



C. L. Brumback

Primary Care Clinics

Health Care District Palm Beach County

BOARD OF DIRECTORS

April 24, 2019

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
April 24, 2019
1515 N. Flagler Drive
West Palm Beach, FL 33401**

- 1. Call to Order – James Elder, 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**

- 4. Disclosure of Voting Conflict**

- 5. Public Comment**

- 6. Meeting Minutes**
 - A. **Staff recommends a MOTION TO APPROVE:**
Board Meeting Minutes of February 27, 2019.
[Pages 1-7]

 - B. **Staff recommends a MOTION TO APPROVE:**
Strategic Planning Meeting Minutes of March 27, 2019.
[Pages 8-10]

- 7. Consent Agenda – Motion to Approve Consent Agenda Items**

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

 - A. **ADMINISTRATION**
 - 7A-1 **RECEIVE AND FILE:**
April 2019 Internet Posting of District Public Meeting.
<http://www.hcdpbc.org/index.aspx?recordid=2597&page=15>

7. Consent Agenda – Motion to Approve Consent Agenda Items (continued)

7A-2 **RECEIVE AND FILE:**

Attendance tracking.
[Page 11]

B. **FINANCE**

7B-1 **Staff recommends a RECEIVE AND FILE:**

C. L. Brumback Primary Care Clinics Finance Report March 2019.
(Dawn Richards) [Pages 12-25]

8. Regular Agenda

A. **EXECUTIVE**

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

Executive Director Informational Update.
(Belma Andric) [Pages 26-27]

B. **CREDENTIALING AND PRIVILEGING**

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

Licensed Independent Practitioner Credentialing and Privileging – Dr. Courtney Rowling.
(Sarah Gonzalez) [Pages 28-29]

C. **OPERATIONS**

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

Operations Reports – February & March 2019.
(Terry Megiveron) [Pages 30-67]

D. **QUALITY**

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

Quality Council Reports.
(Dr. Noelle Stewart) [Pages 68-109]

8D-2 **Staff Recommends a MOTION TO APPROVE:**

Quality Assurance/Quality Improvement Plan, V7.
(Dr. Noelle Stewart) [Pages 110-137]

**C. L. Brumback Primay Care Clinics
Board of Directors
Meeting Agenda
April 24, 2019**

- 9. VP and Executive Director of Clinic Services Comments**
- 10. Board Member Comments**
- 11. Closed Risk & Claims Meeting [Under Separate Cover]**
Pursuant to Florida Statute Ch. 768.28, 395.0197, 766.101 and 400.119, 400.147
- 12. Establishment of Upcoming Meetings**

May 29, 2019 (HCD Board Room)
12:45pm Board of Directors

June 26, 2019 (HCD Board Room)
12:45pm Board of Directors

July 31, 2019 (HCD Board Room)
12:45pm Board of Directors

August 28, 2019 (HCD Board Room)
12:45pm Board of Directors

September 25, 2019 (HCD Board Room)
12:45pm Board of Directors

October 30, 2019 (HCD Board Room)
12:45pm Board of Directors

November 27, 2019 (HCD Board Room)
12:45pm Board of Directors

December 18, 2019 (HCD Board Room)
12:45pm Board of Directors
- 13. Motion to Adjourn**

**District Clinic Holdings, Inc.
d.b.a. C.L. Brumback Primary Care Clinics
Board of Directors Meeting
Summary Minutes
2/27/2019**

Present: James Elder, Chairperson; Joseph Morel, Vice Chairperson; Mike Smith, Treasurer; John Casey Mullen, Secretary; Irene Figueroa; Shanti Howard; Julia Bullard
Excused: Cory Neering
Staff: Dr. Belma Andric, CMO, VP & Executive Director of Clinical Services; Valerie Shahriari, General Counsel; Mina Bayik, Director of Finance; Terry Megiveron, Director of Operations; Dr. Tamara-Kay Tibby, Dental Director; Dr. Noelle Stewart, Medical Director; Cindy Yarborough, Chief Information Officer; Sarah Gonzalez, Director of Credentialing & Provider Services; Dr. Courtney Rowling, Director of Behavioral Health.
Minutes Transcribed By: Alena Ranucci
Meeting Scheduled For: 12:45pm
Meeting Began at: 12:50pm

AGENDA ITEM	DISCUSSION	ACTION
1. Call to Order	Mr. James Elder called the meeting to order.	The meeting was called to order at 12:50pm.
1A. Roll Call	Roll call was taken.	
1B. Affirmation of Mission	Mr. James Elder read the Affirmation of Mission	
2. Agenda Approval	Mr. James Elder called for an approval of the meeting agenda.	VOTE TAKEN: Mr. Morel made a motion to approve the agenda. The motion was duly seconded by Mr. Mullen. A vote was called, and the motion passed unanimously.
2A. Additions/Deletions/Substitutions	No additions/deletions/substitutions	
2B. Motion to Approve Agenda Items	The agenda for the February 2019 meeting was approved as mailed in the board package.	

3. Awards, Introductions and Presentations	Dr. Courtney Rowling, FWHC Behavioral Health Director	No action necessary.
3A. Behavioral Health Update	<p>Dr. Courtney Rowling presented to the board The behavioral health update that included a brief summary of current program’s staffing, quality metrics, patient census data, and strategic planning for the three main arms of the program (Behavioral Health Integration in Primary Care, Behavioral Health Integration in Pediatrics, and The Adult Outpatient Substance Use Disorders Treatment Program). She then ended her presentation with a video of patient testimonials.</p> <p>Mrs. Bullard asked what kind of screening instrument do we use. Dr. Rowling explained that currently we use PHQ2 & PHQ9. If patients test positive, they see a behavioral health specialist through a warm hand off.</p> <p>Mr. Morel asked what kind of tele communication program is used. Dr. Rowling explained we use a software called Certintell which is a HIPPA compliant platform.</p> <p>Mrs. Bullard asked how we advertise our MAT program. Dr. Rowling stated that word of mouth has been our biggest referral source in addition to referrals from JFK North Hospital, the Palm Beach Sheriff’s office, our partners in the community that help us on the inpatient side, and The Sober Task Force. We haven’t advertised, aside from our brochures and website listed as a service, as we can see this is such a demand based upon the influx of patients we receive.</p>	
4. Disclosure of Voting Conflict	None.	No action necessary.
5. Public Comment	None.	No action necessary.
6. Meeting Minutes		VOTE TAKEN: Mr. Morel made a motion to approve the minutes of January 30, 2019 as

6A Staff Recommends a MOTION TO APPROVE: Board Meeting Minutes of January 30, 2019	There were no changes or comments to the minutes dated January 30, 2019.	presented. The motion was duly seconded by Ms. Figueroa. A vote was called, and the motion passed unanimously.
7. Consent Agenda – Motion to Approve Consent Agenda Items		VOTE TAKEN: Mr. Mullen made a motion to approve the consent agenda as presented. The motion was duly seconded by Mr. Morel. A vote was called, and the motion passed unanimously.
7A. ADMINISTRATION		
7A-1. Receive & File: February 2019 Internet Posting of District Public Meeting	The meeting notice was posted.	Receive & File. No further action necessary.
7A-2. Receive & File: Attendance tracking	Attendance tracking was updated.	Receive & File. No further action necessary.
7B. POLICIES		
7B-1. Staff recommends a MOTION TO APPROVE: C. L. Brumback Primary Care Clinics Finance Report January 2019.	Finance Report for January 2019 presented and reviewed in the Finance Committee meeting.	Motion referenced above, no further action necessary.
7B-2. Receive & File: Sliding Fee Scale.	Sliding Fee Scale was presented and reviewed in the Finance Committee meeting.	Receive & File. No further action necessary.
8. Regular Agenda		
A. EXECUTIVE		
8A-1. RECEIVE AND FILE: Executive Director Informational Update.	Dr. Andric provided an Executive Director informational update: Lakeside Medical Center Clinic (Belle Glade) We are more than fifty-percent complete with renovations. Chandler still expects to meet our substantial completion timeline of 4/1/2019.	Receive & File. No further action necessary.

	<p>HRSA New Access Point (NAP) Grant HRSA-19-080 - New Access Points (NAP) is a new funding opportunity for new sites. Applicants can apply for up to \$650,000 per year for up to 2 years. Funding and new site are then integrated into base funding.</p>	
<p>8B. CREDENTIALING AND PRIVILEGING</p>		
<p>8B-1. Staff Recommends a MOTION TO APPROVE: Licensed Independent Practitioner Credentialing and Privileging – Jennifer Casanova.</p>	<p>Jennifer Casanova, ARNP LIP, has satisfactorily completed the credentialing and privileges process and met the standards set forth within the approved Credentialing and Privileging Policy. Staff recommends the Board approve the initial credentialing and privileging for Jennifer Casanova.</p> <p>Mr. Smith asked what is included in the credentialing process. Sarah explained that we follow the HRSA guidelines. For clinical competency, we have to obtain professional references, the providers peer references, verify licenses, board certification, if applicable, CV, work history, verify their education, BLS certificate, health immunizations. We use different platform to cross-check these credentials in addition to in house credentialing.</p>	<p>VOTE TAKEN: Mr. Morel made a motion to approve Licensed Independent Practitioner Credentialing and Privileging – Jennifer Casanova as presented. The motion was duly seconded by Ms. Figueroa. A vote was called, and the motion passed unanimously.</p>
<p>8C. OPERATIONS</p>		
<p>8C-1. Staff Recommends a MOTION TO APPROVE: Operations Reports – January 2019.</p>	<p>Terry Megiveron, Director of Operations, presented the highlights of clinic productivity report for January 2019 that was included in the board package.</p> <p>Pediatrics Saw 1527 patients at 80% of target met. This is 114 more patients than last month. We are looking at capacity and access vs. pediatric demand. This includes pediatric providers and locations regarding low productivity in Boca, Delray and Lake Worth.</p>	<p>VOTE TAKEN: Mr. Mullen made a motion to approve Operations Reports January 2019 as presented. The motion was duly seconded by Ms. Figueroa. A vote was called, and the motion passed unanimously.</p>

Adults

Saw 6254 patients at 91% of target met. This is 671 more patients than last month. The lower producing clinics are in review to determine if we have access and scheduling or patient demand issues. (Jupiter, Delray, Lewis).

Mental Health

Saw 1099 patients at 86% of target met. This is 128 more patients than last month. We have moved from partial integration to full integration of Behavioral Health with other services and are opening schedule templates to allow for more access for BH Specialists and Psychiatry.

Substance Abuse

Saw 357 patients at 111% of target met. This is 68 more patients than last month. We continue to operate at maximum capacity with plans to expand services later this year.

Women's Health

Saw 425 patients at 89% of target met. This is 19 less patients than last month. Also, we hired a new Women's Health ARNP

Dental

Saw 1873 patients at 76% of target met. This is 191 more patients than last month. This was anticipated as we continue to transition to accommodate our pediatric patient population. Dental Hygienists saw 297 patients at 82% of target met. This is 33 less patients than last month

	<p>Vacancies We are actively recruiting for 6 Positions. We have additional positions listed on finance report that are either filled or on-hold. We are working with HR and Finance to reconcile the reports.</p> <p>Mr. Smith asked how targets are set. Terry replied that it is derived from national benchmarking.</p>	
<p>8D. QUALITY</p>		
<p>8D-1. Staff Recommends a MOTION TO APPROVE: Quality Council Reports.</p>	<p>UDS and Quality Metrics Dr. Stewart presented UDS dashboard for 2018. Our final report demonstrated that we had 9 metrics that exceeded our Goals, 1 that was at goal and 2 that were below goal. Immunization was below the goal that we set for this measurement year, however it is higher than National and States rates and because of this we have adjusted our goal for the 2019 measurement year. The new goal for immunization in children turning two will be 60%. In HIV we were also below goal at 60%. We have also adjusted this measure to align more with National and State Rates and will have a goal of 85% for this measure in 2019.</p> <p>Grants and Recognitions We received a \$13,500 grant from American Cancer Society to improve rates of HPV vaccination. Funding from the Farris Foundation Grant was used to hire our LCSW for the mobile clinic who started 2 weeks ago.</p> <p>Mr. Mullen asked if we provide any education to parents who are skeptical about having their children immunized. Dr. Stewart stated that not only is the physician educating but it also starts with the MA providing additional education.</p> <p>Mr. Morel asked regarding HIV linkage to care, when we find out that a patient had HIV, do we link them to a behavioral health counselor. Dr. Andric commented stating that we have a close relationship to DOH who has a very</p>	<p>VOTE TAKEN: Mr. Morel made a motion to approve Quality Council Reports as presented. The motion was duly seconded by Mr. Mullen. A vote was called, and the motion passed unanimously.</p>

	skilled team, who we refer our patients to that receive counseling and further treatment for care regarding behavioral health needs.	
9. CMO, VP and Executive Director of Clinical Services Comments	Dr. Andric wanted to thank Mr. Smith for his first board meeting, time and dedication. In addition to recognizing how well Mr. Elder is doing on his second meeting as chair. Dr. Andric also wanted to remind the board that on March 26 th we will have a merged meeting with the HCD. Dr. Andric also stated that she will report our 2018 UDS report at this meeting. On March 27 th we will hold Strategic Planning. We only had one Strategic Planning since opening the clinics were established back in 2013 and we haven't had one since then.	No action necessary.
10. Board Member Comments	None.	No action necessary.
11. Establishment of Upcoming Meetings	2019 Board of Directors Meetings were approved at the November 28, 2018 Board meeting. All meetings start at 12:45 PM: <ul style="list-style-type: none"> • March 26, 2019 (2:00 PM start) Joint with HCD • March 27, 2019 (12:15 PM) Strategic Planning • April 24, 2019 • May 29, 2019 • June 26, 2019 • July 31, 2019 • August 28, 2019 • September 25, 2019 • October 30, 2019 • November 27, 2019 • December 18, 2019 	No action necessary.
12. Motion to Adjourn	There being no further business, the meeting was adjourned.	Mr. Mullen made a motion to adjourn and seconded by Ms. Figueroa. The meeting was adjourned at 2:00p.m.

Minutes Submitted by: _____
Signature Date

DISTRICT CLINIC HOLDINGS, INC.
d.b.a. C.L. BRUMBACK PRIMARY CARE CLINICS
BOARD OF DIRECTORS
STRATEGIC PLANNING MEETING
SUMMARY MINUTES
March 27, 2019
1515 N. Flagler Drive
West Palm Beach, FL 33401

1. Call to Order

James Elder called the meeting to order.

C.L. Brumback Primary Care Clinics Board members present included: James Elder, Chair; Joseph Morel, Vice-Chair; John Casey Mullen; Mike Smith; Shanti Howard; Irene Figueroa; Julia Bullard; Gary Butler

Staff present included: Darcy Davis, Chief Executive Officer; Dawn Richards Chief Financial Officer; Dr. Belma Andric, Chief Medical Officer; Dr. Tom Cleare, VP of Strategy; Cindy Yarbrough, Chief Information Officer; Valerie Shahriari, General Counsel; Dr. Duclos Dessalines, Director of Pediatrics; Dr. Tamara-Kay Tibby, Director of Dental; Dr. Noelle Stewart, FQHC Medical Director; Andrea Steele, Quality Director; Alena Ranucci, Administrative Assistant.

Recording/Transcribing Secretary: Alena Ranucci

Introduction

Welcomed Mr. Gary Butler to the board, after being appointed to the board at our Joint Board Meeting on 3/26/2019.

Mission, Strategic Imperatives, Pillars of Success

Tom Cleare, VP of Strategy, reviewed the process for the day. He stated that the agenda goes into our mission, vision and values as well as the strategic comparatives and our pillars of success. He touched on the operational score card and talked about some of the strategic initiatives that the Board has helped implement and directed us on. There will be several presentations today that will touch base on various items that staff has identified for further discussion and input.

UDS Summary 2018

Mrs. Steele presented the board with 2017 UDS data of how many patients were seen, comparative demographics, services offered in the forty-seven FQHC's throughout the state of Florida, in comparison to our eight clinics. This data gives us the opportunity to

benchmark our clinics within Florida and the United States. We are ranked seventeen out of the forty-seven clinics based upon the number of patients served. We have also received four different categories of recognition from HRSA in 2017: Health Center Quality Leader, HRSA Access Enhancer, Million Hearts Achiever and PCMH.

Dr. Andric then presented the overall UDS one-page summary for 2018. She highlighted the number of unique patients served (44,501) and 156,331 visits across all service lines, highlighted demographics such as 7 out of 10 patients being uninsured and 2 out of 10 patients experiencing homelessness.

Primary Care Clinics Strategic Initiatives

A collaborative discussion took place between the clinic board and Dr. Andric, Terry, Dr. Stewart, Dr. Dessalines, Dr. Tibby and Lisa addressing the following business unit's goals addressing the four key pillars (Quality and Patient Safety, People, Cost and Community Leader) of our strategic imperatives to enhance operational efficiencies.

Business Development

Improve patient satisfaction and patient grievance processes, closing the referral loop, ongoing evaluation of security, team-member development, cultivate an empathetic workforce that is motivated and service oriented, reduce cost per patient and improve clinic efficiency, reduce our dependency on overall subsidies, improving sustainability, maximize existing access to care, capital expenditure needs planning such as the proposed new access point in Mangonia Park, improve efficiencies in service delivery and aligning our workforce and financial management characteristics monitoring similar to high-performing health center benchmarks.

Operations

Identify quality and productivity metrics, streamline and standardize operational workflows, ensure easy scheduling of appointments, ensure continuity of care, standardize infection control, help employees succeed, identify effective strategies to reduce the cost per patient and maximize existing access to care.

Adult Medical

Improve our quality metrics, improve test result management, reduce discomfort with behavioral health, implement annual skills assessments, team-member development, reduce cost per patient and improve clinic efficiency, and maximize existing access to care.

Pediatric Medical

Improve quality metrics, reducing discomfort with behavioral health, implement annual skills assessments, team-member development, reduce cost per patient and improve clinic efficiency, reduce our dependency on overall subsidies, improve sustainability and create pediatric hubs for MDI integration.

Dental

Improve quality metrics, provide continuum of care from pediatric to dental clinic, infection control, implement annual skills assessments, team-member development, reduce cost per patient and improve clinic efficiency, and create pediatric hubs for MDI integration.

Behavioral Health

Improve quality metrics, providing appropriate psychiatric health services, reducing discomfort with behavioral health integration, implement annual skills assessments, team-member development, reduce cost per patient and improve clinic efficiency, and position the proposed new Clinic in Mangonia Park as community leader in treating patients with substance use disorders on an outpatient basis.

Women's Health

Improve quality metrics, improve patient safety through test result management, infection control, reducing discomfort with behavioral health, implement annual skills assessments, team-member development, reduce cost per patient and improve clinic efficiency, and maximize existing access to care.

Nursing

Improve quality metrics, improve patient safety through test result management, reducing discomfort with behavioral health, infection control, revise occurrence follow up workflow, implement annual skills assessments, team-member development, reduce cost per patient and improve clinic efficiency, and maximize existing access to care.

Upon conclusion of Strategic Planning, Dr. Andric confirmed that we will plan to conduct a similar exercise next year and that she will be providing updates on our progress towards meeting our goals to the Board periodically.

Minutes Submitted by:

Signature

Date

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

Attendance Tracking

	7/25/18	8/22/18	9/26/18	10/24/18	11/28/18	12/12/18	1/30/19	2/27/19	3/26/19	3/27/19	4/24/19	5/29/19	6/26/19
James Elder	X	X	X	X	X	X	X	X	X	X			
Irene Figueroa	X	X	E	X	X	X	X	X	X	X			
John Casey Mullen	X	X	X	X	X	X	X	X	X	X			
Shanti Howard	E		X	X	E	X	E	X	E	X			
Cory M. Neering	X	X	X	E	X	E	X	E	E	E			
Joan Roudé	XX	X	E		E	X	X	X					
Joseph Morel				X	X	E	X	X	X	X			
Julia Bullard							X	X	X	X			
Mike Smith			X					X	X	X			
Gary Butler		X								X			

X= Present

C= Cancel

E= Excused

A= Absent

DISTRICT CLINIC HOLDINGS, INC
BOARD OF DIRECTORS
April 24, 2019

1. Description: District Clinic Holdings, Inc. Financial Report March 2019

2. Summary:

The YTD March 2019 financial statements for the District Clinic Holdings, Inc. are presented for Board review.

3. Substantive Analysis:

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

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:


 Dawn Richards
 VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

Finance Committee

 Committee Name

4/24/2019

 Date Approved

DISTRICT CLINIC HOLDINGS, INC
BOARD OF DIRECTORS
April 24, 2019

6. Recommendation:

Staff recommends the Board receive and file the YTD March 2019 District Clinic Holdings, Inc. financial statements.

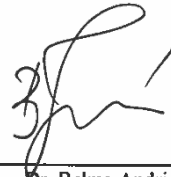
Approved for Legal sufficiency:



Valerie Shahriari
VP & General Counsel



Dawn Richards
VP & Chief Financial Officer



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

MEMO

To: Finance Committee
From: Dawn L. Richards
Chief Financial Officer
Date: April 15, 2019

Subject: Management Discussion and Analysis of March 2019 C.L. Brumback Primary Care Clinic Financial Statements

The March statements represent the financial performance for the first six months of the 2019 fiscal year for C.L. Brumback.

Volume Analysis

Total medical clinic visits in all adult and pediatric clinics of 50,168 are 2,602 (4.9%) under the budget of 52,770 and 779 (1.5%) under the prior year of 50,947. Total dental visits of 13,415 are 3,422 (20.3%) under the budget of 16,837 and 2,518 (15.8%) under the prior year of 15,933.

Net Revenue

Clinic Medical net patient revenue of \$4.7M is \$1.1M (30.1%) over the budget of \$3.6M and \$709k (13.2%) under the prior year of \$5.4M. Medical net patient revenue per visit is \$92.90 compared to the budget of \$67.90 and prior year of \$105.39. Clinic Dental net patient revenue of \$1.5M is \$349k (30.9%) over the budget of \$1.1M and \$518k (25.9%) under the prior year of \$2.0M. Dental net patient revenue per visit is \$110.37 compared to the budget of \$67.20 and prior year of \$125.47. For both Clinic Medical and Clinic Dental, the positive variance in actual to budget net patient revenue per visit was caused by the unbudgeted HCD subsidy and LIP payments.

Expenses

Variances in expenses were caused by the following: savings and timing in salaries (\$181k), benefits (\$164k), medical services (\$151k), drugs (\$76k), and medical supplies (\$63k). This accounts for all of the \$627k favorable variance in total Clinic operating expense. Clinic Medical operating expenses of \$9.7M are \$428k (4.2%) under the budget of \$10.1M and \$681k (7.6%) over the prior year of \$9.0M. Savings in salaries (\$121k), benefits (\$137k), and medical services (\$151k) are the main contributors to the favorable variance. Clinic Dental operating expenses of \$2.2M are \$199k (8.4%) under the budget of \$2.4M and \$9k (0.4%) over the prior year of \$2.2M. Savings in salaries (\$60k), benefits (\$27k), medical supplies (\$38k), other supplies (\$27k), and purchased services (\$17k) contribute to the favorable variance.

DISTRICT CLINIC HOLDINGS, INC.
COMPARATIVE STATEMENT OF NET POSITION

	<u>Mar 31, 2019</u>	<u>Feb 28, 2019</u>	<u>Increase (Decrease)</u>
Assets			
Cash and Cash Equivalents	1,762,860	874,614	\$ 888,246
Accounts Receivable, net	1,111,251	862,145	249,107
Due From Other Funds	-	-	-
Due from Other Governments	1,449,746	2,534,680	(1,084,933)
Other Current Assets	180,872	160,915	19,956
Net Investment in Capital Assets	1,460,339	1,158,139	302,201
Total Assets	<u>\$ 5,965,069</u>	<u>\$ 5,590,492</u>	<u>\$ 374,576</u>
Liabilities			
Accounts Payable	553,261	473,547	79,713
Due To Other Governments	-	-	-
Deferred Revenue	49,462	70,432	(20,969)
Other Current Liabilities	917,625	760,655	156,970
Non-Current Liabilities	797,053	797,053	-
Total Liabilities	<u>2,317,402</u>	<u>2,101,688</u>	<u>215,714</u>
Deferred Inflows of Resources			
Deferred Inflows- Other Post Employment Benefits	<u>\$ 612</u>	<u>\$ 612</u>	<u>\$ -</u>
Net Position			
Net Investment in Capital Assets	1,460,339	1,158,139	302,201
Unrestricted	2,186,715	2,330,054	(143,339)
Total Net Position	<u>3,647,055</u>	<u>3,488,193</u>	<u>158,862</u>
Total Liabilities, Deferred Inflows of Resources and Net Position	<u>\$ 5,965,069</u>	<u>\$ 5,590,492</u>	<u>\$ 374,576</u>

Note: Amounts may not foot due to rounding.

District Clinics Holdings, Inc. Statement of Revenues and Expenses

FOR THE SIXTH MONTH ENDED MARCH 31, 2019

Current Month							Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%		Actual	Budget	Variance	%	Prior Year	Variance	%
1,935,491	2,176,287	(240,796)	(11.1%)	2,169,234	(233,743)	(10.8%)	Gross Patient Revenue	10,931,929	11,695,250	(763,321)	(6.5%)	11,230,429	(298,500)	(2.7%)
909,476	499,599	(409,877)	(82.0%)	399,431	(510,045)	(127.7%)	Contractual Allowances	4,592,070	2,775,800	(1,816,270)	(65.4%)	2,417,616	(2,174,454)	(89.9%)
394,786	844,257	449,471	53.2%	65,773	(329,012)	(500.2%)	Charity Care	2,588,936	4,475,115	1,886,179	42.1%	512,161	(2,076,775)	(405.5%)
85,698	217,712	132,014	60.6%	249,996	164,298	65.7%	Bad Debt	950,858	1,154,021	203,163	17.6%	1,128,790	177,932	15.8%
1,389,960	1,561,568	171,608	11.0%	715,201	(674,760)	(94.3%)	Total Contractuals and Bad Debts	8,131,864	8,404,936	273,072	3.2%	4,058,567	(4,073,297)	(100.4%)
490,512	237,340	253,172	106.7%	21,861	468,651	2,143.8%	Other Patient Revenue	3,340,925	1,424,040	1,916,885	134.6%	196,749	3,144,176	1598%
1,036,042	852,059	183,983	21.6%	1,475,895	(439,853)	(29.8%)	Net Patient Revenue	6,140,990	4,714,354	1,426,636	30.3%	7,368,611	(1,227,621)	(16.7%)
53.53%	39.15%			68.04%			Collection %	56.17%	40.31%			65.61%		
1,496,682	737,532	759,150	102.9%	601,484	895,198	148.8%	Grant Funds	6,339,946	4,494,344	1,845,602	41.1%	3,704,489	2,635,457	71.1%
9,704	15,822	(6,118)	(38.7%)	43,940	(34,237)	(77.9%)	Other Revenue	57,713	94,927	(37,214)	(39.2%)	163,775	(106,062)	(64.8%)
1,506,386	753,354	753,032	100.0%	645,424	860,962	133.4%	Total Other Revenues	6,397,659	4,589,271	1,808,388	39.4%	3,868,264	2,529,394	65.4%
2,542,428	1,605,413	937,015	58.4%	2,121,319	421,109	19.9%	Total Revenues	12,538,648	9,303,625	3,235,023	34.8%	11,236,875	1,301,773	11.6%
							<i>Direct Operational Expenses:</i>							
1,332,097	1,323,728	(8,369)	(0.6%)	1,316,763	(15,334)	(1.2%)	Salaries and Wages	7,637,624	7,818,144	180,520	2.3%	7,198,188	(439,435)	(6.1%)
365,610	376,029	10,419	2.8%	350,911	(14,698)	(4.2%)	Benefits	2,056,253	2,220,352	164,099	7.4%	1,940,489	(115,764)	(6.0%)
54,666	66,848	12,182	18.2%	92,475	37,809	40.9%	Purchased Services	373,165	392,174	19,009	4.8%	312,691	(60,474)	(19.3%)
32,270	48,471	16,201	33.4%	41,037	8,767	21.4%	Medical Supplies	191,351	254,682	63,331	24.9%	252,716	61,365	24.3%
36,467	24,802	(11,665)	(47.0%)	10,848	(25,619)	(236.2%)	Other Supplies	142,515	188,074	45,559	24.2%	51,836	(90,680)	(174.9%)
-	-	-	0.0%	-	-	0.0%	Contracted Physician Expense	-	-	-	0.0%	15,355	15,355	100.0%
25,831	67,846	42,015	61.9%	-	(25,831)	0.0%	Medical Services	207,407	358,186	150,779	42.1%	-	(207,407)	0.0%
32,329	56,565	24,236	42.8%	52,837	20,508	38.8%	Drugs	222,425	298,490	76,065	25.5%	299,383	76,958	25.7%
41,024	22,888	(18,136)	(79.2%)	41,387	362	0.9%	Repairs & Maintenance	201,629	88,013	(113,616)	(129.1%)	240,250	38,621	16.1%
133,369	122,280	(11,089)	(9.1%)	127,337	(6,032)	(4.7%)	Lease & Rental	674,552	668,056	(6,496)	(1.0%)	684,950	10,398	1.5%
4,376	6,251	1,875	30.0%	4,661	285	6.1%	Utilities	30,811	37,506	6,695	17.9%	34,808	3,997	11.5%
33,511	22,396	(11,115)	(49.6%)	28,627	(4,884)	(17.1%)	Other Expense	119,761	159,269	39,508	24.8%	141,336	21,575	15.3%
2,170	2,366	196	8.3%	1,417	(753)	(53.2%)	Insurance	13,274	14,505	1,231	8.5%	9,221	(4,052)	(43.9%)
2,093,719	2,140,470	46,751	2.2%	2,068,299	(25,420)	(1.2%)	Total Operational Expenses	11,870,767	12,497,451	626,684	5.0%	11,181,223	(689,544)	(6.2%)
448,708	(535,057)	983,765	(183.9%)	53,020	395,689	746.3%	Net Performance before Depreciation & Overhead Allocations	667,881	(3,193,826)	3,861,707	(120.9%)	55,652	612,229	1,100.1%

District Clinics Holdings, Inc. Statement of Revenues and Expenses

FOR THE SIXTH MONTH ENDED MARCH 31, 2019

Current Month							Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%
13,156	21,100	7,944	37.6%	16,992	3,836	22.6%	79,208	125,168	45,960	36.7%	101,951	22,744	22.3%
<i>Overhead Allocations:</i>													
2,172	12,715	10,543	82.9%	10,231	8,059	78.8%	22,245	76,290	54,045	70.8%	58,712	36,467	62.1%
42,307	91,067	48,760	53.5%	37,122	(5,184)	(14.0%)	546,402	546,402	-	0.0%	276,335	(270,067)	(97.7%)
5,718	5,559	(159)	(2.9%)	5,809	91	1.6%	31,420	33,354	1,934	5.8%	8,361	(23,059)	(275.8%)
20,583	20,787	204	1.0%	15,176	(5,407)	(35.6%)	112,853	124,722	11,869	9.5%	139,833	26,980	19.3%
26,720	24,923	(1,797)	(7.2%)	20,796	(5,923)	(28.5%)	149,538	149,538	-	0.0%	155,610	6,072	3.9%
31,650	34,245	2,595	7.6%	28,368	(3,282)	(11.6%)	205,470	205,470	-	0.0%	147,866	(57,604)	(39.0%)
(551)	12,733	13,284	104.3%	9,757	10,307	105.6%	76,398	76,398	-	0.0%	58,416	(17,982)	(30.8%)
6,258	8,444	2,186	25.9%	6,632	374	5.6%	37,192	50,664	13,472	26.6%	34,417	(2,775)	(8.1%)
12,918	11,698	(1,220)	(10.4%)	7,066	(5,852)	(82.8%)	39,946	70,188	30,242	43.1%	40,551	604	1.5%
0	1,428	1,428	100.0%	1,207	1,207	100.0%	5,582	8,568	2,986	34.9%	7,598	2,017	26.5%
26,486	34,893	8,407	24.1%	43,417	16,931	39.0%	168,976	209,358	40,382	19.3%	163,204	(5,772)	(3.5%)
8,264	13,149	4,885	37.2%	3,213	(5,051)	(157.2%)	43,986	78,894	34,908	44.2%	42,567	(1,419)	(3.3%)
90,638	99,679	9,041	9.1%	67,776	(22,862)	(33.7%)	506,755	598,074	91,319	15.3%	469,564	(37,191)	(7.9%)
-	-	-	0.0%	(231)	(231)	100.0%	-	-	-	0.0%	9,516	9,516	100.0%
1,778	2,714	936	34.5%	4,069	2,290	56.3%	16,284	16,284	-	0.0%	19,847	3,563	18.0%
3,502	5,764	2,262	39.2%	(1,070)	(4,572)	427.2%	20,891	34,584	13,693	39.6%	33,195	12,304	37.1%
278,442	379,798	101,356	26.7%	259,338	(19,104)	(7.4%)	1,983,939	2,278,788	294,849	12.9%	1,665,592	(318,347)	(19.1%)
2,385,318	2,541,368	156,050	6.1%	2,344,629	(40,689)	(1.7%)	13,933,913	14,901,407	967,494	6.5%	12,948,767	(985,147)	(7.6%)
\$ 157,110	\$ (935,955)	\$ 1,093,065	(116.8%)	\$ (223,310)	\$ 380,420	(170.4%)	\$ (1,395,265)	\$ (5,597,782)	\$ 4,202,517	(75.1%)	\$ (1,711,892)	\$ 316,627	18.5%
(1,752)	203,613	205,365	100.9%	-	1,752	0.0%	-	1,221,688	1,221,688	100.0%	-	-	0.0%
\$ -	\$ 1,087,500	\$ 1,087,500	100.0%	\$ 2,000,000	\$ 2,000,000	100.0%	\$ 2,627,860	\$ 6,525,000	\$ 3,897,140	59.7%	\$ 2,000,000	\$ (627,860)	(31.4%)

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

	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Year to Date
Gross Patient Revenue	1,946,640	1,491,722	2,006,898	1,645,818	1,905,360	1,935,491	-	-	-	-	-	-	10,931,929
Contractual Allowances	629,927	523,761	955,352	869,362	704,192	909,476	-	-	-	-	-	-	4,592,070
Charity Care	522,280	370,440	411,855	348,213	541,362	394,786	-	-	-	-	-	-	2,588,936
Bad Debt	209,421	136,222	187,946	107,004	224,566	85,698	-	-	-	-	-	-	950,858
Other Patient Revenue	185,546	460,636	346,606	1,379,115	478,512	490,512	-	-	-	-	-	-	3,340,925
Net Patient Revenue	770,557	921,934	798,350	1,700,355	913,751	1,036,042	-	-	-	-	-	-	6,140,990
Collections %	39.58%	61.80%	39.78%	103.31%	47.96%	53.53%	-	-	-	-	-	-	56.17%
Grant Funds	574,778	606,454	690,034	1,616,221	1,355,777	1,496,682	-	-	-	-	-	-	6,339,946
Other Revenue	4,645	8,821	24,768	6,149	3,627	9,704	-	-	-	-	-	-	57,713
Total Other Revenues	579,423	615,275	714,802	1,622,369	1,359,404	1,506,386	-	-	-	-	-	-	6,397,659
Total Revenues	1,349,980	1,537,209	1,513,151	3,322,725	2,273,156	2,542,428	-	-	-	-	-	-	12,538,648
<i>Direct Operational Expenses:</i>													
Salaries and Wages	1,387,450	1,190,417	1,317,029	1,213,339	1,197,291	1,332,097	-	-	-	-	-	-	7,637,624
Benefits	339,645	322,045	314,881	366,759	347,313	365,610	-	-	-	-	-	-	2,056,253
Purchased Services	65,028	68,614	50,770	82,094	51,993	54,666	-	-	-	-	-	-	373,165
Medical Supplies	41,828	27,305	14,573	29,201	46,174	32,270	-	-	-	-	-	-	191,351
Other Supplies	34,148	3,947	2,672	28,292	36,989	36,467	-	-	-	-	-	-	142,515
Contracted Physician Expense	-	-	-	-	-	-	-	-	-	-	-	-	-
Medical Services	58,809	(461)	19,144	25,930	78,155	25,831	-	-	-	-	-	-	207,407
Drugs	47,555	37,534	36,129	31,431	37,448	32,329	-	-	-	-	-	-	222,425
Repairs & Maintenance	29,881	36,555	32,150	30,986	31,031	41,024	-	-	-	-	-	-	201,629
Lease & Rental	109,171	104,594	104,526	114,021	108,872	133,369	-	-	-	-	-	-	674,552
Utilities	4,568	6,558	5,313	5,904	4,092	4,376	-	-	-	-	-	-	30,811
Other Expense	15,526	(576)	24,682	22,887	23,732	33,511	-	-	-	-	-	-	119,761
Insurance	2,425	2,170	2,170	2,170	2,170	2,170	-	-	-	-	-	-	13,274
Total Operational Expenses	2,136,034	1,798,702	1,924,039	1,953,014	1,965,259	2,093,719	-	-	-	-	-	-	11,870,767
Net Performance before Depreciation & Overhead Allocations	(786,055)	(261,492)	(410,887)	1,369,711	307,896	448,708	-	-	-	-	-	-	667,881
Depreciation	17,256	17,256	5,158	13,224	13,157	13,156	-	-	-	-	-	-	79,208
<i>Overhead Allocations:</i>													
Risk Mgt	9,302	16,111	8,246	(15,331)	1,744	2,172	-	-	-	-	-	-	22,245
Rev Cycle	86,904	98,059	124,187	100,095	94,850	42,307	-	-	-	-	-	-	546,402
Internal Audit	5,120	5,120	5,120	5,120	5,222	5,718	-	-	-	-	-	-	31,420
Palm Springs Facility	17,032	16,269	16,141	23,398	19,430	20,583	-	-	-	-	-	-	112,853
Administration	24,974	26,124	21,164	26,766	23,790	26,720	-	-	-	-	-	-	149,538
Human Resources	33,486	34,265	34,863	38,678	32,527	31,650	-	-	-	-	-	-	205,470
Legal	6,468	11,903	8,094	34,857	15,627	(551)	-	-	-	-	-	-	76,398
Records	6,520	6,452	6,067	6,656	5,239	6,258	-	-	-	-	-	-	37,192
Compliance	5,776	7,197	3,605	6,283	4,168	12,918	-	-	-	-	-	-	39,946
Planning/Research	1,340	1,281	1,209	1,325	426	0	-	-	-	-	-	-	5,582
Finance	24,095	32,875	22,630	39,695	23,194	26,486	-	-	-	-	-	-	168,976
Public Relations	6,478	6,365	8,336	7,466	7,077	8,264	-	-	-	-	-	-	43,986
Information Technology	80,379	69,273	97,329	86,977	82,158	90,638	-	-	-	-	-	-	506,755
Budget & Decision Support	-	-	-	-	-	-	-	-	-	-	-	-	-
Corporate Quality	3,986	3,764	2,150	2,591	2,015	1,778	-	-	-	-	-	-	16,284
Managed Care Contract	3,421	4,019	3,039	3,676	3,234	3,502	-	-	-	-	-	-	20,891
Total Overhead Allocations	315,282	339,079	362,180	368,255	320,701	278,442	-	-	-	-	-	-	1,983,939
Total Expenses	2,468,573	2,155,037	2,291,377	2,334,492	2,299,117	2,385,318	-	-	-	-	-	-	13,933,913
Net Margin	\$ (1,118,593)	\$ (617,827)	\$ (778,226)	\$ 988,232	\$ (25,961)	\$ 157,110	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ (1,395,265)
Capital	-	-	(13,581)	13,581	1,752	(1,752)	-	-	-	-	-	-	-
General Fund Support/ Transfer In	1,101,337	596,437	930,086	-	-	-	-	-	-	-	-	-	\$ 2,627,860

