



C. L. Brumback

**Primary Care Clinics**

Health Care District Palm Beach County

# **BOARD OF DIRECTORS**

**November 30, 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  
November 30, 2021  
1515 N. Flagler Drive, Suite 101  
West Palm Beach, FL 33401**

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

or

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

1. **Call to Order – Mike Smith, Chair**
  - A. Roll Call
  - B. Affirmation of Mission: To provide compassionate, comprehensive health services to all Palm Beach County residents, through collaboration and partnership, in a culturally sensitive environment.
2. **Agenda Approval**
  - A. Additions/Deletions/Substitutions
  - B. Motion to Approve Agenda
3. **Awards, Introductions and Presentations**
  - A. COVID Testing and Vaccination Update  
(Dr. Belma Andric)
4. **Disclosure of Voting Conflict**
5. **Public Comment\***
6. **Meeting Minutes**
  - A. **Staff recommends a MOTION TO APPROVE:**  
Board Meeting Minutes of October 27, 2021 [Pages 1-12]
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.

(cont. consent agenda)

**A. ADMINISTRATION**

7A-1 **RECEIVE AND FILE:**

November 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 **RECEIVE AND FILE:**

District Clinic Holdings, Inc. Top 20 utilized procedure's pricing  
(Candice Abbott) [Pages 14-16]

**8. Regular Agenda**

**A. ADMINISTRATION**

8A-1 **Staff recommends a MOTION TO APPROVE:**

Bylaws Change  
(Thomas Cleare) [Pages 17-44]

**B. EXECUTIVE**

8B-1 **RECEIVE AND FILE:**

Executive Director Informational Update  
(Dr. Hyla Fritsch) [Pages 45-46]

**C. CREDENTIALING**

8C-1 **Staff Recommends a MOTION TO APPROVE:**

Licensed Independent Practitioner Credentialing and Privileging –  
(Dr. Charmaine Chibar) [Pages 47-50]

**D. OPERATIONS**

8D-1 **Staff Recommends a MOTION TO APPROVE:**

Operations Report  
(Marisol Miranda) [Pages 51-56]

(Regular Agenda cont.)

**E. QUALITY**

8E-1 **Staff Recommends a MOTION TO APPROVE:**

Quality Report

(Dr. Charmaine Chibar) [Pages 57-91]

**9. AVP and Executive Director of Clinic Services Comments**

**10. Board Member Comments**

**11. Establishment of Upcoming Meetings**

**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](mailto: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  
10/27/2021**

**Present:** Mike Smith, Chair; Melissa Mastrangelo, Vice-Chair; Julia Bullard, Secretary; John Casey Mullen; Tammy Jackson-Moore; James Elder; Irene Figueroa; Robert Glass

**Excused:** Marjorie Etienne; Joseph Gibbons, Treasurer

**Absent:**

**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; Martha Hyacinthe, Director of Corporate Risk; David Speciale, Director of Patient Experience; Dr. Charmaine Chibar, FQHC Medical Director; Donald Moniger, Desktop Engineer; Gabriel Solages, Desktop Engineer; Shannon Wynn, Administrative Assistant; Marisol Miranda, Director of Operations; Andrea Steele; Heather Bokor; Alexa Goodwin; Jonathan Dominique; Robin Kish; Dominique Domond; Jessica Cafarelli; Maria Chamberlin; Mina Bayik; Lisa Hogans

**Minutes Transcribed By:** Shannon Wynn

**Meeting Scheduled for** 12:45 p.m.

**Meeting Began at** 12:45 p.m.

AGENDA ITEM	DISCUSSION	ACTION
1. Call to Order	Mr. Smith called the meeting to order.	<b>The meeting was called to order at 12:45 p.m.</b>
1A. Roll Call	Roll call was taken.	
1B. Affirmation of Mission	Mr. Smith read the affirmation of mission.	

<b>2. Agenda Approval</b>		
<b>2A. Additions/Deletions/ Substitutions</b>	None.	<b>VOTE TAKEN: Ms. Jackson-Moore made a motion to approve the agenda. Mr. Mullen duly seconded the motion. A vote was called and the motion passed unanimously.</b>
<b>2B. Motion to Approve Agenda Items</b>	Mr. Smith called for approval of the meeting agenda.	
<b>3. Awards, Introductions and Presentations</b>		
<b>3A. American Heart Association-Presentation</b>	American Heart Association (AHA) and the American Medical Association (AMA) recognize your organization for its commitment to improving blood pressure control through measurement accuracy among adult patients.	<b>No action necessary.</b>
<b>3B. COVID-19 Testing and Vaccination Update</b>	Dr. Andric updated the Board with the most recent Covid testing and vaccine update.	<b>No action necessary.</b>
<b>3C. St. Ann Place-Presentation</b>	St. Ann Place's presentation.	<b>No action necessary.</b>
<b>4. Disclosure of Voting Conflict</b>	None.	<b>No action necessary.</b>
<b>5. Public Comment</b>	None.	<b>No action necessary.</b>
<b>6. Meeting Minutes</b>		
<b>6A-1 Staff Recommends a MOTION TO APPROVE: Board meeting minutes of September 29, 2021</b>	There were no changes or comments to the minutes dated September 29, 2021.	<b>VOTE TAKEN: As presented, Ms. Tammy Jackson-Moore made a motion to approve the Board meeting minutes of September 29, 2021. Ms. Figueroa duly seconded the motion. A vote was called, and the motion passed unanimously.</b>

<b>7. Consent Agenda – Motion to Approve Consent Agenda Items</b>		<b>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.</b>
<b>7A. ADMINISTRATION</b>		
<b>7A-1. Receive &amp; File:</b> October 2021 Internet Posting of District Public Meeting	The meeting notice was posted.	<b>Receive &amp; File. No further action is necessary.</b>
<b>7A-2. Receive &amp; File:</b> Attendance tracking	Attendance tracking was updated.	<b>Receive &amp; File. No further action is necessary.</b>
<b>7B. FINANCE</b>		
<b>7B-1. Staff Recommends a MOTION TO APPROVE:</b> District Clinic Holdings, Inc., Financial Report: August 2021	<p>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%).</p> <p>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 the recognition timing of COVID-19 related stimulus funding. Total operating expenses of</p>	<b>VOTE TAKEN: Ms. Jackson-Moore made a motion to approve the PCC Financial Report August 2021. Ms. Melissa Mastrangelo duly seconded the motion. A vote was called, and the motion passed unanimously.</b>

	<p>\$21.7M were favorable to budget of \$22.3M by \$642k. The positive variance of \$642k is primarily due to the 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%).</p> <p>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%).</p> <p>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.</p>	
<b>7C. POLICIES</b>		
<p><b>7C-1. Staff Recommends a MOTION TO APPROVE:</b> Tracking Higher Level of Care Referrals Policy</p>	<p>C. L. Brumback Primary Care Clinics have revised the “Tracking Higher Level of Care Referrals” to accurately reflect the processes in place.</p> <p>Attached you will find the “Tracking Higher Level of Care Referrals Policy” staff is recommending for approval.</p>	<p><b>VOTE TAKEN: Ms. Tammy Jackson-Moore made a motion to approve the Tracking Higher Level of Care Referrals Policy. Ms. Melissa Mastrangelo duly seconded the motion. A vote was called, and the motion passed unanimously.</b></p>
<b>7D. CREDENTIALING</b>		
<p><b>7D-1. Staff Recommends a MOTION TO APPROVE:</b> APRN Psychiatry 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>	<p><b>VOTE TAKEN: Ms. Tammy Jackson-Moore made a motion to approve the APRN Psychiatry Delineation of Privileges. Ms. Melissa Mastrangelo duly seconded the motion. A vote was called, and the motion passed unanimously.</b></p>

	<ul style="list-style-type: none"> <li>• Current licensure, registration or certification</li> <li>• Relevant education, training and experience</li> <li>• Current clinical competence</li> <li>• Health fitness, or ability to perform the requested privileges</li> <li>• Malpractice history (NPDB query)</li> <li>• Immunization and PPD status; and</li> <li>• Life support training (BLS)</li> </ul> <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>	
<b>8. REGULAR AGENDA</b>		
<b>8A. ADMINISTRATION</b>		
<p><b>8A-1. Staff Recommends a MOTION TO APPROVE:</b> Executive Director of Clinic Annual Evaluation</p>	<p>This agenda item presents the annual evaluation of Dr. Hyla Fritsch, AVP &amp; Executive Director of Clinic &amp; Pharmacy Services.</p> <p>The Bylaws and HRSA Compliance Manual indicate that the annual evaluation of the Executive Director of the Clinics is reviewed and approved by the Board. The evaluation is provided “under separate cover.”</p> <p>Dr. Andric, who reviews Dr. Hyla Fritsch’s Annual Performance, stated that Dr. Fritch successfully meets expectations.</p> <p>Dr. Fritsch, who reports to the Board, was pleased to note her performance under a separate cover.</p>	<p><b>VOTE TAKEN: Ms. Jackson-Moore made a motion to approve the Executive Director of Clinic Annual Evaluation. Mr. Mullen duly seconded the motion. A vote was called, and the motion passed unanimously.</b></p>
<p><b>8A-2. Receive and File:</b> Organizational Chart Review and Staffing</p>	<p>Review of Organizational Chart and staffing for the Clinics.</p> <p>Ms. Jackson-Moore requested a work chart for each clinic location.</p> <p>Dr. Hyla Fritsch states she will provide the work chart to the Board once the chart is ready.</p>	<p><b>Receive &amp; File. No further action necessary.</b></p>
<p><b>8A-3. Staff Recommends a MOTION TO APPROVE:</b></p>	<p>This item presents the fiscal year 2022 budget for the C.L. Brumback Primary Care Clinics adopted by the Health Care District Board.</p>	<p><b>VOTE TAKEN: Ms. Bullard made a motion to approve the C. L. Brumback Primary Care Clinics Fiscal Year 2022</b></p>

<p>C. L. Brumback Primary Care Clinics Fiscal Year 2022 Adopted Budget</p>	<p>The fiscal year 2022 budget, which the Health Care District Board previously adopted 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.</p>	<p><b>Adopted Budget. Mr. Elder duly seconded the motion. A vote was called, and the motion passed unanimously.</b></p>
<p><b>8B. EXECUTIVE</b></p>		
<p><b>8B-1. Receive and File:</b> Executive Director Information Update</p>	<p>Update on Fiscal Year (FY) 2021 American Rescue Plan – Health Center Construction and Capital Improvements (ARP-Capital) grant award.</p> <p>The Fiscal Year (FY) 2021 American Rescue Plan – Health Center Construction and Capital Improvements (ARP-Capital) makes 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.</p> <p>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.</p> <p>Ms. Jackson-Moore asked what locations were the grant funds for.</p> <p>Dr. Fritsch states the funds are for the Boca Raton, Delray Beach and Mangonia Park clinics' equipment.</p> <p>Mr. Smith asked who does our grant applications.</p> <p>Dr. Fritsch stated the Better World organization helps us with our larger grant applications, and the District also has a team that does research and searches for grants that fit our criteria. Better World also recommends grants that will work in our favor.</p>	<p><b>Receive &amp; File. No further action necessary.</b></p>
<p><b>8C. CREDENTIALING</b></p>		

**8C-1. Staff Recommends a MOTION TO APPROVE**  
 Licensed Independent Practitioner Credentialing and Privileging

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

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.

**VOTE TAKEN: Mr. Mullen made a motion to approve the Initial Credentialing and privileges of Melissa Lawrence, Karen Lucchesi, Angela Cusimano, Rebecca Koopman and Carlos Garcia as presented. The motion was duly seconded by Mr. Glass. A vote was called, and the motion passed unanimously.**

	<p>Melissa Lawrence, LMHC, joined the West Palm Beach Clinic in 2021 as a Licensed Mental Health Counselor. She attended Brennau University. Ms. Lawrence has been in practice for seven years.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Ms. Jackson-Moore asked if the providers being credentialed were only needed in the West Palm Beach locations.</p> <p>Dr. Chibar stated that the credentialed providers are replacing previous providers, which are still needed in other locations.</p>	
<b>8D. OPERATIONS</b>		
<p><b>8D-1. Staff Recommends a MOTION TO APPROVE</b> Operations Reports</p>	<p>This agenda item provides the following operations reports for August 2021:</p> <p>Clinic Productivity, including in-person and telehealth metrics, No-Show and demographics trended over time.</p> <p>In August, we had 9,771 visits, which are 1,727 more than the month prior and 870 more than August of 2020. Our average patient visits per weekday were 446 among all clinics and an average of 40 patients on Saturdays among 6</p>	<p><b>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.</b></p>



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% 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 the 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 American. 40% of our patients were Hispanic or Latino. The largest population is 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.

Mr. Smith stated that in August the clinics reported 9,9771 visits, yet the statistics showed higher. He requested the reasoning behind this.

Dr. Fritsch stated the total visits are tracked when the patient checks-in for their appointment, while the statistics Mr. Smith referred to tracked the closed encounters.

Ms. Jackson-Moore asked why the weekend visits are low.

Ms. Miranda stated that not all clinics are open on the weekends. Many No-Shows occur on Saturday and the clinic's target is to have at least ten encounters during that four-hour shift.

	<p>Mr. Elder would like to know how many of the 1,727 new encounters in August, compared to the previous month, were walk-ins.</p> <p>Ms. Miranda stated she doesn't have those numbers and will provide them for the next meeting.</p> <p>Dr. Fritsch asked Mr. Elder if he would like the percentage of No-Shows vs. the percentage scheduled.</p> <p>Mr. Elder said yes.</p>	
<p><b>8E-1. Staff Recommends a MOTION TO APPROVE</b> Quality Reports</p>	<p>This agenda item presents the updated Quality Improvement &amp; Quality Updates:</p> <ul style="list-style-type: none"> <li>• Quality Council Meeting Minutes October 2021</li> <li>• Provider Productivity – August 2021</li> <li>• Epic UDS Q3 2021</li> </ul> <p><u>PATIENT SAFETY &amp; 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 &amp; IMPROVEMENT</u> 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.</p> <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:</p> <ul style="list-style-type: none"> <li>– 35 (78%) patients attended the appointments to receive the BP Monitors and of these: <ul style="list-style-type: none"> <li>o 7 had their BP Log uploaded into their Medical record</li> <li>o 6 had a medication change as a result of the follow-up appointment</li> </ul> </li> </ul>	<p><b>VOTE TAKEN: Ms. Mastrangelo 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.</b></p>

	<ul style="list-style-type: none"> <li>○ 22 were listed as having met the controlled blood pressure metric at the time of the visit / or having controlled blood pressure</li> <li>– 5 did not attend their appointment</li> <li>– 5 appointments are pending</li> </ul> <p>The data shows that 63% of patients who attended the follow-up appointment had controlled blood pressure at the time of visit compared to 58% at the last review.</p> <p><u>UTILIZATION OF HEALTH CENTER SERVICES</u> Individual monthly provider productivity is stratified by the clinic.</p>	
<b>8F. PATIENT RELATIONS</b>		
<p><b>8F-1. Staff Recommends a MOTION TO APPROVE</b> Patient Relations Dashboard Report</p>	<p>This agenda item provides the following:</p> <p>Quarterly Patient Relations Dashboard Q3 - 2021</p> <p>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.</p> <p>There were also 19 compliments received across 7 clinics and clinic administration.</p> <p>Mr. Smith would like to know the nature of the complaints about anger, threats and physical abuse in Q3.</p> <p>Dr. Speciale stated that an example was a patient who complained about a sign that read “Vaccine or Experiment.” Another complaint was that a patient was unhappy with the C.L. Brumback Clinics for providing vaccines.</p> <p>Ms. Mastrangelo would like some examples of poor communication complaints from Q3.</p>	<p><b>VOTE TAKEN: Mr. Glass made a motion to approve the Patient Relations Dashboard Report as presented. Mr. Mullen duly seconded the motion. A vote was called, and the motion passed unanimously.</b></p>

	Mr. Speciale stated that most of the complaints this quarter were that the provider didn't respond to the patient's call, email or message in a timely manner.	
<b>9. A.V.P. and Executive Director of Clinic Services Comments</b>	None.	<b>No action necessary.</b>
<b>10. Board Member Comments</b>	None.	<b>No action necessary.</b>
<b>11. Establishment of Upcoming Meetings</b>	<p><b><u>November 30, 2021 (HCD Board Room)</u></b> 12:45 p.m. Board of Directors</p> <p><b><u>December 14, 2021 (HCD Board Room)</u></b> 12:45 p.m. Board of Directors</p>	<b>No action necessary.</b>
<b>12. Motion to Adjourn</b>	There being no further business, the meeting was adjourned at 2:02 p.m.	<b>VOTE TAKEN: Ms. Melissa Mastrangelo made a motion to adjourn. Ms. Julia Bullard duly seconded the motion. A vote was called, and the motion passed unanimously.</b>

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

**X= Present**  
**C= Cancel**  
**E= Excused**  
**A= Absent**

**DISTRICT CLINIC HOLDINGS, INC.**  
**BOARD OF DIRECTORS**  
**November 30, 2021**

**1. Description: District Clinic Holdings, Inc. Top 20 utilized procedure's pricing**

**2. Summary:**

The top 20 CPT codes and pricing are for the District Clinic Holdings, Inc. and are presented for Board review.

**3. Substantive Analysis:**

Management has provided the top 20 CPT codes for District Clinics Holdings, Inc. with a pricing comparison to the Medicare Allowed Amount. Additional Management discussion and analysis are incorporated into the presentation.

**4. Fiscal Analysis & Economic Impact Statement:**

	<b>Amount</b>	<b>Budget</b>
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

**6. Recommendation:**

Staff recommends that the Board receive and file the top 20 CPT codes and pricing for the District Clinic Holdings, Inc.

**DISTRICT CLINIC HOLDINGS, INC.**  
**BOARD OF DIRECTORS**  
**November 30, 2021**

Approved for Legal sufficiency:



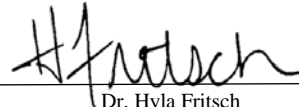
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Bernabe Icaza  
VP & General Counsel



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Candice Abbott  
VP & Chief Financial Officer



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

CPT Code	Description	MCA	Price	2x	3x
99213	PR OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20-29 MIN	\$ 44.35	\$ 126.99	\$ 88.69	\$ 133.04
99214	PR OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30-39 MIN	\$ 62.34	\$ 184.05	\$ 124.68	\$ 187.02
82948	CHG REAGENT STRIP/BLOOD GLUCOSE	\$ 2.30	\$ 12.48	\$ 4.61	\$ 6.91
90471	PR IMMUNIZ ADMIN,1 SINGLE/COMB VAC/TOXOID	\$ 10.91	\$ 40.98	\$ 21.81	\$ 32.72
83036	PR GLYCOSYLATED HEMOGLOBIN TEST	\$ 6.15	\$ 31.54	\$ 12.30	\$ 18.45
99203	PR OFFICE/OUTPATIENT NEW LOW MDM 30-44 MINUTES	\$ 74.03	\$ 216.66	\$ 148.06	\$ 222.08
99212	PR OFFICE/OUTPATIENT ESTABLISHED SF MDM 10-19 MIN	\$ 29.82	\$ 99.39	\$ 59.65	\$ 89.47
90472	PR IMMUNIZ,ADMIN,EACH ADDL	\$ 17.01	\$ 49.67	\$ 34.03	\$ 51.04
99396	PR PREVENTIVE VISIT,EST,40-64	\$ 87.46	\$ 244.32	\$ 174.93	\$ 262.39
99392	PR PREVENTIVE VISIT,EST,AGE 1-4	\$ 74.93	\$ 169.00	\$ 149.86	\$ 224.79
99385	PR PREVENTIVE VISIT,NEW,18-39	\$ 71.66	\$ 269.17	\$ 143.31	\$ 214.97
81002	CHG URINALYSIS NONAUTO W/O SCOPE	\$ 1.80	\$ 33.14	\$ 3.61	\$ 5.41
99395	PR PREVENTIVE VISIT,EST,18-39	\$ 68.95	\$ 223.61	\$ 137.90	\$ 206.84
99386	PR PREVENTIVE VISIT,NEW,40-64	\$ 106.22	\$ 294.01	\$ 212.44	\$ 318.66
H1000	PR PRENATAL CARE ATRISK ASSESSM	\$ 55.40	\$ 78.00	\$ 110.80	\$ 166.19
81025	CHG URINE PREGNANCY TEST	\$ 4.49	\$ 29.80	\$ 8.98	\$ 13.46
99391	PR PREVENTIVE VISIT,EST, INFANT < 1 YR	\$ 76.71	\$ 158.00	\$ 153.43	\$ 230.14
99393	PR PREVENTIVE VISIT,EST,AGE5-11	\$ 75.71	\$ 168.00	\$ 151.41	\$ 227.12
90832	PR PSYCHOTHERAPY W/PATIENT 30 MINUTES	\$ 50.50	\$ 112.50	\$ 101.01	\$ 151.51
90474	PR IMMUNIZ ADMIN,INTRANASAL/ORAL,EACH ADDL	\$ 8.44	\$ 24.59	\$ 16.88	\$ 25.31



**DISTRICT CLINIC HOLDINGS, INC.**  
**BOARD OF DIRECTORS**  
**November 30, 2021**

**1. Description: Bylaws Change**

**2. Summary:**

This agenda item presents the District Clinic Holdings, Inc. update to the Bylaws. This update presents two changes. The first update changes the membership term from three (3) to four (4) years and the term period from January through December three (3) years later to the date of appointment until 4 years later. The second update changes the requirement for the Finance Committee meeting from monthly to quarterly.

