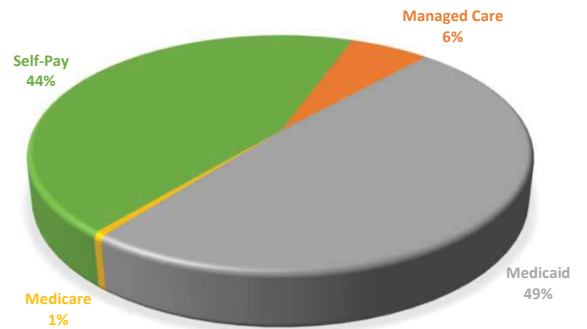
GRAND TOTAL		73.6	890	38	928	1,046	29	1,075	116%	
--------------------	--	-------------	------------	-----------	------------	--------------	-----------	--------------	-------------	--



MEDICAL PAYER MIX



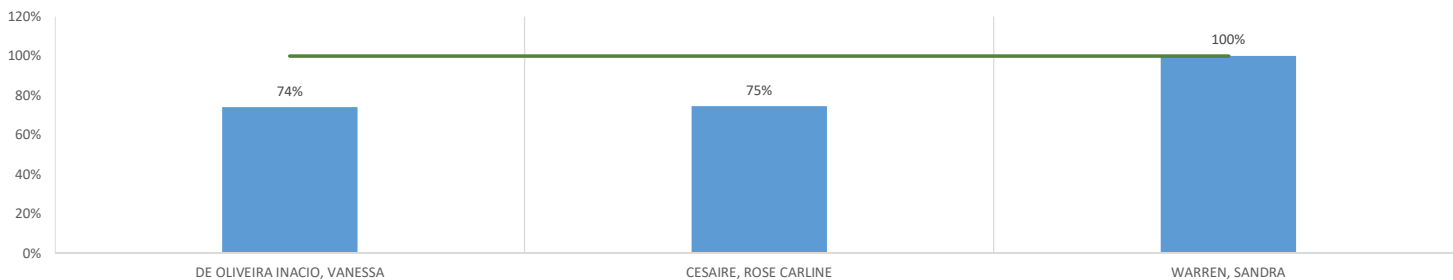
DENTAL PAYER MIX



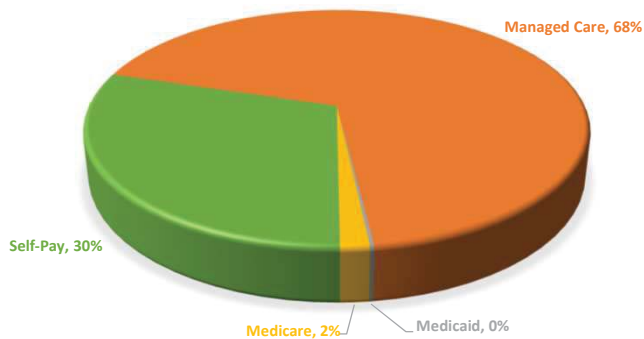


ADULT CARE										
Provider	Daily Target	Days Worked	Target for the Month			Total for the Month Seen			% Monthly Target Achieved	Daily Average
			In-Person	Telehealth	Total	In-Person	Telehealth	Total		
DE OLIVEIRA INACIO, VANESSA	17	16.5	278	3	281	205	3	208	74%	12.6
CESAIRE, ROSE CARLINE	15	20.5	307	1	308	229	1	230	75%	11.2
WARREN, SANDRA	17	0.5	8	1	9	8	1	9	100%	18.0
ADULT CARE TOTALS		37.5	593	5	598	442	5	447	75%	

GRAND TOTAL		37.5	593	5	598	442	5	447	75%	
--------------------	--	-------------	------------	----------	------------	------------	----------	------------	------------	--



MEDICAL PAYER MIX

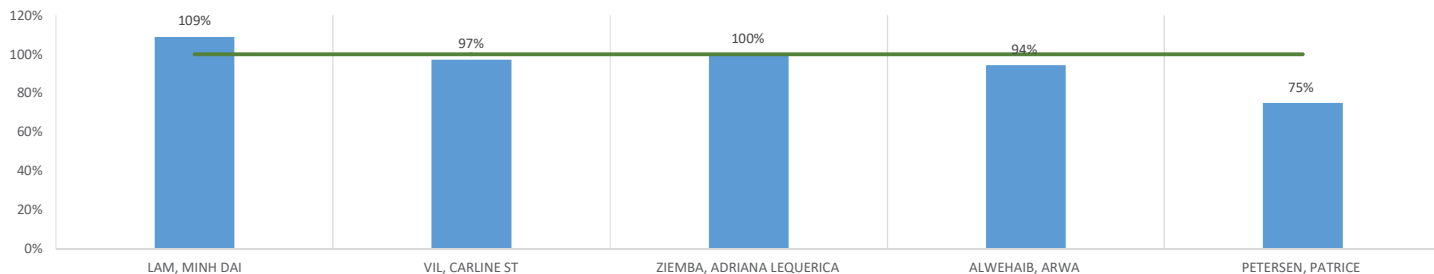


ADULT CARE										
Provider	Daily Target	Days Worked	Target for the Month			Total for the Month Seen			% Monthly Target Achieved	Daily Average
			In-Person	Telehealth	Total	In-Person	Telehealth	Total		
LAM, MINH DAI	15	18.5	268	11	279	293	11	304	109%	16.4
VIL, CARLINE ST	15	20.0	299	2	301	292	1	293	97%	14.7
ADULT CARE TOTALS		38.5	567	13	580	585	12	597	103%	

