



C. L. Brumback

Primary Care Clinics

Health Care District Palm Beach County

BOARD OF DIRECTORS

February 23, 2022

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
February 23, 2022
1515 N. Flagler Drive, Suite 101
West Palm Beach, FL 33401**

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

Via Telephone dial-in access (646) 558 8656 / Meeting ID: 550 789 5592 / Password: 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 January 26, 2021 [Pages 1-13]
7. **Consent Agenda – Motion to Approve Consent Agenda Items**
 - A. **ADMINISTRATION**
 - 7A-1 **RECEIVE AND FILE:**
February 2022 Internet Posting of District Public Meeting
<https://www.hcdpbc.org/resources/public-meetings>
 - 7A-2 **RECEIVE AND FILE:**
Attendance tracking [Page 14]

(Consent Agenda Cont.)

B. FINANCE

- 7B-1 **Staff recommends a MOTION TO APPROVE:**
District Clinic Holdings, Inc. Financial Report December 2021
(Candice Abbott) [Pages 15-29]

C. POLICY

- 7C-1 **Staff recommends a MOTION TO APPROVE:**
Occurrence Policy
(Shauniel Brown) [Pages 30-33]

8. Regular Agenda

A. EXECUTIVE

- 8A-1 **RECEIVE AND FILE:**
Executive Director Informational Update
(Dr. Hyla Fritsch) [Pages 34-38]

B. FINANCE

- 8B-1 **Staff recommends a MOTION TO APPROVE:**
Sliding Fee Scale
(Annmarie Hankins) [Pages 39-44]

C. CREDENTIALING

- 8C-1 **Staff Recommends a MOTION TO APPROVE:**
Licensed Independent Practitioner Credentialing and Privileging –
(Dr. Charmaine Chibar) [Pages 45-46]

D. OPERATIONS

- 8D-1 **Staff Recommends a MOTION TO APPROVE:**
Operations Report
(Marisol Miranda) [Pages 47-53]

E. QUALITY

- 8E-1 **Staff Recommends a MOTION TO APPROVE:**
Quality Report
(Dr. Charmaine Chibar) [Pages 54-96]

9. AVP and Executive Director of Clinic Services Comments

10. Board Member Comments

11. Establishment of Upcoming Meetings

March 30, 2022 (HCD Board Room)

12:45 p.m. Board of Directors

April 27, 2022 (HCD Board Room)

12:45 p.m. Board of Directors

May 25, 2022 (HCD Board Room)

12:45 p.m. Board of Directors

June 29, 2022 (HCD Board Room)

12:45 p.m. Board of Directors

July 27, 2022 (HCD Board Room)

12:45 p.m. Board of Directors

August 24, 2022 (HCD Board Room)

12:45 p.m. Board of Directors

September 28, 2022 (HCD Board Room)

12:45 p.m. Board of Directors

October 26, 2022 (HCD Board Room)

12:45 p.m. Board of Directors

November 29, 2022 (HCD Board Room)

12:45 p.m. Board of Directors

December 13, 2022 (HCD Board Room)

12:45 p.m. Board of Directors

12. Motion to Adjourn

13. Closed Meeting

**District Clinic Holdings, Inc.
d.b.a. C.L. Brumback Primary Care Clinics
Board of Directors Meeting
Summary Minutes
1/26/2022**

Present: Mike Smith, Chair; Melissa Mastrangelo, Vice-Chair; Julia Bullard, Secretary; Joseph Gibbons, Treasurer; John Casey Mullen; Tammy Jackson-Moore; James Elder; Irene Figueroa; Robert Glass (Zoom)
*for record-keeping; Ms. Julia Bullard and Mr. Elder arrived after the roll call was taken.

Staff: Darcy Davis; Dr. Belma Andric; Dr. Hyla Fritsch; Bernabe Icaza; Candice Abbott; Shauniel Brown; Martha Hyacinthe; Dr. Charmaine Chibar; Marisol Miranda; Andrea Steele; Heather Bokor; Alexa Goodwin; Jonathan Dominique; Robin Kish; Maria Chamberlin; Lisa Hogans; Thomas Cleare; Patricia Lavelly; David Speciale; Jon Van Arman; Dr. John Cucuras; Dr. Courtney Phillips; Beatrice Bittar; June Shipek; Jessica Cafarelli; Donald Moniger; Shannon Wynn

Minutes Transcribed By: Shannon Wynn

Meeting Scheduled for 12:45 p.m.

Meeting Began at 12:47 p.m.

AGENDA ITEM	DISCUSSION	ACTION
1. Call to Order	Mr. Smith called the meeting to order.	The meeting was called to order at 12:47 p.m.
1A. Roll Call	Roll call was taken.	
1B. Affirmation of Mission	Mr. Smith read the affirmation of mission.	

2. Agenda Approval		
2A. Additions/Deletions/ Substitutions 2B. Motion to Approve Agenda Items	<p>Yes, Dr. Fritsch informed Board members that Heather Bokor (Compliance Department Director) would like to present the vendor vaccine form that all Board members received. This addition will be added as 3B in the agenda.</p> <p>Mr. Smith called for approval of the meeting agenda.</p>	<p>VOTE TAKEN: Ms. Tammy Jackson-Moore made a motion to approve the agenda with the additions. Mr. Mullen duly seconded the motion. A vote was called and the motion passed unanimously.</p>
3. Awards, Introductions and Presentations		
3A. COVID Testing and Vaccine Update	<p>Dr. Andric presented the most recent COVID testing and vaccine update to the Board.</p> <p>Mr. Mullen asked if testing and vaccines were only for PCC patients.</p> <p>Dr. Andric stated that was correct. We will only be testing and vaccinating PCC patients only.</p> <p>Mr. Elder asked if the increase in positive COVID testings has impacted our employees.</p> <p>Dr. Fritsch stated it impacted our employees. Other employees have picked up the slack and business has been operating as usual.</p>	<p>No action necessary.</p>
3B. Vendor Attestation Vaccine Form	<p>Heather Bokor reviewed and explained the Vendor Attestation of Mandatory COVID-19 Vaccination Status and Acknowledgement of HCD Personal Protective Equipment Requirements to the Board members.</p>	<p>No action necessary.</p>
4. Disclosure of Voting Conflict	<p>None.</p>	<p>No action necessary.</p>
5. Public Comment	<p>There was one public comment submitted via email; however, it was a patient grievance and it is being processed through our Patient Experience Department at this time.</p>	<p>No action necessary.</p>

<p>6. Meeting Minutes</p> <p>6A-1 Staff Recommends a MOTION TO APPROVE: Board meeting minutes of December 14, 2021</p>	<p>There were no changes or comments to the minutes dated December 14, 2021.</p>	<p>VOTE TAKEN: As presented, Ms. Tammy Jackson-Moore made a motion to approve the Board meeting minutes of December 14, 2021. Mr. Mullen duly seconded the motion. A vote was called, and the motion passed unanimously.</p>
<p>7. Consent Agenda – Motion to Approve Consent Agenda Items</p>		<p>VOTE TAKEN: Mr. Elder motioned to approve the consent agenda and move 7B-1 per the request of Mr. Smith to the regular agenda as 8B-1. Mr. Mullen duly seconded the motion. A vote was called, and the motion passed unanimously.</p>
<p>7A. ADMINISTRATION</p>		
<p>7A-1. Receive & File: January 2022 Internet Posting of District Public Meeting</p>	<p>The meeting notice was posted.</p>	<p>Receive & File. No further action is necessary.</p>
<p>7A-2. Receive & File: Attendance tracking</p>	<p>Attendance tracking was updated.</p>	<p>Receive & File. No further action is necessary.</p>
<p>7B. FINANCE</p>		
<p>7B-1. Staff Recommends a MOTION TO APPROVE: District Clinic Holdings, Inc.</p>	<p>The unaudited November statements represent the financial performance through the second month of the 2022 fiscal year for the C.L. Brumback Primary Care Clinics. Gross patient revenue YTD was favorable to budget by \$368k due to higher patient volumes than initially anticipated. Net patient revenue YTD was unfavorable to budget by (\$161k). Total YTD revenue was unfavorable to budget by (\$593k). Currently, less grant revenue has been</p>	<p>VOTE TAKEN: Mr. Smith requested the consent agenda item be moved to the regular agenda under 8B-1. Mr. Elder motioned to approve the consent agenda and move 7B-</p>

<p>Financial Report November 2021 YTD</p>	<p>recognized than originally budgeted, but this is likely to be a timing difference. Operational expenses before depreciation were favorable to budget by \$1.1M due mostly to positive variances in salaries, wages and benefits \$554k, purchased services \$133k, medical supplies \$68k, drugs \$73k, and lease and rental of \$116k. Total YTD net margin was (\$2.0M) compared to budget of (\$2.8M) resulting in a favorable variance of \$810k or (29.1%).</p> <p>The Medical clinics' YTD gross patient revenue is unfavorable to budget by \$(522k) due to reduced patient volume of 4.1% compared to budget. Net patient revenue YTD for the Medical clinics was unfavorable to budget by (\$280k). The Medical clinics' total YTD revenue was unfavorable to budget by (\$639k). This unfavorable variance resulted from reduced patient visits and less grant revenue recognized in the first two months than anticipated. Total operating expenses of \$3.7M were favorable to the budget of \$4.8M by \$1.0M. The positive variance of \$1.0M is primarily due to vacant positions, the timing of purchased services and the timing of real estate moves at several clinic locations. Total YTD net margin was favorable to budget by \$682k or (26.5%)</p> <p>The Dental clinics' total YTD gross patient revenue was favorable to budget by \$890k. Net patient revenue YTD for the Dental clinics was favorable to budget by \$119k. Total operating expenses of \$680k were favorable to budget by \$34k. Total YTD net margin was (\$82k) compared to a budget loss of (\$210k) for a favorable variance of \$129k or (61.2%).</p> <p>On the Comparative Statement of Net Position, due from other governments increased from \$2.2M to \$3.6M. This balance is due mainly from Health Resources and Service Administration (HRSA) and American Rescue Plan.</p>	<p>1 to the regular agenda as 8B-1. Mr. Mullen duly seconded the motion. A vote was called, and the motion passed unanimously.</p>
<p>7C. POLICIES</p>		
<p>7C-1. Staff Recommends a MOTION TO APPROVE: Credentialing and Privileging Policy</p>	<p>This agenda item presents revisions to the Credentialing and Privileging Policy.</p> <p>The Credentialing and Privileging Procedure has been revised to be consistent with the revisions to the Credentialing and Privileging Policy. This serves to orient the Board of the formalized procedure for Credentialing and Privileging.</p>	<p>VOTE TAKEN: As presented, Mr. Elder made a motion to approve the Credentialing and Privileging Policy. Mr. Mullen duly seconded the motion. A vote was called, and the motion passed unanimously.</p>
<p>8. REGULAR AGENDA</p>		

8A. ADMINISTRATION

**8A-1.
Staff Recommends a
MOTION TO
APPROVE:**
2021 Palm Beach
County Community
Health Assessment

This agenda item presents the Board with the 2021 Palm Beach County Community Health Improvement Plan, Service Area Map and Hours of Operation.

To inform and improve the delivery of health center services, the HRSA Compliance Manual requires that the health center confirm their service area and hours of operation annually and complete or update a needs assessment of the current or proposed population at least once every three years. The needs assessment utilizes the most recently available data for the service area and, if applicable, special populations and addresses the following:

- Factors associated with access to care and health care utilization (for example, geography, transportation, occupation, transience, unemployment, income level, educational attainment);
- The most significant causes of morbidity and mortality (for example, diabetes, cardiovascular disease, cancer, low birth weight, behavioral health) as well as any associated health disparities; and
- Any other unique health care needs or characteristics that impact health status or access to, or utilization of, primary care (for example, social factors, the physical environment, cultural/ethnic factors, language needs, housing status).

The next step in this process will be the creation of the 2022 Community Health Improvement Plan (CHIP). The current CHIP focuses on the following priority areas:

- Mental and Behavioral Health
- Active Living and Healthy Lifestyles
- Access to Care and Services

C. L. Brumback Primary Care Clinics Implementation Strategy focuses on three key strategies that address the needs and priority areas of Palm Beach County.

- a. Increase patient awareness on maintaining a healthy and active lifestyle

VOTE TAKEN: Ms. Melissa Mastrangelo made a motion to approve the 2021 Palm Beach County Community Health Assessment. Ms. Tammy Jackson-Moore duly seconded the motion. A vote was called, and the motion passed unanimously.

	<p>b. Continue integrating behavioral health into all service lines and ensure consistent reporting of social determinants of health (PRAPARE)</p> <p>c. Continue increasing access to care</p> <p>The new Community Health Assessment is included with this agenda item for review.</p> <p>Mr. Gibbons requested that Mr. Cleare provide the stats he spoke about on paper to understand better.</p> <p>Mr. Cleare stated he would provide it to the Board before the meeting adjourns.</p> <p>Tammy Jackson-Moore asked if the presented hours of operation are the regular hours or if they have changed.</p> <p>Dr. Fritsch stated the hours of operation are the regular hours and nothing has changed.</p> <p>Ms. Bullard asked if a needs assessment was needed to determine the hours of operations for each location.</p> <p>Dr. Fritsch stated, for example, St. Ann closes at 3 p.m. because that building closes earlier than other facilities the PCC is located. Saturday hours were also assessed.</p>	
<p>8B. FINANCE</p>		
<p>8B-1. Staff Recommends a MOTION TO APPROVE: District Clinic Holdings, Inc. Financial Report November 2021 YTD</p>	<p>The unaudited November statements represent the financial performance through the second month of the 2022 fiscal year for the C.L. Brumback Primary Care Clinics. Gross patient revenue YTD was favorable to budget by \$368k due to higher patient volumes than initially anticipated. Net patient revenue YTD was unfavorable to budget by (\$161k). Total YTD revenue was unfavorable to budget by (\$593k). Currently, less grant revenue has been recognized than originally budgeted, but this is likely to be a timing difference. Operational expenses before depreciation were favorable to budget by \$1.1M due mostly to positive variances in salaries, wages, and benefits \$554k, purchased services \$133k, medical supplies \$68k, drugs \$73k, and lease and rental of \$116k. Total YTD net margin was (\$2.0M) compared to budget of (\$2.8M) resulting in a favorable variance of \$810k or (29.1%).</p>	<p>VOTE TAKEN: Mr. Mullen made a motion to approve the District Clinic Holdings, Inc. Financial Report November 2021 YTD as presented. The motion was duly seconded by Mr. Elder. A vote was called, and the motion passed unanimously.</p>

The Medical clinics' YTD gross patient revenue is unfavorable to budget by \$(522k) due to reduced patient volume of 4.1% compared to budget. Net patient revenue YTD for the Medical clinics was unfavorable to budget by (\$280k). The Medical clinics' total YTD revenue was unfavorable to budget by (\$639k). This unfavorable variance resulted from reduced patient visits and less grant revenue recognized in the first two months than anticipated. Total operating expenses of \$3.7M were favorable to the budget of \$4.8M by \$1.0M. The positive variance of \$1.0M is primarily due to vacant positions, the timing of purchased services and the timing of real estate moves at several clinic locations. Total YTD net margin was favorable to budget by \$682k or (26.5%)

The Dental clinics' total YTD gross patient revenue was favorable to budget by \$890k. Net patient revenue YTD for the Dental clinics was favorable to budget by \$119k. Total operating expenses of \$680k were favorable to budget by \$34k. Total YTD net margin was (\$82k) compared to a budget loss of (\$210k) for a favorable variance of \$129k or (61.2%).

On the Comparative Statement of Net Position, due from other governments increased from \$2.2M to \$3.6M. This balance is due mainly from Health Resources and Service Administration (HRSA) and American Rescue Plan.

Mr. Smith stated we have a positive variance primarily due to vacant positions and would like to know the impact of everyday operations. He also asked if the vacant positions are temporary or long-term due to COVID-related issues?

Ms. Abbott stated of the \$1 million in positive variance, about \$400k are salaries and wages, and \$150k are benefits. This is due to staffing shortages.

Dr. Fritsch stated there was an impact on operations because of the staffing shortage, but we are working around it and recruiting new hires to fill the vacant positions.

Ms. Abbott added that we are adding incentives to keep providers with the clinics and bring in new hires.

Mr. Smith questioned the contractual allowance from the November 2021 finance statement provided.

	<p>Ms. Abbott stated she would need to go back and reline up the charity care line and for the budget.</p> <p>Mr. Smith asked why there is a difference in per charges per visit per clinic.</p> <p>Dr. Fritsch stated that Mangonia might have a higher charge per visit because this is a substance abuse clinic and we have different tests that are performed, which can cause a higher charge per visit.</p> <p>Mr. Smith questioned the clinics' volume as to why the volume has decreased in some locations yet increased in others.</p> <p>Dr. Fritsch stated the volume drop is caused due to the shortage of providers. And the volume increase in other locations is due to providers seeing more patients.</p>	
8C. EXECUTIVE		
<p>8C-1. Receive and File: Executive Director Information Update</p>	<p>C.L. Brumback Organizational Chart by Location-</p> <p>Dr. Fritsch reviewed and presented the C.L. Brumback Organizational Chart by Location to the Board members.</p>	<p>Receive & File. No further action necessary.</p>
8D. OPERATIONS		
<p>8D-1. Staff Recommends a MOTION TO APPROVE Operations Reports</p>	<p>This agenda item provides the following operations reports for October 2021:</p> <p>Clinic Productivity, including in-person and telehealth metrics, No Show trended over time and walk-in percentage.</p> <p>In November, we had 9,861 visits which are 862 less than the month prior and 283 more than November of 2020. Our average patient visits per weekday were 543 among all clinics and an improved average of 45 patients on Saturdays among 6 clinics. The Lantana Clinic had the highest volume with 1,627 visits, followed by the Lewis Center Clinic with 1,262.</p> <p>Our payer mix for November reflects 58% uninsured patients and 26% Managed Care.</p>	<p>VOTE TAKEN: Ms. Tammy Jackson-Moore made a motion to approve the Operations Reports as presented. Ms. Bullard duly seconded the motion. A vote was called, and the motion passed unanimously.</p>

By visit category, Women's Health, Pediatrics and Substance Abuse met their productivity target.

Productivity targets were met in the Delray and Lantana Primary Care, Lewis Center Primary Care and Substance Abuse, Lantana Pediatrics, Women's Health in Lake Worth and Belle Glade and Behavioral Health in Lewis Center, West Palm Beach and Lake Worth Clinics. In the 90% and higher range were West Palm Beach, Jupiter and Lake Worth Adult Primary Care, Delray and West Palm Beach Dental and Lantana Behavioral Health.

The largest age group of patients were ages 1-9 at 15% and ages 30-39 also at 15%. 48% of patients reported as White followed by 40% Black or African American. 40% of patients reported as Hispanic or Latino. 50% of patients' primary language was English, followed by Spanish at 32%. Creole-speaking totaled 16%. 60% of patients identified as female and 90% as straight. 5% of patients reported as Agricultural workers, of which 75% were seasonal and 25% migrant. 11% of patients reported being homeless, 83% were Doubling Up.

The No Show rate in November remains consistently at 27%. The year-to-date Tele no-show rate is 11.4% of the total no-show.

In November, the number of patients who walked in and were seen the same day totaled 1,945, 18% in medical and 23% in dental. In medical, the highest percent of walk-ins by the clinic was the West Palm Beach clinic at 28%, followed by Lantana clinic with 24% of all patients seen. In dental, the highest percent of walk-ins by the clinic was the Delray Clinic with 31%, followed by the West Palm Beach clinic with 29%.

Ms. Jackson-Moore asked the difference between a seasonal worker and a migrant worker.

Ms. Steele stated that a migrant worker moves to a location to work while a seasonal worker has a permanent residence and only works certain seasons.

Mr. Gibbons stated it's great to hear that if a patient walks in for dental, they are seen the same day.

Ms. Jackson- Moore thanked the staff for all their work.

8E. QUALITY		
<p>8E-1. Staff Recommends a MOTION TO APPROVE Quality Reports</p>	<p>This agenda item presents the updated Quality Improvement & Quality Updates:</p> <ul style="list-style-type: none"> • Quality Council Meeting Minutes January 2022 • UDS Report – December 2021 • Provider Productivity – November 2021 <p><u>PATIENT SAFETY & ADVERSE EVENTS</u> Patient safety and risk, including adverse events, peer review and chart review are brought to the board "under separate cover" on a quarterly basis.</p> <p><u>PATIENT SATISFACTION AND GRIEVANCES</u> Patient relations are to be presented as a separate agenda item.</p> <p><u>QUALITY ASSURANCE & IMPROVEMENT</u> We continue to work on improving our diabetes measures. The diabetes measure data for January-November 8, 2021, shows that our patients are currently controlled at 67% % while 26% are uncontrolled, and 7% of patients need data. HRSA's goal is to have 67% of patients with controlled diabetes. A list of all patients with missing data who did not have an appointment was provided to the call center to schedule an appointment before December 31st.</p> <p><u>UTILIZATION OF HEALTH CENTER SERVICES</u> Individual monthly provider productivity stratified by clinic.</p>	<p>VOTE TAKEN: Mr. Mullen motioned to approve the Quality Reports as presented. Ms. Bullard duly seconded the motion. A vote was called, and the motion passed unanimously.</p>
<p>8E-2. Staff Recommends a MOTION TO APPROVE Quality Improvement & Quality Assurance (QI/QA) Plan Updates</p>	<p>This agenda item presents the updated Quality Improvement & Quality Assurance (QI/QA) Plan.</p> <p>The major changes to the QI/QA Plan are the update of the Work Plan and Attachment A to include updated goals.</p>	<p>VOTE TAKEN: Ms. Bullard motioned to approve the Quality Improvement & Quality Assurance (QI/QA) Plan Updates as presented. Ms. Mastrangelo duly seconded the motion. A vote was called, and the motion passed unanimously.</p>

8F. PATIENT RELATIONS		
<p>8F-1. Staff Recommends a MOTION TO APPROVE Patient Relations Report</p>	<p>This agenda item provides the following:</p> <p>Quarterly Patient Relations Dashboard Q4 - 2021</p> <p>For Quarter 4, 62 Patient Relations Occurrences occurred between 8 clinics, 2 mobile clinics and clinic administration. Of the 62 occurrences, there were 10 grievances and 52 complaints. The top 5 categories were Care and Treatment, Physician Related, Communication, Respect Related and Finance. The top 2 subcategories with 8 complaints and grievances were Poor Communication and Response Time issues.</p> <p>There were also 24 compliments received across 7 clinics and clinic administration.</p> <p>Ms. Smith asked if Mr. Speciale could provide examples of inappropriate care from Q4.</p> <p>Mr. Speciale stated that it varies from the timeliness of a referral authorization to a patient unhappy with the length of time a provider spends with them.</p> <p>Ms. Mastrangelo asked what the grievance was from the public comment submitted.</p> <p>Mr. Speciale stated it seems to be related to the patient's District Cares, but it is still being investigated.</p> <p>Mr. Smith asked how we work with grievances from medical services and referred providers.</p> <p>Mr. Speciale stated that the team we will work on the issues inhouse, and Dr. Grbic, who works directly with District Cares, will reach out to the questioned provider or medical service after that.</p>	<p>VOTE TAKEN: Ms. Bullard motioned to approve the Patient Relations Report as presented. Mr. Mullen duly seconded the motion. A vote was called, and the motion passed unanimously.</p>
<p>9. A.V.P. and Executive Director of Clinic Services Comments</p>	<p>None.</p>	<p>No action necessary.</p>

<p>10. Board Member Comments</p>	<p>The Board would like to tour the Healey Center.</p> <p>Mr. Mullens praised the Lake Worth Clinic. The staff was excellent and he had a wonderful experience.</p> <p>Mr. Edler wished everyone a happy holiday.</p>	<p>No action necessary.</p>
<p>11. Establishment of Upcoming Meetings</p>	<p><u>February 23, 2022 (HCD Board Room)</u> 12:45 p.m. Board of Directors</p> <p><u>March 30, 2022 (HCD Board Room)</u> 12:45 p.m. Board of Directors</p> <p><u>April 27, 2022 (HCD Board Room)</u> 12:45 p.m. Board of Directors</p> <p><u>May 25, 2022 (HCD Board Room)</u> 12:45 p.m. Board of Directors</p> <p><u>June 29, 2022 (HCD Board Room)</u> 12:45 p.m. Board of Directors</p> <p><u>July 27, 2022 (HCD Board Room)</u> 12:45 p.m. Board of Directors</p> <p><u>August 24, 2022 (HCD Board Room)</u> 12:45 p.m. Board of Directors</p> <p><u>September 28, 2022 (HCD Board Room)</u> 12:45 p.m. Board of Directors</p> <p><u>October 26, 2022 (HCD Board Room)</u> 12:45 p.m. Board of Directors</p> <p><u>November 29, 2022 (HCD Board Room)</u> 12:45 p.m. Board of Directors</p>	<p>No action necessary.</p>

	<u>December 14, 2022 (HCD Board Room)</u> 12:45 p.m. Board of Directors	
12. Motion to Adjourn	There being no further business, the meeting was adjourned at 1:48 p.m.	VOTE TAKEN: Ms. Tammy Jackson-Moore made a motion to adjourn. Ms. Mastrangelo duly seconded the motion. A vote was called, and the motion passed unanimously.

Minutes Submitted by: _____
Signature
Date

C. L. Brumback Primary Care Clinics

Board of Directors

Attendance Tracking

	1/26/22	2/23/22	3/30/22	4/27/22	5/25/22	6/29/22	7/27/22	8/24/22	9/28/22	10/26/22	11/29/22	12/13/22
Mike Smith	X											
Melissa Mastrangelo	X											
Julia Bullard	X											
Joseph Gibbons	X											
John Casey Mullen	X											
James Elder	X											
Irene Figueroa	X											
Tammy Jackson-Moore	X											
Robert Glass	X (ZOOM)											

X= Present

C= Cancel

E= Excused

A= Absent

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
February 23, 2022

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

2. Summary:

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

3. Substantive Analysis:

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

4. Fiscal Analysis & Economic Impact Statement:

	Amount	Budget
Capital Requirements	N/A	Yes <input type="checkbox"/> No <input 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 December 2021 District Clinic Holdings, Inc. financial statements.

Approved for Legal sufficiency:

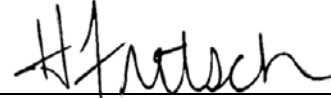
Bernabe Icaza

 Bernabe A Icaza
 VP & General Counsel

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
February 23, 2022



Candice Abbott
VP & Chief Financial Officer



Dr. Hyla Fritsch
Executive Director of Clinic and Pharmacy
Services

MEMO

To: Finance Committee
From: Candice Abbott
Chief Financial Officer
Date: February 23, 2022

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

The December financial statements represent the financial performance through the third month of the 2022 fiscal year for the C.L. Brumback Primary Care Clinics. On the Comparative Statement of Net Position, deferred revenue increased from \$783k to \$2.2M. This balance is due mainly to Provider Relief Funds received that will be recognized as revenue as qualifying expenses are identified.

On the Statement of Revenues and Expenses, net patient revenue YTD was unfavorable to budget by (\$317k). An increase in actual charity care recognized compared to budgeted charity care is contributing to this unfavorable variance. Gross patient revenue YTD was favorable to budget by \$904k. Total YTD revenue was unfavorable to budget by (\$1.0M), which is partially due to a timing difference in grant funds recognized. Operational expenses before depreciation were favorable to budget by \$1.5M due mostly to positive variances in salaries, wages, and benefits of \$756k, purchased services of \$185k, other supplies of \$109k, drugs of \$109k, and lease and rental of \$189k. Total YTD net margin was (\$3.6M) compared to budget of (\$4.5M) resulting in a favorable variance of \$828k or (18.5%).

Net patient revenue YTD for the Medical clinics was unfavorable to budget by (\$530k). The Medical clinics YTD gross patient revenue is unfavorable to budget by \$(603k). The Medical clinics total YTD revenue was unfavorable to budget by (\$1.1M). This unfavorable variance resulted from lower net patient revenue than budgeted and a timing difference of revenue recognition for grant funds. Total operating expenses of \$5.9M were favorable to budget of \$7.3M by \$1.4M. The positive variance is most due to salaries, wages, and benefits of \$705k, purchased services of \$180k, other supplies of \$102k, drugs of \$109k, and lease and rental of \$179k. Total YTD net margin was favorable to budget by \$634k or (15.4%).

Net patient revenue YTD for the Dental clinics was favorable to budget by \$213k. The Dental clinics total YTD gross patient revenue was favorable to budget by \$1.5M. Total operating expenses of \$1.0M were favorable to budget by \$59k. Total YTD net margin was (\$164k) compared to a budgeted loss of (\$358k) for a favorable variance of \$194k or (54.3%).

DISTRICT CLINIC HOLDINGS, INC.
COMPARATIVE STATEMENT OF NET POSITION

	<u>Dec 31, 2021</u>	<u>Nov 30, 2021</u>	<u>Increase (Decrease)</u>
Assets			
Cash and Cash Equivalents	(3,601,009)	(3,524,818)	\$ (76,191)
Restricted Cash	-	-	-
Accounts Receivable, net	1,410,200	2,618,240	(1,208,040)
Due From Other Funds	-	-	-
Due from Other Governments	4,724,461	3,544,168	1,180,293
Other Current Assets	278,913	200,396	78,517
Net Investment in Capital Assets	2,719,244	2,750,887	(31,642)
Total Assets	<u>\$ 5,531,810</u>	<u>\$ 5,588,873</u>	<u>\$ (57,063)</u>
Liabilities			
Accounts Payable	192,138	206,593	(14,454)
Due To Other Governments	-	-	-
Deferred Revenue	2,212,808	782,853	1,429,955
Other Current Liabilities	1,560,319	1,270,998	289,321
Non-Current Liabilities	1,211,843	1,301,855	(90,012)
Total Liabilities	<u>5,177,108</u>	<u>3,562,298</u>	<u>1,614,810</u>
Deferred Inflows of Resources			
Deferred Inflows- Other Post Employment Benefits	<u>\$ 2,177</u>	<u>\$ 2,177</u>	<u>\$ -</u>
Net Position			
Net Investment in Capital Assets	2,719,244	2,750,887	(31,642)
Unrestricted	(2,366,720)	(726,489)	(1,640,231)
Total Net Position	<u>352,525</u>	<u>2,024,398</u>	<u>(1,671,873)</u>
Total Liabilities, Deferred Inflows of Resources and Net Position	<u>\$ 5,531,810</u>	<u>\$ 5,588,873</u>	<u>\$ (57,063)</u>

Note: Amounts may not foot due to rounding.