**3. Substantive Analysis:**

The first update recommended includes a change to the Bylaws Section 9.1 Term of Membership. The update includes the following changes:

- The membership term will change from three (3) to four (4) years. This change will align the Clinic Board Membership Terms to the same number of years as the District Board, Lakeside Health Advisory Board, and District Committees.
- The period of time for membership terms will change from January through December, 3 years later to a simple 4 year term from date of appointment. This change should reduce the number of Board members whose terms expire at the same time.
- The language related to unexpired terms will be removed from 9.2(a) since according to this update all appointments will be for a 4 year period.

The recommended changes are provided below:

**Section 9 – Term of Membership**

- 9.1 Board membership will be for a period of ~~three (3)~~ four (4) years starting ~~in January of each year and terminate in December of the third year~~ on the date membership is approved and terminating four (4) years from the date of approval. No Board member shall serve more than two (2) consecutive terms. If at any time there is a question concerning the length of the term of office for any Board member, the Governing Board will decide through any appropriate means the term of the questioned incumbent.
- 9.2 Selection of New Board Member(s) for open Member positions. The selection of new Board members to fill any vacancy then existing may or to replace any member whose Term is ended, will be as follows:
- a. Vacancies on the Board due to the termination, resignation or death of a Member prior to the expiration of his/her term may be filled within sixty (60) days of the vacancy by a majority vote of the Members at the next regular meeting, or at a special meeting called for that purpose, from those eligible persons recommended

**DISTRICT CLINIC HOLDINGS, INC.**  
**BOARD OF DIRECTORS**  
**November 30, 2021**

by the Nominating/Membership Committee. ~~The newly elected member will serve for the unexpired term of the Member position being filled and shall be eligible to seek reappointment upon expiration of such term.~~

- b. Members eligible to serve for a second ~~3-year~~ 4-year term may apply for reappointment according to the procedures instituted by the Nominating Committee and approved by the Board. When a vacancy is anticipated to occur at the completion of any Member’s ~~3-year~~ 4-year term, the Nominating Committee shall submit names of eligible persons to the Board for consideration at least one month prior to the annual meeting of the Board, and the Board shall select those persons to fill the anticipated vacancy by a majority vote at the annual meeting. In selecting its new members, the Board will use the criteria set out in Section 8.

This update will be effective once approved by the Board and will apply to the current Board Member terms. The updated Membership Terms, if approved, are presented below.

	Appointment Date	Term End Date
James Elder	1/30/2019	1/29/2023
John Casey Mullen	1/30/2019	1/29/2023
Irene Figueroa	1/30/2019	1/29/2023
R. Michael Smith	1/30/2019	1/29/2023
Melissa Mastrangelo	9/25/2019	9/24/2023
Joe Gibbons	5/19/2021	5/18/2025
Julia Bullard	1/30/2019	1/29/2023
Tammy Jackson Moore	10/30/2019	10/29/2023
Robert Glass	1/27/2021	1/26/2025
Marjorie Etienne	9/25/2019	9/24/2023

The second update recommends changing the Finance Committee meetings from monthly to quarterly. The recommended changes are provided below:

**Section 11 – Committees**

- 11.10 The Finance Committee shall review the budget, expenditures, and all other financial reports related to the operations of the C. L. Brumback Primary Care Clinics. The Finance Committee will report to the full Board of Directors. The Finance Committee will meet on a ~~monthly~~ quarterly basis, and may include clinic staff employees. The Executive Director, or his/her designee, will serve as a non-voting, ex-officio member of this committee.

**DISTRICT CLINIC HOLDINGS, INC.**  
**BOARD OF DIRECTORS**  
**November 30, 2021**

**4. Fiscal Analysis & Economic Impact Statement:**

	<b>Amount</b>	<b>Budget</b>
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 recommended Bylaws update changing the membership terms from 3 to 4 years, the term period from January through December 3 years later to the date of appointment until 4 years later, removal of language related to unexpired terms, and the Finance Committee meeting requirement from monthly to quarterly.

Approved for Legal sufficiency:

*Bernabe Icaza*

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 Bernabe A. Icaza  
 VP & General Counsel

*Thomas W Cleare*

\_\_\_\_\_  
 Thomas Cleare  
 AVP, Communications, Community  
 Engagement and Corporate Security

*Hyla Fritsch*

\_\_\_\_\_  
 Dr. Hyla Fritsch  
 Executive Director of Clinic and Pharmacy  
 Services

Amended  
Bylaws  
of  
District Clinic Holdings, Inc.

Amended  
Bylaws  
of  
District Clinic Holdings, Inc.

Section 1	Statutory Authority
Section 2	Name
Section 3	Purpose
Section 4	Officers
Section 5	Objectives
Section 6	Powers
Section 7	Board Member Responsibilities
Section 8	Member Composition
Section 9	Term of Office
Section 10	Officers
Section 11	Committees
Section 12	Meetings
Section 13	Authority
Section 14	Amendments

DISTRICT CLINIC HOLDINGS, INC.

AMENDED BY-LAWS

Section 1 – Statutory Authority

- 1.1 Statutory Authority. These Bylaws have been adopted as the Bylaws of the District Clinic Holdings, Inc. (“Clinics”) governing board of said Clinics pursuant to authority conferred upon that same governing board by Section 330 of the Public Health Service Act.
- 1.2 Health Care District of Palm Beach County. The term “District,” as used in these Bylaws, means the Health Care District of Palm Beach County and all affiliated entities.

Section 2 – Name

- 2.1 District Clinic Holdings, Inc. will be known as the “C.L. Brumback Primary Care Clinics” which shall be the common business name of the clinics.
- 2.2 Board Name. This authority shall be known as the C.L. Brumback Primary Care Clinics Board of Directors. (hereinafter referred to as the “Board”)

Section 3 – Purpose

- 3.1 Purpose. The purpose of the Board is to ensure that persons have access to high quality comprehensive health services, and that such health services are provided without regard to any persons race, color, national origin, ancestry, religion, sex, marital status, sexual orientation, age, physical handicap, medical condition, medical history, genetics, evidence of insurability, or claims history in compliance with all applicable State, Federal and local laws and regulations.

Section 4 – Offices

- 4.1 Offices. The Board shall have and continuously maintain its principal office at the Health Care District of Palm Beach County administrative office located at 1515 N Flagler, Suite 101, West Palm Beach, FL 33401.

## Section 5 – Objectives

- 5.1 The objectives of the Board are as follows:
- a. Improvement of the general health status of the community through the promotion of preventive health services and early identification and treatment of the disease.
  - b. Identification and referral of individuals in need of health and social services.
  - c. Participation in the development of the Federal grant application.
  - d. Monitoring services provided by the clinics to ensure that community needs are being met within the constraints of the agency.
  - e. Ensure that professional standards are maintained.
  - f. Interpret the health needs of the community to clinic administrative staff and interpret the services provided by the clinics, to the community.

## Section 6 – Powers

- 6.1 General Powers. The Board is vested with authority and responsibility to provide for the comprehensive planning and delivery of adequate health care services, including, but not limited to, clinical services for the citizens of Palm Beach County, particularly medically needy citizens. For those purposes, the Board shall have and may utilize all enumerated general powers as set forth in the Health Care Act, including but not limited to:
- a. To approve and recommend the budget of the clinic operations annually. Monthly financial reports will be provided to the Governing Board at the regularly scheduled meetings. An annual financial audit and financial report by an independent auditor will be submitted to the Governing Board.
  - b. To be responsible for approving the selection and dismissal of the Executive Director within the guidelines of the Health Care District of Palm Beach County Personnel Policies and Procedures.
  - c. To provide input from the community, regarding appropriate matters, including, but not limited to, the health care needs of the community served.
  - d. To continually provide information about the accessibility of services to the community and the clinic's responsiveness to those needs.
  - e. To provide guidance regarding services and their priorities; and to establish how these priorities should be ranked as they pertain to program development.
  - f. To provide a viable link with the community, engaging in community education, public

relation activities and other activities which promote community identification and understanding of the clinics and services provided.

- g. To provide a nucleus in the community which reaches out to local agencies, governmental entities, and foundations, etc., to support the clinics financially and otherwise.
- h. Establish and approve general policies for the clinics. The Board acknowledges that the District is the public entity co-applicant and is permitted to retain the responsibility of establishing fiscal and personnel policies. When the public entity's board does not meet health center composition requirements, a separate health center governing board may be established. The health center board must meet all the membership requirements and perform all the responsibilities expected of governing boards except that the public entity may retain the responsibility of establishing fiscal and personnel policies. The health center board can be a formally incorporated entity and it and the public entity board are co-applicants for the health center program. When there are two boards, each board's responsibilities must be specified in writing so that the responsibilities for carrying out the governance functions are clearly understood.
  - . The Board shall work collaboratively with the District to specify each board's responsibilities, in writing so that the responsibilities of carrying out the governance functions are clearly understood by both boards.
- i. To be responsible for evaluating health care activities including services utilization patterns, productivity of the clinics, patient satisfaction, achievement of project objectives, and development of a process for hearing and resolving patient grievances.
- j. To assure that the clinics are operated in compliance with applicable federal, state and local laws, rules and regulations.
- k. To adopt health care policies, including scope and availability of services, location and hours of services.
- l. To assure compliance with the approved Quality Improvement/Quality Assurance Plan.
- m. To establish and review policies regarding the conduct of the federally funded project.
- n. Responsible for evaluating the clinics projects and achievements at least annually, and using the knowledge gained to revise its mission, goals, objectives, plans, and budgets as may be appropriate and necessary.
- o. Responsible for the annual performance evaluation of the Executive Director.
- p. To recruit, appoint, re-appoint, credential and discipline the Licensed Independent Practitioners of the Clinics and to approve policies to be adopted by the Clinics. The term



Licensed Independent Practitioner shall mean any individual, as permitted by law and regulation, and also by the Clinics, to provide care and services without direction or supervision within the scope of the individual's license and consistent with the privileges granted by the organization. The foregoing shall be in accordance with applicable state, federal and local laws, rules and regulations, and in accordance with the standards of any applicable accrediting body. The Board may, in its discretion, delegate duties related to the performance of recruitment, appointment, credentialing and discipline of medical staff to the appropriate Medical Director/Dental Director except that recommendations regarding appointment, credentialing and discipline shall be presented to the Board by the Medical Director for consideration and final vote.

## Section 7 – Board Member Responsibilities

### 7.1 Key function and responsibilities.

- a. Attends and participates in all Board meetings.
- b. Each board member should be prepared for the meetings (i.e., read reports and minutes provided prior to the meetings and be familiar with the agenda), ask questions (as appropriate).
- c. Express his/her opinion and be respectful of the opinion of other members.
- d. Act in the best interests of the clinics at all times.
- e. Ensure confidentiality of clinics' information.
- f. Conflicts of Interest. Board members shall not enter into contracts or other arrangements or transactions that would be, or would give the appearance of, a conflict of interest. Further:
  1. Board members are subject to the provisions of Florida law pertaining to public officials avoiding conflicts of interest including, but not limited to, Ch. 112, Florida Statutes, the Code of Ethics for Public Officers and Employees, as well as any and all other applicable standards established by the applicable regulatory and accreditation agencies
  2. No Board member, administrator, employee or representative of the Clinics, nor any other person, organization or agency shall, directly or indirectly, be paid or receive any commission, bonus, kickback, rebate or gratuity or engage in any fee-splitting arrangement in any form whatsoever for the referral of any patient to the District or Clinics.

## Section 8 – Membership Composition

- 8.1 Orientation. As new members are elected or appointed to the Board they shall receive an orientation regarding C. L. Brumback Primary Care Clinics Board to include, but not be limited to,

their authority and responsibility under the 330 grant requirements, legal status, and relation to the Health Care District of Palm Beach County and a review of these By-Laws.

- 8.2 The Board shall consist of 9-13 members.
- 8.3 A majority of the Board members will be users of the in scope clinic's services within the past twenty-four months. A patient is an individual who has generated at least one health center visit. These members will be representatives of the individuals receiving services at any of the clinics.
- 8.4 The user Board members as appropriately defined in the Bylaws are consistent with applicable law, regulations and policy.
- 8.5 User Board members are defined as individuals who are (or, for planning grantees, will be) served by the clinics and who utilize the clinics as their principal source of primary care and who have used the clinic's services within the last two years.
- 8.6 Board members must live in one of the clinic's service areas.
- 8.7 No more than half of the remaining members of the Board may be individuals who derive more than 10% of their annual income from the healthcare industry. Healthcare industry is defined as "hospitals and other healthcare institutions, nurses, doctors, dentists, and other licensed healthcare professionals whose primary responsibility is providing primary preventive and therapeutic healthcare services".
- 8.8 The remaining members of the board must be representatives of the community where the project's catchment area is located and shall be selected for their expertise in community affairs, local government, finance, and banking, legal affairs, trade unions and other commercial and industrial concerns or social service agencies within the community.
- 8.9 No member of the Board shall be an employee of the clinics, or spouse, child, parent, brother or sister by blood, adoption or marriage of such an employee. The Executive Director may be a non-voting, ex-officio member of the Board.
- 8.10 No Board member, employee, consultant or those providing services and or goods to the Clinics may pursue any personal activity that will involve a conflict-of-interest or use their official position to make secret or private profits and will treat all matters of the clinics as confidential. Board members will not use or give the appearance of using their position for the purpose of financial gain. "Financial gain" includes financial interest, gifts, gratuities, favors, nepotism and bribery. Political favors will also be considered improper. Board members must identify any conflict-of-interest they may have regarding a particular matter and abstain from discussing or voting in the matter.
- 8.11 No Board members should act or speak, or otherwise indicate that they are authorized to act or speak, on behalf of the entire Board without express Board approval/consent.
- 8.12 Recommendation for Board membership shall be from the community being served.
- 8.13 One Board position shall be filled by the District Chair, or his/her designee, by appointing a member of the District's Governing Board in accordance with that body's applicable bylaws.

- 8.14 One Board member shall serve on the Finance and Audit Committee of the District’s Governing Board and one Board member shall serve on the Quality, Patient Safety, and Compliance Committee of the District’s Governing Board.

### Section 9 – Term of Membership

- 9.1 Board membership will be for a period of three (3) years starting in January of each year and terminate in December of the third year. No Board member shall serve more than two (2) consecutive terms. If at any time there is a question concerning the length of the term of office for any Board member, the Governing Board will decide through any appropriate means the term of the questioned incumbent.
- 9.2 Selection of New Board Member(s) for open Member positions. The selection of new Board members to fill any vacancy then existing may or to replace any member whose Term is ended, will be as follows:
- a. Vacancies on the Board due to the termination, resignation or death of a Member prior to the expiration of his/her Term may be filled within sixty (60) days of the vacancy by a majority vote of the Members at the next regular meeting, or at a special meeting called for that purpose, from those eligible persons recommended by the Nominating/Membership Committee. The newly elected member will serve for the unexpired term of the Member position being filled and shall be eligible to seek reappointment upon expiration of such term.
  - b. Members eligible to serve for a second 3-year term may apply for reappointment according to the procedures instituted by the Nominating Committee and approved by the Board. When a vacancy is anticipated to occur at the completion of any Member’s 3-year term, the Nominating Committee shall submit names of eligible persons to the Board for consideration at least one month prior to the annual meeting of the Board, and the Board shall select those persons to fill the anticipated vacancy by a majority vote at the annual meeting. In selecting its new members, the Board will use the criteria set out in Section 8.
- 9.3 Membership on the board may be terminated by resignation of a member or by resolution of the Board after any member has three (3) unexcused absences. For purposes of these Bylaws, an unexcused absence occurs when a Board member fails to attend a regularly scheduled meeting and fails to give advance notice of such absence to the Executive Director who will notify the Chair. After two (2) unexcused absences, the secretary shall send the member a reminder. On the third unexcused absence, the Board shall take action to terminate membership and the individual shall be so advised. The migrant/seasonal farm worker who is absent due to job obligation will be granted and excused absence without restrictions.
- 9.4 Any Board member may be removed from the Board with or without cause by a two-thirds vote of the remaining board members present and voting at any regular or special meeting called for such purpose.

Board member can be removed for cause including, but not limited to:

- a. Repeated failure to attend Board meetings, or for conduct detrimental to the interests of the clinics.
- b. Conduct inconsistent with the clinics purpose.
- c. Refusing to render reasonable assistance in carrying out the clinics purpose.
- d. Refusing to act in a manner consistent with the clinic's mission and priorities.
- e. Individual is suspended or debarred from participation in federal programs.
- f. Whenever it is determined that the best interest of the clinics could be served by such removal.

Allegations made in support of the proposal to remove a board member shall be presented in writing, by mail, to the Board member in question at least five (5) calendar days in advance of the meeting. The allegation(s) shall be noted on the agenda of the meeting. The Board member in question shall be entitled to appear before the Board and be heard at such meeting. Removal of the Board member shall create a vacancy and a new Board member shall be elected in accordance with Section 8 of this Article.

9.5 Each member will be entitled to one (1) vote.

- a. Membership shall be designated as Consumer, Health Care Provider, Community Representative, or Migrant/Seasonal Farm worker.
- b. Voting Conflict. No member shall cast a vote on any matter that could result in direct or indirect financial benefit to such member or otherwise give the appearance of or create a conflict of interest as defined in Ch. 112, Florida Statutes. Nothing in the foregoing shall prevent Board Members from voting upon matters of Board Compensation as set forth in Section 10.5.

#### Section 10 – Officers

- 10.1 Corporation officers shall be elected by the Members at the Annual Meeting in May of each year for a one (1) year term of office. Any officer may be elected to serve consecutive terms in the same office, but may not serve more than two consecutive one-year terms in the same office. If there is a declared state of emergency declared at the local, state, or federal level that impacts the Clinics, the election of officers may be postponed unless the circumstances make it impossible to meet, if so, then it shall be postponed.
- 10.2 Removal of Officers. Any officer of the Board may be removed from office, with or without cause, by a majority vote of the Board of Directors at any meeting of the Board where a quorum exists.
- 10.3 Vacancies. Any time there is a vacant officer position, the Board may elect a replacement officer at its next regular meeting to serve out the remainder of the term of office, and any person so elected shall not have the remaining term count for purposes of calculating the 'two consecutive one-year terms' referenced in Section 10.1.

10.4 The officers and their duties for this organization shall be:

10.4.1 Chairperson

- a. To preside over all meetings and to appoint all committee and councils.
- b. The Chairperson or such representative selected by the Board shall be authorized to act for the Board, and assume on its behalf the obligations imposed by the terms and conditions of any award and Public Health Service regulations. Such execution shall constitute the acceptance by the Board of the terms and conditions of the Grant and obligate it to perform its function under the approved project in accordance with the terms thereof.
- c. The Chairperson shall be the Board's sole and primary liaison for external affairs including serving as Board's representative to the media.
- d. Appoint a Board member to attend District governing Board meeting in conjunction with the Executive Director, solely in advisory capacity to enhance oversight and communication between each organization

10.4.2 Vice Chairperson

- a. The Vice-Chairperson shall succeed to the office of the Chairperson if the office becomes vacant or if otherwise the chairperson is otherwise unable to perform his/her duties.
- b. To assume the duties as assigned by the Chairperson in his/her absence.
- c. Perform such duties as assigned by the Chairperson or Board of Directors.

10.4.3 Secretary

- a. The secretary shall be responsible for ensuring recording and maintaining of the minutes of all meetings of the governing Board, and shall perform such duties as may be assigned by the Chairperson of the Board. The Secretary or designee shall distribute copies of minutes of all Board and/or committee meetings to all members of the Board.
- b. To monitor the minutes of all meeting of the Board and Executive Committee.
- c. To assure that his/her designees notifies members of all Board meetings and conferences.
- d. To advise staff members regarding correspondence.
- e. To monitor, review and approve the preparation of the agendas.

10.4.4 Treasurer

- a. To review monthly and/or periodic financial reports prior to presentation to the Board during scheduled meetings.

#### 10.5 Compensation

Members shall serve without compensation except the Board may authorize and establish policies governing the reimbursement of certain reasonable expenses, such as mileage, incurred to attend meetings.

### Section 11 – Committees

- 11.1 There shall be an Executive/By-Law Committee comprised of the officers of the Board. This committee shall meet as provided in these Bylaws and as otherwise deemed necessary by the Chairperson. The Chairperson shall serve as the Committee chair and the Executive Director will serve as a non-voting, ex officio, member of the Executive Committee. The Executive Committee shall:
  - a. Act as advisor to the Chairperson;
  - b. Exercise the powers of the Board between regular Board meetings, except that the Executive Committee may not take final action to amend these bylaws, remove a board member from office, hire or remove the Executive Director, or sell or acquire assets;
  - c. Report to the Board at its next regular meeting on any official actions it has taken;
  - d. Annually review and recommend to the Board any necessary change to the bylaws; and
  - e. Annually review the performance of the Executive Director for report to the Board.
  - f. Serve as the ad hoc Personnel Committee as needed.
- 11.2 Vacancies of the Executive committee occur when there is a vacant officer position. The vacancy is filled with the election of a member to serve out the officer's remaining term (See Section 10).
- 11.3 The Standing Committees shall be the Finance Committee, Quality Council and Planning Committee.
- 11.4 The Membership/Nominating Committee shall be an ad hoc committee, activated and populated at the direction of the Chairperson to recruit and nominate individuals to fill vacancies of the Governing Board. The Membership/Nominating Committee shall, if requested, review, edit, and submit proposed revisions to policies and procedures for the recruitment, screening and orientation of potential new Board members and present to the Board information on eligible persons to fill vacancies. This committee shall, if requested, assist in development of a board orientation program. The Executive Director, or his/her designee, will serve as a no voting, ex-officio member of this committee.
- 11.5 The Planning Committee shall oversee the clinic's goals and objectives, and develop a strategic planning workshop for the Board to be held at least every three (3) years. The Executive Director, or his/her designee, will serve as a non-voting, ex-officio member of this committee.

