



C. L. Brumback

Primary Care Clinics

Health Care District Palm Beach County

BOARD OF DIRECTORS

April 27, 2022

12:45 P.M.

Meeting Location

1515 N. Flagler Drive, Suite 101

West Palm Beach, FL 33401

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

**BOARD OF DIRECTORS MEETING
AGENDA
April 27, 2022
1515 N. Flagler Drive, Suite 101
West Palm Beach, FL 33401**

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

Via Telephone dial-in access (646) 558 8656 / Meeting ID: 550 789 5592 / Password: 946503

1. **Call to Order – Mike Smith, Chair**
 - A. Roll Call
 - B. Affirmation of Mission: To provide compassionate, comprehensive health services to all Palm Beach County residents, through collaboration and partnership, in a culturally sensitive environment.
2. **Agenda Approval**
 - A. Additions/Deletions/Substitutions
 - B. Motion to Approve Agenda
3. **Awards, Introductions and Presentations**
4. **Disclosure of Voting Conflict**
5. **Public Comment***
6. **Meeting Minutes**
 - A. **Staff recommends a MOTION TO APPROVE:**
Board Meeting Minutes of March 30, 2021 [Pages 1-13]
7. **Consent Agenda – Motion to Approve Consent Agenda Items**
 - A. **ADMINISTRATION**
 - 7A-1 **RECEIVE AND FILE:**
April 2022 Internet Posting of District Public Meeting
<https://www.hcdpbc.org/resources/public-meetings>
 - 7A-2 **RECEIVE AND FILE:**
Attendance tracking [Page 14]

(Consent Agenda Cont.)

B. FINANCE

- 7B-1 **Staff recommends a MOTION TO APPROVE:**
District Clinic Holdings, Inc. Financial Report February 2022
(Candice Abbott) [Pages 15-28]

C. POLICIES

- 7C-1 **Staff recommends a MOTION TO APPROVE:**
Instant Messaging and Secure Texting Policy and Procedure
(Andrea Steele) [Pages 29-34]

8. Regular Agenda

A. EXECUTIVE

- 8A-1 **RECEIVE AND FILE:**
Executive Director Informational Update
(Dr. Hyla Fritsch) [Pages 35-36]

B. ADMINISTRATION

- 8B-1 **Staff Recommends a MOTION TO APPROVE:**
Change in Scope- West Boca Clinic Closure
(Dr. Hyla Fritsch) [Pages 37-38]

- 8B-2 **RECEIVE AND FILE:**
Patient Target Adjustment
(Dr. Hyla Fritsch) [Pages 39-47]

C. CREDENTIALING

- 8C-1 **Staff Recommends a MOTION TO APPROVE:**
Licensed Independent Practitioner Credentialing and Privileging –
(Dr. Charmaine Chibar) [Pages 48-50]

D. OPERATIONS

- 8D-1 **Staff Recommends a MOTION TO APPROVE:**
Operations Report- February 2022
(Marisol Miranda) [Pages 51-59]

(Regular Agenda Cont.)

8D-2 Staff Recommends a MOTION TO APPROVE:

Operations Report- March 2022
(Marisol Miranda) [Pages 60-68]

E. QUALITY

8E-1 Staff Recommends a MOTION TO APPROVE:

Quality Report
(Dr. Charmaine Chibar) [Pages 69-103]

F. PATIENT RELATIONS

8F-1 Staff Recommends a MOTION TO APPROVE:

Patient Relations Report
(David Speciale) [Pages 104-106]

9. AVP and Executive Director of Clinic Services Comments

10. Board Member Comments

11. Establishment of Upcoming Meetings

May 25, 2022 (HCD Board Room)

12:45 p.m. Board of Directors

June 29, 2022 (HCD Board Room)

12:45 p.m. Board of Directors

July 27, 2022 (HCD Board Room)

12:45 p.m. Board of Directors

August 24, 2022 (HCD Board Room)

12:45 p.m. Board of Directors

September 28, 2022 (HCD Board Room)

12:45 p.m. Board of Directors

October 26, 2022 (HCD Board Room)

12:45 p.m. Board of Directors

November 29, 2022 (HCD Board Room)

12:45 p.m. Board of Directors

**C. L. Brumback Primary Care Clinics
Board of Directors
Meeting Agenda
April 27, 2022**

December 13, 2022 (HCD Board Room)
12:45 p.m. Board of Directors

12. Motion to Adjourn

**District Clinic Holdings, Inc.
d.b.a. C.L. Brumback Primary Care Clinics
Board of Directors Meeting
Summary Minutes
3/30/2022**