District Clinic Holdings, Inc. Statement of Revenues and Expenses

FOR THE THIRD MONTH ENDED DECEMBER 31, 2021

Current Month							Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%
2,121,489	1,585,692	535,797	33.8%	1,685,042	436,447	25.9%	6,203,436	5,299,484	903,952	17.1%	5,062,751	1,140,685	22.5%
(1,213,834)	379,362	1,593,196	420.0%	453,962	1,667,796	367.4%	1,683,857	1,264,451	(419,406)	(33.2%)	1,434,558	(249,299)	(17.4%)
2,416,799	538,405	(1,878,394)	(348.9%)	1,751,178	(665,621)	(38.0%)	2,544,190	1,806,931	(737,259)	(40.8%)	1,909,187	(635,003)	(33.3%)
727,800	260,409	(467,391)	(179.5%)	(860,761)	(1,588,561)	184.6%	981,748	865,177	(116,571)	(13.5%)	727,173	(254,575)	(35.0%)
1,930,765	1,178,176	(752,589)	(63.9%)	1,344,379	(586,386)	(43.6%)	5,209,796	3,936,559	(1,273,237)	(32.3%)	4,070,918	(1,138,878)	(28.0%)
444,688	383,628	61,060	15.9%	350,651	94,037	26.8%	1,334,064	1,281,301	52,763	4.1%	1,051,954	282,111	27%
635,413	791,144	(155,731)	(19.7%)	691,315	(55,902)	(8.1%)	2,327,705	2,644,226	(316,521)	(12.0%)	2,043,787	283,918	13.9%
29.95%	49.89%			41.03%			37.52%	49.90%		40.37%			
1,030,989	1,310,452	(279,463)	(21.3%)	130,321	900,669	691.1%	3,236,012	3,931,356	(695,344)	(17.7%)	234,379	3,001,632	1,280.7%
-	-	-	0.0%	588,890	(588,890)	(100.0%)	-	-	-	0.0%	588,890	(588,890)	(100.0%)
12,516	8,683	3,833	44.1%	3,302	9,214	279.1%	15,543	28,196	(12,653)	(44.9%)	14,722	821	5.6%
1,043,505	1,319,135	(275,630)	(20.9%)	722,512	320,993	44.4%	3,251,555	3,959,552	(707,997)	(17.9%)	837,991	2,413,563	288.0%
1,678,918	2,110,279	(431,361)	(20.4%)	1,413,827	265,091	18.7%	5,579,260	6,603,778	(1,024,518)	(15.5%)	2,881,779	2,697,481	93.6%
<i>Direct Operational Expenses:</i>													
1,592,418	1,727,247	134,829	7.8%	1,310,859	(281,559)	(21.5%)	4,452,155	4,986,725	534,570	10.7%	4,100,721	(351,434)	(8.6%)
411,926	479,666	67,740	14.1%	404,282	(7,644)	(1.9%)	1,193,155	1,414,909	221,754	15.7%	1,157,647	(35,508)	(3.1%)
74,906	126,531	51,625	40.8%	33,586	(41,320)	(123.0%)	171,557	356,064	184,507	51.8%	128,239	(43,317)	(33.8%)
85,475	64,800	(20,675)	(31.9%)	46,148	(39,327)	(85.2%)	168,840	216,408	47,568	22.0%	90,242	(78,599)	(87.1%)
10,731	76,397	65,666	86.0%	8,638	(2,092)	(24.2%)	29,647	138,563	108,916	78.6%	15,862	(13,785)	(86.9%)
44,092	54,156	10,064	18.6%	56,152	12,060	21.5%	124,510	178,916	54,406	30.4%	204,199	79,689	39.0%
38,498	73,802	35,304	47.8%	60,219	21,721	36.1%	135,032	243,817	108,785	44.6%	215,826	80,793	37.4%
83,118	52,542	(30,576)	(58.2%)	3,703	(79,415)	(2,144.7%)	169,008	157,626	(11,382)	(7.2%)	14,490	(154,518)	(1,066.4%)
102,325	175,964	73,639	41.8%	96,815	(5,510)	(5.7%)	311,599	500,811	189,212	37.8%	307,355	(4,243)	(1.4%)
6,972	8,786	1,814	20.6%	7,438	466	6.3%	21,787	25,743	3,956	15.4%	22,782	995	4.4%
27,860	63,106	35,246	55.9%	19,350	(8,511)	(44.0%)	113,104	168,318	55,214	32.8%	69,990	(43,114)	(61.6%)
4,026	4,028	2	0.0%	2,892	(1,135)	(39.2%)	12,078	12,084	6	0.0%	10,323	(1,755)	(17.0%)
2,482,346	2,907,025	424,679	14.6%	2,050,081	(432,265)	(21.1%)	6,902,473	8,399,984	1,497,511	17.8%	6,337,675	(564,798)	(8.9%)
Net Performance before Depreciation & Overhead Allocations													
(803,428)	(796,746)	(6,682)	0.8%	(636,254)	(167,174)	26.3%	(1,323,213)	(1,796,206)	472,993	(26.3%)	(3,455,896)	2,132,683	(61.7%)

District Clinic Holdings, Inc. Statement of Revenues and Expenses

FOR THE THIRD MONTH ENDED DECEMBER 31, 2021

Current Month							Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%
31,642	40,833	9,191	22.5%	31,665	23	0.1%	94,927	122,499	27,572	22.5%	94,995	69	0.1%
<i>Overhead Allocations:</i>													
9,610	5,619	(3,992)	(71.0%)	1,914	(7,696)	(402.0%)	25,266	16,856	(8,410)	(49.9%)	5,675	(19,592)	(345.2%)
198,563	211,204	12,641	6.0%	193,553	(5,010)	(2.6%)	469,569	633,613	164,045	25.9%	586,119	116,550	19.9%
1,525	4,830	3,305	68.4%	2,029	504	24.8%	3,108	14,489	11,381	78.5%	4,906	1,797	36.6%
28,452	29,602	1,150	3.9%	20,876	(7,576)	(36.3%)	85,491	88,805	3,314	3.7%	55,353	(30,138)	(54.4%)
45,770	42,204	(3,566)	(8.4%)	37,026	(8,745)	(23.6%)	123,388	126,613	3,225	2.5%	87,134	(36,254)	(41.6%)
21,174	59,861	38,687	64.6%	77,803	56,630	72.8%	138,127	179,583	41,456	23.1%	157,380	19,254	12.2%
13,852	24,187	10,334	42.7%	15,799	1,947	12.3%	31,148	72,560	41,412	57.1%	44,066	12,918	29.3%
2,777	4,453	1,676	37.6%	8,070	5,293	65.6%	9,431	13,360	3,928	29.4%	22,714	13,283	58.5%
6,338	8,934	2,596	29.1%	3,125	(3,213)	(102.8%)	18,059	26,801	8,742	32.6%	13,024	(5,035)	(38.7%)
8,490	8,679	189	2.2%	6,940	(1,550)	(22.3%)	23,934	26,037	2,104	8.1%	19,812	(4,121)	(20.8%)
102,533	77,132	(25,402)	(32.9%)	70,850	(31,683)	(44.7%)	256,072	231,395	(24,677)	(10.7%)	192,346	(63,726)	(33.1%)
17,327	13,542	(3,785)	(28.0%)	9,366	(7,961)	(85.0%)	38,962	40,625	1,663	4.1%	22,672	(16,290)	(71.8%)
55,800	50,742	(5,058)	(10.0%)	27,197	(28,603)	(105.2%)	145,745	152,227	6,481	4.3%	91,103	(54,642)	(60.0%)
59,855	64,734	4,879	7.5%	46,136	(13,719)	(29.7%)	161,657	194,203	32,546	16.8%	130,389	(31,268)	(24.0%)
197,854	171,319	(26,535)	(15.5%)	65,588	(132,266)	(201.7%)	499,157	513,957	14,800	2.9%	167,355	(331,802)	(198.3%)
34,870	32,082	(2,789)	(8.7%)	28,580	(6,291)	(22.0%)	98,233	96,246	(1,987)	(2.1%)	86,745	(11,489)	(13.2%)
5,041	7,670	2,629	34.3%	3,617	(1,425)	(39.4%)	17,731	23,010	5,280	22.9%	23,425	5,694	24.3%
8,455	12,663	4,208	33.2%	9,357	902	9.6%	25,297	37,988	12,691	33.4%	27,927	2,630	9.4%
7,104	7,714	610	7.9%	4,957	(2,147)	(43.3%)	22,877	23,141	264	1.1%	17,302	(5,576)	(32.2%)
11,412	15,014	3,602	24.0%	9,051	(2,360)	(26.1%)	35,565	45,043	9,478	21.0%	25,530	(10,035)	(39.3%)
-	-	-	0.0%	1,243	1,243	100.0%	-	-	-	0.0%	3,605	3,605	100.0%
836,803	852,184	15,381	1.8%	643,078	(193,725)	(30.1%)	2,228,818	2,556,554	327,736	12.8%	1,784,582	(444,235)	(24.9%)
3,350,791	3,800,042	449,251	11.8%	2,724,824	(625,967)	(23.0%)	9,226,217	11,079,037	1,852,819	16.7%	8,217,253	(1,008,964)	(12.3%)
\$ (1,671,873)	\$ (1,689,763)	\$ 17,890	(1.1%)	\$ (1,310,997)	\$ (360,876)	27.5%	\$ (3,646,958)	\$ (4,475,259)	\$ 828,301	(18.5%)	\$ (5,335,474)	\$ 1,688,517	(31.6%)
-	210,170	210,170	100.0%	3,078	3,078	100.0%	100,000	638,510	538,510	84.3%	16,646	(83,354)	(500.7%)
\$ -	\$ 1,859,103	\$ 1,859,103	100.0%	\$ 3,228,001	\$ 3,228,001	100.0%	\$ -	\$ 4,991,277	\$ 4,991,277	100.0%	\$ 5,270,026	\$ 5,270,026	100.0%

District Clinic Holdings, Inc. Statement of Revenues and Expenses by Month

	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Year to Date
Gross Patient Revenue	2,112,033	1,969,914	2,121,489	-	-	-	-	-	-	-	-	-	6,203,436
Contractual Allowances	1,691,626	1,206,065	(1,213,834)	-	-	-	-	-	-	-	-	-	1,683,857
Charity Care	36,418	90,974	2,416,799	-	-	-	-	-	-	-	-	-	2,544,190
Bad Debt	(155,607)	409,555	727,800	-	-	-	-	-	-	-	-	-	981,748
Other Patient Revenue	444,688	444,688	444,688	-	-	-	-	-	-	-	-	-	1,334,064
Net Patient Revenue	984,285	708,007	635,413	-	-	-	-	-	-	-	-	-	2,327,705
Collections %	46.60%	35.94%	29.95%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	37.52%
Grant Funds	1,044,836	1,160,187	1,030,989	-	-	-	-	-	-	-	-	-	3,236,012
Other Financial Assistance	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Revenue	1,087	1,941	12,516	-	-	-	-	-	-	-	-	-	15,543
Total Other Revenues	1,045,922	1,162,128	1,043,505	-	-	-	-	-	-	-	-	-	3,251,555
Total Revenues	2,030,207	1,870,135	1,678,918	-	-	-	-	-	-	-	-	-	5,579,260
<i>Direct Operational Expenses:</i>													
Salaries and Wages	1,630,191	1,229,547	1,592,418	-	-	-	-	-	-	-	-	-	4,452,155
Benefits	415,815	365,414	411,926	-	-	-	-	-	-	-	-	-	1,193,155
Purchased Services	48,976	47,674	74,906	-	-	-	-	-	-	-	-	-	171,557
Medical Supplies	32,524	50,842	85,475	-	-	-	-	-	-	-	-	-	168,840
Other Supplies	13,026	5,890	10,731	-	-	-	-	-	-	-	-	-	29,647
Medical Services	39,783	40,636	44,092	-	-	-	-	-	-	-	-	-	124,510
Drugs	50,990	45,545	38,498	-	-	-	-	-	-	-	-	-	135,032
Repairs & Maintenance	44,211	41,679	83,118	-	-	-	-	-	-	-	-	-	169,008
Lease & Rental	106,427	102,846	102,325	-	-	-	-	-	-	-	-	-	311,599
Utilities	7,937	6,879	6,972	-	-	-	-	-	-	-	-	-	21,787
Other Expense	39,553	45,691	27,860	-	-	-	-	-	-	-	-	-	113,104
Insurance	4,026	4,026	4,026	-	-	-	-	-	-	-	-	-	12,078
Total Operational Expenses	2,433,459	1,986,669	2,482,346	-	-	-	-	-	-	-	-	-	6,902,473
Net Performance before Depreciation & Overhead Allocations	(403,252)	(116,533)	(803,428)	-	-	-	-	-	-	-	-	-	(1,323,213)
Depreciation	31,642	31,642	31,642	-	-	-	-	-	-	-	-	-	94,927
<i>Overhead Allocations:</i>													
Risk Mgt	5,725	9,931	9,610	-	-	-	-	-	-	-	-	-	25,266
Rev Cycle	139,350	131,656	198,563	-	-	-	-	-	-	-	-	-	469,569
Internal Audit	283	1,301	1,525	-	-	-	-	-	-	-	-	-	3,108
Home Office Facilities	28,190	28,849	28,452	-	-	-	-	-	-	-	-	-	85,491
Administration	39,803	37,815	45,770	-	-	-	-	-	-	-	-	-	123,388
Human Resources	47,430	69,522	21,174	-	-	-	-	-	-	-	-	-	138,127
Legal	7,774	9,522	13,852	-	-	-	-	-	-	-	-	-	31,148
Records	3,029	3,626	2,777	-	-	-	-	-	-	-	-	-	9,431
Compliance	5,937	5,784	6,338	-	-	-	-	-	-	-	-	-	18,059
Comm Engage Plan	7,922	7,521	8,490	-	-	-	-	-	-	-	-	-	23,934
IT Operations	72,556	80,983	102,533	-	-	-	-	-	-	-	-	-	256,072
IT Security	8,357	13,278	17,327	-	-	-	-	-	-	-	-	-	38,962
IT Applications	57,793	32,152	55,800	-	-	-	-	-	-	-	-	-	145,745
Security Services	53,294	48,508	59,855	-	-	-	-	-	-	-	-	-	161,657
IT EPIC	160,592	140,711	197,854	-	-	-	-	-	-	-	-	-	499,157
Finance	33,898	29,465	34,870	-	-	-	-	-	-	-	-	-	98,233
Public Relations	7,665	5,024	5,041	-	-	-	-	-	-	-	-	-	17,731
Information Technology	8,010	8,832	8,455	-	-	-	-	-	-	-	-	-	25,297
Corporate Quality	7,261	8,513	7,104	-	-	-	-	-	-	-	-	-	22,877
Project MGMT Office	12,411	11,743	11,412	-	-	-	-	-	-	-	-	-	35,565
Managed Care Contract	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Overhead Allocations	707,279	684,736	836,803	-	-	-	-	-	-	-	-	-	2,228,818
Total Expenses	3,172,379	2,703,047	3,350,791	-	-	-	-	-	-	-	-	-	9,226,217
Net Margin	\$ (1,142,173)	\$ (832,912)	\$ (1,671,873)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ (3,646,958)
Capital	100,000	-	-	-	-	-	-	-	-	-	-	-	100,000
General Fund Support/ Transfer In	-	-	-	-	-	-	-	-	-	-	-	-	\$ -

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

FOR THE THIRD MONTH ENDED DECEMBER 31, 2021

Current Month							Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%
1,228,914	1,309,878	(80,964)	(6.2%)	1,353,111	(124,197)	(9.2%)	3,724,485	4,327,421	(602,936)	(13.9%)	4,157,903	(433,418)	(10.4%)
							Gross Patient Revenue						
(750,522)	328,800	1,079,322	328.3%	351,518	1,102,040	313.5%	831,814	1,086,254	254,440	23.4%	1,122,718	290,904	25.9%
1,413,921	410,546	(1,003,375)	(244.4%)	1,423,315	9,394	0.7%	1,416,058	1,356,313	(59,745)	(4.4%)	1,423,315	7,257	0.5%
464,102	238,344	(225,758)	(94.7%)	(735,754)	(1,199,857)	163.1%	754,484	787,413	32,929	4.2%	693,166	(61,318)	(8.8%)
1,127,501	977,690	(149,811)	(15.3%)	1,039,079	(88,422)	(8.5%)	3,002,356	3,229,980	227,624	7.0%	3,239,199	236,843	7.3%
							Total Contractuals and Bad Debts						
301,506	320,531	(19,025)	(5.9%)	252,357	49,149	19.5%	904,517	1,058,928	(154,411)	(14.6%)	766,828	137,689	18.0%
402,918	652,719	(249,801)	(38.3%)	566,389	(163,470)	(28.9%)	1,626,646	2,156,369	(529,723)	(24.6%)	1,685,532	(58,886)	(3.5%)
32.79%	49.83%			41.86%			43.67%	49.83%		40.54%			
							Net Patient Revenue						
882,761	1,103,321	(220,560)	(20.0%)	103,030	779,732	756.8%	2,746,653	3,309,963	(563,310)	(17.0%)	207,088	2,539,565	1,226.3%
-	-	-	0.0%	377,627	(377,627)	(100.0%)	-	-	-	0.0%	377,627	(377,627)	(100.0%)
12,516	8,683	3,833	44.1%	3,302	9,214	279.1%	15,543	28,196	(12,653)	(44.9%)	14,722	821	5.6%
							Other Financial Assistance						
							Other Revenue						
895,277	1,112,004	(216,727)	(19.5%)	483,958	411,319	85.0%	2,762,196	3,338,159	(575,963)	(17.3%)	599,437	2,162,759	360.8%
							Total Other Revenues						
1,298,195	1,764,723	(466,528)	(26.4%)	1,050,347	247,848	23.6%	4,388,843	5,494,528	(1,105,685)	(20.1%)	2,284,969	2,103,873	92.1%
							Total Revenues						
							<i>Direct Operational Expenses:</i>						
1,369,274	1,488,340	119,066	8.0%	1,092,411	(276,863)	(25.3%)	3,779,290	4,277,591	498,301	11.6%	3,413,824	(365,465)	(10.7%)
346,666	411,495	64,829	15.8%	339,801	(6,865)	(2.0%)	1,004,266	1,211,368	207,102	17.1%	968,512	(35,754)	(3.7%)
69,803	119,724	49,921	41.7%	27,778	(42,024)	(151.3%)	164,008	344,095	180,087	52.3%	118,483	(45,525)	(38.4%)
69,033	54,257	(14,776)	(27.2%)	27,375	(41,658)	(152.2%)	112,658	179,251	66,594	37.2%	63,000	(49,657)	(78.8%)
8,194	72,095	63,901	88.6%	8,307	112	1.4%	23,536	125,657	102,121	81.3%	15,340	(8,196)	(53.4%)
44,092	54,156	10,064	18.6%	56,152	12,060	21.5%	124,510	178,916	54,406	30.4%	204,199	79,689	39.0%
38,498	73,802	35,304	47.8%	60,219	21,721	36.1%	135,032	243,817	108,785	44.6%	215,826	80,793	37.4%
82,836	50,392	(32,444)	(64.4%)	3,521	(79,316)	(2,252.9%)	161,626	151,176	(10,450)	(6.9%)	13,084	(148,542)	(1,135.3%)
79,835	149,960	70,125	46.8%	73,406	(6,429)	(8.8%)	244,089	422,799	178,710	42.3%	233,834	(10,255)	(4.4%)
5,367	7,177	1,810	25.2%	5,175	(192)	(3.7%)	16,980	20,935	3,955	18.9%	15,369	(1,611)	(10.5%)
28,069	59,171	31,102	52.6%	18,185	(9,884)	(54.4%)	107,959	156,513	48,554	31.0%	62,899	(45,060)	(71.6%)
3,938	3,940	2	0.0%	2,851	(1,088)	(38.1%)	11,815	11,820	5	0.0%	10,201	(1,614)	(15.8%)
							Repairs & Maintenance						
							Lease & Rental						
							Utilities						
							Other Expense						
							Insurance						
2,145,604	2,544,509	398,905	15.7%	1,715,180	(430,424)	(25.1%)	5,885,770	7,323,938	1,438,168	19.6%	5,334,571	(551,199)	(10.3%)
							Total Operational Expenses						
(847,410)	(779,786)	(67,624)	8.7%	(664,833)	(182,576)	27.5%	(1,496,927)	(1,829,410)	332,483	(18.2%)	(3,049,602)	1,552,675	(50.9%)
							Net Performance before Depreciation & Overhead Allocations						

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

FOR THE THIRD MONTH ENDED DECEMBER 31, 2021

Current Month							Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%
24,070	31,250	7,180	23.0%	24,439	368	1.5%	72,211	93,750	21,539	23.0%	73,316	1,105	1.5%
<i>Overhead Allocations:</i>													
8,260	4,830	(3,431)	(71.0%)	1,642	(6,618)	(403.0%)	21,717	14,489	(7,229)	(49.9%)	4,868	(16,849)	(346.1%)
169,157	179,927	10,769	6.0%	163,412	(5,745)	(3.5%)	400,029	539,780	139,751	25.9%	494,847	94,818	19.2%
1,311	4,151	2,841	68.4%	1,740	430	24.7%	2,672	12,454	9,782	78.5%	4,208	1,537	36.5%
25,730	26,770	1,040	3.9%	18,797	(6,933)	(36.9%)	77,312	80,309	2,997	3.7%	49,842	(27,470)	(55.1%)
39,341	36,276	(3,065)	(8.4%)	31,761	(7,580)	(23.9%)	106,055	108,827	2,772	2.5%	74,745	(31,310)	(41.9%)
18,127	51,247	33,120	64.6%	67,291	49,164	73.1%	118,251	153,742	35,491	23.1%	136,116	17,864	13.1%
11,906	20,789	8,883	42.7%	13,553	1,646	12.1%	26,773	62,368	35,595	57.1%	37,801	11,028	29.2%
2,387	3,828	1,441	37.6%	6,923	4,536	65.5%	8,107	11,483	3,376	29.4%	19,484	11,378	58.4%
5,448	7,679	2,231	29.1%	2,681	(2,767)	(103.2%)	15,522	23,036	7,514	32.6%	11,172	(4,350)	(38.9%)
7,298	7,460	162	2.2%	5,953	(1,344)	(22.6%)	20,572	22,380	1,808	8.1%	16,995	(3,576)	(21.0%)
88,130	66,297	(21,833)	(32.9%)	60,776	(27,354)	(45.0%)	220,100	198,890	(21,210)	(10.7%)	164,997	(55,103)	(33.4%)
14,893	11,639	(3,253)	(28.0%)	8,034	(6,858)	(85.4%)	33,489	34,918	1,430	4.1%	19,449	(14,040)	(72.2%)
47,961	43,614	(4,347)	(10.0%)	23,330	(24,631)	(105.6%)	125,272	130,843	5,571	4.3%	78,149	(47,122)	(60.3%)
50,948	55,101	4,153	7.5%	39,234	(11,714)	(29.9%)	137,602	165,304	27,703	16.8%	110,882	(26,719)	(24.1%)
170,061	147,253	(22,808)	(15.5%)	56,263	(113,798)	(202.3%)	429,038	441,759	12,721	2.9%	143,559	(285,479)	(198.9%)
29,972	27,575	(2,397)	(8.7%)	24,516	(5,456)	(22.3%)	84,434	82,726	(1,708)	(2.1%)	74,411	(10,023)	(13.5%)
4,333	6,593	2,260	34.3%	3,102	(1,231)	(39.7%)	15,240	19,778	4,538	22.9%	20,094	4,854	24.2%
7,267	10,884	3,617	33.2%	8,027	759	9.5%	21,743	32,652	10,908	33.4%	23,956	2,213	9.2%
6,106	6,630	524	7.9%	4,252	(1,854)	(43.6%)	19,664	19,890	226	1.1%	14,842	(4,822)	(32.5%)
9,809	12,905	3,096	24.0%	7,764	(2,044)	(26.3%)	30,569	38,716	8,147	21.0%	21,900	(8,669)	(39.6%)
-	-	-	0.0%	1,050	1,050	100.0%	-	-	-	0.0%	3,043	3,043	100.0%
718,444	731,447	13,003	1.8%	550,102	(168,343)	(30.6%)	1,914,160	2,194,343	280,183	12.8%	1,525,361	(388,799)	(25.5%)
2,888,119	3,307,206	419,087	12.7%	2,289,720	(598,399)	(26.1%)	7,872,141	9,612,031	1,739,890	18.1%	6,933,248	(938,893)	(13.5%)
\$ (1,589,924)	\$ (1,542,483)	\$ (47,441)	3.1%	\$ (1,239,373)	\$ (350,551)	28.3%	\$ (3,483,298)	\$ (4,117,503)	\$ 634,205	(15.4%)	\$ (4,648,278)	\$ 1,164,980	(25.1%)
-	189,170	189,170	100.0%	(13,568)	(13,568)	100.0%	100,000	575,510	475,510	82.6%	-	(100,000)	0.0%
\$ -	\$ 1,700,407	\$ 1,700,407	100.0%	\$ 2,826,279	\$ 2,826,279	100.0%	\$ -	\$ 4,599,273	\$ 4,599,273	100.0%	\$ 4,576,903	\$ 4,576,903	100.0%

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

FOR THE THIRD MONTH ENDED DECEMBER 31, 2021

	Dental Clinic Administration	West Palm Beach Dental Clinic	Lantana Dental Clinic	Delray Dental Clinic	Belle Glade Dental Clinic	Total
Gross Patient Revenue	-	867,350	854,463	415,909	341,228	2,478,951
Contractual Allowances	-	313,239	166,986	158,212	213,607	852,043
Charity Care	-	311,554	545,564	147,246	123,769	1,128,133
Bad Debt	-	79,371	60,645	54,166	33,082	227,264
Total Contractual Allowances and Bad Debt	-	704,163	773,194	359,624	370,457	2,207,439
Other Patient Revenue	-	167,527	100,878	83,506	77,636	429,547
Net Patient Revenue	-	330,714	182,147	139,791	48,407	701,059
Collection %	-	38.13%	21.32%	33.61%	14.19%	28.28%
Grant Funds	65,790	190,204	123,607	45,782	63,975	489,358
Other Financial Assistance	-	-	-	-	-	-
Other Revenue	-	-	-	-	-	-
Total Other Revenues	65,790	190,204	123,607	45,782	63,975	489,358
Total Revenues	65,790	520,918	305,754	185,573	112,382	1,190,417
<i>Direct Operational Expenses:</i>						
Salaries and Wages	79,437	263,920	165,925	70,709	92,874	672,865
Benefits	21,512	69,201	40,721	29,775	27,680	188,889
Purchased Services	-	1,975	1,366	1,169	3,038	7,548
Medical Supplies	-	20,344	15,944	11,901	7,994	56,183
Other Supplies	283	3,319	1,264	1,211	35	6,111
Repairs & Maintenance	-	2,489	2,179	2,380	333	7,382
Lease & Rental	-	27,575	16,365	15,255	8,315	67,510
Utilities	-	1,060	1,060	298	2,390	4,807
Other Expense	849	1,080	1,673	1,237	306	5,145
Insurance	-	-	-	-	263	263
Total Operational Expenses	102,080	390,963	246,498	133,935	143,228	1,016,703
Net Performance before Depreciation & Overhead Allocations	(36,290)	129,955	59,256	51,639	(30,846)	173,714
Depreciation	-	7,578	2,855	2,553	9,729	22,715
<i>Overhead Allocations:</i>						
Risk Mgt	351	1,152	792	804	450	3,549
Rev Cycle	-	25,040	17,231	17,473	9,796	69,540
Internal Audit	43	142	97	99	55	437
Home Office Facilities	8,179	-	-	-	-	8,179
Administration	1,716	5,623	3,870	3,924	2,200	17,333
Human Resources	1,577	7,046	4,942	4,732	1,577	19,875
Legal	433	1,420	977	991	555	4,376
Records	131	430	296	300	168	1,325
Compliance	251	823	566	574	322	2,537
Comm Engage Plan	333	1,091	751	761	427	3,362
IT Operations	3,560	11,671	8,031	8,144	4,566	35,972
IT Security	542	1,776	1,222	1,239	695	5,473
IT Applications	2,026	6,642	4,571	4,635	2,599	20,473
Security Services	-	8,662	5,961	6,044	3,389	24,056
IT EPIC	6,940	22,749	15,655	15,875	8,900	70,119
Finance	1,366	4,477	3,081	3,124	1,751	13,799
Public Relations	247	808	556	564	316	2,491
Information Technology	352	1,153	793	805	451	3,554
Corporate Quality	318	1,043	718	728	408	3,214
Project MGMT Office	495	1,621	1,115	1,131	634	4,996
Total Overhead Allocations	28,860	103,366	71,226	71,945	39,260	314,658
Total Expenses	130,940	501,908	320,579	208,433	192,216	1,354,076
Net Margin	\$ (65,150)	\$ 19,010	\$ (14,825)	\$ (22,859)	\$ (79,835)	\$ (163,659)
Capital	-	-	-	-	-	-
General Fund Support/ Transfer In	\$ -	-	-	-	-	-