- 11.6 The Quality Council shall review and make recommendations for clinical services, monitor progress of Health Care Plan objectives, review Clinical Outcome measures audits, monitor and review Quality Assurance and Continuous Quality Improvement, Principles of Practice, credentialing, community needs survey data, patient satisfaction survey, and recommend new clinical programs. The Quality Council will meet on a monthly basis. If there is a declared state of emergency declared at the local, state, or federal level that impacts the Clinics, the Quality Council meetings may be postponed unless the circumstances make it impossible to meet, if so, then it shall be postponed. The Executive Director, or his/her designee, will serve as a non-voting, ex-officio member of this committee.
- 11.7 The Standing Committees will meet as set forth in these Bylaws and will provide a report of its meeting(s) during the next Board meeting following the Committee meeting, and make any recommendations for Board action, which will then become part of the Board documents.
- 11.8 Proxy: An absent member shall not be allowed to vote by proxy.
- 11.9 Members of the Planning Committee and Quality Council may also include non-board members with specific areas of expertise that support the mission of that committee.
- 11.10 The Finance Committee shall review the budget, expenditures, and all other financial reports related to the operations of the C. L. Brumback Primary Care Clinics. The Finance Committee will report to the full Board of Directors. The Finance Committee will meet on a monthly basis, and may include clinic staff employees. The Executive Director, or his/her designee, will serve as a non-voting, ex-officio member of this committee.

## Section 12 – Meeting

- 12.1 Regular meetings shall be held monthly. Time and place shall be determined by Board.
- 12.2 Special meetings may be called by the Chairperson whenever Board business cannot be held until the next regular meeting.
- 12.3 Meetings shall conform to the requirements of Ch. 286, Florida Statutes (“Government in the Sunshine Act”), including the taking and maintenance of meeting minutes, and such minutes shall be retained by District in accordance with the requirements of the State of Florida’s Record Retention Schedules GS1-SL (State and Local Government Agencies), GS4 (Public Health Care Facilities and Providers), and/or any other applicable Schedule(s)), regarding Minutes of Official Meetings.
- 12.4 The Annual Meeting shall coincide with the Regular meeting held during the Month of May and shall hold the election of officers.
- 12.5 Quorum shall consist of a majority of the members of the Governing Board as then constituted, for the regular scheduled meetings and the special called meetings. Once a quorum is established for any meeting it remains for the duration of the meeting unless one or more members permanently absents him/herself from the premises of the meeting and the sum of the remaining members falls below the number needed for a quorum.

- 12.6 Official actions of the Board may be conducted by telephone or video conferencing provided that such meeting complies with the requirements of the Government in the Sunshine Act. For attendance and voting by telephone or video conferencing:
- a. There must be a quorum physically present in order for a board member to participate and vote by telephonic or video conferencing
  - b. The member voting by these means must be physically located outside the borders of Palm Beach County, unable to attend due to an illness, or unable to attend due to an unforeseen circumstance beyond their control.
  - c. Any telephone or video conferencing utilized for voting during a board meeting must be amplified for all to hear and or displayed so that those attending can see the board member's comments and or vote. This also ensures that all other board members attending remotely can hear and or see the other board member's comments and votes.
- 12.7 If an Executive Order, Florida Statute, or Attorney General opinion permits the ability to meet remotely due to a public emergency, the Committee or Board will adjust their meetings accordingly.

#### Section 13 – Authority

The parliament authority of the Governing Board shall be used based on ROBERTS RULE OF ORDER (current edition), unless contrary procedure is established by the Articles of Incorporation, these Bylaws, standing rule, or by resolution of the Board of Directors.

#### Section 14 – Amendments

These By-Laws may be amended or repealed by a vote from the majority of the total membership of the Governing Board. Proposed changes to the By-Laws must be submitted to the Board at a regularly scheduled meeting and voted on at the succeeding regularly scheduled meeting. Changes in the By-Laws are subject to approval by the Governing Board, Health Care District of Palm Beach County, and the Regional Office of the Department of Health and Human Services.

#### Section 15 – Dissolution of the Corporation

In the event of the liquidation, dissolution or winding up of the corporation whether voluntary, or involuntary, or operation of law, the Board of Directors of the Corporation shall dispose of the assets of the Corporation in conformance with Federal and State of Florida law, as modified by the regulations promulgated by designated oversight agency or department, and in accordance with the Corporation's Articles of Incorporation.



CERTIFICATE

This certifies that the foregoing constitutes the Bylaws of District Clinics Holdings, Inc., amended and adopted by the Members of the Corporation at a meeting held on the 27<sup>th</sup> day of January 2021.

BY: DocuSigned by:  
Irene Figueroa  
FB260D91263847C...

Irene Figueroa  
Secretary

Approved as to form and  
Legal Sufficiency

BY: DocuSigned by:  
Valerie Shalviani  
C1BC64230646437...

General Counsel

## HISTORY OF DISTRICT CLINIC HOLDINGS, INC. BYLAWS

The initial Bylaws of the District Clinic Holdings, Inc. Board were first adopted on the 24<sup>th</sup> day of January, 2013. Amendments made subject to Section 14 of the District Clinic Holdings, Inc. Bylaws are listed below:

Change Number	Date of Adoption	Section(s) Amended
1	March 28, 2013	Title Pages amended to read:  Section 11.3 relating to the Finance Committee deleted and  Section 11.9 amended to remove reference to Finance Committee.
2	May 23, 2013	Section 2.1 amended to remove the following: “Thus, as used in these bylaws, the terms “Board” shall mean the C.L. Brumback Health Clinic Board of Directors.”  Section 6.1m amended to remove ability to establish and revise policies.  Section 6.1q amended to remove the following: “Within its discretion to file article of dissolution and dissolve the corporation.  Section 8.10 “The Board shall ensure that the provision is made applicable to all employees, consultants and those providing goods and or services to the Center.” deleted.

Section 11.1 removed requirement to make recommendations to full Board.

Section 11.7 removed “The Personnel Committee shall review staffing needs and recommends changes in staffing levels when deemed desirable. While the Board’s personnel policies shall be consistent with those of the Health Care District the Board must tailor its personnel policies to the clinical operations of the corporation.” To dissolve the Personnel Committee.

Section 11.8 removed “The Finance Committee shall review the budget, expenditures, and financial policies and make recommendations to the Board in regard to certain concerns. While the Board’s financial policies shall be consistent with those the Health Care District the Board must tailor its financial policies to the clinical operation of the corporation.” To dissolve Finance Committee.

3

August 1, 2013

Section 2.1 amended to include: “hereinafter referred to as the “Board”)

Section 6.1m amended to include establishment of policies.

4

August 9, 2013

Section 6.1q added power to:  
“Facilitate the annual Chief Executive Officer performance evaluation process.”

Section 8.10 amended to include: “...employee, consultant or those providing services and or goods to the Clinic...”

Section 2.1 established for clarification regarding common business name

Section 2.2 replaced Health Clinic Board with Primary Care Clinics Board of Directors

Section 6.1.b replaced Project with Executive

Section 6.1.h removed “To adopt and be responsible for operating and personnel policies and procedures, including selection and dismissal procedures, salary and benefits scales and employee grievance procedures within the guidelines of the Health Care District of Palm Beach County Personnel Policies and Procedures” and amended to include ability to establish and approve general policies for the clinics as stated in PIN 1998-12, Part II Section 330, Governance Requirements.

Section 6.1.m amended to include ability to establish policies

Section 6.1.q amended to establish responsibility for the Executive Director's annual performance evaluation

Section 8.1 amended to include the common business name, CL Brumback Primary Clinics

Section 8.9 amended to replace previously referenced project director with Executive Director

Section 8.11 amended to include "...otherwise indicate that they are authorized to act or speak..."

Section 8.13 added

Section 9 amended to read:  
Term of Membership

Section 9.1 amended to clarify membership length of terms

Section 9.2 added for establishment of selecting New Board Members.

Section 9.2.a added to establish requirements for filling vacancies on the Board due to termination, resignation, or death of a Member.

Section 9.2.b added to establish procedure for member reappointment instituted by the Nominating Committee

Section 9.3 amended to define an unexcused absence

Section 9.4 amended to read: “Board member can be removed for cause including, but not limited to:”

Section 9.4.a “...causes include the” deleted

Section 9.5 regarding Board vacancies was deleted, became section 9.2.a

Section 10.1 amended to become Section 10.4

Section 10.1 included to establish election of officers by Members

Section 10.2 added in order to establish process for removal of officers.

Section 10.3 added to establish election of a replacement officer on a vacant position.

Section 10.4.d. deleted: “The Chairperson, or his/her designee, shall represent the board before the news.”

Section 10.4.d reads: “The Chairperson shall be the Board’s sole and primary liaison for external affairs including serving as Board’s representative to the media.”

Section 10.4.e added to read: “Appoint a Board member to

attend District governing Board meeting in conjunction with the Executive Director, solely in advisory capacity to enhance oversight and communication between each organization.”

Section 10.4.e amended to include ability to review and approve agendas.

Section 10.5 added: “the Board may authorize and establish policies governing the reimbursement of certain...”

Section 11.1 replaced clinic’s director with Executive Director. Added “The Executive Director, or his/her designee, will serve as a non-voting, ex-officio member of this committee.

Section 11.2 included for establishment of a Personnel Committee

Section 11.3 removed “The Executive Committee of the Board shall consist of the Officers of the Board”

Section 11.4 added requirement to develop policies and procedures for recruitment, screening and orientation of potential new Board members and present information to the Board on eligible persons to fill vacancies.

Section 11.5 added: “The Executive Director, or his/her designee, will serve as a non-voting, ex-officio member of this committee.”

Section 11.6 amended to read that the Clinical Committee is to be also known as the Quality Committee.

Section 11.7 amended to include requirement for committees report to include any recommendations for Board action

Section 11.9 deleted  
Committee members

Section 11.10 added to read:

The Finance Committee shall review the budget, expenditures, and all other financial reports related to the operations of the C.L. Brumback Priamary Care Clinics. The Finance Committee will report to the full Board of Directors. The Finance Committee will meet on a monthly basis, and may include clinic staff employees. The Finance Committee will meet on a monthly basis. The Executive Director, or his/her designee, will serve as a non-voting, ex-officio member of this committee. Section 13 added: “unless contrary procedure is established by the Articles of Incorporation, these Bylaws, standing rule, or by resolution of the Board of Directors.



February 18, 2014

Section 15 added for requirement for disposing of assets in the event of dissolution of the Corporation

Section 11 renumbered for efficiency.

Section 8.2 amended to increase the number of Board members to 10-13.

Section 10.3 added: to serve out the remainder of the term of office, and any person so elected shall not have the remaining term count for purposes of calculating the 'two consecutive one-year terms' referenced in 10.1.

Section 11.3 amended to establish process for filling vacancy of an officer position.

Section 12.3 added: "Meetings shall conform to the requirements of Ch. 286, Florida Statutes ("Government in the Sunshine Act"), including the taking and maintenance of meeting minutes, and such minutes shall be retained by District in accordance with the requirements of the State of Florida's Record Retention Schedules GS1-SL (State and Local Government Agencies), GS4 (Public Health Care Facilities and Providers), and/or any other applicable Schedule(s)), regarding Minutes of Official Meetings".

Section 12.4 added to read:  
“Effective in 2014, the Annual Meeting shall coincide with the Regular meeting held during the month of May and the election of officers to hold office commencing in the next fiscal year shall be held. In order to transition to this new schedule, the election of officers held in November 2013 for terms to continue through December 31, 2014, shall remain unchanged. The election to be held in May 2014 shall be for the officers whose terms shall commence on January 1, 2015, and each election that follows shall select the officers whose terms shall commence on the following January 1”.

Section 12.5 previously section 12.3 added “unless one or more members permanently absents him/herself from the premises of the meeting and the sum of the remaining members falls below the number need for a quorum”.

Section 12.6 previously section 12.4 amended to include condition to comply with Government in the Sunshine Act requirement.

Section 6.1.o Remove provision, it is duplicative of audit language in Section 6.1.a

Added Section 6.1.q

6

April 24, 2014

Added Section. 7.1.f to establish Board member responsibilities regarding Conflicts of Interest

Section 9.5.b added.

Section 10.4.1 removed subsection b (Chairperson shall have the same right to vote on matters as any other Board member)

Replaced Section 11.1 with the following: There shall be an Executive/Bylaw Committee comprised of the officers of the Board. This committee shall meet as provided in these Bylaws and as otherwise deemed necessary by the Chairperson. The Chairperson shall serve as the Committee chair, and the Executive Director will serve as a non-voting, ex officio member of the Executive Committee. The Executive Committee shall:

- a. Act as advisor to the Chairperson;
- b. Exercise the powers of the Board between regular Board meetings, except that the Executive Committee may not take final action to amend these bylaws, remove a board member from office, hire or remove the Executive Director, or sell or acquire assets;
- c. Report to the Board at its next regular meeting on any official actions it has taken;
- d. Annually review and recommend to the Board any necessary change to the bylaws; and Annually review the

		performance of the Executive Director for report to the Board
7	May 26, 2015	Amended Section 6.1.q to include Licensed Independent Practitioner and term of same. Addition of Dental Director.
8	March 28, 2018	Amended Section 4.1 to update administrative address.  Addressed grammatical errors throughout.
9	December 11, 2019	Amended Section 8.7 to define healthcare.
10	January 29, 2020	Amended Section 6.1h to remove invalid HRSA PIN, 6.1i to updated QI/QA Plan, 8.3 to define patient and 8.9 to include adoption. Added robust language to section 9.4 regarding Board member termination.
11	May 27, 2020	Amended Section 10.1 to permit postponement of officer elections in the event of a declared state of emergency Added Section 12.7 to permit remote meetings during public emergencies.
12	September 30, 2020	Amended Section 11.6 to permit postponement of the Quality Council meetings in the event of a declared state of emergency

**DISTRICT CLINIC HOLDINGS, INC.**  
**BOARD OF DIRECTORS**  
**November 30, 2021**

**1. Description: Executive Director Informational Update**

**2. Summary:**

Updates on key changes within C. L. Brumback Primary Care Clinics:

- FY2021 Quality Award

**3. Substantive Analysis:**

**FY2021 Quality Award**

The Health Resources and Services Administration (HRSA) recognized the C. L. Brumback Primary Care Clinics with several Health Center Quality Improvement Fiscal Year 2020 Grant Awards, including \$180,431 and a gold badge as a Health Center Quality Leader for ranking among the top 10% of health centers nationally for clinical quality.

The Brumback Clinics received recognition in the following categories:

- **Gold Health Center Quality Leader:** Achieved the best overall clinical performance among all health centers and was recognized in the Gold tier (top 10%).



- **Advancing Health Information Technology (HIT) for Quality:** Recognized health centers that optimized health information technology services for advancing telehealth, patient engagement, interoperability, and collection of social determinants of health to increase access to care and advance quality of care between 2019 and 2020.



- **Patient-Centered Medical Home (PCMH) Recognition:** Recognized health centers with patient-centered medical home recognition in one or more delivery sites.



**DISTRICT CLINIC HOLDINGS, INC.  
BOARD OF DIRECTORS  
November 30, 2021**

- COVID-19-specific awards recognition:



**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.

Approved for Legal sufficiency:

*Bernabe Icaza*

\_\_\_\_\_  
Bernabe Icaza  
VP & General Counsel

*H Fritsch*

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

**DISTRICT CLINIC HOLDINGS, INC.**  
**BOARD OF DIRECTORS**  
**November 30, 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
Rahman	S M Atiqur	MD	Preventive Medicine	Initial Credentialing
Perez-Nunez	Diana	APRN	Nurse Practitioner	Initial Credentialing
Lazaro	Nancy	MD	Pediatric Medicine	Recredentialing
Kaloglian Silva	Michelle	DDS	General Dentistry	Recredentialing
Cesaire-Jean	Rose Carline	APRN	Nurse Practitioner	Recredentialing
Pierre-Louis	Joanne	APRN	Nurse Practitioner	Recredentialing
Rexach	Claudia	LMHC	Licensed Mental Health Counselor	Recredentialing
Jones	Kiara	LCSW	Licensed Clinical Social Worker	Recredentialing

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

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

**DISTRICT CLINIC HOLDINGS, INC.**  
**BOARD OF DIRECTORS**  
**November 30, 2021**

S M Atiqur Rahman, MD, joined the West Boca Clinic in 2021, specializing in Preventive Medicine. He attended the Rajshahi University in Bangladesh and completed his residency at the University of Colorado Denver School of Public Health. Dr. Rahman is certified in Public Health and General Preventive Medicine by the American Board of Preventive Medicine. He has been in practice for eight years and is fluent in Bengali, Persian and Hindi.

Diana Perez-Nunez, APRN, joined the Lewis Center Clinic in 2021 as a Nurse Practitioner specializing in Psychiatric Mental Health. She attended Regis College and is certified in Psychiatric Mental Health by the American Nurses Credentialing Center. Ms. Perez-Nunez has been in practice for five years.

Nancy Lazaro, MD, joined the West Palm Beach Clinic in 2015, specializing in Pediatric Medicine. She attended the University of Puerto Rico and also completed her residency at Puerto Rico Medical Center. Dr. Lazaro has been in practice for seventeen years and is fluent in Italian and Spanish.

Michelle Kaloglian Silva, DDS, joined the West Palm Beach Clinic in 2019, specializing in General Dentistry. She attended Sao Francisco University and completed her residency at the University of Florida, College of Dentistry. Dr. Kaloglian Silva has been in practice for five years and is fluent in Portuguese and Spanish.

Rose Carline Cesaire-Jean, APRN, joined the West Palm Beach Clinic in 2015 as a Nurse Practitioner specializing in Family Medicine. She attended Florida International University and is certified as a Family Nurse Practitioner by the American Academy of Nurse Practitioners. Ms. Cesaire-Jean has been in practice for six years and is fluent in Creole and French.

Joanne Pierre-Louis, APRN, joined the Lake Worth Clinic in 2015 as a Nurse Practitioner specializing in Family Medicine. She attended Florida Atlantic University and is certified as an Adult Nurse Practitioner by the American Academy of Nurse Practitioners. Ms. Pierre-Louis has been in practice for ten years and is fluent in Creole.

Claudia Rexach, LMHC, joined the Lantana Clinic in 2019 as a Licensed Mental Health Counselor. She attended the Carlos Albizu University San Juan campus in Puerto Rico. Ms. Rexach has been in practice for six years and is fluent in Spanish.

Kiara Jones, LCSW, joined the Lake Worth Clinic in 2017 as a Licensed Clinical Social Worker. She attended Florida Atlantic University. Ms. Pierre-Louis has been in practice for eight years.



**DISTRICT CLINIC HOLDINGS, INC.**  
**BOARD OF DIRECTORS**  
**November 30, 2021**

**4. Fiscal Analysis & Economic Impact Statement:**

	<b>Amount</b>	<b>Budget</b>
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  


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 Candice Abbott  
 VP & Chief Financial Officer

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

N/A  


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 Committee Name Date Approved

**6. Recommendation:**

Staff recommends the Board approve the Initial Credentialing and privileging of Atiq Rahman, MD, Preventive Medicine.

Staff recommends the Board approve the Initial Credentialing and privileging of Diana Perez-Nunez, APRN, Psychiatric Nurse Practitioner.

Staff recommends the Board approve the Recredentialing and renewal of privileges of Nancy Lazaro, MD, Pediatric Medicine.

Staff recommends the Board approve the Recredentialing and renewal of privileges of Michelle Kaloglian Silva, DDS, General Dentistry.

Staff recommends the Board approve the Recredentialing and renewal of privileges of Rose Carline Cesaire-Jean, APRN, Family Nurse Practitioner.

Staff recommends the Board approve the Recredentialing and renewal of privileges of Joanne Pierre-Louis, APRN, Family Nurse Practitioner.

Staff recommends the Board approve the Recredentialing and renewal of privileges of Claudia Rexach, LMHC, Licensed Mental Health Counselor.

**DISTRICT CLINIC HOLDINGS, INC.**  
**BOARD OF DIRECTORS**  
**November 30, 2021**

Staff recommends the Board approve the Recredentialing and renewal of privileges of Kiara Jones, LCSW, Licensed Clinical Social Worker.

Approved for Legal sufficiency:



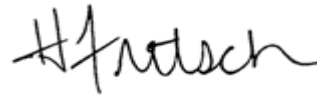
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Bernabe Icaza  
VP & General Counsel



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Dr. Charmaine Chibar  
FQHC Medical Director



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

**DISTRICT CLINIC HOLDINGS, INC.**  
**BOARD OF DIRECTORS**  
**November 30, 2021**

**1. Description: Operations Reports – September 2021**

**2. Summary:**

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

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

**3. Substantive Analysis:**

In September, we had 10,140 visits which are 369 more than the month prior and 257 more than September of 2020. Our average patient visits per weekday were 487 among all clinics and an improved average of 50 patients on Saturdays among 6 clinics. The Lantana Clinic had the highest volume with 1,737 visits, followed by the Lake Worth Clinic with 1,367.

Our payer mix for the year-to-date reflects 60% percent uninsured patients and 28% Managed Care.

By visit category, Pediatrics and Substance Abuse met their productivity target.

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

The No Show rate in September decreased from 29% to 27%.