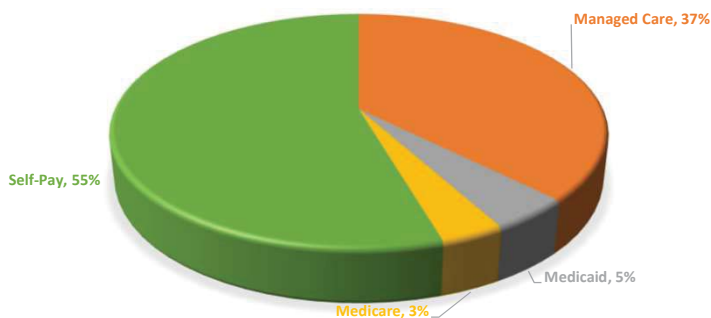
BEHAVIORAL HEALTH										
ZIEMBA, ADRIANA LEQUERICA	8	0.4	3	0	3	3		3	100%	7.5
BEHAVIORAL HEALTH TOTALS		0.4	3	0	3	3	0	3	100%	

DENTAL										
ALWEHAIB, ARWA	15	20.5	308	0	308	291		291	94%	14.2
PETERSEN, PATRICE	8	19.5	156	0	156	117		117	75%	6.0
DENTAL TOTALS		40	464	0	464	408	0	408	88%	

GRAND TOTAL										
		78.9	1034	13	1047	996	12	1008	96%	



MEDICAL PAYER MIX



DENTAL PAYER MIX

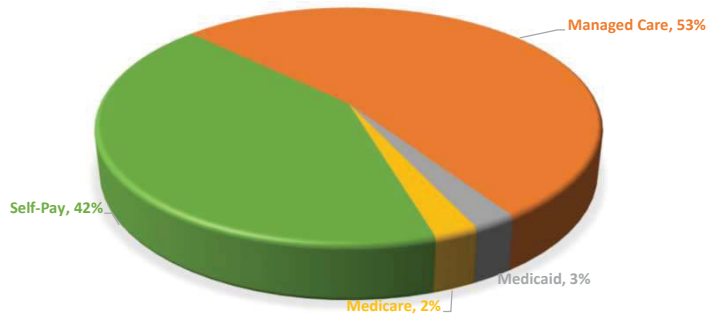


ADULT CARE										
Provider	Daily Target	Days Worked	Target for the Month			Total for the Month Seen			% Monthly Target Achieved	Daily Average
			In-Person	Telehealth	Total	In-Person	Telehealth	Total		
DABU, DARNEL	17	19.5	329	3	332	277	2	279	84%	14.3
SHOAF, NOREMI	15	13.5	200	3	203	179	3	182	90%	13.5
ADULT CARE TOTALS		33	529	6	535	456	5	461	86%	

GRAND TOTAL		33	529	6	535	456	5	461	86%	
--------------------	--	-----------	------------	----------	------------	------------	----------	------------	------------	--



MEDICAL PAYER MIX

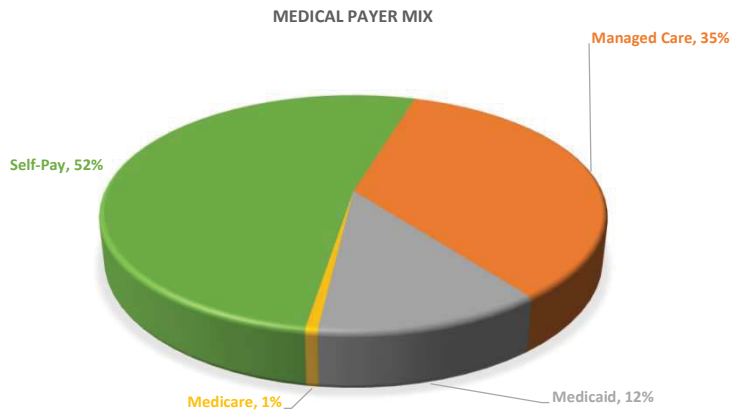
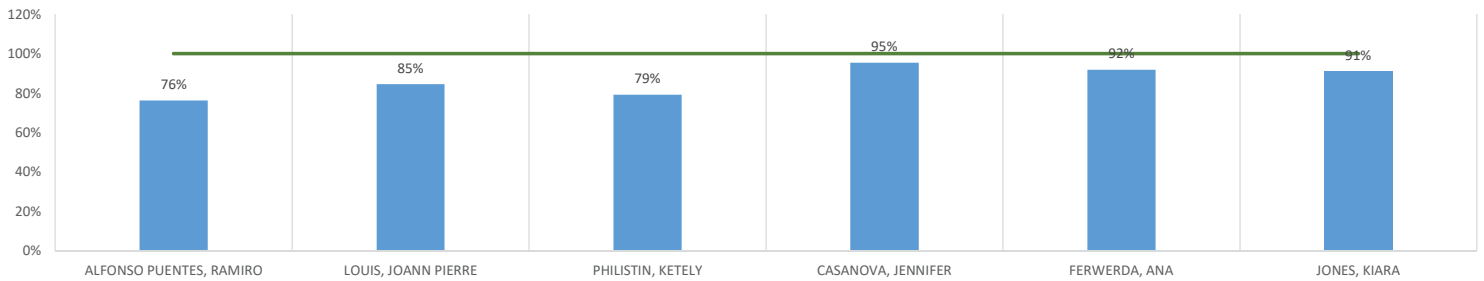