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

FOR THE SIXTH MONTH ENDED MARCH 31, 2019

	Clinic Administration	West Palm Beach Clinic	Lantana Clinic	Delray Clinic	Belle Glade Clinic	Jerome Golden Center	Lewis Center	Rams Clinic	Lake Worth Clinic	Jupiter Clinic	West Boca Clinic	Subxone Clinic	Mobile Van	Total
Gross Patient Revenue	-	1,686,931	1,818,608	1,341,147	894,485	-	417,607	-	1,333,242	494,253	872,025	-	178,969	9,037,265
Contractual Allowances	-	828,852	696,667	701,317	450,351	(1,521)	232,066	250	537,844	181,970	378,985	-	70,829	4,077,611
Charity Care	-	346,853	446,640	192,399	131,300	2,624	76,034	-	304,375	77,196	157,051	-	30,461	1,764,932
Bad Debt	-	160,648	244,777	138,660	119,254	(4,448)	67,109	(184)	76,044	13,948	47,530	-	37,677	901,016
Total Contractual Allowances and Bad Debt	-	1,336,353	1,388,083	1,032,376	700,905	(3,344)	375,209	66	918,264	273,114	583,566	-	138,967	6,743,559
Other Patient Revenue	-	505,795	469,666	322,707	232,778	2,926	87,416	-	404,554	100,455	197,389	-	43,015	2,366,702
Net Patient Revenue	-	856,373	900,190	631,478	426,358	6,270	129,814	(66)	819,532	321,594	485,848	-	83,017	4,660,409
Collection %	0.00%	50.77%	49.50%	47.08%	47.67%	0.00%	31.09%	0.00%	61.47%	65.07%	55.71%	0.00%	46.39%	51.57%
Grant Funds	621,236	665,058	648,668	557,630	1,103,089	-	156,695	-	662,160	217,865	307,583	118,187	241,526	5,299,696
Other Revenue	18,126	4,920	1,456	2,363	6,274	-	258	-	3,905	5,568	1,099	13,506	6	57,480
Total Other Revenues	639,362	669,978	650,124	559,993	1,109,363	-	156,953	-	666,065	223,432	308,682	131,693	241,532	5,357,176
Total Revenues	639,362	1,526,351	1,550,314	1,191,471	1,535,722	6,270	286,767	(66)	1,485,596	545,026	794,530	131,693	324,549	10,017,585
<i>Direct Operational Expenses:</i>														
Salaries and Wages	860,619	960,611	905,510	789,593	510,063	-	223,436	-	943,859	309,511	425,439	196,930	128,577	6,254,148
Benefits	177,336	231,932	253,130	238,563	136,372	-	57,019	-	278,036	88,527	114,149	46,068	42,368	1,663,500
Purchased Services	29,510	46,349	35,977	28,882	31,587	-	4,613	-	54,999	39,076	40,155	-	3,273	314,423
Medical Supplies	-	10,224	29,948	6,882	7,248	-	4,800	-	12,449	4,493	4,823	-	306	81,172
Other Supplies	6,944	2,570	29,392	360	11,532	-	1,721	-	3,773	1,014	5,039	39,864	1,916	104,125
Contracted Physician Expense	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Medical Services	-	29,418	34,581	21,783	29,767	-	5,403	-	53,179	6,417	26,861	-	-	207,407
Drugs	-	50,315	78,502	40,577	18,843	-	923	-	6,773	10,757	1,284	12,387	864	221,226
Repairs & Maintenance	-	29,568	29,043	29,750	18,702	-	4,922	-	30,436	11,431	17,457	1,800	3,087	176,194
Lease & Rental	50	68,858	79,260	45,971	93,806	5,247	2,105	-	115,033	39,480	66,746	-	-	516,555
Utilities	-	472	1,973	544	7,892	-	1,088	-	6,248	4,485	2,874	-	-	25,576
Other Expense	74,128	5,696	3,395	3,537	3,992	-	3,092	-	8,337	1,090	3,990	-	2,643	109,900
Insurance	-	2,480	2,085	1,684	617	175	-	-	389	330	377	-	4,737	12,874
Total Operational Expenses	1,148,586	1,438,492	1,482,795	1,208,127	870,421	5,422	309,121	-	1,513,511	516,612	709,194	297,050	187,771	9,687,101
Net Performance before Depreciation & Overhead Allocations	(509,224)	87,859	67,519	(16,656)	665,301	848	(22,354)	(66)	(27,915)	28,415	85,336	(165,357)	136,778	330,484
Depreciation	4,329	2,750	2,286	899	1,254	345	643	55	3,629	2,563	2,398	-	37,500	58,651
<i>Overhead Allocations:</i>														
Risk Mgt	2,280	2,451	2,449	2,164	1,391	-	515	-	2,857	979	1,468	917	413	17,883
Rev Cycle	-	68,052	67,992	60,090	38,610	-	14,286	-	79,308	27,174	40,758	25,446	11,454	433,170
Internal Audit	3,220	3,462	3,459	3,057	1,965	-	727	-	4,035	1,382	2,074	1,295	583	25,260
Palm Springs Facility	100,399	-	-	-	-	-	-	-	-	-	-	-	-	100,399
Administration	15,324	16,476	16,464	14,550	9,348	-	3,462	-	19,206	6,582	9,870	6,162	2,772	120,216
Human Resources	12,750	26,352	24,738	22,104	12,750	-	4,248	-	24,312	9,354	16,152	8,502	3,402	164,664
Legal	7,830	8,418	8,412	7,434	4,776	-	1,770	-	9,810	3,360	5,040	3,150	1,416	61,416
Records	3,812	4,098	4,095	3,619	2,325	-	860	-	4,777	1,636	2,455	1,532	690	29,900
Compliance	4,094	4,402	4,398	3,887	2,498	-	924	-	5,130	1,758	2,637	1,646	741	32,114
Planning/Research	572	615	615	543	349	-	129	-	717	246	368	230	104	4,487
Finance	17,319	18,620	18,605	16,442	10,565	-	3,909	-	21,701	7,435	11,153	6,962	3,134	135,845
Public Relations	4,508	4,847	4,843	4,280	2,750	-	1,018	-	5,649	1,935	2,903	1,812	816	35,362
Information Technology	51,938	55,841	55,795	49,308	31,684	-	11,723	-	65,081	22,297	33,448	20,880	9,400	407,396
Budget & Decision Support	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Corporate Quality	1,668	1,794	1,794	1,584	1,020	-	378	-	2,088	714	1,074	672	300	13,086
Managed Care Contract	-	2,602	2,600	2,297	1,476	-	546	-	3,032	1,039	1,558	973	438	16,562
Total Overhead Allocations	225,714	218,030	216,259	191,359	121,507	-	44,495	-	247,704	85,891	130,958	80,179	35,662	1,597,760
Total Expenses	1,378,629	1,659,273	1,701,340	1,400,385	993,182	5,767	354,259	55	1,764,845	605,066	842,550	377,229	260,933	11,343,512
Net Margin	\$ (739,267)	\$ (132,921)	\$ (151,026)	\$ (208,914)	\$ 542,540	\$ 503	\$ (67,492)	\$ (122)	\$ (279,248)	\$ (60,039)	\$ (48,020)	\$ (245,537)	\$ 63,616	\$ (1,325,927)
Capital	-	-	-	-	-	-	-	-	-	-	-	-	-	-
General Fund Support/ Transfer In	\$ 2,627,860	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,627,860

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

FOR THE SIXTH MONTH ENDED MARCH 31, 2019

Current Month							Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%
1,591,011	1,778,616	(187,605)	(10.5%)	1,820,133	(229,121)	(12.6%)	9,037,265	9,587,337	(550,072)	(5.7%)	9,273,495	(236,230)	(2.5%)
Gross Patient Revenue							Gross Patient Revenue						
816,271	416,578	(399,693)	(95.9%)	458,071	(358,200)	(78.2%)	4,077,611	2,335,723	(1,741,888)	(74.6%)	2,598,634	(1,478,977)	(56.9%)
257,018	659,435	402,417	61.0%	66,047	(190,971)	(289.1%)	1,764,932	3,495,433	1,730,501	49.5%	395,632	(1,369,299)	(346.1%)
69,399	200,312	130,913	65.4%	264,891	195,492	73.8%	901,016	1,061,788	160,772	15.1%	1,106,484	205,467	18.6%
1,142,689	1,276,325	133,636	10.5%	789,009	(353,679)	(44.8%)	6,743,559	6,892,944	149,385	2.2%	4,100,750	(2,642,809)	(64.4%)
340,652	148,099	192,553	130.0%	21,861	318,791	1,458.3%	2,366,702	888,594	1,478,108	166.3%	196,749	2,169,954	1,102.9%
788,975	650,390	138,585	21.3%	1,052,984	(264,010)	(25.1%)	4,660,409	3,582,987	1,077,422	30.1%	5,369,493	(709,085)	(13.2%)
49.59%	36.57%			57.85%			51.57%	37.37%			57.90%		
1,264,737	560,995	703,742	125.4%	489,712	775,025	158.3%	5,299,696	3,365,960	1,933,736	57.4%	3,037,631	2,262,065	74.5%
9,704	12,989	(3,285)	(25.3%)	9,940	(237)	(2.4%)	57,480	77,929	(20,449)	(26.2%)	129,775	(72,295)	(55.7%)
1,274,441	573,984	700,457	122.0%	499,653	774,788	155.1%	5,357,176	3,443,889	1,913,287	55.6%	3,167,406	2,189,770	69.1%
2,063,416	1,224,374	839,042	68.5%	1,552,637	510,778	32.9%	10,017,585	7,026,876	2,990,709	42.6%	8,536,900	1,480,685	17.3%
<i>Direct Operational Expenses:</i>							<i>Direct Operational Expenses:</i>						
1,103,250	1,079,396	(23,854)	(2.2%)	1,088,565	(14,685)	(1.3%)	6,254,148	6,375,092	120,944	1.9%	5,901,157	(352,991)	(6.0%)
299,244	305,001	5,757	1.9%	285,334	(13,909)	(4.9%)	1,663,500	1,800,957	137,457	7.6%	1,557,997	(105,503)	(6.8%)
41,387	54,471	13,084	24.0%	84,398	43,011	51.0%	314,423	316,804	2,381	0.8%	256,916	(57,507)	(22.4%)
14,549	20,188	5,639	27.9%	3,416	(11,132)	(325.9%)	81,172	106,529	25,357	23.8%	81,646	473	0.6%
35,566	14,014	(21,552)	(153.8%)	9,882	(25,684)	(259.9%)	104,125	122,549	18,424	15.0%	42,974	(61,151)	(142.3%)
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	15,355	15,355	100.0%
25,831	67,846	42,015	61.9%	-	(25,831)	0.0%	207,407	358,186	150,779	42.1%	-	(207,407)	0.0%
32,323	54,590	22,267	40.8%	50,527	18,204	36.0%	221,226	288,145	66,919	23.2%	288,904	67,678	23.4%
37,874	15,633	(22,241)	(142.3%)	36,615	(1,259)	(3.4%)	176,194	56,807	(119,387)	(210.2%)	212,262	36,067	17.0%
114,291	94,836	(19,455)	(20.5%)	67,025	(47,266)	(70.5%)	516,555	503,392	(13,163)	(2.6%)	489,048	(27,507)	(5.6%)
3,573	5,503	1,930	35.1%	4,233	659	15.6%	25,576	33,018	7,442	22.5%	30,490	4,913	16.1%
32,476	19,314	(13,162)	(68.1%)	21,630	(10,845)	(50.1%)	109,900	138,979	29,079	20.9%	121,184	11,284	9.3%
2,105	2,307	202	8.8%	1,331	(774)	(58.2%)	12,874	14,151	1,277	9.0%	8,663	(4,212)	(48.6%)
1,742,468	1,733,099	(9,369)	(0.5%)	1,652,957	(89,512)	(5.4%)	9,687,101	10,114,609	427,508	4.2%	9,006,595	(680,506)	(7.6%)
Net Performance before Depreciation							Net Performance before Depreciation						
320,947	(508,725)	829,672	(163.1%)	(100,320)	421,267	(419.9%)	330,484	(3,087,733)	3,418,217	(110.7%)	(469,695)	800,179	(170.4%)
& Overhead Allocations							& Overhead Allocations						

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

FOR THE SIXTH MONTH ENDED MARCH 31, 2019

Current Month								Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%		Actual	Budget	Variance	%	Prior Year	Variance	%	
9,787	6,072	(3,715)	(61.2%)	4,517	(5,270)	(116.7%)	Depreciation	58,651	36,432	(22,219)	(61.0%)	27,104	(31,547)	(116.4%)	
<i>Overhead Allocations:</i>															
1,746	10,221	8,475	82.9%	8,026	6,280	78.2%	Risk Mgt	17,883	61,326	43,443	70.8%	46,059	28,176	61.2%	
33,538	72,195	38,657	53.5%	28,772	(4,766)	(16.6%)	Rev Cycle	433,170	433,170	-	0.0%	214,174	(218,996)	(102.3%)	
4,597	4,469	(128)	(2.9%)	4,557	(39)	(0.9%)	Internal Audit	25,260	26,814	1,554	5.8%	6,560	(18,700)	(285.1%)	
18,311	18,493	182	1.0%	12,991	(5,321)	(41.0%)	Palm Springs Facility	100,399	110,958	10,559	9.5%	119,701	19,302	16.1%	
21,478	20,036	(1,442)	(7.2%)	16,315	(5,163)	(31.6%)	Administration	120,216	120,216	-	0.0%	122,078	1,862	1.5%	
25,363	27,444	2,081	7.6%	21,408	(3,955)	(18.5%)	Human Resources	164,664	164,664	-	0.0%	111,589	(53,075)	(47.6%)	
(446)	10,236	10,682	104.4%	7,654	8,100	105.8%	Legal	61,416	61,416	-	0.0%	45,828	(15,588)	(34.0%)	
5,031	6,789	1,758	25.9%	5,203	172	3.3%	Records	29,900	40,734	10,834	26.6%	27,000	(2,900)	(10.7%)	
10,385	9,404	(981)	(10.4%)	5,544	(4,842)	(87.3%)	Compliance	32,114	56,424	24,310	43.1%	31,813	(302)	(0.9%)	
0	1,148	1,148	100.0%	947	947	100.0%	Planning/Research	4,487	6,888	2,401	34.9%	5,961	1,474	24.7%	
21,293	28,051	6,758	24.1%	34,061	12,769	37.5%	Finance	135,845	168,306	32,461	19.3%	128,036	(7,810)	(6.1%)	
6,643	10,572	3,929	37.2%	2,521	(4,123)	(163.6%)	Public Relations	35,362	63,432	28,070	44.3%	33,394	(1,967)	(5.9%)	
72,867	80,135	7,268	9.1%	53,171	(19,696)	(37.0%)	Information Technology	407,396	480,810	73,414	15.3%	368,379	(39,017)	(10.6%)	
-	-	-	0.0%	(181)	(181)	100.0%	Budget & Decision Support	-	-	-	0.0%	7,465	7,465	100.0%	
1,425	2,181	756	34.7%	3,192	1,767	55.4%	Corporate Quality	13,086	13,086	-	0.0%	15,570	2,484	16.0%	
2,776	4,569	1,793	39.2%	(830)	(3,606)	434.6%	Managed Care Contract	16,562	27,414	10,852	39.6%	25,728	9,166	35.6%	
225,008	305,943	80,935	26.5%	203,351	(21,657)	(10.6%)	Total Overhead Allocations	1,597,760	1,835,658	237,898	13.0%	1,309,336	(288,424)	(22.0%)	
1,977,264	2,045,114	67,850	3.3%	1,860,825	(116,438)	(6.3%)	Total Expenses	11,343,512	11,986,699	643,187	5.4%	10,343,035	(1,000,477)	(9.7%)	
\$ 86,152	\$ (820,740)	\$ 906,892	(110.5%)	\$ (308,188)	\$ 394,340	(128.0%)	Net Margin	\$ (1,325,927)	\$ (4,959,823)	\$ 3,633,896	(73.3%)	\$ (1,806,135)	\$ 480,208	26.6%	
-	75,000	75,000	100.0%	-	-	0.0%	Capital	-	450,000	450,000	100.0%	-	-	0.0%	
\$ -	\$ 1,087,500	\$ 1,087,500	100.0%	\$ 2,000,000	\$ 2,000,000	100.0%	General Fund Support/ Transfer In	\$ 2,627,860	\$ 6,525,000	\$ 3,897,140	59.7%	\$ 2,000,000	\$ (627,860)	(31.4%)	

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

FOR THE SIXTH MONTH ENDED MARCH 31, 2019

	Dental Clinic Administration	West Palm Beach Dental Clinic	Lantana Dental Clinic	Delray Dental Clinic	Belle Glade Dental Clinic	Total
Gross Patient Revenue	-	667,822	521,278	483,133	222,432	1,894,664
Contractual Allowances	-	189,365	124,385	134,113	66,597	514,459
Charity Care	-	244,457	257,057	238,843	83,648	824,005
Bad Debt	-	9,717	25,952	8,535	5,637	49,842
Total Contractual Allowances and Bad Debt	-	443,539	407,394	381,491	155,882	1,388,306
Other Patient Revenue	-	323,826	268,603	256,040	125,753	974,223
Net Patient Revenue	-	548,110	382,487	357,681	192,303	1,480,581
Collection %	-	82.07%	73.37%	74.03%	86.45%	78.14%
Grant Funds	95,033	337,012	259,361	222,785	126,059	1,040,250
Other Revenue	-	-	-	-	233	233
Total Other Revenues	95,033	337,012	259,361	222,785	126,292	1,040,483
Total Revenues	95,033	885,122	641,848	580,466	318,595	2,521,063
<i>Direct Operational Expenses:</i>						
Salaries and Wages	138,887	440,879	343,171	309,803	150,735	1,383,476
Benefits	29,607	133,451	89,341	94,621	45,733	392,753
Purchased Services	-	13,833	11,575	11,166	22,168	58,742
Medical Supplies	-	36,442	32,630	22,804	18,303	110,179
Other Supplies	(12)	15,990	13,938	6,700	1,775	38,391
Contracted Physician Expense	-	-	-	-	-	-
Medical Services	-	-	-	-	-	-
Drugs	-	39	300	615	246	1,199
Repairs & Maintenance	-	6,256	6,469	6,938	5,772	25,434
Lease & Rental	-	57,444	32,894	30,816	36,844	157,997
Utilities	-	693	2,285	856	1,400	5,234
Other Expense	1,212	3,360	2,852	(950)	3,388	9,861
Insurance	-	-	-	-	399	399
Total Operational Expenses	169,695	708,386	535,453	483,369	286,762	2,183,666
Net Performance before Depreciation & Overhead Allocations	(74,662)	176,735	106,395	97,097	31,833	337,398
Depreciation	-	7,309	3,266	5,108	4,873	20,556
<i>Overhead Allocations:</i>						
Risk Mgt	283	1,373	1,205	931	570	4,362
Rev Cycle	-	38,106	33,456	25,836	15,834	113,232
Internal Audit	400	1,939	1,702	1,315	805	6,161
Palm Springs Facility	12,455	-	-	-	-	12,455
Administration	1,902	9,228	8,100	6,258	3,834	29,322
Human Resources	1,698	12,750	11,904	9,354	5,100	40,806
Legal	972	4,716	4,140	3,198	1,956	14,982
Records	473	2,295	2,015	1,556	953	7,292
Compliance	508	2,465	2,164	1,671	1,024	7,832
Planning/Research	71	344	302	234	143	1,094
Finance	2,148	10,427	9,154	7,070	4,332	33,131
Public Relations	559	2,714	2,383	1,840	1,128	8,624
Information Technology	6,443	31,272	27,452	21,202	12,991	99,359
Budget & Decision Support	-	-	-	-	-	-
Corporate Quality	210	1,002	882	684	420	3,198
Managed Care Contract	-	1,457	1,279	988	605	4,329
Total Overhead Allocations	28,122	120,089	106,137	82,136	49,696	386,179
Total Expenses	197,817	835,784	644,857	570,613	341,331	2,590,401
Net Margin	\$ (102,784)	\$ 49,338	\$ (3,009)	\$ 9,853	\$ (22,736)	\$ (69,338)
Capital	-	-	-	-	-	-
General Fund Support/ Transfer In					\$	-

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

FOR THE SIXTH MONTH ENDED MARCH 31, 2019

Current Month							Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%
344,480	397,671	(53,192)	(13.4%)	349,102	(4,622)	(1.3%)	1,894,664	2,107,913	(213,249)	(10.1%)	1,956,935	(62,271)	(3.2%)
93,205	83,021	(10,184)	(12.3%)	(58,640)	(151,845)	258.9%	514,459	440,077	(74,382)	(16.9%)	(181,018)	(695,477)	384.2%
137,768	184,822	47,055	25.5%	(274)	(138,041)	50,472.0%	824,005	979,682	155,677	15.9%	116,529	(707,476)	(607.1%)
16,299	17,400	1,101	6.3%	(14,895)	(31,194)	209.4%	49,842	92,233	42,391	46.0%	22,306	(27,535)	(123.4%)
247,272	285,243	37,971	13.3%	(73,809)	(321,081)	435.0%	1,388,306	1,511,992	123,686	8.2%	(42,183)	(1,430,489)	3,391.2%
149,859	89,241	60,618	67.9%	-	149,859	0.0%	974,223	535,446	438,777	81.9%	-	974,223	0.0%
247,067	201,669	45,398	22.5%	422,910	(175,843)	(41.6%)	1,480,581	1,131,367	349,214	30.9%	1,999,118	(518,537)	(25.9%)
71.72%	50.71%			121.14%			78.14%	53.67%			102.16%		
231,945	176,537	55,408	31.4%	111,771	120,174	107.5%	1,040,250	1,128,384	(88,135)	(7.8%)	666,858	373,392	56.0%
-	2,833	(2,833)	(100.0%)	34,000	(34,000)	(100.0%)	233	16,998	(16,765)	(98.6%)	34,000	(33,767)	(99.3%)
231,945	179,370	52,575	29.3%	145,771	86,174	59.1%	1,040,483	1,145,382	(104,899)	(9.2%)	700,858	339,625	48.5%
479,012	381,039	97,973	25.7%	568,682	(89,669)	(15.8%)	2,521,063	2,276,749	244,314	10.7%	2,699,975	(178,912)	(6.6%)
<i>Direct Operational Expenses:</i>													
228,847	244,332	15,485	6.3%	228,197	(649)	(0.3%)	1,383,476	1,443,052	59,577	4.1%	1,297,031	(86,444)	(6.7%)
66,366	71,028	4,662	6.6%	65,577	(789)	(1.2%)	392,753	419,395	26,642	6.4%	382,492	(10,261)	(2.7%)
13,279	12,377	(902)	(7.3%)	8,077	(5,202)	(64.4%)	58,742	75,370	16,628	22.1%	55,775	(2,967)	(5.3%)
17,722	28,283	10,561	37.3%	37,620	19,899	52.9%	110,179	148,153	37,974	25.6%	171,070	60,891	35.6%
901	10,788	9,887	91.7%	966	65	6.8%	38,391	65,525	27,134	41.4%	8,861	(29,529)	(333.2%)
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	-	-	0.0%
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	-	-	0.0%
6	1,975	1,970	99.7%	2,310	2,304	99.8%	1,199	10,345	9,146	88.4%	10,479	9,280	88.6%
3,150	7,255	4,105	56.6%	4,771	1,621	34.0%	25,434	31,206	5,772	18.5%	27,988	2,554	9.1%
19,078	27,444	8,366	30.5%	60,312	41,234	68.4%	157,997	164,664	6,667	4.0%	195,903	37,905	19.3%
803	748	(55)	(7.3%)	429	(374)	(87.3%)	5,234	4,488	(746)	(16.6%)	4,318	(916)	(21.2%)
1,036	3,082	2,046	66.4%	6,997	5,961	85.2%	9,861	20,290	10,429	51.4%	20,152	10,291	51.1%
65	59	(6)	(10.0%)	86	21	24.4%	399	354	(45)	(12.8%)	559	159	28.5%
351,251	407,371	56,120	13.8%	415,342	64,091	15.4%	2,183,666	2,382,842	199,176	8.4%	2,174,628	(9,037)	(0.4%)
Net Performance before													
127,761	(26,332)	154,093	(585.2%)	153,339	(25,578)	(16.7%)	337,398	(106,093)	443,491	(418.0%)	525,347	(187,949)	(35.8%)

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

FOR THE SIXTH MONTH ENDED MARCH 31, 2019

Current Month							Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%
3,369	15,028	11,659	77.6%	12,475	9,105	73.0%	20,556	88,736	68,180	76.8%	74,847	54,291	72.5%
<i>Overhead Allocations:</i>													
426	2,494	2,068	82.9%	2,205	1,779	80.7%	4,362	14,964	10,602	70.9%	12,652	8,291	65.5%
8,769	18,872	10,103	53.5%	8,351	(418)	(5.0%)	113,232	113,232	-	0.0%	62,161	(51,071)	(82.2%)
1,121	1,090	(31)	(2.9%)	1,252	131	10.4%	6,161	6,540	379	5.8%	1,802	(4,359)	(241.9%)
2,272	2,294	22	1.0%	2,185	(87)	(4.0%)	12,455	13,764	1,309	9.5%	20,133	7,678	38.1%
5,241	4,887	(354)	(7.2%)	4,481	(760)	(17.0%)	29,322	29,322	-	0.0%	33,532	4,210	12.6%
6,287	6,801	514	7.6%	6,960	673	9.7%	40,806	40,806	-	0.0%	36,277	(4,529)	(12.5%)
(105)	2,497	2,602	104.2%	2,102	2,208	105.0%	14,982	14,982	-	0.0%	12,588	(2,394)	(19.0%)
1,227	1,655	428	25.9%	1,429	202	14.1%	7,292	9,930	2,638	26.6%	7,416	124	1.7%
2,533	2,294	(239)	(10.4%)	1,523	(1,010)	(66.3%)	7,832	13,764	5,932	43.1%	8,738	906	10.4%
0	280	280	100.0%	260	260	100.0%	1,094	1,680	586	34.9%	1,637	543	33.2%
5,193	6,842	1,649	24.1%	9,356	4,163	44.5%	33,131	41,052	7,921	19.3%	35,168	2,037	5.8%
1,620	2,577	957	37.1%	692	(928)	(134.0%)	8,624	15,462	6,838	44.2%	9,173	548	6.0%
17,771	19,544	1,773	9.1%	14,605	(3,166)	(21.7%)	99,359	117,264	17,905	15.3%	101,184	1,826	1.8%
-	-	-	0.0%	(50)	(50)	100.0%	-	-	-	0.0%	2,051	2,051	100.0%
354	533	179	33.6%	877	523	59.6%	3,198	3,198	-	0.0%	4,277	1,079	25.2%
726	1,195	469	39.3%	(241)	(967)	401.4%	4,329	7,170	2,841	39.6%	7,467	3,138	42.0%
53,434	73,855	20,421	27.7%	55,987	2,553	4.6%	386,179	443,130	56,951	12.9%	356,256	(29,923)	(8.4%)
408,054	496,254	88,200	17.8%	483,803	75,749	15.7%	2,590,401	2,914,708	324,307	11.1%	2,605,732	15,331	0.6%
\$ 70,958	\$ (115,215)	\$ 186,173	(161.6%)	\$ 84,878	\$ (13,920)	(16.4%)	\$ (69,338)	\$ (637,959)	\$ 568,621	(89.1%)	\$ 94,243	\$ (163,581)	(173.6%)
(1,752)	128,613	130,365	101.4%	-	1,752	0.0%	-	771,688	771,688	100.0%	-	-	0.0%
\$ -	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%
General Fund Support/ Transfer In													

Clinic Visits - Adults and Pediatrics	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Current Year	Current YTD	%Var to	Prior Year
													Total	Budget	Budget	Total
West Palm Beach	1,661	1,289	1,312	1,734	1,628	1,447							9,071	9,420	(3.7%)	9,551
Delray	1,355	1,162	1,134	1,180	1,212	1,356							7,399	8,667	(14.6%)	8,552
Lantana	1,411	1,309	1,261	1,314	1,409	1,424							8,128	9,064	(10.3%)	7,889
Belle Glade	1,030	790	839	934	806	850							5,249	4,714	11.3%	5,336
Jerome Golden Center	-	-	-	-	-	-							-	-	0.0%	1,469
Lewis Center	267	233	229	239	246	227							1,441	1,312	9.8%	1,152
Lake Worth & Women's Health Care	1,608	1,153	1,104	1,214	1,130	1,466							7,675	9,447	(18.8%)	9,209
Jupiter Clinic	421	457	418	467	483	502							2,748	3,158	(13.0%)	3,009
West Boca & Women's Health Care	1,009	861	781	923	815	900							5,289	4,162	27.1%	3,222
Mobile Van	239	186	119	201	200	159							1,104	1,093	1.0%	-
Suboxone	361	289	222	301	415	476							2,064	1,733	19.1%	1,558
Total Clinic Visits	9,362	7,729	7,419	8,507	8,344	8,807	-	-	-	-	-	-	50,168	52,770	(4.9%)	50,947
Dental Visits																
West Palm Beach	918	722	704	800	792	839							4,775	5,349	(10.7%)	5,358
Lantana	653	508	468	616	630	717							3,592	5,195	(30.9%)	4,365
Delray	676	522	446	503	535	644							3,326	4,090	(18.7%)	3,962
Belle Glade	406	260	230	259	275	292							1,722	2,203	(21.8%)	2,248
Total Dental Visits	2,653	2,012	1,848	2,178	2,232	2,492	-	-	-	-	-	-	13,415	16,837	(20.3%)	15,933
Total Medical and Dental Visits	12,015	9,741	9,267	10,685	10,576	11,299	-	-	-	-	-	-	63,583	69,607	(8.7%)	66,880
Mental Health Counselors (non-billable)																
West Palm Beach	124	100	103	135	117	110							689	498	38.4%	513
Delray	137	118	102	117	106	102							682	494	38.1%	508
Lantana	467	414	368	433	383	265							2,330	1,351	72.5%	867
Belle Glade	17	21	22	26	18	25							129	86	50.0%	84
Lewis Center	268	219	192	235	232	253							1,399	564	148.0%	584
Lake Worth	173	99	73	190	98	111							744	722	3.0%	724
Jupiter	-	-	-	-	-	-							-	172	(100.0%)	176
West Boca	-	-	-	-	-	-							-	117	(100.0%)	118
Mobile Van	-	-	-	16	40	57							113	-	100.0%	-
Total Mental Health Screenings	1,186	971	860	1,152	994	923	-	-	-	-	-	-	6,086	4,004	52.0%	3,574

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
April 24th, 2019

1. Description: Executive Director Informational Update

2. Summary:

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

- Lakeside Medical Center Clinic (Belle Glade)
- Mangonia Park
- HRSA New Access Point (NAP) Grant
- CDC Overdose Data to Action Department of Health and Human Services Centers for Disease Control
- HRSA Integrated Behavioral Health Services (IBHS) Grant
- HRSA Oral Health Infrastructure (OHI) Grant
- Sunshine Health Barrier Removal Fund

3. Substantive Analysis:

Lakeside Medical Center Clinic (Belle Glade)

Clinic Ribbon Cutting is scheduled for May 28th at Lakeside Medical Center at 10:00am.

Mangonia Park

Construction is underway at the new clinic with expectation that we will open in the Fall.

HRSA New Access Point (NAP) Grant

Application was submitted on 4/10/2019. We should find out more about this grant award in September. Award is up to \$650,000.

CDC-RFA-CE19-1904 Overdose Data to Action Department of Health and Human Services Centers for Disease Control – NCIPC

A draft narrative and budget were provided to Department of Health Palm Beach County on 4/5/2019. Requesting \$933,485.

HRSA-19-100 Fiscal Year 2019 Integrated Behavioral Health Services (IBHS) Supplemental Funding

We have requested a quote from Cherokee Health for on-site consulting services and will request funding for this training of our LCSW's. Award is up to \$145,000.

HRSA-19-079 FY 2019 Oral Health Infrastructure (OHI) Technical Assistance

We have received quotes for new dental chairs and are putting together a draft budget to provide triple-integrated services in Lantana. Award is up to \$300,000.

Sunshine Health Barrier Removal Fund

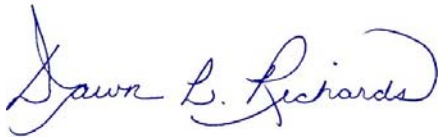
Assistance to make dental services more accessible to members with intellectual and developmental disabilities, specifically: weighted blankets, noise cancelling headphones, TV or DVD player for members needed sensory accommodations to watch while getting dental services.²⁶

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
April 24th, 2019

4. Fiscal Analysis & Economic Impact Statement:

	Amount	Budget
Capital Requirements	N/A	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Annual Net Revenue	\$2,028,485	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Annual Expenditures	\$2,882,195	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Reviewed for financial accuracy and compliance with purchasing procedure:



Dawn Richards
 VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

 Committee Name

 Date Approved

6. Recommendation:

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

Approved for Legal sufficiency:



Valerie Shahriari
 VP & General Counsel



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



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

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
April 24, 2019

1. Description: Licensed Independent Practitioner Credentialing and Privileging

2. Summary:

The agenda item represents the licensed independent practitioner(s) recommended for credentialing and privileging by the FQHC Medical Director.

3. Substantive Analysis:

The LIP(s) 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
Rowling	Courtney	MD	Psychiatry	Recredentialing

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

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

4. Fiscal Analysis & Economic Impact Statement:

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

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
April 24, 2019

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

Dawn Richards
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

Committee Name

Date Approved

6. Recommendation:

Staff recommends the Board approve the recredentialing and renewal of privileges of Dr. Rowling, Psychiatry.


Approved for Legal sufficiency:



Valerie Shahrian
VP & General Counsel

Sarah Gonzalez

Sarah Gonzalez, CPMSM, CPC
Director, Credentialing & Provider Services



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

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
April 24th, 2019

1. Description: Operations Reports – February & March 2019

2. Summary:

This agenda item provides the following operations reports for February & March 2019:

- Productivity Summary Report

3. Substantive Analysis:

See attached reports.

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

Dawn Richards
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

Committee Name

Date Approved

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
April 24th, 2019

6. Recommendation:

Staff recommends the Board Approve the Operations Reports February & March 2019.