**4. Fiscal Analysis & Economic Impact Statement:**

	<b>Amount</b>	<b>Budget</b>
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  


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Candice Abbott  
VP & Chief Financial Officer

**DISTRICT CLINIC HOLDINGS, INC.**  
**BOARD OF DIRECTORS**  
**November 30, 2021**


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

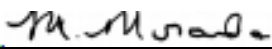
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_____	_____
Committee Name	Date Approved

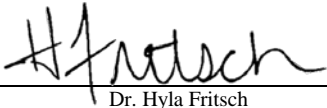
**6. Recommendation:**

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

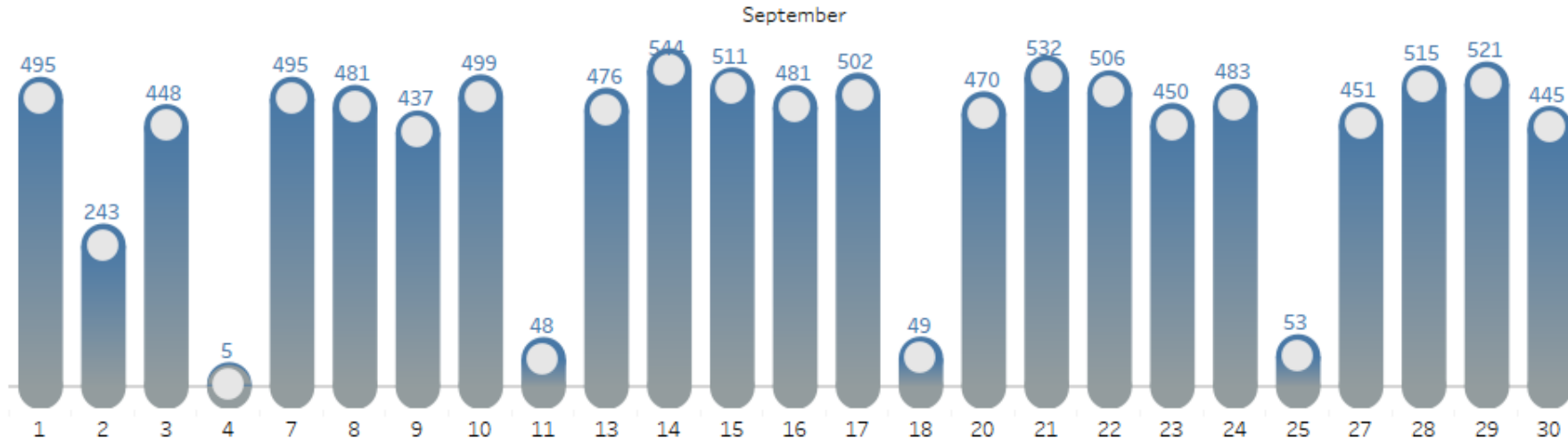
Approved for Legal sufficiency:

  
\_\_\_\_\_  
Bernabe Icaza  
VP & General Counsel

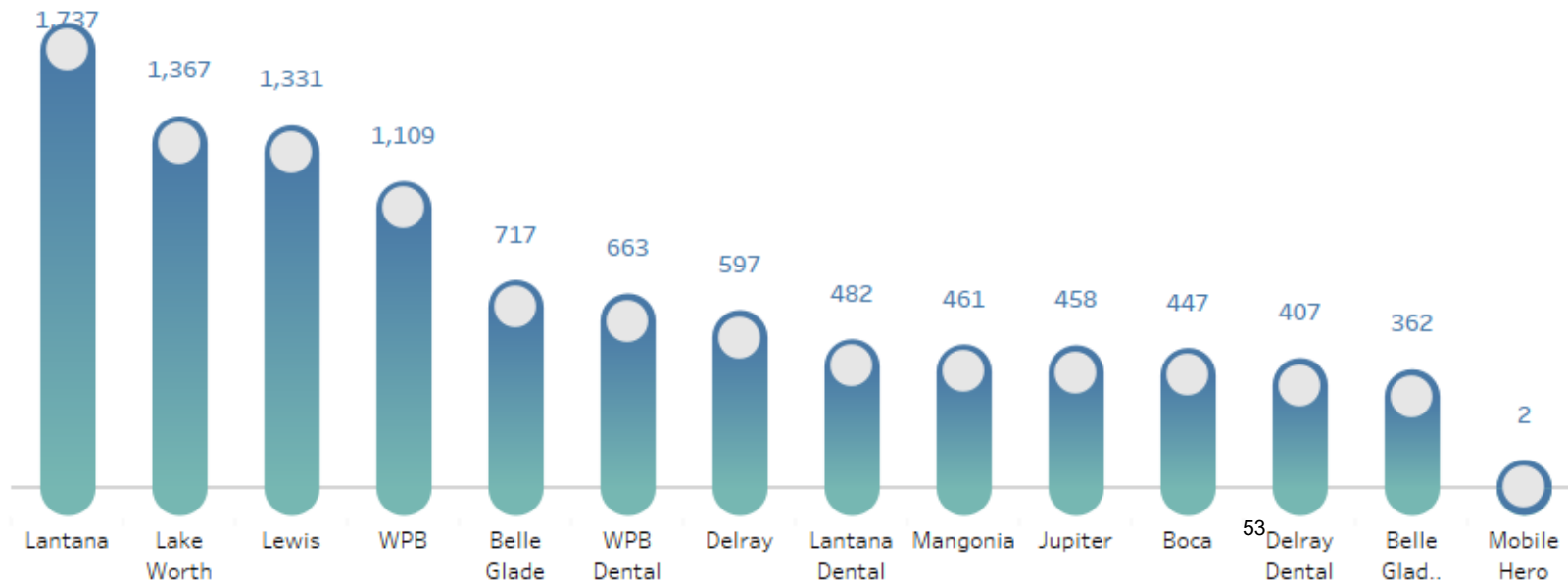
  
\_\_\_\_\_  
Marisol Miranda  
Director of Clinic Operations

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

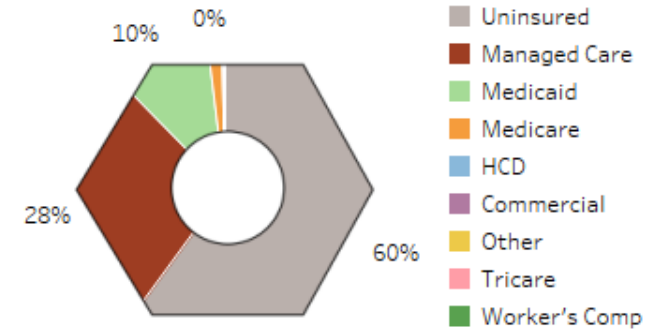
## DAILY VOLUME

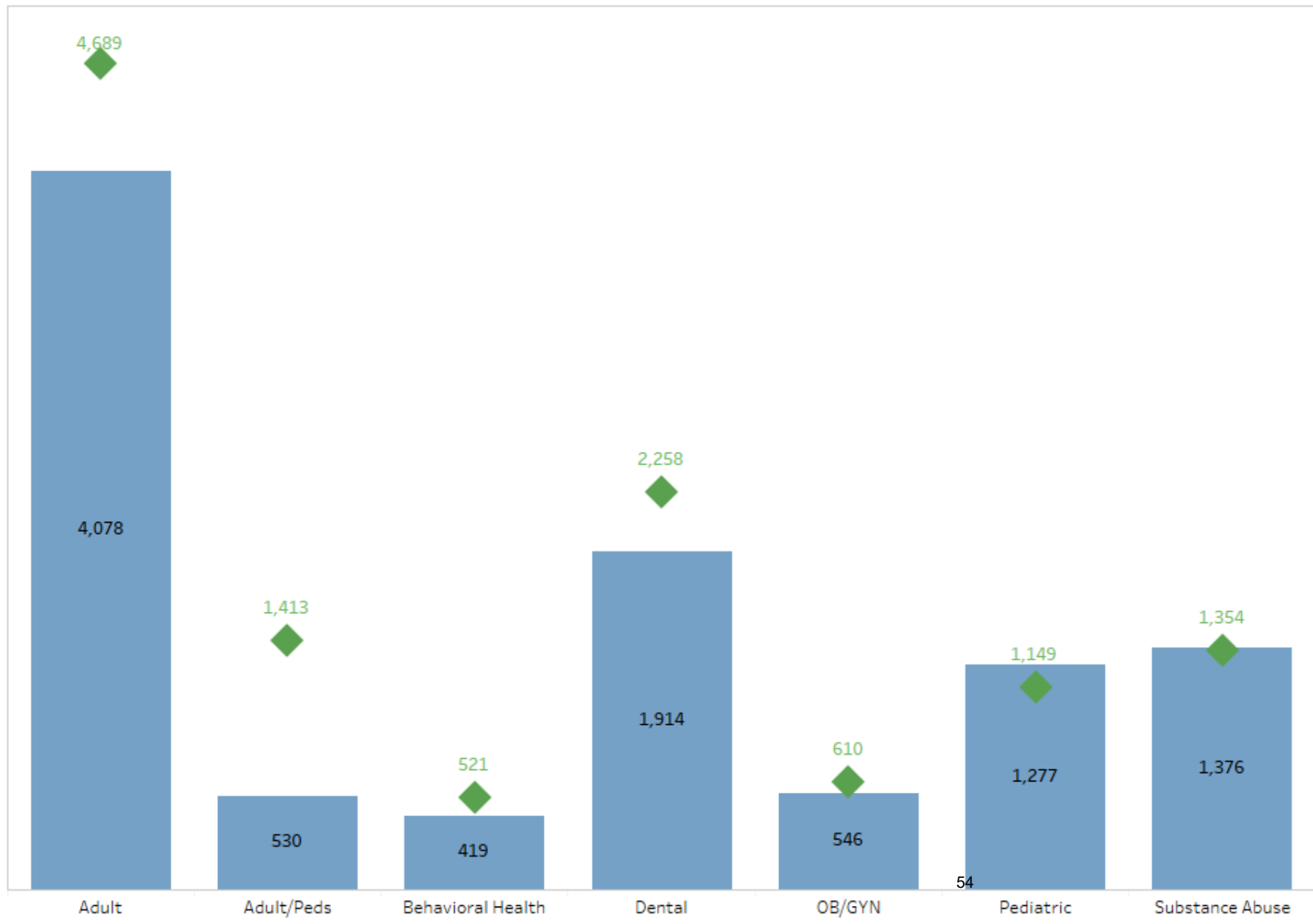


## VOLUME BY CLINIC



## Payer Mix

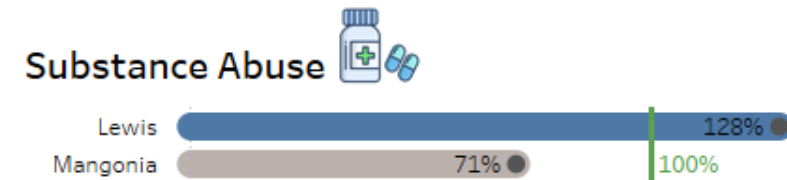
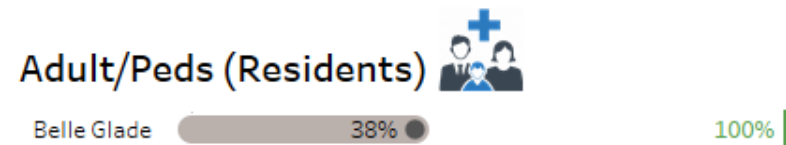
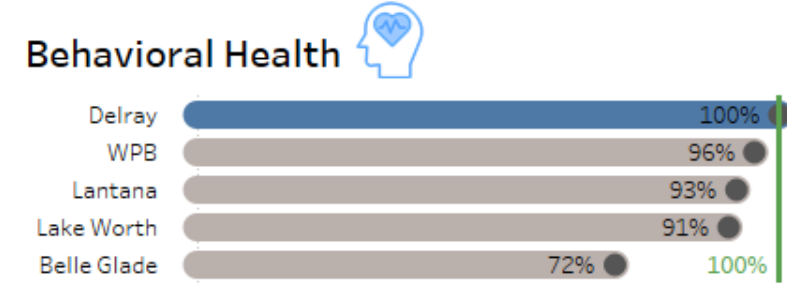
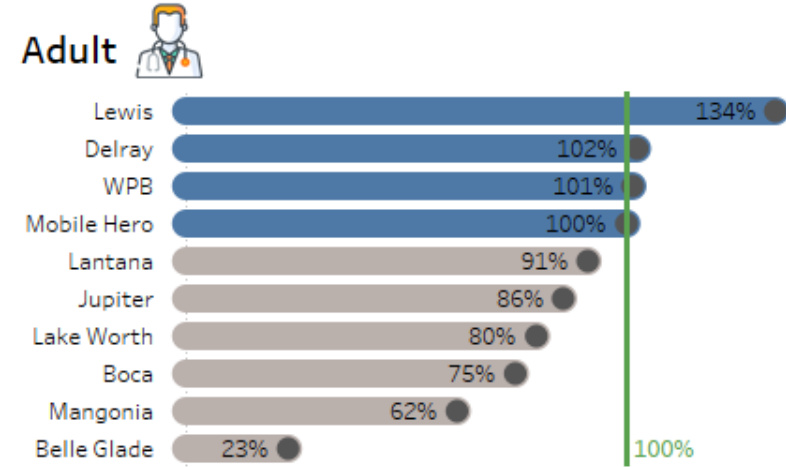




	In Person	Tele Health	Total
Adult	4,038	40	<b>4,078</b>
Adult/Peds	527	3	<b>530</b>
Behavioral Health	354	65	<b>419</b>
Dental	1,914		<b>1,914</b>
OB/GYN	546		<b>546</b>
Pediatric	1,276	1	<b>1,277</b>
Substance Abuse	920	456	<b>1,376</b>
<b>Total</b>	<b>9,575</b>	<b>565</b>	<b>10,140</b>



■ Target Met ■ Target Not Met

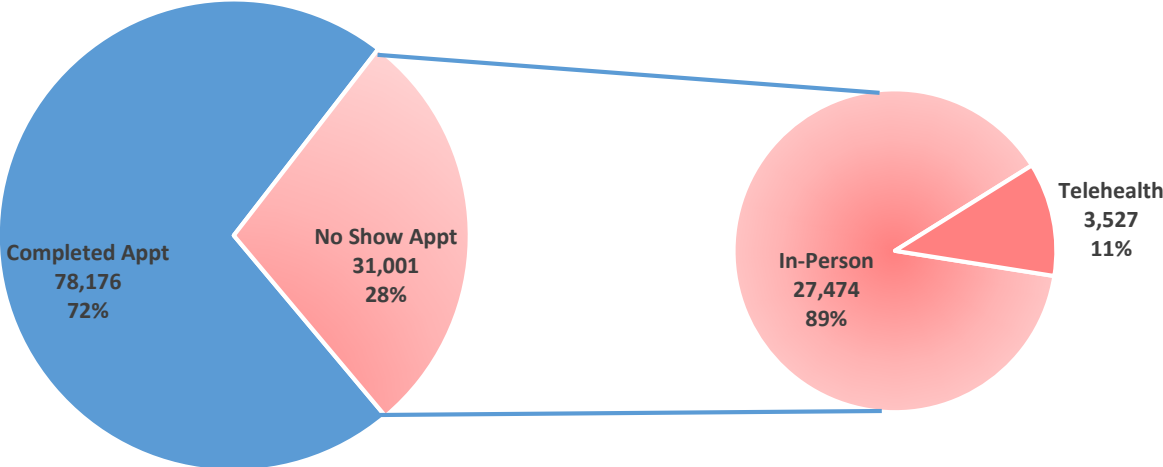
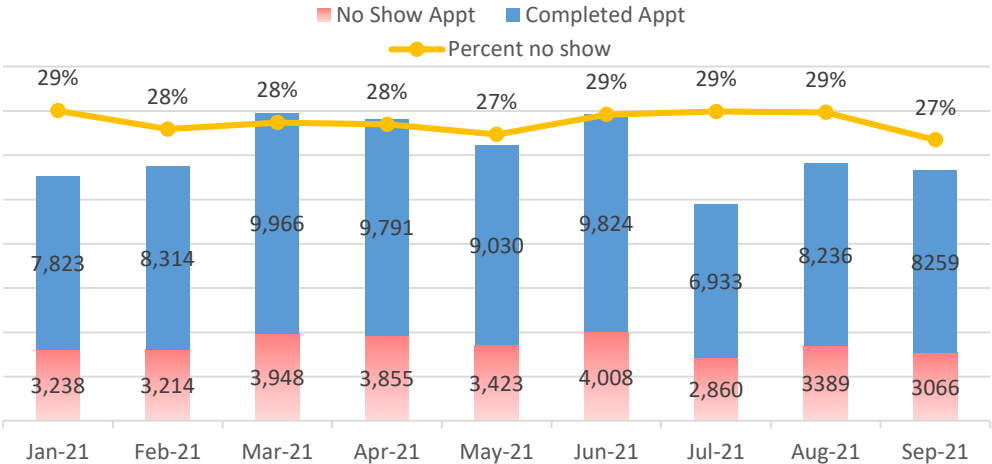


# No Show Appointment Analysis

Jan – Sept 2021

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

No Shows vs Checked in appointments





**DISTRICT CLINIC HOLDINGS, INC.  
BOARD OF DIRECTORS  
NOVEMBER 30, 2021**

**1. Description: Quality Report**

**2. Summary:**

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

- Quality Council Meeting Minutes November 2021
- UDS Report- YTD October 2021
- Provider Productivity – October 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 implemented an outbound campaign in October in our efforts to improve our UDS Depression Remission measure. The Clinic Service Center contacted 77 patients in October to get them into the clinic for a follow-up appointment based on their previous PHQ9 score.

UTILIZATION OF HEALTH CENTER SERVICES

Individual monthly provider productivity stratified by clinic.

**4. Fiscal Analysis & Economic Impact Statement:**

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

**DISTRICT CLINIC HOLDINGS, INC.  
BOARD OF DIRECTORS  
NOVEMBER 30, 2021**

N/A

\_\_\_\_\_  
Committee Name

\_\_\_\_\_  
Date Approved

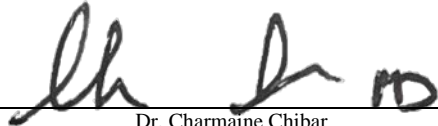
**6. Recommendation:**

Staff recommends the Board approve the updated Quality Report.

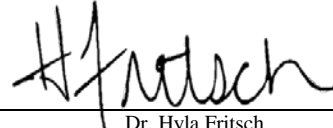
Approved for Legal sufficiency:



\_\_\_\_\_  
Bernabe Icaza  
VP & General Counsel



\_\_\_\_\_  
Dr. Charmaine Chibar  
FQHC Medical Director



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

## Quality Measures



Table 6B

	Q4 '20	Q1 '21	Q2 '21	Q3 '21 ▲	YTD
HIV Screening	-	-	0 %	15 %	14 %
Colorectal Cancer Screening	-	-	0 %	27 %	26 %
Diabetes: Hemoglobin A1c Control >9%	-	-	-	30 %	31 %
Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	-	-	0 %	37 %	39 %
Cervical Cancer Screening	-	-	100 %	43 %	38 %
Childhood Immunization Status	-	-	-	49 %	44 %
Breast Cancer Screening	-	-	100 %	60 %	56 %
Controlling High Blood Pressure	-	-	100 %	71 %	69 %
Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet	-	-	-	79 %	79 %
Dental Sealants for Children Between 6-9 Years	-	-	-	82 %	80 %
Statin Therapy	-	-	-	83 %	83 %
Tobacco Screening and Cessation Intervention	-	-	100 %	89 %	89 %
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	-	-	-	93 %	92 %
Screening for Clinical Depression and Follow-Up Plan	-	-	50 %	96 %	96 %
Depression Remission at 12 Months	-	-	-	-	-

Table 7B

	Q4 '20	Q1 '21	Q2 '21	Q3 '21▲	YTD
<ul style="list-style-type: none"> <li> <ul style="list-style-type: none"> <li>Healthcare District of Palm Beach County                             <ul style="list-style-type: none"> <li>Hispanic or Latino/a                                     <ul style="list-style-type: none"> <li>Other Pacific Islander</li> <li>American Indian/Alaska Native</li> <li>Black/African American</li> <li>White</li> <li>Unreported/Refused to Report Race</li> <li>More than one race</li> <li>Asian</li> <li>Native Hawaiian</li> </ul> </li> <li>Non-Hispanic or Latino/a                                     <ul style="list-style-type: none"> <li>Native Hawaiian</li> <li>Other Pacific Islander</li> <li>American Indian/Alaska Native</li> <li>Black/African American</li> <li>Asian</li> <li>Unreported/Refused to Report Race</li> <li>White</li> <li>More than one race</li> </ul> </li> <li>Unreported/Refused to Report Ethnicity                                     <ul style="list-style-type: none"> <li>Unreported/Refused to Report Race</li> </ul> </li> </ul> </li> </ul> </li></ul>					
	-	-	-	0 %	0 %
	-	-	-	33 %	43 %
	-	-	-	75 %	75 %
	-	-	-	75 %	74 %
	-	-	-	81 %	80 %
	-	-	-	83 %	75 %
	-	-	-	100 %	100 %
	-	-	-	100 %	100 %
	-	-	-	0 %	50 %
	-	-	-	33 %	33 %
	-	-	-	62 %	63 %
	-	-	100 %	65 %	63 %
	-	-	-	74 %	75 %
	-	-	-	76 %	68 %
	-	-	-	76 %	75 %
	-	-	-	83 %	80 %
	-	-	-	40 %	43 %

## Diabetes: Hemoglobin A1c >9%



Table 7C

\*Note: Lower is better for this measure.