ADULT CARE										
Provider	Daily Target	Days Worked	Target for the Month			Total for the Month Seen			% Monthly Target Achieved	Daily Average
			In-Person	Telehealth	Total	In-Person	Telehealth	Total		
ALFONSO PUENTES, RAMIRO	17	20.5	347	3	350	264	3	267	76%	13.0
LOUIS, JOANN PIERRE	15	18.9	280	4	284	236	4	240	85%	12.7
PHILISTIN, KETELY	15	16.0	240	1	241	190	1	191	79%	11.9
ADULT CARE TOTALS		55.4	867	8	875	690	8	698	80%	

WOMEN'S HEALTH CARE										
CASANOVA, JENNIFER	15	18.5	278	0	278	265		265	95%	14.3
FERWERDA, ANA	17	15.0	255	0	255	234		234	92%	15.6
WOMEN'S HEALTH CARE TOTALS		33.5	533	0	533	499	0	499	94%	

BEHAVIORAL HEALTH										
JONES, KIARA	10	19.5	164	31	195	149	28	177	91%	9.1
BEHAVIORAL HEALTH TOTALS		19.5	164	31	195	149	28	177	91%	

DENTAL										
GRAND TOTAL		108.4	1,564	39	1,603	1,338	36	1,374	86%	





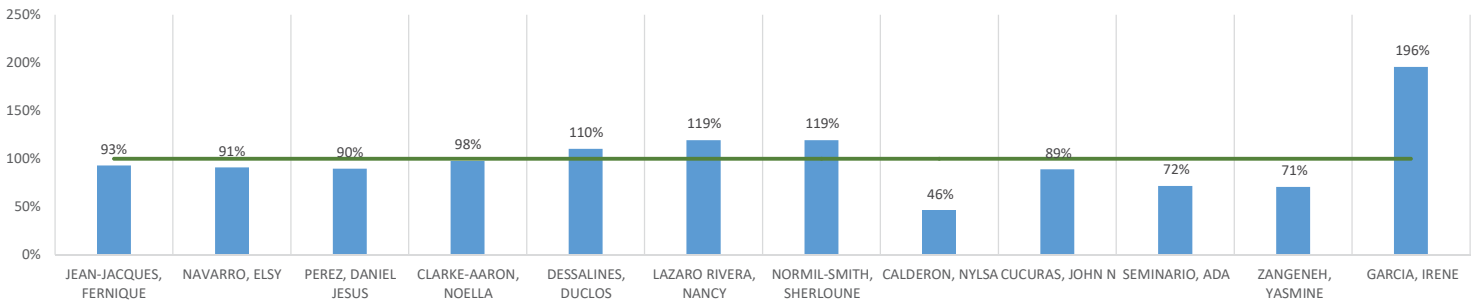
ADULT CARE										
Provider	Daily Target	Days Worked	Target for the Month			Total for the Month Seen			% Monthly Target Achieved	Daily Average
			In-Person	Telehealth	Total	In-Person	Telehealth	Total		
JEAN-JACQUES, FERNIQUE	15	19.0	284	2	286	264	2	266	93%	14.0
NAVARRO, ELSY	15	19.5	288	5	293	263	4	267	91%	13.7
PEREZ, DANIEL JESUS	17	12.0	204	1	205	183	1	184	90%	15.3
ADULT CARE TOTALS		50.5	776	8	784	710	7	717	91%	

PEDIATRIC CARE										
CLARKE-AARON, NOELLA	17	2.5	43	0	43	42	0	42	98%	16.8
DESSALINES, DUCLOS	17	8	136	0	136	150	0	150	110%	18.8
LAZARO RIVERA, NANCY	17	16	271	1	272	324	1	325	119%	20.3
NORMIL-SMITH, SHERLOUNE	17	20.5	347	2	349	417	0	417	119%	20.3
WOMEN'S HEALTH CARE TOTALS		47	797	3	800	933	1	934	117%	