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

FOR THE THIRD MONTH ENDED DECEMBER 31, 2021

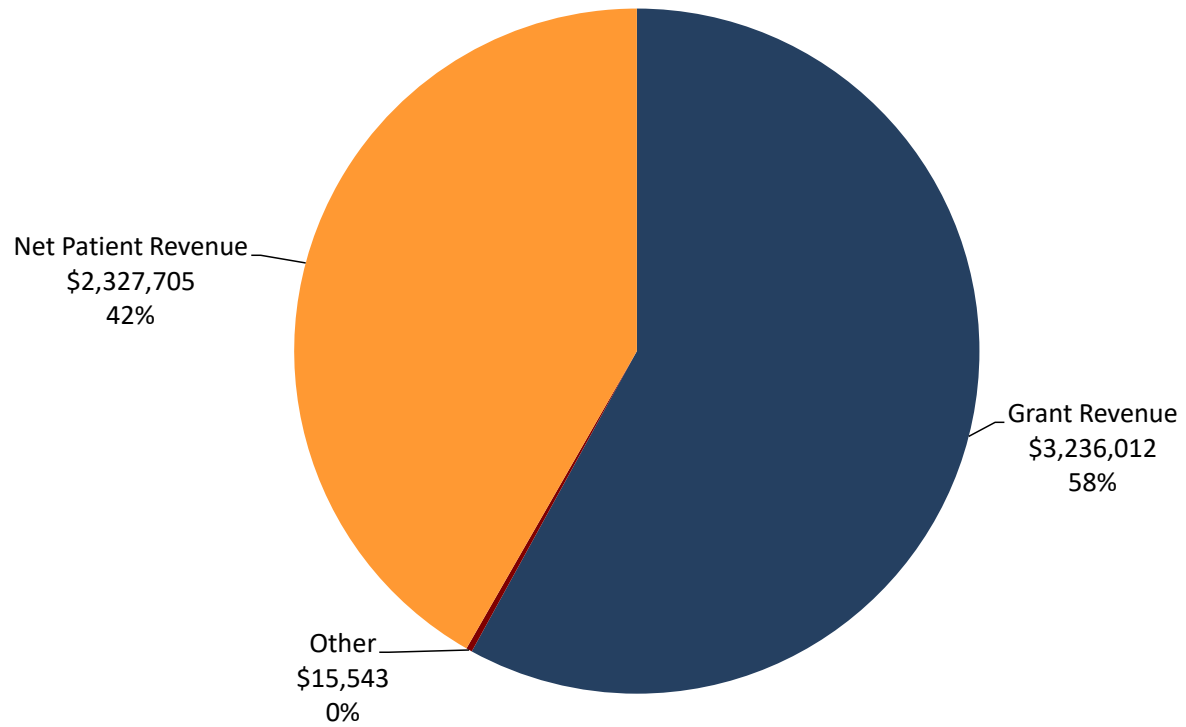
Current Month							Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%
892,576	275,814	616,762	223.6%	331,931	560,644	168.9%	2,478,951	972,063	1,506,888	155.0%	904,848	1,574,103	174.0%
(463,312)	50,562	513,874	1,016.3%	102,443	565,756	552.3%	852,043	178,197	(673,846)	(378.1%)	311,840	(540,203)	(173.2%)
1,002,878	127,859	(875,019)	(684.4%)	327,863	(675,015)	(205.9%)	1,128,133	450,618	(677,515)	(150.4%)	485,872	(642,260)	(132.2%)
263,698	22,065	(241,633)	(1,095.1%)	(125,007)	(388,705)	310.9%	227,264	77,764	(149,500)	(192.2%)	34,006	(193,258)	(568.3%)
803,263	200,486	(602,777)	(300.7%)	305,300	(497,964)	(163.1%)	2,207,439	706,579	(1,500,860)	(212.4%)	831,718	(1,375,721)	(165.4%)
143,182	63,097	80,085	126.9%	98,294	44,888	45.7%	429,547	222,373	207,174	93.2%	285,126	144,421	50.7%
232,495	138,425	94,070	68.0%	124,926	107,569	86.1%	701,059	487,857	213,202	43.7%	358,256	342,803	95.7%
26.05%	50.19%			37.64%			28.28%	50.19%		39.59%			
148,228	207,131	(58,903)	(28.4%)	27,291	120,937	443.1%	489,358	621,393	(132,035)	(21.2%)	27,291	462,067	1,693.1%
-	-	-	0.0%	211,263	(211,263)	(100.0%)	-	-	-	0.0%	211,263	(211,263)	(100.0%)
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	-	-	0.0%
148,228	207,131	(58,903)	(28.4%)	238,554	(90,326)	(37.9%)	489,358	621,393	(132,035)	(21.2%)	238,554	250,804	105.1%
380,723	345,556	35,167	10.2%	363,480	17,243	4.7%	1,190,417	1,109,250	81,167	7.3%	596,810	593,608	99.5%
<i>Direct Operational Expenses:</i>													
223,144	238,907	15,763	6.6%	218,448	(4,697)	(2.2%)	672,865	709,134	36,269	5.1%	686,897	14,031	2.0%
65,260	68,171	2,911	4.3%	64,482	(778)	(1.2%)	188,889	203,541	14,652	7.2%	189,135	246	0.1%
5,104	6,807	1,703	25.0%	5,808	704	12.1%	7,548	11,969	4,421	36.9%	9,756	2,208	22.6%
16,441	10,543	(5,898)	(55.9%)	18,773	2,331	12.4%	56,183	37,157	(19,026)	(51.2%)	27,241	(28,942)	(106.2%)
2,536	4,302	1,766	41.0%	332	(2,205)	(664.6%)	6,111	12,906	6,795	52.7%	522	(5,589)	(1,071.1%)
282	2,150	1,868	86.9%	182	(99)	(54.5%)	7,382	6,450	(932)	(14.4%)	1,406	(5,976)	(425.0%)
22,490	26,004	3,514	13.5%	23,409	919	3.9%	67,510	78,012	10,502	13.5%	73,522	6,012	8.2%
1,605	1,609	4	0.3%	2,263	658	29.1%	4,807	4,808	1	0.0%	7,413	2,606	35.2%
(208)	3,935	4,143	105.3%	1,165	1,373	117.9%	5,145	11,805	6,660	56.4%	7,091	1,946	27.4%
88	88	0	0.4%	41	(47)	(115.7%)	263	264	1	0.4%	122	(141)	(115.7%)
336,741	362,516	25,775	7.1%	334,901	(1,840)	(0.5%)	1,016,703	1,076,046	59,343	5.5%	1,003,104	(13,599)	(1.4%)
Net Performance before													
43,982	(16,960)	60,942	(359.3%)	28,579	15,402	53.9%	173,714	33,204	140,510	423.2%	(406,295)	580,008	(142.8%)

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

FOR THE THIRD MONTH ENDED DECEMBER 31, 2021

Current Month							Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%
7,572	9,583	2,011	21.0%	7,226	(345)	(4.8%)	22,715	28,749	6,034	21.0%	21,679	(1,036)	(4.8%)
<i>Overhead Allocations:</i>													
1,350	789	(561)	(71.0%)	272	(1,078)	(395.9%)	3,549	2,368	(1,181)	(49.9%)	807	(2,742)	(339.9%)
29,406	31,278	1,872	6.0%	30,141	735	2.4%	69,540	93,833	24,294	25.9%	91,272	21,733	23.8%
214	678	464	68.4%	288	74	25.7%	437	2,035	1,599	78.5%	698	261	37.4%
2,722	2,832	110	3.9%	2,079	(644)	(31.0%)	8,179	8,496	317	3.7%	5,511	(2,668)	(48.4%)
6,430	5,929	(501)	(8.4%)	5,265	(1,165)	(22.1%)	17,333	17,786	453	2.5%	12,389	(4,944)	(39.9%)
3,047	8,613	5,567	64.6%	10,512	7,466	71.0%	19,875	25,840	5,965	23.1%	21,264	1,389	6.5%
1,946	3,398	1,452	42.7%	2,246	301	13.4%	4,376	10,193	5,817	57.1%	6,266	1,890	30.2%
390	626	235	37.6%	1,147	757	66.0%	1,325	1,877	552	29.4%	3,230	1,905	59.0%
890	1,255	365	29.1%	444	(446)	(100.4%)	2,537	3,765	1,228	32.6%	1,852	(685)	(37.0%)
1,193	1,219	27	2.2%	987	(206)	(20.9%)	3,362	3,658	296	8.1%	2,817	(545)	(19.3%)
14,403	10,835	(3,568)	(32.9%)	10,074	(4,329)	(43.0%)	35,972	32,505	(3,466)	(10.7%)	27,349	(8,623)	(31.5%)
2,434	1,902	(532)	(28.0%)	1,332	(1,102)	(82.8%)	5,473	5,707	234	4.1%	3,224	(2,249)	(69.8%)
7,838	7,128	(710)	(10.0%)	3,867	(3,971)	(102.7%)	20,473	21,384	910	4.3%	12,954	(7,520)	(58.1%)
8,907	9,633	726	7.5%	6,902	(2,005)	(29.0%)	24,056	28,899	4,843	16.8%	19,507	(4,549)	(23.3%)
27,793	24,066	(3,728)	(15.5%)	9,326	(18,468)	(198.0%)	70,119	72,198	2,079	2.9%	23,796	(46,323)	(194.7%)
4,898	4,507	(392)	(8.7%)	4,064	(835)	(20.5%)	13,799	13,520	(279)	(2.1%)	12,334	(1,465)	(11.9%)
708	1,077	369	34.3%	514	(194)	(37.7%)	2,491	3,232	742	22.9%	3,331	840	25.2%
1,188	1,779	591	33.2%	1,330	143	10.7%	3,554	5,336	1,783	33.4%	3,971	417	10.5%
998	1,084	86	7.9%	705	(293)	(41.6%)	3,214	3,251	37	1.1%	2,460	(754)	(30.6%)
1,603	2,109	506	24.0%	1,287	(316)	(24.6%)	4,996	6,327	1,331	21.0%	3,630	(1,366)	(37.6%)
-	-	-	0.0%	194	194	100.0%	-	-	-	0.0%	561	561	100.0%
118,358	120,737	2,378	2.0%	92,976	(25,382)	(27.3%)	314,658	362,211	47,553	13.1%	259,222	(55,436)	(21.4%)
462,671	492,836	30,164	6.1%	435,104	(27,568)	(6.3%)	1,354,076	1,467,006	112,929	7.7%	1,284,005	(70,071)	(5.5%)
\$ (81,949)	\$ (147,280)	\$ 65,331	(44.4%)	\$ (71,623)	\$ (10,325)	14.4%	\$ (163,659)	\$ (357,756)	\$ 194,097	(54.3%)	\$ (687,196)	\$ 523,536	(76.2%)
-	21,000	21,000	100.0%	16,646	16,646	100.0%	-	63,000	63,000	100.0%	16,646	16,646	100.0%
\$ -	\$ 158,696	\$ 158,696	100.0%	\$ 401,721	\$ 401,721	100.0%	\$ -	\$ 392,004	\$ 392,004	100.0%	\$ 693,123	\$ 693,123	100.0%

Primary Care Clinics Funding Sources



Fiscal YTD December 2021 Total Revenue \$5,579,260

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
February 23, 2022

1. Description: Revised Incident-Occurrence Reporting Policy

2. Summary:

This agenda item presents updates to the Occurrence Policy.

3. Substantive Analysis:

The HRSA Compliance Manual and for Federal Tort Claims Act (FTCA) Manual regarding Coverage for Health Centers and Their Covered Individuals” outlined updates needed to the risk management procedures that address mitigating risk in occurrence (incident) reporting. Accordingly, the Clinics have updated their policies to align with HRSA requirements.

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

 Candice Abbott
 VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

 Committee Name

 Date Approved

6. Recommendation:

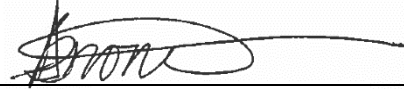
Staff recommends the Board approve the revised Tracking Policies.

Approved for Legal sufficiency:

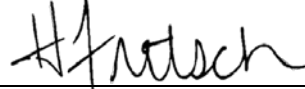
Bernabe Icaza

 Bernabe Icaza
 VP & General Counsel

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
February 23, 2022



Shauniel Brown
Risk Manager



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

Incident-Occurrence Reporting Policy

Policy #:	706-14-1	Effective Date:	1/3/2022
Business Unit:	Primary Care Clinics	Last Review Date:	
Approval Group:	PCC Risk Policy	Document Owner(s):	Primary Care Clinics, Risk
Board Approval Date:			

PURPOSE

Incident/Occurrence reporting is established to ensure proper documentation and management of actual and potential risk in a timely and consistent manner. Occurrence reporting provides a means to analyze trends and identify factors contributing to incidents and to assist in implementation of process improvement, risk reduction, risk prevention and offer educational opportunities to enhance safety and quality.

SCOPE

N/A

POLICY

The Health Care District of Palm Beach County (HCD) staff have an affirmative duty to report all Incidents/Occurrences including near misses accurately and promptly; an Occurrence report must be completed within 24 hours of the incident.

The Health Care District of Palm Beach County (HCD) believes in a “Just and Accountable Culture” that encourages employees to report adverse events, near misses, existence of hazardous conditions and related behavior which have the potential to cause future adverse events. The District practices a consistent, fair systemic approach to managing behaviors that facilitate a just and accountable culture that balances a non-punitive learning environment with the equally important need to hold persons accountable for their actions.

Incident/Occurrence reports are confidential and are not to be printed or copied. Do not make reference in the medical record about the occurrence report. Occurrence report software data and any associated documents (electronic or paper) are retained for seven (7) years. Information and documents may be retained for a longer period of time in selected cases.

In the event of downtime, use paper occurrence reporting forms and follow approved policy and procedure when addressing any incident/occurrence. Once the system is available, place occurrence and follow-up information in the electronic occurrence reporting program within 48 hours.

EXCEPTIONS

N/A

RELATED DOCUMENTS	
Related Policy Document(s)	
Related Forms	
Reference(s)	
Last Revision	
Revision Information/Changes	
Next Review Date	

APPROVALS	
Reviewer approval	Martha Hyacinthe;
Reviewer approval date	1/7/2022
Final approver	Charmaine Chibar; Hyla Fritsch;
Final approval date	1/21/2022

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

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
February 23, 2022

1. Description: Executive Director Informational Update

2. Summary:

Uniform Data System (UDS) submission
 FACHC CL Brumback Economic Impact Report

3. Substantive Analysis:

Uniform Data System (UDS)

We submitted our annual UDS report this month and are awaiting comments from our reviewer.

FACHC CL Brumback Economic Impact Report

We received our FACHC Economic Impact report which summarizes our activities for 2021 and their financial impact. When adjusted for COVID impacts, the economic impact in 2021 was \$68.1 million with a return on investment of 179% for each \$1.00 invested in our clinic operations. The full report is attached.

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

 Candice Abbott
 VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

 Committee Name

 Date Approved

6. Recommendation:

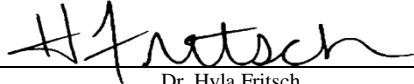
Staff recommends Board receive and file the Executive Director Informational Update.

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
February 23, 2022

Approved for Legal sufficiency:



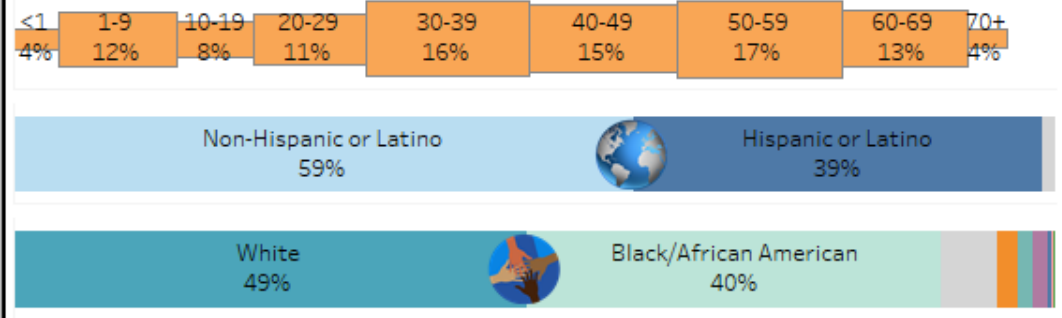
Bernabe Icaza
VP & General Counsel



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

UDS SUMMARY 2021

AGE DISTRIBUTION



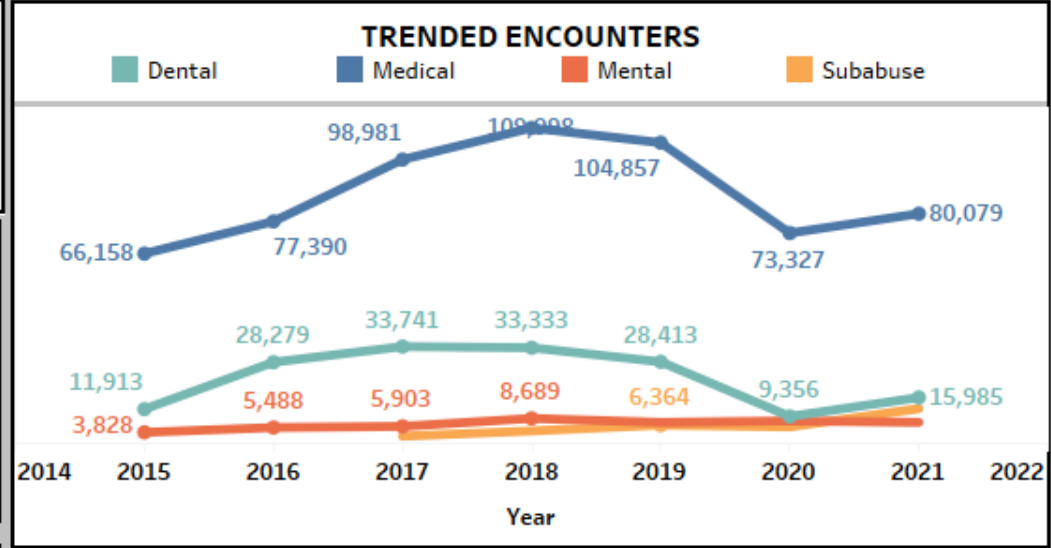
ENCOUNTERS **PATIENTS**

115,463

34,854

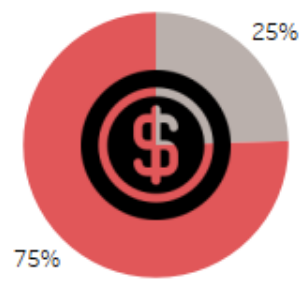
61%

39%



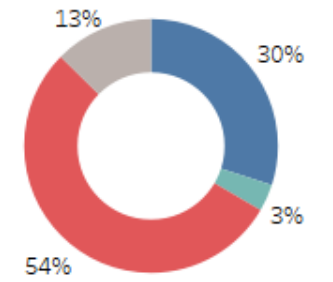
FEDERAL POVERTY LEVEL

Above FPL (Grey) Below FPL (Red)



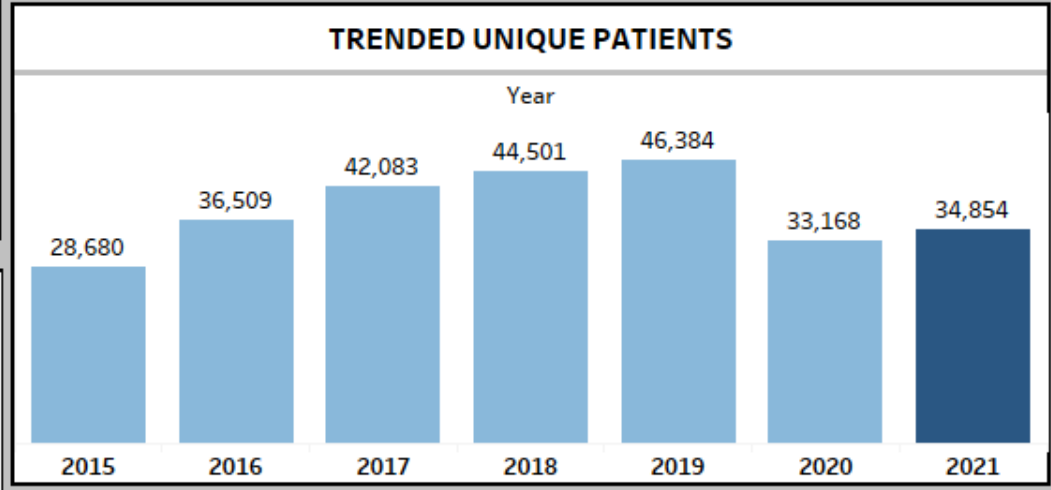
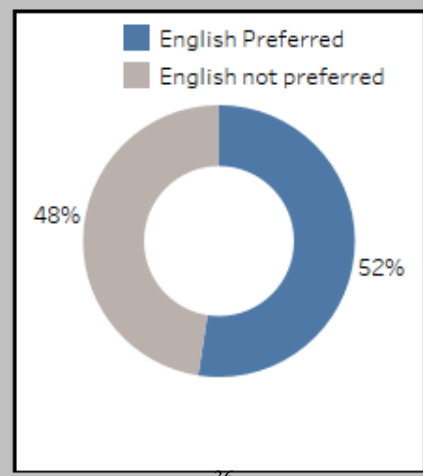
INSURANCE

Medicaid (Blue) Medicare (Teal) None/Uninsured (Red) Private (Grey)

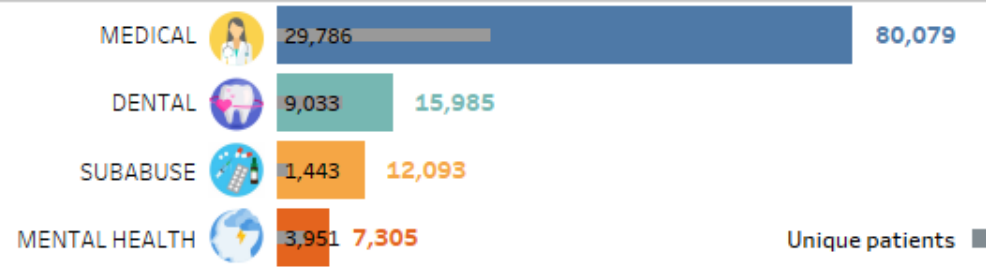


Agricultural
4%

Homeless
17%



ENCOUNTERS BY CATEGORY



Clinic
104,121
90%

Virtual
11,342
10%

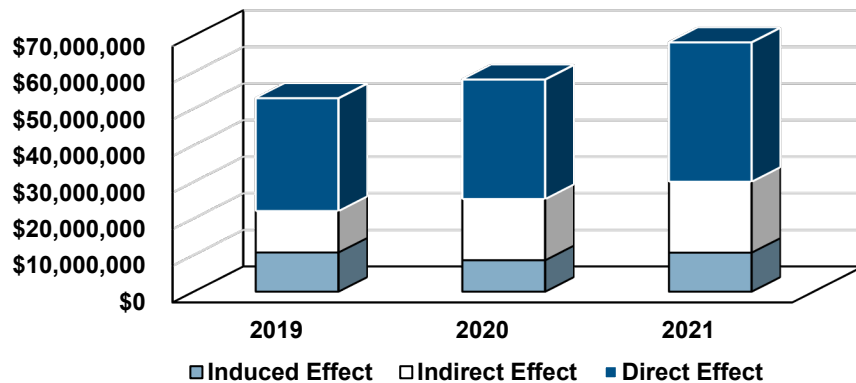
C.L. Brumback Primary Care Clinics \$68.1 Million Economic Impact

Florida’s Community Health Centers (CHCs or FQHCs) have provided high quality, comprehensive primary care services in medically underserved communities for more than 50 years. Florida’s 52 FQHCs treat 1.6 million patients at more than 700 locations statewide, including dozens of mobile units and school-based locations.

C.L. Brumback Primary Care Clinics (Healthcare District of Palm Beach County) operates 14 locations across Palm Beach County. These sites provided 96,800 visits to 33,900 unduplicated patients in 2021 – of which 96.7% of patients reporting incomes were at or below 200% of the poverty level and 85.3% either had no insurance or were enrolled in Medicaid.

Using IMPLAN modeling software that is adjusted for COVID impacts, the Florida Association of Community Health Centers (FACHC), the state primary care association, has determined the overall **economic impact of C.L. Brumback Primary Care Clinics in 2021 was \$68.1 million.**

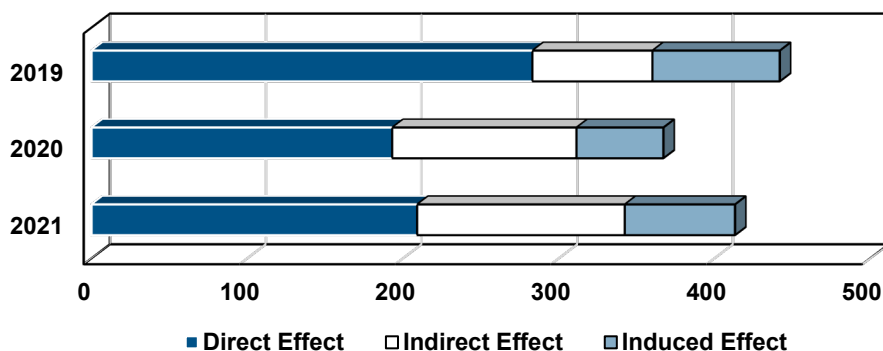
C.L. Brumback Primary Care Clinics Economic Impact 2019 - 2021



There is a **return on investment of 179%** for each \$1.00 invested in this CHC. Additionally, Brumback generates \$726,250 in local tax revenue and an additional \$470,653 in state taxes.

Brumback Clinics accounted for 413 jobs in 2021 throughout their service area, providing for jobs both at the Center and throughout the neighborhoods and communities in which they are located. In addition to the 209 CHC positions (direct jobs), 204 additional indirect/induced jobs are sustained as a result of activity generated by the Center and staff.

Brumback Clinics Jobs Impact 2019 - 2021



Economic Impact of C.L. Brumback Primary Care Clinics



The C. L. Brumback Primary Care Clinics welcome all patients regardless of their ability to pay. As Federally Qualified Health Centers, the clinics are located in medically underserved areas throughout Palm Beach County. Our team is committed to expanding access to quality care. The goal is for patients to make the Brumback Clinics their medical home for primary care, dental services, behavioral health, pharmacy services, women's health and Medication Assisted Treatment for those dealing with substance use.

The Brumback Clinics are the largest provider of primary care services to low-income residents in Palm Beach County, including the uninsured, agricultural workers, and those experiencing homelessness. Our medical team at the clinics and on board our three mobile units play a key role in the county's pandemic response by providing COVID-19 testing and vaccinations for the community.



In response to the ongoing COVID-19 pandemic, Centers have expanded services and provided an increased number of pop-up events. Brumback has provided about 11,000 telehealth visits to reach patients safely and meet their needs and have been at the forefront, administering 172,600 tests and 225,500 vaccines to patients, residents, and providers.



The Florida Association of Community Health Centers (FACHC) is designated by the U.S. Health Resources and Services Administration (HRSA) as Florida's Primary Care Association (PCA). The primary mission of FACHC is to improve access to quality health services by bringing together agencies, legislators and key persons able to affect health care services. Learn more about FACHC and Florida's Community Health Centers at our website: <http://www.fachc.org> or at the U.S. Bureau of Primary Care (BPHC) website <https://bphc.hrsa.gov/>



**DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
FEBRUARY 23, 2022**

1. Description: Medical and Dental Sliding Fee 2022

2. Summary:

This agenda item provides the updated Federal Poverty Guidelines and C.L. Brumback Primary Care Clinics Medical and Dental Sliding Fee Scales.

3. Substantive Analysis:

The sliding fee scale is updated to reflect the 2022 Federal Poverty Guidelines published by the Federal Register/Vol. 84, No. 22/ January 21, 2022. The guidelines in this 2022 notice reflect the 4.7 percent price increase between calendar years 2020 and 2021. After this inflation adjustment, the guidelines are rounded and adjusted to standardize the differences between family sizes.

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

Candice Abbott
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

Committee Name

Date Approved

6. Recommendation:

Staff recommends that the Board approve the Sliding Fee Scale 2022.

Approved for Legal sufficiency:

Bernabe Icaza

Bernabe Icaza
VP & General Counsel

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
FEBRUARY 23, 2022

AnnMarie Hankins

AnnMarie Hankins
Director, Revenue Cycle

H Fritsch

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

detailed agenda and meeting registration link will be available on the NACCD meeting website <https://www.phe.gov/Preparedness/legal/boards/naccd/Pages/default.aspx>.

ADDRESSES: Members of the public may attend the meeting via a toll-free phone number or Zoom teleconference, which requires pre-registration. The meeting link to pre-register will be posted on <https://www.phe.gov/Preparedness/legal/boards/naccd/Pages/default.aspx>. Members of the public may provide written comments or submit questions for consideration by the NACCD at any time via email to NACCD@hhs.gov. Members of the public are also encouraged to provide comments after the meeting.

FOR FURTHER INFORMATION CONTACT: Zhouwan Jackson, NACCD Designated Federal Officer, Office of the Assistant Secretary for Preparedness and Response (ASPR), Department of Health and Human Services (HHS), Washington, DC; 202-205-4217, NACCD@hhs.gov.

SUPPLEMENTARY INFORMATION: The NACCD invites those who are involved in or represent a relevant industry, academia, health profession, health care consumer organization, or state, Tribal, territorial or local government to request up to four minutes to address the committee in person via Zoom. Requests to provide remarks to the NACCD during the public meeting must be sent to NACCD@hhs.gov at least 15 days prior to the meeting along with a brief description of the topic. We would specifically like to request inputs from the public on challenges, opportunities, and strategic priorities for national public health and medical preparedness, response and recovery specific to the needs of children and their families in disasters. Presenters who are selected for the public meeting will have audio only for up to four minutes during the meeting. Slides, documents, and other presentation material sent along with the request to speak will be provided to the committee members separately. Please indicate additionally whether the presenter will be willing to take questions from the committee members (at their discretion) immediately following their presentation (for up to four additional minutes).

Dawn O'Connell,
 Assistant Secretary for Preparedness and Response.

[FR Doc. 2022-01161 Filed 1-20-22; 8:45 am]

BILLING CODE 4150-37-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Annual Update of the HHS Poverty Guidelines

AGENCY: Department of Health and Human Services.

ACTION: Notice.

SUMMARY: This notice provides an update of the Department of Health and Human Services (HHS) poverty guidelines to account for last calendar year's increase in prices as measured by the Consumer Price Index.

DATES: January 12, 2022 unless an office administering a program using the guidelines specifies a different effective date for that particular program.

ADDRESSES: Office of the Assistant Secretary for Planning and Evaluation, Room 404E, Humphrey Building, Department of Health and Human Services, Washington, DC 20201.

FOR FURTHER INFORMATION CONTACT: For information about how the guidelines are used or how income is defined in a particular program, contact the Federal, state, or local office that is responsible for that program. For information about poverty figures for immigration forms, the Hill-Burton Uncompensated Services Program, and the number of people in poverty, use the specific telephone numbers and addresses given below.

For general questions about the poverty guidelines themselves, contact Kendall Swenson, Office of the Assistant Secretary for Planning and Evaluation, Room 404E.3, Humphrey Building, Department of Health and Human Services, Washington, DC 20201—telephone: (202) 795-7309—or visit <http://aspe.hhs.gov/poverty/>.

For information about the percentage multiple of the poverty guidelines to be used on immigration forms such as USCIS Form I-864, Affidavit of Support, contact U.S. Citizenship and Immigration Services at 1-800-375-5283. You also may visit <https://www.uscis.gov/i-864>.