Approved for Legal sufficiency:



Valerie Shahriari
VP & General Counsel



Terry Megiveron
Director of Practice Operations

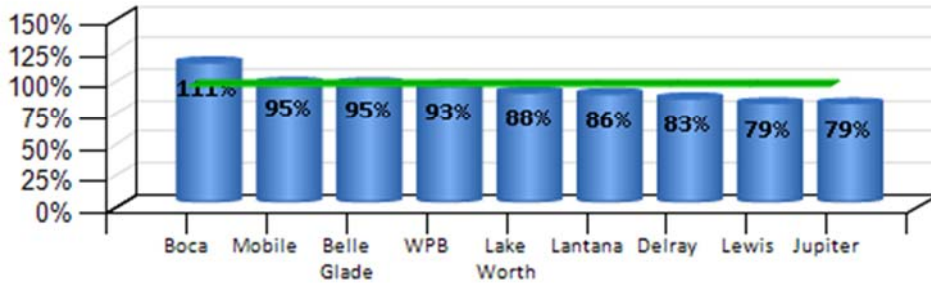


Dr. Belma Andric
Chief Medical Officer, VP & Executive Director
of Clinic Services

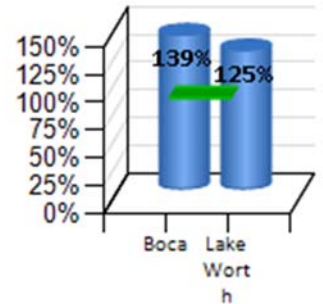
ALL CLINICS PRODUCTIVITY FEBRUARY 2019

	Target	Total seen	% Monthly Target
MENTAL HEALTH	1175	994	85%
WOMEN'S HEALTH CARE	252	325	129%
SUBSTANCE ABUSE	445	415	93%
PEDIATRIC CARE	1728	1418	82%
ADULT CARE	6920	6186	89%
DENTAL HYGIENE	328	268	82%
DENTAL	2294	1964	86%

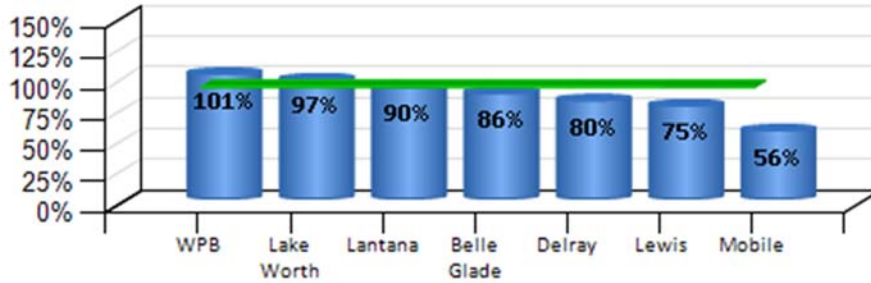
Adult care



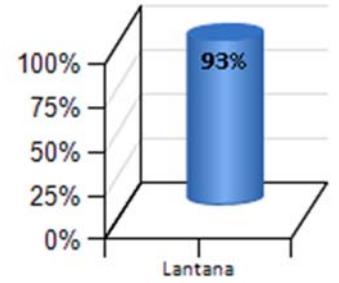
Women's Health



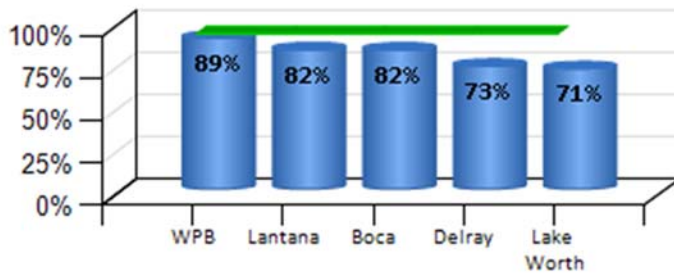
Mental Health



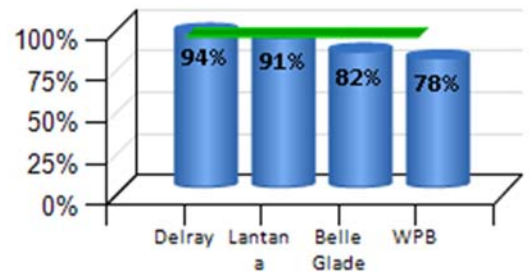
Substance Abuse



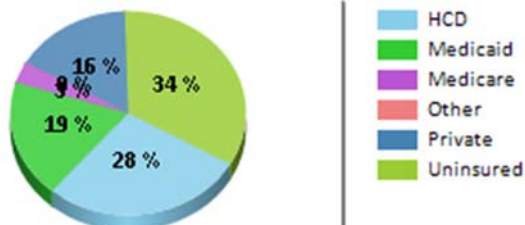
Pediatric Care



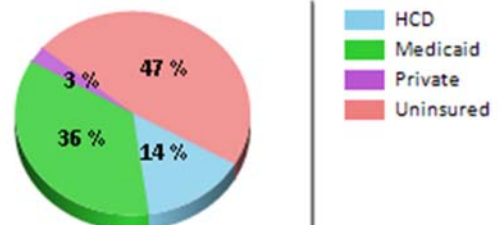
Dental & Dental Hygiene



Medical Payer Mix YTD



Dental Payer Mix YTD



BELLE GLADE TOTALS FOR FEBRUARY 2019

	Daily Target	Days Worked	Target for the month	Total for month seen	% Monthly Target Achieved	Daily Average
ADULT CARE						
Dorce-Medard, Jennifer DO	18	11.0	198	193	97%	17.5
Harberger, Seneca MD	18	19.5	351	342	97%	17.5
Philistin, Ketely ARNP	16	18.0	288	261	91%	14.5
Meristil, Marie Frantzcia ARNP	12	1.0	12	10	83%	10.0
BELLE GLADE ADULT CARE TOTALS		49.5	849	806	95%	

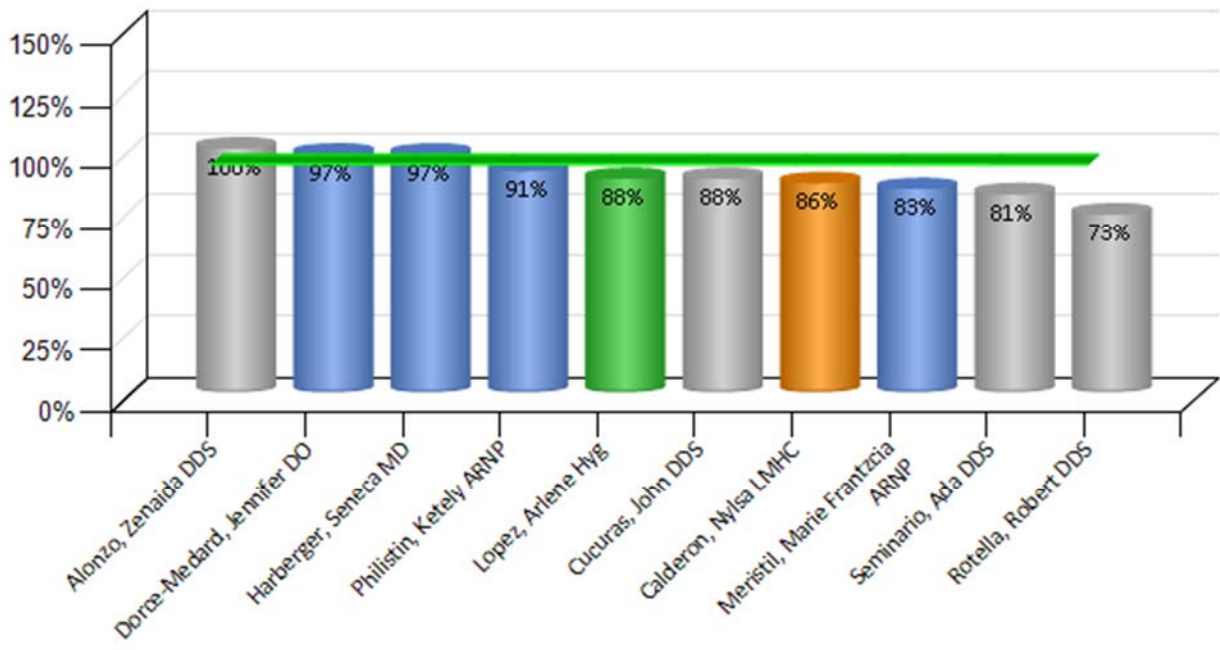
MENTAL HEALTH						
Calderon, Nylsa LMHC	7	3.0	21	18	86%	6.0
BELLE GLADE MENTAL HEALTH TOTALS		3.0	21	18	86%	

DENTAL						
Alonzo, Zenaida DDS	16	1.0	16	16	100%	16.0
Cucuras, John DDS	16	1.0	16	14	88%	14.0
Seminario, Ada DDS	16	14.0	224	182	81%	13.0
Rotella, Robert DDS	16	3.0	48	35	73%	11.7
BELLE GLADE DENTAL TOTALS		19.0	304	247	81%	

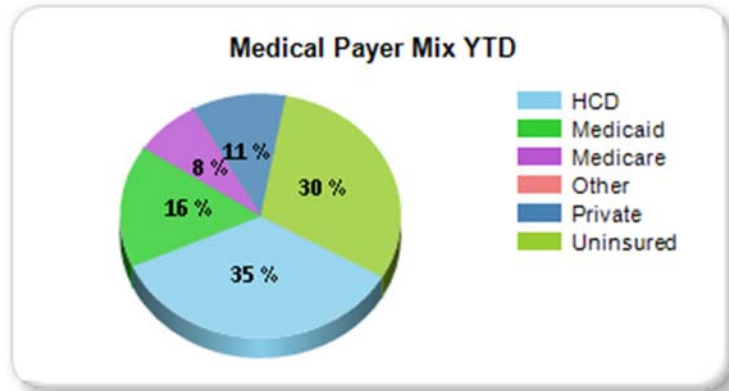
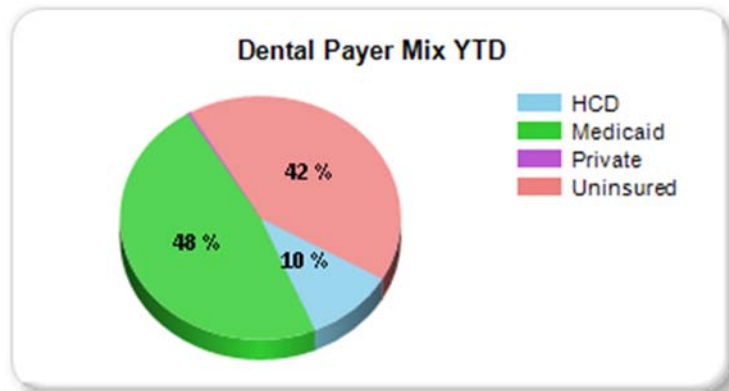
DENTAL HYGIENE						
Lopez, Arlene Hyg	8	4.0	32	28	88%	7.0
BELLE GLADE DENTAL HYGIENE TOTALS		4.0	32	28	88%	

BELLE GLADE TOTALS		75.5	1206	1099	91%	
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BELLE GLADE PROVIDER PRODUCTIVITY FEBRUARY 2019



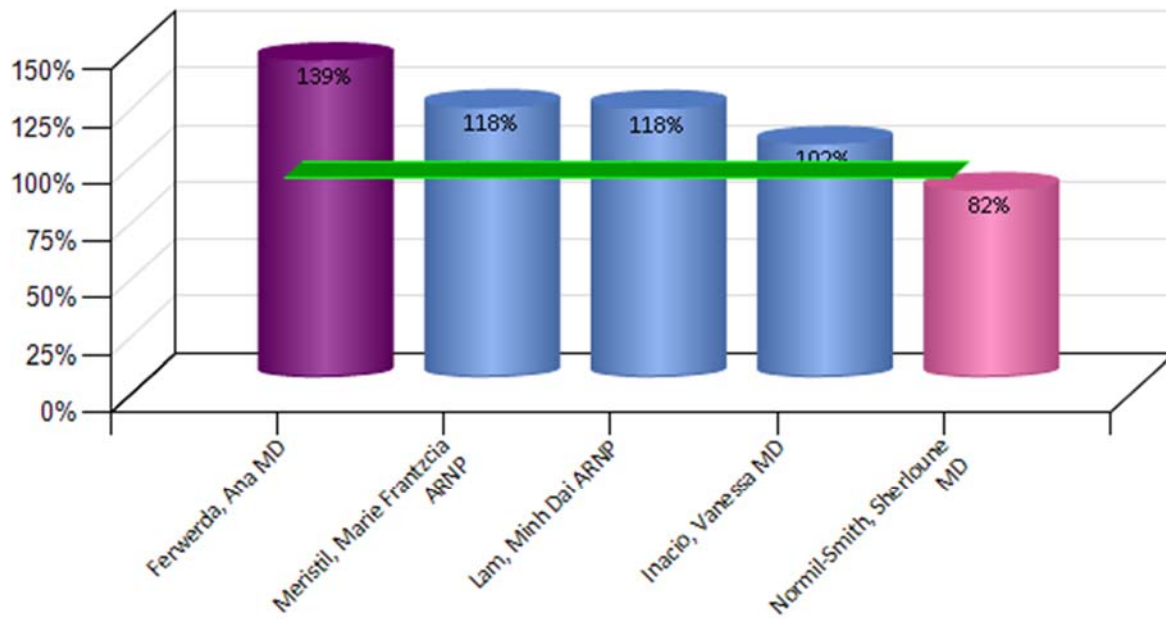
■ Mental Health
 ■ Pediatrics
 ■ Adult Care
 ■ Dental
 ■ Dental Hyg.



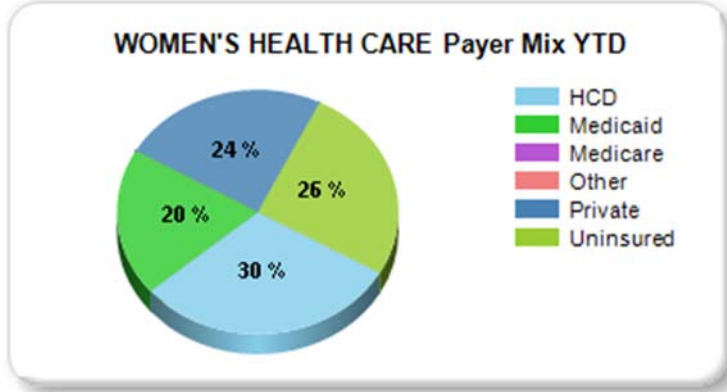
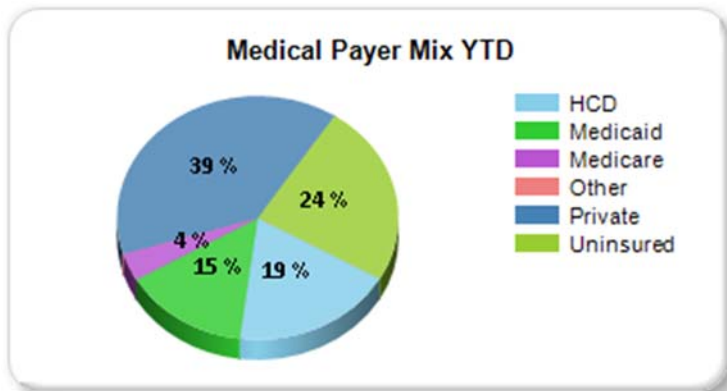
BOCA TOTALS FOR FEBRUARY 2019

	Daily Target	Days Worked	Target for the month	Total for month seen	% Monthly Target Achieved	Daily Average
ADULT CARE						
Meristil, Marie Frantzcia ARNP	12	5.0	60	71	118%	14.2
Lam, Minh Dai ARNP	16	17.0	272	321	118%	18.9
Inacio, Vanessa MD	18	13.5	243	249	102%	18.4
BOCA ADULT CARE TOTALS		35.5	575	641	111%	
PEDIATRIC CARE						
Normil-Smith, Sherlounne MD	18	5.0	90	74	82%	14.8
BOCA PEDIATRIC CARE TOTALS		5.0	90	74	82%	
WOMEN'S HEALTH CARE						
Ferwerda, Ana MD	18	4.0	72	100	139%	25.0
BOCA WOMEN'S HEALTH CARE TOTALS		4.0	72	100	139%	
BOCA TOTALS		44.5	737	815	111%	

BOCA PROVIDER PRODUCTIVITY FEBRUARY 2019



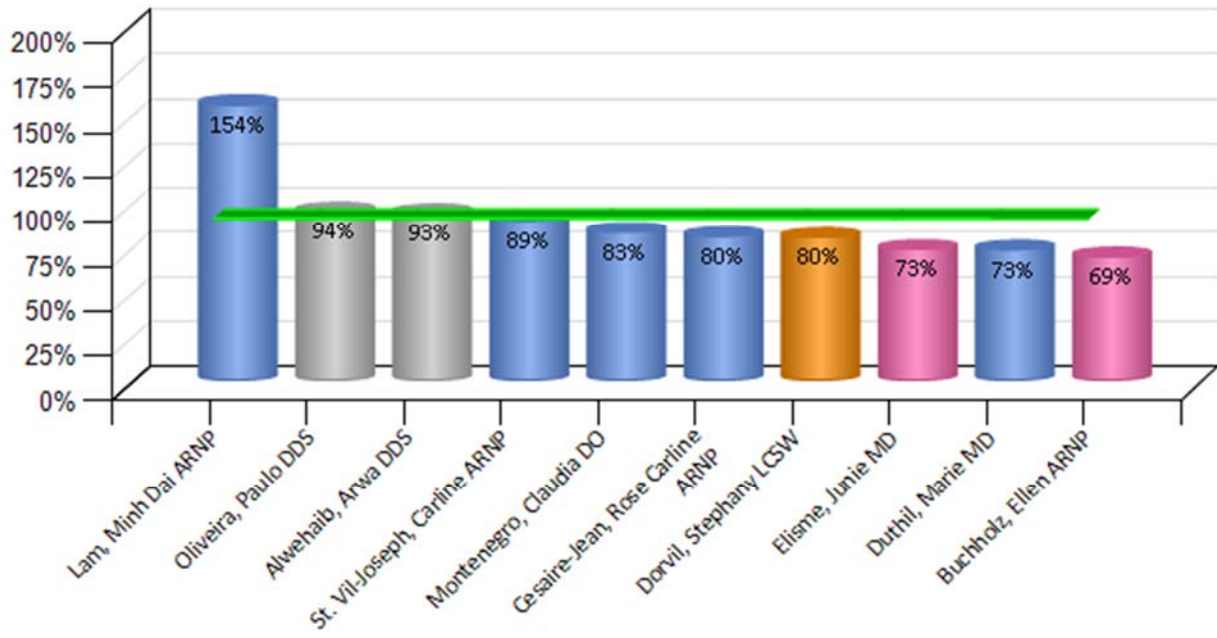
■ Pediatrics
 ■ Adult Care
 ■ Women's Health



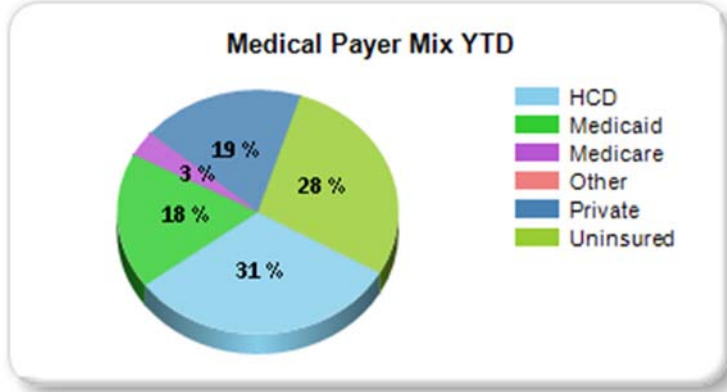
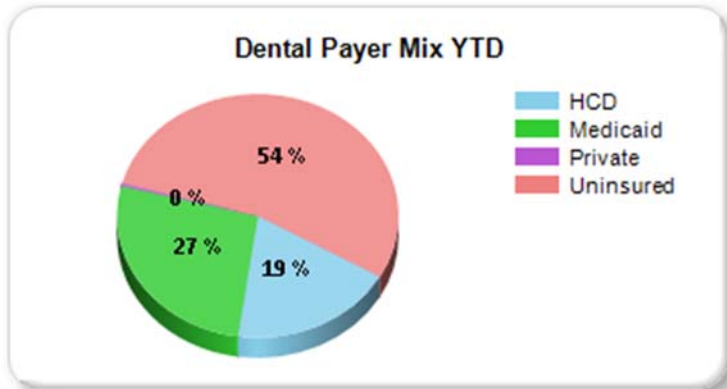
DELRAY BEACH TOTALS FOR FEBRUARY 2019

	Daily Target	Days Worked	Target for the month	Total for month seen	% Monthly Target Achieved	Daily Average
ADULT CARE						
Lam, Minh Dai ARNP	16	1.5	24	37	154%	24.7
St. Vil-Joseph, Carline ARNP	16	17.0	272	243	89%	14.3
Montenegro, Claudia DO	18	19.0	342	283	83%	14.9
Cesaire-Jean, Rose Carline ARNP	16	17.5	280	225	80%	12.9
Duthil, Marie MD	18	15.5	279	203	73%	13.1
DELRAY BEACH ADULT CARE TOTALS		70.5	1197	991	83%	
PEDIATRIC CARE						
Elisme, Junie MD	18	16.0	288	210	73%	13.1
Buchholz, Ellen ARNP	16	1.0	16	11	69%	11.0
DELRAY BEACH PEDIATRIC CARE TOTALS		17.0	304	221	73%	
MENTAL HEALTH						
Dorvil, Stephany LCSW	7	19.0	133	106	80%	5.6
DELRAY BEACH MENTAL HEALTH TOTALS		19.0	133	106	80%	
DENTAL						
Oliveira, Paulo DDS	14	19.0	266	251	94%	13.2
Alwehaib, Arwa DDS	16	19.0	304	284	93%	14.9
DELRAY BEACH DENTAL TOTALS		38.0	570	535	94%	
DELRAY BEACH TOTALS		144.5	2204	1853	84%	

DELRAY BEACH PROVIDER PRODUCTIVITY FEBRUARY 2019



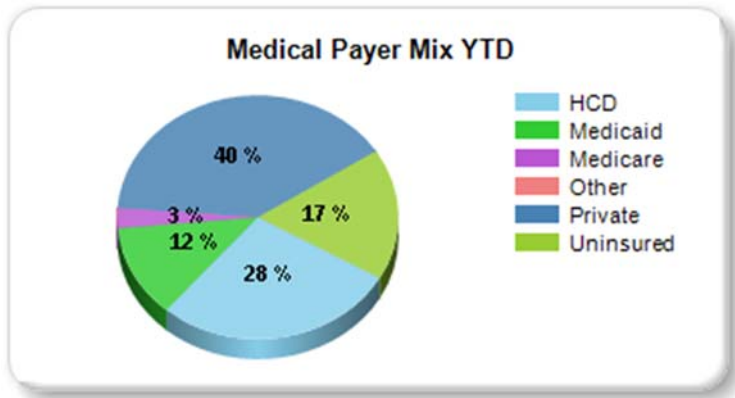
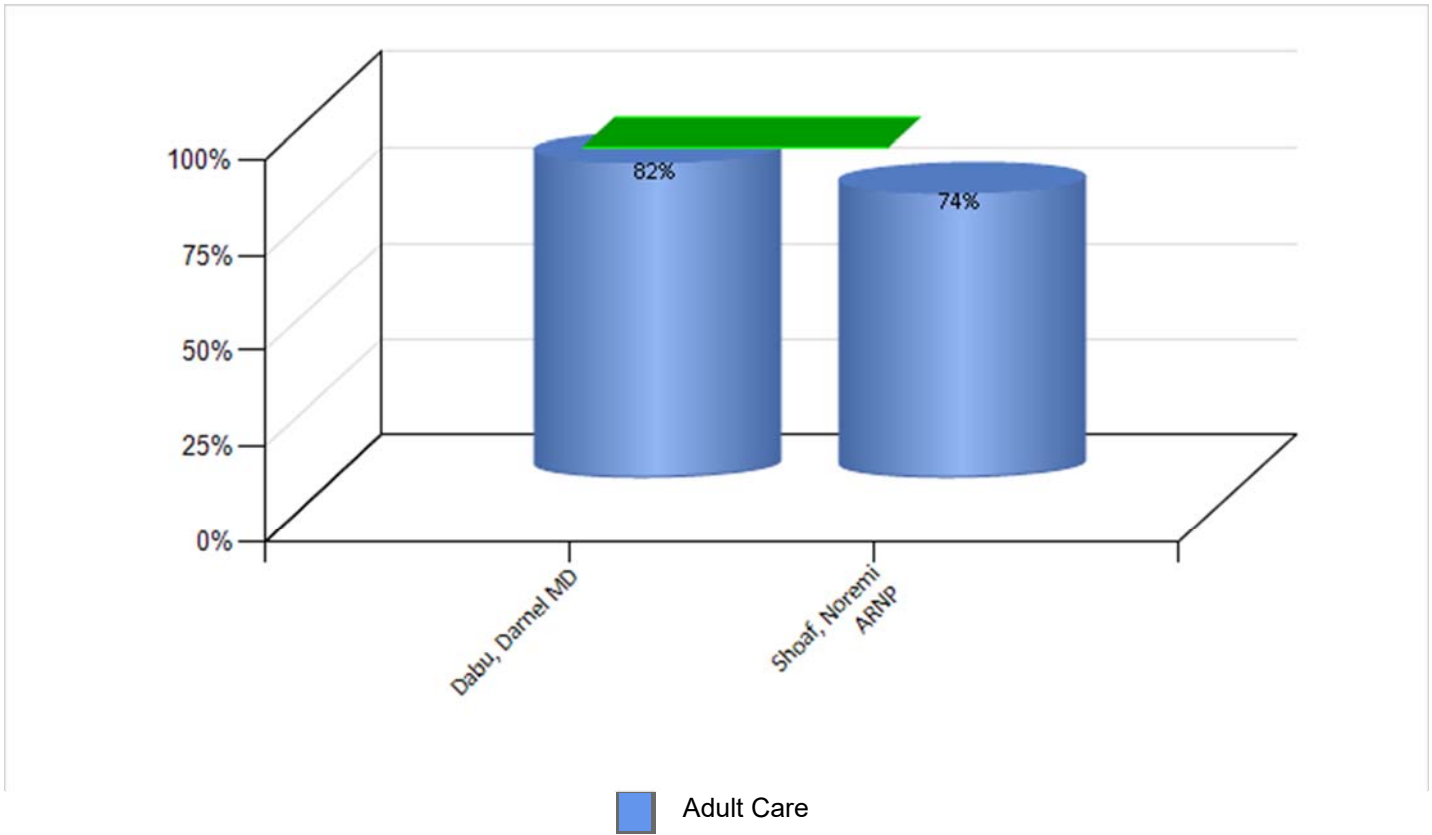
■ Mental Health
 ■ Pediatrics
 ■ Adult Care
 ■ Dental
 ■ Dental Hyg.



JUPITER TOTALS FOR FEBRUARY 2019

	Daily Target	Days Worked	Target for the month	Total for month seen	% Monthly Target Achieved	Daily Average
ADULT CARE						
Dabu, Darnel MD	18	19.0	342	281	82%	14.8
Shoaf, Noremi ARNP	16	17.0	272	202	74%	11.9
JUPITER ADULT CARE TOTALS		36.0	614	483	79%	
JUPITER TOTALS		36.0	614	483	79%	

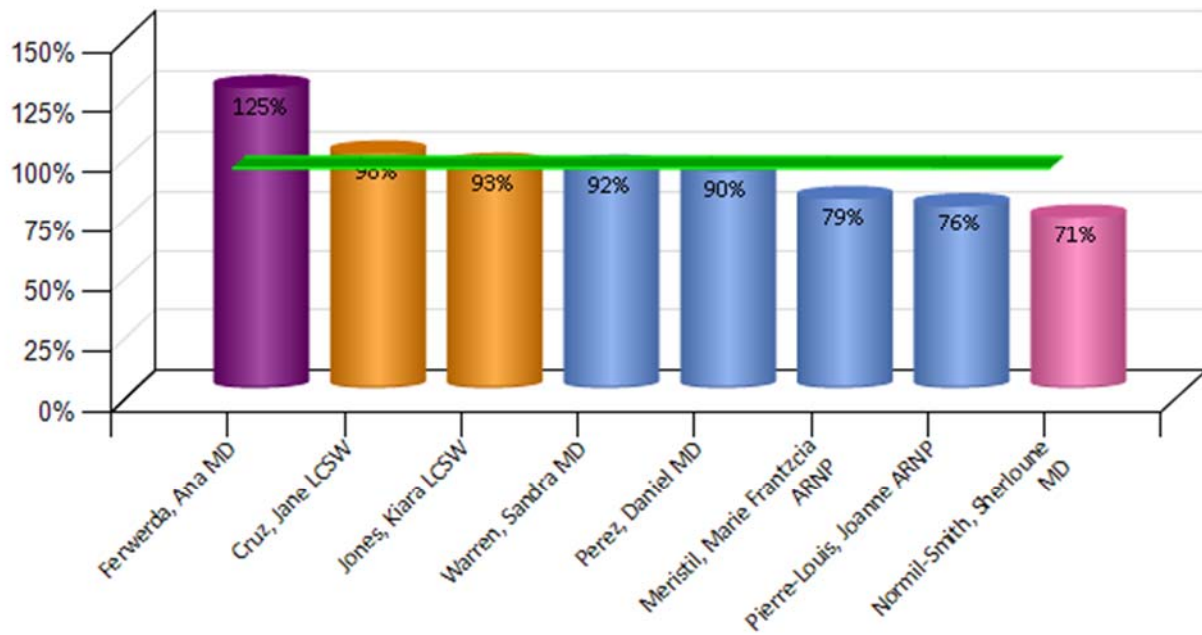
JUPITER PROVIDER PRODUCTIVITY FEBRUARY 2019



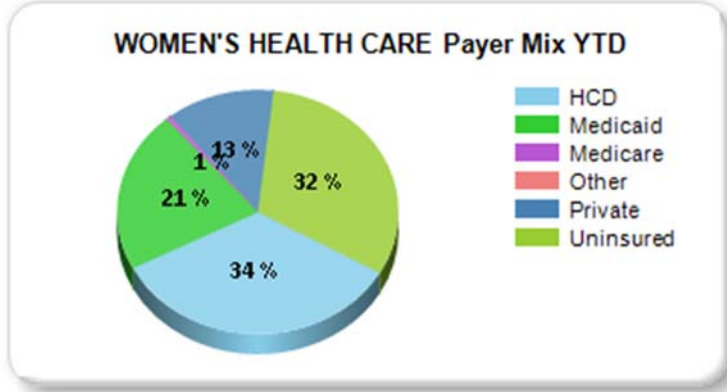
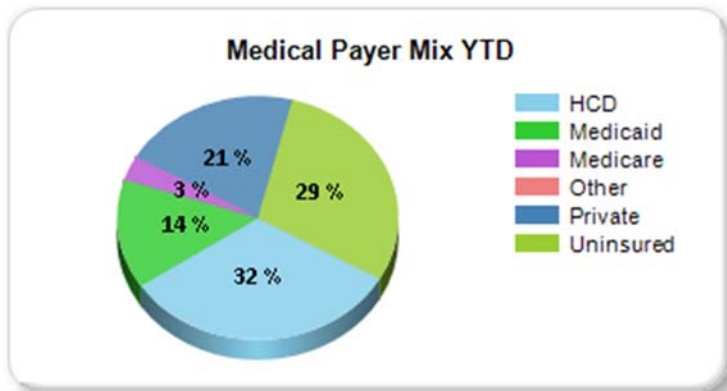
LAKE WORTH TOTALS FOR FEBRUARY 2019

	Daily Target	Days Worked	Target for the month	Total for month seen	% Monthly Target Achieved	Daily Average
ADULT CARE						
Warren, Sandra MD	18	19.5	351	323	92%	16.6
Perez, Daniel MD	18	17.5	315	285	90%	16.3
Meristil, Marie Frantzcia ARNP	12	11.5	138	109	79%	9.5
Pierre-Louis, Joanne ARNP	16	6.5	104	79	76%	12.2
LAKE WORTH ADULT CARE TOTALS		55.0	908	796	88%	
PEDIATRIC CARE						
Normil-Smith, Sherloune MD	18	8.5	153	109	71%	12.8
LAKE WORTH PEDIATRIC CARE TOTALS		8.5	153	109	71%	
WOMEN'S HEALTH CARE						
Ferwerda, Ana MD	18	10.0	180	225	125%	22.5
LAKE WORTH WOMEN'S HEALTH CARE TOTALS		10.0	180	225	125%	
MENTAL HEALTH						
Cruz, Jane LCSW	7	10.5	74	72	98%	6.9
Jones, Kiara LCSW	7	4.0	28	26	93%	6.5
LAKE WORTH MENTAL HEALTH TOTALS		14.5	102	98	97%	
LAKE WORTH TOTALS		88.0	1343	1228	91%	

LAKE WORTH PROVIDER PRODUCTIVITY FEBRUARY 2019



Mental Health
 Pediatrics
 Adult Care
 Women's Health



LANTANA TOTALS FOR FEBRUARY 2019

	Daily Target	Days Worked	Target for the month	Total for month seen	% Monthly Target Achieved	Daily Average
ADULT CARE						
Dorce-Medard, Jennifer DO	18	0.5	9	11	122%	22.0
Presendieu, Heden ARNP	16	15.0	240	247	103%	16.5
Navarro, Elsy ARNP	16	19.5	312	321	103%	16.5
Alfonso-Puentes, Ramiro MD	18	18.5	333	322	97%	17.4
Perez, Daniel MD	18	0.5	9	5	56%	10.0
March, Sophia ARNP	10	17.0	170	20	12%	1.2
LANTANA ADULT CARE TOTALS		71.0	1073	926	86%	

PEDIATRIC CARE						
Lazaro, Nancy MD	18	17.0	306	262	86%	15.4
Buchholz, Ellen ARNP	16	4.0	64	54	84%	13.5
Dessalines, Duclos MD	18	12.0	216	167	77%	13.9
LANTANA PEDIATRIC CARE TOTALS		33.0	586	483	82%	

MENTAL HEALTH						
Alvarez, Franco MD	13	4.0	52	53	102%	13.3
Rowling, Courtney MD	18	15.0	270	244	90%	16.3
Calderon, Nylsa LMHC	7	12.5	88	75	86%	6.0
Cruz, Jane LCSW	7	2.0	14	11	79%	5.5
LANTANA MENTAL HEALTH TOTALS		33.5	424	383	90%	

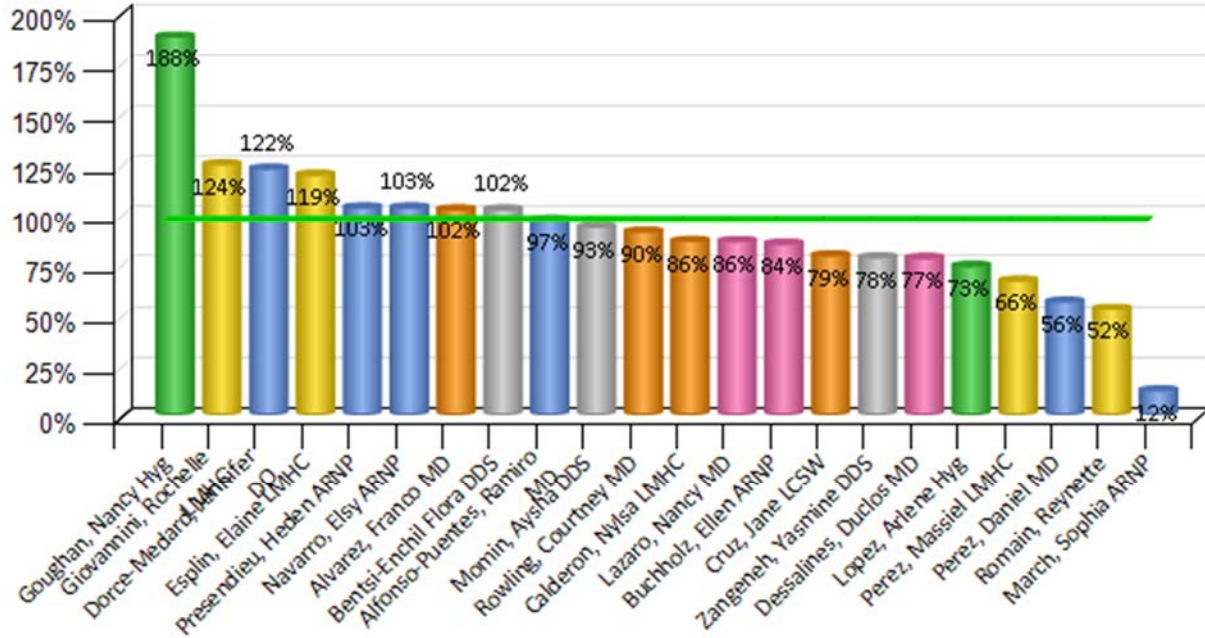
SUBSTANCE ABUSE						
Giovannini, Rochelle LMHC	7	18.5	130	161	124%	8.7
Esplin, Elaine LMHC	7	17.5	123	146	119%	8.3
Perez, Massiel LMHC	4	14.0	56	37	66%	2.6
Romain, Reynette	7	19.5	137	71	52%	3.6
LANTANA SUBSTANCE ABUSE TOTALS		69.5	445	415	93%	

DENTAL						
Bentsi-Enchil Flora DDS	16	6.5	104	106	102%	16.3
Momin, Aysha DDS	16	18.0	288	267	93%	14.8
Zangeneh, Yasmine DDS	13	12.0	156	121	78%	10.1
LANTANA DENTAL TOTALS		36.5	548	494	90%	

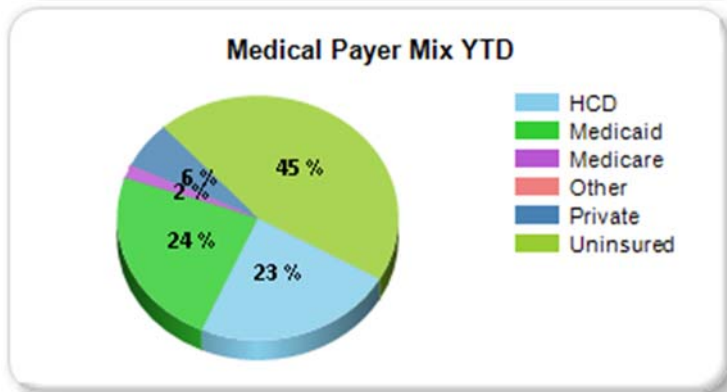
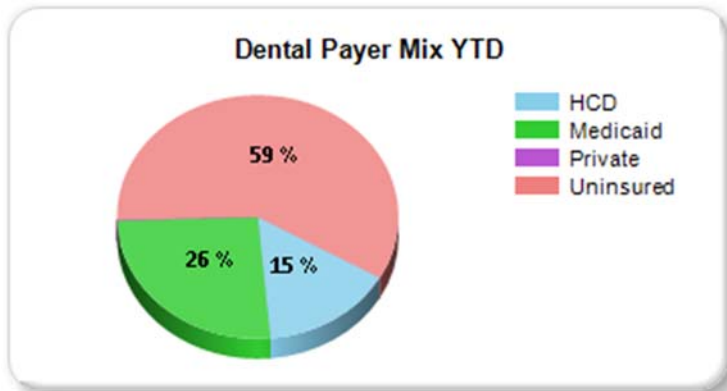
DENTAL HYGIENE						
Goughan, Nancy Hyg	8	3.0	24	45	188%	15.0
Lopez, Arlene Hyg	8	15.5	124	91	73%	5.9
LANTANA DENTAL HYGIENE TOTALS		18.5	148	136	92%	

LANTANA TOTALS		262.0	3223	2837	88%	
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LANTANA PROVIDER PRODUCTIVITY FEBRUARY 2019



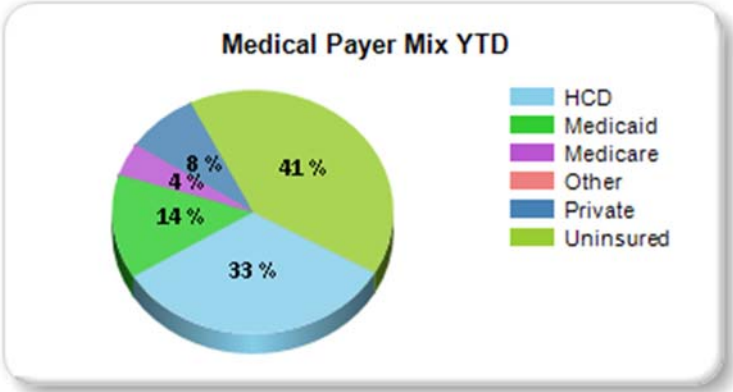
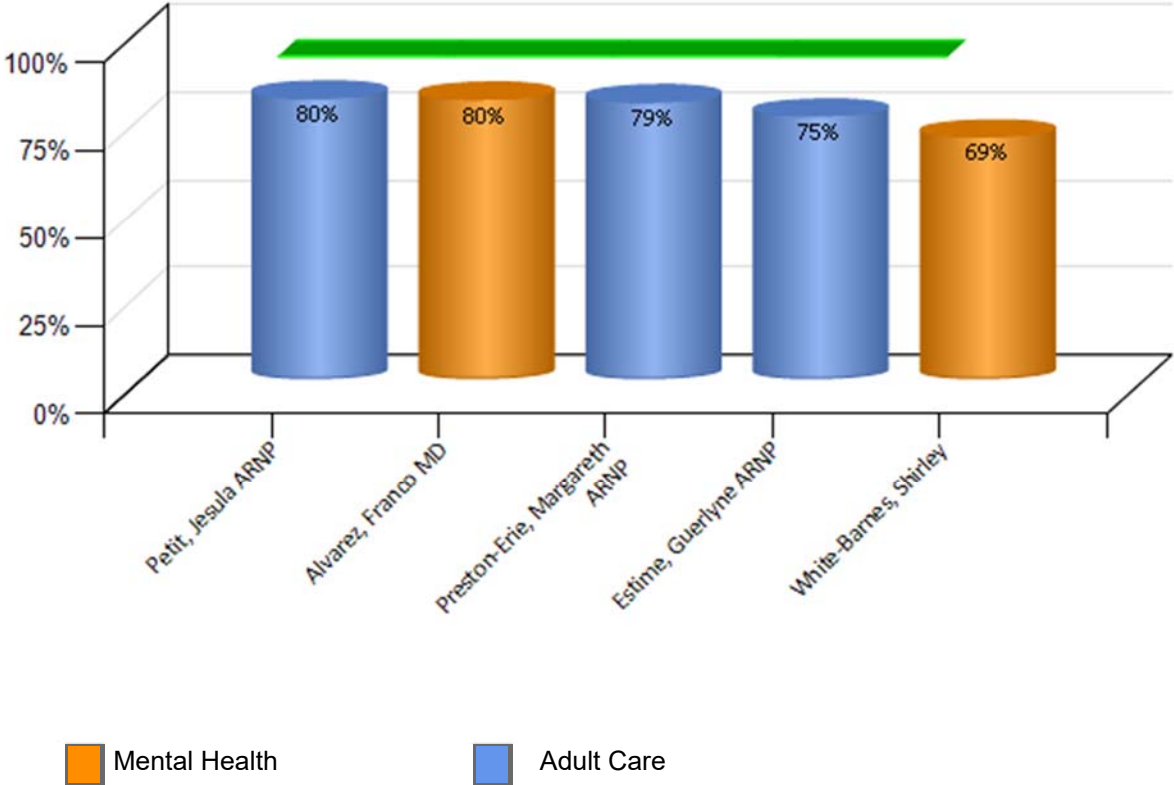
■ Subs Abuse
 ■ Mental Health
 ■ Pediatrics
 ■ Adult Care
 ■ Dental
 ■ Dental Hyg.