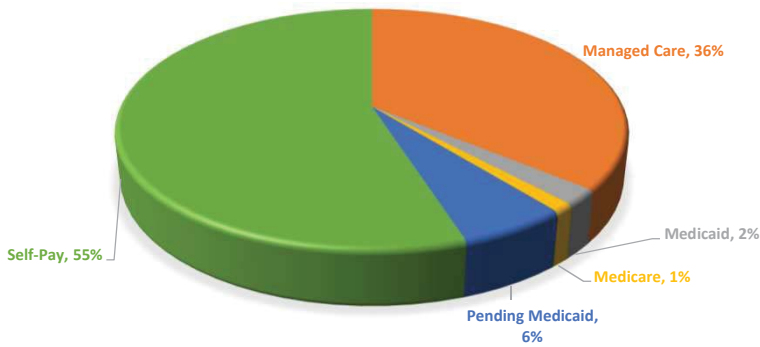
BEHAVIORAL HEALTH										
CALDERON, NYLSA	10	11	101	9	110	48	3	51	46%	4.6
BEHAVIORAL HEALTH TOTALS		11	101	9	110	48	3	51	46%	

DENTAL										
CUCURAS, JOHN N	15	3	45	0	45	40		40	89%	13.3
SEMINARIO, ADA	15	7.5	113	0	113	81		81	72%	10.8
ZANGENEH, YASMINE	15	16.5	248	0	248	175		175	71%	10.6
GARCIA, IRENE	8	11.5	92	0	92	180		180	196%	15.7
DENTAL TOTALS		38.5	498	0	498	476	0	476	96%	

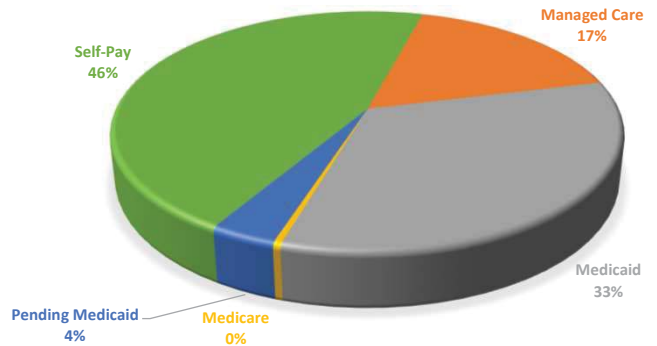
GRAND TOTAL										
		147	2,172	20	2,192	2,167	11	2,178	99%	



MEDICAL PAYER MIX



DENTAL PAYER MIX

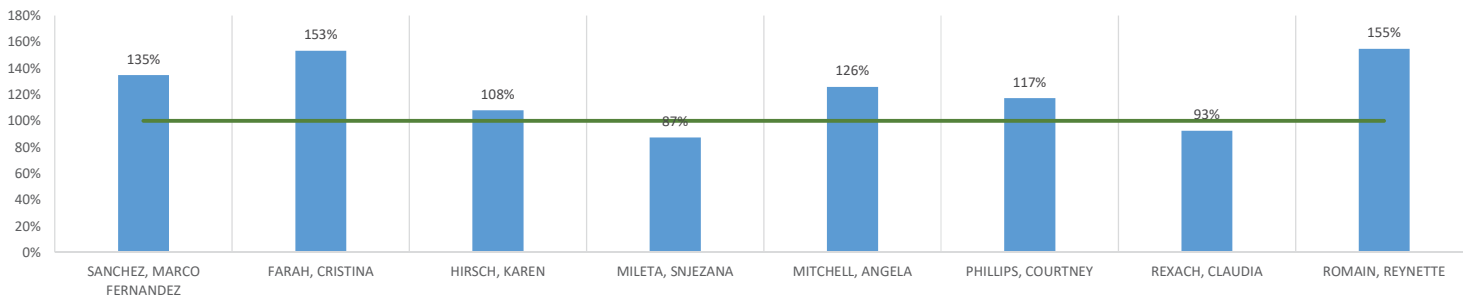




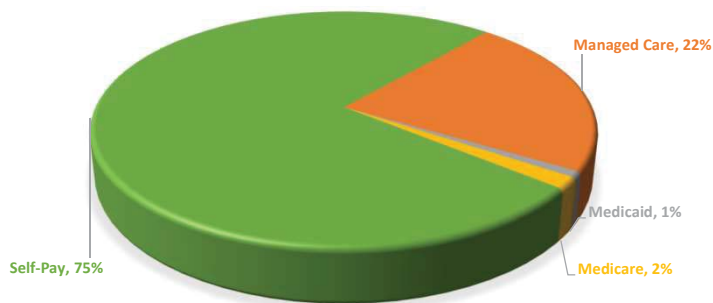
ADULT CARE										
Provider	Daily Target	Days Worked	Target for the Month			Total for the Month Seen			% Monthly Target Achieved	Daily Average
			In-Person	Telehealth	Total	In-Person	Telehealth	Total		
SANCHEZ, MARCO FERNANDEZ	15	19.5	290	3	293	392	3	395	135%	20.3
ADULT CARE TOTALS		19.5	290	3	293	392	3	395	135%	