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

Excused: Melissa Mastrangelo, Vice-Chair

Staff: Darcy Davis; Dr. Belma Andric; Dr. Hyla Fritsch; Bernabe Icaza; Candice Abbott; Shauniel Brown; Martha Hyacinthe; Dr. Charmaine Chibar; Marisol Miranda; Andrea Steele; Heather Bokor; Alexa Goodwin; Jonathan Dominique; Lisa Hogans; Patricia Lavelly; Robin Kish; Shoab Haq; Dr. John Cucuras; Dr. Courtney Phillips; Shannon Wynn

Minutes Transcribed By: Shannon Wynn

Meeting Scheduled for 12:45 p.m.

Meeting Began at 12:54 p.m.

AGENDA ITEM	DISCUSSION	ACTION
1. Call to Order	Mr. Smith called the meeting to order.	The meeting was called to order at 12:54 p.m.
1A. Roll Call	Roll call was taken.	
1B. Affirmation of Mission	Mr. Smith read the affirmation of mission.	

2. Agenda Approval		
2A. Additions/Deletions/ Substitutions	None.	VOTE TAKEN: Ms. Tammy Jackson-Moore made a motion to approve the agenda. Mr. Mullen duly seconded the motion. A vote was called and the motion passed unanimously.
2B. Motion to Approve Agenda Items	Mr. Smith called for approval of the meeting agenda.	
3. Awards, Introductions and Presentations		
3A. WPTV-5 News Story – Family Medicine Residents at Belle Glade Clinic Help the Community	Robin Kish presented to the Board a new story on the C.L. Brumback clinics helping the community.	No action necessary.
4. Disclosure of Voting Conflict	None.	No action necessary.
5. Public Comment	None.	No action necessary.
6. Meeting Minutes		VOTE TAKEN: As presented, Ms. Tammy Jackson-Moore made a motion to approve the Board meeting minutes of February 23, 2022. Mr. Mullen duly seconded the motion. A vote was called, and the motion passed unanimously.
6A-1 Staff Recommends a MOTION TO APPROVE: Board meeting minutes of February 23, 2022	There were no changes or comments to the minutes dated February 23, 2022.	
7. Consent Agenda – Motion to Approve Consent Agenda Items		VOTE TAKEN: Ms. Tammy Jackson-Moore motioned to approve the consent agenda. Mr. Mullen duly seconded the

		motion. A vote was called, and the motion passed unanimously.
7A. ADMINISTRATION		
7A-1. Receive & File: March 2022 Internet Posting of District Public Meeting	The meeting notice was posted.	Receive & File. No further action is necessary.
7A-2. Receive & File: Attendance tracking	Attendance tracking was updated.	Receive & File. No further action is necessary.
7B. FINANCE		
7B-1. Staff Recommends a MOTION TO APPROVE: District Clinic Holdings, Inc. Financial Report January 2022	<p>Management Discussion and Analysis as of January 2022 C.L. Brumback Primary Care Clinic Financial Statements.</p> <p>The January financial statements represent the financial performance through the fourth month of the 2022 fiscal year for the C.L. Brumback Primary Care Clinics. On the Comparative Statement of Net Position, deferred revenue remains the same amount as last month of (\$2.2M). This balance is due mainly to Provider Relief Funds received that will be recognized as revenue as qualifying expenses are identified.</p> <p>On the Statement of Revenues and Expenses, net patient revenue YTD was unfavorable to budget by (\$560k). An increase in actual charity care recognized compared to budgeted charity care contributes to this unfavorable variance. Gross patient revenue YTD was favorable to budget by \$1.2M. Total YTD revenue was unfavorable to budget by (\$1.3M), which is partially due to a timing difference in grant funds recognized. Operational expenses before depreciation were favorable to budget by \$2.0M due mostly to positive variances in salaries, wages, and benefits of \$911k, purchased services of \$287k, other supplies of \$117k, drugs of \$151k, and lease and rental of \$282k. Total YTD net margin was (\$4.8M) compared to budget of (\$6.0M) resulting in a favorable variance of \$1.1M or (19.4%).</p>	VOTE TAKEN: Ms. Tammy Jackson-Moore motioned to approve the consent agenda. Mr. Mullen duly seconded the motion. A vote was called, and the motion passed unanimously.