LEWIS CENTER TOTALS FOR FEBRUARY 2019

	Daily Target	Days Worked	Target for the month	Total for month seen	% Monthly Target Achieved	Daily Average
ADULT CARE						
Petit, Jesula ARNP	16	2.5	40	32	80%	12.8
Preston-Erie, Margareth ARNP	16	16.0	256	202	79%	12.6
Estime, Guerlyne ARNP	16	1.0	16	12	75%	12.0
LEWIS CENTER ADULT CARE TOTALS		19.5	312	246	79%	
MENTAL HEALTH						
Alvarez, Franco MD	13	14.0	182	145	80%	10.4
White-Barnes, Shirley	7	18.0	126	87	69%	4.8
LEWIS CENTER MENTAL HEALTH TOTALS		32.0	308	232	75%	
LEWIS CENTER TOTALS		51.5	620	478	77%	

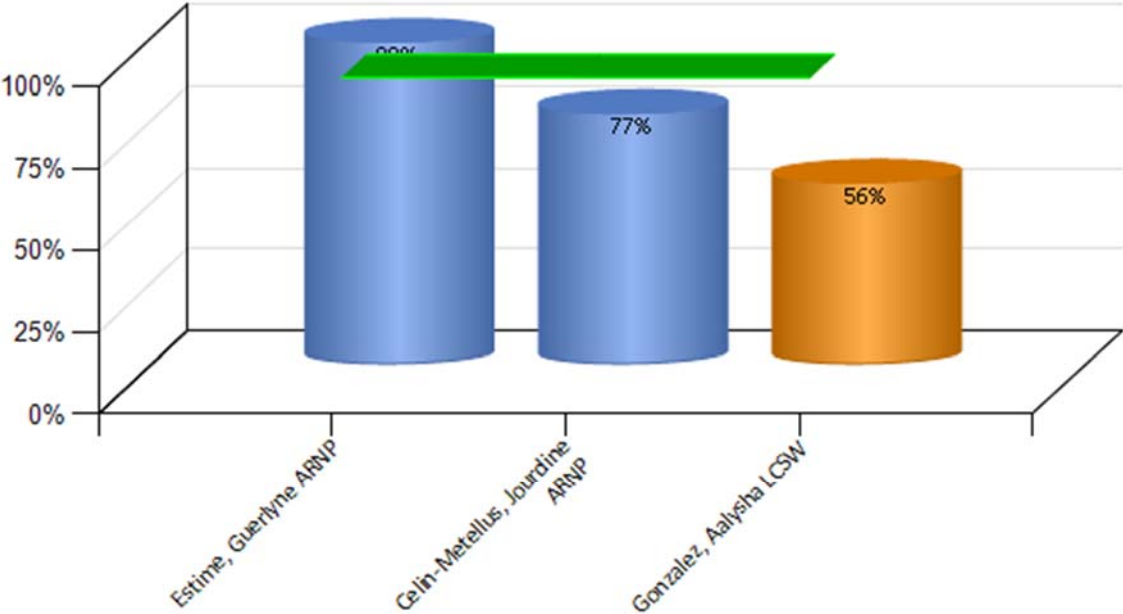
LEWIS CENTER PROVIDER PRODUCTIVITY FEBRUARY 2019



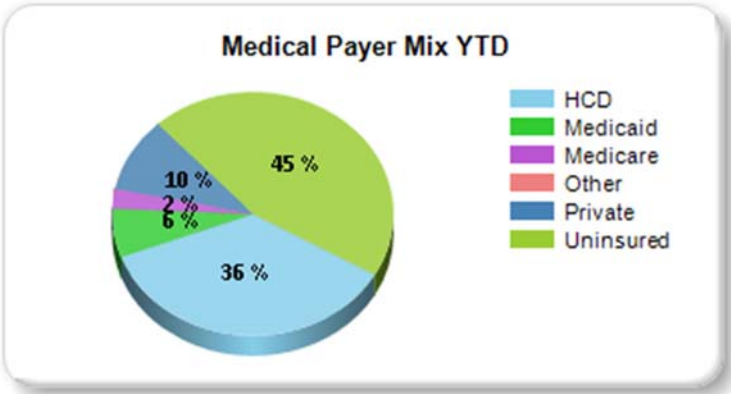
MOBILE CLINIC TOTALS FOR FEBRUARY 2019

	Daily Target	Days Worked	Target for the month	Total for month seen	% Monthly Target Achieved	Daily Average
ADULT CARE						
Estime, Guerlyne ARNP	12	15.0	180	177	98%	11.8
Celin-Metellus, Jourdine ARNP	12	2.5	30	23	77%	9.2
MOBILE CLINIC ADULT CARE TOTALS		17.5	210	200	95%	
MENTAL HEALTH						
Gonzalez, Aalysha LCSW	4	18.0	72	40	56%	2.2
MOBILE CLINIC MENTAL HEALTH TOTALS		18.0	72	40	56%	
MOBILE CLINIC TOTALS		35.5	282	240	85%	

MOBILE CLINIC PROVIDER PRODUCTIVITY FEBRUARY 2019



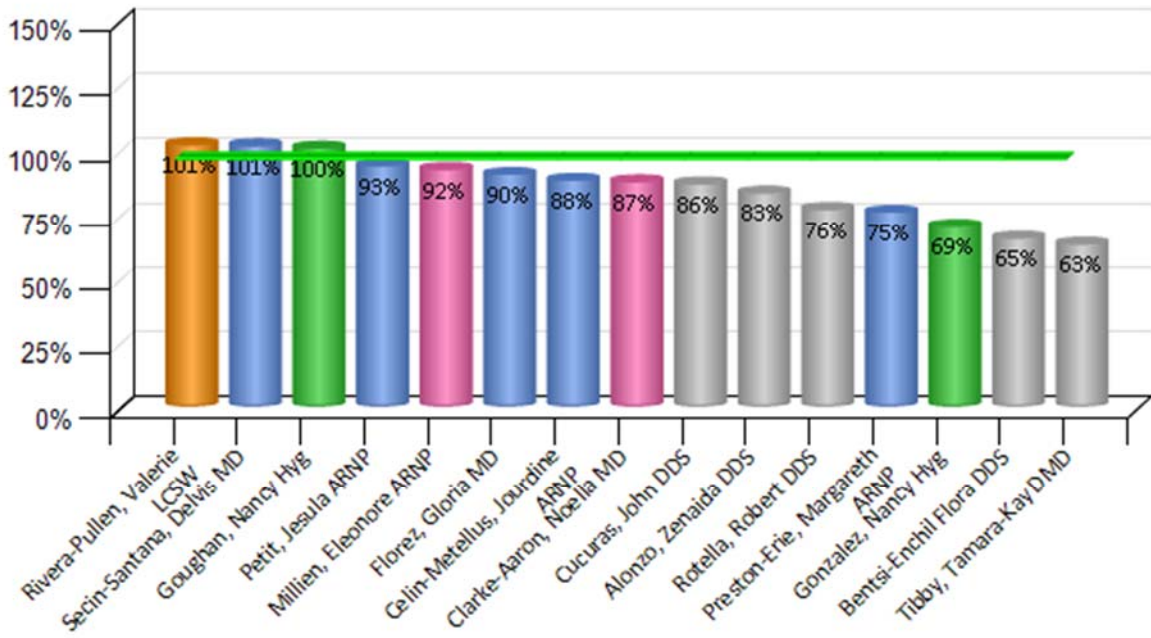
■ Mental Health
 ■ Adult Care



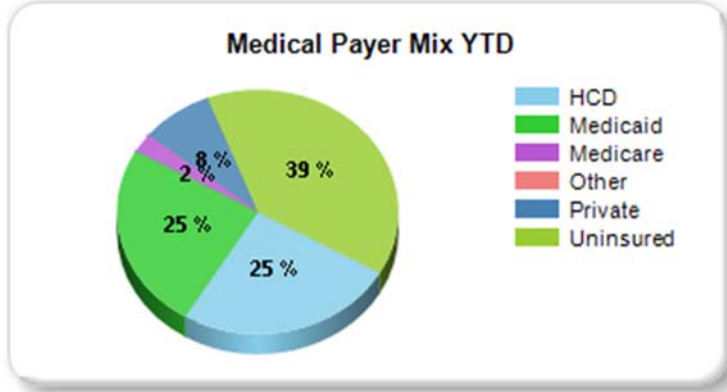
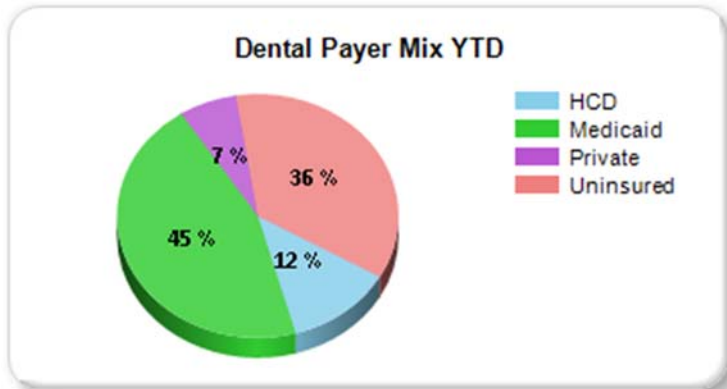
WEST PALM BEACH TOTALS FOR FEBRUARY 2019

	Daily Target	Days Worked	Target for the month	Total for month seen	% Monthly Target Achieved	Daily Average
ADULT CARE						
Secin-Santana, Delvis MD	16	19.0	304	307	101%	16.2
Petit, Jesula ARNP	16	16.5	264	246	93%	14.9
Florez, Gloria MD	18	19.0	342	307	90%	16.2
Celin-Metellus, Jourdine ARNP	16	16.5	264	231	88%	14.0
Preston-Erie, Margareth ARNP	16	0.5	8	6	75%	12.0
WEST PALM BEACH ADULT CARE TOTALS		71.5	1182	1097	93%	
PEDIATRIC CARE						
Millien, Eleonore ARNP	16	17.5	280	257	92%	14.7
Clarke-Aaron, Noella MD	18	17.5	315	274	87%	15.7
WEST PALM BEACH PEDIATRIC CARE TOTALS		35.0	595	531	89%	
MENTAL HEALTH						
Rivera-Pullen, Valerie LCSW	7	16.5	116	117	101%	7.1
WEST PALM BEACH MENTAL HEALTH TOTALS		16.5	116	117	101%	
DENTAL						
Cucuras, John DDS	16	14.0	224	193	86%	13.8
Alonzo, Zenaida DDS	16	16.5	264	218	83%	13.2
Rotella, Robert DDS	16	15.5	248	189	76%	12.2
Bentsi-Enchil Flora DDS	16	8.0	128	83	65%	10.4
Tibby, Tamara-Kay DMD	16	0.5	8	5	63%	10.0
WEST PALM BEACH DENTAL TOTALS		54.5	872	688	79%	
DENTAL HYGIENE						
Goughan, Nancy Hyg	8	0.5	4	4	100%	8.0
Gonzalez, Nancy Hyg	8	18.0	144	100	69%	5.6
WEST PALM BEACH DENTAL HYGIENE TOTALS		18.5	148	104	70%	
WEST PALM BEACH TOTALS		196.0	2913	2537	87%	

WEST PALM BEACH PROVIDER PRODUCTIVITY FEBRUARY 2019



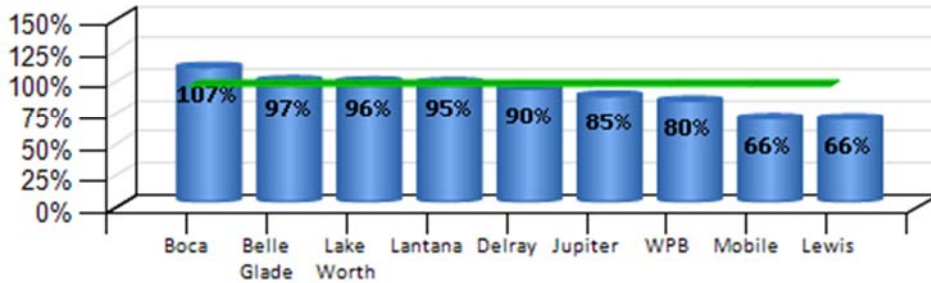
■ Mental Health
 ■ Pediatrics
 ■ Adult Care
 ■ Dental
 ■ Dental Hyg.



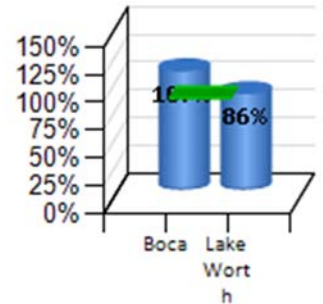
ALL CLINICS PRODUCTIVITY MARCH 2019

	Target	Total seen	% Monthly Target
ADULT CARE	7288	6555	90%
SUBSTANCE ABUSE	511	494	97%
WOMEN'S HEALTH CARE	382	344	90%
PEDIATRIC CARE	1976	1432	72%
MENTAL HEALTH	1121	905	81%
DENTAL	2345	2087	89%
DENTAL HYGIENE	450	405	90%

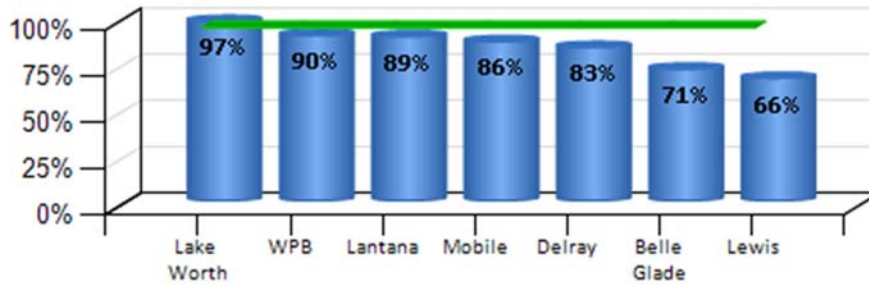
Adult care



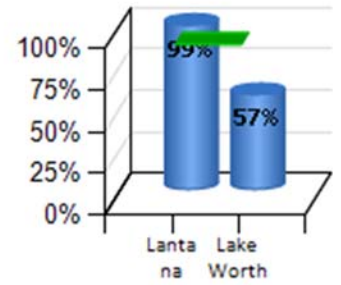
Women's Health



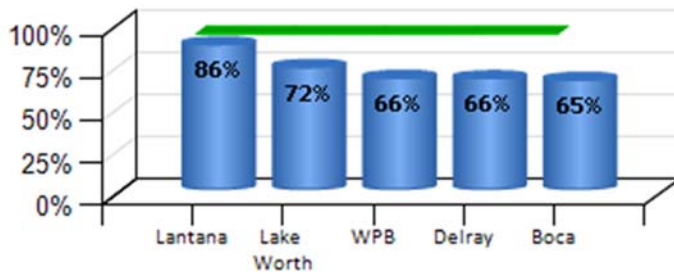
Mental Health



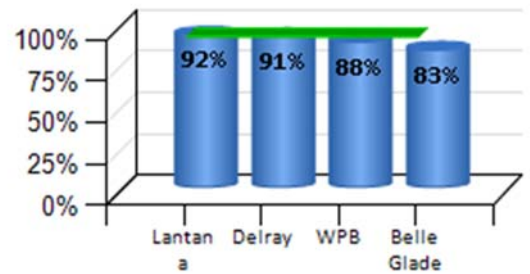
Substance Abuse



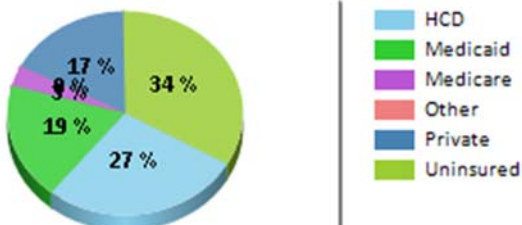
Pediatric Care



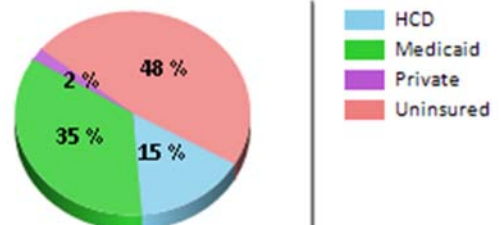
Dental & Dental Hygiene



Medical Payer Mix YTD



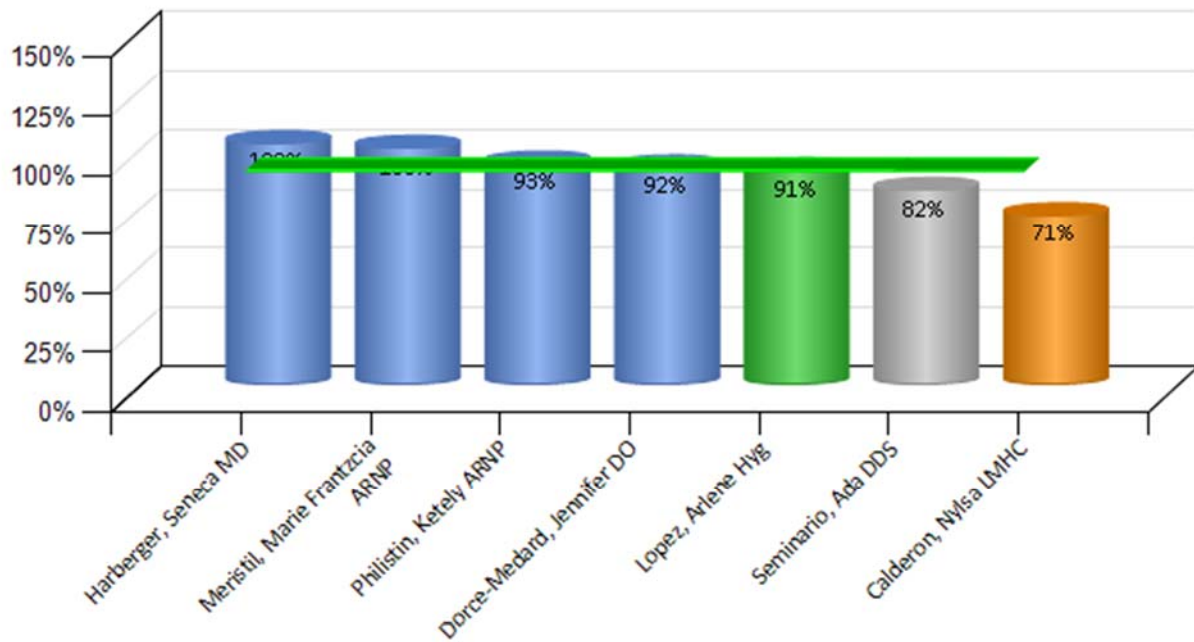
Dental Payer Mix YTD



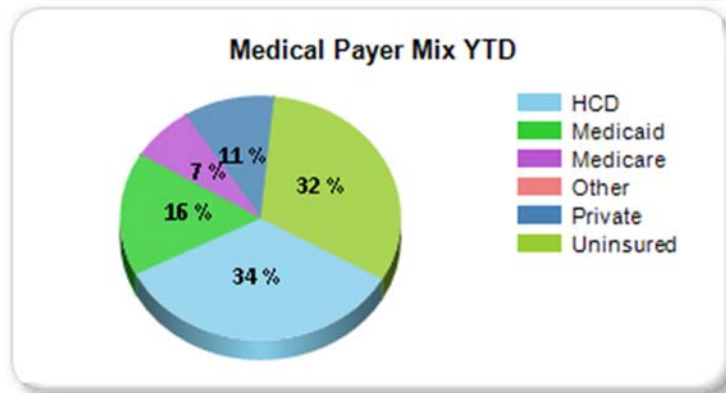
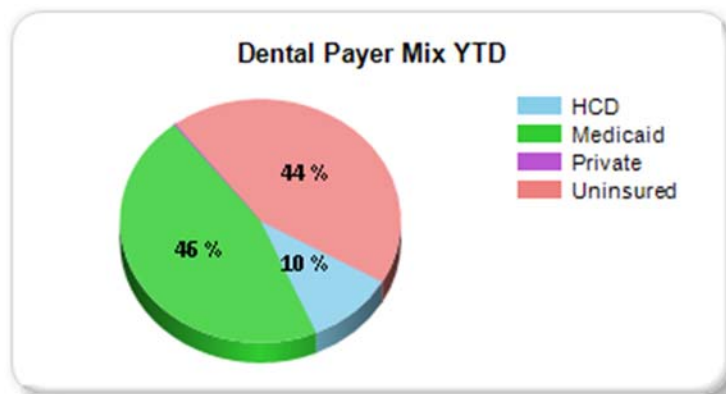
BELLE GLADE TOTALS FOR MARCH 2019

	Daily Target	Days Worked	Target for the month	Total for month seen	% Monthly Target Achieved	Daily Average
ADULT CARE						
Harberger, Seneca MD	18	20.0	360	367	102%	18.4
Meristil, Marie Frantzcia ARNP	12	1.0	12	12	100%	12.0
Philistin, Ketely ARNP	16	20.5	328	306	93%	14.9
Dorce-Medard, Jennifer DO	18	10.0	180	165	92%	16.5
BELLE GLADE ADULT CARE TOTALS		51.5	880	850	97%	
MENTAL HEALTH						
Calderon, Nylsa LMHC	7	5.0	35	25	71%	5.0
BELLE GLADE MENTAL HEALTH TOTALS		5.0	35	25	71%	
DENTAL						
Seminario, Ada DDS	16	20.0	320	263	82%	13.2
BELLE GLADE DENTAL TOTALS		20.0	320	263	82%	
DENTAL HYGIENE						
Lopez, Arlene Hyg	8	4.0	32	29	91%	7.3
BELLE GLADE DENTAL HYGIENE TOTALS		4.0	32	29	91%	
BELLE GLADE TOTALS		80.5	1267	1167	92%	

BELLE GLADE PROVIDER PRODUCTIVITY MARCH 2019



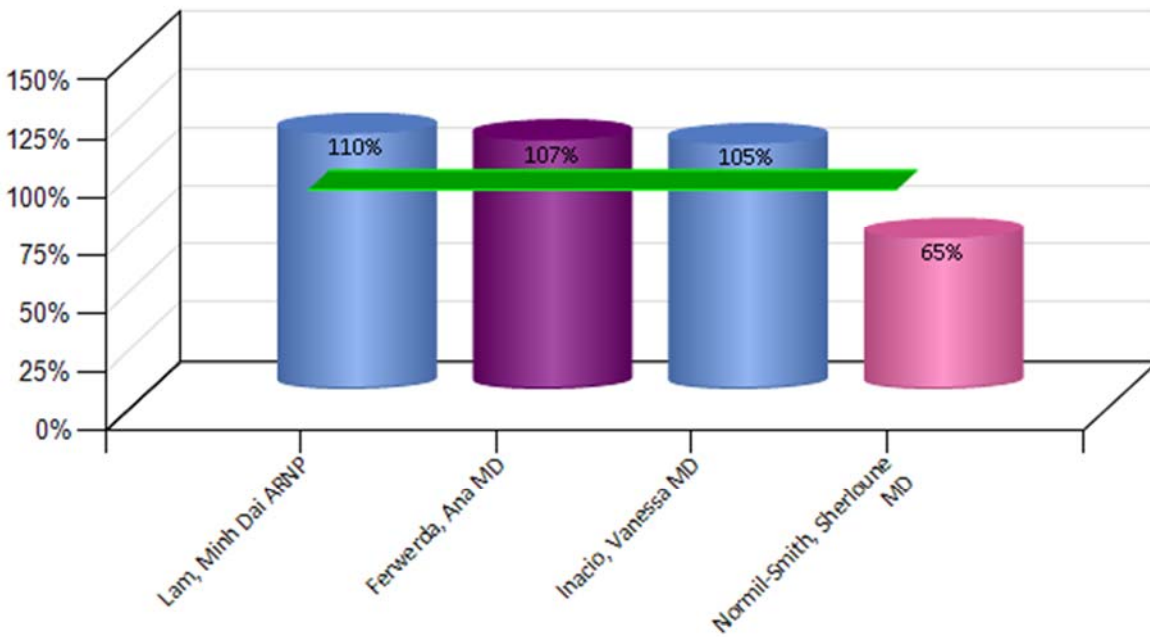
■ Mental Health
 ■ Pediatrics
 ■ Adult Care
 ■ Dental
 ■ Dental Hyg.



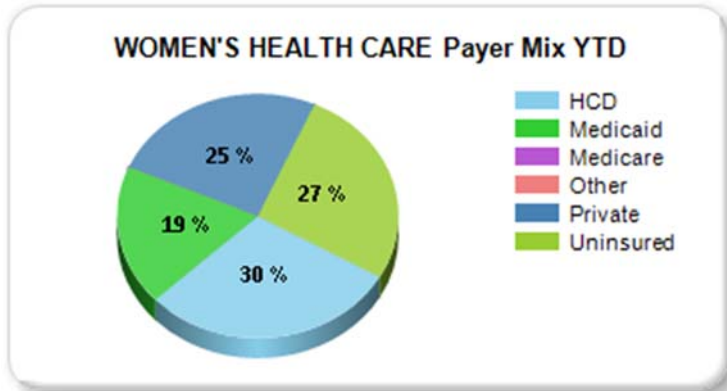
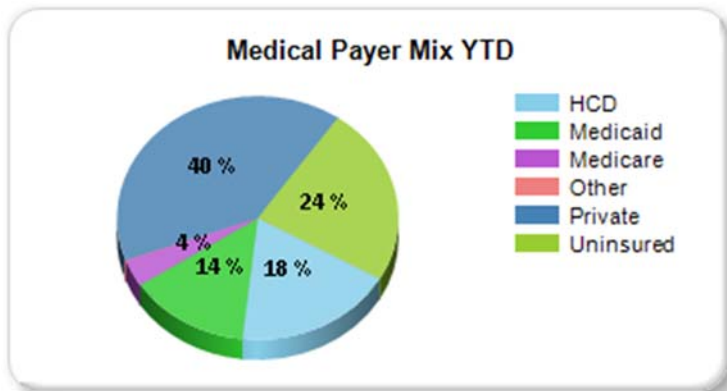
BOCA TOTALS FOR MARCH 2019

	Daily Target	Days Worked	Target for the month	Total for month seen	% Monthly Target Achieved	Daily Average
ADULT CARE						
Lam, Minh Dai ARNP	16	20.0	320	351	110%	17.6
Inacio, Vanessa MD	18	20.0	360	379	105%	19.0
BOCA ADULT CARE TOTALS		40.0	680	730	107%	
PEDIATRIC CARE						
Normil-Smith, Sherloun MD	18	8.0	144	93	65%	11.6
BOCA PEDIATRIC CARE TOTALS		8.0	144	93	65%	
WOMEN'S HEALTH CARE						
Ferwerda, Ana MD	18	4.0	72	77	107%	19.3
BOCA WOMEN'S HEALTH CARE TOTALS		4.0	72	77	107%	
BOCA TOTALS		52.0	896	900	100%	

BOCA PROVIDER PRODUCTIVITY MARCH 2019



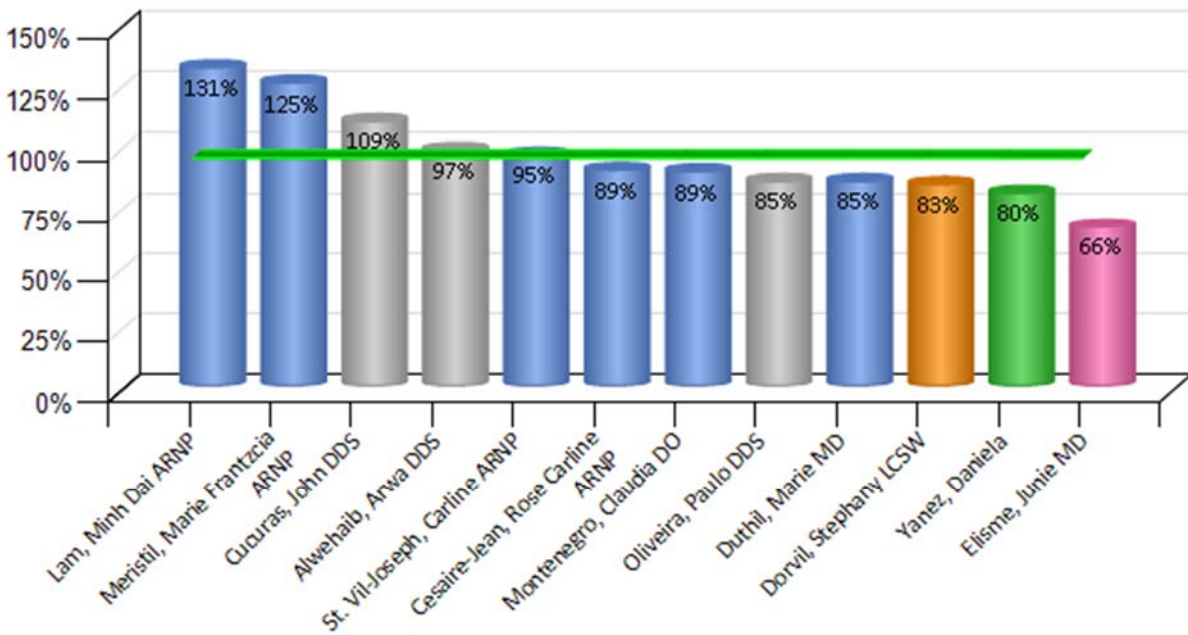
■ Pediatrics
 ■ Adult Care
 ■ Women's Health



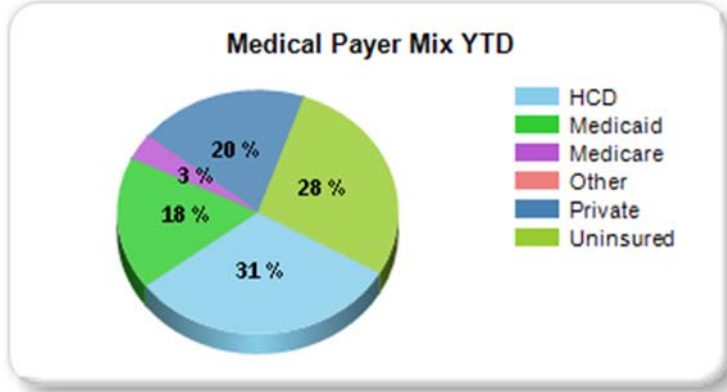
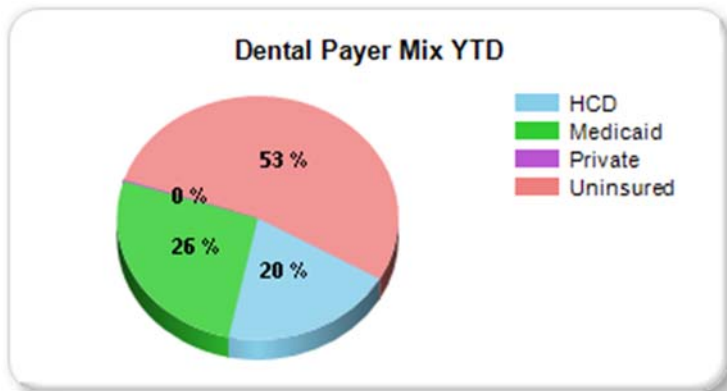
DELRAY BEACH TOTALS FOR MARCH 2019

	Daily Target	Days Worked	Target for the month	Total for month seen	% Monthly Target Achieved	Daily Average
ADULT CARE						
Lam, Minh Dai ARNP	16	1.0	16	21	131%	21.0
Meristil, Marie Frantzcia ARNP	12	1.0	12	15	125%	15.0
St. Vil-Joseph, Carline ARNP	16	17.5	280	267	95%	15.3
Cesaire-Jean, Rose Carline ARNP	16	19.0	304	271	89%	14.3
Montenegro, Claudia DO	18	18.5	333	295	89%	15.9
Duthil, Marie MD	18	16.5	297	251	85%	15.2
DELRAY BEACH ADULT CARE TOTALS		73.5	1242	1120	90%	
PEDIATRIC CARE						
Elisme, Junie MD	18	20.0	360	236	66%	11.8
DELRAY BEACH PEDIATRIC CARE TOTALS		20.0	360	236	66%	
MENTAL HEALTH						
Dorvil, Stephany LCSW	7	17.5	123	102	83%	5.8
DELRAY BEACH MENTAL HEALTH TOTALS		17.5	123	102	83%	
DENTAL						
Cucuras, John DDS	16	6.0	96	105	109%	17.5
Alwehaib, Arwa DDS	16	14.0	224	218	97%	15.6
Oliveira, Paulo DDS	14	18.5	259	219	85%	11.8
DELRAY BEACH DENTAL TOTALS		38.5	579	542	94%	
DENTAL HYGIENE						
Yanez, Daniela	8	16.0	128	102	80%	6.4
DELRAY BEACH DENTAL HYGIENE TOTALS		16.0	128	102	80%	
DELRAY BEACH TOTALS		165.5	2432	2102	86%	

DELRAY BEACH PROVIDER PRODUCTIVITY MARCH 2019



■ Mental Health
 ■ Pediatrics
 ■ Adult Care
 ■ Dental
 ■ Dental Hyg.

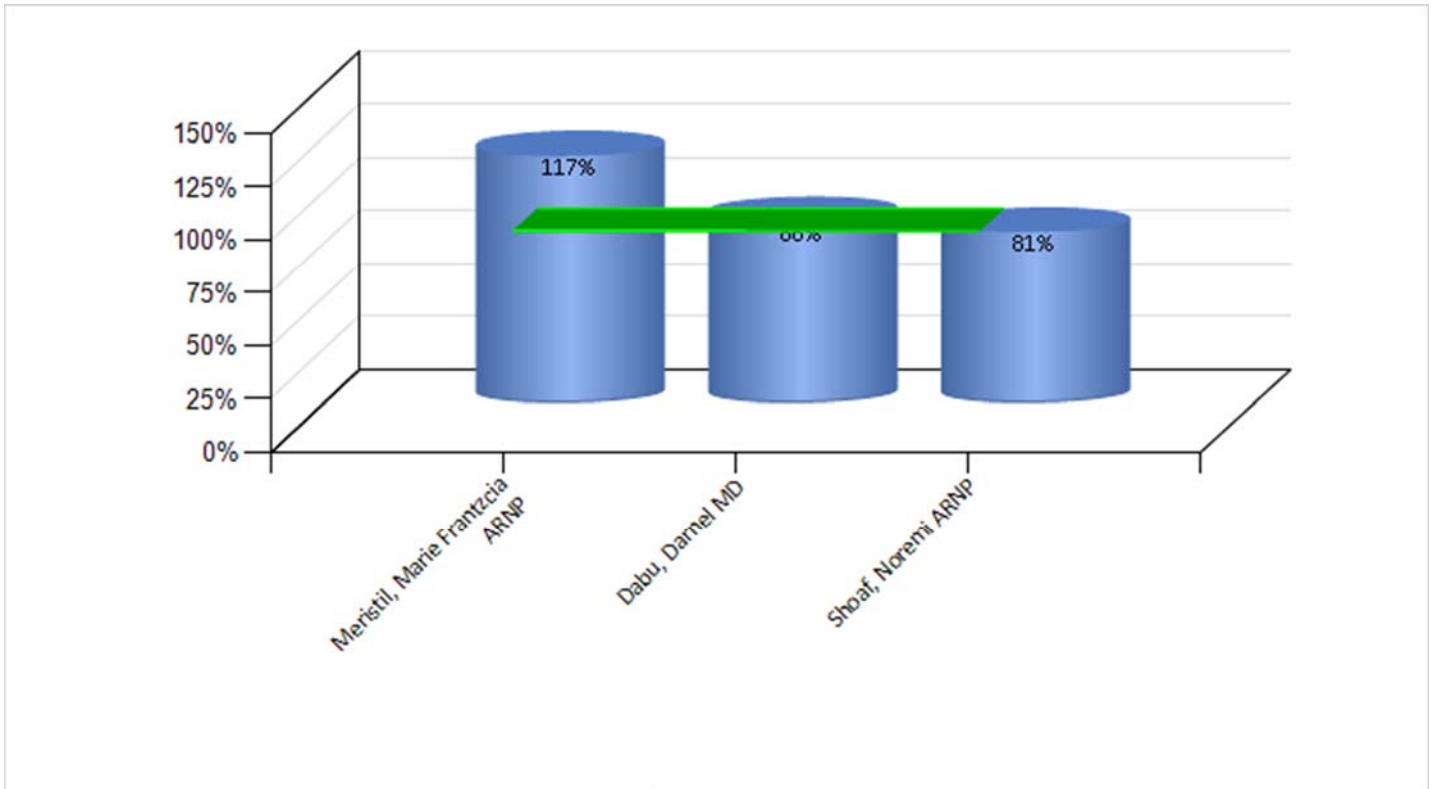


JUPITER TOTALS FOR MARCH 2019

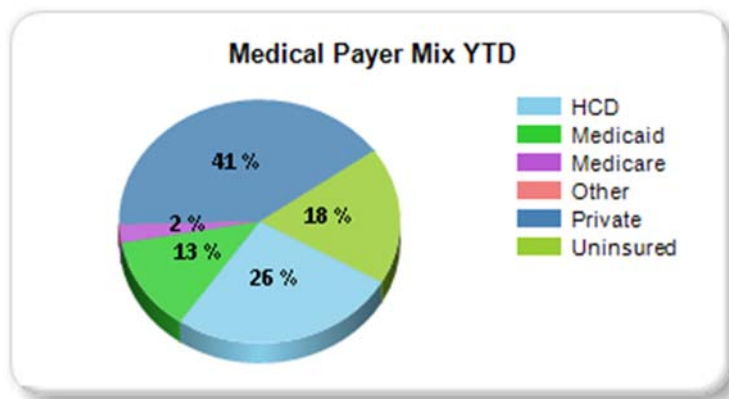
	Daily Target	Days Worked	Target for the month	Total for month seen	% Monthly Target Achieved	Daily Average
ADULT CARE						
Meristil, Marie Frantzcia ARNP	12	1.0	12	14	117%	14.0
Dabu, Darnel MD	18	19.0	342	294	86%	15.5
Shoaf, Noremi ARNP	16	15.0	240	194	81%	12.9
JUPITER ADULT CARE TOTALS		35.0	594	502	85%	

JUPITER TOTALS		35.0	594	502	85%	
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JUPITER PROVIDER PRODUCTIVITY MARCH 2019



■ Adult Care



LAKE WORTH TOTALS FOR MARCH 2019

	Daily Target	Days Worked	Target for the month	Total for month seen	% Monthly Target Achieved	Daily Average
ADULT CARE						
Pierre-Louis, Joanne ARNP	16	20.0	320	316	99%	15.8
Meristil, Marie Frantzcia ARNP	12	11.5	138	133	96%	11.6
Warren, Sandra MD	18	14.5	261	251	96%	17.3
Perez, Daniel MD	18	20.5	369	343	93%	16.7
LAKE WORTH ADULT CARE TOTALS		66.5	1088	1043	96%	

PEDIATRIC CARE						
Normil-Smith, Sherloune MD	18	12.0	216	156	72%	13.0
LAKE WORTH PEDIATRIC CARE TOTALS		12.0	216	156	72%	