SUBSTANCE ABUSE DISORDER										
FARAH, CRISTINA	10	7.9	53	26	79	96	25	121	153%	15.3
HIRSCH, KAREN	10	6.3	48	15	63	60	8	68	108%	10.8
MILETA, SNJEZANA	10	9.5	48	47	95	64	19	83	87%	8.7
MITCHELL, ANGELA	10	13.1	49	82	131	76	89	165	126%	12.6
PHILLIPS, COURTNEY	8	13.1	99	6	105	117	6	123	117%	9.4
REXACH, CLAUDIA	10	14.7	34	113	147	50	86	136	93%	9.3
ROMAIN, REYNETTE	10	13.5	50	85	135	102	107	209	155%	15.5
SUBSTANCE ABUSE CARE TOTALS		78.1	381	374	755	565	340	905	120%	

GRAND TOTAL		97.6	671	377	1,048	957	343	1,300	124%	
--------------------	--	-------------	------------	------------	--------------	------------	------------	--------------	-------------	--



MEDICAL PAYER MIX

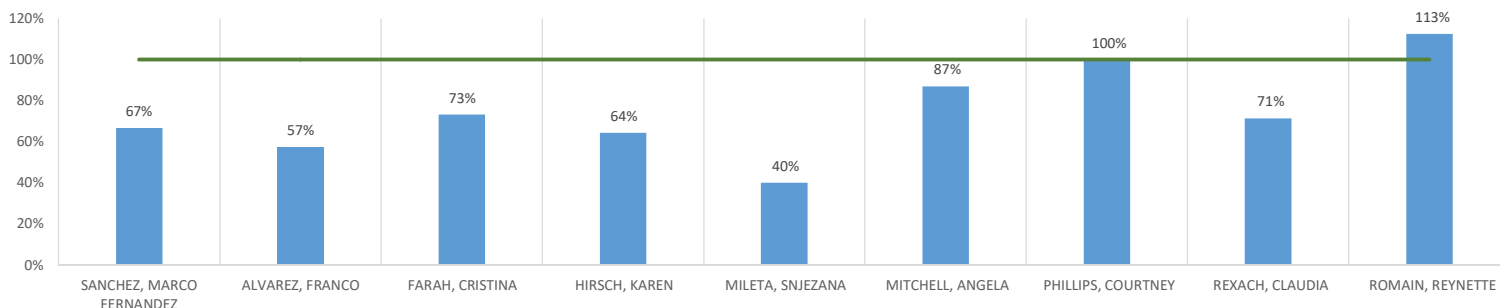


ADULT CARE										
Provider	Daily Target	Days Worked	Target for the Month			Total for the Month Seen			% Monthly Target Achieved	Daily Average
			In-Person	Telehealth	Total	In-Person	Telehealth	Total		
SANCHEZ, MARCO FERNANDEZ	15	2.5	39	0	39	26	0	26	67%	10.4
ADULT CARE TOTALS		2.5	39	0	39	26	0	26	67%	

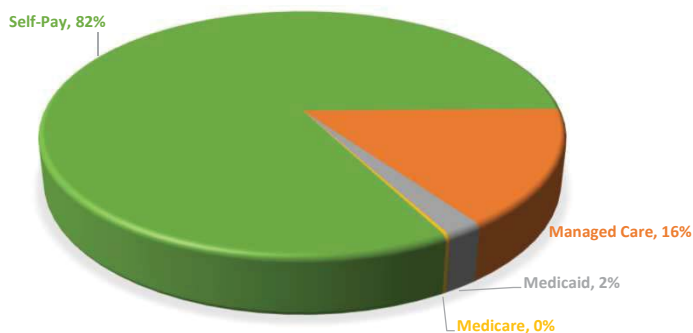
BEHAVIORAL HEALTH										
Provider	Daily Target	Days Worked	In-Person	Telehealth	Total	In-Person	Telehealth	Total	% Monthly Target Achieved	Daily Average
ALVAREZ, FRANCO	17	20.0	336	5	341	191	5	196	57%	9.8
BEHAVIORAL HEALTH TOTALS		20.0	336	5	341	191	5	196	57%	