For information about the Hill-Burton Uncompensated Services Program (free or reduced-fee health care services at certain hospitals and other facilities for persons meeting eligibility criteria involving the poverty guidelines), contact the Health Resources and Services Administration Information Center at 1-800-638-0742. You also may visit <https://www.hrsa.gov/get-health-care/affordable/hill-burton/index.html>.

For information about the number of people in poverty, visit the Poverty section of the Census Bureau's website at <https://www.census.gov/topics/income-poverty/poverty.html> or contact the Census Bureau's Customer Service Center at 1-800-923-8282 (toll-free) or visit <https://ask.census.gov> for further information.

SUPPLEMENTARY INFORMATION:

Background

Section 673(2) of the Omnibus Budget Reconciliation Act (OBRA) of 1981 (42 U.S.C. 9902(2)) requires the Secretary of the Department of Health and Human Services to update the poverty guidelines at least annually, adjusting them on the basis of the Consumer Price Index for All Urban Consumers (CPI-U). The poverty guidelines are used as an eligibility criterion by Medicaid and a number of other Federal programs. The *poverty guidelines* issued here are a simplified version of the *poverty thresholds* that the Census Bureau uses to prepare its estimates of the number of individuals and families in poverty.

As required by law, this update is accomplished by increasing the latest published Census Bureau poverty thresholds by the relevant percentage change in the Consumer Price Index for All Urban Consumers (CPI-U). The guidelines in this 2022 notice reflect the 4.7 percent price increase between calendar years 2020 and 2021. After this inflation adjustment, the guidelines are rounded and adjusted to standardize the differences between family sizes. In rare circumstances, the rounding and standardizing adjustments in the formula result in small decreases in the poverty guidelines for some household sizes even when the inflation factor is not negative. In cases where the year-to-year change in inflation is not negative and the rounding and standardizing adjustments in the formula result in reductions to the guidelines from the previous year for some household sizes, the guidelines for the affected household sizes are fixed at the prior year's guidelines. As in prior years, these 2022 guidelines are roughly equal to the poverty thresholds for calendar year 2021, which the Census Bureau expects to publish in final form in September 2022.

The poverty guidelines continue to be derived from the Census Bureau's current official poverty thresholds; they are not derived from the Census Bureau's Supplemental Poverty Measure (SPM).

The following guideline figures represent annual income.

2022 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA

Persons in family/household	Poverty guideline
1	\$13,590
2	18,310
3	23,030
4	27,750
5	32,470
6	37,190
7	41,910
8	46,630

For families/households with more than 8 persons, add \$4,720 for each additional person.

2022 POVERTY GUIDELINES FOR ALASKA

Persons in family/household	Poverty guideline
1	\$16,990
2	22,890
3	28,790
4	34,690
5	40,590
6	46,490
7	52,390
8	58,290

For families/households with more than 8 persons, add \$5,900 for each additional person.

2022 POVERTY GUIDELINES FOR HAWAII

Persons in family/household	Poverty guideline
1	\$15,630
2	21,060
3	26,490
4	31,920
5	37,350
6	42,780
7	48,210
8	53,640

For families/households with more than 8 persons, add \$5,430 for each additional person.

Separate poverty guideline figures for Alaska and Hawaii reflect Office of Economic Opportunity administrative practice beginning in the 1966–1970 period. (Note that the Census Bureau poverty thresholds—the version of the poverty measure used for statistical purposes—have never had separate figures for Alaska and Hawaii.) The poverty guidelines are not defined for Puerto Rico or other outlying jurisdictions. In cases in which a Federal program using the poverty guidelines serves any of those jurisdictions, the Federal office that

administers the program is generally responsible for deciding whether to use the contiguous-states-and-DC guidelines for those jurisdictions or to follow some other procedure.

Due to confusing legislative language dating back to 1972, the poverty guidelines sometimes have been mistakenly referred to as the “OMB” (Office of Management and Budget) poverty guidelines or poverty line. In fact, OMB has never issued the guidelines; the guidelines are issued each year by the Department of Health and Human Services. The poverty guidelines may be formally referenced as “the poverty guidelines updated periodically in the **Federal Register** by the U.S. Department of Health and Human Services under the authority of 42 U.S.C. 9902(2).”

Some federal programs use a percentage multiple of the guidelines (for example, 125 percent or 185 percent of the guidelines), as noted in relevant authorizing legislation or program regulations. Non-Federal organizations that use the poverty guidelines under their own authority in non-Federally-funded activities also may choose to use a percentage multiple of the guidelines.

The poverty guidelines do not make a distinction between farm and non-farm families, or between aged and non-aged units. (Only the Census Bureau poverty thresholds have separate figures for aged and non-aged one-person and two-person units.)

This notice does not provide definitions of such terms as “income” or “family” as there is considerable variation of these terms among programs that use the poverty guidelines. The legislation or regulations governing each program define these terms and determine how the program applies the poverty guidelines. In cases where legislation or regulations do not establish these definitions, the entity that administers or funds the program is responsible to define such terms as “income” and “family.” Therefore, questions such as net or gross income, counted or excluded income, or household size should be directed to the entity that administers or funds the program.

Dated: January 18, 2022.

Xavier Becerra,
Secretary, Department of Health and Human Services.

[FR Doc. 2022–01166 Filed 1–20–22; 8:45 am]

BILLING CODE 4150–05–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Meeting of the National Vaccine Advisory Committee

AGENCY: Office of Infectious Disease and HIV/AIDS Policy, Office of the Assistant Secretary for Health, Office of the Secretary, Department of Health and Human Services.

ACTION: Notice.

SUMMARY: As stipulated by the Federal Advisory Committee Act, the Department of Health and Human Services (HHS) is hereby giving notice that the National Vaccine Advisory Committee (NVAC) will hold a virtual meeting. The meeting will be open to the public and public comment will be heard during the meeting.

DATES: The meeting will be held February 10–11, 2022. The confirmed meeting times and agenda will be posted on the NVAC website at <http://www.hhs.gov/nvpo/nvac/meetings/index.html> as soon as they become available.

ADDRESSES: Instructions regarding attending this meeting will be posted online at: <http://www.hhs.gov/nvpo/nvac/meetings/index.html> at least one week prior to the meeting. Pre-registration is required for those who wish to attend the meeting or participate in public comment. Please register at <http://www.hhs.gov/nvpo/nvac/meetings/index.html>.

FOR FURTHER INFORMATION CONTACT: Ann Aikin, Acting Designated Federal Officer, at the Office of Infectious Disease and HIV/AIDS Policy, U.S. Department of Health and Human Services, Mary E. Switzer Building, Room L618, 330 C Street SW, Washington, DC 20024. Email: nvac@hhs.gov.

SUPPLEMENTARY INFORMATION: Pursuant to Section 2101 of the Public Health Service Act (42 U.S.C. 300aa–1), the Secretary of HHS was mandated to establish the National Vaccine Program to achieve optimal prevention of human infectious diseases through immunization and to achieve optimal prevention against adverse reactions to vaccines. The NVAC was established to provide advice and make recommendations to the Director of the National Vaccine Program on matters related to the Program’s responsibilities. The Assistant Secretary for Health serves as Director of the National Vaccine Program.

The NVAC celebrates 35 years and will kick off the meeting reflecting on accomplishments and outling

**C. L. Brumback Primary Care Clinic
 2022 Sliding Fee Scale - Medical, Behavioral Health & Women’s Health***

Family Size	≤ 100%	>100% to 150%	>150% to 175%	>175% to 200%	Over 200%
1	\$13,590.00	\$13,590.01 - \$20,385.00	\$20,385.01 - \$23,782.50	\$23,782.51 - \$27,180.00	\$27,180.01
2	\$18,310.00	\$18,310.01 - \$27,465.00	\$27,465.01 - \$32,042.50	\$32,042.51 - \$36,620.00	\$36,620.01
3	\$23,030.00	\$23,030.01 - \$34,545.00	\$34,545.01 - \$40,302.50	\$40,302.51 - \$46,060.00	\$46,060.01
4	\$27,750.00	\$27,750.01 - \$41,625.00	\$41,625.01 - \$48,562.50	\$48,562.51 - \$55,500.00	\$55,500.01
5	\$32,470.00	\$32,470.01 - \$48,705.00	\$48,705.01 - \$56,822.50	\$56,822.51 - \$64,940.00	\$64,940.01
6	\$37,190.00	\$37,190.01 - \$55,785.00	\$55,785.01 - \$65,082.50	\$65,802.51 - \$74,380.00	\$74,380.01
7	\$41,910.00	\$41,910.01 - \$62,865.00	\$62,865.01 - \$73,342.50	\$73,342.51 - \$83,820.00	\$83,820.01
8	\$46,630.00	\$46,630.01 - \$69,945.00	\$69,945.01 - \$81,602.50	\$81,602.51 - \$93,260.00	\$93,260.01
For families/households with more than 8 persons, add \$4,720 for each additional person					

Federal Poverty Level	Price
100% or below	\$20.00
Between 100% to 150%	\$40.00
Between 150% to 175%	\$60.00
Between 175% to 200%	\$80.00
Over 200%	No Discount

Based on 2022 Federal Poverty Guidelines published in the Federal Register- January 21, 2022

*Discounted charges are per visit and will include lab orders and pharmacy.

**C.L. Brumback Primary Care Clinic
 2022 Sliding Fee Scale- Dental**

Family Size	100%	101% to 150%	151% to 175%	176% to 200%	Over 200%
1	\$13,590.00	\$13,590.01 - \$20,385.00	\$20,385.01 - \$23,782.50	\$23,782.51 - \$27,180.00	\$27,180.01
2	\$18,310.00	\$18,310.01 - \$27,465.00	\$27,465.01 - \$32,042.50	\$32,042.51 - \$36,620.00	\$36,620.01
3	\$23,030.00	\$23,030.01 - \$34,545.00	\$34,545.01 - \$40,302.50	\$40,302.51 - \$46,060.00	\$46,060.01
4	\$27,750.00	\$27,750.01 - \$41,625.00	\$41,625.01 - \$48,562.50	\$48,562.51 - \$55,500.00	\$55,500.01
5	\$32,470.00	\$32,470.01 - \$48,705.00	\$48,705.01 - \$56,822.50	\$56,822.51 - \$64,940.00	\$64,940.01
6	\$37,190.00	\$37,190.01 - \$55,785.00	\$55,785.01 - \$65,082.50	\$65,082.51 - \$74,380.00	\$74,380.01
7	\$41,910.00	\$41,910.01 - \$62,865.00	\$62,865.01 - \$73,342.50	\$73,342.51 - \$83,820.00	\$83,820.01
8	\$46,630.00	\$46,630.01 - \$69,945.00	\$69,945.01 - \$81,602.50	\$81,602.51 - \$93,260.00	\$93,260.01
For families/households with more than 8 persons, add \$4,720 for each additional person					

Federal Poverty Level	Nominal Charge
100% or below	\$30.00
Between 101% to 150%	\$50.00
Between 151% to 175%	\$70.00
Between 176% to 200%	\$90.00
Over 200%	No Discount

Based on 2021 Federal Poverty Guidelines published in the Federal Register- January 21, 2022

Discounted charges are per visit and will include lab orders and pharmacy.

*****Patients with same day dental visit as a result of Medical Dental Integration (MDI) warm handoff from medical visit, will incur a nominal charge of \$5 for dental visit.**

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
February 23, 2022

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
Green	Ashley	LCSW	Licensed Clinical Social Worker	Initial Credentialing
Drayton	Reneisha	LCSW	Licensed Clinical Social Worker	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.

Ashley Green, LCSW, joined the Jupiter Clinic in 2022 as a Licensed Clinical Social Worker. She attended North Carolina Central University. Ms. Green has been in practice for four years.

Reneisha Drayton, LCSW, joined the Boca Raton Clinic in 2022 as a Licensed Clinical Social Worker. She attended Florida State University. Ms. Drayton has been in practice for eleven years.

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
February 23, 2022

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

 Candice Abbott
 VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A


 Committee Name _____
Date Approved

6. Recommendation:

Staff recommends the Board approve the Initial Credentialing and privileging of Ashley Green, LCSW, Licensed Clinical Social Worker.

Staff recommends the Board approve the Initial Credentialing and privileging of Reneisha Drayton, LCSW, Licensed Clinical Social Worker.

Approved for Legal sufficiency:



 Bernabe Icaza
 VP & General Counsel



 Dr. Charmaine Chibar
 FQHC Medical Director



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

**DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
February 23, 2022**

1. Description: Operations Reports – December 2021

2. Summary:

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

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

3. Substantive Analysis:

In December, the clinics had 10,327 visits which are 466 more than the month prior and 1,878 more than December of 2020. The Lantana Clinic had the highest volume with 1,529 visits, followed by the Lake Worth Clinic with 1,231.

For December, our payer mix reflects 58% uninsured patients and 27% Managed Care.

Productivity targets were met in the Delray and Lewis Center Primary Care and Substance Abuse, Lantana Pediatrics and Behavioral Health in Mangonia. In the 90% and higher range were Lantana Primary Care and Dental, Women’s Health in Lake Worth and Belle Glade Behavioral Health.

The No-Show rate in December decreased to 22%. The year-to-date Tele no-show rate remains at 11% of the total no-shows.

The largest age group of patients were ages 1-9 at 15%, ages 30-39 and 40-49 also at 15%. 49% of patients reported as White followed by 39% Black or African American. 40% of patients reported as Hispanic or Latino. 51% of patients’ primary language was English, followed by Spanish at 30%. Creole-speaking totaled 15%. 60% of patients identified as female and 90% as straight. 4.6% of patients reported as Agricultural workers, of which 79% were seasonal and 21% migrant. 12.7% of patients reported as homeless, of which 80% were Doubling Up.

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
February 23, 2022

N/A

Candice Abbott
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

Committee Name

Date Approved

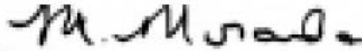
6. Recommendation:

Staff recommends that the Board approve the Operations Reports for December 2021.

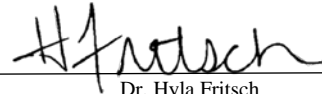
Approved for Legal sufficiency:



Bernabe Icaza
VP & General Counsel



Marisol Miranda
Director of Clinic Operations



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

Patient Visits 10,327
Unique Patients 6,874

Office Visit 9,843
 6,799

Telemedicine 482
 313

Allied Health 2
 2

Proc. visit 1
 1

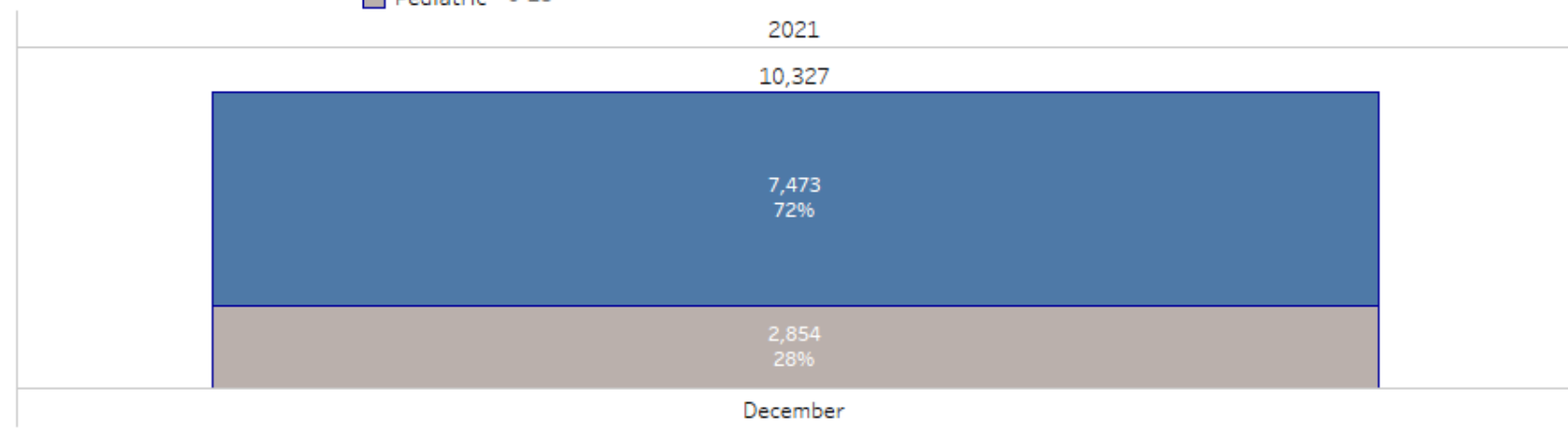
VOLUME BY CLINIC

■ Patient Visits ■ Unique Patients

	Patient Visits	Unique Patients
LANTANA PRIMARY	1,407	1,325
WEST PALM PRIMARY	1,059	963
LANTANA DENTAL	1,032	762
LEWIS BH	839	291
WEST PALM DENTAL	831	667
BELLEGLADE PRIMARY	610	581
LAKE WORTH PRIMARY	610	594
LAKE WORTH WOMENS	501	419
DELRAY PRIMARY	442	435
JUPITER PRIMARY	412	406
LEWIS PRIMARY	378	260
DELRAY DENTAL	373	296
BOCA PRIMARY	348	333
BELLEGLADE DENTAL	339	215
MANGONIA BH	324	201
MANGONIA PRIMARY	209	145
DELRAY BH	135	128
LANTANA BH	122	113
LAKE WORTH BH	120	117
WEST PALM BH	103	91
BELLEGLADE BH	85	74
BELLEGLADE WOMENS	34	31
MOB 3 HERO	8	8
CLB ST ANN PRIMARY	6	6

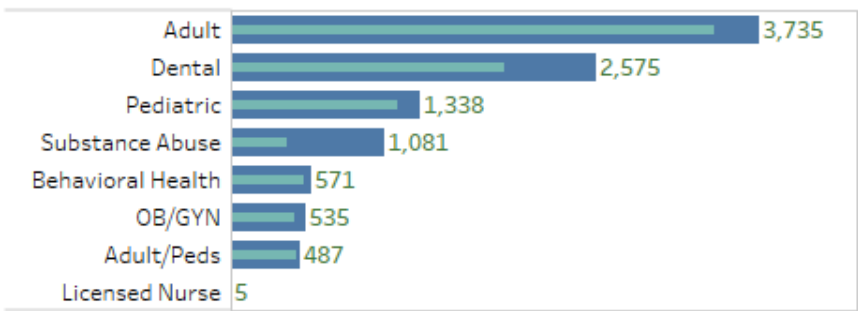
MONTHLY VOLUME

■ Adult >18
 ■ Pediatric 0-18



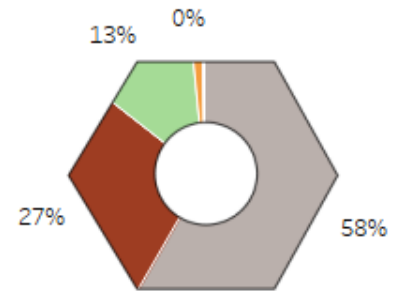
VOLUME BY PROVIDER CATEGORY

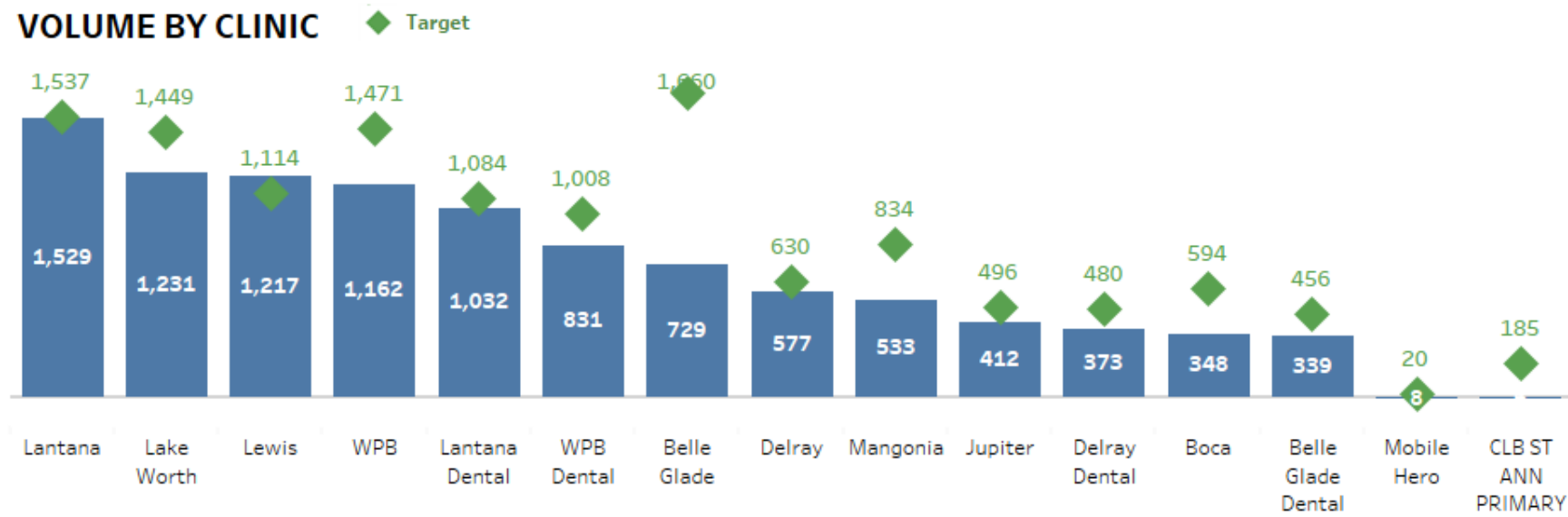
■ Patient Visits
 ■ Unique Patients












PAYER MIX

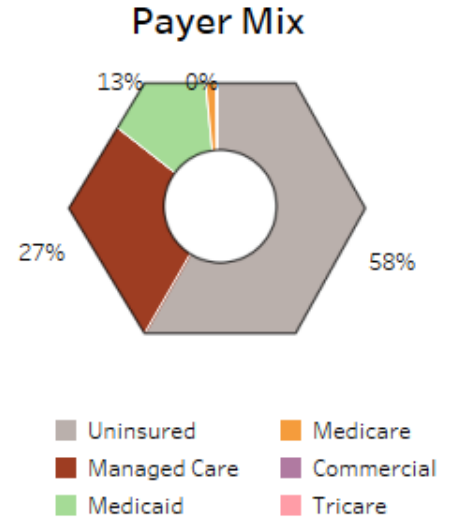
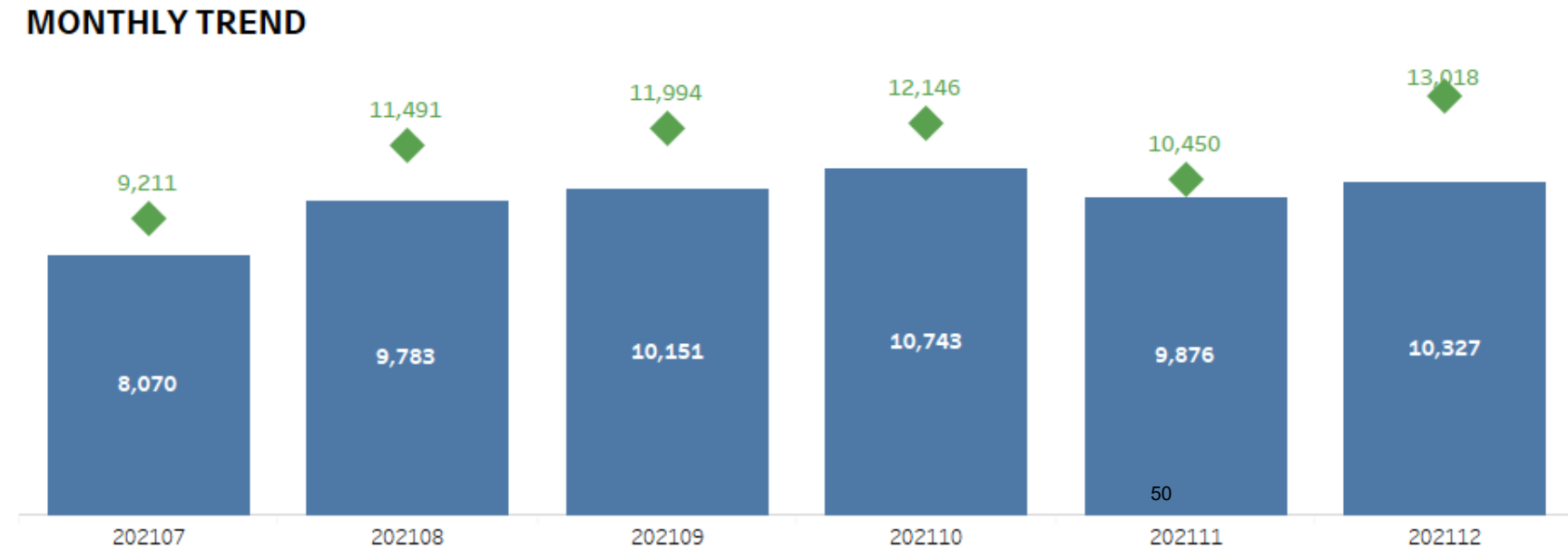
■ Uninsured
 ■ Managed Care
 ■ Medicaid
 ■ Medicare
 ■ Commercial
 ■ Tricare



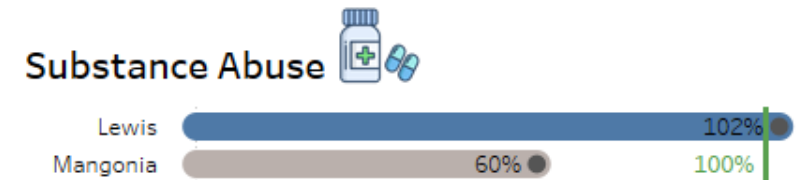
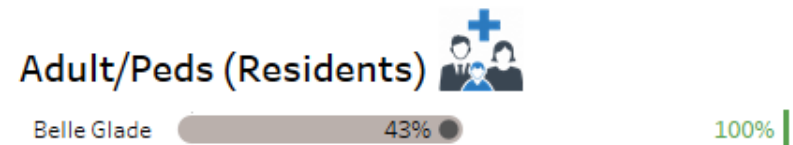
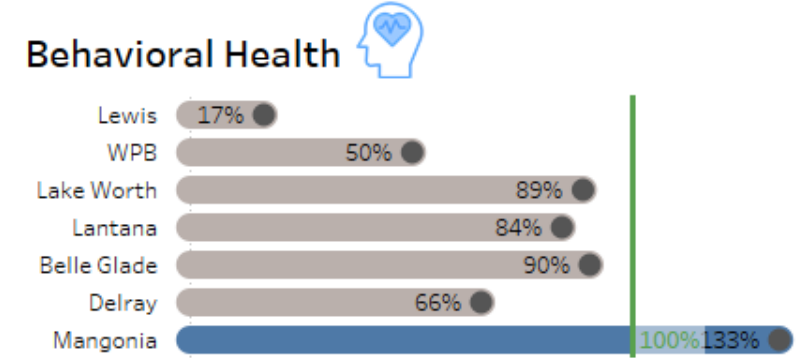
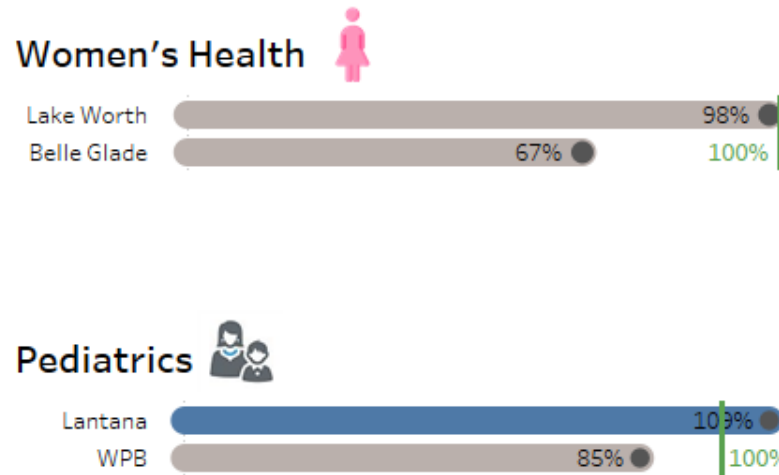
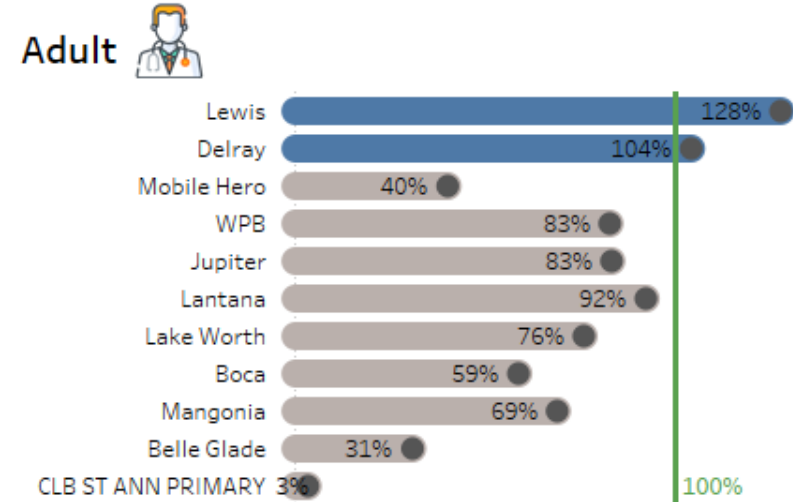


VISIT TYPE

	In Person	Tele Health	Total
 Adult	3,671	64	3,735
 Adult/Peds	487		487
 Behavioral Health	499	72	571
 Dental	2,575		2,575
 Licensed Nurse	5		5
 OB/GYN	535		535
 Pediatric	1,336	2	1,338
 Substance Abuse	738	344	1,081
 Total	9,846	482	10,327