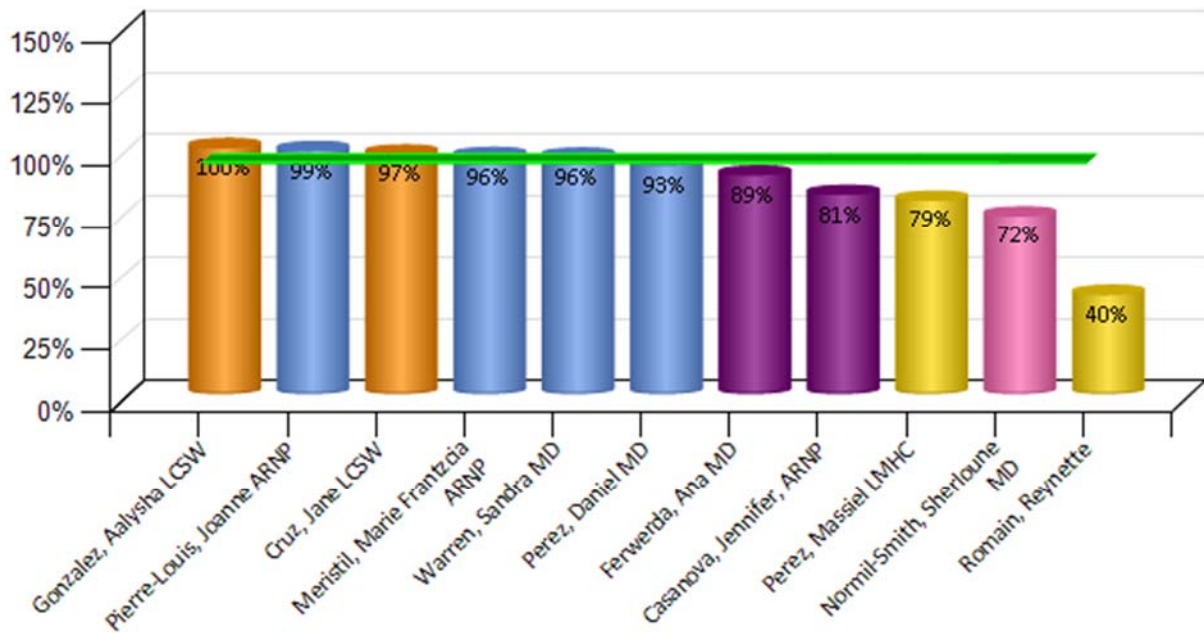
WOMEN'S HEALTH CARE						
Ferwerda, Ana MD	18	11.5	207	184	89%	16.0
Casanova, Jennifer, ARNP	5	20.5	103	83	81%	4.0
LAKE WORTH WOMEN'S HEALTH CARE TOTALS		32.0	310	267	86%	

MENTAL HEALTH						
Gonzalez, Aalysha LCSW	1	1.0	1	1	100%	1.0
Cruz, Jane LCSW	7	13.5	95	92	97%	6.8
LAKE WORTH MENTAL HEALTH TOTALS		14.5	96	93	97%	

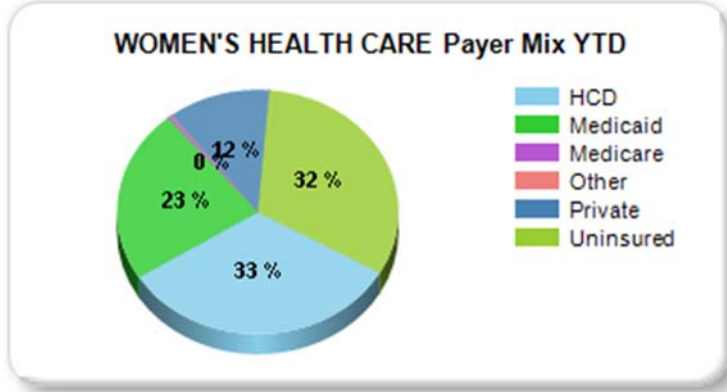
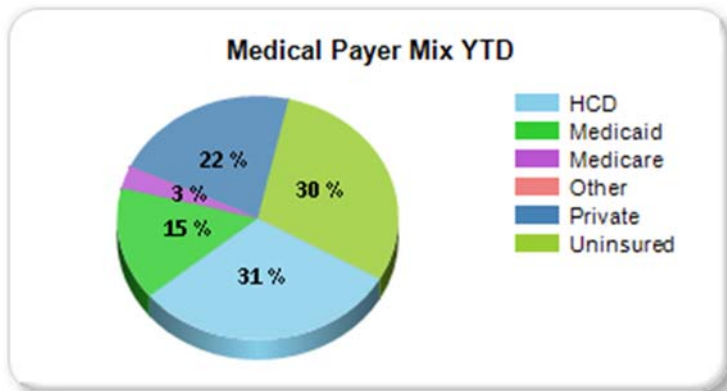
SUBSTANCE ABUSE						
Perez, Massiel LMHC	7	2.0	14	11	79%	5.5
Romain, Reynette	7	2.5	18	7	40%	2.8
LAKE WORTH SUBSTANCE ABUSE TOTALS		4.5	32	18	57%	

LAKE WORTH TOTALS			129.5	1741	1577	91%	
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LAKE WORTH PROVIDER PRODUCTIVITY MARCH 2019



■ Mental Health
 ■ Pediatrics
 ■ Adult Care
 ■ Women's Health



LANTANA TOTALS FOR MARCH 2019

	Daily Target	Days Worked	Target for the month	Total for month seen	% Monthly Target Achieved	Daily Average
ADULT CARE						
Meristil, Marie Frantzcia ARNP	12	2.0	24	32	133%	16.0
Presendieu, Heden ARNP	16	14.0	224	243	108%	17.4
Dorce-Medard, Jennifer DO	18	0.5	9	9	100%	18.0
Navarro, Elsy ARNP	16	19.5	312	304	97%	15.6
Alfonso-Puentes, Ramiro MD	18	13.0	234	227	97%	17.5
Perez, Daniel MD	18	0.5	9	7	78%	14.0
March, Sophia ARNP	8	17.0	136	80	59%	4.7
LANTANA ADULT CARE TOTALS		66.5	948	902	95%	

PEDIATRIC CARE						
Dessalines, Duclos MD	18	15.0	270	240	89%	16.0
Lazaro, Nancy MD	18	18.0	324	272	84%	15.1
Buchholz, Ellen ARNP	16	1.0	16	10	63%	10.0
LANTANA PEDIATRIC CARE TOTALS		34.0	610	522	86%	

MENTAL HEALTH						
Rowling, Courtney MD	9	11.0	99	102	103%	9.3
Calderon, Nylsa LMHC	7	15.5	109	109	100%	7.0
Alvarez, Franco MD	18	5.0	90	54	60%	10.8
LANTANA MENTAL HEALTH TOTALS		31.5	298	265	89%	

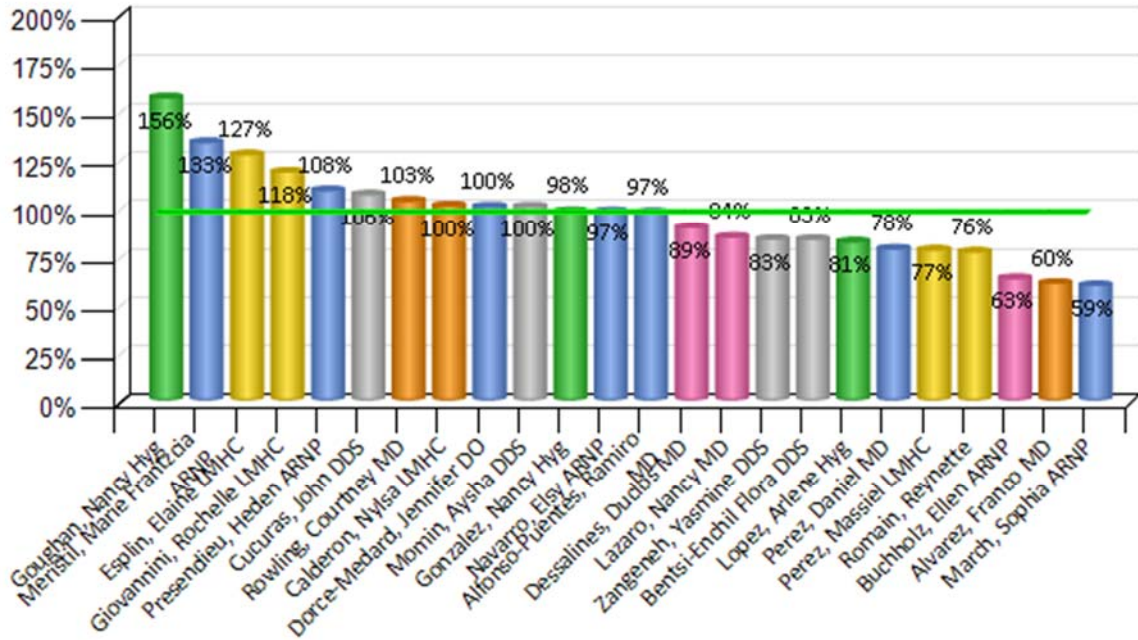
SUBSTANCE ABUSE						
Esplin, Elaine LMHC	7	18.0	126	160	127%	8.9
Giovannini, Rochelle LMHC	7	15.5	109	128	118%	8.3
Perez, Massiel LMHC	7	18.5	130	100	77%	5.4
Romain, Reynette	7	16.5	116	88	76%	5.3
LANTANA SUBSTANCE ABUSE TOTALS		68.5	480	476	99%	

DENTAL						
Cucuras, John DDS	16	3.0	48	51	106%	17.0
Momin, Aysha DDS	16	16.0	256	256	100%	16.0
Zangeneh, Yasmine DDS	16	4.0	64	53	83%	13.3
Bentsi-Enchil Flora DDS	16	14.5	232	192	83%	13.2
LANTANA DENTAL TOTALS		37.5	600	552	92%	

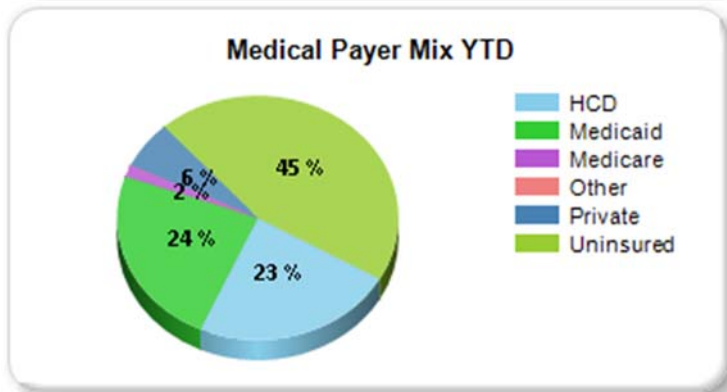
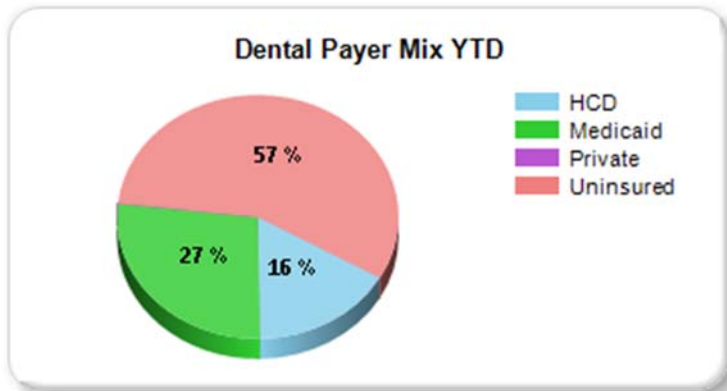
DENTAL HYGIENE						
Goughan, Nancy Hyg	8	2.0	16	25	156%	12.5
Gonzalez, Nancy Hyg	8	5.0	40	39	98%	7.8
Lopez, Arlene Hyg	8	15.5	124	101	81%	6.5
LANTANA DENTAL HYGIENE TOTALS		22.5	180	165	92%	

LANTANA TOTALS		260.5	3115	2882	93%	
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LANTANA PROVIDER PRODUCTIVITY MARCH 2019



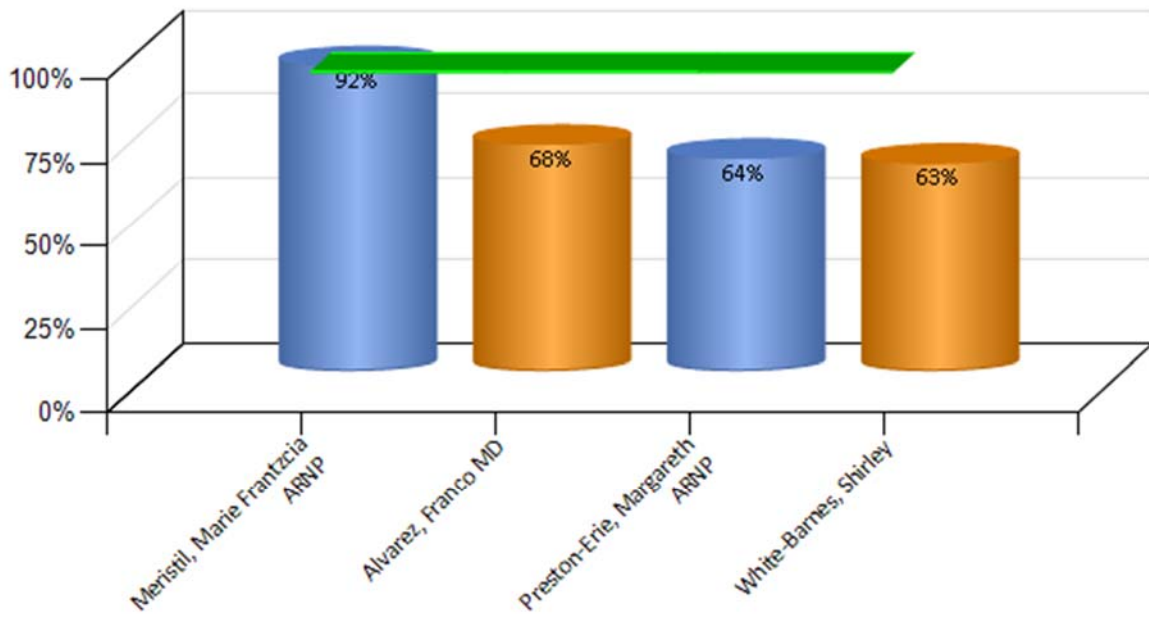
■ Subs Abuse
 ■ Mental Health
 ■ Pediatrics
 ■ Adult Care
 ■ Dental
 ■ Dental Hyg.



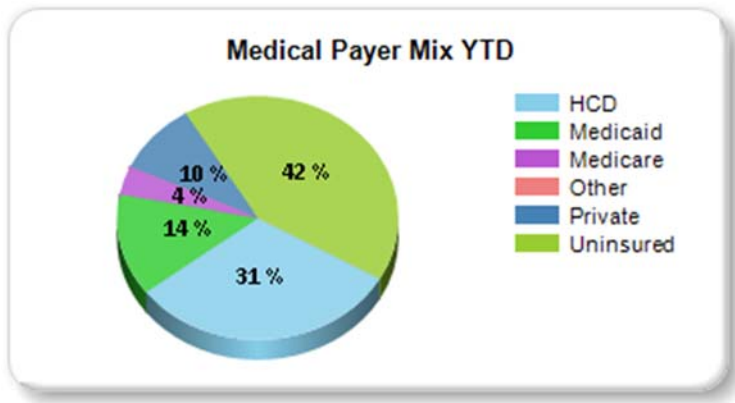
LEWIS CENTER TOTALS FOR MARCH 2019

	Daily Target	Days Worked	Target for the month	Total for month seen	% Monthly Target Achieved	Daily Average
ADULT CARE						
Meristil, Marie Frantzcia ARNP	12	2.0	24	22	92%	11.0
Preston-Erie, Margareth ARNP	16	20.0	320	205	64%	10.3
LEWIS CENTER ADULT CARE TOTALS		22.0	344	227	66%	
MENTAL HEALTH						
Alvarez, Franco MD	18	14.0	252	172	68%	12.3
White-Barnes, Shirley	7	18.5	130	81	63%	4.4
LEWIS CENTER MENTAL HEALTH TOTALS		32.5	382	253	66%	
LEWIS CENTER TOTALS		54.5	726	480	66%	

LEWIS CENTER PROVIDER PRODUCTIVITY MARCH 2019



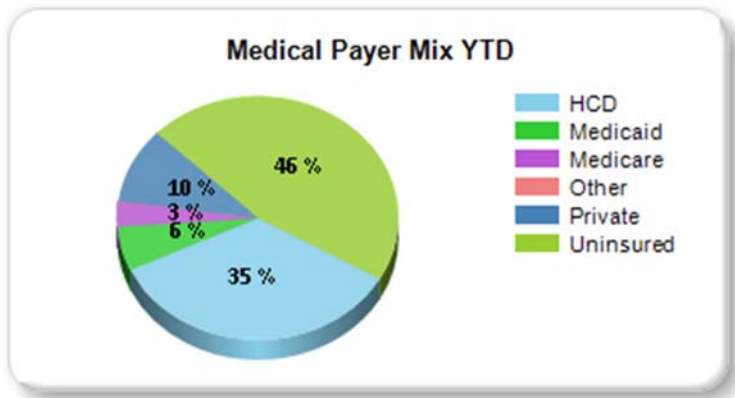
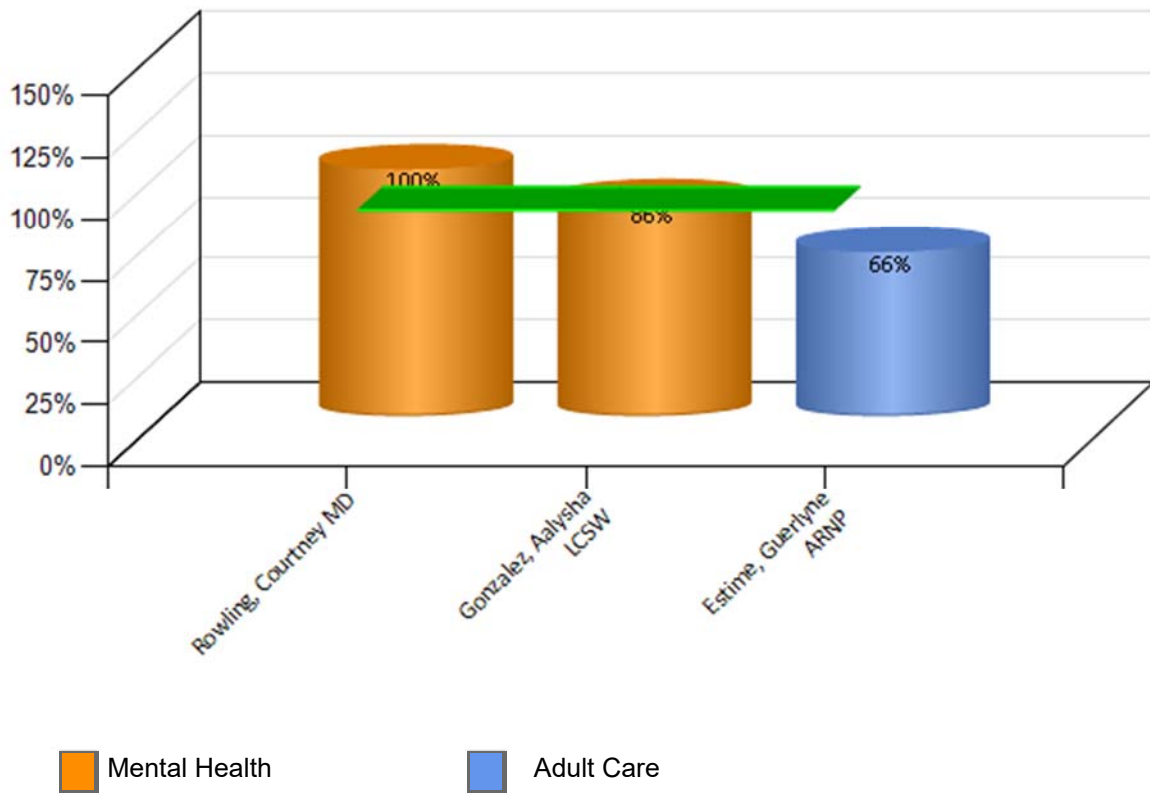
■ Mental Health
 ■ Adult Care



MOBILE CLINIC TOTALS FOR MARCH 2019

	Daily Target	Days Worked	Target for the month	Total for month seen	% Monthly Target Achieved	Daily Average
ADULT CARE						
Estime, Guerlyne ARNP	12	20.0	240	159	66%	8.0
MOBILE CLINIC ADULT CARE TOTALS		20.0	240	159	66%	
MENTAL HEALTH						
Rowling, Courtney MD	4	0.5	2	2	100%	4.0
Gonzalez, Aalysha LCSW	4	16.0	64	55	86%	3.4
MOBILE CLINIC MENTAL HEALTH TOTALS		16.5	66	57	86%	
MOBILE CLINIC TOTALS			36.5	306	71%	

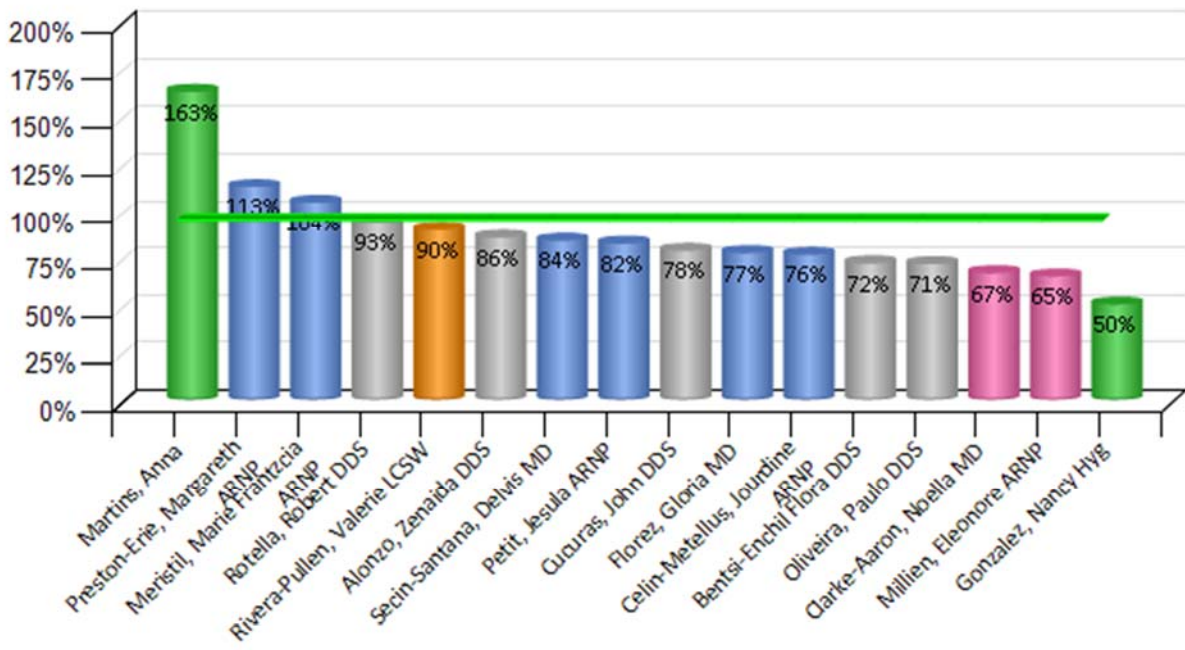
MOBILE CLINIC PROVIDER PRODUCTIVITY MARCH 2019



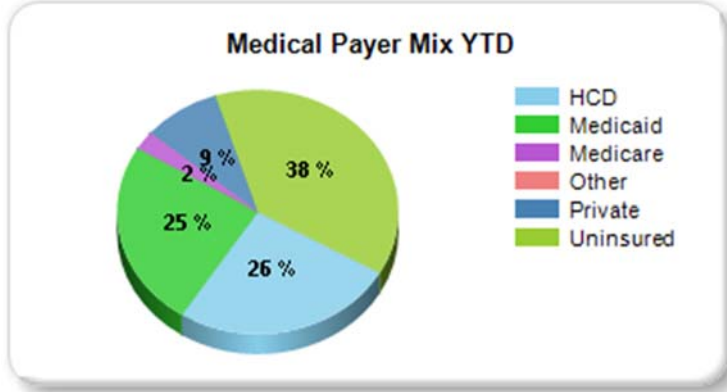
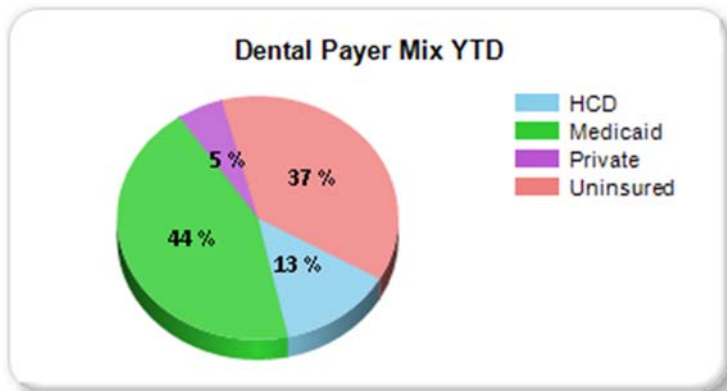
WEST PALM BEACH TOTALS FOR MARCH 2019

	Daily Target	Days Worked	Target for the month	Total for month seen	% Monthly Target Achieved	Daily Average
ADULT CARE						
Preston-Erie, Margareth ARNP	16	0.5	8	9	113%	18.0
Meristil, Marie Frantzcia ARNP	12	2.0	24	25	104%	12.5
Secin-Santana, Delvis MD	16	20.0	320	268	84%	13.4
Petit, Jesula ARNP	16	15.5	248	204	82%	13.2
Florez, Gloria MD	18	20.0	360	278	77%	13.9
Celin-Metellus, Jourdine ARNP	16	19.5	312	238	76%	12.2
WEST PALM BEACH ADULT CARE TOTALS		77.5	1272	1022	80%	
PEDIATRIC CARE						
Clarke-Aaron, Noella MD	18	19.0	342	228	67%	12.0
Millien, Eleonore ARNP	16	19.0	304	197	65%	10.4
WEST PALM BEACH PEDIATRIC CARE TOTALS		38.0	646	425	66%	
MENTAL HEALTH						
Rivera-Pullen, Valerie LCSW	7	17.5	123	110	90%	6.3
WEST PALM BEACH MENTAL HEALTH TOTALS		17.5	123	110	90%	
DENTAL						
Rotella, Robert DDS	16	20.0	320	299	93%	15.0
Alonzo, Zenaida DDS	16	19.0	304	260	86%	13.7
Cucuras, John DDS	16	11.0	176	138	78%	12.5
Bentsi-Enchil Flora DDS	16	2.0	32	23	72%	11.5
Oliveira, Paulo DDS	14	1.0	14	10	71%	10.0
WEST PALM BEACH DENTAL TOTALS		53.0	846	730	86%	
DENTAL HYGIENE						
Martins, Anna	8	6.0	48	78	163%	13.0
Gonzalez, Nancy Hyg	4	15.5	62	31	50%	2.0
WEST PALM BEACH DENTAL HYGIENE TOTALS		21.5	110	109	99%	
WEST PALM BEACH TOTALS		207.5	2997	2396	80%	

WEST PALM BEACH PROVIDER PRODUCTIVITY MARCH 2019



■ Mental Health
 ■ Pediatrics
 ■ Adult Care
 ■ Dental
 ■ Dental Hyg.



DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
April 24th, 2019

1. Description: Quality Council Reports

2. Summary:

This agenda item provides the following:

- UDS 2018 Summary
- Quality Council Minutes – April 2019
- UDS Report – YTD March 2019
- Annual Patient Satisfaction Survey – Winter 2019

3. Substantive Analysis:

See attached minutes and reports.

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

Dawn Richards
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

Committee Name

Date Approved

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
April 24th, 2019

6. Recommendation:

Staff recommends the Board Approve the 2018 UDS Summary, Quality Council Minutes, YTD UDS Report and Patient Satisfaction Survey results.

Approved for Legal sufficiency:



Valerie Shahriari
VP & General Counsel



Dr. Noelle Stewart
FQHC Medical Director



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

UDS SUMMARY

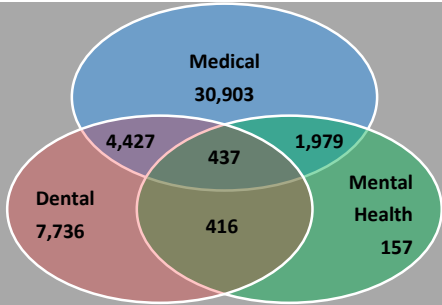
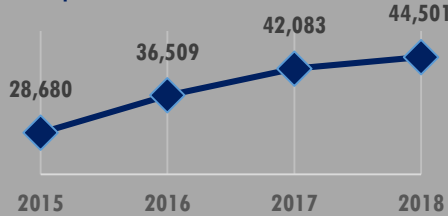
2018

Patients

Annual unique patients increased by 5.8% from 2017 to 2018; 2,418 more patients

44,501

Unique Patients Served

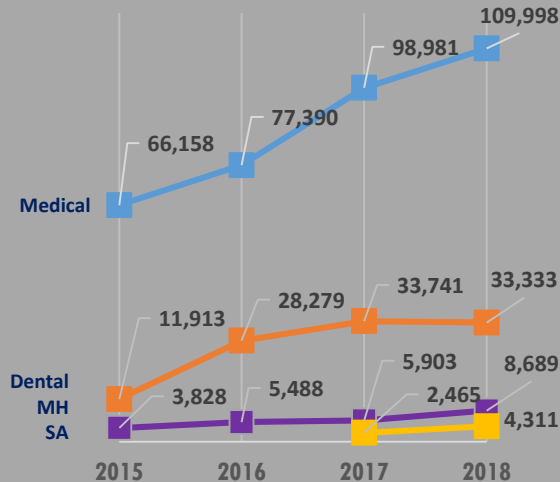


Visits

11% Increase

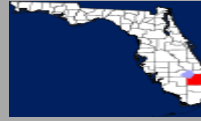
156,331

Visits across all service lines



SERVING PALM BEACH COUNTY, FLORIDA

8 Primary Care Clinics
4 Dental Clinics
1 Mobile Clinic



18 MD's/DO's; 2 Psychiatrists
14 ARNP's
9 Dentists; 4 Hygienists
9 LCSW's/LMHC's

ALMOST 7 OUT OF 10 PATIENTS ARE UNINSURED



7 OUT OF 10 PATIENTS LIVE AT OR BELOW THE FEDERAL POVERTY LINE



2 OUT OF 10 PATIENTS DO NOT HAVE STABLE HOUSING AND REPORTED THAT THEY WERE EXPERIENCING HOMELESSNESS



PATIENTS SERVED BY GENDER (AT BIRTH);

37.9% MALE, 57.7% FEMALE, <1% TRANSGENDER



41% OF PATIENTS IDENTIFIED AS AFRICAN AMERICAN/BLACK, 53% IDENTIFIED AS WHITE, WITH THE REMAINING 6% IDENTIFYING AS ANOTHER RACE.



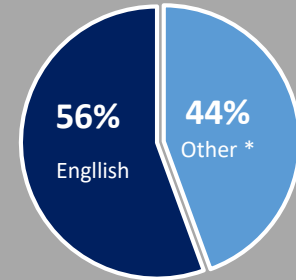
ETHNICITY: 34% OF PATIENTS IDENTIFIED AS HISPANIC/LATINO, 64% IDENTIFIED AS NON-HISPANIC/LATINO, AND 2% WERE UNREPORTED



8% (3,394) PATIENTS IDENTIFIED AS AGRICULTURAL WORKERS
57% (1,935) IDENTIFIED AS MIGRATORY AND 43% (1,459) AS SEASONAL

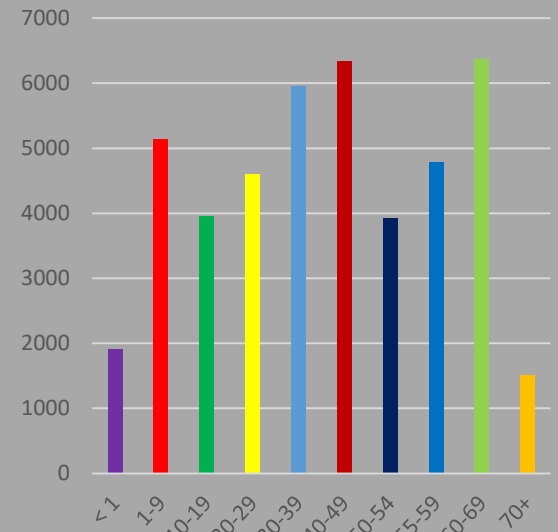


44% OF CLIENTS WERE BEST SERVED IN A LANGUAGE OTHER THAN ENGLISH



* OF OUR PATIENT POPULATION, 12% SPEAK CREOLE AND 25% SPEAK SPANISH

PATIENT AGE — UNIQUE PATIENTS



Quality Council Meeting Minutes

Date: April 12th, 2019

Time: 1:00pm – 4:05 pm

Attendees: Dr. Belma Andric – Chief Medical Officer/Executive Director, Dr. Noelle Stewart – FQHC Medical Director (via WebEx); Dr. Duclos Dessalines – Director of Pediatrics (via WebEx); Dr. Tamara-Kay Tibby - Dental Director; David Speciale – Quality Manager; Dr. Ana Ferwerda – Director of Women’s Health; Dr. Courtney Rowling - Director of Behavioral Health; Lisa Hogans – Director of Nursing; Nancy Fox-Goughan, Dental Quality Coordinator; Maria Chamberlin – Nurse Manager; Jane Cruz - Director of Social Services; Andrea Steele – Corporate Quality Director (via WebEx); Jacob Kramer, Clinic Informatics.