SUBSTANCE ABUSE DISORDER										
Provider	Daily Target	Days Worked	In-Person	Telehealth	Total	In-Person	Telehealth	Total	% Monthly Target Achieved	Daily Average
FARAH, CRISTINA	10	8.6	46	40	86	45	18	63	73%	7.3
HIRSCH, KAREN	10	8.7	47	40	87	36	20	56	64%	6.4
MILETA, SNJEZANA	10	1.0	10	0	10	4	0	4	40%	4.0
MITCHELL, ANGELA	10	5.4	23	31	54	26	21	47	87%	8.7
PHILLIPS, COURTNEY	8	0.4	0	3	3	0	3	3	100%	7.5
REXACH, CLAUDIA	10	2.8	16	12	28	17	3	20	71%	7.1
ROMAIN, REYNETTE	10	4.0	27	13	40	31	14	45	113%	11.3
SUBSTANCE ABUSE CARE TOTALS		30.9	169	139	308	159	79	238	77%	

GRAND TOTAL	53.4	544	144	688	376	84	460	67%	
--------------------	-------------	------------	------------	------------	------------	-----------	------------	------------	--



MEDICAL PAYER MIX





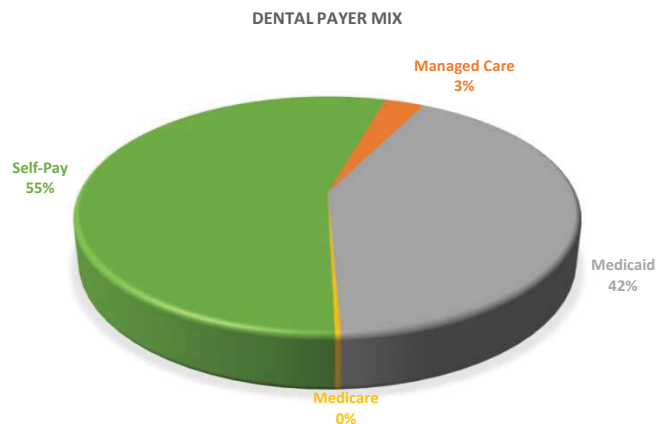
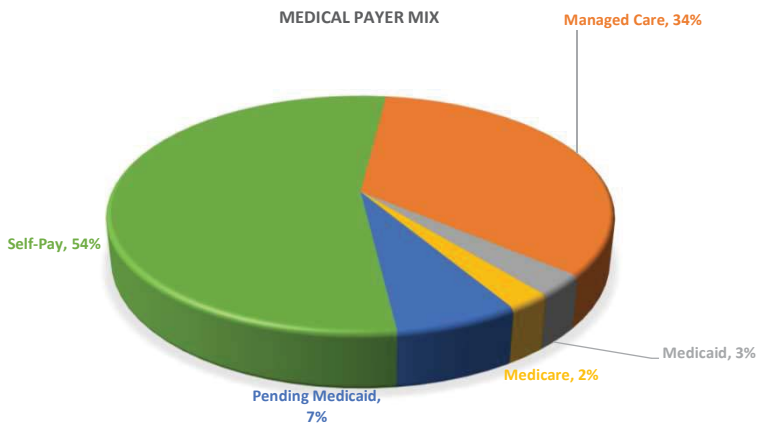
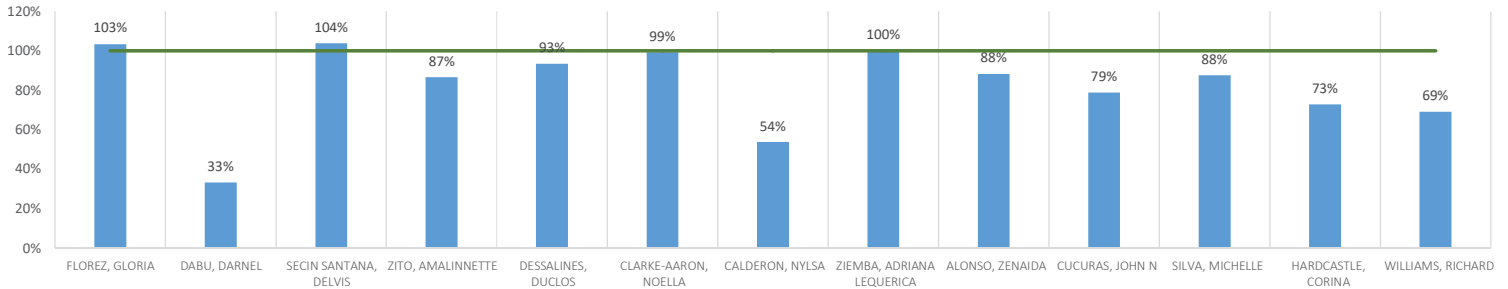
ADULT CARE										
Provider	Daily Target	Days Worked	Target for the Month			Total for the Month Seen			% Monthly Target Achieved	Daily Average
			In-Person	Telehealth	Total	In-Person	Telehealth	Total		
FLOREZ, GLORIA	17	19.0	321	3	324	333	2	335	103%	17.6
DABU, DARNEL	17	0.5	9	0	9	3	0	3	33%	6.0
SECIN SANTANA, DELVIS	17	17.0	288	2	290	299	2	301	104%	17.7
ZITO, AMALINETTE	9.00	5.0	45	0	45	39	0	39	87%	7.8
ADULT CARE TOTALS		41.5	663	5	668	674	4	678	101%	