	<p>Net patient revenue YTD for the Medical clinics was unfavorable to budget by (\$736k). The Medical clinic's YTD gross patient revenue is unfavorable to budget by \$(794k). The Medical clinic's total YTD revenue was unfavorable to budget by (\$1.3M). This unfavorable variance resulted from lower net patient revenue than budgeted and a timing difference in revenue recognition for grant funds. Total operating expenses of \$7.8M were favorable to budget of \$9.7M by \$1.9M. The positive variance is mostly due to salaries, wages, and benefits of \$882k, purchased services of \$261k, other supplies of \$106k, drugs of \$151k, and lease and rental of \$261k. Total YTD net margin was favorable to budget by \$987k or (18.2%).</p> <p>Net patient revenue YTD for the Dental clinics was favorable to budget by \$176k. The Dental clinic's total YTD gross patient revenue was favorable to budget by \$2.0M. Total operating expenses of \$1.4M were favorable to budget by \$80k. Total YTD net margin was (\$343k) compared to a budgeted loss of (\$505k) for a favorable variance of \$162k or (32.1%).</p>	
<p>7C. POLICIES</p>		
<p>7C-1. Staff Recommends a MOTION TO APPROVE: C.L. Brumback PCC Risk Management Plan for 2022</p>	<p>This risk management plan for C.L. Brumback Primary Care Clinics (CLBPCC) assists in identifying and evaluating the plan for any potential risk that may arise at CLBPCC. The plan outlines how risk management activities will be performed, recorded, and monitored throughout 2022. The risk management plan is effective as of January 1, 2022, and will be revised annually.</p> <p>The C.L. Brumback Primary Care Clinics (CLBPCC) Risk Management Plan stimulates the development, review, and revision of the organization's practices and protocols regarding identified risks and chosen loss prevention and reduction strategies. Principles of the Plan provide the foundation for developing key policies and procedures for risk management activities. An education plan for all CLBPCC is outlined at the end of the document.</p> <p>Issues or trends identified through the Risk Management program are brought to the appropriate individual or committee for consideration and action. Ongoing aggregated, trended Risk Management data sets are distributed to all departments and committees for inclusion in their Performance Improvement</p>	<p>VOTE TAKEN: Ms. Tammy Jackson-Moore motioned to approve the consent agenda. Mr. Mullen duly seconded the motion. A vote was called, and the motion passed unanimously.</p>

	(PI) review activities. Risk-related activities are addressed every month as a separate agenda item during the Quality/ Patient Safety/Compliance Committee meeting (QPSC).	
8. REGULAR AGENDA		
8A. ADMINISTRATION		
<p>8A-1. Staff Recommends a MOTION TO APPROVE: Lease Agreement Approval- Atlantis</p>	<p>We respectfully request the approval of the lease agreement for the new Atlantis clinic at 4801 S Congress Ave Lake Worth, FL 33461.</p> <p>Staff is respectfully requesting the approval of the lease agreement for the new Atlantis clinic to 4801 S Congress Ave Lake Worth, FL 33461, which is located just north of the JFK hospital campus. Improvements are expected to be completed in approximately 12-15 months.</p> <p>The intention is to create a flagship clinic that will offer all services lines, including Adult and Pediatric Care, Women’s Health, Dental, Behavioral Health and Substance Use Disorder, and Pharmacy, as well as several new offerings such as Mammography and Optometry in the near future. The large space would also better position us to ensure the clinic could accommodate social distancing.</p> <p>Other qualitative benefits of the new location include convenient access to JFK Medical Center right next door and a large homeless population around the John Prince Park area located directly across the street.</p> <p>Programming:</p> <ul style="list-style-type: none"> • 26,283 rentable square feet <ul style="list-style-type: none"> ○ 1st floor 8,221 rsf ○ 2nd floor 8,951 rsf ○ 3rd floor 9,111 rsf • Services Include: Adult and Pediatric Care, Women’s Health, Dental, Behavioral Health and Substance Use Disorder, Mammography, Optometry, and Pharmacy • 39 exam rooms • 7 dental chairs • Food farmacy 	<p>VOTE TAKEN: Mr. Mullen motioned to approve the Lease Agreement Approval- Atlantis as presented. The motion was duly seconded by Mr. Gibbons. A vote was called, and the motion passed unanimously.</p>

- Fast track care type space
- Central waiting-registration
- Mammo suite
- Optometry
- Conference / activity rooms
- Demonstration kitchen
- Group therapy room
- Ample offices, shared workspace, storage

Lease Summary:

- \$68,160 total monthly rent (base rent + operating expense)
- \$0 - No prepaid rent due upon lease execution
- \$47,638 deposit due at execution of the lease
- 2.75% base rent annual increase
- 10.5 year lease with 6 months base rent abatement

Future Year Impact to be Included in FY23 Budget

- Capital requirements including TI: \$624,150
- HRSA capital grant revenue: \$552,549
- Cost of non-capital operating expenditures: \$421,154

Ms. Jaskon- Moore asked if the one-half million dollar adjustment budget needs to occur.