Minutes by: Alena Ranucci / David Speciale

<u>AGENDA ITEM</u>	<u>DISCUSSION / RECOMMENDATIONS</u>	<u>ACTION ITEMS (AI)</u>	<u>RESPONSIBLE PARTY</u>	<u>DATE</u>
QUALITY				
48-HOUR METRICS				
Medical Metrics	<p><u>Open Documents, & lab Results – Non-Compliance Rates of Providers:</u></p> <p>March 2019 – For March there were 6 providers and 2 staff buckets that were not in compliance with the 48-hour metric.</p> <p>Dr. Stewart met personally with providers that were severally out of compliance. Training was provided on how to properly close documents. Providers were given a timeline to close out all of the 48 hour metrics. 3 providers did not meet the deadline and were given verbal warnings.</p> <p><u>March 2019 - % of Provider’s who are COMPLIANT for the month with the 48-Hour Metric: Provider Bucket Close Rates</u></p> <ul style="list-style-type: none"> • Adult MD/DO – 82% 	<p>New provider that had documents open past 48 hours received additional education. A written warning will be given to this new provider if the buckets are not cleaned</p>	Dr. Stewart	ASAP

<u>AGENDA ITEM</u>	<u>DISCUSSION / RECOMMENDATIONS</u>	<u>ACTION ITEMS (AI)</u>	<u>RESPONSIBLE PARTY</u>	<u>DATE</u>
QUALITY				
	<ul style="list-style-type: none"> • Pediatric MD – 100% • Adult ARNP – 87% • Pediatric ARNP – 100% • OB / GYN – 100% • Residents – 85% • Nurses – 100% • Nurse Buckets – 67% • Patient Navigator – 100% • Psychiatry – 100% • Social Work – 100% 	<p>The resident will not be allowed to request PTO until all buckets are closed. Dr. Medard met with residents and reiterated the importance of closing out documents/labs.</p> <p>Inviting Dr. Medard to the Quality Council meeting invites moving forward.</p>	<p>Dr. Stewart</p> <p>Alena</p>	<p>ASAP</p> <p>ASAP</p>
	<p><u>Encounters Closed Rate</u></p> <p>March 2019 - For the Month of March there were 7 Providers who have an average close rate of > 48 hours, of which:</p> <ul style="list-style-type: none"> • 1 – MD / DO (Adult) • 1 – ARNP (Adult) <p>This was discussed with the provider and she was trained on proper documentation required to close out the encounter.</p> <ul style="list-style-type: none"> • 1 - ARNP (Peds) • 2 - RN's • 1 – Psychiatrist. 	<p>The three providers will be retrained and coached on closing encounters in accordance with the 48-hour metric.</p> <p>Will check the flow of the lab results and report back at next council meeting.</p> <p>Nursing buckets in West Palm and Boca. Lisa will analyze RN buckets further.</p> <p>Follow up with Leigh-Ann regarding two nurses with the same name rose and their buckets are getting confused.</p>	<p>Dr. Stewart</p> <p>Dr. Meddard, Dr. Stewart, Dr. Ferwerda and Leigh-Ann</p> <p>Lisa</p> <p>Lisa</p>	<p>ASAP</p> <p>5/10/2019</p> <p>5/10/2019</p> <p>ASAP</p>

<u>AGENDA ITEM</u>	<u>DISCUSSION / RECOMMENDATIONS</u>	<u>ACTION ITEMS (AI)</u>	<u>RESPONSIBLE PARTY</u>	<u>DATE</u>
QUALITY				
Dental Metrics	Closing Encounters (previous month items closed/reviewed w/in 48 hours) Closing Encounters (previous month items closed/reviewed w/in 48 hours) <u>Closing Encounters</u> January 2019 : 8 February 2019 : 15 March 2019 : 19 Q1 2019 -42 Q4 2018-35	Upward trend for Q1 Providers notified weekly and addressed at Provider meeting	Dr. Tibby/ Nancy	5/10/2019
	Dexis Image Bucket January 2019- 1 February 2019 – 1 March 2019- 3 (RDH Lopez used simulator for Gendex used)	IT and dental director to retrain provider on utilizing proper mode for exposing radiographs	Nancy	ASAP
UDS REPORT				
<u>March 2019</u>				
Of the 14 UDS Measures: 5 Exceeded the HRSA Goal and 9 were short of the HRSA Goal (<i>Clinic Score/ HRSA Goal</i>)				
Medical	Childhood immunization: (48%/60%) <u>Findings:</u> 1. Chart audit with EMR and Florida shots resulted in identification of patients that are "Satisfied" but populate on the report as "Needs Data". This is the result of Vaccines not being reconciled in the EMR. 2. According to 2018 data, many patients are not returning for their second dose of Flu vaccine.	<u>Interventions:</u> 1. Revising the reconciliation workflow. 2. Tracking those patients that are due or overdue for flu shot and working with patient access to contact patients and schedule them for vaccine administration.	Dr. Stewart	5/10/2019

<u>AGENDA ITEM</u>	<u>DISCUSSION / RECOMMENDATIONS</u>	<u>ACTION ITEMS (AI)</u>	<u>RESPONSIBLE PARTY</u>	<u>DATE</u>
QUALITY				
	<p>The “Flu Shot – Status Report” was presented that identified 332 patients between 0 and 2 years old of which:</p> <p>80% Completed the series 10% Are up to date 10% have not started (call center currently completing outreach)</p> <p>Data presented for both boys and girls.</p>	<p>Outcome of the Call Center Outreach to be presented next meeting.</p>	David	5/10/2019
	<p>Cervical Cancer Screening: (58%/65%) <u>Findings:</u> Patients are showing as non-compliant before their full year is up. Athena is capturing as a measurement year instead of when they are actually due. We are doing pre-setups for Pap smears. Only Lead MAs and RNs have quantum log ins for quest portal.</p>	<p><u>Interventions:</u></p> <ol style="list-style-type: none"> 1. Follow-up with Athena on why this measure is not a rolling 12-months. 2. Work with Quest to see if we can have reports of PAP smears done in the past. <p>Let’s implement lunch in learns to be devoted only to pap smear. Goal date – May</p> <p>Dr. Stewart requested from Quest Labs to receive a historic test report to go back 5 years.</p>	Dr. Stewart	5/10/2019
	<p>Weight assessment, Children & Adolescent: (75%/90%) <u>Findings:</u> Providers are not checking Quality tab during each visit. Providers not dropping the order group. <u>Interventions:</u> Dr. Dessalines will investigate with providers</p>	<p>Educate and train MA’s to drop order for peds providers</p>	Dr. Dessalines	5/10/2019
	<p>Adult Weight screening and follow up: (98%/90%)</p>			
	<p>Tobacco use screening & cessation: (97%/93%)</p>			

<u>AGENDA ITEM</u>	<u>DISCUSSION / RECOMMENDATIONS</u>	<u>ACTION ITEMS (AI)</u>	<u>RESPONSIBLE PARTY</u>	<u>DATE</u>
QUALITY				
	<p>Asthma Pharmacologic Therapy: (94% /99%) <u>Findings:</u> A patient seen with Asthma did have appropriate therapy, however the measure requires that the medication be refilled or updated as “active” in the measurement year (2019)</p>	<p><u>Intervention:</u> train team to document onset date as most recent visit for asthma medications.</p>		
	<p>Coronary Artery Disease CAD: (94%/81%)</p>			
	<p>Ischemic Vascular Disease (IVD): (91%/86%)</p>			
	<p>Colorectal Cancer Screening: (36%/82%) <u>Findings:</u> Patients are showing as non-compliant before their full year is up. Athena is capturing as a measurement year instead of when they are actually due.</p> <p>Created abnormal FIT Test report to track those patients that had an abnormal FIT test to see whether they received appropriate follow-up and referrals.</p> <p>May 2018 – February 2019 155 total abnormal FIT tests of which:</p> <ul style="list-style-type: none"> - 23 received a colonoscopy - 56 received a GI referral and was called for f/u - 18 received a referral but pending insurance/financial issues - 5 had no referral or needs a new referral - 7 scheduled with PCP - 45 not reached, letters to be sent - 1 patient deceased (not related to FIT) 	<p><u>Interventions:</u> Creating a report that will capture shorter intervals of time to capture patients seen in the past two weeks and report FIT test distribution and return rate per provider.</p> <p>Continue to monitor report and present at council</p> <p>Next meeting we will compare next three months of FIT report trends</p>	Dr. Stewart	5/10/2019

<u>AGENDA ITEM</u>	<u>DISCUSSION / RECOMMENDATIONS</u>	<u>ACTION ITEMS (AI)</u>	<u>RESPONSIBLE PARTY</u>	<u>DATE</u>
QUALITY				
	HIV linkage: (100%/85 %)			
	Depression screening: (82%/83%) <u>Findings:</u> This measure is calculated as a rolling year (365 Days) instead of a calendar year.	Will pull WHO numbers and compare the trend at next meeting <u>Interventions:</u> Chart auditor will review charts to verify findings.	Jacob / David	5/10/2019
	Dental Sealant: (74%/75%) <u>Findings:</u> This sealant measure refreshes in January of each calendar year. As such, since January, each month the measure has improved and will continue to improve.	Continue to monitor report and present at council <u>Interventions:</u> 1) Providing the dentist with a list of patients who did not meet the measure for review and scheduling these patients if indicated and 2) Placing sealants on the same day as the child's dental examination.	Dr. Tibby	5/10/2019
	Hypertension: (70%/80%) <u>Findings:</u> Additional time is needed to have follow up visits with hypertensive patients to show that interventions have improved blood pressure levels.	<u>Interventions:</u> Continue to encourage short interval follow up for uncontrolled hypertension. MAT needs training on hypertension protocol. Add MAT section in MWG to review this.	Dr. Stewart Dr. Stewart & Dr. Rowling	5/10/2019 5/10/2019
	Diabetes: (53%/67%) <u>Findings:</u> Reporting bias since patients are considered non-compliant with A1c even if they are not yet due	<u>Interventions:</u> Expect improvement in numbers as year progresses	Dr. Stewart	5/10/2019

<u>AGENDA ITEM</u>	<u>DISCUSSION / RECOMMENDATIONS</u>	<u>ACTION ITEMS (AI)</u>	<u>RESPONSIBLE PARTY</u>	<u>DATE</u>
QUALITY				
	<p><u>Referrals</u> We began tracking number of referrals made by providers now that we are truly the gatekeepers of District Cares. Since all patients will require a visit with their PCP for any specialty referral or imaging test, we want to be sure that referrals requested are appropriate. The March 2019 – “Total # of Referrals By Provider” was presented which identified total # of referrals by provider, # of patients that received a referral, and total # of patients seen for March 2019.</p>	<p>Schedule a separate meeting regarding referrals (David, Andrea, Dr. Stewart, Dr. Tibby and Jacob)</p>	<p>Dr. Stewart</p>	<p>ASAP</p>
	<p><u>Healthy People 2020</u> As we begin 2019 with new and higher goals in mind, we are also keeping in mind Goals for Healthy People 2020. For 3 decades, Healthy People has provided science-based, 10-year national objectives for improving the health of all Americans. In December 2010, the Department of Health and Human Services launched Healthy People 2020.</p>	<p>We recently added goals to UDS report. In the next three months, we will submit detailed findings of these goals. We have 3 indicators that we added goals to because of these indicators.</p>	<p>Dr. Stewart</p>	<p>ASAP</p>
	<p><u>Patient Satisfaction Survey – Winter 2019</u> We completed and presented our winter 2019 patient satisfaction survey results. Selected slides were presented to clinics at the April team meeting.</p>			

<u>AGENDA ITEM</u>	<u>DISCUSSION / RECOMMENDATIONS</u>	<u>ACTION ITEMS (AI)</u>	<u>RESPONSIBLE PARTY</u>	<u>DATE</u>
QUALITY				
	<p><u>UDS 2018 Summary Report</u> We compiled and presented the UDS 2018 summary and distributed to all clinics at the April team meeting</p>			
	<p><u>HPV</u></p> <ol style="list-style-type: none"> 1. Patient Identification – The “Pediatric Preventative Care Guideline” for “HPV Child was run on February 13, 2019 that identified patients ages 11 to 18 and their HPV status. 2. An audit of this report included reviewing patients in Athena and Florida Shots to identify those patients that truly “Satisfied” the HPV measure and that have “Not Started” the HPV vaccine. 3. Starting with the American Cancer Society grant population, a review of 11 and 12 year olds concluded that 213 patients have currently satisfied the measure (meaning that they have completed the series or are up to date with the series) and 103 patient did not start the HPV vaccine. 4. The Patient list of 103 patients were sent to the Patient Access / Call Center Department to perform Patient Outreach on 2/20/2019. The results of these findings were shared along with plans for follow-up. 			

AGENDA ITEM	DISCUSSION / RECOMMENDATIONS	ACTION ITEMS (AI)	RESPONSIBLE PARTY	DATE
QUALITY				
Dental UDS Quality Metrics	<u>Triage</u> March 2019: 96% (507/529) of all patients who present for a triage get seen for a same day appointment	Continue to monitor and report measure to the Council	Dr. Tibby	5/10/2019
	<u>Complication Rates</u> No Update. Earliest deliverable will be May 2019	Develop and report Dental Complication Rates	Dr. Tibby	5/10/2019
Substance Abuse Quality Metrics	<u>March 2019</u> <ul style="list-style-type: none"> • MAT Program Census – 117 Patients • New Patient Intakes – 13 Patients • Patient Discharges – 10 Patients • Patient Readmits – 4 Patients <u>Treatment Phase</u> Phase 1 - 54 Phase 2 – 29 Phase 3 – 12 Phase 4 – 13 Naltrexone Patients – 1 Vivitrol Patients – 8	Determine and report the reason for program discharge Develop brief addiction monitor tracking	Dr. Rowling & David Jacob	5/10/2019 5/10/2019
Behavioral Health Quality Metrics	<u>Warm Hand-Off</u> The pilot integration program in Lantana is doing great. Lantana has the highest number of WHO's at this time. There has also been an increase of WHO's across the board at all clinics. Q1 report presented (totals and clinic breakdowns): January 2019 – 281 February 2019 – 251 March - 338	Develop report for depression screening completion and appointment date. Determine if a WHO was completed for a positive PHQ9	Jacob	5/10/2019

<u>AGENDA ITEM</u>	<u>DISCUSSION / RECOMMENDATIONS</u>	<u>ACTION ITEMS (AI)</u>	<u>RESPONSIBLE PARTY</u>	<u>DATE</u>
QUALITY				
Women's Health UDS & Quality Metrics	<p>UDS – in process</p> <p>Quality Metrics – in process</p>	<p>UDS data report from Athena has been created. WH coordinator will crosscheck data and we hope to present data for May quality meeting.</p>	Dr. Ferwerda	5/10/2019
Human Resources Quality Metrics	<p><u>March 2019</u></p> <p>New Hires – 5</p> <p>Clinic Terms – 3 (2 voluntary / 1 involuntary)</p> <p>Workman's Comp – 0 (note there have been NO workman's comp cases reported for Q1 2019 - a sign of a safe working environment!)</p>			
GRANT UPDATE				
	<p><u>American Cancer Society:</u></p> <p><u>HPV:</u> We are running regular reports to get patients that our overdue for the HPV vaccine and providing these to appropriate team members to schedule patients for vaccine administration. Report of vaccine status, along with Patient access's report on communication with patients to return for visits was presented.</p> <p><u>QI Grant:</u></p> <p>We are moving forward with Avanha, which is a platform that integrates with Athena for more efficient population management. Contract is with legal.</p> <p><u>New Service Area Request</u></p> <p>Extending substance abuse disorder to pregnant women.</p>	<p>In the month of April, our ACS liaison, along with our team, are going out to the clinics for a lunch and learn on HPV vaccinations</p> <p>Run a report on document class = admin, and document label = vaccine declination</p>	<p>Dr. Stewart</p> <p>David</p>	<p>5/10/2019</p> <p>ASAP</p>

<u>AGENDA ITEM</u>	<u>DISCUSSION / RECOMMENDATIONS</u>	<u>ACTION ITEMS (AI)</u>	<u>RESPONSIBLE PARTY</u>	<u>DATE</u>
QUALITY				
	<p><u>HRSA New Access Point (NAP) Grant</u> Application was submitted on 4/10/2019. We should find out more about this grant award in September. Award is up to \$650,000.</p> <p><u>Overdose Data to Action Department of Health and Human Services Centers for Disease Control – NCIPC</u> A draft narrative and budget were provided to Department of Health Palm Beach County on 4/5/2019. Requesting \$933,485.</p> <p><u>Integrated Behavioral Health Services (IBHS) Supplemental Funding</u> We have requested a quote from Cherokee Health for on-site consulting services and will request funding for this training of our LCSW’s. Award is up to \$145,000.</p> <p><u>Oral Health Infrastructure (OHI) Technical Assistance</u> We have received quotes for new dental chairs and are putting together a draft budget to provide triple-integrated services in Lantana. Award is up to \$300,000.</p> <p><u>Delta Dental Grant 2018-2019</u> Grant is fully spend down. A dental chair will be installed in Lantana on 4/17, Delray will have a new x-ray tube head and all sites received 7 new pediatric hand pieces (drills)</p>			

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	<p>Partnership for Aging Grant</p> <p>The 2018-2019 grant award of \$700 has been spent on the care of patients who were ages 65+. The grant application for fiscal year 2019-2020 was submitted. The grant request was \$1000, the maximum amount allowable.</p>			
CHART REVIEW				
Medical Chart Review	<p>Morbidity & Mortality Review</p> <p>No report for this month</p> <p>Higher Level of Care (HLC) Reports: March 2019</p> <p>Total transfers to HLC = 89, of which:</p> <ul style="list-style-type: none"> • 30 (35%) Patient seen for Hospital Follow Up • 13 (15%) Patient has no Hospital Follow Up • 38 (44%) Future appointment scheduled • 5 (6%) Patient refused ER <p>And</p> <ul style="list-style-type: none"> • 10 (12%) hospital records received • 76 (88%) hospital records pending 	Break our behavioral health and dental service referrals to higher level of care.	David	5/10/2019
Women's Health Chart Review	New provider peer review forthcoming			

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QUALITY				
Dental Chart Review:	<p><u>March Documentation-</u></p> <ul style="list-style-type: none"> • 7 errors for 14 charts • 2 DA not identified • 2 Doc File dates do not match documents • 3 Missing (1 no pain, med hist date not signed, 1 anes consent for 2019 missing) <p><u>Radiographic Quality-</u></p> <ul style="list-style-type: none"> • 4 errors • 1 missing Pano on a 7 year old <p>3 Technique errors (overlap, light film, 1 repeated radiographs)</p>	Retrain all dental provider on dental cases.	Dr. Tibby	ASAP
	<p><u>ER Referral Chart Reviews</u></p> <p>March 2019: 2 referrals to ER.</p> <ul style="list-style-type: none"> • One patient self-referred. The patient was seen on March 6, 2019 but did not take prescribed medications but then went to ER on March 9, 2019. Patient had the tooth extracted on March 13, 2019. • One patient placed on antibiotics but told to go to the ER due to cellulitis. Patient had abscess drained in ER and will return to the dental clinic on 4/4 for the extraction. 	Talk to Dental providers to re-educate the on Patient Case/s for the patient referred to the ER.	Dr. Tibby	ASAP
Substance Abuse Chart Review:	Addiction Counselor New Provider Review: 12 charts were reviewed on one (1) new provider of which 7/12 were >95% compliant and 88% were complaint in 5/8 charts reviewed.			

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QUALITY				
	MAT New Provider Review: 8 charts were reviewed of which: 2 were within standard of care, 4 required provider education, and 2 self-identified remediation.			
Quest Lab Review	We are identifying high cost labs that are either ordered erroneously because the wrong CPT code was used, and a lower cost lab exists. We are also finding some labs that are repeatedly ordered that may be high cost and are looking into the charts/encounters to ensure that they were appropriately ordered. If not, the encounters will be discussed with those specific providers. So far, we have been able to create several order sets (i.e. vaccine titer order set, and several women's health labs) to ensure that the correct code is chose.			
Critical Lab Results Report	<p>March 2019</p> <p>Total # of Critical Lab Calls were 31, of which</p> <ul style="list-style-type: none"> • 28 (90%) were addressed within 24 hours • 3 (10%) were not addressed within 24 hours. <p>Future goals: Review and analyze calls not responded to in 24-hours to determine the response time duration and reason for call response times. Need to get better understanding of the report times and interface times.</p>	<p>Requesting a meeting from Quest to discuss this issue.</p> <p>We need to look in to WH labs as they should be billed to Medicaid.</p>	<p>Lisa</p> <p>Dr. Ferwerda & Dr. Stewart</p>	<p>ASAP</p> <p>ASAP</p>
After Hours - On Call Log Summary	<p>3/13/2019 to 3/31/2019</p> <p>There were a total of 25 Urgent calls, of which:</p> <ul style="list-style-type: none"> • 6 - Critical labs:5 were adult medical and 1 Pediatric medicine 			

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QUALITY				
	<ul style="list-style-type: none"> • 11 - Sick/pain/in hospital: 3 were Pediatric Medicine; 2 Dental; 6 Adult Medical • 2 - Vaccine/medication reaction: 1 was adult medical; 1 pediatric medicine • 4 - Prescription refills/issues: 2 were Adult medical; 2 BH • 2 - Referrals/Order issues: for Adult medical <p>Goal - To follow with patient within 24 hours or on first business day after weekend or holiday (by nurse or provider)</p> <p>March Results:</p> <ul style="list-style-type: none"> • 15 (60%) – call compliant with the follow-up goal • 9 (36%) – were non-compliant with follow-up goal • 1 (4%) – did not require an urgent response to the patient 			
PEER REVIEW				
Medical Peer Review:	<p><u>New Provider Peer Review Follow Up</u></p> <p>5 charts were peer reviewed. 2 were evaluated as “within standard of care”, 1 were evaluated as , “ Provider Self-identified Remediation” and 2 “Provider Education Required”, 0 were evaluated as “Inappropriate Care”. Findings from previous peer review have improved.</p> <p><u>Sophia March – New Provider Peer Review</u></p> <p>7 charts were peer reviewed. were evaluated as “within standard of care”, were evaluated as , “ Provider Self-</p>			

<u>AGENDA ITEM</u>	<u>DISCUSSION / RECOMMENDATIONS</u>	<u>ACTION ITEMS (AI)</u>	<u>RESPONSIBLE PARTY</u>	<u>DATE</u>
QUALITY				
	<p>identified Remediation” and “Provider Education Required”, were evaluated as “Inappropriate Care”. Findings from previous peer review have improved.</p> <p>Q3 2018 Peer Review Summary</p> <p>69 charts were peer reviewed. 44 were evaluated as “within standard of care”, 7 were evaluated as , “ Provider Self-identified Remediation” and 18 “Provider Education Required”, 0 were evaluated as “Inappropriate Care”</p>			
Dental Peer Review: (Q3)	<p>Q4 2018 (October, November, December) Peer Reviews Distributed</p> <p>49 Charts were peer reviewed 47 were evaluated as “within standard of care”, 2 were evaluated as “Dental Provider Self-identified Remediation” and 1 were identified as “Dental Provider Education Required on documenting patient took antibiotic premedication, providing justification for prescription of antibiotic following tooth extraction and periodontal charting not performed in the recommended timeframe.”</p>	<p>General re-education for all providers on Periodontal Charting Periodicity of Radiographs Documenting reason for antibiotic prescription Documenting patient took premedication</p>	Dr. Tibby	5/10/19
Behavioral Health Peer Review	<p>For Quarter 4 2018, 30 charts were peer reviewed, 25 were evaluated as “within standard of care,” 0 were evaluated as “B.H. Provider Self-identified Remediation” and “B.H. Provider Education Required.”</p>			
Substance Abuse Peer Review	<p>Psychiatric Peer Review – 8 charts were Peer Reviewed for 2 providers. All were evaluated as “within standard of care”.</p>	<p>The Medical Director will review peer Reviews performed on the Director of Behavioral Health.</p>	Dr. Stewart	ASAP

<u>AGENDA ITEM</u>	<u>DISCUSSION / RECOMMENDATIONS</u>	<u>ACTION ITEMS (AI)</u>	<u>RESPONSIBLE PARTY</u>	<u>DATE</u>
QUALITY				
Women's Health Peer Review	8 charts were reviewed. 8 were found to be in the standard of care. Of the 8 charts, 2 were missing review of systems and 1 was missing review of medication reconciliation.			
QUALITY ITEMS				
Dental Quality QSV Report	Infection Control - March Operatories- Delray broken drawers (repaired) and ripped lead apron (ordered) PPE- New Hygienists wearing masks around the chin and artificial nails Barriers- Barriers missing on amalgamators	Retrain Dental Providers	Nancy Fox-Goughan	ASAP
Medical / Dental Pediatric Integration (MDI)	March 2019 181 patients Age 0-5: 69 Age 6-9: 29 Age 10-14: 15 Ages 15+: 17	Develop written procedure for MDI including documentation and follow up of carries, referral and documentation requirements. Provide EHR Documentation (screen-prints) for Sherri to review Pediatrician documentation in Athena for MDI appointments.	Dr. Dessalines Lisa	ASAP ASAP
Medical Quality Report	Training: Engagedly has now reached implementation in the clinics. 151 out of 196 people have completed the Active Shooter training. A reminder was sent to the folks that have not yet started, those that are overdue and those that are ongoing on 3/4/2019. We have also send out Hand Washing training to be completed in the month of April through Engagedly.	These trainings need to be incorporated into new employee onboarding.	Dr. Stewart, Karen & Shannon	5/10/19

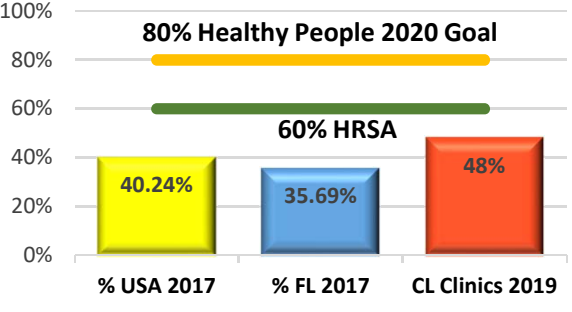
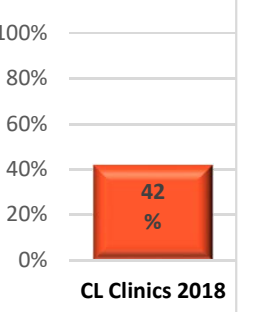
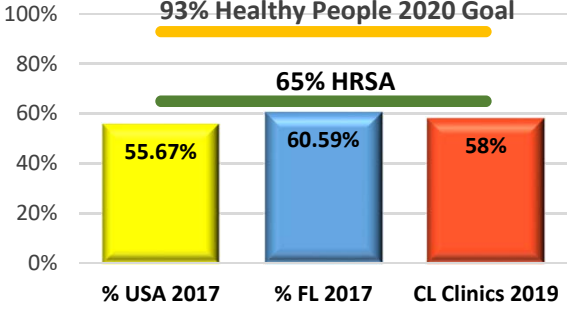
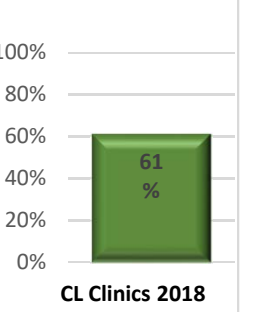
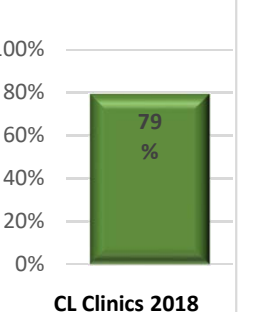
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QUALITY				
	In addition to, we are going out to clinics and speaking to each clinic specifically on the importance of only seeing patients and treating patients that have been registered and reminding the team that if they are ever lacking supplies, they should always reach out to PM, lead nurses or administration. Appropriate documentation is required for all encounters.			
POLICY & PROCEDURE				
	Updated the On-call procedure Updated Higher Level of Care Procedure Updated Hand-Hygiene Procedure Updated Diagnostic tracking procedure Updated AMA procedure			
DIRECTOR UPDATES				
Medical Updates	Nova fourth year medical students are rotating in our Lantana clinic for the next 8 weeks starting March 11 th . They will be shadowing primary care, pediatrics and behavioral health Karen our clinical educator is now trained in CPI and will be scheduling trainings in the clinic			
New Employee Orientation	The following new employees attended New employee orientation: <ul style="list-style-type: none"> • Giordalies Rivera, Dental Registration Specialist - West Palm Beach Clinic • Maria Alfaro Gonzalez, Dental Hygienist - Belle Glade Dental Clinic 			

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QUALITY				
	<ul style="list-style-type: none"> • Candace Bates, Medical Assistant - West Boca Clinic • Jokebed Laurore, RN - Lake Worth Clinic • Myriam Fils-Aime, SR Clinical Nurse - Delray Clinic • Jacob Kramer, Clinical Infomaticists – Clinic Admin 			
Dental Updates:	<ol style="list-style-type: none"> 1. The Dental Assistants will be retrained in competency based retraining beginning in May pre training is being completed and the rubrics have been presented to the staff in preparation. 2. We received a new grant. 3. Two new Dental Hygienists and one new dental registration staff have joined the dental team. 4. OHI (Oral Health Infrastructure) Grant Application for \$300,000 - Plan is to request 9 dental chairs (\$13,198 each), training and construction costs for the peds integration in West Palm Beach. 			
Nursing Updates:	<p><u>CPI:</u> Karen presented admin team with the first CPI training. We gave feedback and areas for improvement and she will revise and present training again in May.</p> <p><u>TRAINING:</u> I completed training to all clinical team and registration team in all clinics (3 people out- will follow up next week) regarding registering patients prior to them being treated, evaluated, etc. Also covered appropriate supplies to use, appropriate orders for procedures. Dr. Stewart will discuss at in person provider meeting in May.</p>			

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QUALITY				
	<p>HANDWASHING: The Engagedly training for handwashing is ongoing. Today is the deadline for completion. Karen has scheduled handwashing and hand sanitizer competency skills evaluations for all clinics, beginning the week of 4/22.</p> <p>We are placing an order to increase the number of hand sanitizer dispensers in all clinics since this has been shown to be a more effective way to clean hands when they are not visibly soiled.</p>			
Behavioral Health Updates:	<p>Adult integration in the Lantana Clinic will continue to roll out with further training to BHS and medical staff to continue to increase number of WHO referrals.</p> <p>Mobile van data being collected manually by BHS weekly to monitor homeless population outcomes. This data is being stored in a secure folder in the M drive.</p> <p>Pediatric integration will resume in Lantana on 4/29/19, with Valerie Rivera-Pullen(BHS)</p>			
Pediatric Updates:	<p>HPV : HPV clinics training with ACS</p> <p>Develop monthly reporting to go to patient access to call patients back to receive their dose</p> <p>Immunizations :</p>	<p>Train providers and clinic staff on HPV</p> <p>Schedule regular reports to provide to patient access every month or whatever business day</p> <p>Review vaccines reconciliation with pediatric providers</p>	Dr. Dessalines	ASAP

<u>AGENDA ITEM</u>	<u>DISCUSSION / RECOMMENDATIONS</u>	<u>ACTION ITEMS (AI)</u>	<u>RESPONSIBLE PARTY</u>	<u>DATE</u>
QUALITY				
	Peer Review : Peds providers encounters Bucket review	Review electronic peer review with peds providers and hold them accountable to check their emails for peer review Review clinical encounter rates with Ped Providers Review buckets closing with peds providers	Dr. Dessalines	ASAP
Women's Health Updates:	Jennifer Casanova, ARNP has started working independently in the clinics.			
Operations Updates:	Frontline needs training on how to differentiate by appointment type.	TBD		
UTILIZATION				
Productivity	March 2019 Productivity report was presented			
Cycle Time	Not available at this time			
No Shows	Not available at this time			
3rd Next Available	Not available at this time			
Walk-Ins	Not available at this time			
Meeting Adjourned – 4:05pm				

C. L. BRUMBACK PRIMARY CARE CLINICS
MARCH 2019

CHILDHOOD IMMUNIZATION		
 <p> 80% Healthy People 2020 Goal 60% HRSA </p> <p> 100% 80% 60% 40% 20% 0% </p> <p> 40.24% 35.69% 48% </p> <p> % USA 2017 % FL 2017 CL Clinics 2019 </p>	<p> Findings: Chart audit with EMR and Florida shots resulted in identification of patients that are "Satisfied" but populate on the report as "Needs Data". This is the result of Vaccines not being reconciled in the EMR. </p> <p> Interventions: Pediatric Director retrained Pediatric teams on how to reconcile vaccines. </p>	 <p>100% 80% 60% 40% 20% 0%</p> <p>42%</p> <p>CL Clinics 2018</p>
CERVICAL CANCER SCREENING		
 <p> 93% Healthy People 2020 Goal 65% HRSA </p> <p>100% 80% 60% 40% 20% 0%</p> <p>55.67% 60.59% 58%</p> <p>% USA 2017 % FL 2017 CL Clinics 2019</p>	<p> Findings: Patients are showing as non-compliant before their full year is up. Athena is capturing as a measurement year instead of when they are actually due. </p> <p> Interventions: 1. Follow-up with Athena on why this measure is not a rolling 12-months. 2. Work with Quest to see if we can have reports of PAP smears done in the past. </p>	 <p>100% 80% 60% 40% 20% 0%</p> <p>61%</p> <p>CL Clinics 2018</p>
WEIGHT SCREENING AND COUNSELING FOR CHILDREN AND ADOLESCENTS		
	<p> Findings: Providers are not checking Quality tab during each visit. Providers not dropping the order group. </p> <p> Interventions: Dr. Dessalines will investigate with providers </p>	 <p>100% 80% 60% 40% 20% 0%</p> <p>79%</p> <p>CL Clinics 2018</p>

C. L. BRUMBACK PRIMARY CARE CLINICS
MARCH 2019

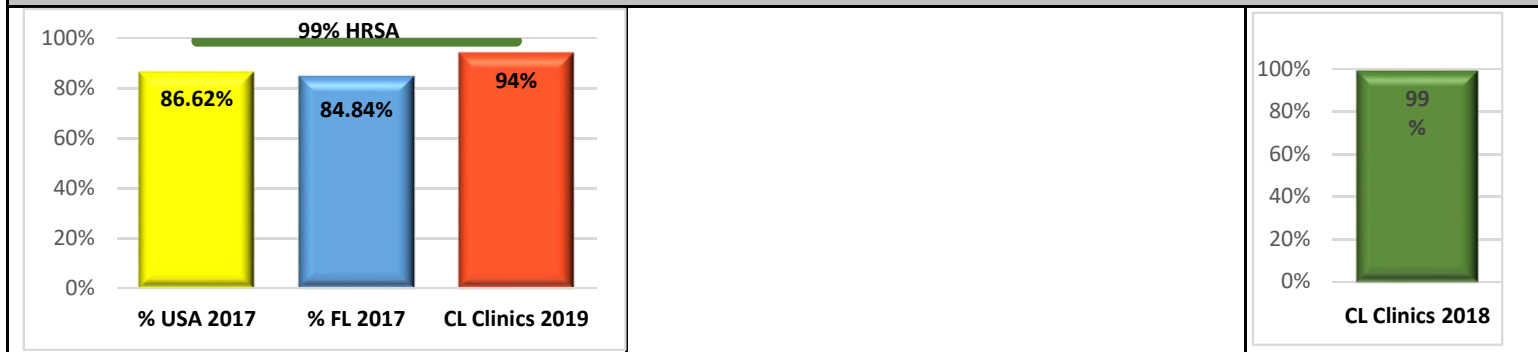
ADULT WEIGHT SCREENING AND FOLLOW UP



TOBACCO USE SCREENING AND CESSATION INTERVENTION

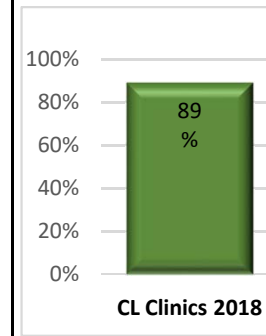
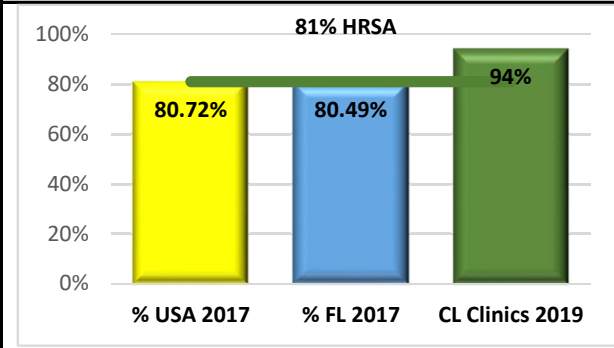


ASTHMA PHARMACOLOGIC THERAPY

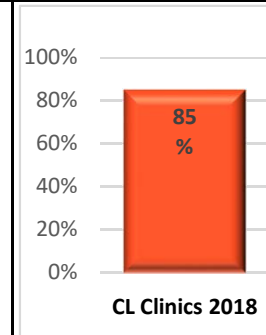
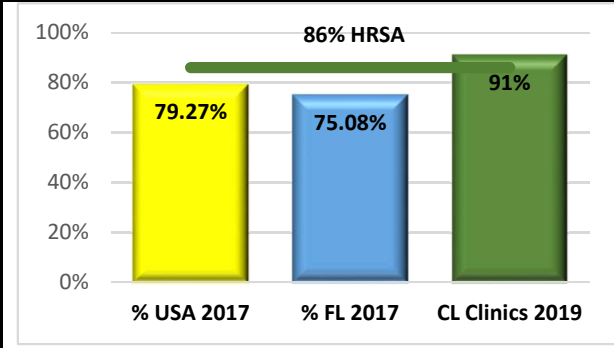


C. L. BRUMBACK PRIMARY CARE CLINICS
MARCH 2019

CORONARY ARTERY DISEASE (CAD): LIPID THERAPY

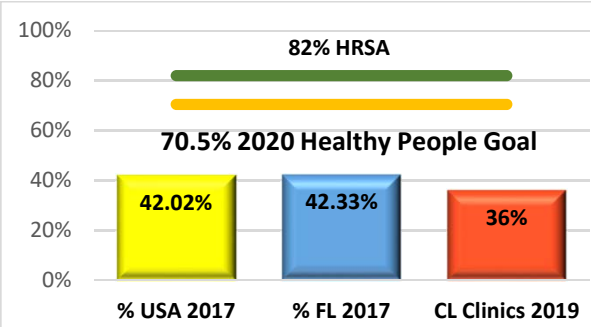


ISCHEMIC VASCULAR DISEASE (IVD): Antiplatelet Therapy

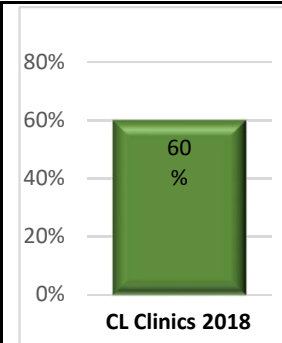


COLORECTAL CANCER SCREENING

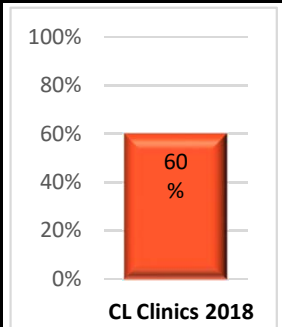
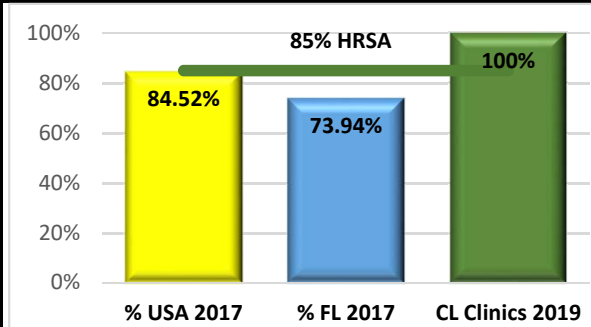
C. L. BRUMBACK PRIMARY CARE CLINICS
MARCH 2019



Findings: 1. Patients are showing as non-compliant before their full year is up. Athena is capturing as a measurement year instead of when they are actually due.
Interventions: 1. Creating a report that will capture shorter intervals of time to capture patients seen in the past two weeks and report FIT test distribution and return rate per provider.