	Q4 '20	Q1 '21	Q2 '21	Q3 '21▲	YTD
Healthcare District of Palm Beach County					
Hispanic or Latino/a					
Asian	-	-	-	0 %	0 %
Other Pacific Islander	-	-	-	0 %	0 %
Unreported/Refused to Report Race	-	-	-	24 %	29 %
White	-	-	-	27 %	29 %
Black/African American	-	-	-	32 %	31 %
More than one race	-	-	-	56 %	56 %
American Indian/Alaska Native	-	-	-	100 %	100 %
Non-Hispanic or Latino/a					
Native Hawaiian	-	-	-	0 %	0 %
Other Pacific Islander	-	-	-	0 %	50 %
Asian	-	-	-	18 %	16 %
Unreported/Refused to Report Race	-	-	-	25 %	25 %
White	-	-	-	30 %	31 %
Black/African American	-	-	-	32 %	33 %
American Indian/Alaska Native	-	-	-	50 %	50 %
More than one race	-	-	-	50 %	50 %
Unreported/Refused to Report Ethnicity					
Unreported/Refused to Report Race	-	-	-	100 %	67 %

Show empty rows (1)



**Quality Council Meeting Minutes**

**Date: November 2, 2021**

**Time: 9:00A.M. – 11:00A.M.**

**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;

**Excused:** Dr. Courtney Phillips - Director of Behavioral Health

**Minutes by:** Jonathan Dominique

<u>AGENDA ITEM</u>	<u>DISCUSSION / RECOMMENDATIONS</u>	<u>ACTION ITEMS (AI)</u>	<u>RESPONSIBLE PARTY</u>	<u>DATE</u>
<b>UTILIZATION</b>				
<b>OPERATIONS</b>	<p><b><u>Productivity (based on checked-in appts) - September</u></b>  <b>10,769</b> visits across all clinics.</p> <p><b>Medical Payer</b> Mix is as follows:            Self-Pay – <b>56%</b>            Medicaid – <b>4%</b>            Managed Care – <b>35%</b>            Medicare – <b>2%</b>            Pending Medicaid – <b>3%</b></p> <p><b>Dental Payer</b> Mix is as follows:            Self Pay – <b>56%</b>            Medicaid – <b>37%</b>            Medicare – <b>1%</b>            Managed Care – <b>6%</b>            Pending Medicaid –<b>0%</b></p>			12/1/21

Looking to make sure that both productivity reports match as they are not currently counted the same.

St. Ann Place Development – EPIC is set up for that Location.

Service Line		Target	Actual
Adult	In-Person	4,598	4,620
	Telehealth	47	45
Pediatric	In-Person	1,345	1,496
	Telehealth	1	1
Behavioral Health	In-Person	572	450
	Telehealth	62	50
Dental	In-Person	2,747	2,220
Women's Health	In-Person	480	520
	Telehealth	0	0
Substance Abuse	In-Person	715	933
	Telehealth	501	434

Visit Breakdown: n= **10,769**

- **95%** Telehealth
- **5%** In-Person

***(Clinic productivity report with graphs were presented.)***

12/1/21

	<p><b><u>No Show Rates</u></b></p> <p>No Show Rate in September was <b>27%</b>, which is <b>lower than</b> August (29%).</p> <p><b>(Report with graph presented)</b></p>			
<b>PATIENT RELATIONS</b>				
<p><b>SURVEY RESULTS</b></p>	<p><b><u>Patient Satisfaction Survey</u></b></p> <p>There were 438 surveys received in <b>September 2021</b>, which is a 759% increase from the previous month. The Boca Raton Clinic received the most surveys. This brings the year-to-date total to 2,521 Patient Satisfaction Surveys received.</p> <p>Of the 438 Surveys received in September:</p> <ul style="list-style-type: none"> <li>• Belle Glade – 18 (4%)</li> <li>• <b>Boca Raton – 131 (30%)</b></li> <li>• Delray Beach – 21 (5%)</li> <li>• Jupiter – 31 (7%)</li> <li>• Lake Worth – 77 (18%)</li> <li>• Lantana – 48 (11%)</li> <li>• Lewis Center – 57 (13%)</li> <li>• Mangonia Park – 38 (9%)</li> <li>• West Palm Beach – 17 (4%)</li> </ul> <p><b>General Summary – September 2021</b></p> <ul style="list-style-type: none"> <li>• September Surveys received by language:             <ul style="list-style-type: none"> <li>○ English = 76%</li> <li>○ Spanish = 21%</li> <li>○ Creole = 3%</li> </ul> </li> </ul>			



	<ul style="list-style-type: none"> <li>• Patients aged 41-60 completed 39% of September surveys, and patients over 80 completed the least amount of surveys</li> <li>• Surveys were received from all service lines, with Adult Medicine having the most at 48%, followed by Substance Abuse Services at 22%</li> <li>• Most patients prefer to be seen in-person Monday and Wednesday mornings. Patients least prefer to be seen on Thursdays and Fridays</li> <li>• Time at Practice       <ul style="list-style-type: none"> <li>○ 27% were completed by patients who have received care less than 6 months</li> <li>○ 25% were completed by patients who have received care between 1 and 3 years</li> <li>○ 16% were completed after a patient first visit to the practice</li> </ul> </li> </ul> <p><b>Patient Satisfaction</b>        Of the 438 surveys, there were 55 (13%) surveys marked as Fair or Poor.</p> <ul style="list-style-type: none"> <li>• Providing details about new medications prescribed       <ul style="list-style-type: none"> <li>○ <b>4 (&lt;1%)</b> Lake Worth (2), Mangonia Park (1), Jupiter (1)</li> </ul> </li> <li>• Informing you about any necessary follow-up care       <ul style="list-style-type: none"> <li>○ <b>7 (2%)</b> Lake Worth (2), Mangonia Park (1), Jupiter (2), Lewis Center (2)</li> </ul> </li> <li>• Being aware of care you received from other doctors/providers, not in this practice       <ul style="list-style-type: none"> <li>○ <b>10 (2%)</b> Lake Worth (1), Mangonia Park (1), Jupiter (2), Lewis Center (5), Delray Beach (1)</li> </ul> </li> <li>• Spending as much time with you as you feel you need</li> </ul>			
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	<ul style="list-style-type: none"> <li>○ <b>12 (3%)</b> Lake Worth (1), Mangonia Park (1), Jupiter (4), Lewis Center (5), Delray Beach (1)</li> <li>● Involving you in making decisions about your health       <ul style="list-style-type: none"> <li>○ <b>5 (1%)</b> Lake Worth (1), Mangonia Park (1), Jupiter (1), Lewis Center (2)</li> </ul> </li> <li>● Balancing personal interaction with you while using a laptop or computer       <ul style="list-style-type: none"> <li>○ <b>5 (1%)</b> Lake Worth (1), Mangonia Park (1), Jupiter (1), Lewis Center (1), Delray Beach (1)</li> </ul> </li> <li>● Listening carefully and respectfully to you       <ul style="list-style-type: none"> <li>○ <b>7 (2%)</b> Lake Worth (2), Mangonia Park (1), Jupiter (2), Lewis Center (2)</li> </ul> </li> <li>● Explaining things in a way that is easy to understand       <ul style="list-style-type: none"> <li>○ <b>5 (1%)</b> Lake Worth (2), Mangonia Park (1), Jupiter (2)</li> </ul> </li> </ul> <p>Of the 438 surveys received:</p> <ul style="list-style-type: none"> <li>● There were 5 surveys (1%) that rated their Provider as Fair or Poor (0-4 on a scale of 10)</li> <li>● There were 5 surveys (1%) that would not recommend their Provider (0-4 on a scale of 10)</li> </ul> <p><b>Patient Experience</b></p> <p>Most patients rated their patient experience as positive. Of the 438 surveys, there were 55 (13%) surveys marked as Fair or Poor.</p> <ul style="list-style-type: none"> <li>● Having a comfortable and pleasant waiting area       <ul style="list-style-type: none"> <li>○ <b>18 (4%)</b> - Boca (2), Delray (3), <b>Jupiter (5)</b>, Lake Worth (1), Lantana (4), Lewis Center (1), Mangonia Park (1), WPB (1)</li> </ul> </li> <li>● Ability to communicate with the practice on the phone</li> </ul>			
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	<ul style="list-style-type: none"> <li>○ <b>38 (9%)</b> - Boca (7), Delray (3), <b>Jupiter (13)</b>, Lake Worth (4), Lantana (2), Lewis Center (4), Mangonia Park (1), WPB (4)</li> <li>● Ease of scheduling this appointment       <ul style="list-style-type: none"> <li>○ <b>51 (12%)</b> - Boca (8), Delray (3), <b>Jupiter (13)</b>, Lake Worth (2), Lantana (6), <b>Lewis Center (12)</b>, Mangonia Park (2), WPB (5)</li> </ul> </li> <li>● Being informed about any delays during this visit       <ul style="list-style-type: none"> <li>○ <b>51 (12%)</b> - Boca (8), Delray (3), <b>Jupiter (13)</b>, Lake Worth (2), Lantana (6), <b>Lewis Center (12)</b>, Mangonia Park (2), WPB (5)</li> </ul> </li> <li>● Maintaining patient privacy throughout this visit       <ul style="list-style-type: none"> <li>○ <b>7 (2%)</b> - Delray (1), <b>Jupiter (3)</b>, Lake Worth (2), Mangonia Park (1)</li> </ul> </li> </ul> <p>Most patients rated their patient experience as positive. Of the 438 surveys, there were 25 (6%) surveys marked as Disagree or Strongly Disagree</p> <ul style="list-style-type: none"> <li>● The doctors, nurses, and other staff did a good job coordinating care during my visit       <ul style="list-style-type: none"> <li>○ 2 (&lt;1%) Delray Beach / Lewis Center</li> </ul> </li> <li>● Check-in and check-out staff were respectful and courteous       <ul style="list-style-type: none"> <li>○ 3 (&lt;1%) Delray Beach / Lewis Center / Jupiter</li> </ul> </li> <li>● Phone and scheduling staff were respectful and courteous       <ul style="list-style-type: none"> <li>○ 6 (1%) Boca Raton / Lake Worth / Delray Beach / Lewis Center / Jupiter</li> </ul> </li> <li>● Each member of my care team identified themselves and their role in my care</li> </ul>			
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	<ul style="list-style-type: none"> <li>○ <b>8 (2%)</b> Boca Raton / Delray Beach / Lewis Center / Jupiter</li> <li>● The nursing staff was respectful and courteous       <ul style="list-style-type: none"> <li>○ 1 (&lt;1%) Delray Beach</li> </ul> </li> <li>● The staff clearly explained the details of any procedures       <ul style="list-style-type: none"> <li>○ 1 (&lt;1%) Delray Beach</li> </ul> </li> <li>● The practice worked with my other providers to coordinate my care effectively       <ul style="list-style-type: none"> <li>○ 4 (&lt;1%) Delray Beach / Lewis Center / Jupiter</li> </ul> </li> </ul> <p><b>Wait Time</b> – Patients perceived wait time between their scheduled appointment and actual time seen by their Provider. Of the 435 responses received:</p> <ul style="list-style-type: none"> <li>● 57 (13%) - 5 minutes or less</li> <li>● 184 (42%) - Between 6 and 15 minutes       <ul style="list-style-type: none"> <li>○ This is the highest rate for the month and a decrease in wait time from the previous month</li> </ul> </li> <li>● 107 (25%) - Between 16 and 30 minutes</li> <li>● 60 (14%) - Between 31 and 45 minutes</li> <li>● 27 (6%) - Over 45 minutes</li> </ul> <p>The trend over time data &amp; patient comments presented.</p> <p><b>(Report with graph presented)</b></p>			
<p><b>GRIEVANCES, COMPLAINTS &amp; COMPLIMENTS</b></p>	<p><b><u>Patient Relations Report</u></b>        For <b>September 2021</b>, 21 Patient Relations Occurrences between 6 clinics and Clinic Administration. Of the 21 occurrences, there were 5 grievances and 16 complaints. The top 5 categories were Care &amp; Treatment, Communication,</p>			<p>12/1/21</p>

	<p>Physician Related, Environmental and Medical Records. The top 2 subcategories tied with 6 complaints and grievances were Wait Time and Poor Communication. There was also a total of 2 compliments received across 2 clinics for Clinical Support Staff and a Thumbs Up.</p> <table border="1" data-bbox="317 446 1108 954"> <thead> <tr> <th>Location</th> <th>Complaint(s) / Grievance(s)</th> <th>Compliment(s)</th> </tr> </thead> <tbody> <tr> <td>Administration</td> <td>5/ 1</td> <td>0</td> </tr> <tr> <td>Belle Glade</td> <td>0/0</td> <td>0</td> </tr> <tr> <td>Boca</td> <td>6/0</td> <td>0</td> </tr> <tr> <td>Delray</td> <td>1/1</td> <td>1</td> </tr> <tr> <td>Jupiter</td> <td>1/0</td> <td>0</td> </tr> <tr> <td>Lake Worth</td> <td>0/0</td> <td>0</td> </tr> <tr> <td>Lantana</td> <td>2/0</td> <td>0</td> </tr> <tr> <td>Lewis</td> <td>0/1</td> <td>0</td> </tr> <tr> <td>Mangonia Park</td> <td>0/0</td> <td>1</td> </tr> <tr> <td>West Palm Beach</td> <td>1/2</td> <td>0</td> </tr> </tbody> </table> <p><i>(presented report with patient relations dashboard)</i></p>	Location	Complaint(s) / Grievance(s)	Compliment(s)	Administration	5/ 1	0	Belle Glade	0/0	0	Boca	6/0	0	Delray	1/1	1	Jupiter	1/0	0	Lake Worth	0/0	0	Lantana	2/0	0	Lewis	0/1	0	Mangonia Park	0/0	1	West Palm Beach	1/2	0			
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Lewis	0/1	0																																			
Mangonia Park	0/0	1																																			
West Palm Beach	1/2	0																																			
	<p><b><u>Outbound Campaigns – October 2021</u></b></p> <p><u>Maternity Care Patients (MCP)</u></p> <ul style="list-style-type: none"> <li>In October 2021, the Clinic Service Center contacted 273 patients from the MCP program that had not been established to receive District Cares coverage for medications</li> </ul> <p><u>Depression Remission</u></p>																																				

	<ul style="list-style-type: none"> <li>In October 2021, the Clinic Service Center contacted 77 patients to get them into the clinic for a follow-up appointment based on their previous PHQ9 score  <u>SimplyHealth COVID-19 Vaccine</u></li> <li>In October 2021, the Clinic Service Center contacted 69 patients offering them an appointment to receive the vaccine  <u>District Cares Specialists &amp; Updated Fax Bulletin</u></li> <li>In October 2021, the Clinic Service Center contacted 257 District Cares Specialists to provide the clinics' updated fax number</li> </ul> <p><b><u>Provider Reschedules – October 2021</u></b></p> <ul style="list-style-type: none"> <li>In October 2021, the Clinic Service Center contacted 497 patients to reschedule their appointment. The provider with the most reschedules was Dr. Inacio with 160 (32%) and Warrior (Vaccines) with 94 (19%). This is a 24% decrease from September, which had 653 patients rescheduled</li> </ul> <p><b>(Report with graph presented)</b></p>	Send fax blast to requested specialists	David / Alexa	12/1/21
<b>QUALITY</b>				
<b>QUALITY AUDITS</b>				
<b>MEDICAL</b>	<p><b><u>Hemoglobin A1C/Point of Care Testing</u></b></p> <p>Shows:          The diabetes measure data for January-September 2021 shows our patients are currently controlled at <b>69%</b>, while <b>26%</b> are uncontrolled (from <b>3,877</b> diabetic patients total), and <b>4%</b> of patients need data. HRSA's goal is to have 67% of patients with controlled diabetes. There were <b>3,172</b> POC A1Cs done (<b>82%</b> of diabetic patients). There was an increase in A1c POC testing</p>	We are currently in the process of adding two additional providers to primary care and expect that to help improve the number of controlled diabetic patients as opposed to uncontrolled.		12/1/21

	<p>compared to <b>79%</b> in the previous month. The majority of controlled patients had <b>91%</b>, and uncontrolled <b>83%</b> patients had the A1c done at POC vs. lab.</p> <p><b>Lewis Center Clinic (10%), Belle Glade Clinic (5%), Delray Clinic (5%) and Jupiter Clinic (5%)</b> - have the highest percentage of untested patients in September. <b>172</b> patients did not have data, <b>41%</b> already had a future appointment, and 59% did not scheduled a future appointment. Less than 1% had a tele-medicine appointments set.</p>	<p>Next month's report will include a visual trend over time to allow for more context for month-over-month performance.</p>	<p>Ivonne</p>	<p>12/1/21</p>																																
	<p><b>AHA BP Monitor Follow-Up:</b> Results from 8/25/21-10/31/21 Second round of 55 identified patients.</p> <table border="1" data-bbox="331 714 1092 876"> <thead> <tr> <th># BP Monitors distributed</th> <th># Follow-up Appointment scheduled</th> <th># Attended appointment</th> <th># Appointment pending</th> <th># Did not attend appointment</th> <th># BP Log uploaded</th> <th># Medication change noted</th> <th># Blood pressure control at time of visit</th> </tr> </thead> <tbody> <tr> <td>10</td> <td>10</td> <td>7</td> <td>2 (F/U scheduled after report date)</td> <td>1</td> <td>1</td> <td>4</td> <td>3</td> </tr> <tr> <td>18%</td> <td>100%</td> <td>70%</td> <td>20%</td> <td>14.2%</td> <td>14.2%</td> <td>57.1%</td> <td>42.9%</td> </tr> </tbody> </table> <p>8 patients refused to monitor. 4 patients have appointments pending. 21 patients were unable to contact/LVM. 12 patients not yet contacted by RN.</p>	# BP Monitors distributed	# 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	10	10	7	2 (F/U scheduled after report date)	1	1	4	3	18%	100%	70%	20%	14.2%	14.2%	57.1%	42.9%											
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	<p><b>Colorectal Cancer Screening</b></p> <table border="1" data-bbox="331 1112 1092 1372"> <thead> <tr> <th colspan="2">Colorectal cancer screening YTD - SEPT 2021</th> <th colspan="2">Satisfied</th> <th colspan="4">Needs Data</th> </tr> <tr> <th>Clinics</th> <th>Eligible Population</th> <th colspan="2"></th> <th colspan="2"># Patients with FIT Test Ordered</th> <th colspan="2"># Missed Patients</th> </tr> </thead> <tbody> <tr> <td>Belle Glade</td> <td>887</td> <td>452</td> <td>51%</td> <td>102</td> <td>11%</td> <td>333</td> <td>38%</td> </tr> <tr> <td>Boca</td> <td>969</td> <td>622</td> <td>64%</td> <td>29</td> <td>3%</td> <td>318</td> <td>33%</td> </tr> </tbody> </table>	Colorectal cancer screening YTD - SEPT 2021		Satisfied		Needs Data				Clinics	Eligible Population			# Patients with FIT Test Ordered		# Missed Patients		Belle Glade	887	452	51%	102	11%	333	38%	Boca	969	622	64%	29	3%	318	33%			
Colorectal cancer screening YTD - SEPT 2021		Satisfied		Needs Data																																
Clinics	Eligible Population			# Patients with FIT Test Ordered		# Missed Patients																														
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Boca	969	622	64%	29	3%	318	33%																													

Delray Beach	1312	753	57%	122	9%	437	33%
Jupiter	848	453	53%	60	7%	335	40%
Lake Worth	1490	931	62%	97	7%	462	31%
Lantana	1208	785	65%	96	8%	327	27%
Lewis Center	245	78	32%	22	9%	145	59%
Mangonia Park	96	51	53%	0	0%	45	47%
Mobile	6	0	0%	1	17%	5	83%
West Palm Beach	1360	767	56%	140	10%	453	33%
<b>Total</b>	<b>8421</b>	<b>4,892</b>	<b>58%</b>	<b>669</b>	<b>8%</b>	<b>2,860</b>	<b>34%</b>
				<b>3,529</b>			

Satisfied: 4,892 (58%)  
 Needs Data: 3,529 (42%)

It is believed that the current numbers come as a result of the switch to EPIC. We are seeing a large percentage of patients that fall into the "Needs Data" category.

Providers will be provided re-education on dropping the orders for the FIT tests

**Cervical Cancer Screening**  
 Satisfied: 5,377 (58%)  
 Needs Data: 3,857 (42%)

In June, we are at 62% Satisfied but with the switch to EPIC and reduced pap smears, the percentage has gone down

The team will work with data to determine what patients might need during their visit (PAP smear, Gyn Referral, Request results from prior tests, etc.)