■ Target Met ■ Target Not Met

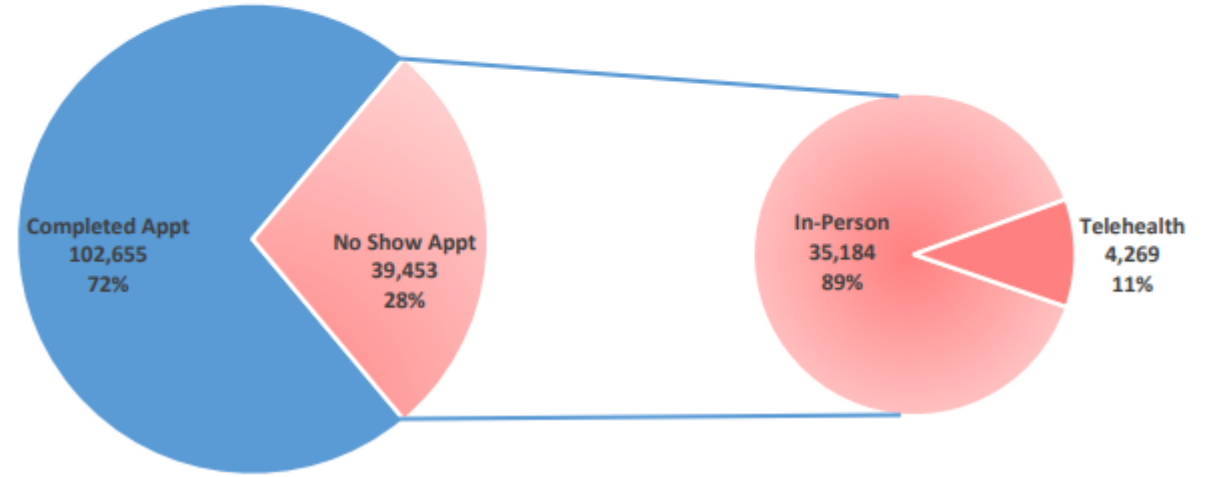
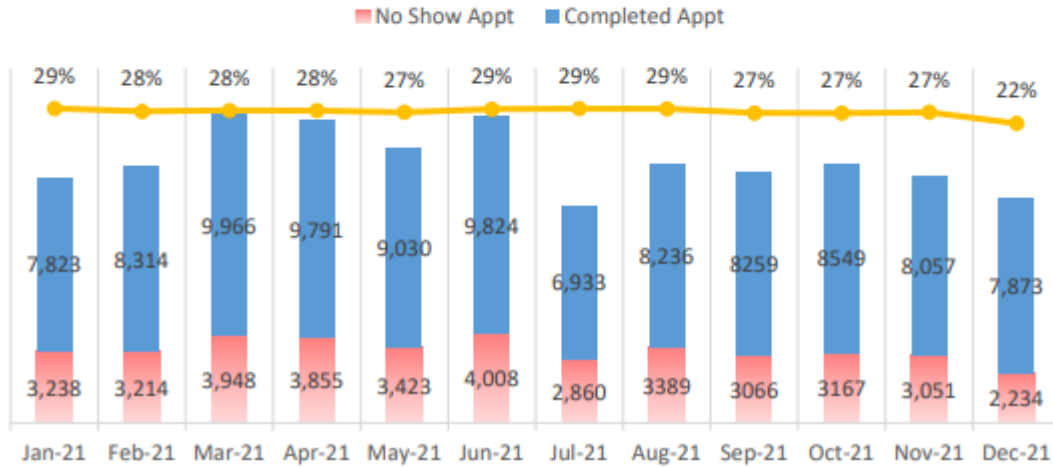


No Show Appointment Analysis

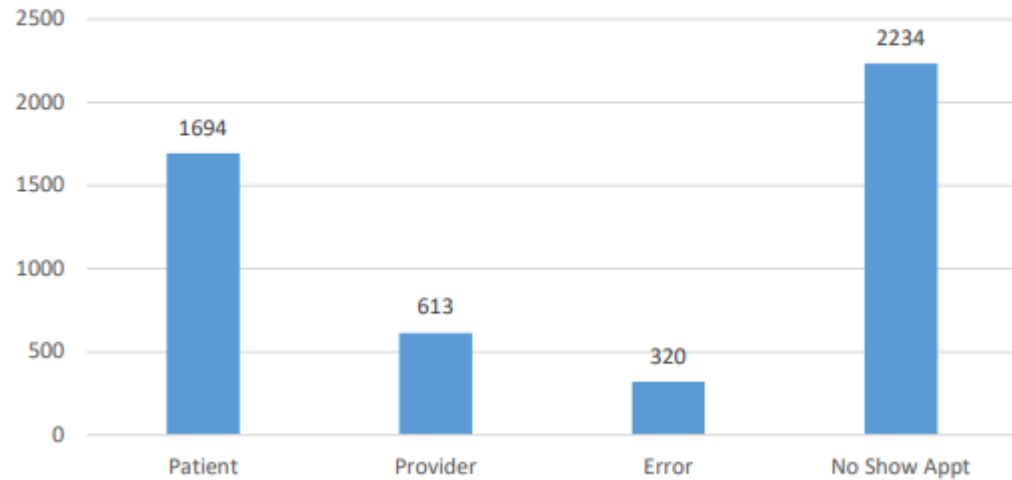
Jan – Dec 2021

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

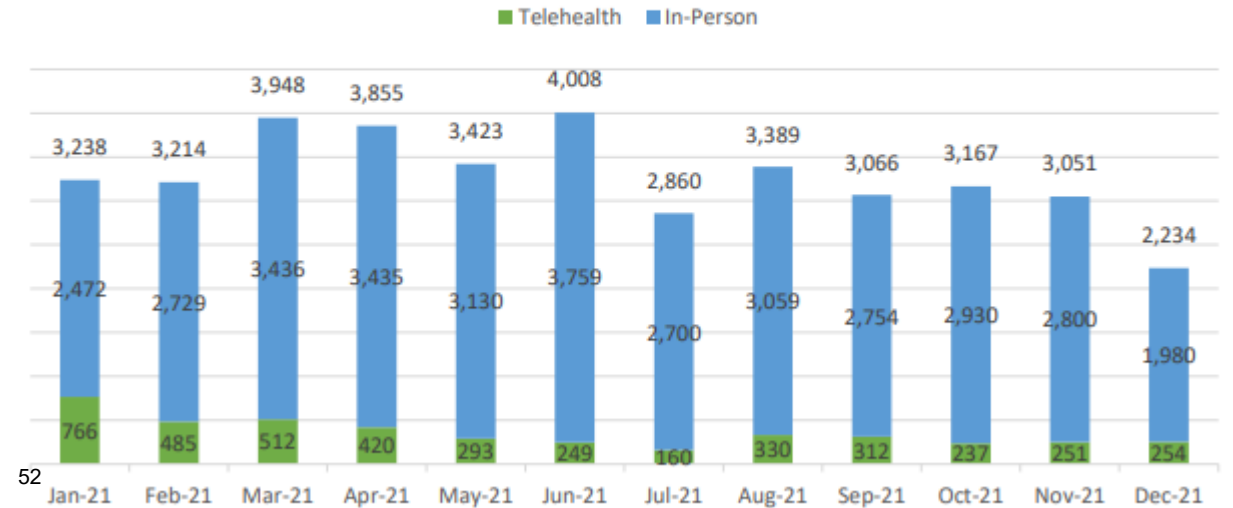
No Shows vs Checked in appointments



Top 4 Cancellation Reasons in Dec 2021



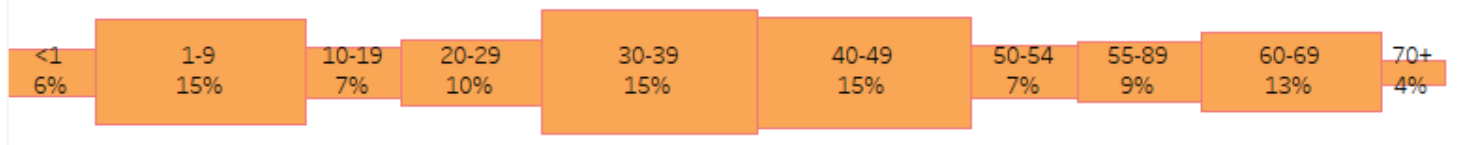
Telehealth vs In-Person No Shows



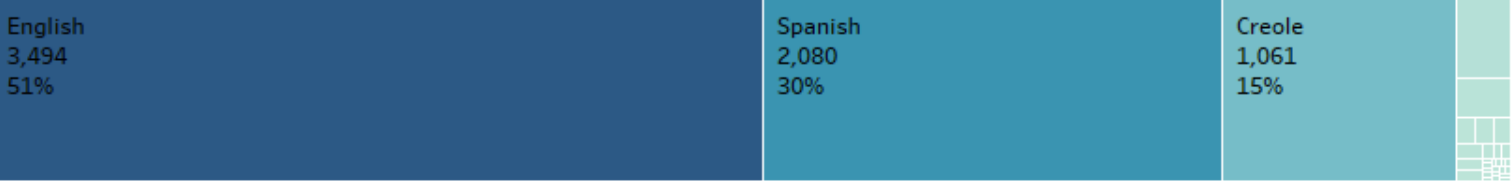
All

6,883
 Unique Patients

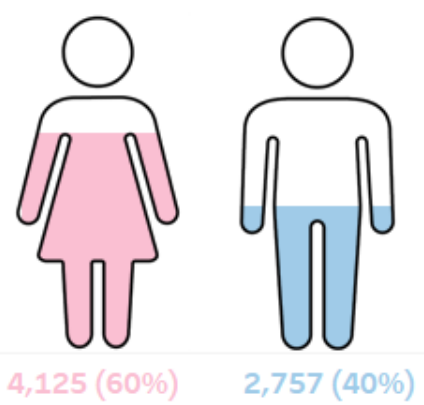
AGE GROUP



PRIMARY LANGUAGE SPOKEN



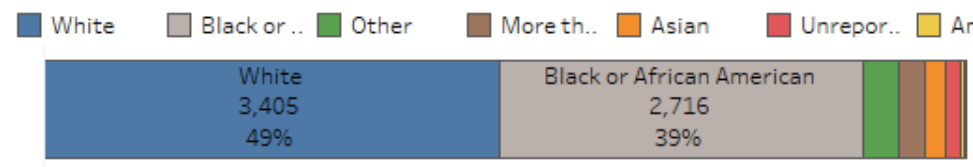
SEX



Gender Identity	Unique Patients	%
Female	4,127	60%
Male	2,753	40%
Transgender Female / Male-to-Female	1	0%
Non-binary	1	0%
Choose not to disclose	1	0%

Sexual Orientation	Unique Patients	%
Straight (not lesbian or gay)	6,209	90.21%
Choose not to disclose	430	6.25%
Don't know	202	2.93%
Lesbian	13	0.19%
Bisexual	13	0.19%
Gay	10	0.15%
Something else	6	0.09%

RACE



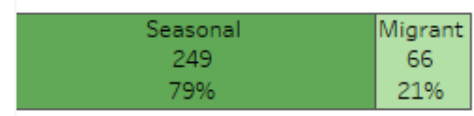
ETHNICITY



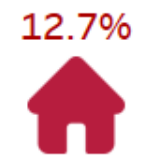
AGRICULTURAL WORKERS 315



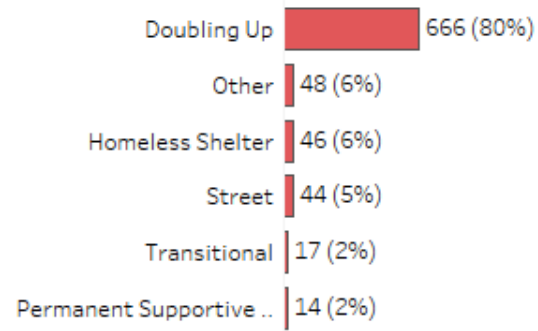
AGRICULTURAL TYPE



HOMELESS PATIENTS 877



HOMELESS TYPE



**DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
FEBRUARY 23, 2022**

1. Description: Quality Report

2. Summary:

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

- Quality Council Meeting Minutes February 2022
- UDS Report – December 2021
- Provider Productivity – December 2021

3. Substantive Analysis:

PATIENT SAFETY & ADVERSE EVENTS

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

PATIENT SATISFACTION AND GRIEVANCES

Patient relations to be presented as a separate agenda item.

QUALITY ASSURANCE & IMPROVEMENT

- The diabetes measure data for 2021 was met. Our patients are currently controlled at 74 %, while 23 % are uncontrolled and 3 % of patients need data.
- Working to increase our HPV vaccine completion rates. Running a report to identify patients who are missing doses and planning an outbound campaign to call those patients to return to the clinic for the vaccine.

UTILIZATION OF HEALTH CENTER SERVICES

Individual monthly provider productivity stratified by clinic.

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

Candice Abbott
VP & Chief Financial Officer

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
FEBRUARY 23, 2022

5. Reviewed/Approved by Committee:

<p>N/A</p> <hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/>	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/>
<p>Committee Name</p>	<p>Date Approved</p>

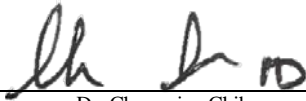
6. Recommendation:

Staff recommends the Board approve the updated Quality Report.

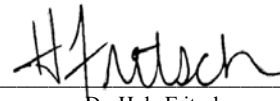
Approved for Legal sufficiency:



Bernabe Icaza
VP & General Counsel



Dr. Charmaine Chibar
FQHC Medical Director



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

Quality Council Meeting Minutes

Date: February 1, 2022

Time: 9:00AM – 11:00AM

Attendees: Andrea Steele – Executive Director of Corporate Quality; Maria Chamberlin – Nurse Manager; Shauniel Brown – Senior Risk Manager; Dr. Sandra Warren – Associate Medical Director; Hyla Fritsch – AVP, Executive Director of Clinic Operations & Pharmacy; Dr. John Cucuras – FQHC Dental Director; Nancy Gonzalez – Dental Manager, Irene Garcia – Dental Quality Coordinator, David Speciale – Patient Experience Director; Alexa Goodwin – Patient Relations Manager; Marisol Miranda – Director of Clinic Operations, Dr. Courtney Phillips - Director of Behavioral Health; Jonathan Dominique – Clinic Quality Analyst; Belma Andric – Chief Medical Officer/Executive Director; Dr. Charmaine Chibar – FQHC Medical Director; Dr. Courtney Phillips - Director of Behavioral Health
Excused: Dr. Valena Grbic, Medical Director, District Cares;

Minutes by: Jonathan Dominique

<u>AGENDA ITEM</u>	<u>DISCUSSION / RECOMMENDATIONS</u>	<u>ACTION ITEMS (AI)</u>	<u>RESPONSIBLE PARTY</u>	<u>DATE</u>
UTILIZATION				
OPERATIONS	<p><u>Productivity</u> The Clinics continue to see an increase in overall total billable visits since the start of the pandemic,</p> <p>Operations are working on adding more visits to Lewis Center with the addition of new providers. With the shortage of available providers, the inactive Mobile Clinics will remain inactive for another month and a half. Dr. Andric believes that the opening of the new Delray Clinic site will be well received in the community. Hygiene is a focus for operations as their productivity numbers are somewhat concerning.</p> <p>Dr. Andric spoke on the possibility that MDI will possibly become crowded in West Palm Beach</p>	<p>A meeting to be scheduled between Marisol, Dr. Cucuras, Dr. Andric, and Nancy to discuss dental team productivity. And plan for incoming staff.</p> <p>Options are currently being discussed, especially using a mid-level provider to</p>	<p>Marisol / Dr. Cucuras</p> <p>Marisol / Dr. Andic / Dr. Chibar</p>	<p>3/1/22</p> <p>3/1/22</p>

Service Line	Target		Seen		% of goal		
	In Person	Tele	In Person	Tele	In Person	Tele	Total
Adult Care	4,259	130	3,839	123	90%	95%	90%
Pediatrics	1,256	13	1,300	13	104%	100%	103%
Women's Health	481		516		107%		107%
Behavioral Health	686	117	579	85	84%	73%	83%
Substance Abuse	981	462	1,027	265	105%	57%	90%
Dental	2,736		2,292		84%		84%
Total	10,399	722	9,553	486	92%	67%	90%

help with specific visit kinds (newborns, well-visits, etc.)

Medical Payer Mix
 Self-Pay – 53%
 Managed Care – 38%
 Pending Medicaid – 3%
 Medicare – 2%
 Medicaid – 4%

Dental Payer Mix
 Self-Pay – 55%
 Managed Care – 7%
 Medicaid – 37%
 Medicare – 0%
 Pending Medicaid – 1%

(Clinic productivity report with graphs were presented.)

PATIENT RELATIONS				
SURVEY RESULTS	<p><u>Patient Satisfaction Survey</u></p> <p>There were 206 surveys received in December 2021, a 20% decrease from the previous month. The Boca Raton Clinic received the most surveys with 75 (36% of total). The Jupiter Clinic did not receive any surveys this period. In 2021, the clinics received a total of 3,288 Patient Satisfaction Surveys.</p> <p>Of the 206 Surveys received in December:</p> <ul style="list-style-type: none"> • Belle Glade – 17 (8%) • Boca Raton – 75 (36%) • Delray Beach – 7 (3%) • Jupiter – 0 (0%) • Lake Worth – 57 (28%) • Lantana – 28 (14%) • Lewis Center – 10 (5%) • Mangonia Park – 1 (<1%) • West Palm Beach – 11 (5%) <p>General Summary – December 2021</p> <ul style="list-style-type: none"> • By Language: <ul style="list-style-type: none"> ○ English = 68% ○ Spanish = 29% ○ Creole = 3% • By Age <ul style="list-style-type: none"> ○ Age 0 -20 = 13 ○ Age 21 – 40 = 63 ○ Age 41 – 60 = 90 ○ Age 61 – 80 =39 ○ Age 80+ = 1 			

	<p>Patients aged 21-60 completed 153 surveys (74%) of December Patients over 80 and between ages 0 and 20 completed the least amount of surveys (<1%).</p> <ul style="list-style-type: none"> • Surveys were received from all service lines, with Adult Medical having the most at 80%, followed by Adult Dental Services at 6% of the total surveys received. • Most patients prefer to be seen in person on Monday, Tuesday and Wednesday mornings. They least prefer to be seen in the evenings, Fridays and Saturdays. • Time at Practice <ul style="list-style-type: none"> ○ 26% were completed by Patients who have received care between 1 and 3 years. ○ 23% were completed by Patients who have received care between 3 and 6 years. ○ 16% were completed by Patients who have received care less than 6 months. ○ 16% were completed after a patient first visit to the practice. <p>Patient Satisfaction Of the 206 surveys, 2 (<1%) were marked as Fair or Poor.</p> <ul style="list-style-type: none"> • Involving you in making decisions about your health <ul style="list-style-type: none"> ○ 1 (<1%) Lake Worth • Balancing personal interaction with you while using a laptop or computer <ul style="list-style-type: none"> ○ 2 (<1%) Boca Raton, Lake Worth 			
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	<p>Of the 206 Surveys received:</p> <ul style="list-style-type: none"> • All surveys indicated that patients rated their Provider as positive. • There was 1 survey (<1%) that indicated a patient would not recommend their Provider (btw 0-4 on a scale of 10) • All surveys indicated that patients would recommend the practice to others (btw 0-4 on a scale of 10) <p>Wait Time –Patients perceived wait time between their scheduled appointment and actual time seen by their Provider. Of the 206 responses received:</p> <ul style="list-style-type: none"> • 45 (22%) - 5 minutes or less • 94 (41%) - Between 6 and 15 minutes. • 43 (21%) - Between 16 and 30 minutes • 11 (10%) - Between 31 and 45 minutes • 12 (6%) - Over 45 minutes <p>Patient Experience Most patients rated their patient experience as positive. Of the 206 surveys, 28 (14%) were marked as Fair or Poor. This is a significant decrease from last month.</p> <ul style="list-style-type: none"> • Having a comfortable and pleasant waiting area <ul style="list-style-type: none"> ○ 3 (1%) – Lake Worth (2), Lantana (1) • Ability to communicate with the practice on the phone <ul style="list-style-type: none"> ○ 13 (6%) – Boca (1), Lake Worth (9), Lantana (2), Lewis Center (1) • Ease of scheduling this appointment <ul style="list-style-type: none"> ○ 5 (2%) - Lake Worth (4), Lantana (1) 	<p>David is to average the perceived wait times for service and trend over time.</p> <p>Report is being rebuilt to be more digestible for clinic teams to inform them better what the data means and what should be done to improve.</p>		
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	<ul style="list-style-type: none"> • Being informed about any delays during this visit <ul style="list-style-type: none"> ○ 7 (<3%) – Delray (1), Lake Worth (4), Lantana (1), WPB (1) <p>Most patients rated their patient experience as positive. Of the 206 surveys, there were 4 (2%) surveys marked as Disagree or Strongly Disagree</p> <ul style="list-style-type: none"> • Maintaining patient privacy throughout this visit <ul style="list-style-type: none"> ○ 1 (<1%) – Lake Worth • The doctors, nurses, and other staff did a good job coordinating care during my visit <ul style="list-style-type: none"> ○ 1 (<1%) – Lake Worth • Each member of my care team identified themselves and their role in my care <ul style="list-style-type: none"> ○ 2 (<1%) – Delray Beach, Lake Worth <p>The trend over time data & patient comments presented. The Patient Satisfaction survey for 2022 will be completed in Phreesia.</p> <p>Dr. Phillips asked if the patients who fill out the survey visit the clinic on the weekdays or Saturdays as she is concerned that the answers concerning preferred visit days might be biased.</p> <p>Dr. Andric requested that David provide trends showing improvement in questions over time. She suggests leveraging business analytics tools built into services like Phreesia. This will help provide better insight into whether or not our interventions are working as we plan.</p>	<p>David to provide a breakdown of surveys by day completed at the next quality council.</p> <p>David to provide trend overtime reports and better ways to use the data.</p>	<p>David</p>	<p>3/1/22</p>
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	<p>Dr. Andric shares concern with the current organization of data for slide addressing Perceived wait time (Slide 12).</p> <p><i>(Patient Satisfaction Survey PowerPoint presented.)</i> PDCAs created and put in place for areas of concern and patient complaints: Access</p>	<p>David to average perceived wait times and trend over time as there seems to be a lot of variation in the data points.</p> <p>David to workshop the Data Visualization (implement tableau) portion of the presentation.</p>	<p>David</p> <p>David</p> <p>David</p>	<p>3/1/22</p> <p>3/1/22</p> <p>3/1/22</p>
	<p><u>Clinic Service Center Activity Report</u></p> <p>Appointment Reschedules – January 2022</p> <ul style="list-style-type: none"> For January, the Clinic Service Center contacted a total of 93 patients to reschedule their appointment. This is a 68% decrease from the previous month. The Provider with the highest reschedules was Ketely Philistin, APRN, due to the Provider being out sick. <p>Outbound Campaigns – January 2022</p> <ul style="list-style-type: none"> New Patient Outreach: In January, the Clinic Service Center contacted 47 new Conviva patients that recently assigned us as their PCP to schedule them an appointment at the clinic. This list was provided to us by Conviva. 			

	<ul style="list-style-type: none"> • Project Access Outreach: In January, the Clinic Service Center contacted 2 patients referred to us from Project Access to schedule an appointment at the clinic. (no graph) • After Hours Call Return Summary Report – January & Trends: In January 2022, the Clinic Service Center returned 205 calls from the After-Hours service. This was a 36% increase from the previous month. Trends over time reported. • Hospital Follow-up calls December 2021: The Clinic Service Center contacted 159 Managed Care patients that required a Hospital Follow Up appointment. This was a 36% decrease from the previous month. Of the 159 patients, 58 (36%) were seen or scheduled to be seen by their clinic PCP. <p>Dr. Andric asked for a report detailing the campaign's success rate (how many patients had encounters.)</p> <p>Special Projects – January 2022</p> <ul style="list-style-type: none"> • JFK-ASU Reconciliation: In January, the Clinic Service Center reconciled patient insurances that were listed on a JFK- ASU billing report. Results indicated that of 	<p>Provide an outreach performance breakdown separating PEDS / Adults. Within 3 months of the initial start of the campaign. December-March to allow for better measurement of success ("How many patients had one or more encounters between December and March?")</p> <p>David to follow up with a report to show the success of the outbound campaign</p>	<p>David</p> <p>David</p>	<p>3/1/22</p> <p>3/1/22</p>
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	<p>the 500-line items, 390 (78%) patients had no insurance, 22 (4%) had District Cares, and 88 (18%) had insurance. Results submitted to the CFO per request.</p> <ul style="list-style-type: none"> Specialist Update – Outgoing Documents Outreach: December 2021: To clean up EPIC information and support the Referral Team, the Clinic Service Center conducted outreach to 321 Community Specialists to verify their locations, accept insurances, and updated fax numbers to send referrals to their practice. Specialists included Adult Specialty, Diagnostic Centers, Physical Therapy, Occupational Therapy, and Speech Providers and Group Practices. A log was created and updated to reflect current Specialty Operations. <p>(Report presented.)</p>			
<p>GRIEVANCES, COMPLAINTS & COMPLIMENTS</p>	<p><u>Patient Relations Report</u> For December 2021, 13 Patient Relations Occurrences occurred between 5 Clinics and Clinic Administration. Of the 13 occurrences, there were 0 Grievances and 13 Complaints. The top 5 categories were Care & Treatment, Communication, Referral Related, Physician Related and Finance. The top subcategory with 3 Complaints was Poor Communication. There were also 8 compliments received across 3 Clinics and Clinic Administration. <i>(Patient Relations Report & Patient Relations Dashboard with Graphs presented.)</i></p>	<p>Follow up on "Physician-Related" complaints and grievances.</p> <p>Alexa to look into Lantana's approach to collecting patient feedback. They have successfully provided the most return out of all clinic locations.</p>	<p>Alexa</p> <p>Alexa</p>	<p>3/1/22</p> <p>3/1/22</p>

QUALITY				
QUALITY AUDITS				
MEDICAL	<p><u>Hemoglobin A1C/Point of Care Testing</u></p> <p>Shows: The diabetes measure data for January-December 2021 shows that our patients are currently controlled at 74 % while 23 % are uncontrolled (from 4,114 diabetic patients total) and 3 % of patients need data. HRSA's goal is to have 67% of patients with controlled diabetes. There were 3691 POC A1Cs done (84% of Diabetic Patients). There was an increase of A1c POC testing compared to 2% in the previous month. All the clinics reached a percentage of controlled diabetic patients above the HRSA goal except for Lewis Center. 129 (3%) patients did not have data, 27% had already a future appointment, 73% of patients did not have a scheduled future appointment. Dr. Andric suggested the use of patient lists for Diabetic Patients.</p>	<p>Dr. Warren to announce this to the providers at the February Provider Team Meeting.</p> <p>Follow up with Dr. Phillips on training at Lewis to focus on follow-up with Diabetic patients. Dr. Phillips, Dr. Warren, Dr. Andric.</p>	<p>Dr. Warren</p> <p>Dr. Warren / Dr. Phillips</p>	<p>3/1/22</p> <p>3/1/22</p>
	<p><u>Cervical Cancer Screening</u></p> <p>Satisfied: 5917 (52%) Needs Data: 5461 (48%)</p> <p>We have come short this year, at 65% overall last year. The clinic with the best performance throughout the year was Lake Worth at 70% Satisfied.</p> <p>Lewis Center, Mangonia, and Mobile Warrior are at the bottom of the performance list.</p> <p>'Needs Data' Patients: (n= 5,461)</p>	<p>Dr. warren will provide an overview at the February provider team meeting.</p>	<p>Dr. Warren</p>	<p>3/1/22</p>

	<ul style="list-style-type: none"> Referral to OBGYN: 1,867 (34%) <ul style="list-style-type: none"> 9% OBGYN Referral New Patient 25% OBGYN Referral Established No Referral: 3,594 (66%) <ul style="list-style-type: none"> 46% No Referral Established 20% No Referral New Patient <p>Dr. Warren also provided a breakdown of the referrals by Provider for 'Needs Data' Patients</p> <p>Andrea Steele requested that this same report be generated for Mammograms.</p> <p>Dr. Warren also showed the council where providers could go into Epic to break down their UDS performance.</p> <p>Andrea introduced the Provider UDS Tableau dashboard</p>	<p>Will present to provider meeting</p> <p>Dr. Warren and Ivonne will generate a similar mammogram report at the next quality council.</p> <p>Jonathan to provide individual monthly printouts of the Dashboard for Provider team meeting</p>	<p>Dr. Warren</p> <p>Dr. Warren Ivonne</p> <p>Jonathan</p>	<p>3/1/22</p> <p>3/1/22</p> <p>3/1/22</p>																						
	<p><u>HPV</u></p> <table border="1" data-bbox="396 1045 1094 1133"> <thead> <tr> <th>Unique Patients</th> <th>Dose 1</th> <th>Dose 2</th> <th>Dose 3</th> <th>Total</th> <th>Refused</th> </tr> </thead> <tbody> <tr> <td>11 - 18 patients vaccinated with HPV vaccine in 2021</td> <td>496</td> <td>204</td> <td>21</td> <td>721</td> <td rowspan="3">9</td> </tr> <tr> <td>11 - 18 patients seen with at least 1st dose HPV vaccine in 2021</td> <td colspan="3">1,176</td> <td></td> </tr> <tr> <td>11 - 18 patients seen in 2021</td> <td colspan="3">1,882</td> <td></td> </tr> </tbody> </table> <p>The team appears to be succeeding in making sure that patients receive the first vaccine.</p>	Unique Patients	Dose 1	Dose 2	Dose 3	Total	Refused	11 - 18 patients vaccinated with HPV vaccine in 2021	496	204	21	721	9	11 - 18 patients seen with at least 1st dose HPV vaccine in 2021	1,176				11 - 18 patients seen in 2021	1,882				<p>Additional Category (Red) to be added to the dashboard to show the number of missed patients. Report being cleaned to show a clearer picture of patients and missing doses.</p>	<p>Ivonne / Dr. Chibar</p>	<p>3/1/22</p>
Unique Patients	Dose 1	Dose 2	Dose 3	Total	Refused																					
11 - 18 patients vaccinated with HPV vaccine in 2021	496	204	21	721	9																					
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	 <p>The question, however, is how they can continue to maintain the same level of production for second and third doses.</p> <p>Andrea suggested launching a campaign to call in the patients with missing doses.</p> <p>It was suggested that patients be scheduled 6 months out for their second dose and leverage the power of Phreesia to trigger reminders for the patient reminders.</p>	<p>Dr. Chibar to share the list of Belle Glade patients with missing Doses with Dr. Harberger</p> <p>Outbound campaign for 3rd dose (18+ might be responsible for their third dose)</p> <p>Data to be cleaned and re-worked for next QC meeting.</p>	<p>Dr. Chibar</p> <p>Mavi / Dr. Chibar / CSC</p> <p>Dr. Chibar / Dr. Warren / Ivonne</p>	<p>3/1/22</p> <p>3/1/22</p> <p>3/1/22</p>
<p>DENTAL</p>	<p><u>Dental Sealants</u></p> <p>84% (n=965) [Jan-Dec 2021]</p> <p>79% (n=131) December 2021</p> <p>Dr. Oliveira had 39 patients that were not provided with sealants. What is our procedure for following up when patients who qualify for dental sealants do not receive them.</p>	<p>The intervention is to call patients that haven't had sealants done. They will also be reminded of the sealant tracking procedure in EPIC.</p>	<p>Dr. Cucuras / Nancy</p>	<p>3/1/22</p>