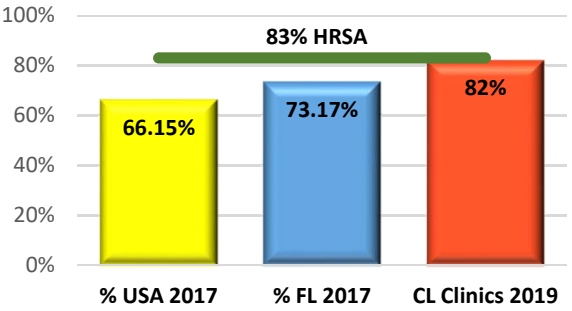
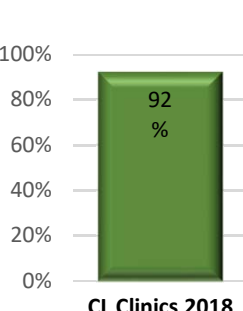
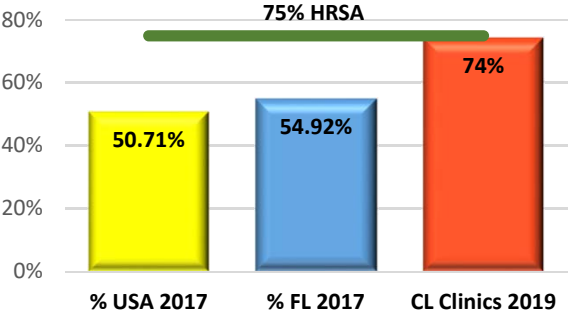
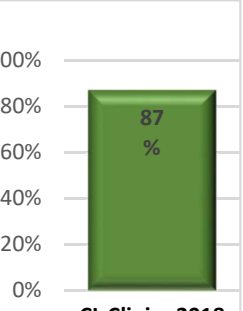
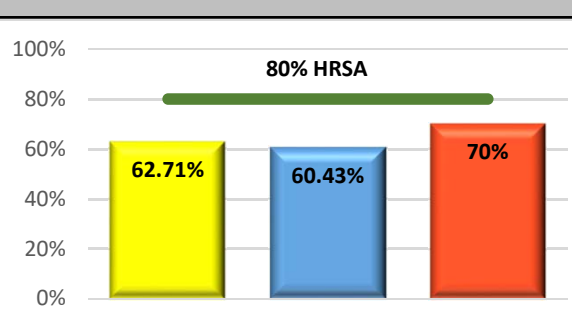
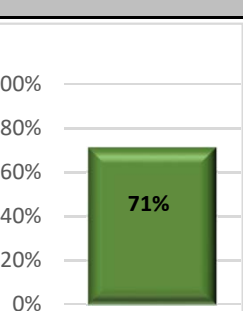


HIV LINKAGE TO CARE

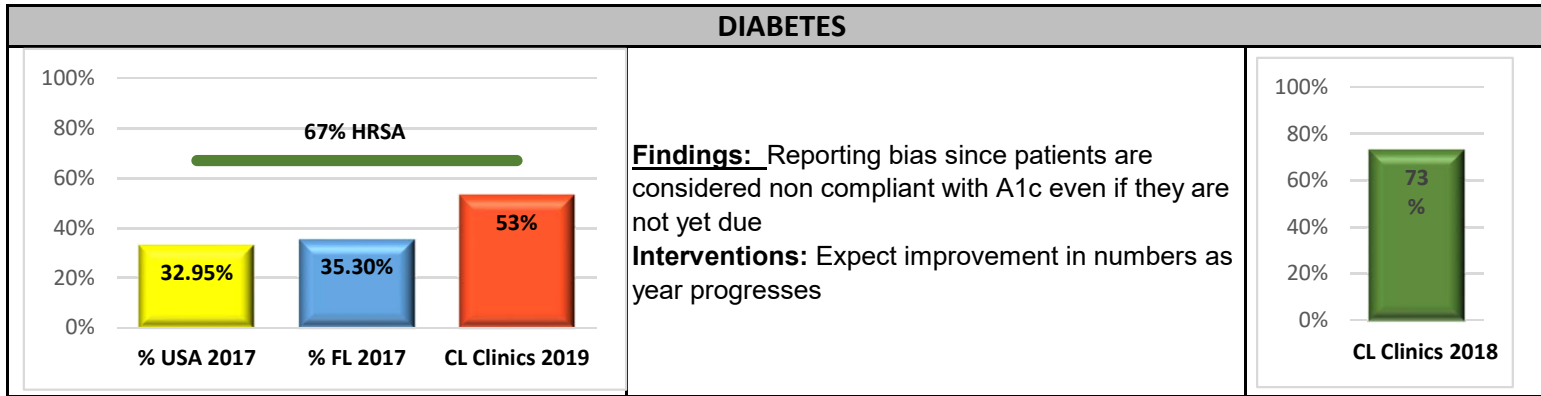


PATIENTS SCREENED FOR DEPRESSION AND FOLLOW-UP

C. L. BRUMBACK PRIMARY CARE CLINICS
MARCH 2019

 <p align="center">83% HRSA</p> <table border="1"> <thead> <tr> <th>Category</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>% USA 2017</td> <td>66.15%</td> </tr> <tr> <td>% FL 2017</td> <td>73.17%</td> </tr> <tr> <td>CL Clinics 2019</td> <td>82%</td> </tr> </tbody> </table>	Category	Percentage	% USA 2017	66.15%	% FL 2017	73.17%	CL Clinics 2019	82%	<p>Findings: This measure is calculated as a rolling year (365 Days) instead of a calendar year.</p> <p>Interventions: Chart auditor will review charts to verify findings.</p>	 <p align="center">92%</p> <p align="center">CL Clinics 2018</p>
Category	Percentage									
% USA 2017	66.15%									
% FL 2017	73.17%									
CL Clinics 2019	82%									
DENTAL SEALANTS										
 <p align="center">75% HRSA</p> <table border="1"> <thead> <tr> <th>Category</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>% USA 2017</td> <td>50.71%</td> </tr> <tr> <td>% FL 2017</td> <td>54.92%</td> </tr> <tr> <td>CL Clinics 2019</td> <td>74%</td> </tr> </tbody> </table>	Category	Percentage	% USA 2017	50.71%	% FL 2017	54.92%	CL Clinics 2019	74%	<p>Findings: The UDS sealant measure refreshes in January of each year. We have until December 31st, 2019 to place a sealant on all eligible patients. As such, each month our measure has improved and will continue to improve.</p> <p>Interventions: 1) Providing the dentist with a list of patients who did not meet the measure for review and scheduling these patients if indicated and 2) Same Day Sealants: Placing sealants on the same day as the child's dental examination.</p>	 <p align="center">87%</p> <p align="center">CL Clinics 2018</p>
Category	Percentage									
% USA 2017	50.71%									
% FL 2017	54.92%									
CL Clinics 2019	74%									
HYPERTENSION										
 <p align="center">80% HRSA</p> <table border="1"> <thead> <tr> <th>Category</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>% USA 2017</td> <td>62.71%</td> </tr> <tr> <td>% FL 2017</td> <td>60.43%</td> </tr> <tr> <td>CL Clinics 2019</td> <td>70%</td> </tr> </tbody> </table>	Category	Percentage	% USA 2017	62.71%	% FL 2017	60.43%	CL Clinics 2019	70%	<p>Findings: Additional time is needed to have follow up visits with hypertensive patients to show that interventions have improved blood pressure levels.</p> <p>Interventions: Continue to encourage short interval follow up for uncontrolled hypertension.</p>	 <p align="center">71%</p> <p align="center">CL Clinics 2018</p>
Category	Percentage									
% USA 2017	62.71%									
% FL 2017	60.43%									
CL Clinics 2019	70%									

C. L. BRUMBACK PRIMARY CARE CLINICS
MARCH 2019

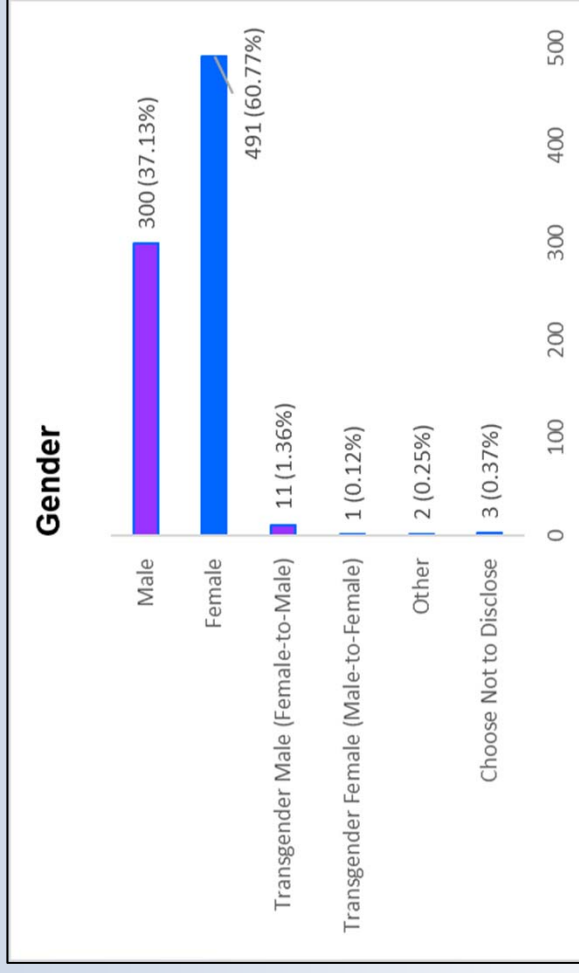
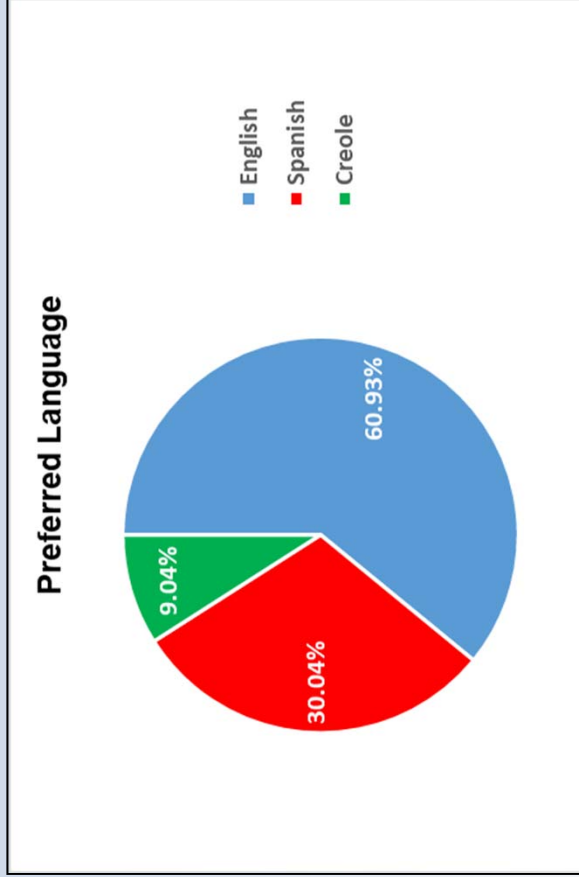


C. L. Brumback Patient Satisfaction Survey



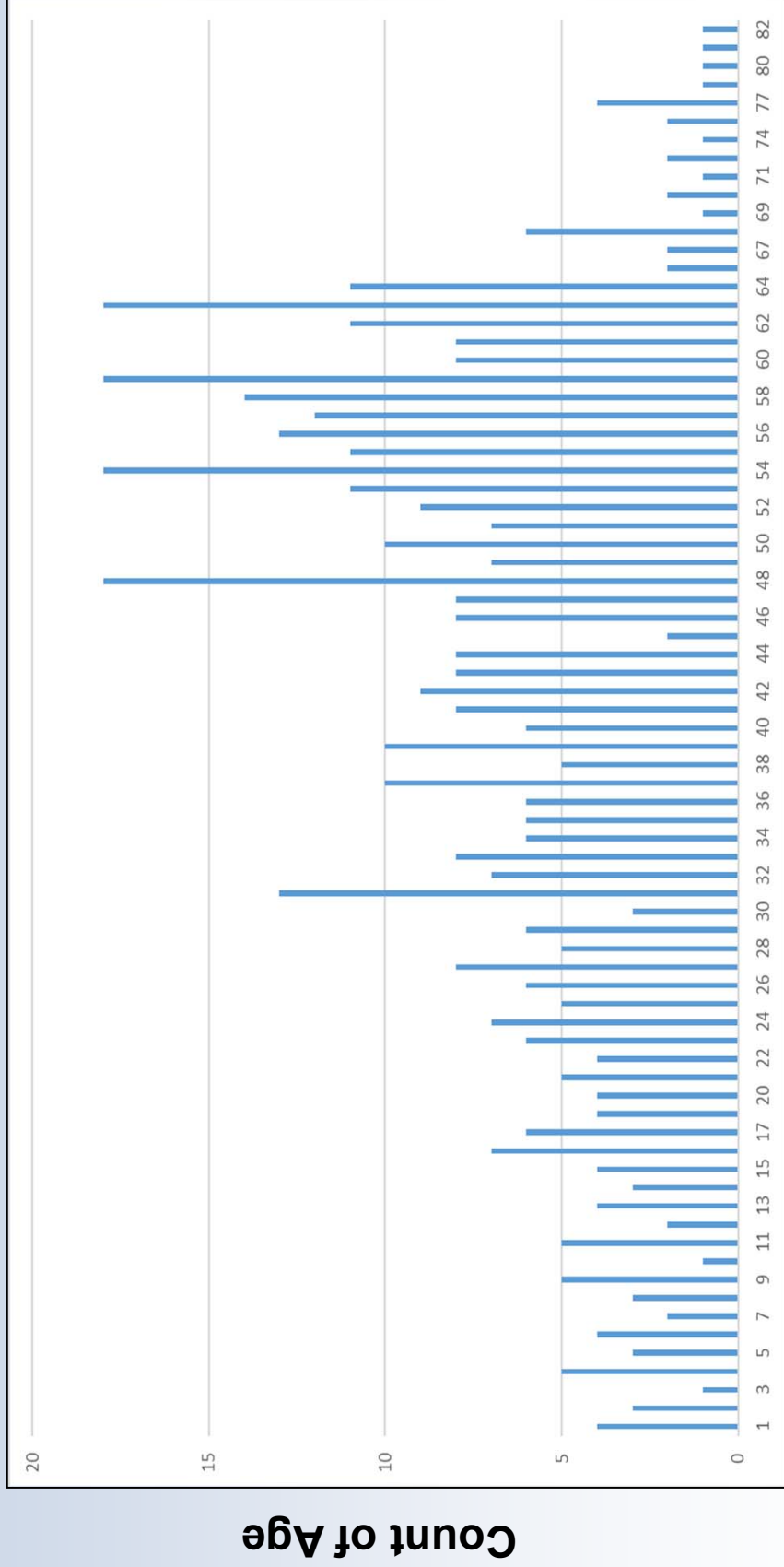
Winter 2019

Demographics



819 responses

Age Distribution



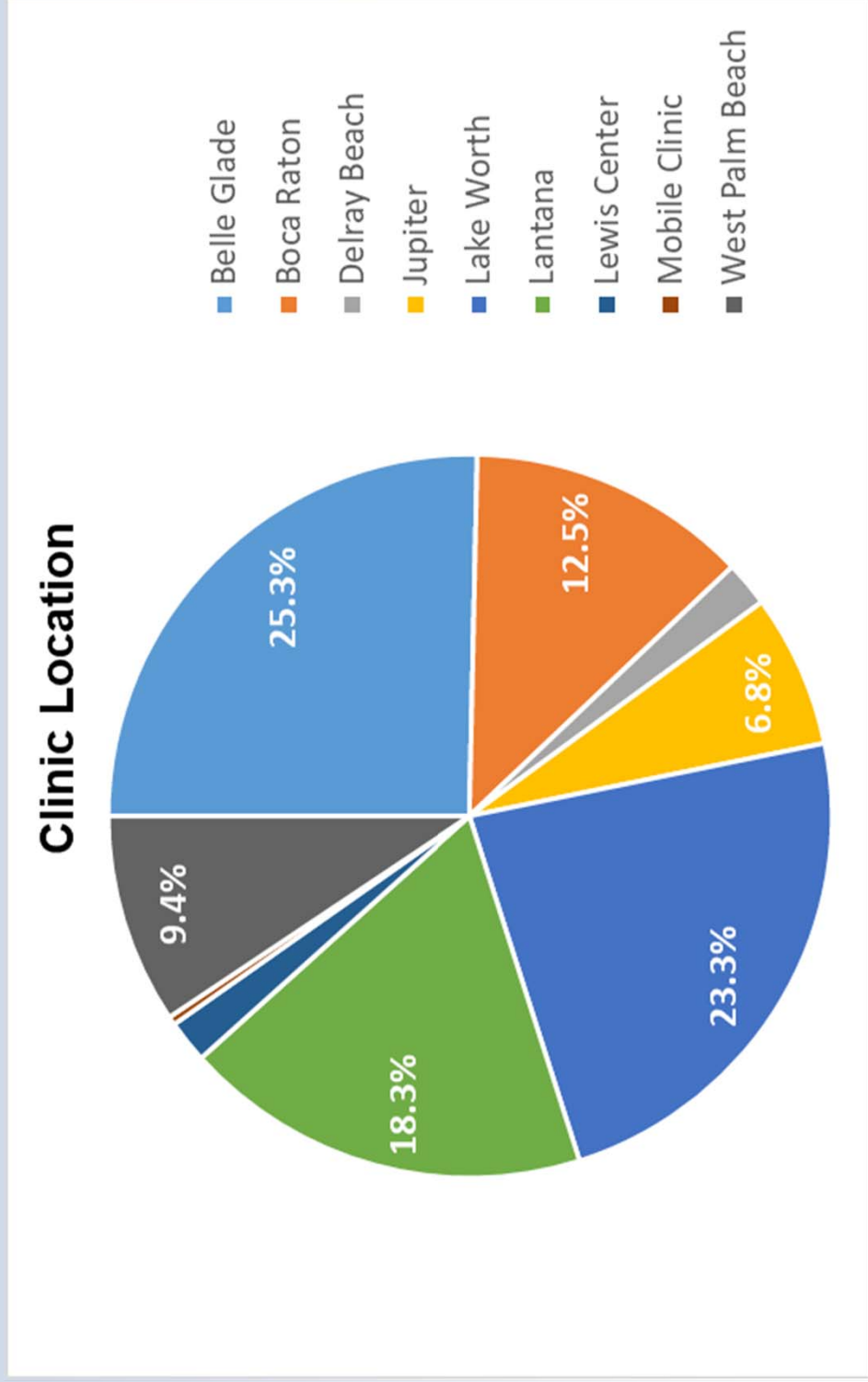
Age in Years

C. L. Brumback Patient Satisfaction Survey - Winter 2019

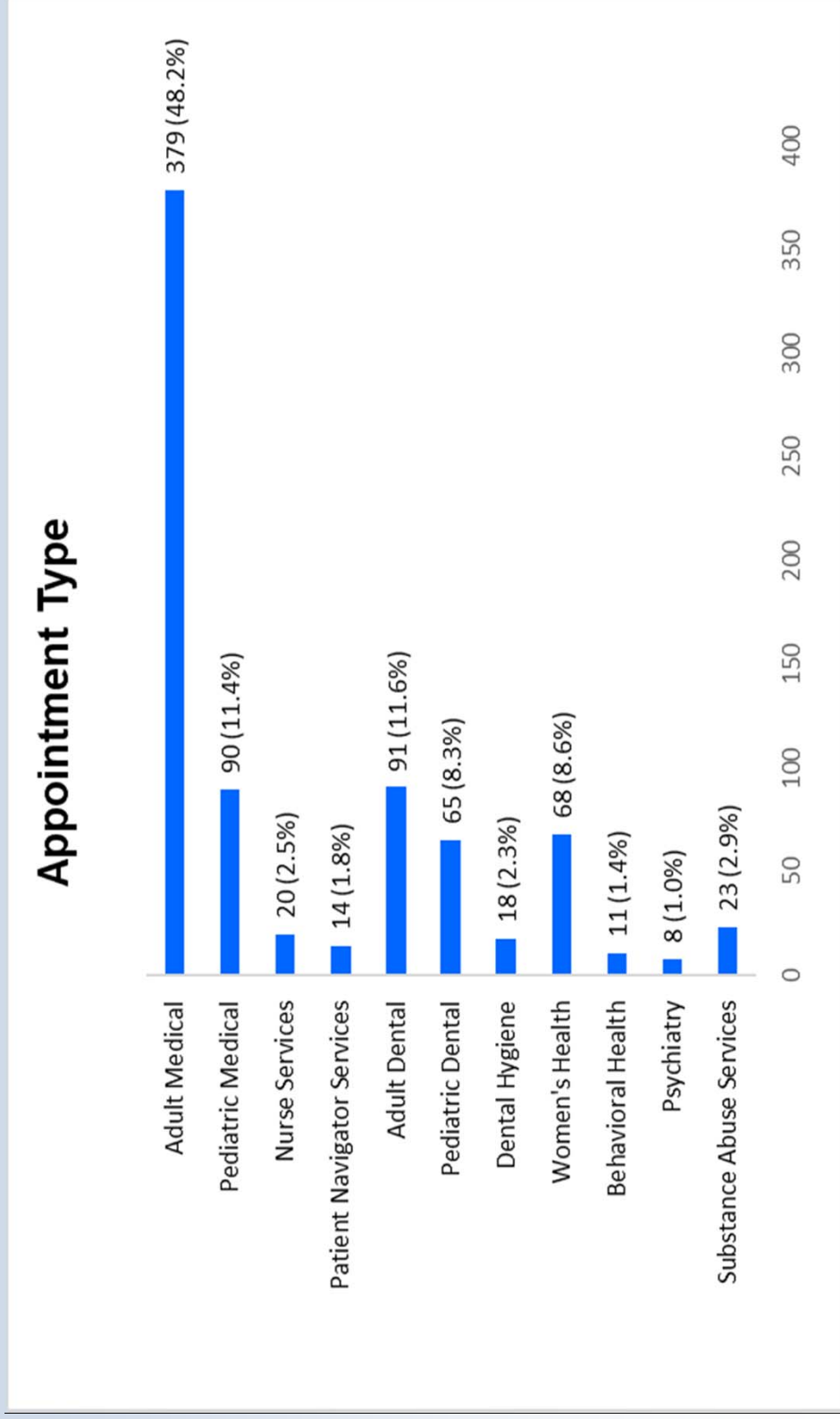


C. L. Brumback
Primary Care Clinics
Health Care District Palm Beach County

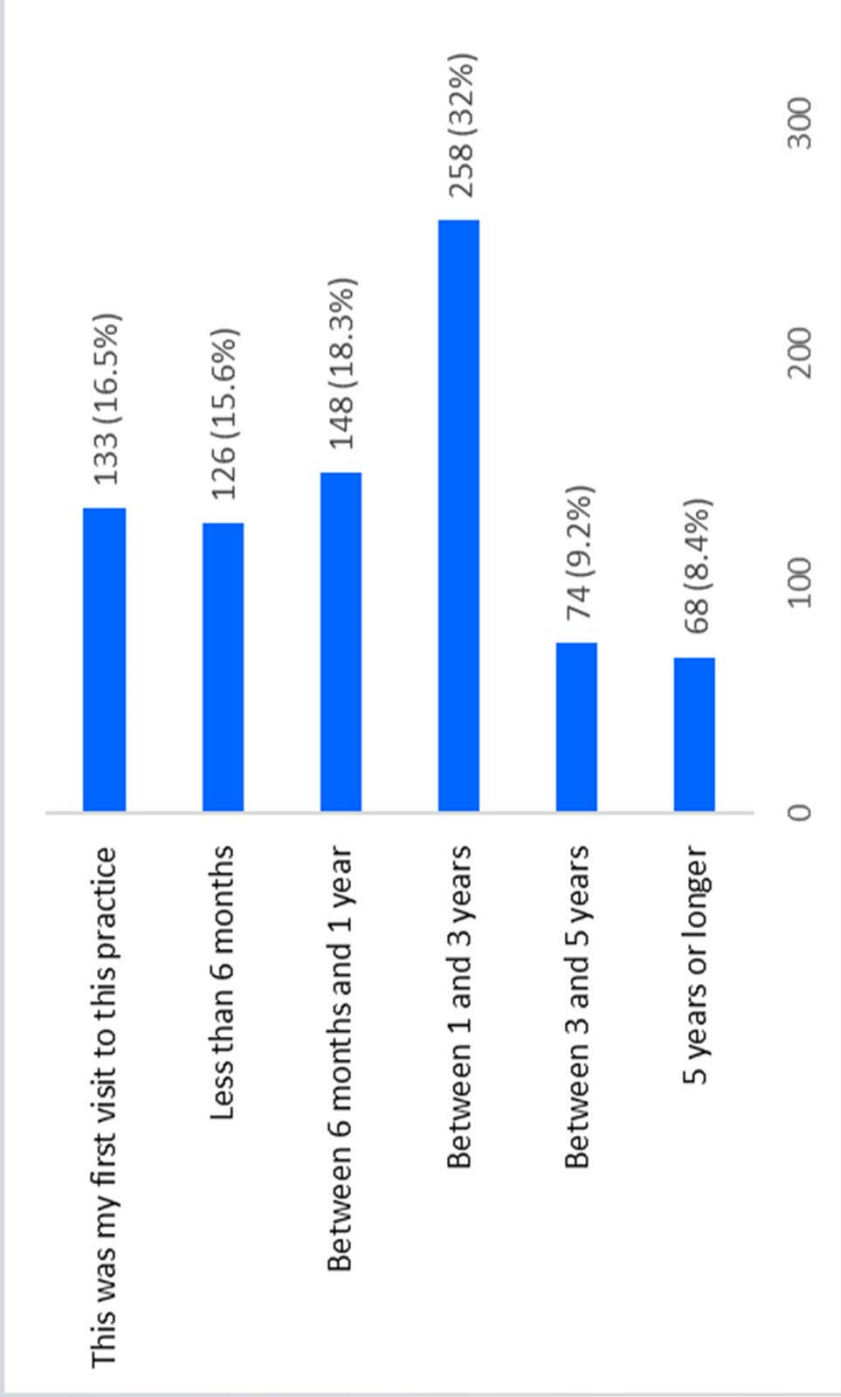
Completed Survey's – By Clinic Location



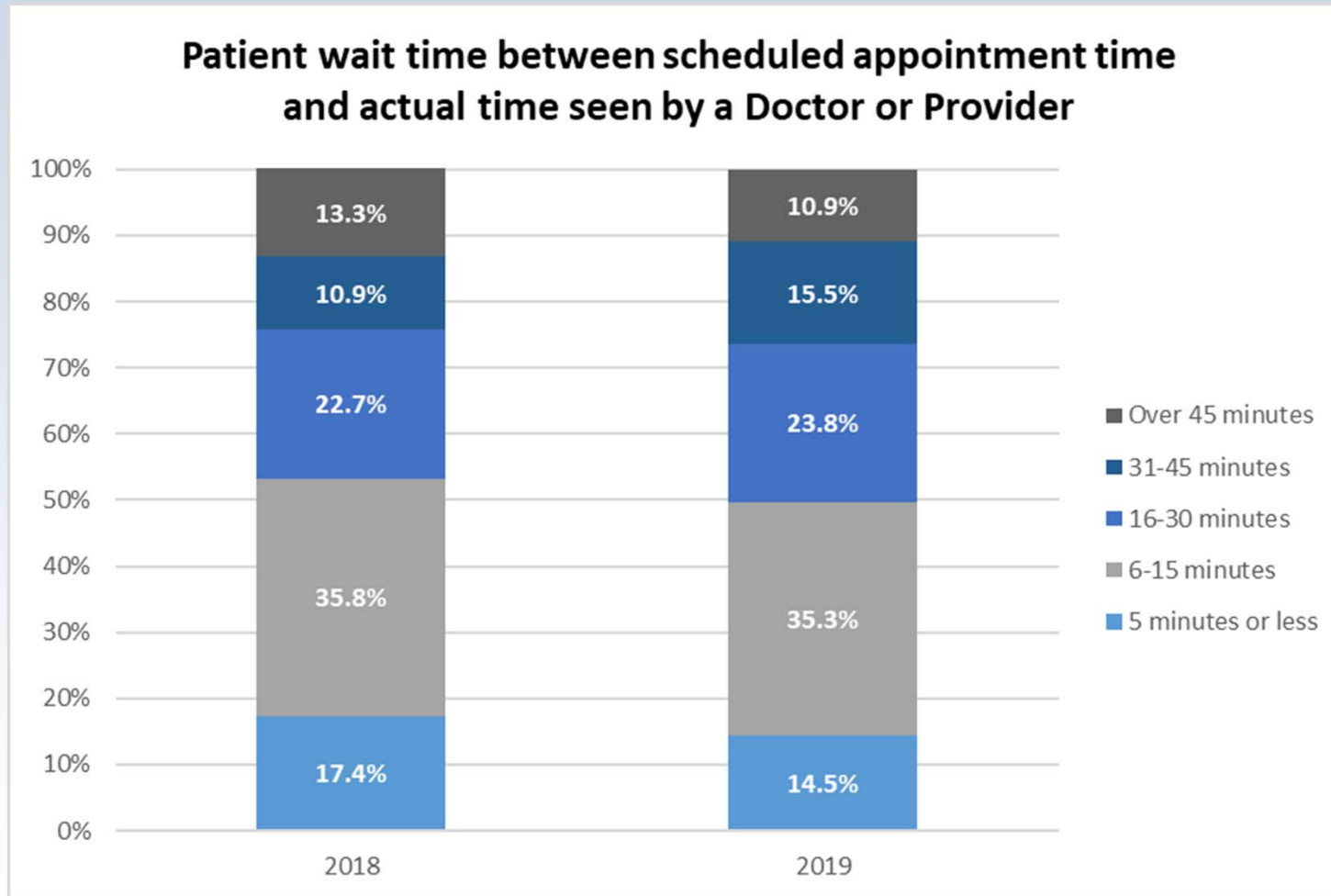
Selected Appointment Type



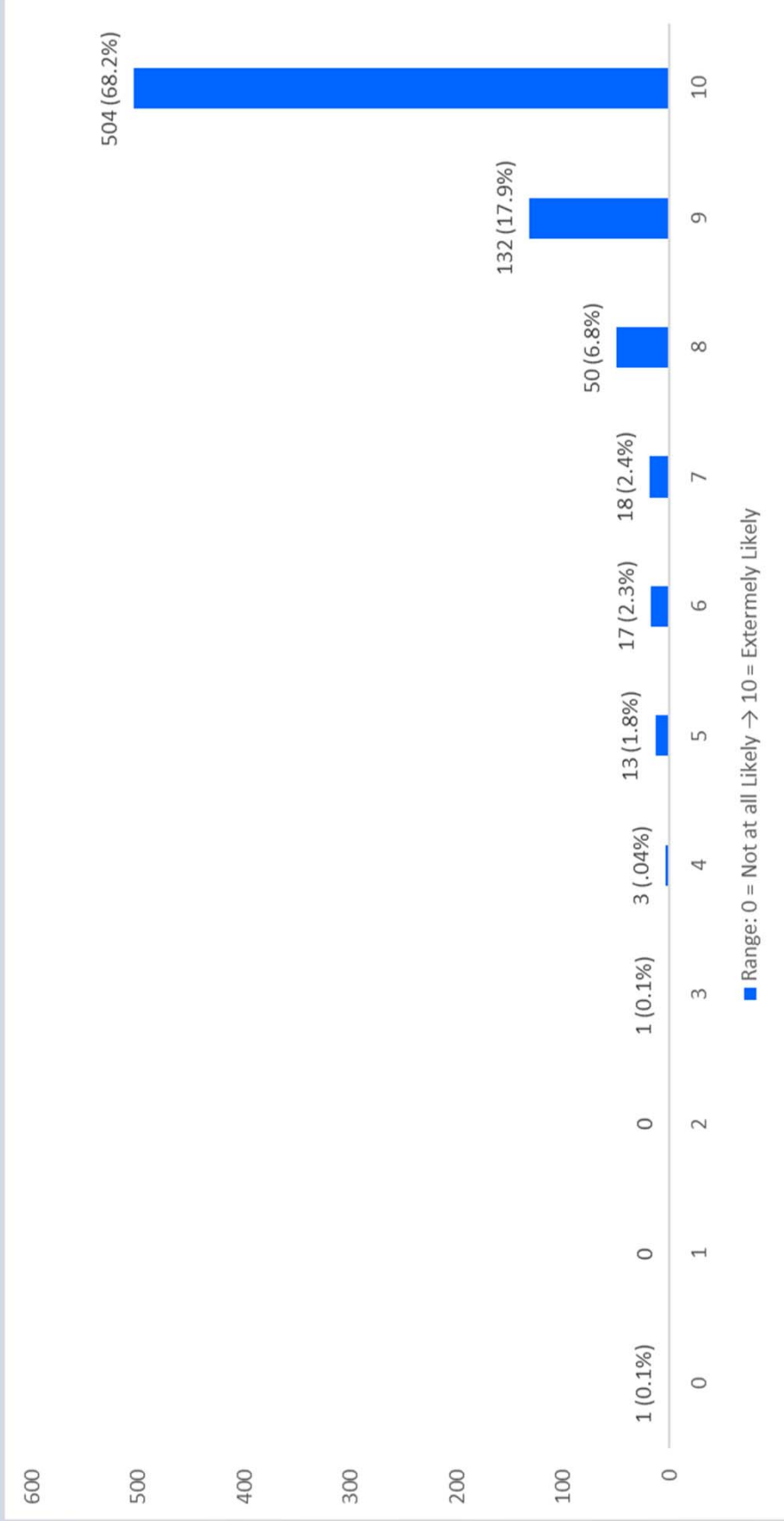
How long have you been going to C. L. Brumback Primary Care Clinic?



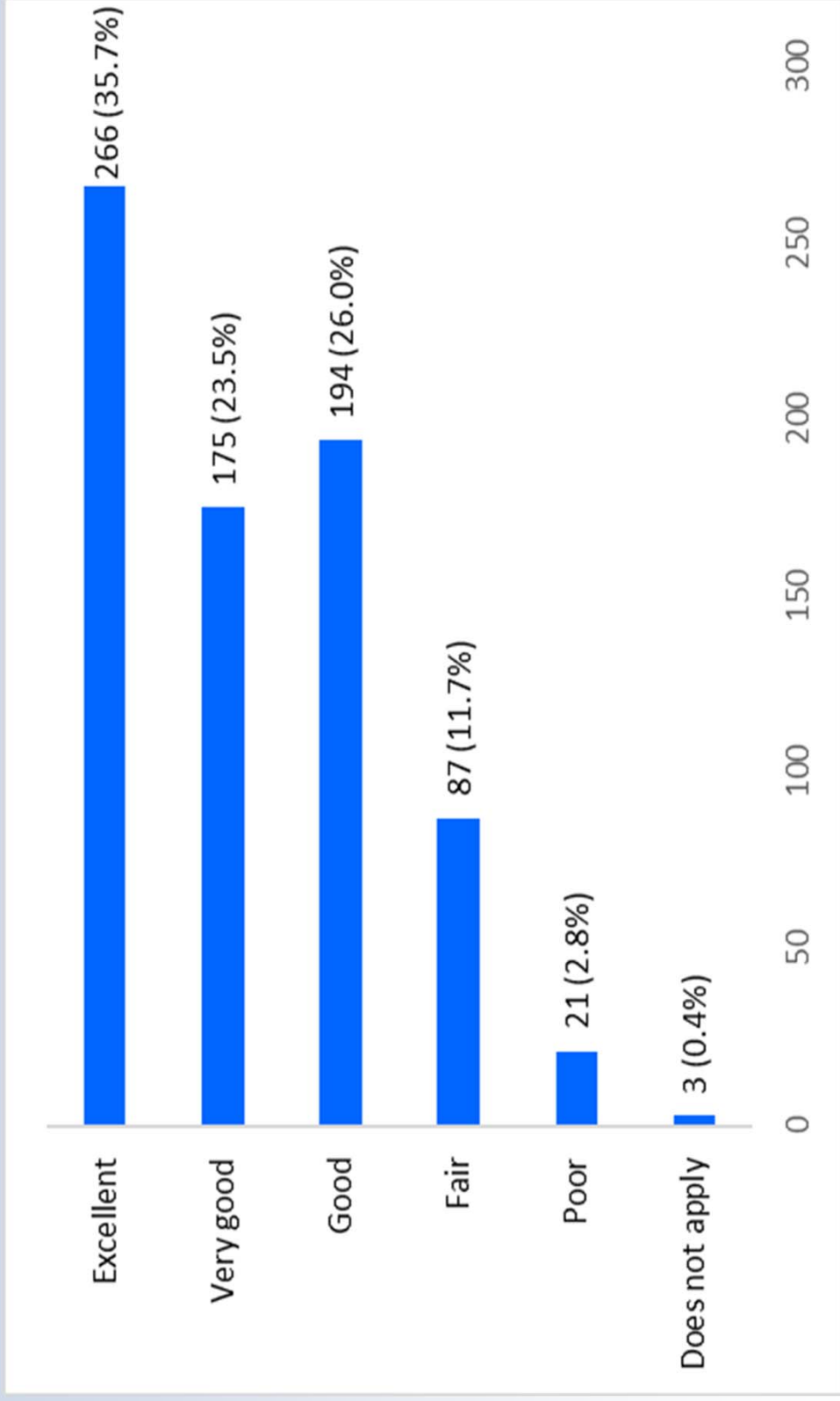
Patient Wait Time Trend



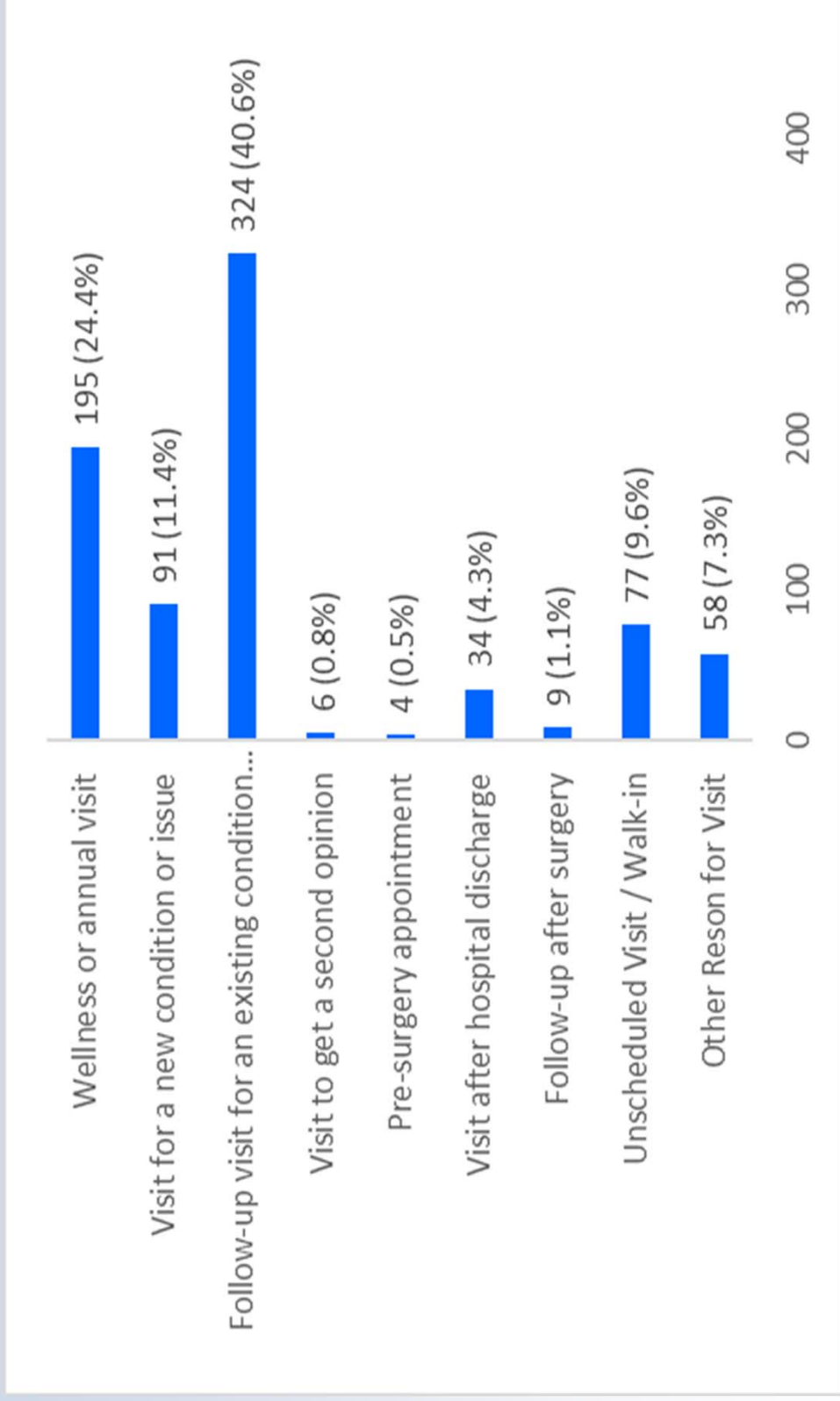
How likely would you be to recommend this Practice to others?



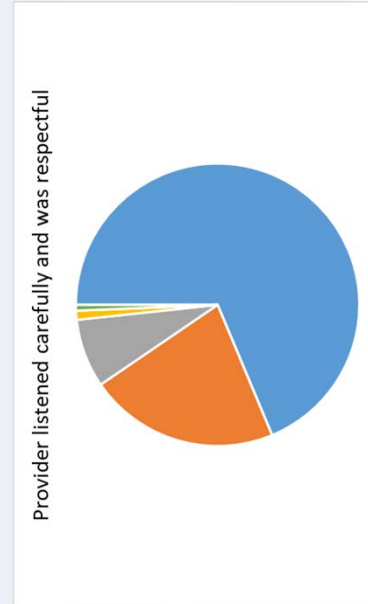
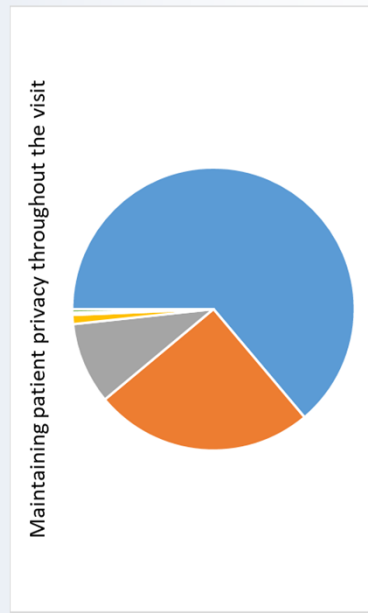
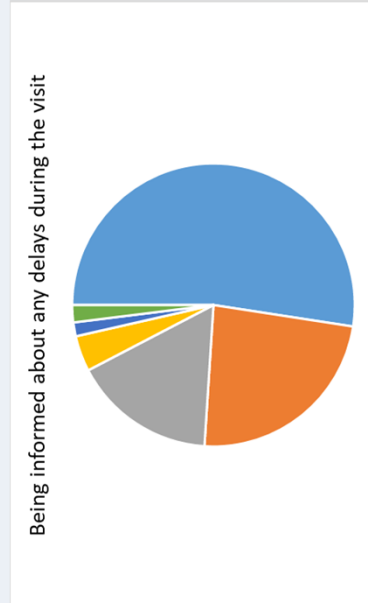
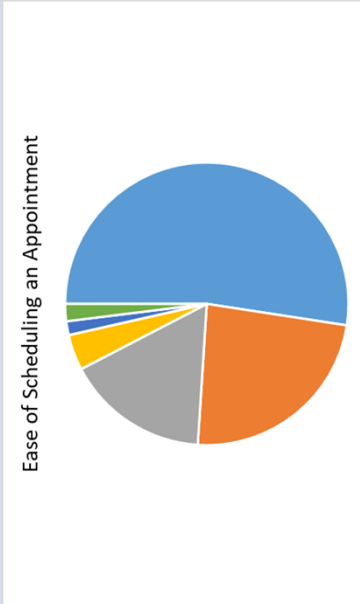
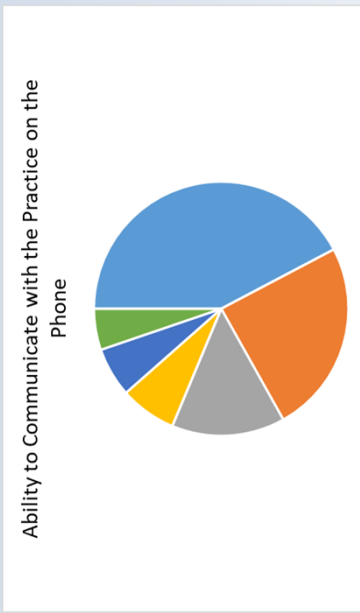
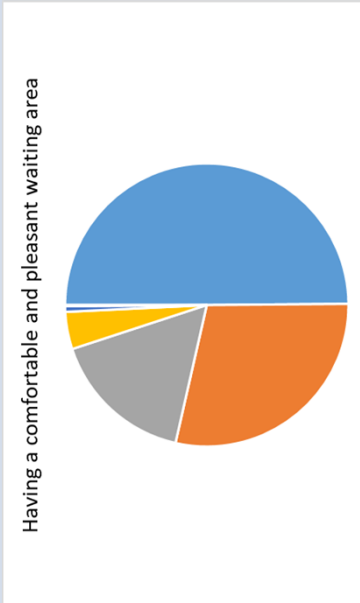
How would you rate your overall health?