Dr. Warren



		Providers will also be re-educated.		
<b>DENTAL</b>	<b><u>Dental Sealants</u></b> <b>89% (n=448)</b> January-September 2021  <b>87% (n+37)</b> September 2021			12/1/21
	<b>Same-Day Extractions (Limited Exams)</b> Limited Exams: (n= <b>378</b> ) Same-Day Extractions: <b>210 (56% n=378)</b> Returns (Follow-Up): Patients with a future extraction appointment type within 21 days – <b>27 (7% n=378)</b> Returned within 21 days for extraction <b>19 (70% n=27)</b> Antibiotics Given: Patients without a future extraction appointment type <b>71 (19% n=378)</b> Extraction not needed: non-emergent <b>53 (14% n=378)</b>			
	<b>MDI/WHO – September 2021</b> <ul style="list-style-type: none"> <li>– Total Pediatric Patients <b>946</b> <ul style="list-style-type: none"> <li>○ Excluded from MDI <b>370 (39%)</b></li> <li>○ No MDI <b>423 (45%);</b></li> <li>○ MDI <b>153 (16%)</b></li> </ul> </li> </ul>			

<p>– Total Well Visits <b>576</b></p> <ul style="list-style-type: none"> <li>○ No MDI <b>423 (73% n=576)</b></li> <li>○ MDI <b>153 (27% n=576)</b> <ul style="list-style-type: none"> <li>▪ WHO <b>24 (16% n=153)</b></li> <li>▪ No WHO <b>129 (84% n=153)</b></li> </ul> </li> </ul>																													
<p><b>Dental Clinic Audit Summary</b></p> <table border="1" data-bbox="331 524 1045 1300"> <thead> <tr> <th><b>Trends Summary</b></th> <th><b>Overall Score</b></th> </tr> </thead> <tbody> <tr> <td><b>Instadose Compliant-Wearing</b></td> <td><b>97%</b></td> </tr> <tr> <td><b>Medicine Tracking Log/Medicine</b></td> <td><b>75%</b></td> </tr> <tr> <td><b>Equipment</b></td> <td><b>75%</b></td> </tr> <tr> <td><b>Infection Control-Equipment Barriers</b></td> <td><b>75%</b></td> </tr> <tr> <td><b>Sterilization/Supply closet stocked, organized</b></td> <td><b>50%</b></td> </tr> <tr> <td><b>Instadose Compliant- Reporting</b></td> <td><b>50%</b></td> </tr> <tr> <td><b>Logs are current up-to-date</b></td> <td><b>25%</b></td> </tr> <tr> <td><b>Infection Control-Personal Protective Equipment</b></td> <td><b>25%</b></td> </tr> <tr> <td><b>Instadose Compliance-Guest Reporting</b></td> <td><b>0%</b></td> </tr> <tr> <td><b>PHI</b></td> <td><b>0%</b></td> </tr> <tr> <td><b>Operatories-Organization/ Supplies</b></td> <td><b>0%</b></td> </tr> <tr> <td><b>IT Tickets</b></td> <td><b>0%</b></td> </tr> </tbody> </table>	<b>Trends Summary</b>	<b>Overall Score</b>	<b>Instadose Compliant-Wearing</b>	<b>97%</b>	<b>Medicine Tracking Log/Medicine</b>	<b>75%</b>	<b>Equipment</b>	<b>75%</b>	<b>Infection Control-Equipment Barriers</b>	<b>75%</b>	<b>Sterilization/Supply closet stocked, organized</b>	<b>50%</b>	<b>Instadose Compliant- Reporting</b>	<b>50%</b>	<b>Logs are current up-to-date</b>	<b>25%</b>	<b>Infection Control-Personal Protective Equipment</b>	<b>25%</b>	<b>Instadose Compliance-Guest Reporting</b>	<b>0%</b>	<b>PHI</b>	<b>0%</b>	<b>Operatories-Organization/ Supplies</b>	<b>0%</b>	<b>IT Tickets</b>	<b>0%</b>	<p>Remind employees to wear Instadose badges regardless of Instadose Software issues</p> <ol style="list-style-type: none"> <li>1. Pre-med for prophylaxis was missing; Place order</li> <li>2. Medication Tracking Log was printed out.</li> <li>3. Medication Expiration Logs printed</li> </ol> <p>Get new vital machines that are missing tags inspected and tagged.</p> <p>Reminded staff that all barriers should be on equipment.</p> <p>Organized supply closet to remove safety hazards.</p> <p>IT tickets are placed to have Instadose software installed.</p> <ol style="list-style-type: none"> <li>1. Reviewed with staff missing documentation and added a new column to the initial to avoid confusion</li> <li>2. Replace missing logs</li> </ol> <p>In-Service sheet completed RE: PPE</p>	<p>Irene</p>	<p>11/2/21</p>
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		<p>Retraining staff</p> <p>Imprivata badges are being delivered to staff to increase compliance with locking computers</p> <ol style="list-style-type: none"> <li>1. Reminded to re-sterilize instruments in pouches</li> <li>2. Restock supplies when expired items are removed</li> </ol> <p>Followed up with pending IT Tickets.</p>																		
<p><b>WOMEN'S HEALTH</b></p>	<p><u>Prenatal Age</u></p> <table border="1" data-bbox="457 730 972 1068"> <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>8</td> </tr> <tr> <td>Ages 20-24</td> <td>24</td> </tr> <tr> <td>Ages 25-44</td> <td>79</td> </tr> <tr> <td>Ages 45 and Over</td> <td>0</td> </tr> <tr> <td><b>Total</b></td> <td><b>111</b></td> </tr> </tbody> </table> <p>(Report with graph presented)</p>	July – September 2021		Age	Number of Patients	Less than 15 Years	0	Ages 15-19	8	Ages 20-24	24	Ages 25-44	79	Ages 45 and Over	0	<b>Total</b>	<b>111</b>			
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	<p><u>Entry into Care</u></p> <p><b>111</b> women entered into care in the month of July-Sep.</p> <p><b>51</b> - Entered into care in the first trimester  <b>41</b> - Entered into care in the second trimester  <b>10</b> - Entered into care in the third trimester</p>																			

	<p><b>104</b> - Entered into care with the C.L. Brumback Primary Care Clinics  <b>7</b> - Had her first visit with another provider  <b>0</b> - Had initial provider not recorded</p> <p><b>(Report with graph presented)</b></p>																		
	<p><b><u>Deliveries &amp; Birthweights</u></b>  <b>9</b> deliveries in the month of September.</p> <ul style="list-style-type: none"> <li>- (&lt;1500 grams) – 0</li> <li>- (1500-2499 grams) – <b>1</b></li> <li>- (&gt;2500 grams) – <b>8</b></li> </ul> <p>The third delivery has a missing birthweight.</p> <p><b>(Report with graph presented)</b></p>																		
<p><b>BEHAVIORAL HEALTH</b></p>	<p><b><u>Cage-Aid:</u></b>          Around <b>3,576</b> performed in the month of September. Positives (n=<b>272</b>), majority were in Mangonia Clinic (n=<b>91</b>) &amp; Lewis Center Clinic (n=<b>88</b>); Belle Glade (n=<b>13</b>), and Lake Worth (n=<b>11</b>).</p> <table border="1" data-bbox="388 1068 1039 1390"> <thead> <tr> <th>July 2021 Total Score</th> <th># Patients</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>Score = 0</td> <td><b>3,304</b></td> <td><b>92.39%</b></td> </tr> <tr> <td>Score = 1</td> <td><b>21</b></td> <td><b>0.59%</b></td> </tr> <tr> <td>Score = 2</td> <td>24</td> <td><b>0.67%</b></td> </tr> <tr> <td>Score = 3</td> <td>38</td> <td><b>1.06%</b></td> </tr> </tbody> </table>	July 2021 Total Score	# Patients	%	Score = 0	<b>3,304</b>	<b>92.39%</b>	Score = 1	<b>21</b>	<b>0.59%</b>	Score = 2	24	<b>0.67%</b>	Score = 3	38	<b>1.06%</b>			
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	<p><b>Score = 4</b></p>	<p>189</p>	<p><b>5.29%</b></p>	<p>Comparing August 2021 and September 2021, there was an increase in the number of patients with Positive CAGE and no SBIRT: by <b>16%</b> n=<b>272</b>, or a <b>100%</b> rate of +CAGE-AID w/ No SBIRT. Similar to August, in which n= 234 +CAGE-AID w/ No SBIRT for a rate of 100%</p> <p><b>(Report with graph presented)</b></p> <p><b>Monthly trend of + CAGE &amp; NO SBIRT</b></p> <ul style="list-style-type: none"> <li>• February Positive with NO SBIRT = 43</li> <li>• March Positive with NO SBIRT = 154</li> <li>• April Positive with NO SBIRT = 60</li> <li>• May Positive with NO SBIRT = 64</li> <li>• June Positive with NO SBIRT = 80</li> <li>• July Positive with NO SBIRT = 209</li> <li>• August Positive with NO SBIRT = 234</li> <li>• September Positive with NO SBIRT = <b>272</b></li> </ul>		
	<p><b><u>PHQ 2/9</u></b> Total encounters with PHQ2/9: <b>5,160</b></p> <p><b>6%</b> positive rate based on &gt;10, or 1 or above, (n=<b>357</b>) Patients that were seen by the BHC - <b>38%</b> (n= <b>135</b>) Only n= <b>222</b> had positive PHQ9 and NO BH which is at <b>62%</b></p>					
<p><b>NURSING</b></p>	<p><b><u>Higher Level of Care</u></b> <b>52</b> ER referrals/<b>51</b> patients were sent to the ER in August. There was <b>1</b> patient with multiple orders in August. Upon review of</p>			<p>Provider, ARNP, will review the chart to see if the documentation is correct.</p>	<p>Dr. Warren</p>	<p>12/2/21</p>

	<p>the chart, the appropriateness of the order is being reviewed. 13 of the 52 (25%) referrals were pediatrics, but the incorrect referral type was used on all but 1 of the pediatric referrals. 8 of the 13 (62%) peds referrals were from Dr. Clarke (WPB). 3 of the 13 (23%) were from Dr. Normil-Smith in Lantana. 2 of the 13 (15%) were from Dr. Lazaro in Lantana.</p>	<p>Providers were trained to use the appropriate referral type in October, so there should be an improvement in November.</p>		
	<p><b><u>After Hours On-Call Summary</u></b></p> <p><b>1. 65% (81) Nonclinical calls-</b> appointments / insurance / referral / general question</p> <p><b>2. 12- DDS calls</b></p> <p><b>3. 35% (43) Clinical calls</b></p> <ul style="list-style-type: none"> <li>○ <b>74 % of clinical calls were paged (32)</b> <ul style="list-style-type: none"> <li>○ 100% response rate</li> </ul> </li> <li>○ <b>2% page out was N/A (1)</b></li> <li>○ <b>26% of clinical calls not paged (11)</b> <ul style="list-style-type: none"> <li>– 2 % of those not paged should have been paged (1)</li> </ul> </li> <li>○ <b>7% of clinical calls were Prescription issues: 3 total of which; 2 were Adult Medical: 0 Behavioral Health, 1 WH, 0 Pediatrics</b></li> <li>○ <b>33% of clinical calls were Prescription Refill/Requests/Questions: 14 total of which: 13 were Adult Medical, 1 Behavioral Health</b></li> <li>○ <b>35% (6) of the prescription issues were on the end of the clinic</b> <ul style="list-style-type: none"> <li>▪ The on-call provider resolved all</li> </ul> </li> </ul>	<p>The messages from September that weren't paged out should have been forwarded to the On-Call Answering Service company contact for follow-up.</p> <p>Will communicate with the providers/Nurses involved in the 6 prescription delays</p>	<p>Tracey</p> <p>Lisa, Dr. Warren, Dr. Chibar</p>	<p>11/1/21</p> <p>12/1/21</p>

	<p><b>Dental: 12</b> total of which <b>3</b> were pain/issues/general questions, <b>0</b> was an Rx inquiry, and <b>9</b> were appointment/ nonclinical</p> <ul style="list-style-type: none"> <li>• <b>DDS paged 1</b> time with a 100% response rate from the Dentist.</li> <li>• DDS- <b>1</b> call should have been paged</li> </ul> <p><b>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)</b></p> <ul style="list-style-type: none"> <li>▪ <b>Yes= 88% (38)</b></li> <li>▪ <b>No= 0%</b></li> <li>▪ <b>N/A= 12 % (1) deceased and (3 ) patients inquiring about results (1) MD returning a call to PCP</b></li> </ul>			
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**Meeting Adjourned – 10:49 A.M.**

**PRODUCTIVITY OCTOBER 2021**

**ALL PROVIDERS**

AS 10/31/2021 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	19.0	319	5	324	263	82%	5	100%	268	83%	14.1
CESAIRE, ROSE CARLINE	15	19.5	293	1	294	234	80%	1	100%	235	80%	12.1
DABU, DARNEL	17	17.0	289	1	290	260	90%	1	100%	261	90%	15.4
DORCE-MEDARD, JENNIFER	17	2.0	36	0	36	32	89%	0		32	89%	16.0
FLOREZ, GLORIA	17	18.5	316	1	317	314	99%	1	100%	315	99%	17.0
GARCIA, CARLOS A	* 10	22.0	256	0	256	207	81%	0		207	81%	9.4
HARBERGER, SENECA & Residents	17	14.5	246	0	246	394	160%	0		394	160%	27.2
JEAN-JACQUES, FERNIQUE	15	18.0	273	0	273	263	96%	0		263	96%	14.6
KOOPMAN, REBECCA	* 9	14.5	169	0	169	105	62%	0		105	62%	7.2
LAM, MINH DAI	15	21.0	302	16	318	377	125%	19	119%	396	125%	18.9
LOUIS, JOANN PIERRE	15	17.5	262	3	265	232	89%	3	100%	235	89%	13.4
NAVARRO, ELSY	15	20.0	295	7	302	272	92%	6	86%	278	92%	13.9
PEREZ, DANIEL JESUS & Residents	17	10.0	172	0	172	249	145%	0		249	145%	24.9
PHILISTIN, KETELY	15	21.0	315	3	318	287	91%	2	67%	289	91%	13.8
SANCHEZ, MARCO FERNANDEZ	15	20.5	309	1	310	460	149%	1	100%	461	149%	22.5
SECIN SANTANA, DELVIS	17	17.5	297	2	299	296	100%	2	100%	298	100%	17.0
SHOAF, NOREMI	15	13.5	203	1	204	179	88%	0		179	88%	13.3
VIL, CARLINE ST	15	12.5	187	2	189	144	77%	1	50%	145	77%	11.6
WARREN, SANDRA	17	3.0	32	4	36	25	78%	3	75%	28	78%	9.3
ZITO, AMALINNETTE	9	3.0	27	0	27	27	100%	0		27	100%	9.0
<b>ADULT CARE TOTALS</b>		<b>304.5</b>	<b>4,598</b>	<b>47</b>	<b>4,645</b>	<b>4,620</b>	<b>100%</b>	<b>45</b>	<b>96%</b>	<b>4,665</b>	<b>100%</b>	

\* Avg Target New Providers

**PEDIATRIC CARE**

CLARKE-AARON, NOELLA	17	16.0	273	0	273	251	92%	0		251	92%	15.7
CHIBAR, CHARMAINE	17	3.0	28	0	28	17	61%	0		17	61%	5.7
DESSALINES, DUCLOS	17	15.0	255	1	256	305	120%	1	100%	306	120%	20.4
LAZARO RIVERA, NANCY	17	19.5	332	0	332	433	130%	0		433	130%	22.2
MARZOUCA, KISHA F.	* 9	12.5	159	0	159	143	90%	0		143	90%	11.4
NORMIL-SMITH, SHERLOUNE	17	17.5	298	0	298	347	116%	0		347	116%	19.8
<b>PEDIATRIC CARE TOTALS</b>		<b>83.5</b>	<b>1,345</b>	<b>1</b>	<b>1,346</b>	<b>1,496</b>	<b>111%</b>	<b>1</b>	<b>100%</b>	<b>1,497</b>	<b>111%</b>	

\* Avg Target New Providers

**WOMEN'S HEALTH CARE**

CASANOVA, JENNIFER	12	20.0	240	0	240	256	107%			256	107%	12.8
FERWERDA, ANA	12	20.0	240	0	240	264	110%			264	110%	13.2
<b>WOMEN'S HEALTH CARE TOTALS</b>		<b>40</b>	<b>480</b>	<b>0</b>	<b>480</b>	<b>520</b>	<b>108%</b>			<b>520</b>	<b>108%</b>	

**BEHAVIORAL HEALTH**

CALDERON, NYLSA	10	16.5	159	6	165	143	90%	5	83%	148	90%	9.0
JONES, KIARA	10	18.0	162	18	180	161	99%	16	89%	177	98%	9.8
LUCCHESI, KAREN	* 8	17.0	149	1	150	64	43%	1	100%	65	43%	3.8
ZIEMBA, ADRIANA LEQUERICA	8	19.0	102	37	139	82	80%	28	76%	110	79%	5.8
<b>BEHAVIORAL HEALTH TOTALS</b>		<b>70.5</b>	<b>572</b>	<b>62</b>	<b>634</b>	<b>450</b>	<b>79%</b>	<b>50</b>	<b>81%</b>	<b>500</b>	<b>79%</b>	

\* Avg Target New Providers

**SUBSTANCE ABUSE DISORDER**

FARAH, CRISTINA	10	20.0	137	63	200	178	130%	56	89%	234	117%	11.7
HIRSCH, KAREN	** 4	19.5	64	22	86	56	88%	18	82%	74	86%	3.8
MILETA, SNJEZANA	10	20.5	151	54	205	155	103%	35	65%	190	93%	9.3
MITCHELL, ANGELA	10	20.0	88	112	200	115	131%	104	93%	219	110%	11.0
PHILLIPS, COURTNEY	8	19.5	151	5	156	237	157%	2	40%	239	153%	12.3
REXACH, CLAUDIA	10	18.9	70	119	189	102	146%	100	84%	202	107%	10.7
ROMAIN, REYNETTE	10	18.0	54	126	180	90	167%	119	94%	209	116%	11.6
<b>SUBSTANCE ABUSE DISORDER TOTALS</b>		<b>136.4</b>	<b>715</b>	<b>501</b>	<b>1,216</b>	<b>933</b>	<b>130%</b>	<b>434</b>	<b>87%</b>	<b>1,367</b>	<b>112%</b>	

\*\* Avg Target (Admin)

**DENTAL**

ALONSO, ZENAIIDA	16	18.0	288	0	288	232	81%			232	81%	12.9
GRAY, NICOLE	* 5	15.0	100	0	100	65	65%			65	65%	4.3
CUCURAS, JOHN N	** 10.5	4.0	51	0	51	46	90%			46	90%	11.5
ALWEHAIB, ARWA	16	20.5	328	0	328	329	100%			329	100%	16.0
OLIVEIRA, PAULO	16	19.5	312	0	312	244	78%			244	78%	12.5
SEMINARIO, ADA	16	19.5	312	0	312	235	75%			235	75%	12.1
SILVA, MICHELLE	16	14.0	224	0	224	174	78%			174	78%	12.4
ZANGENEH, YASMINE	16	16.5	264	0	264	185	70%			185	70%	11.2
WILLIAMS, RICHARD	16	16.5	264	0	264	165	63%			165	63%	10.0
BARBOSA, BIANCA	8	18.5	148	0	148	252	170%			252	170%	13.6
HARDCASTLE, CORINA	8	19.5	156	0	156	121	78%			121	78%	6.2
MASON, SHERRY	8	20.0	160	0	160	96	60%			96	60%	4.8
PETERSEN, PATRICE	8	17.5	140	0	140	76	54%			76	54%	4.3
<b>DENTAL TOTALS</b>		<b>219.0</b>	<b>2,747</b>	<b>0</b>	<b>2,747</b>	<b>2,220</b>	<b>81%</b>			<b>2,220</b>	<b>81%</b>	

\* Avg Target New Providers \*\* Avg Target (Admin)

<b>GRAND TOTAL</b>		<b>853.9</b>	<b>10,457</b>	<b>611</b>	<b>11,068</b>	<b>10,239</b>	<b>98%</b>	<b>530</b>	<b>87%</b>	<b>10,769</b>	<b>97%</b>	
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**PRODUCTIVITY OCTOBER 2021**

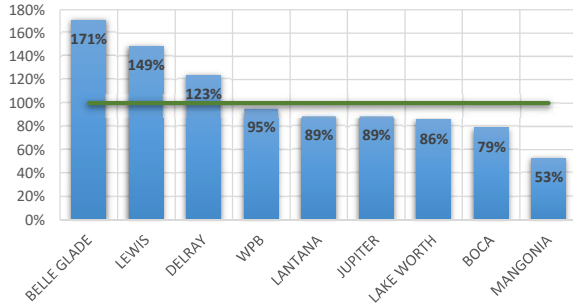
**ALL CLINICS**

AS 10/31/2021 Based on Completed Appointments

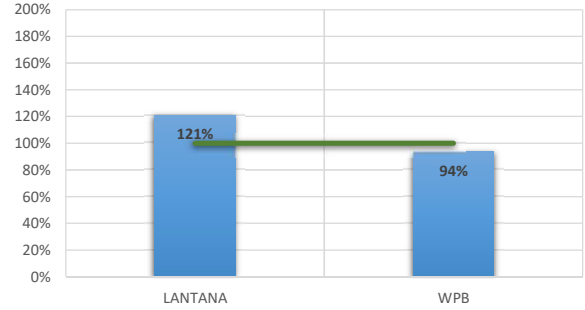


Category	Target for the Month			Total for the Month Seen			% Monthly Target Achieved
	AS 10/31/2021	In-Person	Telehealth	Total	In-Person	Telehealth	
ADULT CARE	4,598	47	4,645	4,620	25	4,645	100%
PEDIATRIC CARE	1,345	1	1,346	1,496	1	1,497	111%
WOMEN'S HEALTH CARE	480	0	480	520	0	520	108%
BEHAVIORAL HEALTH	572	62	634	450	184	634	79%
SUBSTANCE ABUSE DISORDER	715	501	1,216	933	283	1,216	100%
DENTAL HEALTH	2,747	0	2,747	2,220	0	2,220	81%
<b>Grand Total</b>	<b>10,457</b>	<b>611</b>	<b>11,068</b>	<b>10,239</b>	<b>829</b>	<b>11,068</b>	<b>97%</b>