		Providers will be trended month to month for sealant measures to track patterns.	Nancy / Dr. Cucuras	3/1/22
	<p>Same Day Extractions (Limited Exams)</p> <p>Limited Exams (n= 369)</p> <p>Same Day Extractions: 173 (47% n=369)</p> <p>Returns (Follow-Up): Patients with a future extraction appointment type– 38 (10% n=369)</p> <p>Returned within 21 days for extraction 29 (76% n=38)</p> <p>Antibiotics Given: Patients without a future extraction appointment type 71 (19% n=369)</p> <p>Extraction not needed: non-emergent 60 (16% n=369)</p> <p>It is possible that patients no longer feel pain after receiving antibiotics, which makes them no longer feel it to be an emergency. Sometimes patients prefer to wait and preserve the affected teeth.</p>	Irene will provide a list of patients to the David / Alexa team for a follow-up to find more concrete evidence of why the patients do not follow up with their appointments.	Irene / Alex	3/1/22
	<p>MDI/WHO – December 2021</p> <ul style="list-style-type: none"> – Total Pediatric Patients 831 <ul style="list-style-type: none"> ○ Excluded from MDI 201 (24%) ○ No MDI 211 (25%); 			

	<ul style="list-style-type: none"> ○ MDI 419 (51%) – Total Well visit 630 <ul style="list-style-type: none"> ○ No MDI 211 (33% n=630) ○ MDI 419 (67% n=630) <ul style="list-style-type: none"> ▪ WHO 64 (15% n=419) <p>No WHO 355 (85% n=419)</p>													
	<p><u>Dental Clinic Audit Summary</u></p> <table border="1" data-bbox="501 602 989 927"> <thead> <tr> <th>Dental Clinic Audit- December 2021</th> <th>Compliance</th> </tr> </thead> <tbody> <tr> <td>Belle Glade</td> <td>95%</td> </tr> <tr> <td>Delray</td> <td>94%</td> </tr> <tr> <td>Lantana</td> <td>96%</td> </tr> <tr> <td>West Palm Beach</td> <td>95%</td> </tr> </tbody> </table> <p>Re-occurring issues were maintenance-related and were usually handled within the month. Teams have been receptive to quality reviews.</p>	Dental Clinic Audit- December 2021	Compliance	Belle Glade	95%	Delray	94%	Lantana	96%	West Palm Beach	95%	<p>The Dental Admin Team is also sending monthly findings to the clinics to be more aware of what the admin team is looking for. This way, they can be more aware of their expectations in terms of quality.</p>	<p>Irene</p>	<p>3/1/22</p>
Dental Clinic Audit- December 2021	Compliance													
Belle Glade	95%													
Delray	94%													
Lantana	96%													
West Palm Beach	95%													
<p>WOMEN'S HEALTH</p>	<p><u>Prenatal Age</u></p> <table border="1" data-bbox="485 1255 1003 1421"> <thead> <tr> <th colspan="2">July – December 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>11</td> </tr> </tbody> </table>	July – December 2021		Age	Number of Patients	Less than 15 Years	0	Ages 15-19	11					
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	<table border="1"> <tr> <td>Ages 20-24</td> <td>42</td> </tr> <tr> <td>Ages 25-44</td> <td>120</td> </tr> <tr> <td>Ages 45 and Over</td> <td>0</td> </tr> <tr> <td>Total</td> <td>173</td> </tr> </table> <p>(Report with graph presented.)</p>	Ages 20-24	42	Ages 25-44	120	Ages 45 and Over	0	Total	173			
Ages 20-24	42											
Ages 25-44	120											
Ages 45 and Over	0											
Total	173											
	<p><u>Entry into Care</u> 173 women entered into care in the month of July-Dec.</p> <p>86 - Entered into care in the First trimester 62 - Entered into care in the second trimester 25 - Entered into care in the third trimester</p> <p>163 - Entered into Care with the C.L. Brumback Primary care Clinics 10 - Had her first visit with another provider 0 - Had initial Provider not recorded.</p> <p>(Report with graph presented.)</p>											
	<p><u>Deliveries & Birthweights</u> 10 Deliveries in December.</p> <ul style="list-style-type: none"> - (<1500 grams) – 0 - (1500-2499 grams) – 1 - (>2500 grams) – 9 <p>(Report with graph presented.)</p>											
BEHAVIORAL HEALTH	<p><u>Cage-Aid:</u> Around 9,186 performed from January-December 2021. Positives (n=639), majority were in Mangonia Clinic (n=61) & Lewis Center Clinic (n=61);</p>											

July 2021 Total Score	# Patients	%
Score = 0	8,547	93.04%
Score = 1	91	0.99%
Score = 2	64	0.70%
Score = 3	78	0.85%
Score = 4	406	4.42%

There has been a request to implement the use of CAGE Aid alcohol use questions in patient screening. This concern comes as patients are asked to place a value on their use of a substance, i.e., "on a scale from 1-10, how much of a problem would you say your drinking is?" This self-evaluation model leaves it up to the patient to make a decision that would then trigger either a positive or negative screening. Whereas the alcohol use screening would ask questions like: "How many times a day are you drinking?". A positive screening would then trigger an SBIRT.

PHQ 2/9

The team was able to meet the Depression remission goal for 2021.

Total encounters with PHQ2/9: 6,528
 6% positive rate based on >10, or 1 or above, (n=387)

Start incorporating Alcohol use data into CAGE Aid data report in order to cast a wider net.

Providers will be instructed to refer to Behavioral health and the BHCs will complete the Smart sets

Ivonne /
 Dr. Phillips
 / Dr.
 Warren

Dr. Warren

3/1/22

3/1/22

	<p>PHQ9 Positive patients with NO PAST BH/SA appointment as Dec 2021</p> <table border="1"> <thead> <tr> <th>Department</th> <th colspan="2">NO Past BH/SA Appointment</th> <th>Insurance *SELF PAY*</th> </tr> </thead> <tbody> <tr> <td>CLB BELLEGLADE PRIMARY</td> <td>1</td> <td>13%</td> <td>1</td> </tr> <tr> <td>CLB JUPITER PRIMARY</td> <td>1</td> <td>13%</td> <td></td> </tr> <tr> <td>CLB LAKE WORTH WOMENS</td> <td>1</td> <td>13%</td> <td>1</td> </tr> <tr> <td>CLB LEWIS PRIMARY</td> <td>4</td> <td>50%</td> <td>2</td> </tr> <tr> <td>CLB MANGONIA PRIMARY</td> <td>1</td> <td>13%</td> <td>1</td> </tr> <tr> <td></td> <td>8</td> <td>100%</td> <td>5</td> </tr> </tbody> </table>	Department	NO Past BH/SA Appointment		Insurance *SELF PAY*	CLB BELLEGLADE PRIMARY	1	13%	1	CLB JUPITER PRIMARY	1	13%		CLB LAKE WORTH WOMENS	1	13%	1	CLB LEWIS PRIMARY	4	50%	2	CLB MANGONIA PRIMARY	1	13%	1		8	100%	5			
Department	NO Past BH/SA Appointment		Insurance *SELF PAY*																													
CLB BELLEGLADE PRIMARY	1	13%	1																													
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<p>NURSING</p>	<p>Higher Level of Care 43 ER referrals/41 patients were sent to the ER in August. The breakdown of the referrals is: WH- 2 (5%) Peds- 10 (23%) WPB Adult- 31 (72%) Crisis- 0 (0%)</p> <p>There were 2 patients with multiple orders in December. Upon review of the chart, the duplicate referrals were appropriate. Dr. Clarke's first referrals for pediatrics were for a COVID + 4 mo. old with fever. They were sent back to ER with the second referral 7 days later with pulmonary symptoms.</p> <p>The second referrals were for OB, one from Jennifer Casanova on 12/22 and the second from Dr. Ferwerda on 12/27. Both were related to decreased fetal movement.</p>	<p>We need to review the guidelines for using the pediatric pulse ox machine.</p>	<p>Lisa / Angela / Dr. Chibar</p>	<p>3/1/22</p>																												

	<p>There are no adult and child crisis stabilization referrals, but there should be beginning in January due to work done to ensure these are utilized and dropped to this work queue. We have tested this and it is working.</p> <p>The incorrect referral type was used on 6 of the pediatric referrals from Dr. Clarke (Urgent care ER and emergency medicine referrals were used for 6). 4 of the referrals used the correct Pediatric emergency medicine referral. 9 of the 10 (90%) peds referrals were from Dr. Clarke and 1 of the 10 (10%) was from Dr. Marzouca.</p> <p>WPB and BG were the top producers of referrals. 6 of the 31 adult referrals (19%) were from Carlos Garcia WPB, APRN. Dr. Florez, Dr. Dabu and Dr. Rahman each had 4 referrals (13% for each Provider). The remaining providers make up the other 13 referrals (42%)</p>			
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QUALITY METRICS

UDS December 2021

Of the 16 UDS Measures: 8 Exceeded the HRSA Goal and 8 were short of the HRSA Goal (*Clinic Score/ HRSA Goal / Healthy People Goal*)

**Athena reporting has known issues due to the updates being made to UDS 2020 reporting capabilities. Data not validated.*

Medical UDS Report	Breast Cancer Screening: (60%/60%)			
	Childhood immunization: (46%/ 60%)			
	Cervical Cancer Screening: (52% /65%)			
	Weight assessment, Children & Adolescent: (95% /90%)			
	Adult Weight screening and follow up: (77% / 90%)			
	Tobacco use screening & cessation: (92% / 93%)			

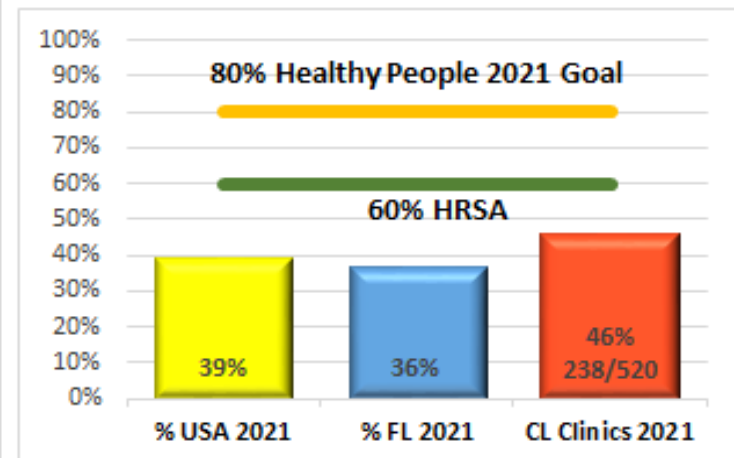
	Coronary Artery Disease CAD: (84% / 81%)			
	Ischemic Vascular Disease (IVD): (82% / 86%)			
	Colorectal Cancer Screening: (49% / 82%)			
	HIV linkage: (75% / 100%)			
	Depression screening: (96% / 83%)			
	Depression screening (Homeless): (90% / 83%)			
	Hypertension: (68% / 80%)			
	Diabetes: (74% / 66%)			
	Diabetes (Migrant): (75% / 66%)			
Meeting Adjourned: 11:09 AM				



C. L. BRUMBACK PRIMARY CARE CLINICS

YTD December 2021

CHILDHOOD IMMUNIZATION

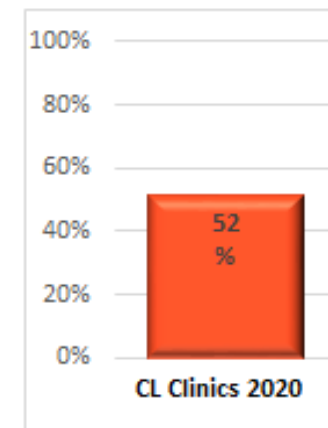


Findings:

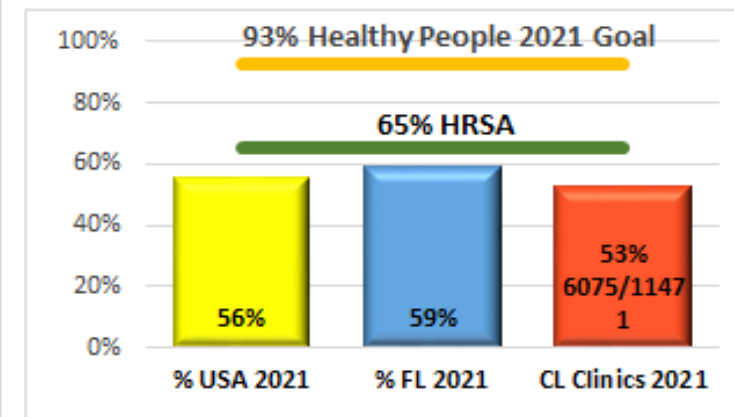
1. Athena was at 55% in June 2021, but has dropped since then despite FL Shots Interface.
2. Florida Shots query in Epic does not always match to patient.
3. Small universe.

Interventions:

1. Working with Epic analysts to see if there is a workqueue we can use to identify patients that are not matching in FL shots so we can match manually.



CERVICAL CANCER SCREENING

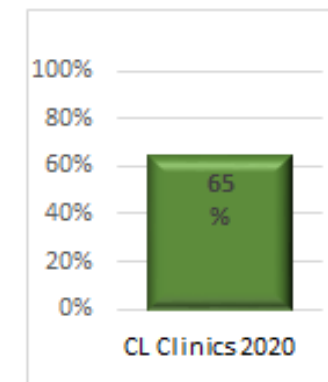


Findings:

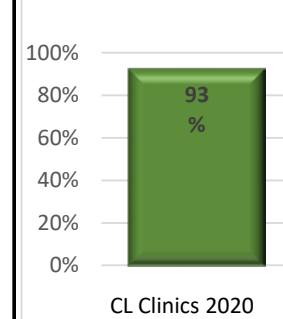
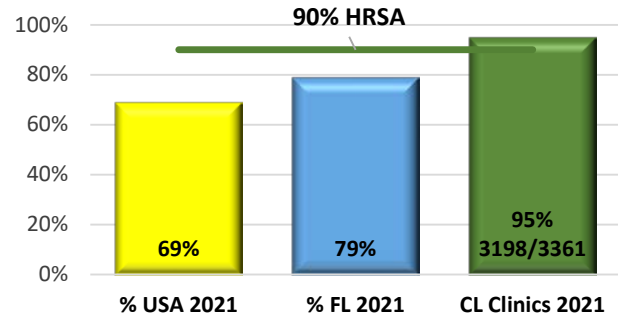
1. Cervical Cancer Screening was at 62% in June in Athena and has dropped by 10% since merging the data with Epic.

Interventions:

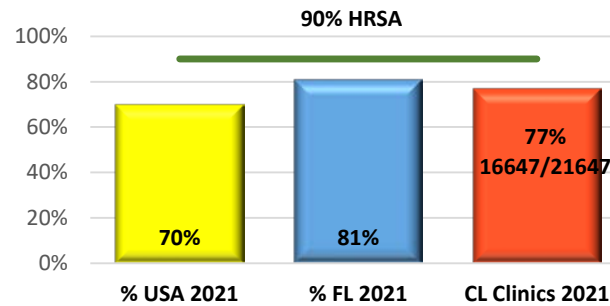
1. Will do a campaign with call center to schedule patients who don't have an upcoming appointment.
2. Reviewed with providers in monthly providers meeting to encourage patients to get same day pap smears done for pts currently on their schedule.
2. Working with Epic analysts to create Cervical Cancer Screening SmartSet and make it available under "Plan" section for easy access for the Provider.



WEIGHT SCREENING AND COUNSELING FOR CHILDREN AND ADOLESCENTS



ADULT WEIGHT SCREENING AND FOLLOW UP

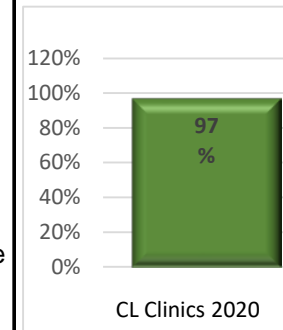


Findings:

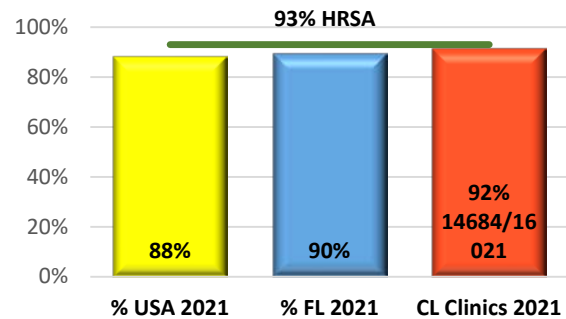
1. Athena was 96% in June. Epic is at around 40% as of November.

Interventions:

1. Providers were sent an email on how to use the Smart Set through the BPAs. And at the monthly provider meeting they were shown how to add the Smart Set under the "Plan" activity tab in Epic so as to have easy access while they are seeing the patient to drop the orders.



TOBACCO USE SCREENING AND CESATION INTERVENTION

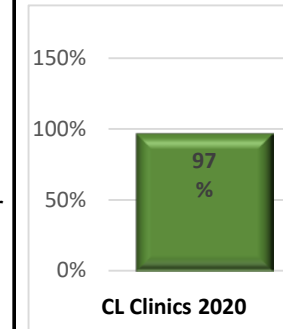


Findings:

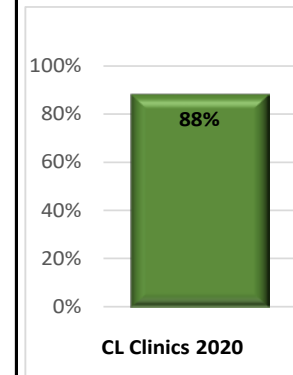
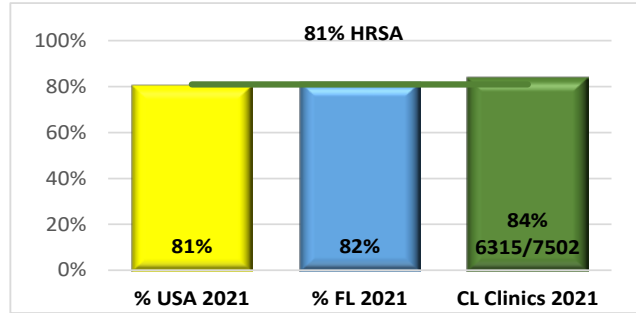
1. Athena data was at 98% in June and is what is pulling overall average up in this YTD combined total of Athena and Epic.
2. BPA for tobacco cessation is not always triggering

Interventions:

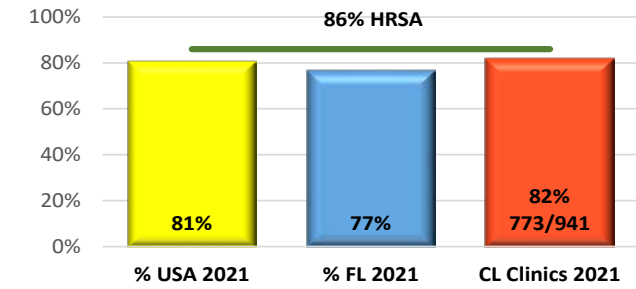
1. Working with Epic analyst to see what changes need to be made in order for BPA to trigger consistently.
2. Providers were trained to set up the tobacco cessation Smart Set as a favorite to pull it from the "Plan" activity tab in Epic.



CORONARY ARTERY DISEASE (CAD): LIPID THERAPY



ISCHEMIC VASCULAR DISEASE (IVD): Antiplatelet Therapy

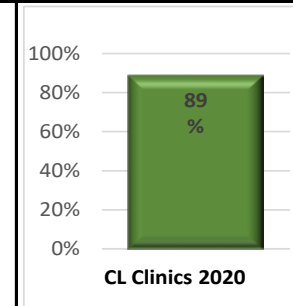


Findings:

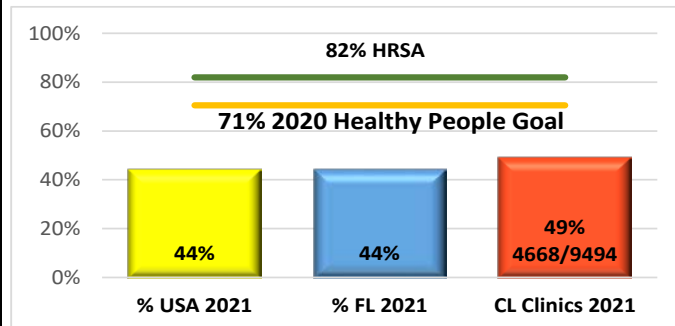
1. Athena was at 88% in June.
2. Patients do not have antiplatelets prescribed despite IVD diagnosis. Expired medications in Athena did not cross over to Epic.

Interventions:

1. Run report to find expired medications in Athena. Team will work on transcribing expired Aspirin to Epic.
2. Providers were instructed during the providers meeting to ensure that they are appropriately prescribing antiplatelet therapy.



COLORECTAL CANCER SCREENING

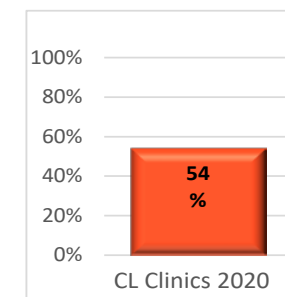


Findings:

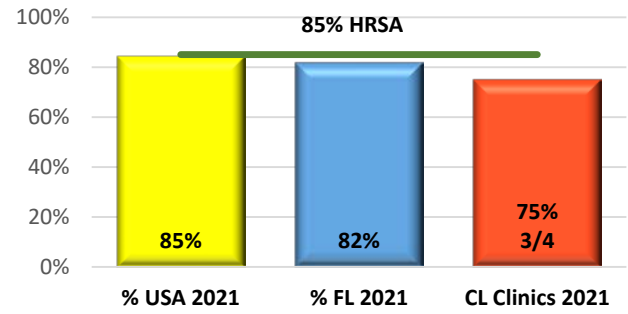
1. Athena was at 62% in June.
2. Data changed because we are not using the rolling calendar to capture patients who met the metric last year and are not due for a FIT test yet this year.

Interventions:

1. Adjust the data collection to include the patients who are not yet due for another FIT test.
2. Some of the clinics have a better return rate when fit test are ordered such as Lantana and Belle Glade clinic. Follow up with the MAs at that clinic will be done to determine what different actions are done to have a better return rate while compared to other clinics.

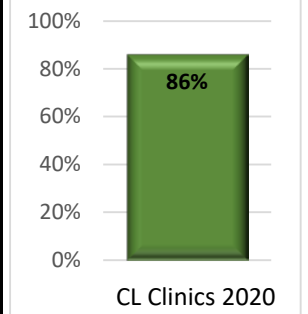


HIV LINKAGE TO CARE

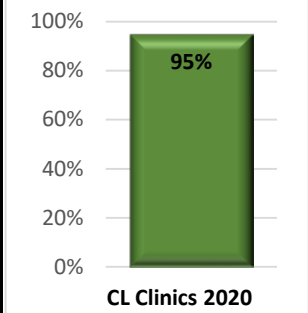
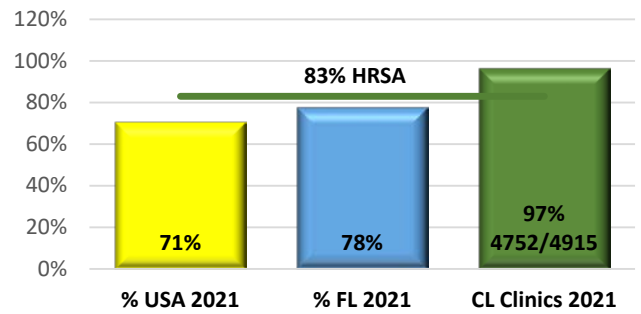


Findings:
Small universe

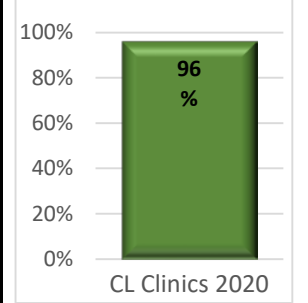
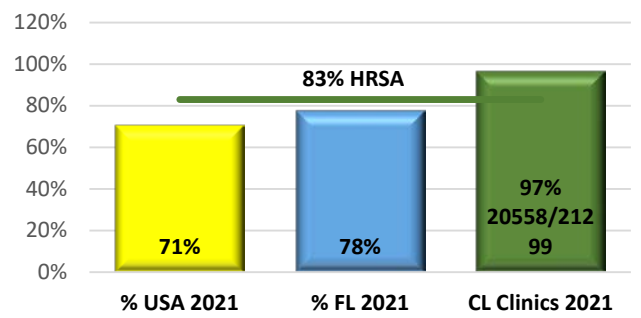
Interventions:
1. Providers educated on ensuring that we don't miss opportunities for linkage to care.



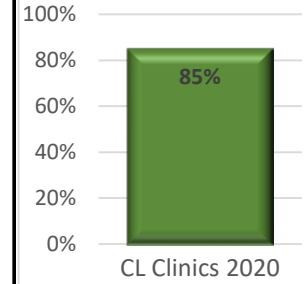
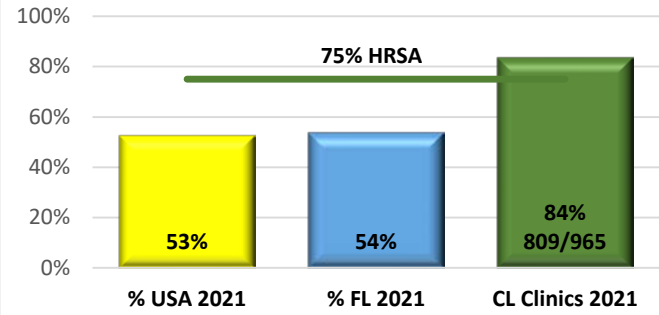
PATIENTS SCREENED FOR DEPRESSION AND FOLLOW-UP SPECIAL POPULATION: HOMELESS



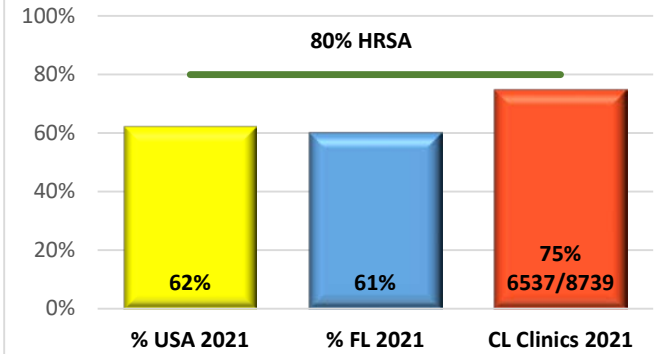
PATIENTS SCREENED FOR DEPRESSION AND FOLLOW-UP



DENTAL SEALANTS



HYPERTENSION

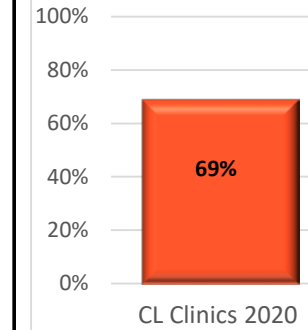


Findings:

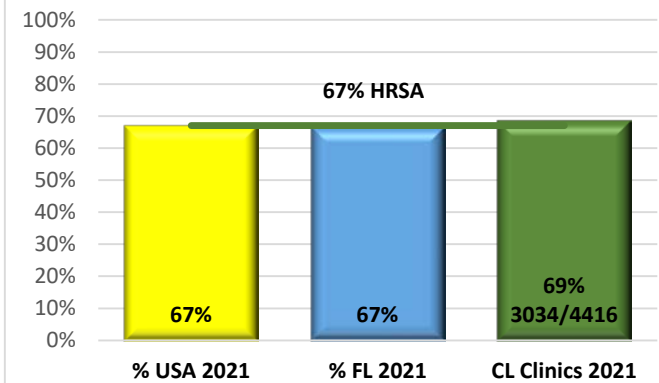
1. Stable compared to previous data in June

Interventions:

1. Provided list of uncontrolled hypertensive patients who did not have an upcoming appointment to call center to schedule an appointment before December 31.



DIABETES

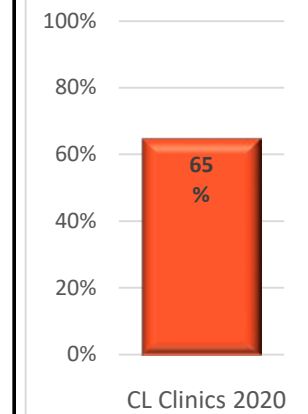


Findings:

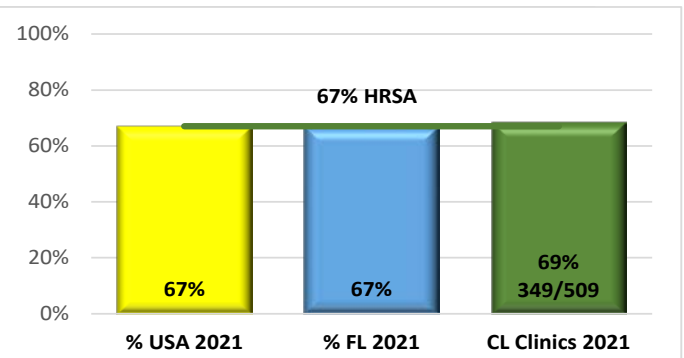
1. Drop of 2% compared to June related to an increase of patients needing data (needed an A1C). There were 306 patients with missing data

Interventions:

1. Provided list of patients with missing data to call center to schedule an appointment

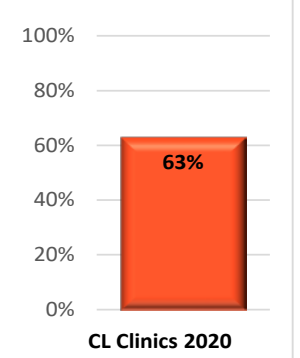


DIABETES FOR SPECIAL POPULATION: AGRICULTURAL (MIGRANT & SEASONAL)

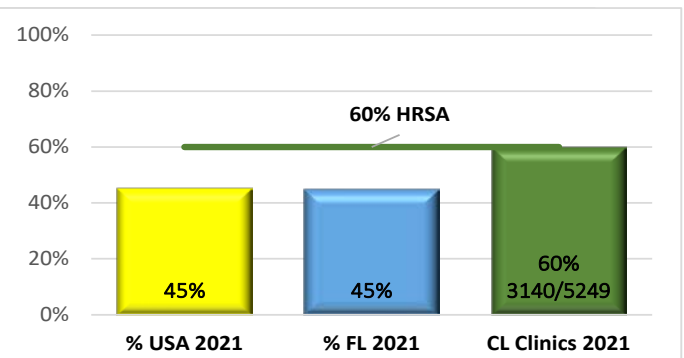


Findings:
1. Small universe.