Reason For Visit



Clinic Facility Ratings



Patient Comments

“The best I have ever had in my 44 years”

“I love the care I get”

“Very caring, very professional, comfortable with my care”

“The MAT is a great service. It saved my life. mega grateful”

“Thank you for being here for me. I am the community so when you help me you help the community as well”

“Exceptional care from the front desk to the nurse to the doctor. Highly impressed and pleased”

“I thank the health team for changing my physical well being and mental stress”

“I really love (actually love) coming here”

“Dr. Inacio is very attentive and listens well to my concerns. She cares about my well being even on a psychological level. Bravo!”

“Staff is very respectful. The Doctors are great. Happy Patient”

“The Nursing staff is awesome, pharmacy is great. Doctors are caring and the best. Every person working here is great!! They treat you with respect and care. Check in and check out with ease. Better than any tiny private practice I've ever been too”

“Staff always has a smile and a friendly greeting for me. I always receive great care here”

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
April 24th, 2019

1. Description: Quality Assurance/Quality Improvement Plan, V7

2. Summary:

This agenda item provides the following:

- Quality Assurance/Quality Improvement Plan, V7

3. Substantive Analysis:

See attached Quality Assurance/Quality Improvement Plan, V7.

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

Dawn Richards
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

Committee Name

Date Approved

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
April 24th, 2019


6. Recommendation:

Staff recommends the Board Approve the Quality Assurance/Quality Improvement, V7.


Approved for Legal sufficiency:



Valerie Shahriari
VP & General Counsel



Dr. Noelle Stewart
FQHC Medical Director



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

QUALITY IMPROVEMENT/ ASSURANCE PLAN

Version 7: April 2019

James Elder
Chair Board of Directors

Date

Belma Andric, MD, MPH
FQHC Executive Director

Date

Noelle Stewart, D.O.
FQHC Medical Director

Date

INTRODUCTION

C.L. Brumback Primary Care Clinics (CLBPCC) works diligently to improve the health of all families in the service area, including the indigent and medically underserved, by providing an accessible Program of cost effective, high quality and comprehensive primary health services.

CLBPCC strives to ensure that all service delivery is compliant with industry standards, government regulations, and contractual agreements.

CLBPCC works to integrate quality and safe practices into all operations, promoting accountability throughout the organization. CLBPCC also works to promote a just-culture that encourages real-time staff reporting of errors and near-misses.

STATEMENT OF PURPOSE

As part of its dedication to providing quality care in alignment with the Mission Statement, CLBPCC has implemented a Quality Improvement (QI) Program under the supervision of the FQHC Medical Director. The purpose of the QI Program is to track clinical, operational and other measures for promoting quality, ensuring patient safety and improving patient care, with an emphasis on the Health Resources and Services Administration' (HRSA) clinical and financial performance measures. CLBPCC's QI Program structure and functions are defined in the CLBPCC QI Plan. Also, the QI Plan is designed to move CLBPCC toward achieving professional accreditations in health care and improving population health at reduced per capita cost.

SCOPE

The scope of CLBPCC QI Plan applies to all clinical and operational activities. The scope of the QI Plan is comprehensive and meant to serve as a guide to all QI activities in CLBPCC. This QI/QA program addresses the following:

1. Quality assurance and improvement
2. Utilization of health center services;
3. Patient satisfaction and patient grievance processes; and
4. Patient safety, including adverse events.

This plan focuses on:

- Designing, implementing, monitoring and improving a total QI Program
- Ensuring accountability at all levels
- Establishing clear differentiation of responsibilities
- Meeting all requirements of the QI Program required by HRSA, the Federal Tort Claims Act (FTCA), Patient Centered Medical Home (PCMH) Accreditation and other grant-related requirements.
- Describing key initiatives
- Addressing findings identified through audits and assessments

QI PROGRAM MONITORING

Board of Directors

The CLBPCC is governed by the Federally Qualified Health Center (FQHC) Board of Directors (BOD) who is responsible for providing oversight and direction relative to care and services provided by this organization. The BOD is ultimately accountable for the compliance with the approved Quality Improvement/Assurance Plan for CLBPCC. This accountability begins with the Board's initial approval of the QI Plan, and continues through the re-approval of the plan, which takes place at least every three years (more often if substantial changes are made in the CLBPCC QI Program).

BOD delegates responsibility to the FQHC Executive Director to ensure that resources such as personnel, finances and equipment are available for QI activities. The FQHC Executive Director delegates primary responsibility for implementing, managing and monitoring CLBPCC QI Program efforts to the FQHC Medical Director who reports to the Board on a

monthly basis and presents the Quality Council meeting minutes, summary UDS reports and at least quarterly QI/QA assessments.

The Board also appoints one Board member as a Quality Council member who participates in monthly Quality Council meetings and actively monitors ongoing effectiveness of the committee.

The BOD is responsible for the following activities:

- Reviewing and approving the QI Plan
- Reviewing summary reports of the QI Program
- Credentialing and privileging of provider staff
- Reviewing and approving policies
- Reviewing summary reports and patient complaints
- Reviewing the results of quality audits, patient satisfaction and trend report results
- Reviewing legal claims related to patient care

Quality Council

The Quality Council is a cross-functional committee that meets monthly (per our Bylaws), includes clinical and administrative staff, and serves as the umbrella committee for quality across the CLBPPC service lines. The Quality Council is chaired by the FQHC Medical Director.

The Quality Council shall review and make recommendations for clinical services, monitor progress of Health Care Plan objectives, review Clinical Outcome measures audits, monitor and review Quality Assurance and Continuous Quality Improvement, Principles of Practice, credentialing, community needs survey data, patient satisfaction survey, and recommend new clinical programs. The Quality Council will meet on a monthly basis. The Executive Director, or his/her designee, will serve as a non-voting, ex-officio member of this committee.

The Quality Council provides leadership by defining organizational priorities as agreed upon, and continually assessing the CLBPC needs for QI improvement activities. The Quality Council selects and prioritizes quality metrics to be monitored and assesses the data source for each metric. The Quality Council sets a performance goal for each metric, assigns responsibility for each improvement, institutionalizes improvements, and recommends development of policies and procedures as needed. The Quality Council reviews incidents, complaints, grievances, high-risk condition reports, and any sentinel events. The Quality Council develops the QI Plan which shall be approved by the BOD. Recommendations which are discussed and approved at the Quality Council meetings are presented to the BOD at the next full BOD meeting by the FQHC Medical Director for review and approval.

This Quality Council consists of:

- FQHC Senior Management (Executive Director, Medical Director, Dental Director, Director Operations, Director of Behavioral Health, Director of Business Development, Director of Women’s Health, Director of Nursing)
- HCD Corporate Quality (Quality Director)
- FQHC Quality Manager
- Appointed Board of Directors Member
- Invited Guests as required

Quality Workgroups

The QWs consist of service-line leadership and team-members who are tasked with identifying problems, providing corrective actions, as well as presenting and reviewing metrics, outcomes, trends and processes. The Quality Workgroups are a combination of program specific teams that meet one to two times per month and are responsible for actively monitoring service-specific activities. Quality Workgroups are chaired by respective service-line directors/managers.

The QWs recommend process improvement strategies and ensures implementation down the service-line; review chart audits and peer review summaries; analyze Clinic Quality Site

Visit summaries and recommend improvements. The QWs ensure that the chosen metrics are being monitored, data is being collected, and those metrics not meeting the required threshold are moved into the QI action phase. The QWs will work to determine whether findings are employee specific, clinic specific, or systemic issues. Quality Workgroups evaluate effectiveness of QI activities, document improvements and ensure that identified quality issues are fully resolved. The QWs will also identify areas of improvement, initiate Quality Improvement opportunities, and provide any corrective actions to improve the delivery of quality care. Ad-hoc committees may be formed as needed to address unique challenges that can be addressed and resolved in smaller workgroups on shorter timelines.

Quality Workgroups (QWs) include, but are not limited to:

- Medical Quality Workgroup
- Dental Quality Workgroup
- Behavioral Health Quality Workgroup
- Operations Departmental Quality Workgroup
- Risk & Patient Relations Quality Workgroup

Pertinent issues, metrics, summaries as well as recommended action plans are presented monthly to Quality Council for further review and discussion.

QI/QA Assessments

Clinic Quality Site Visits (QSV) are performed at each clinic location and for each clinic service line at least quarterly. The QSVs are conducted by Clinic and Administrative Leadership. The QSV is a combination of facility assessments, staff interviews / meetings, and clinic leadership meetings. Facility assessments include review of compliance / regulatory requirements, HIPAA and Privacy Practices and assurance, Equipment and Supply checks, Quality Binders and QI Logs, patient care areas, Lab-related activities, Vaccine Management, Safety and Security measures, clinic flow, OSHA, Infection Control, and special focus items for each service line: Medical, Dental, Behavioral Health and Clinic Operations. During the QSV, the Quality team meets with staff, assesses competencies,

shares provider metrics, reports clinic trends, identify problems and provider corrective actions, provides staff training, requests staff input and feedback. At the conclusion of a QSV, the Quality Team meets with Providers, Practice Management, Clinical Leads, and other clinic staff to review results, launch new protocols, sets goals for corrective actions, and gathers additional information to review at the appropriate QW.

Team-member Meetings

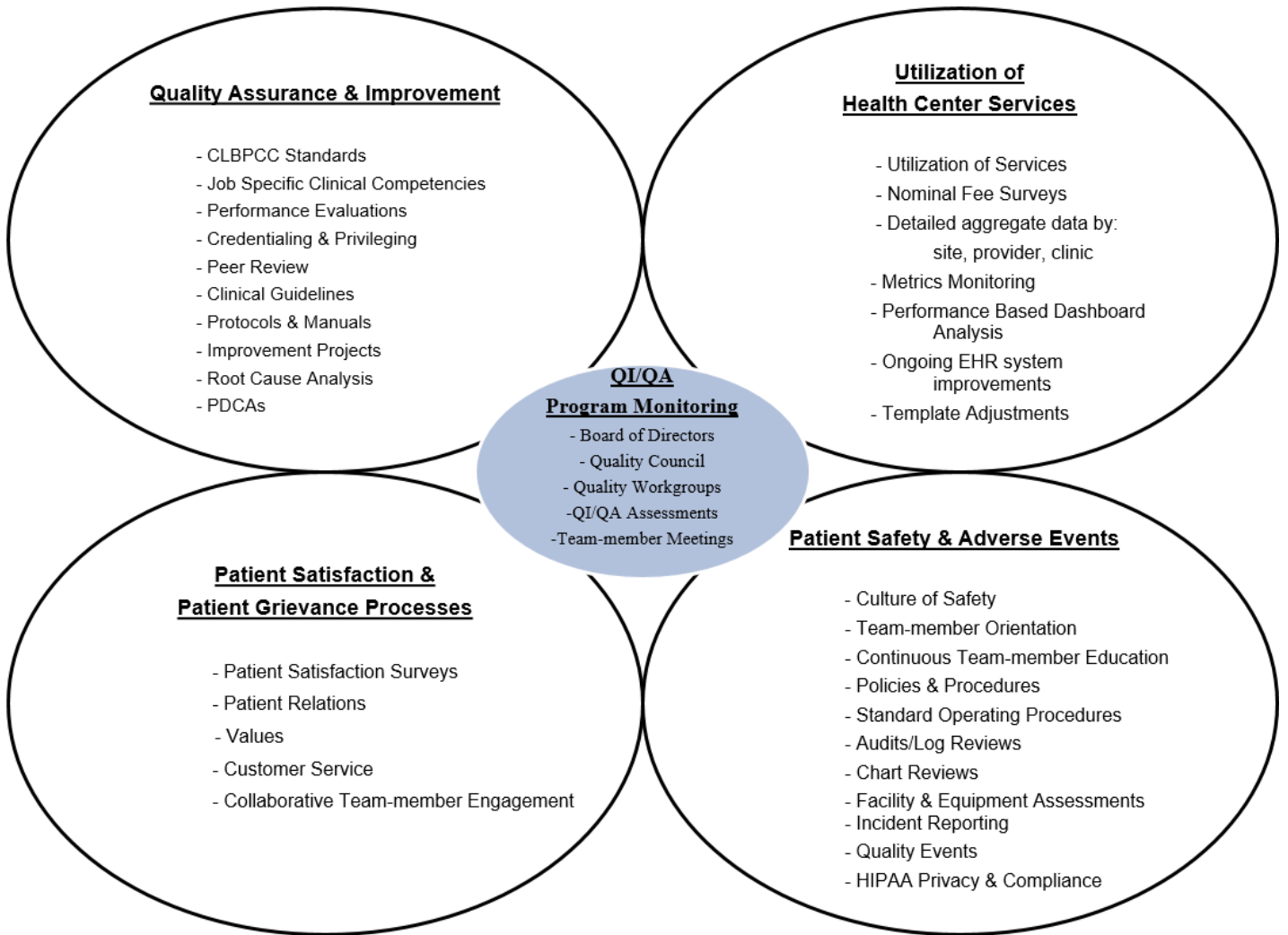
Team-member meetings are held to provide an opportunity for Clinic Administration and Practice Managers to share clinic updates and provide education and/or training to clinic team-members. During this time team-members also have the opportunity to ask questions, learn best practices from other clinics and share opportunities for improvement. Feedback and comments are gathered from team-members and brought back to relevant workgroups for further discussion and follow-up.

Title	Quality Responsibility
FQHC Executive Director	Provides direction to QI Program activities and supports Quality Improvement activities assuring that quality improvement initiatives are consistent with our mission. Leads strategic planning for the clinics.
FQHC Medical Director	Responsible for assessing the CLBPCC QI Program. Responsible for periodic assessment of the appropriateness of the utilization of services and the quality of services provided or proposed to be provided to individuals served by the center. Responsible for oversight and direction for medical providers. Responsible for providers credentialing and privileging. Responsible for after-hours coverage and on-call schedule and procedure. Assures that all activities of the medical staff are in

	<p>alignment with QI plan. Responsible for adoption of clinical guidance for providers. Responsible for pharmaceutical quality review of prescribing practices by providers and reporting on their compliance with best practices. Presentation of Peer Review results for quality documentation in patient records. Responsible for development of the electronic health record templates and standardized order sets. Responsible for grant compliance with clinical performance expectations. Responsible for development of appropriate policies and procedures.</p>
<p>Quality Director</p>	<p>Responsible for implementing, managing and updating CLBPCQI Program in accordance with the HRSA Compliance Manual. Implements initiatives resulting from strategic planning. Responsible for oversight and direction for clinics quality metrics. Responsible for grant compliance. Responsible for ensuring the development of appropriate policies and procedures.</p>
<p>FQHC Practice Operations Director</p>	<p>Responsible for periodic assessment of the appropriateness of the utilization of services and the quality of services provided or proposed to be provided to individuals served by the center. Producing and sharing reports on QI/QA to support decision-making and oversight by key management staff and by the governing board regarding the provision of health center services. Responsible for business processes including flow of the clinics, patient access and cycle time, and</p>

	<p>efficient operations in a fiscally sound manner. Responsible for accuracy of the financial and business-related EHR documentation and business-related reports and quality metrics. Responsible for coordinated information flow such as referrals, record transfers, and coordination of care with other providers. Ensures patient experience data are collected and provides directions on improvement efforts based on this data. Ensures that patient complaints are answered in timely manner. Responsible for timeliness of patient encounter closure. Responsible for oversight of Works closely with the Call Center, established under the Health Care District of Palm Beach County, co-applicant to the FQHC's, to coordinate activities including all related reports. Suggests customization and optimization of EHR. Responsible for development of appropriate policies and procedures. Responsible for communicating action items to FQHC Practice Managers.</p>
<p>Appointed Board of Director Member</p>	<p>Participates in monthly Quality Council meetings and monitors all activities and effects of the committee. The incumbent acts as a liaison between the Quality Council and the Board of Directors.</p>

The following diagram summarizes the scope of the QI Program at CLBPCC:



QUALITY ASSURANCE & IMPROVEMENT

CLBPCC Standards

CLBPCC standards are defined in our Policies and Procedures, and Standard Operating Procedures (SOPs) that provide the framework for all programs.

All BOD approved Policies and Clinic Procedures are posted on the organization’s Intranet, so that all staff can access them at any time. New hires are instructed on how to access the policies and procedures at their initial orientation and existing employees are advised by their supervisors when new policies are added. Additionally, all new Policies, Procedures, and Standard Operating Procedures are discussed during the staff meetings and clinic huddles and are a standing agenda item. Once a new policy is reviewed with staff, sign-off sheets are utilized to track that training is completed. A copy of the sign-off sheets are kept in a QI binder.

Policies and Procedures are grouped into fourteen categories: Administration, Compliance, Human Resources, Information Technology, Finance, Credentialing, Risk, Clinical, Dental, Pharmacy, Behavioral Health, Women’s Health, Substance Abuse and Telemedicine.

Job Specific Clinical Competencies & Performance Evaluation

Each staff is presented with a job description upon their first day of employment, as well as a defined list of detailed job-specific competencies. An assessment of the competencies for the staff is completed during each employee’s performance evaluation (the initial evaluation is done during on-boarding, again after three months of employment, followed by a six month evaluation, and then a one year evaluation. Evaluations are done annually thereafter.). Assessment of the competencies is completed by immediate supervisors with input provided by key stakeholders.

Credentialing & Privileging

CLBPCC has policies in place that ensure verification of the credentials of health care practitioners and define their privileges to increase safety of the patients and provide the highest quality care to our patients. The Health Care District of Palm Beach County has established a “Credentialing and Provider Service Department” that works with the CLBPCC in all credentialing activities. Credentialing with primary and secondary source verification is performed on all licensed or certified health care staff members before assuming patient care activities. Completed and verified packets are reviewed by the corresponding Director

(Medical, Dental, Women’s Health, and/or Behavioral Health) and the Director of Credentialing and Provider Services established under the Health Care District of Palm Beach County, the co-applicant to the FQHC’s. For all Licensed Individual Practitioners, the corresponding Director (Medical, Dental, Women’s Health, and/or Behavioral Health) makes recommendations to approve (or not approve) applicant for credentialing and privileging to the BOD. These recommendations are based on thorough review of the practitioner’s credentials and evaluation of clinical qualifications. Renewal of all previously credentialed and privileged staff will be performed every two years.

Peer Review

CLBPCC has an ongoing Provider Peer Review process as a mechanism of having medical, dental, women’s health, and behavioral health providers work routinely reviewed by their peers. The purpose of Peer Review is to ensure the delivery of high quality care, assess clinical performance, and is used to reappoint providers in the credentialing and privileging process. Charts are audited by using an electronic *Peer Review Form* Electronic Risk/Quality reporting platform. Please refer the Peer Review Policy and Procedure regarding the minimum number of charts requiring review per quarter. Clinicians are required to respond to all identified deficiencies. Any identified deficiencies affecting direct patient care will be corrected at the future visit with the patient. Peer review data is aggregated and reviewed monthly with providers during provider meeting as well as Quality Council meetings. Any trends on an individual level will be discussed privately with the clinician and the corresponding FQHC Director and will result in a corrective plan of action for the clinician. Provider specific Peer Review summary are reviewed during provider’s re-credentialing process.

Clinical Guidelines

CLBPCC adheres to current evidence-based clinical guidelines, standards of care, and standards of practice, as applicable. Program-specific evidence based guidelines from National sources (including, but not limited to: the American Diabetes Association, American Heart Association, the United States Preventative Services Task Force guidelines, etc.) are

adopted and followed by CLBPCC providers and updated when necessary. Similarly, the dental program also follow guidelines (including, but not limited to: the Organization for Safety, Asepsis, Prevention (OSAP), and Lexi-comp). These guidelines are discussed during monthly provider meetings. Adherence to these guidelines are monitored via periodic chart reviews, peer reviews, audits, and the *Tableau* platform.

In addition, CLBPCC maintains an organization-wide subscription to “UpToDate”, an online clinical information resource that is evidence based and constantly updated. “UpToDate” encompasses all current clinical practice guidelines and is recommended and endorsed by the Society of General Internal Medicine, the American Academy of Pediatrics, and the American Academy of Family Practice. It is CLBPCC expectation that our medical clinicians refer to “UpToDate” for all current guideline reference.

Protocols & Manuals

CLBPCC works diligently to develop Standard Operating Procedures (SOPs) for all clinical and nonclinical operations in order to ensure standardized training so that patient care is consistent. All departments develop and maintain their own protocols consisting of SOPs (including, but not limited to: Frontline Manual, Referrals Processing Manual - *Referral Institute*, Clinical Manual, Dental Clinical Manual, Call Center Manual, etc.). Clinical and Dental Protocols are grouped into two categories: Adults and Pediatrics. These protocols consist of all standard nursing procedures, standing lab orders, immunization standards and protocols, process maps, screen prints, etc. Every reasonable attempt will be made to streamline our protocols so they follow clinical competencies.

Improvement Projects

Process Improvement is an ongoing system. Through monthly Quality meetings, established reporting systems & protocols, and consistent review of services, CLBPCC staff are able to identify areas in need of improvement in a timely and consistent manner. It is expected that all improvements should enhance our processes and ultimately the health care outcomes of our patients.

The following criteria are followed when establishing priorities for Performance Improvement Projects:

- Any process/procedure that presents a significant risk to patients and staff members
- Any process/procedure that is high in volume (regardless if low risk)
- Any process/procedure that is high risk (regardless if low volume)
- Any process/procedure of high expense or conversely one that could save money

CLBPCC strives to maintain the highest quality standards. Leadership provides thorough, detailed analysis of all sentinel events, performance that significantly reflects sub-standard care, and trends or patterns that significantly deviate from recognized standards of care.

All performance improvement processes will begin with expectation of what is determined to be minimum acceptable standard of compliance for CLBPCC. All criteria used in the evaluation process will be measurable and responsibility for implementation of the project defined.

Effective actions that might be taken once issues are thoroughly evaluated include, but are not limited to:

- Improvement in operations or facilities
- Actions to improve staff knowledge, such as changes in orientation, in-service training and continuing education Programs
- Redistribution or addition of staff, supplies or equipment
- Change in clinical or administrative policies and procedures
- Changes in modifications in clinical privileges
- Individual counseling or disciplinary action

All final findings, conclusions and recommendations are presented to the Quality Council for review, discussion and implementation of change as appropriate.

Root Cause Analysis

Root Cause Analyses are used as our process for identifying, analyzing, and addressing patient adverse events primarily for in-depth analysis of an adverse incident (or “sentinel event”). However, it is also used as the first step in our improvement process by asking the “Five Whys”. By repeatedly asking the question “Why”, you can peel away the layers of symptoms which can lead to the root cause of a problem. With each successive step, the team asks “Why?” again, until it has been asked five times. This approach enables the team to dig deeply into the source of the issue, generally resulting in a better understanding and, thus, a more functional solution.

Plan Do Check Act (PDCA)

CLBPCC uses QI tools such as PDCA cycles, process mapping, brainstorming and other techniques for problem identification and/or process improvement.

Plan - Determine what data will be collected and what change/intervention/test to be performed.

Do - Carry out the determined change/intervention/test then collect data again to begin analysis.

Check - Complete analysis of data, summarize what was learned and compare to prediction.

Act – Implement the change tested and study again.

Frequency of data collection and the timeline for sampling of events or activities monitored will be determined based on the frequency of the identified problem. Measurement criteria will be modified as needed based on assessment activities and current literature.

In addition to standard data collection methods (EHR reports, incident reports, management reports, etc.), performance is monitored by patient/staff satisfaction surveys, suggestion boxes, staff reporting errors, and staff suggestions.

UTILIZATION OF HEALTH CENTER SERVICES

Utilization of Services

CLBPCC conducts periodic assessments of the appropriateness of the utilization of services and the quality of services provided or proposed to be provided to individuals served by our clinics. These assessments are:

- Conducted by physicians or by other licensed health professionals under the supervision of physicians;
- Based on the systematic collection and evaluation of patient records;
- Assess patient satisfaction, achievement of project objectives, and include a process for hearing and resolving patient grievances; and
- Identify and document the necessity for change in the provision of services by the center and result in the institution of such change, where indicated.

Additionally, a detailed annual review is undertaken to examine the relevance of service area boundaries, to identify opportunities to better serve the needs of the target population and to ensure adherence with compliance requirements.

Nominal Fee Surveys

Nominal Fee Surveys are conducted at least every three years to ensure the flat nominal charge(s) are set at a level that is considered to be nominal from the perspective of the patient based on input from patient surveys.

Detailed Aggregated Data by Site, Provider, Clinic

CLBPCC conducts a monthly overall, as well as clinic-specific and provider-specific, analysis of productivity including number of patients seen by each provider in each service line as compared to targets set for that provider, daily average, percent monthly target achieved and payor mix.

Metrics Monitoring

CLBPCC monitors clinical outcomes (such as UDS requirements, PCMH, and HEDIS indicators), clinical patient care (such as access and cycle time), and business process metrics (such as operational efficiencies and maximized revenue). For selected metrics, the Quality Council leadership establishes a goal and related plan for performance measurement.

Clinical Outcome Measure Audits

UDS Measure Audits and Meaningful Use Audits are performed monthly and presented to the monthly Quality Council meetings as overall “up to date” reports and/or clinic-specific or provider-specific reports. Reports are measured against national goals and closely monitored from month to month. The PDCA process is mapped for the selected measures not meeting the goals.

Clinical Patient Care

CLBPCC continuously monitors both fundamental primary care metrics and program-specific quality metrics for initiatives such as access, cycle time, health information technology, referral tracking, chronic disease management, and team care. These may be measured with reports such as *Third Next Available Appointment*, *Percentage of Closed Referrals*, *Number of Referrals vs. PCP Encounters*, *Percentage of Patient Navigators assigned to Chronic Disease Management Patients*, and *Percentage of Patients who are Compliant with Team Care Plans and Goals* as well as other improvement measures.

Business Processes

CLBPCC continuously monitors finances, coding and billing accuracy and consistency, patient access, staff turnover, and efficiencies seen as a result of PCMH. These may be measured with reports such as *Cash Collection* and *Coding/Billing Audits*.

Performance Based Dashboard Analysis

Selected performance measures are presented on a monthly basis to the Quality Council and BOD relative to pre-established goals. Metrics identified as deterring from our goals are followed and expected improvement is specified by leadership. Quality Councils track and report progress until improvement is reached. When improvement activity is complete, the Quality Councils re-analyze dashboard outcome data to ensure improvements are sustained. Dashboards are shared with the clinics and personalized goals presented to providers at least quarterly to increase staff awareness of goals achieved and identify where improvements can be made.

Additionally, CLBPCC utilizes a *Tableau* platform which provides a wide variety of user-friendly performance-specific dashboards to drive improvement in population health. This unique high-tech software is based on extrapolated data from the EHR/EDR which is provided to the software vendor for aggregation. This tool provides performance feedback and comparative benchmarking for the selected measure set. Each provider has access to the *Quality Report Module* that they may use for actionable patient lists with the goal to improve these metrics.

Ongoing EHR system Improvements

EHR improvements can come from new interfaces that improve efficiencies, EHR/EDR enhancements and updates from the vendor, as well as suggested improvement from internal customers or consultants. We aim to review our health IT tools, add-on products, and software solutions on an ongoing basis.

Template Adjustments

CLBPCC internal customers strive to offer and suggest improvements such as provider, program or service-line specific order sets which streamline documentation and increase overall standardization.

PATIENT SATISFACTION & PATIENT GRIEVANCE PROCESSES

Patient Satisfaction Surveys

Patient Satisfaction Surveys enable CLBPCC to ensure a process is followed for assessing patient satisfaction and to better meet patient expectations and create loyalty. These are conducted monthly when possible and at least annually. The summary of the results are shared with the staff, Quality Workgroups, Quality Council, and the BOD.

Patient Relations

CLBPCC monitors all patient relations activities including Patient Complaints, Grievances, and Compliments. CLBPCC has a BOD approved Patient Grievance Policy and Procedure that describes our process for hearing and resolving patient grievances. The Patient Experience Manager processes, investigates, tracks, provides follow-up, and strives to resolve patient grievances. The Patient Experience Manager processes, investigates, tracks, provides follow-up on Patient Complaints and Compliments. All patient complaints and grievances are reported to the Executive Director, Medical Director, and appropriate Program Director by the Patient Experience Manager. The Quality Manager provides monthly reports to the Quality Council and at all Clinic Quality Workgroups. CLBPCC presents Patient Relations data quarterly at the Corporate Quality, Patient Safety and Compliance Committee Meeting.

Values

CLBPCC values the following:

Patient Focus – Providing high quality services for patients, which exceed their expectations. Physical space, patient care processes and clinical and business procedures at the clinics respect the comfort and dignity of the patient at all times. Patient satisfaction is assessed regularly through patient satisfaction surveys. Patient complaints are answered in timely manner. Patient should have timely access to appointments as measured by appointments availability. Access relates to ease and timeliness in obtaining care and

includes hours of operation, after-hours on-call systems and telephone systems. These must meet the needs of patient.

Vitality and Efficiency – In order to deliver the highest quality of care, our staff needs to be well trained, satisfied, and empowered to serve the patients. Our organization must be fiscally sound in order to continue our Mission. CLBPCC are devoted to using available resources to produce the highest quality health services.

Equity – All patients will be served with dignity and respect. Sliding fee scale fees will be available to those uninsured patients who qualify according to federal regulations. Pharmacy Programs utilizing the 340B Program are available to our patients. Multilingual staff and appropriate translations are available to patients. No disparities regarding race, ethnicity, or payer class will exist within CLBPCC.

Accessibility – Access to care for underserved communities and patients is achieved by forming outreach teams, careful planning, marketing, and removal of barriers of care. This includes the establishment of extended hours at specified clinics and the availability of a Patient Portal.

Leadership Involvement – The BOD and Executive Director provide strong leadership, direction, and support of QI activities. This involvement of organizational leadership assures that QI initiatives are consistent with our mission and strategic plan.

Data Informed Practice – CLBPCC uses feedback loops and data to better inform the practice and make fact-based decisions.

Analytic Tools – For continuous improvement of care, tools, and methods are needed that foster knowledge and understanding. CLBPCC uses a defined set of analytic tools, reports, and metrics for both clinical patient care and quality of business processes to

turn data into information. This information is reported at the Quality Council meetings each month and escalated to the Quality Council as appropriate.

Customer Service

CLBPCC strives to partner with patients and families to understand each patients unique needs, culture, values and preference. We are working to change our culture from reactive to proactive in addressing patient experience. We aim to develop and support an empathetic culturally diverse, competent, motivated and service oriented-workforce; to recruit and retain highly competent team-members. We smile.

Collaborative Team-member Engagement

CLBCC approach to quality improvement is that all staff, regardless of their position, are considered to be customer service improvement agents. They receive training during their orientation and training on the QI Program, including patient satisfaction and are expected to participate in these activities. Customer service and QI activities are considered to be embedded in all operations, not separate from the full operations.

PATIENT SAFETY & ADVERSE EVENTS

Culture of Safety

CLBPCC strives to maintain a patient-centered and “Just Accountable” culture that encourages all employees to provide safe quality care and conduct themselves in a professional, team-driven manner.

Team-member Orientation

New staff at CLBPCC complete new employee orientation. During the on-boarding period, new employees receive job-specific training that includes, but is not limited to: training on clinical manuals, electronic health/dental records training, clinical competencies, policies and procedures, quality metrics, HIPAA compliance, and Risk & OSHA. During this period,

skills are assessed for clinical and dental privileging. All new clinic employees are paired with a clinic peer for a minimum of two weeks. Their work is assessed during the first month by an assigned evaluator, via chart audits, and during 1:1 meetings with their supervisor, or a designated Manager.

Continuous Team-member Education

Education of staff at CLBPCC occurs on a continuous basis. As the need arises, updated policies and procedures are reviewed with staff. Select Policies and Procedures are reviewed with staff annually. Employee trainings are tracked through the use of sign-in sheets. In the event an employee missed a required training, the employee is provided a make-up training. Selected training is provided on an annual basis (such as OSHA & Risk, Medical Malpractice, clinical skills, guideline review, EHR/EDR, and standing orders). All licensed medical clinical staff have access to continuing education through an organizational subscription.

Policies & Procedures and Standard Operating Procedures (SOPs)

CLBPCC seeks to implement best practices and streamline processes across all clinics and departments. Policy and Procedure are established by Clinic Administration with input from Corporate Departments (Legal, Compliance, Information technology, Finance, Human Resources, Provider Services, Quality, and Risk) as needed. All clinic policies are reviewed and signed by the FQHC Board. The Policies and Procedures of the Healthcare District Palm Beach County are reviewed and adopted by the CLBPCC and FQHC Board of Directors. All policies and procedures are reviewed at a minimum once every three years or as needed to reflect current processes. The CLBPCC also creates Standard Operating Procedures to introduce new workflows or to provide specific instructions on a new process.

Audits/Log Reviews

CLBPCC conducts scheduled clinic quality audits by conducting clinic quality site visits on rotating basis with the goal that each clinic is visited at least quarterly. During the quality site visits, all clinics are reviewed and audited through the use of an established audit tools

that encompasses a variety of topics (such as compliance signage, equipment, safety, OSHA, inventories, and employee performance). Visit findings are recorded by using a standardized checklist. Visit findings are then tracked by documenting newly created action items and by updating ongoing action items. Findings and action items are presented at Clinical Quality Workgroups and Quality Council Meetings. A copy of findings is placed in each clinic for staff review at meetings and clinic huddles.

CLBPCC maintains the Quality Improvement Action items log that identifies all action items from Quality Workgroups, Clinical Site Visits, Quality Council Meetings, Internal/External Audit findings, Accreditation Bodies, Grant-Funded Programs, and Administrative and Corporate Departments.

Chart Reviews

Chart Audits of the Electronic Health and Dental Records are done on a routine basis by Clinical Directors, Quality Manager, Corporate Risk Manager, Clinical Coordinators, and Chart Auditor and through the Peer Review process. Performance Measures including UDS indicators, specific grant program requirements, and insurance company's requirements are monitored, analyzed, and reported through electronic reports generated in the "Tableau" database and the Electronic Medical Record systems. The results of clinical audits are presented in the Clinic Quality Workgroups and Quality Council meetings in the form of dash boards, graphs, and pivot tables. These results are escalated to the Board of Directors as necessary.

Facility & Equipment Assessments

CLBPCC seeks to provide an environment of care where safe operations of medical equipment implements and supports the care of patients. CLBPCC has implemented the "Management of Clinical Equipment" SOP that establishes, supports, and maintains a Program that is based on assessed clinical and physical risks of the equipment, monitoring and evaluation of organizational practices, applicable law and regulation, and accepted practices within the healthcare industry. Users of medical equipment receive training on the

safe operation of all equipment as part of their orientation to specific job responsibilities. Training is ongoing and as necessary. All medical equipment is inspected, tested, and maintained through agreements with vendors.

Incident Reporting

The office of Corporate Risk, established under the Health Care District of Palm Beach County, has been tasked to lead CLBPCC Risk Management activities, but efforts are made in every service line. The Medical Director, Dental Director, Women’s Health Director, Behavioral Health Director, Practice Operations Director, Nurse Manager, Quality Manager, Dental Quality Coordinator, and Practice Managers or delegate work with all staff to discuss actual, potential, and alleged risk management cases and potential system improvements to improve care of all CLBPCC sites. CLBPCC stresses timely, constructive and educational dialogues between involved parties in continuous efforts to improve the quality of the patient care. CLBPCC has a BOD approved “Risk Management Plan” that defines the goals and objectives of the Risk Program including a process for identifying, analyzing, and addressing patient safety and adverse events and for implementing follow-up actions, as necessary. This plan emphasizes implementing evidence-based best practices, learning from incident analysis, and providing constructive feedback, rather than blame and punishment. In a just culture, unsafe conditions and hazards are readily and proactively identified, medical or patient care incidents are reported and analyzed, issues are openly discussed, and suggestions for systemic improvements are welcomed.

Risk Management:

The Corporate Risk and FQHC Leadership incorporates best practices throughout its operations to provide a safe environment for staff and patients. CLBPCC maintains a culture of patient safety and performs routine activities to ensure staff are educated and reminded of patient safety practices. The Director of Corporate Risk Management , established under the Health Care District of Palm Beach County, co-applicant to the FQHC’s, works alongside the Clinic Risk Manager to provide direction, oversight and support to CLBPCC Risk Management education and activities. The Clinics Risk Manager provides monthly reports

to the Quality Council on all incidents from the previous month. Risk Management Education/Activities are conducted and tracked in accordance with the Risk Management Plan.

Quality Events

CLBPCC has established a process in which clinical and/or operational challenges that have been noted as a trend can be documented, analyzed, and improved through a “Quality Event” portion of the Risk & Quality Electronic Management System. Those events are opportunities to provide corrective actions or quality improvement activities in a more structured way to improve the overall quality of service and minimize risk. Quality events are reviewed and tracked by the CLBPCC Quality Manager. Quality Events are reported at the Quality Councils. The Risk Manager provides oversight and support for reviewing and handling Quality Events.

HIPAA Privacy and Compliance

CLBPCC maintains the confidentiality of patient records, including all information as to personal facts and circumstances obtained by the health center staff about recipients of services. Specifically, CLBPCC does not divulge such information without the individual's consent except as may be required by law or as may be necessary to provide service to the individual or to provide for medical audits by the Secretary of Health and Human Services or his/her designee with appropriate safeguards for confidentiality of patient records.

KEY INITIATIVES

Quality and Patient Safety

To provide quality, patient centered health care that can be defined and measured. To enforce and invest in a pervasive culture of safety with zero preventable errors.

People

To be the employer of choice. To develop and support a culturally diverse, competent, motivated and service oriented workforce. To recruit and retain highly competent providers to meet patient needs.

Cost

To maximize taxpayer investment while advancing the mission and vision. To offer unquestionable value to payers and consumers.

Community Leader

To lead Palm Beach County in improving health status and access to care through community coordination and collaboration. To protect and advance the county's health care safety net.