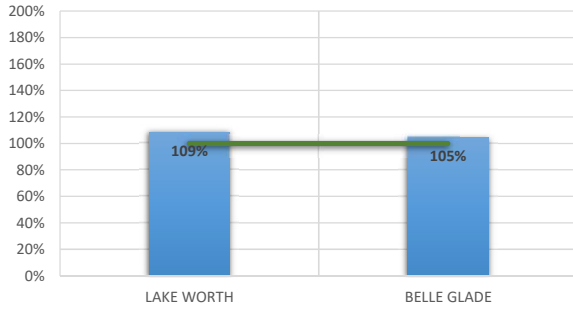
**Adult Care**



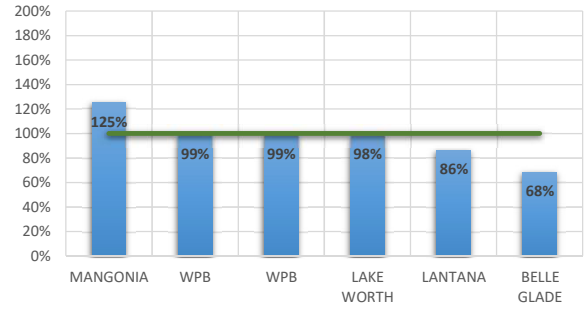
**Pediatric Care**



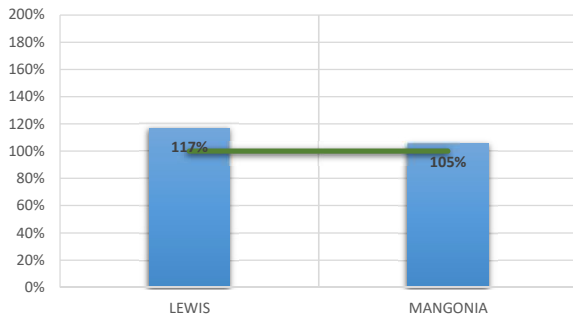
**Women's Health Care**



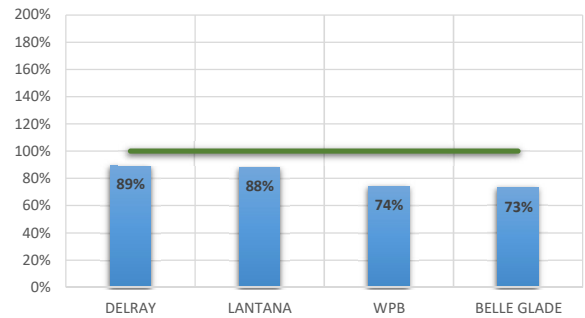
**Behavioral Health**



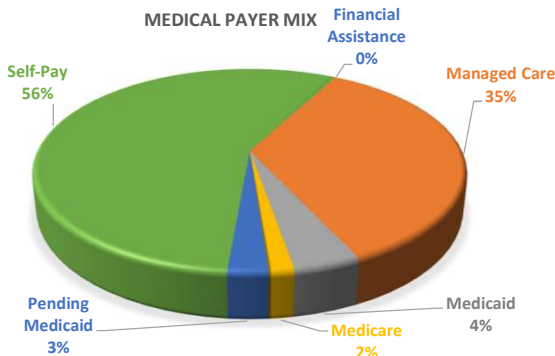
**Substance Abuse Disorder**



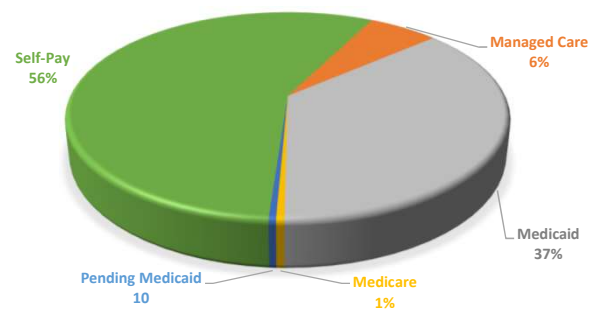
**Dental**



**MEDICAL PAYER MIX**



**DENTAL PAYER MIX**





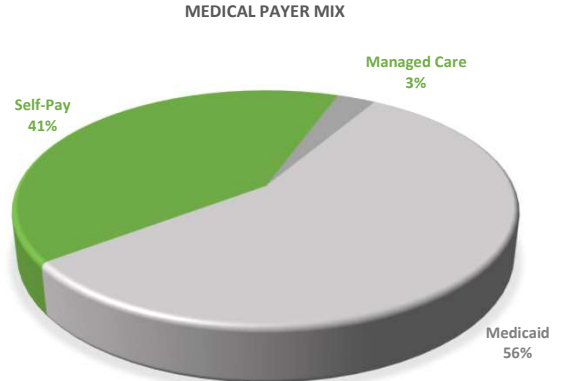
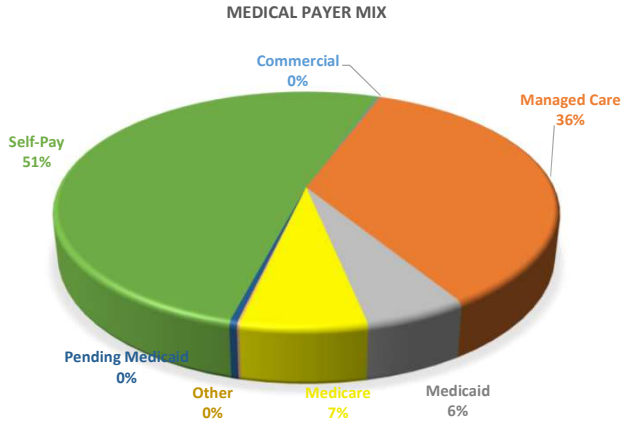
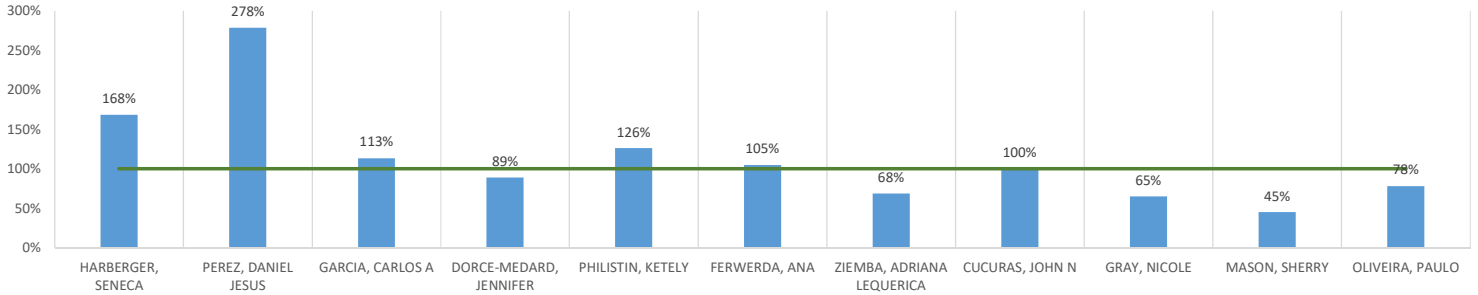
ADULT CARE										
Provider	Daily Target	Days Worked	Target for the Month			Total for the Month Seen			% Monthly Target Achieved	Daily Average
			In-Person	Telehealth	Total	In-Person	Telehealth	Total		
HARBERGER, SENECA & Residents	17	13.5	229	0	229	385		385	168%	28.5
PEREZ, DANIEL JESUS & Residents	17	3.0	51	0	51	142		142	278%	47.3
GARCIA, CARLOS A	15	1.0	15	0	15	17		17	113%	17.0
DORCE-MEDARD, JENNIFER	17	2.0	36	0	36	32		32	89%	16.0
PHILISTIN, KETELY	15	1.5	23	0	23	29		29	126%	19.3
<b>ADULT CARE TOTALS</b>		<b>21</b>	<b>354</b>	<b>0</b>	<b>354</b>	<b>605</b>	<b>0</b>	<b>605</b>	<b>171%</b>	

WOMEN'S HEALTH CARE										
FERWERDA, ANA	12	3.5	42	0	42	44		44	105%	12.6
<b>WOMEN'S HEALTH CARE TOTALS</b>		<b>3.5</b>	<b>42</b>	<b>0</b>	<b>42</b>	<b>44</b>	<b>0</b>	<b>44</b>	<b>105%</b>	

BEHAVIORAL HEALTH										
ZIEMBA, ADRIANA LEQUERICA	8	12.3	71	27	98	50	17	67	68%	5.4
<b>BEHAVIORAL HEALTH TOTALS</b>		<b>12.3</b>	<b>71</b>	<b>27</b>	<b>98</b>	<b>50</b>	<b>17</b>	<b>67</b>	<b>68%</b>	

DENTAL										
CUCURAS, JOHN N	11	0.5	11	0	11	11		11	100%	22.0
GRAY, NICOLE	7	15.0	100	0	100	65		65	65%	4.3
MASON, SHERRY	8	5.0	40	0	40	18		18	45%	3.6
OLIVEIRA, PAULO	16	19.5	312	0	312	244		244	78%	12.5
<b>DENTAL TOTALS</b>		<b>40</b>	<b>463</b>	<b>0</b>	<b>463</b>	<b>338</b>	<b>0</b>	<b>338</b>	<b>73%</b>	

GRAND TOTAL										
		<b>76.8</b>	<b>930</b>	<b>27</b>	<b>957</b>	<b>1,037</b>	<b>17</b>	<b>1,054</b>	<b>110%</b>	

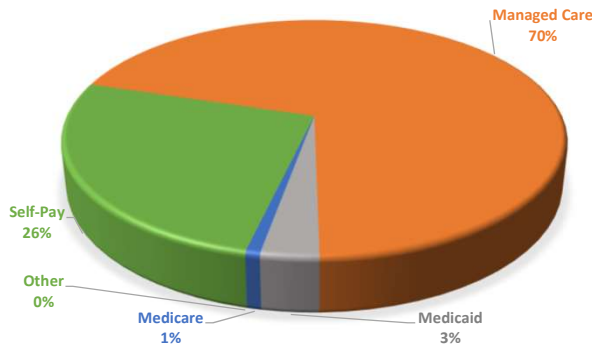


ADULT CARE										
Provider	Daily Target	Days Worked	Target for the Month			Total for the Month Seen			% Monthly Target Achieved	Daily Average
			In-Person	Telehealth	Total	In-Person	Telehealth	Total		
CESAIRE, ROSE CARLINE	15	19.5	293	1	294	234	1	235	80%	12.1
VIL, CARLINE ST	15	12.5	187	2	189	144	1	145	77%	11.6
<b>ADULT CARE TOTALS</b>		<b>32</b>	<b>480</b>	<b>3</b>	<b>483</b>	<b>378</b>	<b>2</b>	<b>380</b>	<b>79%</b>	

<b>GRAND TOTAL</b>		<b>32</b>	<b>480</b>	<b>3</b>	<b>483</b>	<b>378</b>	<b>2</b>	<b>380</b>	<b>79%</b>	
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MEDICAL PAYER MIX



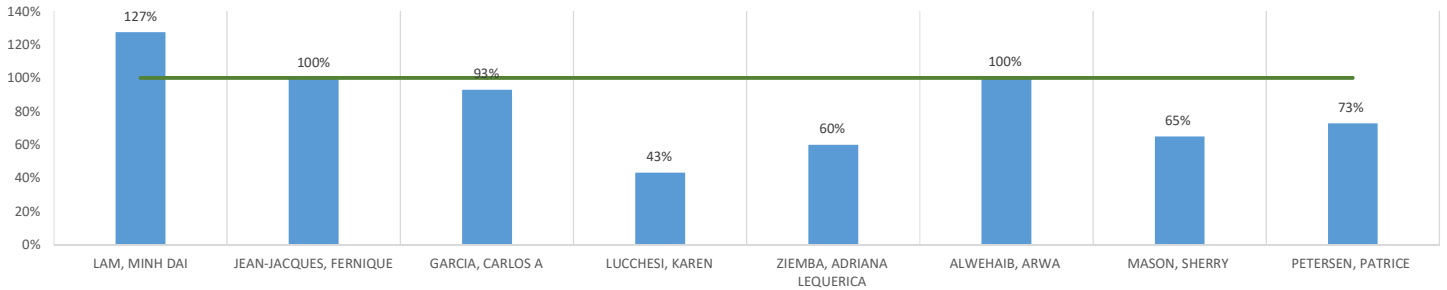


ADULT CARE										
Provider	Daily Target	Days Worked	Target for the Month			Total for the Month Seen			% Monthly Target Achieved	Daily Average
			In-Person	Telehealth	Total	In-Person	Telehealth	Total		
LAM, MINH DAI	15	20.0	287	16	303	367	19	386	127%	19.3
JEAN-JACQUES, FERNIQUE	15	1.0	15	0	15	15	0	15	100%	15.0
GARCIA, CARLOS A	12	2.5	28	0	28	26	0	26	93%	10.4
<b>ADULT CARE TOTALS</b>		<b>23.5</b>	<b>330</b>	<b>16</b>	<b>346</b>	<b>408</b>	<b>19</b>	<b>427</b>	<b>123%</b>	

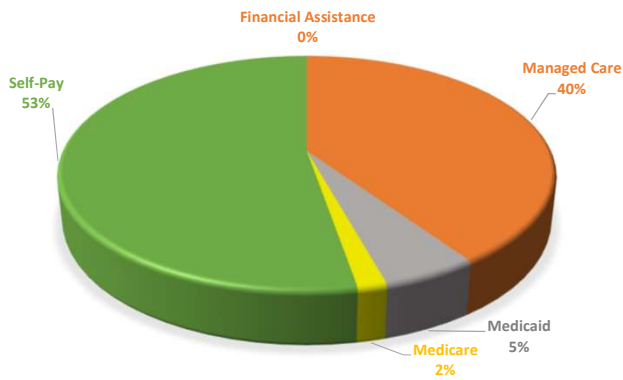
BEHAVIORAL HEALTH										
LUCCHESI, KAREN	9	17.0	149	1	150	64	1	65	43%	3.8
ZIEMBA, ADRIANA LEQUERICA	5	1.4	5	0	5	3	0	3	60%	2.1
<b>BEHAVIORAL HEALTH TOTALS</b>		<b>18.4</b>	<b>154</b>	<b>1</b>	<b>155</b>	<b>67</b>	<b>1</b>	<b>68</b>	<b>44%</b>	

DENTAL										
ALWEHAIB, ARWA	16	20.5	328	0	328	329		329	100%	16.0
MASON, SHERRY	8	15	120	0	120	78		78	65%	5.2
PETERSEN, PATRICE	8	5.5	44	0	44	32		32	73%	5.8
<b>DENTAL TOTALS</b>		<b>41</b>	<b>492</b>	<b>0</b>	<b>492</b>	<b>439</b>	<b>0</b>	<b>439</b>	<b>89%</b>	

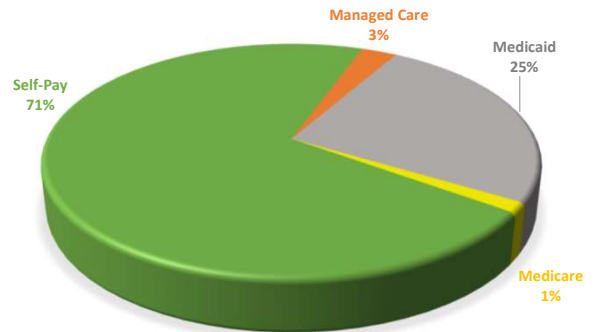
GRAND TOTAL										
		<b>82.9</b>	<b>976</b>	<b>17</b>	<b>993</b>	<b>914</b>	<b>20</b>	<b>934</b>	<b>94%</b>	



**MEDICAL PAYER MIX**



**DENTAL PAYER MIX**



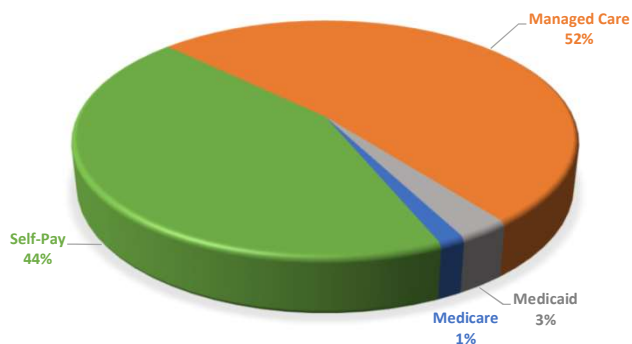
AS 10/31/2021 Based on Completed Appointments

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	16.5	280	1	281	251	1	252	90%	15.3
SHOAF, NOREMI	15	13.0	195	1	196	173	0	173	88%	13.3
<b>ADULT CARE TOTALS</b>		<b>29.5</b>	<b>475</b>	<b>2</b>	<b>477</b>	<b>424</b>	<b>1</b>	<b>425</b>	<b>89%</b>	

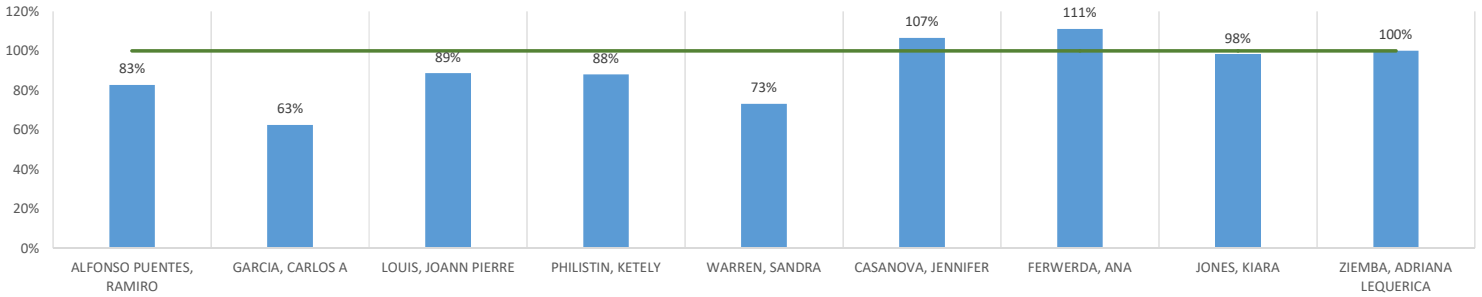
<b>GRAND TOTAL</b>		<b>29.5</b>	<b>475</b>	<b>2</b>	<b>477</b>	<b>424</b>	<b>1</b>	<b>425</b>	<b>89%</b>	
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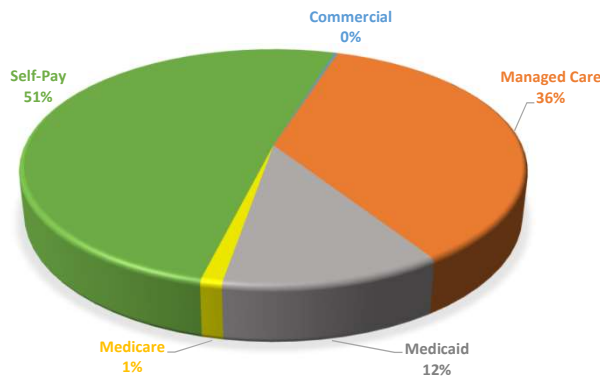
MEDICAL PAYER MIX



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	19.0	319	5	324	263	5	268	83%	14.1
GARCIA, CARLOS A	15	0.5	8	0	8	5	0	5	63%	10.0
LOUIS, JOANN PIERRE	15	17.5	262	3	265	232	3	235	89%	13.4
PHILISTIN, KETELY	15	19.5	292	3	295	258	2	260	88%	13.3
WARREN, SANDRA	17	1.5	22	4	26	16	3	19	73%	12.7
<b>ADULT CARE TOTALS</b>		<b>58</b>	<b>903</b>	<b>15</b>	<b>918</b>	<b>774</b>	<b>13</b>	<b>787</b>	<b>86%</b>	
WOMEN'S HEALTH CARE										
CASANOVA, JENNIFER	12	20	240	0	240	256		256	107%	12.8
FERWERDA, ANA	12	16.5	198	0	198	220		220	111%	13.3
<b>WOMEN'S HEALTH CARE TOTALS</b>		<b>36.5</b>	<b>438</b>	<b>0</b>	<b>438</b>	<b>476</b>	<b>0</b>	<b>476</b>	<b>109%</b>	
BEHAVIORAL HEALTH										
JONES, KIARA	10	18	162	18	180	161	16	177	98%	9.8
ZIEMBA, ADRIANA LEQUERICA	8	0.2	0	2	2	0	2	2	100%	10.0
<b>DENTAL TOTALS</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>		
<b>GRAND TOTAL</b>		<b>112.7</b>	<b>1,503</b>	<b>35</b>	<b>1,538</b>	<b>1,411</b>	<b>31</b>	<b>1,442</b>	<b>94%</b>	



MEDICAL PAYER MIX



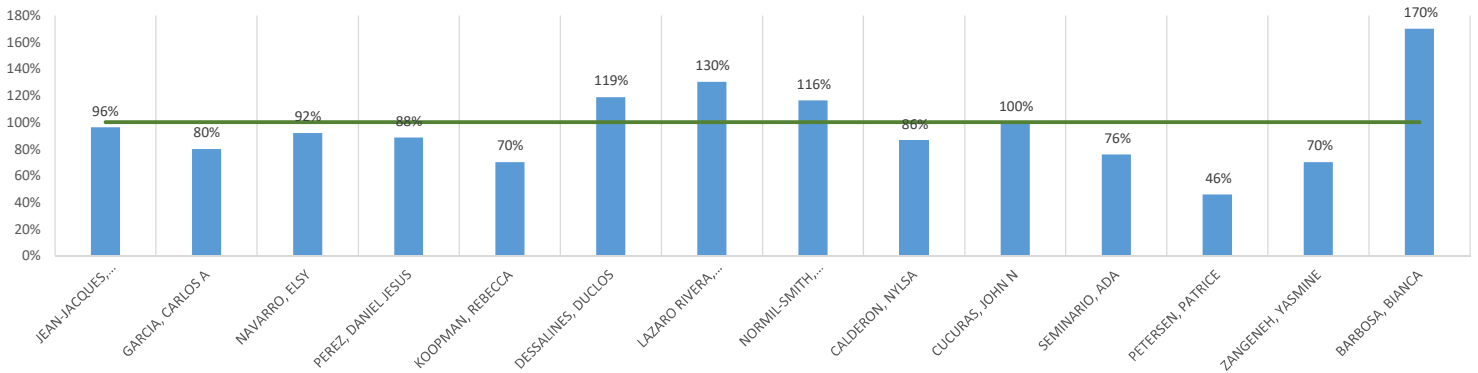
ADULT CARE										
Provider	Daily Target	Days Worked	Target for the Month			Total for the Month Seen			% Monthly Target Achieved	Daily Average
			In-Person	Telehealth	Total	In-Person	Telehealth	Total		
JEAN-JACQUES, FERNIQUE	15	17.0	258	0	258	248	0	248	96%	14.6
GARCIA, CARLOS A	15	1.0	15	0	15	12	0	12	80%	12.0
NAVARRO, ELSY	15	20.0	295	7	302	272	6	278	92%	13.9
PEREZ, DANIEL JESUS	17	7.0	121	0	121	107	0	107	88%	15.3
KOOPMAN, REBECCA	11	11.9	131	0	131	92	0	92	70%	7.7
<b>ADULT CARE TOTALS</b>		<b>56.9</b>	<b>820</b>	<b>7</b>	<b>827</b>	<b>731</b>	<b>6</b>	<b>737</b>	<b>89%</b>	