PEDIATRIC CARE										
DESSALINES, DUCLOS	17	3.5	60	0	60	56		56	93%	16.0
CLARKE-AARON, NOELLA	17	17	289	0	289	287		287	99%	16.9
PEDIATRIC CARE TOTALS		20.5	349	0	349	343	0	343	98%	

BEHAVIORAL HEALTH										
CALDERON, NYLSA	10	8.0	79	1	80	42	1	43	54%	5.4
ZIEMBA, ADRIANA LEQUERICA	4	3.0	9	4	13	9	4	13	100%	4.3
BEHAVIORAL HEALTH TOTALS		11	88	5	93	51	5	56	60%	

DENTAL										
ALONSO, ZENAIDA	15	20.5	308	0	308	272		272	88%	13.3
CUCURAS, JOHN N	15	8.5	128	0	128	101		101	79%	11.9
SILVA, MICHELLE	15	0.5	8	0	8	7		7	88%	14.0
HARDCASTLE, CORINA	8	17.5	140	0	140	102		102	73%	5.8
WILLIAMS, RICHARD	15	17.5	263	0	263	182		182	69%	10.4
DENTAL TOTALS		64.5	847	0	847	664	0	664	78%	

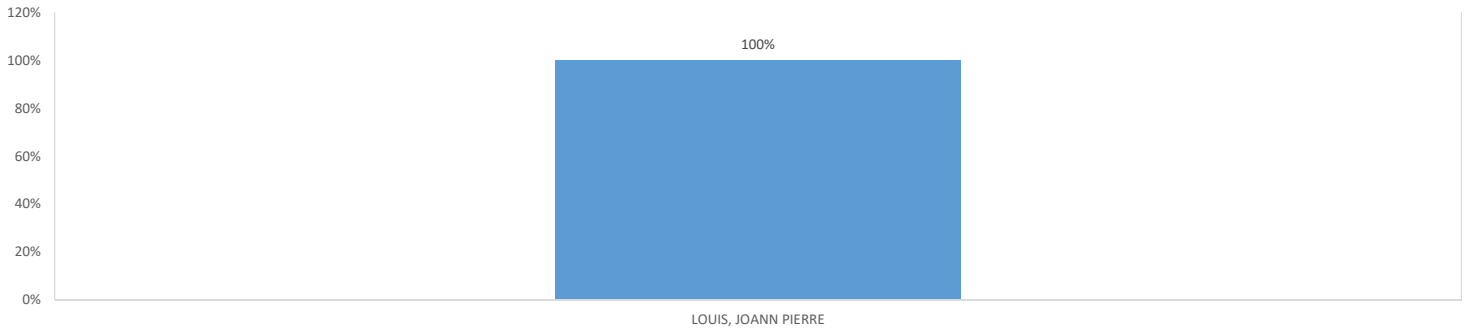
GRAND TOTAL										
		137.5	1,947	10	1,957	1,732	9	1,741	89%	



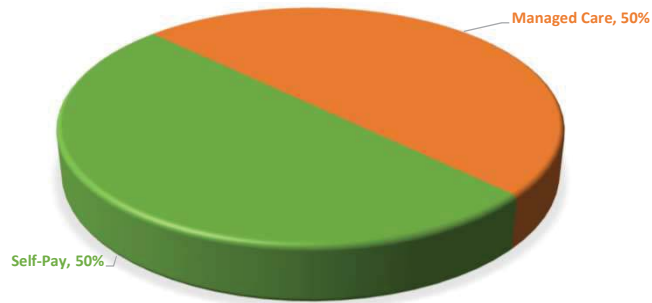


ADULT CARE										
Provider	Daily Target	Days Worked	Target for the Month			Total for the Month Seen			% Monthly Target Achieved	Daily Average
			In-Person	Telehealth	Total	In-Person	Telehealth	Total		
LOUIS, JOANN PIERRE	15	0.1	2	0	2	2		2	100%	20.0
ADULT CARE TOTALS		0.1	2	0	2	2	0	2	100%	

GRAND TOTAL		0.1	2	0	2	2	0	2	100%	
--------------------	--	------------	----------	----------	----------	----------	----------	----------	-------------	--



MEDICAL PAYER MIX



DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
October 27, 2021

1. Description: Patient Relations Dashboard Report

2. Summary:

This agenda item provides the following:

Quarterly Patient Relations Dashboard Q3 - 2021

3. Substantive Analysis:

For Quarter 3, 57 Patient Relations Occurrences occurred between 6 clinics and clinic administration. Of the 57 occurrences, there were 9 grievances and 48 complaints. The top 5 categories were care and treatment, communication, finance, respect-related, and physician-related issues. The top 2 subcategories with 16 complaints and grievances in each were waiting time and poor communication issues.