Interventions:
These patients were included in the list of patients provided to the call center to schedule an appointment.

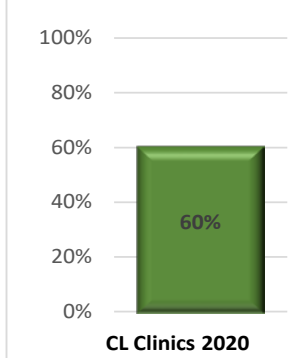


BREAST CANCER SCREENING

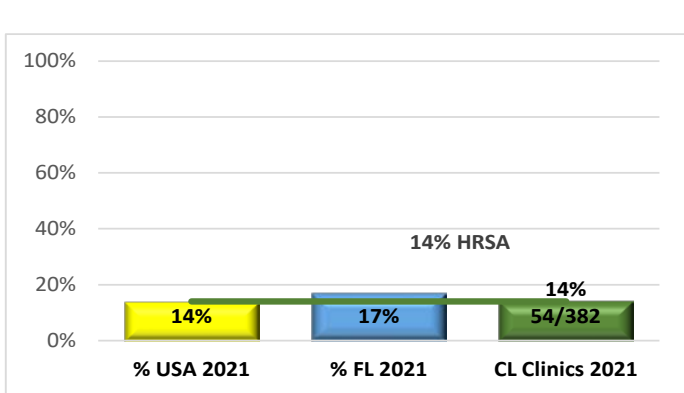


Findings:
1. Athena was at 65% in June.

Interventions:
1. Provide outreach to patients for whom the mammogram was ordered but not completed yet to remind them to complete the screening.

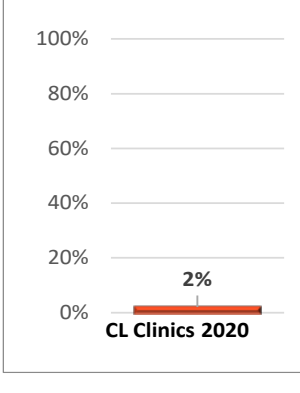


DEPRESSION REMISSION

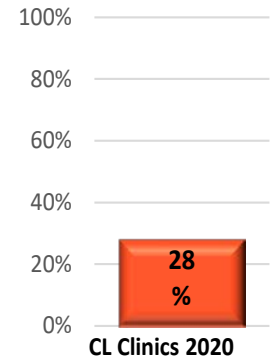
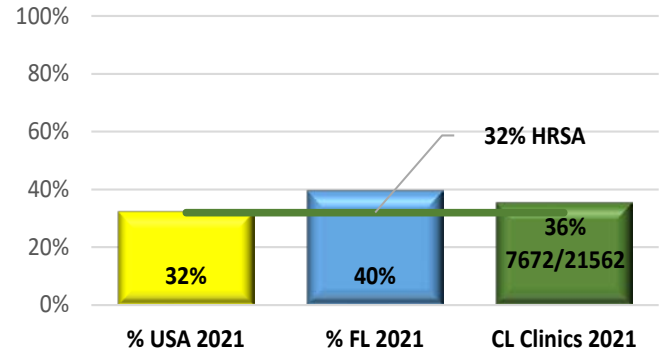


Findings:
1. Athena was at 9% in June. □

Interventions:
1. Create patient list per clinic for patients with PHQ9 or greater to be worked by BHC's for depression remission



HIV SCREENING



PRODUCTIVITY JANUARY 2022

ALL PROVIDERS

AS 01/31/2022 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	Total			
ALFONSO PUENTES, RAMIRO	17	16.5	272	12	284	245	90%	12	100%	257	90%	15.6
BEAUGE, ESTELLE	15	16.9	252	5	257	111	44%	5	100%	116	45%	6.9
CESAIRE, ROSE CARLINE	15	12.4	184	4	188	132	72%	4	100%	136	72%	11.0
DORCE-MEDARD, JENNIFER	17	0.5	9	0	9	10	111%	0		10	111%	20.0
DABU, DARNEL	17	11.5	196	2	198	163	83%	2	100%	165	83%	14.3
FLOREZ, GLORIA	17	17.5	291	8	299	264	91%	8	100%	272	91%	15.5
GARCIA, CARLOS A	15	10.5	150	1	151	125	83%	1	100%	126	83%	12.0
HARBERGER, SENECA & Residents	17	11.5	194	2	196	384	198%	2	100%	386	197%	33.6
JEAN-JACQUES, FERNIQUE	15	17.0	252	5	257	242	96%	5	100%	247	96%	14.5
KOOPMAN, REBECCA	15	20.0	301	0	301	207	69%	0		207	69%	10.4
LAM, MINH DAI	15	14.1	194	19	213	208	107%	22	116%	230	108%	16.3
LOUIS, JOANN PIERRE	15	16.0	234	9	243	221	94%	9	100%	230	95%	14.4
NAVARRO, ELSY	15	14.1	204	9	213	186	91%	9	100%	195	92%	13.8
PEREZ, DANIEL JESUS & Residents	17	17.0	256	35	291	270	105%	26	74%	296	102%	17.4
PHILISTIN, KETELY	15	16.0	240	2	242	242	101%	2	100%	244	101%	15.3
RAHMAN, SM	17	19.5	324	8	332	217	67%	8	100%	225	68%	11.5
SANCHEZ, MARCO FERNANDEZ	15	13.0	195	1	196	148	76%	1	100%	149	76%	11.5
SHOAF, NOREMI	15	18.0	268	5	273	258	96%	4	80%	262	96%	14.6
VIL, CARLINE ST	15	14.5	218	1	219	180	83%	1	100%	181	83%	12.5
ZITO, AMALINETTE	9	3.0	25	2	27	26	104%	2	100%	28	104%	9.3
ADULT CARE TOTALS		279.5	4,259	130	4,389	3,839	90%	123	95%	3,962	90%	

PEDIATRIC CARE												
CLARKE-AARON, NOELLA	17	15.0	251	6	257	224	89%	6	100%	230	89%	15.3
CHIBAR, CHARMAINE	17	3.0	10	0	10	10	100%	0		10	100%	3.3
DESSALINES, DUCLOS	17	12.0	214	0	214	229	107%	0		229	107%	19.1
LAZARO RIVERA, NANCY	17	15.5	265	0	265	305	115%	0		305	115%	19.7
MARZOUC, KISHA F.	17	16.5	276	7	283	274	99%	7	100%	281	99%	17.0
NORMIL-SMITH, SHERLOUNE	17	14.0	240	0	240	258	108%	0		258	108%	18.4
PEDIATRIC CARE TOTALS		76	1,256	13	1,269	1,300	104%	13	100%	1,313	103%	

WOMEN'S HEALTH CARE												
CASANOVA, JENNIFER	15	17.0	257	0	257	310	121%	0		310	121%	18.2
FERWERDA, ANA	17	13.0	224	0	224	206	92%	0		206	92%	15.8
WOMEN'S HEALTH CARE TOTALS		30	481	0	481	516	107%			516	107%	

BEHAVIORAL HEALTH												
CALDERON, NYLSA	10	15.5	148	7	155	138	93%	4	57%	142	92%	9.2
JONES, KIARA	10	19.0	170	20	190	163	96%	20	100%	183	96%	9.6
LUCCHESI, KAREN	10	19.5	155	40	195	107	69%	29	73%	136	70%	7.0
CUSIMANO, ANGELA	10	17.0	137	33	170	101	74%	18	55%	119	70%	7.0
LEQUERICA ZIEMBA, ADRIANA	6	15.6	76	17	93	70	92%	14	82%	84	90%	5.4
BEHAVIORAL HEALTH TOTALS		86.6	686	117	803	579	84%	85	73%	664	83%	

SUBSTANCE ABUSE DISORDER												
PHILLIPS, COURTNEY	8	7.0	56	0	56	93	166%	0		93	166%	13.3
PEREZ-NUÑEZ, DIANA	15	20.5	305	4	309	255	84%	2	50%	257	83%	12.5
HIRSCH, KAREN	6	15.5	35	58	93	35	100%	30	52%	65	70%	4.2
FARAH, CRISTINA	10	12.5	72	53	125	76	106%	15	28%	91	73%	7.3
MILETA, SNEZANA	10	15.0	115	35	150	118	103%	22	63%	140	93%	9.3
MITCHELL, ANGELA	10	18.5	82	103	185	106	129%	67	65%	173	94%	9.4
LAWRENCE, MELISSA	10	20.0	155	45	200	170	110%	35	78%	205	103%	10.3
REXACH, CLAUDIA	10	20.0	97	103	200	95	98%	65	63%	160	80%	8.0
ROMAIN, REYNETTE	10	12.5	64	61	125	79	123%	29	48%	108	86%	8.6
SUBSTANCE ABUSE DISORDER TOTALS		141.5	981	462	1,443	1,027	105%	265	57%	1,292	90%	

DENTAL												
ALONSO, ZENAIIDA	16	14.5	232	0	232	195	84%			195	84%	13.4
ALWEHAIB, ARWA	16	19.0	312	0	312	303	97%			303	97%	15.9
CUCURAS, JOHN N	16	5.5	88	0	88	90	102%			90	102%	16.4
OLIVEIRA, PAULO	16	19.5	312	0	312	268	86%			268	86%	13.7
SEMINARIO, ADA	16	16.0	256	0	256	196	77%			196	77%	12.3
SILVA, MICHELLE	16	17.5	280	0	280	257	92%			257	92%	14.7
ZANGENEH, YASMINE	16	13.0	208	0	208	151	73%			151	73%	11.6
WILLIAMS, RICHARD	16	15.5	248	0	248	173	70%			173	70%	11.2
BARBOSA, BIANCA	25	17.5	292	0	292	273	93%			273	93%	15.6
HARDCASTLE, CORINA	8	16.0	128	0	128	106	83%			106	83%	6.6
GRAY, NICOLE	8	16.0	128	0	128	78	61%			78	61%	4.9
MASON, SHERRY	8	12.5	100	0	100	69	69%			69	69%	5.5
GARCIA, IRENE	8	0.5	4	0	4	3	75%			3	75%	6.0
PETERSEN, PATRICE	8	18.5	148	0	148	130	88%			130	88%	7.0
DENTAL TOTALS		201.5	2,736	0	2,736	2,292	84%			2,292	84%	

GRAND TOTAL												
		815.1	10,399	722	11,121	9,553	92%	486	67%	10,039	90%	

ST. ANN NURSES												
ST ANN NURSES TOTALS		23.0	230	0	230	94	41%	0		94	41%	

PRODUCTIVITY JANUARY 2022

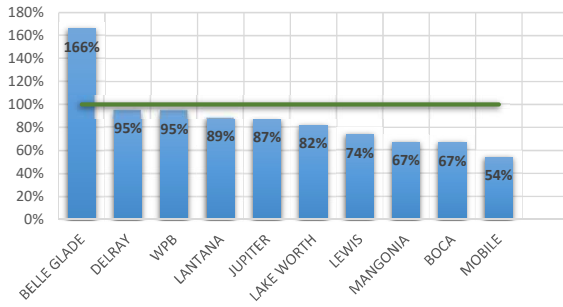
ALL CLINICS

AS 01/31/2022 Based on Completed Appointments

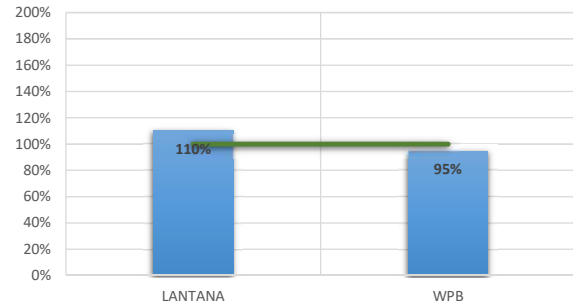


Category	Target for the Month			Total for the Month Seen			% Monthly Target Achieved
	AS 01/31/2022	In-Person	Telehealth	Total	In-Person	Telehealth	
ADULT CARE	4,259	130	4,389	3,839 90%	123 95%	3,962	90%
PEDIATRIC CARE	1,256	13	1,269	1,300 104%	13 100%	1,313	103%
WOMEN'S HEALTH CARE	481	0	481	516 107%	0	516	107%
BEHAVIORAL HEALTH	686	117	803	579 84%	85 73%	664	83%
SUBSTANCE ABUSE DISORDER	981	462	1,443	1,027 105%	265 57%	1,292	90%
DENTAL HEALTH	2,736	0	2,736	2,292 84%	0	2,292	84%
Grand Total	10,399	722	11,121	9,553 92%	486 67%	10,039	90%

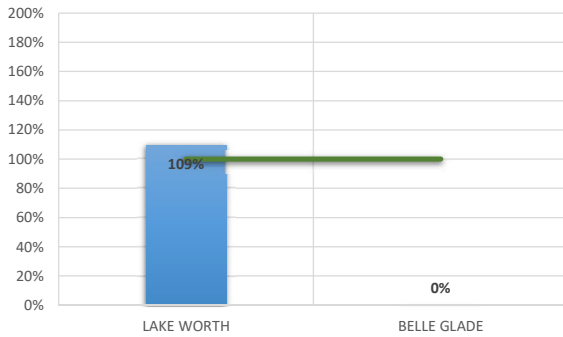
Adult Care



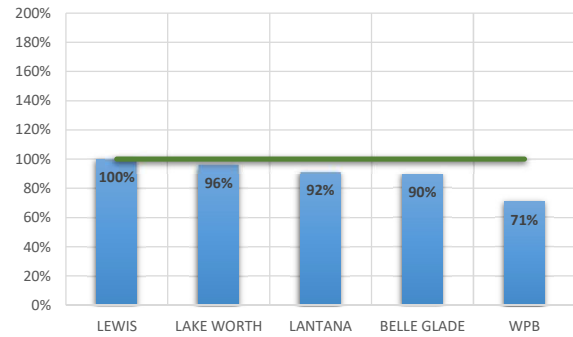
Pediatric Care



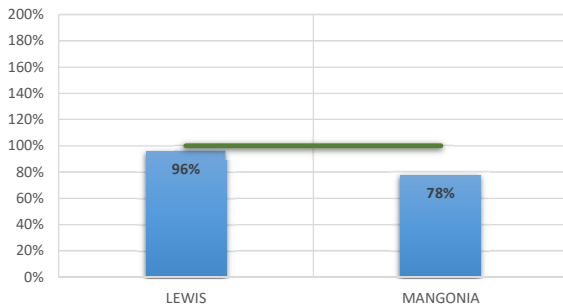
Women's Health Care



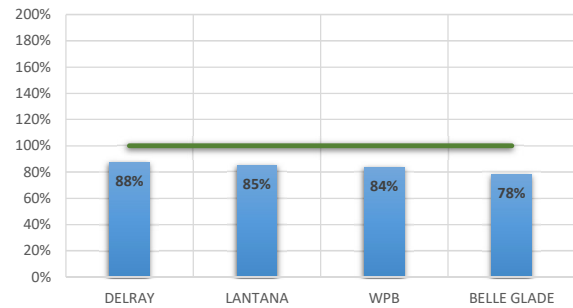
Behavioral Health



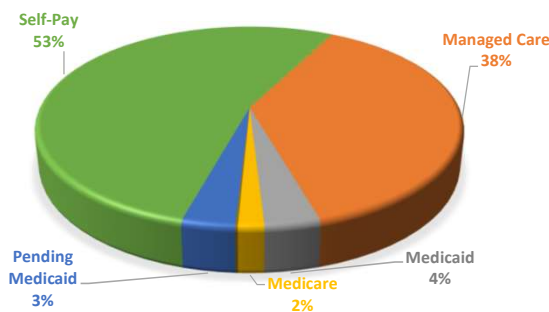
Substance Abuse Disorder



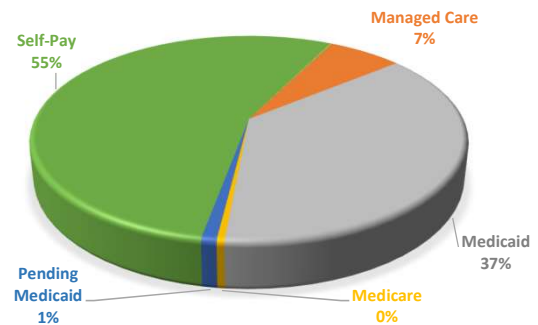
Dental



MEDICAL PAYER MIX



DENTAL PAYER MIX



ADULT CARE

Oct-21 Nov-21 Dec-21 Jan-22 Feb-22 Mar-22 Apr-22 May-22 Jun-22 Jul-22 Aug-22 Sep-22

ALFONSO PUENTES, RAMIRO	83%	95%	77%	90%
BEAUGE, ESTELLE			38%	45%
CESAIRE, ROSE CARLINE	80%	83%	62%	72%
DABU, DARNEL	90%	99%	82%	83%
DORCE-MEDARD, JENNIFER	89%	67%	111%	111%
FLOREZ, GLORIA	99%	98%	78%	91%
GARCIA, CARLOS A	81%	90%	75%	83%
HARBERGER, SENECA & Residents	160%	214%	189%	197%
JEAN-JACQUES, FERNIQUE	96%	106%	96%	96%
KOOPMAN, REBECCA	62%	70%	63%	69%
LAM, MINH DAI	125%	116%	108%	108%
LOUIS, JOANN PIERRE	89%	100%	81%	95%
NAVARRO, ELSY	92%	103%	93%	92%
PEREZ, DANIEL JESUS & Residents	145%	118%	104%	102%
PHILISTIN, KETELY	91%	98%	87%	101%
RAHMAN, SM		51%	55%	68%
SANCHEZ, MARCO FERNANDEZ	149%	168%	118%	76%
SANTANA, DELVIS SECIN	100%	110%	86%	
SHOAF, NOREMI	88%	95%	87%	96%
VIL, CARLINE ST	77%	92%	98%	83%
WARREN, SANDRA	78%	100%	70%	
ZITO, AMALINETTE	100%	89%	81%	104%

PEDIATRIC CARE

Oct-21 Nov-21 Dec-21 Jan-22 Feb-22 Mar-22 Apr-22 May-22 Jun-22 Jul-22 Aug-22 Sep-22

CLARKE-AARON, NOELLA	92%	89%	85%	89%
CHIBAR, CHARMAINE	61%	100%	100%	100%
DESSALINES, DUCLOS	120%	126%	108%	107%
LAZARO RIVERA, NANCY	130%	136%	113%	115%
MARZOUCA, KISHA F.	90%	88%	85%	99%
NORMIL-SMITH, SHERLOUNE	116%	106%	106%	108%

WOMEN'S HEALTH CARE

CASANOVA, JENNIFER	107%	133%	107%	121%
FERWERDA, ANA	110%	102%	84%	92%

BEHAVIORAL HEALTH

CALDERON, NYLSA	90%	97%	84%	92%
JONES, KIARA	98%	101%	89%	96%
LUCCHESI, KAREN	43%	67%	65%	70%
CUSIMANO, ANGELA		116%	50%	70%
LEQUERICA ZIEMBA, ADRIANA	79%	84%	84%	90%

SUBSTANCE ABUSE CARE

FARAH, CRISTINA	117%	113%	86%	73%
HIRSCH, KAREN	86%	98%	81%	70%
PEREZ-NUNEZ, DIANA			77%	83%
MILETA, SNJEZANA	93%	124%	100%	93%
MITCHELL, ANGELA	110%	105%	93%	94%
LAWRENCE, MELISSA		129%	89%	103%
PHILLIPS, COURTNEY	153%	53%	87%	166%
REXACH, CLAUDIA	107%	121%	94%	80%
ROMAIN, REYNETTE	116%	130%	105%	86%

DENTAL

Oct-21 Nov-21 Dec-21 Jan-22 Feb-22 Mar-22 Apr-22 May-22 Jun-22 Jul-22 Aug-22 Sep-22

ALONSO, ZENAIDA	81%	102%	85%	84%
ALWEHAIB, ARWA	100%	105%	89%	97%
CUCURAS, JOHN N	90%	140%	96%	102%
OLIVEIRA, PAULO	78%	95%	79%	86%
SEMINARIO, ADA	75%	112%	94%	77%
SILVA, MICHELLE	78%	102%	81%	92%
ZANGENEH, YASMINE	70%	107%	80%	73%
WILLIAMS, RICHARD	63%	95%	78%	70%
BARBOSA, BIANCA	170%	87%	103%	93%
HARDCASTLE, CORINA	78%	89%	88%	83%
GRAY, NICOLE	65%	75%	66%	61%
MASON, SHERRY	60%	78%	59%	69%
GONZALEZ, NANCY		63%	75%	
PETERSEN, PATRICE	54%	83%	90%	88%



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	11.5	194	2	196	384	2	386	197%	33.6
PEREZ, DANIEL JESUS & Residents	17	7.5	128	0	128	169	0	169	132%	22.5
DORCE-MEDARD, JENNIFER	17	0.5	9	0	9	10	0	10	111%	20.0
PHILISTIN, KETELY	15	1.5	22	1	23	25	1	26	113%	17.3
ADULT CARE TOTALS		21	353	3	356	588	3	591	166%	

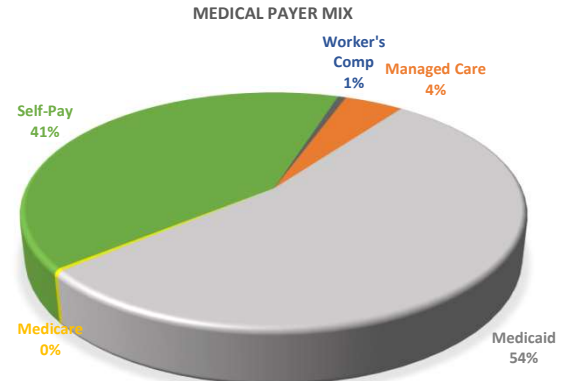
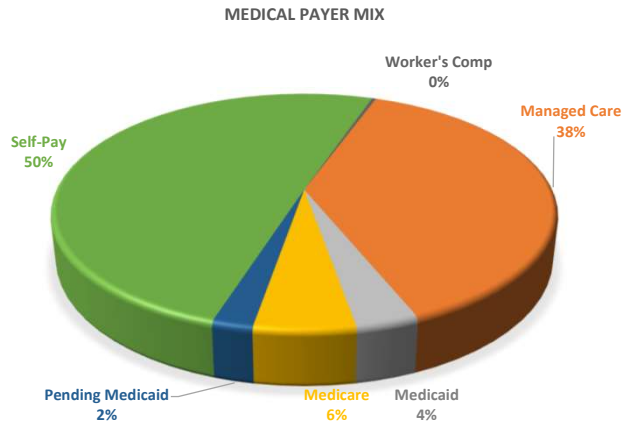
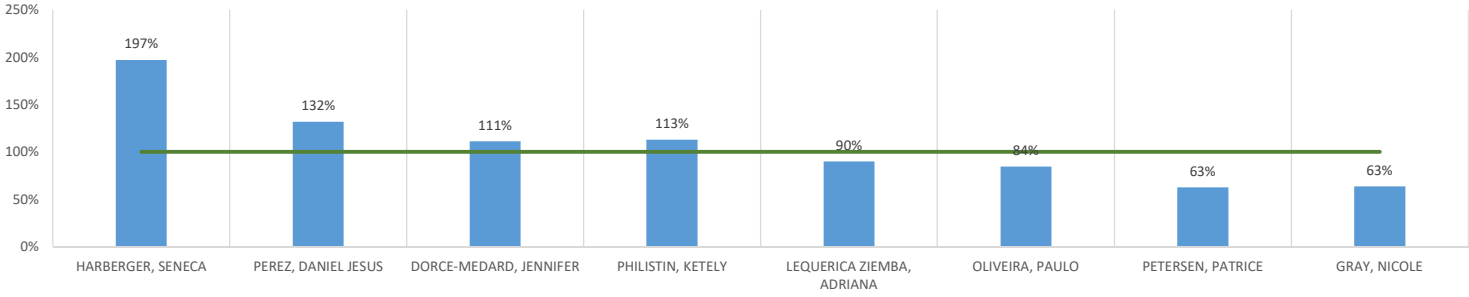
WOMEN'S HEALTH CARE										
FERWERDA, ANA	17	2.0	35	0	35	28		28	80%	14.0
WOMEN'S HEALTH CARE TOTALS		2	35	0	35	28	0	28		

BEHAVIORAL HEALTH										
LEQUERICA ZIEMBA, ADRIANA	8	15	73	17	90	67	14	81	90%	5.4
BEHAVIORAL HEALTH TOTALS		15	73	17	90	67	14	81	90%	

SUBSTANCE ABUSE DISORDER										
SUBSTANCE ABUSE DISORDER TOTALS		0	0	0	0	0	0	0		

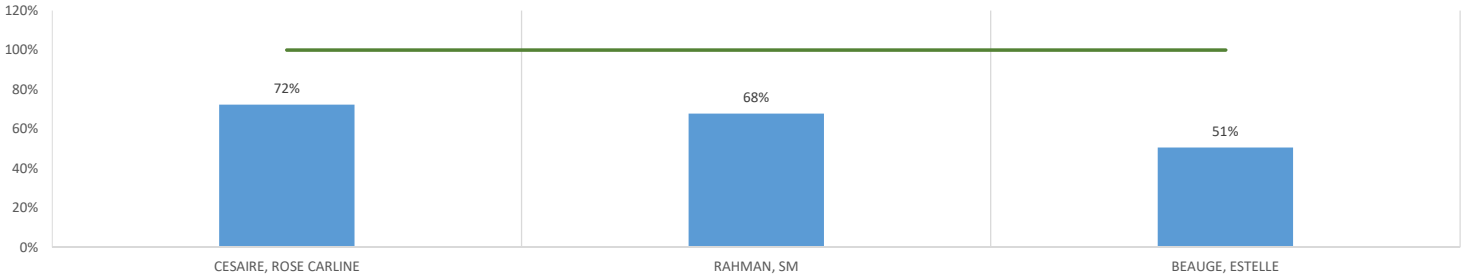
DENTAL										
OLIVEIRA, PAULO	16	18.5	296	0	296	250		250	84%	13.5
PETERSEN, PATRICE	8	1.0	8	0	8	5		5	63%	5.0
GRAY, NICOLE	8	15.0	120	0	120	76		76	63%	5.1
DENTAL TOTALS		34.5	424	0	424	331	0	331	78%	

GRAND TOTAL		72.5	885	20	905	1,014	17	1,031	114%	
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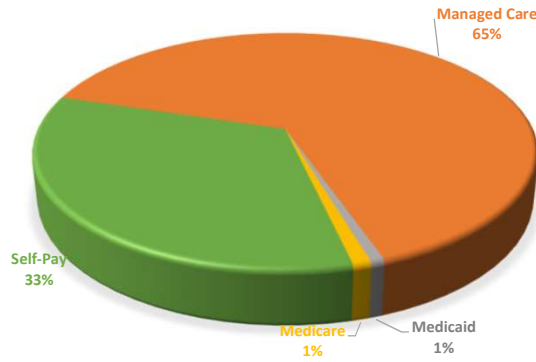


ADULT CARE										
Provider	Daily Target	Days Worked	Target for the Month			Total for the Month Seen			% Monthly Target Achieved	Daily Average
			In-Person	Telehealth	Total	In-Person	Telehealth	Total		
CESAIRE, ROSE CARLINE	15	12.4	184	4	188	132	4	136	72%	11.0
RAHMAN, SM	17	19.5	324	8	332	217	8	225	68%	11.5
BEAUGE, ESTELLE	15	4.9	70	5	75	33	5	38	51%	7.8
ADULT CARE TOTALS		36.8	578	17	595	382	17	399	67%	

GRAND TOTAL		36.8	578	17	595	382	17	399	67%	
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MEDICAL PAYER MIX



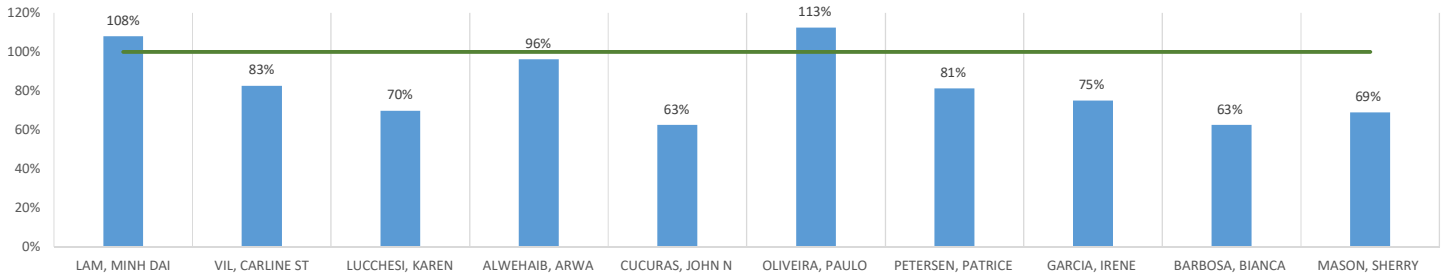


ADULT CARE										
Provider	Daily Target	Days Worked	Target for the Month			Total for the Month Seen			% Monthly Target Achieved	Daily Average
			In-Person	Telehealth	Total	In-Person	Telehealth	Total		
LAM, MINH DAI	15	14	194	19	213	208	22	230	108%	16.3
VIL, CARLINE ST	15	14.5	218	1	219	180	1	181	83%	12.5
ADULT CARE TOTALS		28.6	412	20	432	388	23	411	95%	