PEDIATRIC CARE										
CHIBAR, CHARMAINE	11	2	22	0	22	11	0	11	50%	5.5
DESSALINES, DUCLOS	17	13	221	1	222	263	1	264	119%	20.3
LAZARO RIVERA, NANCY	17	19.5	332	0	332	433	0	433	130%	22.2
NORMIL-SMITH, SHERLOUNE	17	17.5	298	0	298	347	0	347	116%	19.8
<b>WOMEN'S HEALTH CARE TOTALS</b>		<b>52</b>	<b>873</b>	<b>1</b>	<b>874</b>	<b>1,054</b>	<b>1</b>	<b>1,055</b>	<b>121%</b>	

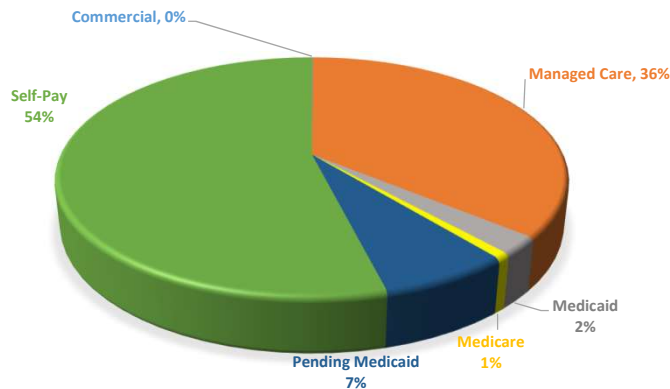
BEHAVIORAL HEALTH										
CALDERON, NYLSA	10	9.5	89	6	95	77	5	82	86%	8.6
<b>BEHAVIORAL HEALTH TOTALS</b>		<b>9.5</b>	<b>89</b>	<b>6</b>	<b>95</b>	<b>77</b>	<b>5</b>	<b>82</b>	<b>86%</b>	

DENTAL										
CUCURAS, JOHN N	8	1	15	0	15	15		15	100%	15.0
SEMINARIO, ADA	16	17.5	280	0	280	212		212	76%	12.1
PETERSEN, PATRICE	8	12	96	0	96	44		44	46%	3.7
ZANGENEH, YASMINE	16	16.5	264	0	264	185		185	70%	11.2
BARBOSA, BIANCA	8	18.5	148	0	148	252		252	170%	13.6
<b>DENTAL TOTALS</b>		<b>65.5</b>	<b>803</b>	<b>0</b>	<b>803</b>	<b>708</b>	<b>0</b>	<b>708</b>	<b>88%</b>	

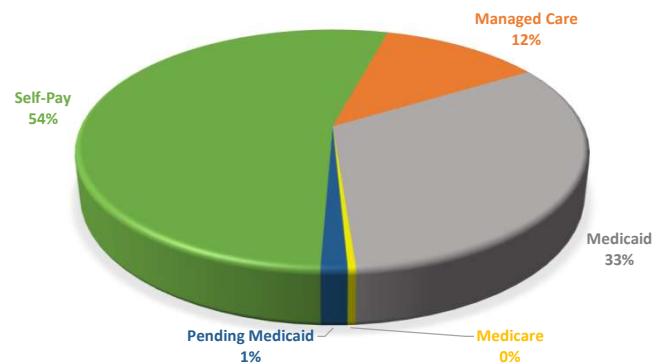
GRAND TOTAL										
		<b>183.9</b>	<b>2,585</b>	<b>14</b>	<b>2,599</b>	<b>2,570</b>	<b>12</b>	<b>2,582</b>	<b>99%</b>	



MEDICAL PAYER MIX



DENTAL PAYER MIX

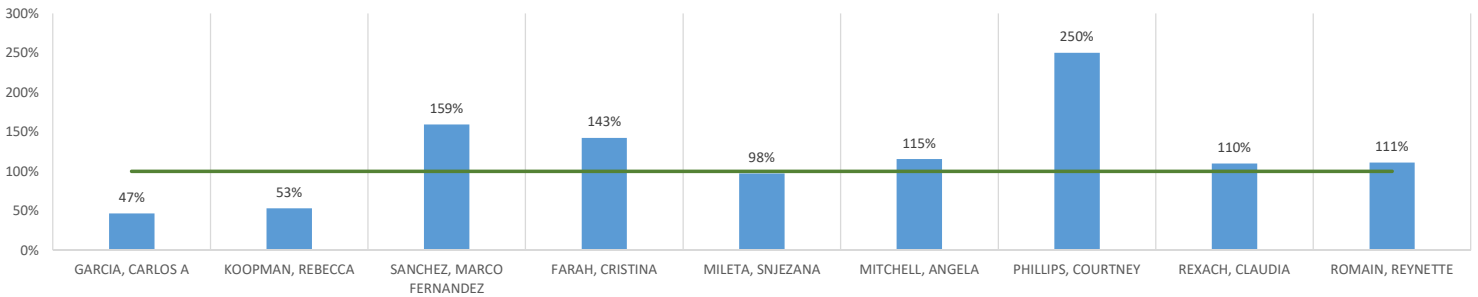




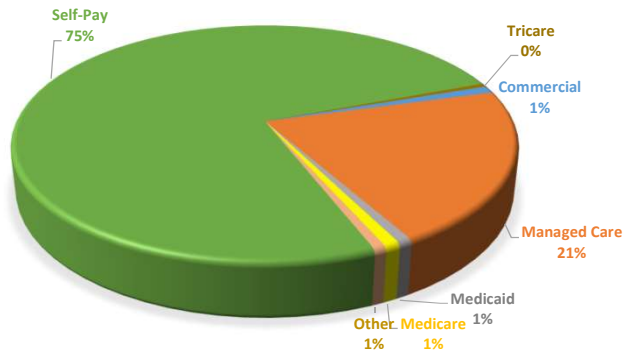
ADULT CARE										
Provider	Daily Target	Days Worked	Target for the Month			Total for the Month Seen			% Monthly Target Achieved	Daily Average
			In-Person	Telehealth	Total	In-Person	Telehealth	Total		
GARCIA, CARLOS A	12	1.3	15	0	15	7	0	7	47%	5.4
KOOPMAN, REBECCA	15	1	15	0	15	8	0	8	53%	8.0
SANCHEZ, MARCO FERNANDEZ	15	18.5	277	1	278	442	1	443	159%	23.9
<b>ADULT CARE TOTALS</b>		<b>20.8</b>	<b>307</b>	<b>1</b>	<b>308</b>	<b>457</b>	<b>1</b>	<b>458</b>	<b>149%</b>	

SUBSTANCE ABUSE DISORDER										
FARAH, CRISTINA	10	12.0	81	39	120	128	43	171	143%	14.3
MILETA, SNJEZANA	10	16.5	121	44	165	131	30	161	98%	9.8
MITCHELL, ANGELA	10	15.0	50	100	150	77	96	173	115%	11.5
PHILLIPS, COURTNEY	8	2.0	16	0	16	40	0	40	250%	20.0
REXACH, CLAUDIA	10	14.9	46	103	149	76	88	164	110%	11.0
ROMAIN, REYNETTE	10	14.0	31	109	140	54	102	156	111%	11.1
<b>SUBSTANCE ABUSE CARE TOTALS</b>		<b>74.4</b>	<b>345</b>	<b>395</b>	<b>740</b>	<b>506</b>	<b>359</b>	<b>865</b>	<b>117%</b>	

<b>GRAND TOTAL</b>	<b>95.2</b>	<b>652</b>	<b>396</b>	<b>1,048</b>	<b>963</b>	<b>360</b>	<b>1,323</b>	<b>126%</b>	
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MEDICAL PAYER MIX





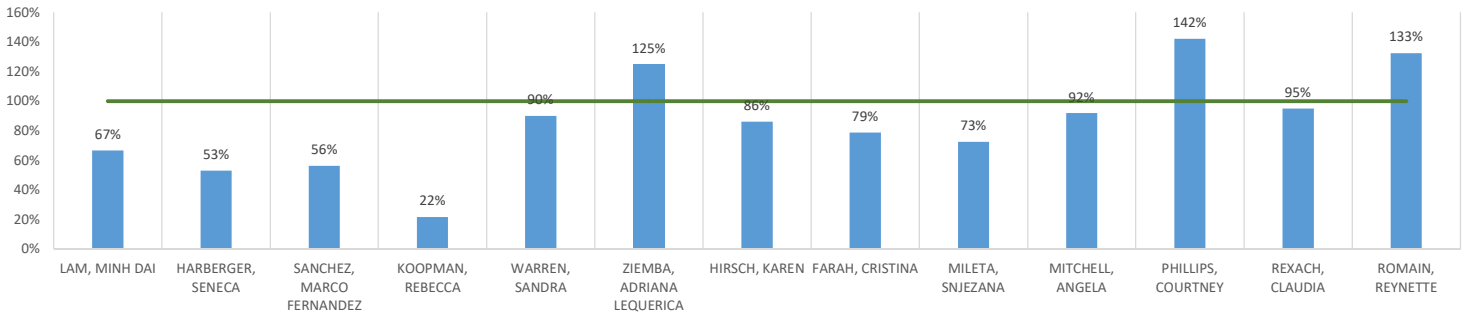


ADULT CARE										
Provider	Daily Target	Days Worked	Target for the Month			Total for the Month Seen			% Monthly Target Achieved	Daily Average
			In-Person	Telehealth	Total	In-Person	Telehealth	Total		
LAM, MINH DAI	15	1.0	15	0	15	10	0	10	67%	10.0
HARBERGER, SENECA	17	1.0	17	0	17	9	0	9	53%	9.0
SANCHEZ, MARCO FERNANDEZ	15	2.0	32	0	32	18	0	18	56%	9.0
KOOPMAN, REBECCA	15	1.6	23	0	23	5	0	5	22%	3.1
WARREN, SANDRA	9	1.5	10	0	10	9	0	9	90%	6.0
<b>ADULT CARE TOTALS</b>		<b>7.1</b>	<b>97</b>	<b>0</b>	<b>97</b>	<b>51</b>	<b>0</b>	<b>51</b>	<b>53%</b>	

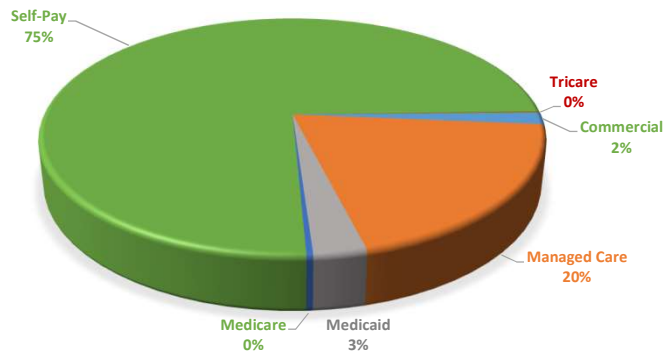
BEHAVIORAL HEALTH										
ZIEMBA, ADRIANA LEQUERICA	8	0.5	4	0	4	5	0	5	125%	10.0
<b>BEHAVIORAL HEALTH TOTALS</b>		<b>0.5</b>	<b>4</b>	<b>0</b>	<b>4</b>	<b>5</b>	<b>0</b>	<b>5</b>	<b>125%</b>	

SUBSTANCE ABUSE DISORDER										
HIRSCH, KAREN	4	19.5	64	22	86	56	18	74	86%	3.8
FARAH, CRISTINA	10	8.0	56	24	80	50	13	63	79%	7.9
MILETA, SNJEZANA	10	4.0	30	10	40	24	5	29	73%	7.3
MITCHELL, ANGELA	10	5.0	38	12	50	38	8	46	92%	9.2
PHILLIPS, COURTNEY	8	17.5	135	5	140	197	2	199	142%	11.4
REXACH, CLAUDIA	10	4.0	24	16	40	26	12	38	95%	9.5
ROMAIN, REYNETTE	10	4.0	23	17	40	36	17	53	133%	13.3
<b>SUBSTANCE ABUSE CARE TOTALS</b>		<b>62</b>	<b>370</b>	<b>106</b>	<b>476</b>	<b>427</b>	<b>75</b>	<b>502</b>	<b>105%</b>	

<b>GRAND TOTAL</b>	<b>69.6</b>	<b>471</b>	<b>106</b>	<b>577</b>	<b>483</b>	<b>75</b>	<b>558</b>	<b>97%</b>	
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MEDICAL PAYER MIX



**WEST PALM BEACH PRODUCTIVITY OCTOBER 2021**

AS 10/31/2021 Based on Completed Appointments



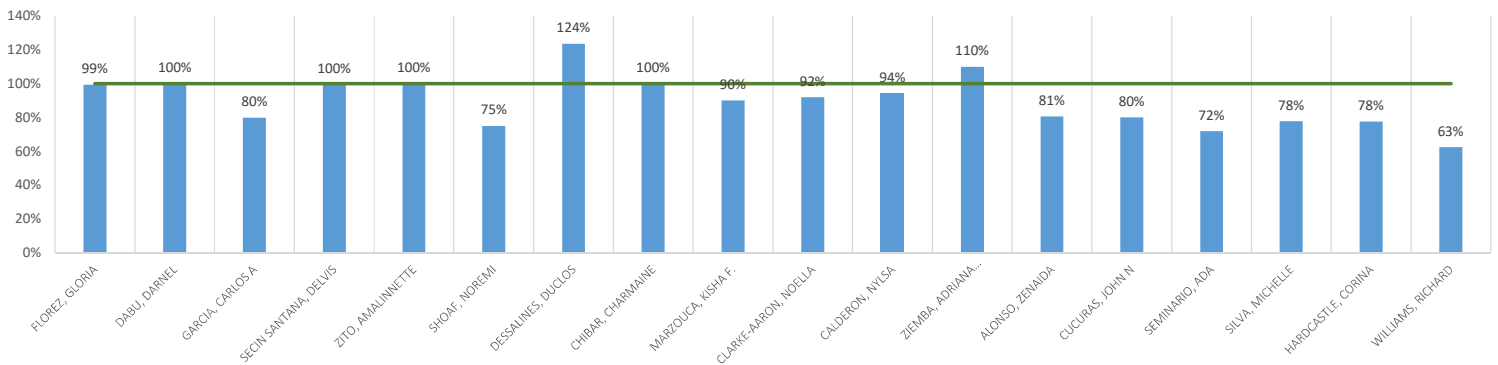
ADULT CARE										
Provider	Daily Target	Days Worked	Target for the Month			Total for the Month Seen			% Monthly Target Achieved	Daily Average
			In-Person	Telehealth	Total	In-Person	Telehealth	Total		
FLOREZ, GLORIA	17	18.5	316	1	317	314	1	315	99%	17.0
DABU, DARNEL	17	0.5	9	0	9	9	0	9	100%	18.0
GARCIA, CARLOS A	12	14.7	174	0	174	139	0	139	80%	9.5
SECIN SANTANA, DELVIS	17	17.5	297	2	299	296	2	298	100%	17.0
ZITO, AMALINETTE	9	3.0	27	0	27	27	0	27	100%	9.0
SHOAF, NOREMI	15	0.5	8	0	8	6	0	6	75%	12.0
<b>ADULT CARE TOTALS</b>		<b>54.7</b>	<b>831</b>	<b>3</b>	<b>834</b>	<b>791</b>	<b>3</b>	<b>794</b>	<b>95%</b>	

PEDIATRIC CARE										
DESSALINES, DUCLOS	17	2.0	34	0	34	42	0	42	124%	21.0
CHIBAR, CHARMAINE	6	1.0	6	0	6	6	0	6	100%	6.0
MARZOUCA, KISHA F.	13	12.5	159	0	159	143	0	143	90%	11.4
CLARKE-AARON, NOELLA	17	16	273	0	273	251	0	251	92%	15.7
<b>PEDIATRIC CARE TOTALS</b>		<b>31.5</b>	<b>472</b>	<b>0</b>	<b>472</b>	<b>442</b>	<b>0</b>	<b>442</b>	<b>94%</b>	

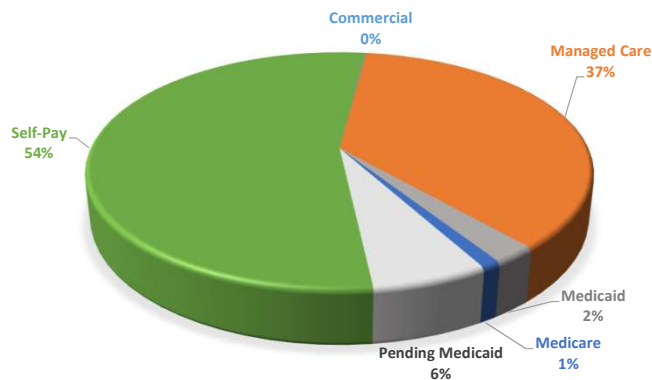
BEHAVIORAL HEALTH										
CALDERON, NYLSA	10	7.0	70	0	70	66	0	66	94%	9.4
ZIEMBA, ADRIANA LEQUERICA	7	4.6	22	8	30	24	9	33	110%	7.2
<b>BEHAVIORAL HEALTH TOTALS</b>		<b>11.6</b>	<b>92</b>	<b>8</b>	<b>100</b>	<b>90</b>	<b>9</b>	<b>99</b>	<b>99%</b>	

DENTAL										
ALONSO, ZENaida	16	18.0	288	0	288	232		232	81%	12.9
CUCURAS, JOHN N	6	2.5	25	0	25	20		20	80%	8.0
SEMINARIO, ADA	16	2.0	32	0	32	23		23	72%	11.5
SILVA, MICHELLE	16	14.0	224	0	224	174		174	78%	12.4
HARDCASTLE, CORINA	8	19.5	156	0	156	121		121	78%	6.2
WILLIAMS, RICHARD	16	16.5	264	0	264	165		165	63%	10.0
<b>DENTAL TOTALS</b>		<b>72.5</b>	<b>989</b>	<b>0</b>	<b>989</b>	<b>735</b>	<b>0</b>	<b>735</b>	<b>74%</b>	

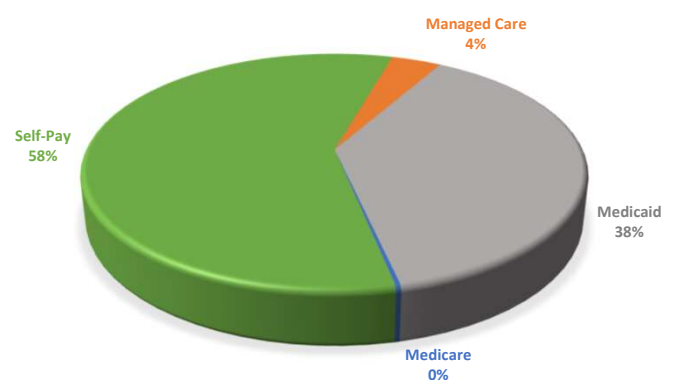
GRAND TOTAL										
		<b>170.3</b>	<b>2,384</b>	<b>11</b>	<b>2,395</b>	<b>2,058</b>	<b>12</b>	<b>2,070</b>	<b>86%</b>	



MEDICAL PAYER MIX



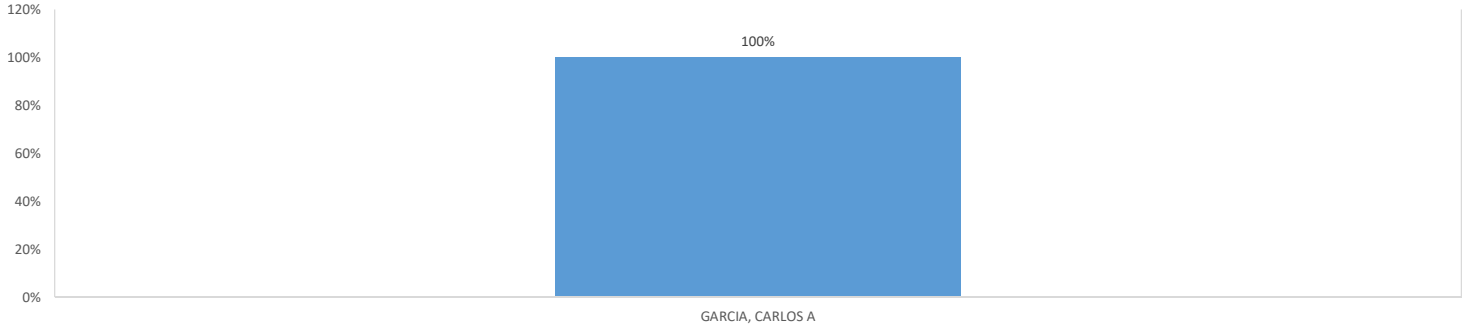
DENTAL PAYER MIX



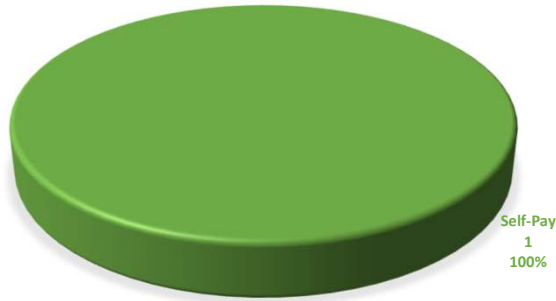
AS 10/31/2021 Based on Completed Appointments

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		
GARCIA, CARLOS A	1	1.0	1	0	1	1		1	100%	1.0
<b>ADULT CARE TOTALS</b>		<b>1</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>100%</b>	

<b>GRAND TOTAL</b>		<b>1</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>100%</b>	
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MEDICAL PAYER MIX





C. L. Brumback

**Primary Care Clinics**

Health Care District Palm Beach County