There were also 19 compliments received across 7 clinics and clinic administration.

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
 Candice Abbott
 VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

 N/A
 Committee Name

 Date Approved

6. Recommendation:

Staff recommends the Board approve the Quarterly Patient Relations Dashboard for Q3 2021.

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
October 27, 2021

Approved for Legal sufficiency:

Bernabe Icaza

Bernabe Icaza
VP & General Counsel

David Speciale

David Speciale
Director of Patient Experience

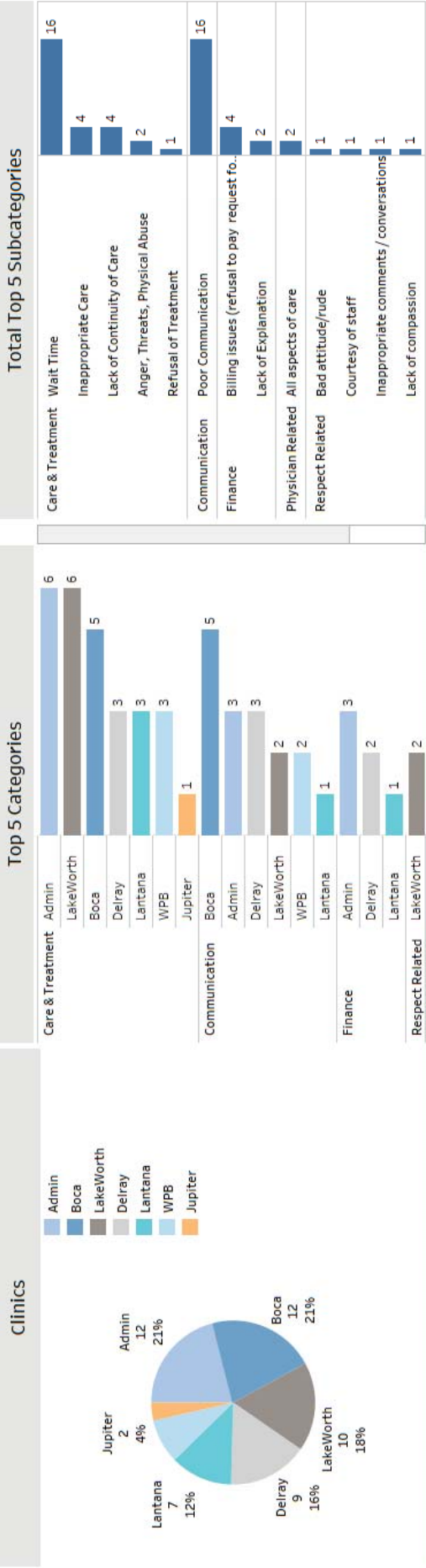
Hyla Fritsch

Dr. Hyla Fritsch
Executive Director of Clinic and Pharmacy
Services

Patient Relations (Grievances, Complaints & Compliments)
C.L. Brumback Primary Care Clinics

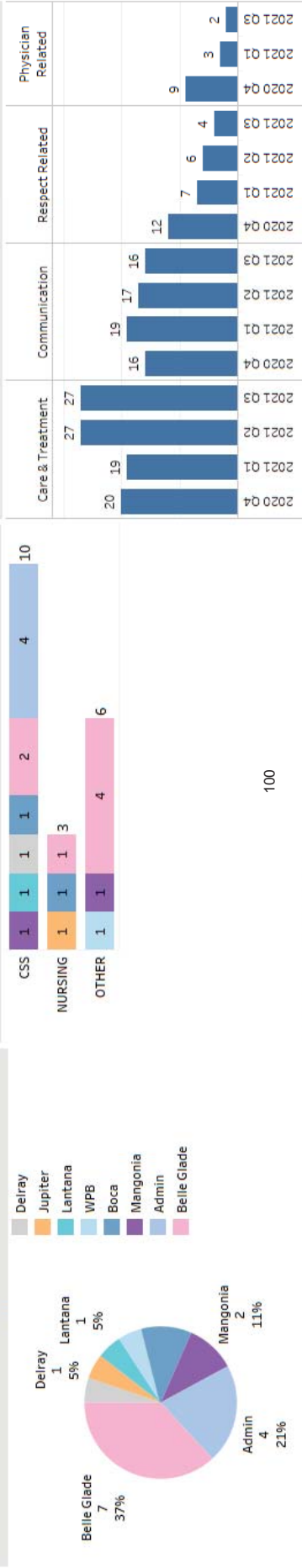
2021 Q3 7/1/21 to 9/30/21 Multiple values Clinic

Dept Desc All Provider All 57 Total Complaints and Grievances



Total Compliments 19 **Complaints/Grievances Prev 4 Quarters 256**

Care and Treatment Categories 10/1/20 to 9/30/21



* Color represents Department