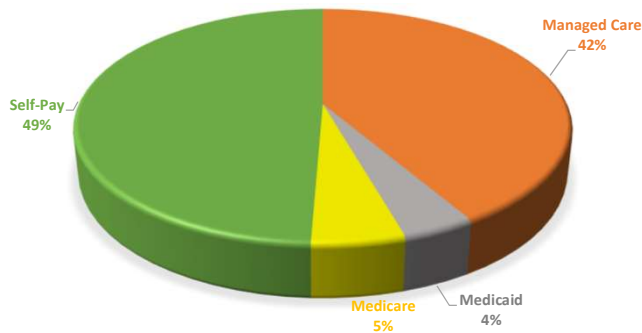
BEHAVIORAL HEALTH										
LUCCHESI, KAREN	10	19.5	155	40	195	107	29	136	70%	7.0
BEHAVIORAL HEALTH TOTALS		19.5	155	40	195	107	29	136	70%	

DENTAL										
ALWEHAIB, ARWA	16	18	296	0	296	285		285	96%	15.8
CUCURAS, JOHN N	16	0.5	8	0	8	5		5	63%	10.0
OLIVEIRA, PAULO	16	1	16	0	16	18		18	113%	18.0
PETERSEN, PATRICE	8	2	16	0	16	13		13	81%	6.5
GARCIA, IRENE	8	0.5	4	0	4	3		3	75%	6.0
BARBOSA, BIANCA	8	4	32	0	32	20		20	63%	5.0
MASON, SHERRY	8	12.5	100	0	100	69		69	69%	5.5
DENTAL TOTALS		38.5	472	0	472	413	0	413	88%	

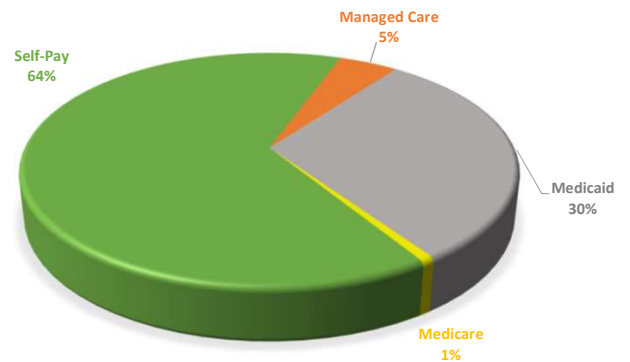
GRAND TOTAL		87	1039	60	1099	908	52	960	87%	
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MEDICAL PAYER MIX

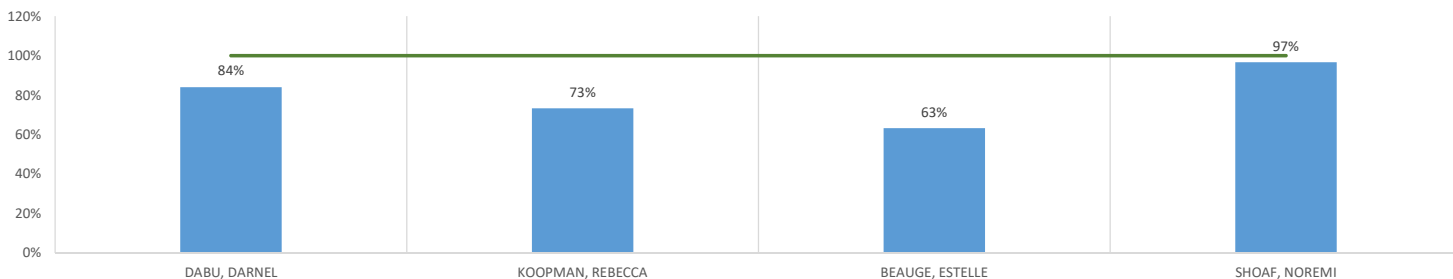


DENTAL PAYER MIX

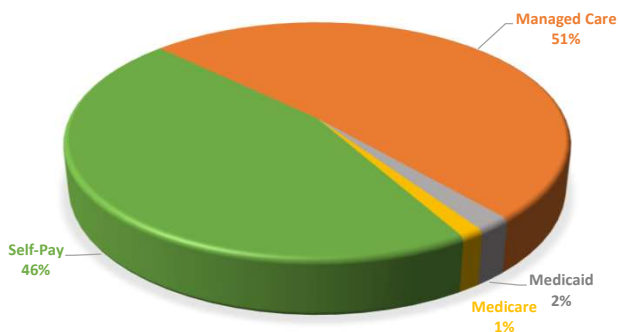


ADULT CARE										
Provider	Daily Target	Days Worked	Target for the Month			Total for the Month Seen			% Monthly Target Achieved	Daily Average
			In-Person	Telehealth	Total	In-Person	Telehealth	Total		
DABU, DARNEL	17	11.0	187	2	189	157	2	159	84%	14.5
KOOPMAN, REBECCA	15	1.0	15	0	15	11	0	11	73%	11.0
BEAUGE, ESTELLE	15	4.5	68	0	68	43	0	43	63%	9.6
SHOAF, NOREMI	#N/A	17.5	260	5	265	252	4	256	97%	14.6
ADULT CARE TOTALS		34	530	7	537	463	6	469	87%	

GRAND TOTAL		34	530	7	537	463	6	469	87%	
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MEDICAL PAYER MIX



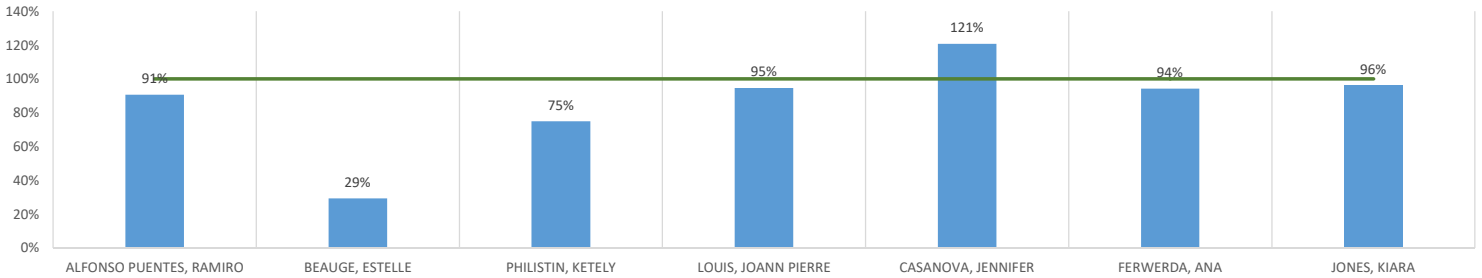


ADULT CARE										
Provider	Daily Target	Days Worked	Target for the Month			Total for the Month Seen			% Monthly Target Achieved	Daily Average
			In-Person	Telehealth	Total	In-Person	Telehealth	Total		
ALFONSO PUENTES, RAMIRO	17	15.5	256	11	267	231	11	242	91%	15.6
BEAUGE, ESTELLE	15	6.5	99	0	99	29	0	29	29%	4.5
PHILISTIN, KETELY	15	0.5	8	0	8	6	0	6	75%	12.0
LOUIS, JOANN PIERRE	15	16.0	234	9	243	221	9	230	95%	14.4
ADULT CARE TOTALS		38.5	597	20	617	487	20	507	82%	

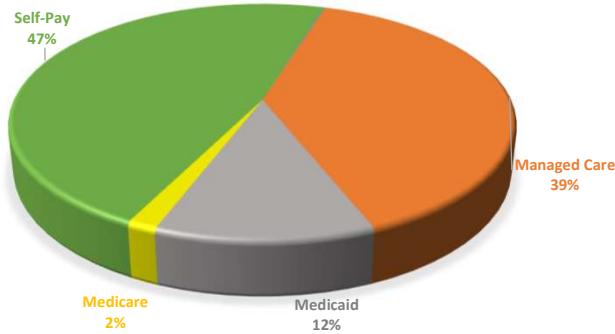
WOMEN'S HEALTH CARE										
CASANOVA, JENNIFER	15	17	257	0	257	310	0	310	121%	18.2
FERWERDA, ANA	17	11.0	189	0	189	178	0	178	94%	16.2
WOMEN'S HEALTH CARE TOTALS		28	446	0	446	488	0	488	109%	

BEHAVIORAL HEALTH										
JONES, KIARA	10	19	170	20	190	163	20	183	96%	9.6
BEHAVIORAL HEALTH TOTALS		19	170	20	190	163	20	183	96%	

GRAND TOTAL		85.5	1,213	40	1,253	1,138	40	1,178	94%	
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MEDICAL PAYER MIX



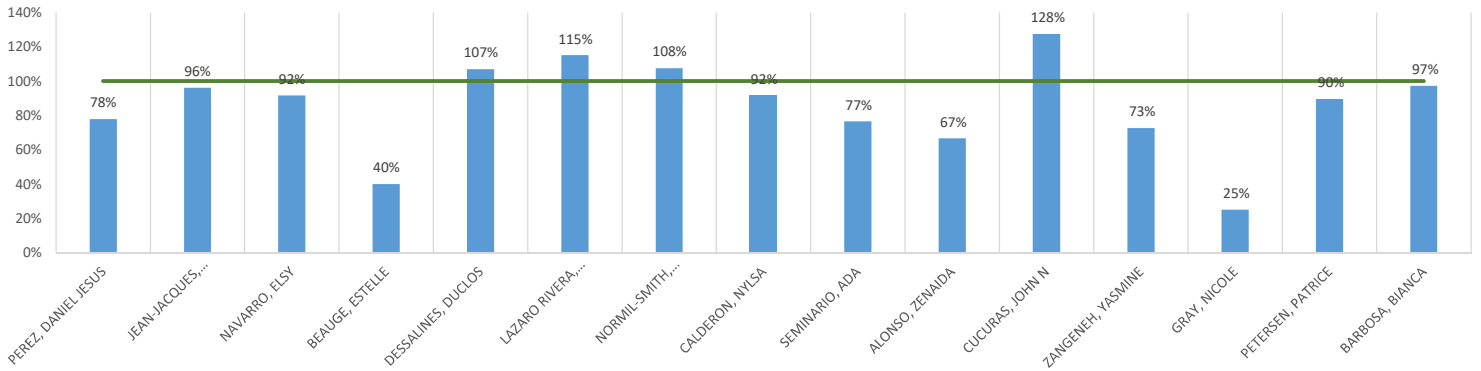
ADULT CARE										
Provider	Daily Target	Days Worked	Target for the Month			Total for the Month Seen			% Monthly Target Achieved	Daily Average
			In-Person	Telehealth	Total	In-Person	Telehealth	Total		
PEREZ, DANIEL JESUS	17	9.5	128	35	163	101	26	127	78%	13.4
JEAN-JACQUES, FERNIQUE	15	17.0	252	5	257	242	5	247	96%	14.5
NAVARRO, ELSY	15	14.1	204	9	213	186	9	195	92%	13.8
BEAUGE, ESTELLE	15	1.0	15	0	15	6	0	6	40%	6.0
ADULT CARE TOTALS		41.6	599	49	648	535	40	575	89%	

PEDIATRIC CARE										
DESSALINES, DUCLOS	17	12	214	0	214	229	0	229	107%	19.1
LAZARO RIVERA, NANCY	17	15.5	265	0	265	305	0	305	115%	19.7
NORMIL-SMITH, SHERLOUNE	17	14	240	0	240	258	0	258	108%	18.4
WOMEN'S HEALTH CARE TOTALS		41.5	719	0	719	792	0	792	110%	

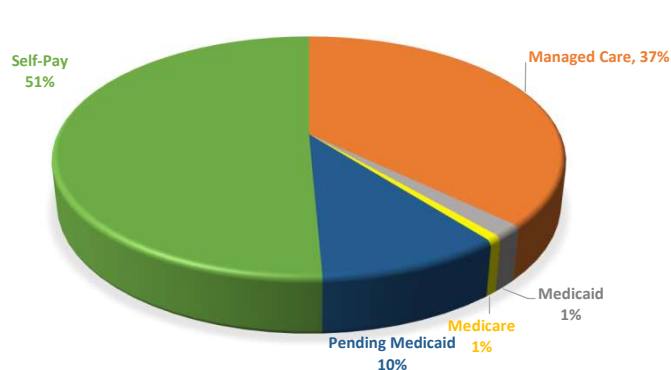
BEHAVIORAL HEALTH										
CALDERON, NYLSA	10	15.5	148	7	155	138	4	142	92%	9.2
BEHAVIORAL HEALTH TOTALS		15.5	148	7	155	138	4	142	92%	

DENTAL										
SEMINARIO, ADA	16	16	256	0	256	196		196	77%	12.3
ALONSO, ZENAIDA	16	1.5	24	0	24	16		16	67%	10.7
CUCURAS, JOHN N	16	2.5	40	0	40	51		51	128%	20.4
ZANGENEH, YASMINE	16	13	208	0	208	151		151	73%	11.6
GRAY, NICOLE	8	1	8	0	8	2		2	25%	2.0
PETERSEN, PATRICE	8	14.5	116	0	116	104		104	90%	7.2
BARBOSA, BIANCA	20	13.5	260	0	260	253		253	97%	18.7
DENTAL TOTALS		62	912	0	912	773	0	773	85%	

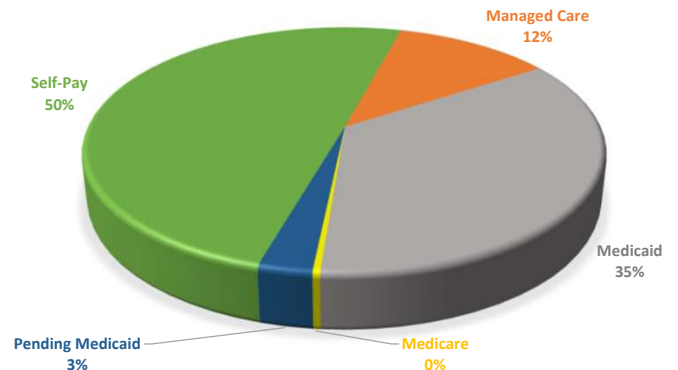
GRAND TOTAL		160.6	2,378	56	2,434	2,238	44	2,282	94%	
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MEDICAL PAYER MIX



DENTAL PAYER MIX

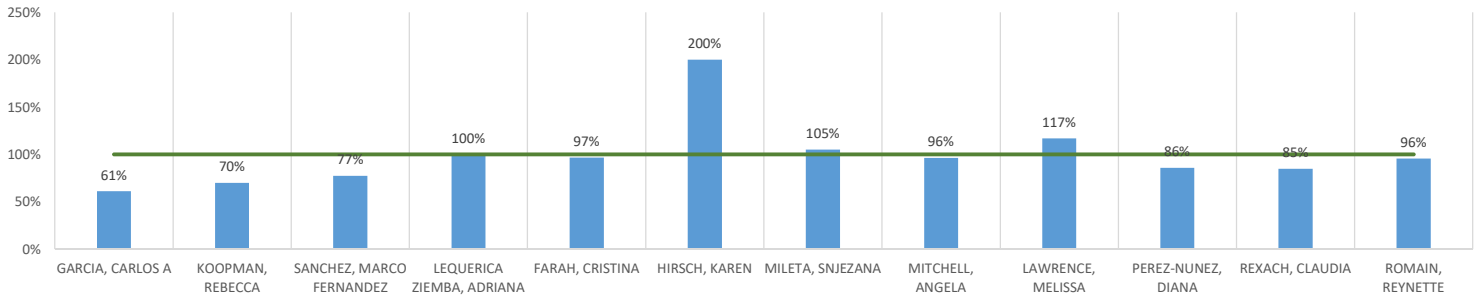


ADULT CARE										
Provider	Daily Target	Days Worked	Target for the Month			Total for the Month Seen			% Monthly Target Achieved	Daily Average
			In-Person	Telehealth	Total	In-Person	Telehealth	Total		
GARCIA, CARLOS A	15	1.1	18	0	18	11	0	11	61%	10.0
KOOPMAN, REBECCA	15	6	90	0	90	63	0	63	70%	10.5
SANCHEZ, MARCO FERNANDEZ	15	12	180	1	181	139	1	140	77%	11.7
ADULT CARE TOTALS		19.1	288	1	289	213	1	214	74%	

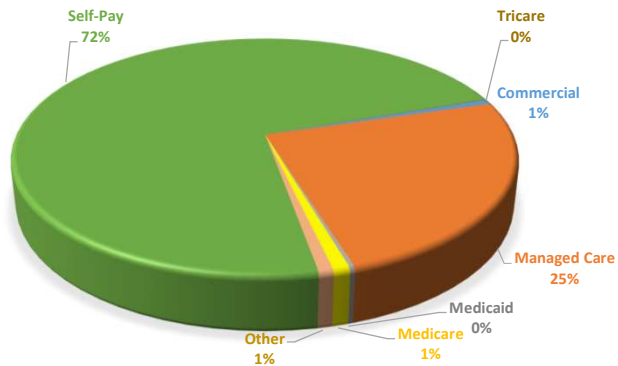
BEHAVIORAL HEALTH										
LEQUERICA ZIEMBA, ADRIANA	6	0.6	3	0	3	3		3	100%	5.0
BEHAVIORAL HEALTH TOTALS		0.6	3	0	3	3	0	3	100%	

SUBSTANCE ABUSE DISORDER										
FARAH, CRISTINA	10	3.0	21	9	30	27	2	29	97%	9.7
HIRSCH, KAREN	6	1.0	5	1	6	10	2	12	200%	12.0
MILETA, SNJEZANA	10	11.7	83	34	117	102	21	123	105%	10.5
MITCHELL, ANGELA	10	13.5	52	83	135	74	56	130	96%	9.6
LAWRENCE, MELISSA	10	13.0	97	33	130	125	27	152	117%	11.7
PEREZ-NUNEZ, DIANA	15	19.5	289	4	293	249	2	251	86%	12.9
REXACH, CLAUDIA	10	12.5	41	84	125	52	54	106	85%	8.5
ROMAIN, REYNETTE	10	9.5	44	51	95	66	25	91	96%	9.6
SUBSTANCE ABUSE CARE TOTALS		83.7	632	299	931	705	189	894	96%	

GRAND TOTAL		103.4	923	300	1,223	921	190	1,111	91%	
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MEDICAL PAYER MIX



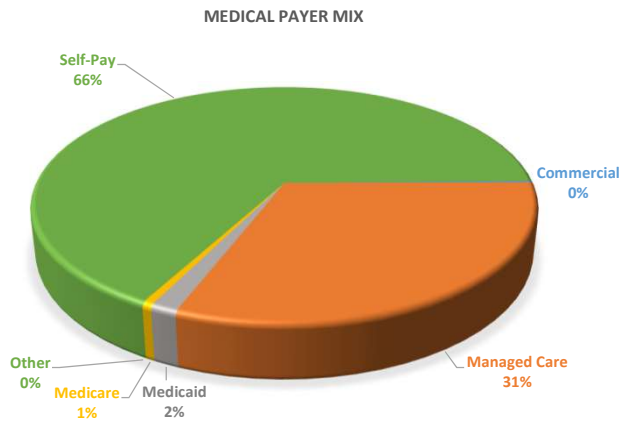
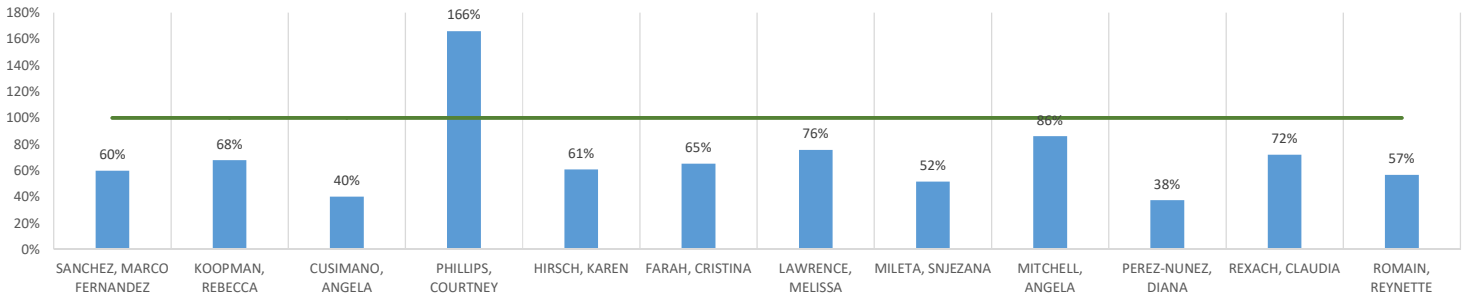
AS 01/31/2022 Based on Completed Appointments

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		
SANCHEZ, MARCO FERNANDEZ	15	1.0	15	0	15	9	0	9	60%	9.0
KOOPMAN, REBECCA	15	13.0	196	0	196	133	0	133	68%	10.2
ADULT CARE TOTALS		14.0	211	0	211	142	0	142	67%	

BEHAVIORAL HEALTH										
CUSIMANO, ANGELA	10	0.5	5	0	5	2		2	40%	4.0
BEHAVIORAL HEALTH TOTALS		0.5	5	0	5	2	0	2	40%	

SUBSTANCE ABUSE DISORDER										
PHILLIPS, COURTNEY	8	7.0	56	0	56	93	0	93	166%	13.3
HIRSCH, KAREN	6	14.5	30	57	87	25	28	53	61%	3.7
FARAH, CRISTINA	10	9.5	51	44	95	49	13	62	65%	6.5
LAWRENCE, MELISSA	10	7.0	58	12	70	45	8	53	76%	7.6
MILETA, SNJEZANA	10	3.3	32	1	33	16	1	17	52%	5.2
MITCHELL, ANGELA	10	5.0	30	20	50	32	11	43	86%	8.6
PEREZ-NUNEZ, DIANA	15	1.0	16	0	16	6	0	6	38%	6.0
REXACH, CLAUDIA	10	7.5	56	19	75	43	11	54	72%	7.2
ROMAIN, REYNETTE	10	3.0	20	10	30	13	4	17	57%	5.7
SUBSTANCE ABUSE CARE TOTALS		57.8	349	163	512	322	76	398	78%	

GRAND TOTAL										
		72.3	565	163	728	466	76	542	74%	



WEST PALM BEACH PRODUCTIVITY JANUARY 2022

AS 01/31/2022 Based on Completed Appointments



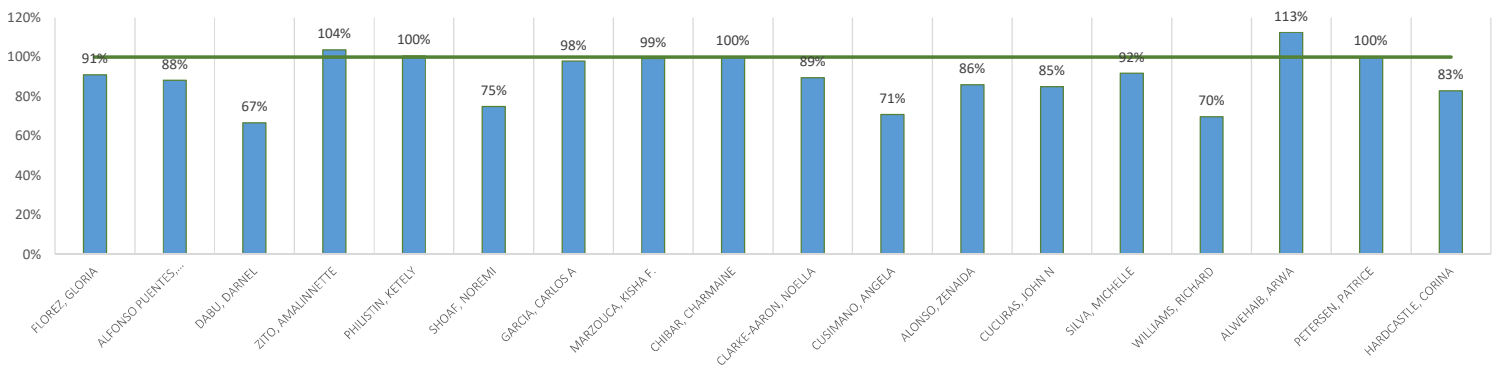
ADULT CARE										
Provider	Daily Target	Days Worked	Target for the Month			Total for the Month Seen			% Monthly Target Achieved	Daily Average
			In-Person	Telehealth	Total	In-Person	Telehealth	Total		
FLOREZ, GLORIA	17	17.5	291	8	299	264	8	272	91%	15.5
ALFONSO PUENTES, RAMIRO	17	1.0	16	1	17	14	1	15	88%	15.0
DABU, DARNEL	17	0.5	9	0	9	6	0	6	67%	12.0
ZITO, AMALINETTE	9	3.0	25	2	27	26	2	28	104%	9.3
PHILISTIN, KETELY	15	14.0	210	1	211	211	1	212	100%	15.1
SHOAF, NOREMI	15	0.5	8	0	8	6	0	6	75%	12.0
GARCIA, CARLOS A	15	6.5	97	1	98	95	1	96	98%	14.8
ADULT CARE TOTALS		43	656	13	669	622	13	635	95%	

PEDIATRIC CARE										
MARZOUCA, KISHA F.	17	16.5	276	7	283	274	7	281	99%	17.0
CHIBAR, CHARMAINE	3	3.0	10	0	10	10	0	10	100%	3.3
CLARKE-AARON, NOELLA	17	15	251	6	257	224	6	230	89%	15.3
PEDIATRIC CARE TOTALS		34.5	537	13	550	508	13	521	95%	

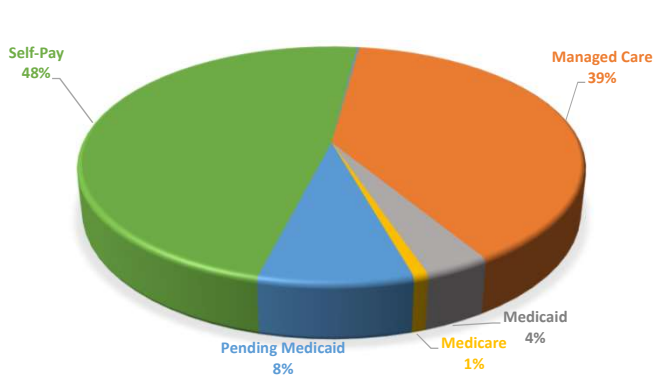
BEHAVIORAL HEALTH										
CUSIMANO, ANGELA	10	16.5	132	33	165	99	18	117	71%	7.1
BEHAVIORAL HEALTH TOTALS		16.5	132	33	165	99	18	117	71%	

DENTAL										
ALONSO, ZENAIDA	16	13.0	208	0	208	179		179	86%	13.8
CUCURAS, JOHN N	16	2.5	40	0	40	34		34	85%	13.6
SILVA, MICHELLE	16	17.5	280	0	280	257		257	92%	14.7
WILLIAMS, RICHARD	16	15.5	248	0	248	173		173	70%	11.2
ALWEHAIB, ARWA	16	1.0	16	0	16	18		18	113%	18.0
PETERSEN, PATRICE	8	1.0	8	0	8	8		8	100%	8.0
HARDCASTLE, CORINA	8	16.0	128	0	128	106		106	83%	6.6
DENTAL TOTALS		66.5	928	0	928	775	0	775	84%	

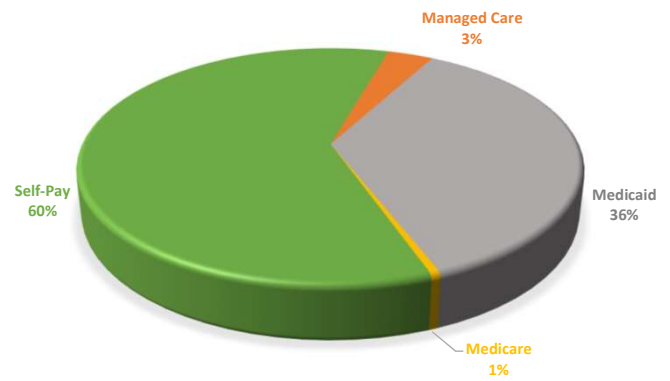
GRAND TOTAL		160.5	2,253	59	2,312	2,004	44	2,048	89%	
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MEDICAL PAYER MIX



DENTAL PAYER MIX

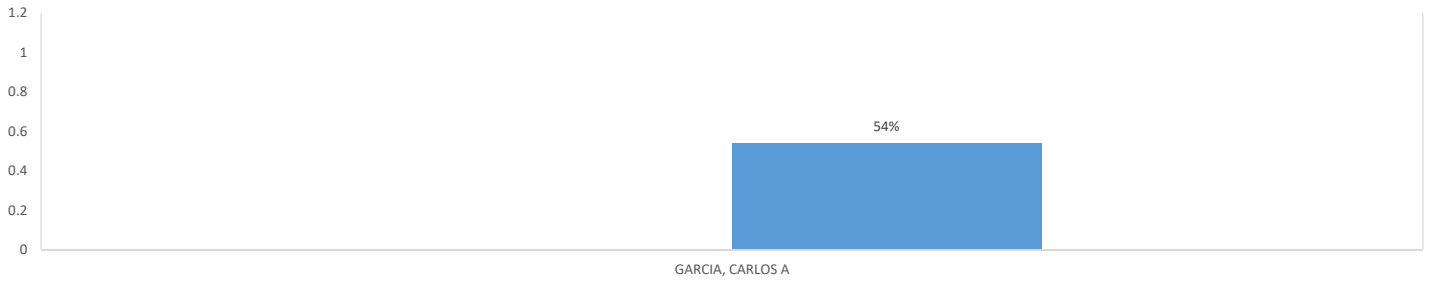


MOBILE PRODUCTIVITY JANUARY 2022

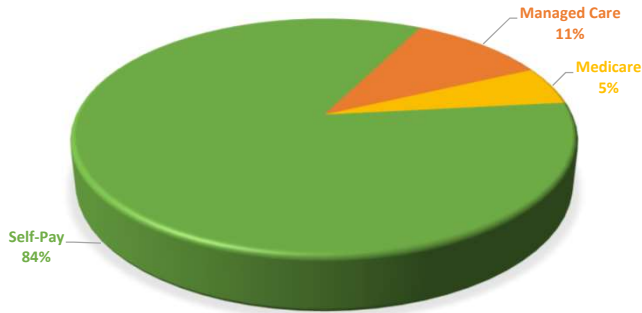
AS 01/31/2022 Based on Completed Appointments



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	12	3	35	0	35	19	0	19	54%	6.6
ADULT CARE TOTALS		3	35	0	35	19	0	19	54%	
GRAND TOTAL		3	35	0	35	19	0	19	54%	



MEDICAL PAYER MIX





C. L. Brumback

Primary Care Clinics

Health Care District Palm Beach County