Ms. Abbott stated that the capital is budgeted, and about 140 thousand is not budgeted. Ms. Abbott expects capital improvements to flow over into the following year.

Mr. Smith asked what the targeted opening day would be

Dr. Andic and Dr. Fritsch stated it would be roughly 12 months.

Mr. Elder asked if Mammography and Optometry would be provided at the other locations.

Dr. Andric stated it would only be provided at the Lantana location.

	Ms. Jackson-Moore stated she was excited about this move and that it was time for a change.	
8A-2. Staff Recommends a MOTION TO APPROVE: Change in Scope – Form 5C: Portable Clinical Care	<p>We respectfully request the authorization to update Form 5C Activity: Portable Clinical Care.</p> <p>The C. L. Brumback Primary Care Clinics respectfully request approval to update the Portable Clinical Care Activity description to include dental outreach in collaboration with the E. J. Healey Rehabilitation Center:</p> <p>Conduct monthly dental outreach activities that include basic dental services for patients who experience barriers in obtaining dental care outside of their rehabilitation center.</p> <p>Mr. Smith asked how is Portable Clinical Care going to work.</p> <p>Dr. Fritsch stated that this would allow our dental team to provide basic dental needs and services to patients who experience barriers in obtaining dental care outside of their rehab center.</p>	VOTE TAKEN: Ms. Tammy Jackson-Moore motioned to approve the Change in Scope – Form 5C: Portable Clinical Care as presented. The motion was duly seconded by Mr. Mullen. A vote was called, and the motion passed unanimously.
8B. EXECUTIVE		
8B-1. Receive & File: Executive Director Informational Update	<p>NACHC: Legal Lessons Learned from the Pandemic for Health Center Board</p> <p>Health centers have been on the frontlines combatting the national public health emergency related to COVID-19. The public health emergency has had a profound impact on health center operations due to the initial mandatory lockdowns, social distancing, and other precautionary efforts to stop the spread of this unprecedented virus. More recently, the push to vaccinate entire communities. Health centers have had to reduce or close certain services (and later, reopen them), furlough staff (and then re-hire them), add temporary sites, and rapidly adopt telehealth, all while navigating a financial rollercoaster. Health centerboards have had to adapt to governing virtually and make rapid-fire decisions on matters that are significant to patients and employees. At the same time, they have had to fulfill overall board roles, including ensuring compliance with the Health Services and Resource Administration’s (HRSA) Health Center Program requirements, as well as other relevant federal, state, and local laws and regulations and guidance.</p>	Receive & File. No further action is necessary.
8C. CREDENTIALING		

<p>8C-1. Staff Recommends a MOTION TO APPROVE: Licensed Independent Practitioner Credentialing and Privileging</p>	<p>The agenda item represents the licensed independent practitioners recommended for credentialing and privileging by the FQHC Medical Director.</p> <p>The LIPs listed below satisfactorily completed the credentialing and privileges process and met the standards set forth within the approved Credentialing and Privileging Policy. The credentialing and privileging process ensures that all health center practitioners meet specific criteria and standards of professional qualifications. This criterion includes, but is not limited to:</p> <ul style="list-style-type: none"> • Current licensure, registration or certification • Relevant education, training and experience • Current clinical competence • Health fitness, or ability to perform the requested privileges • Malpractice history (NPDB query) • Immunization and PPD status; and • Life support training (BLS) <table border="1" data-bbox="499 722 1486 847"> <thead> <tr> <th>Last Name</th> <th>First Name</th> <th>Degree</th> <th>Specialty</th> <th>Credentialing</th> </tr> </thead> <tbody> <tr> <td>Sofianos Jr.</td> <td>Michael</td> <td>DMD</td> <td>General Dentistry</td> <td>Initial Credentialing</td> </tr> </tbody> </table> <p>Primary source and secondary source verifications were performed for credentialing and privileging elements in accordance with state, federal and HRSA requirements. A Nationally accredited Credentials Verification Organization (CVO) was utilized to verify the elements requiring primary source verification.</p> <p>The C.L. Brumback Primary Care Clinics utilized internal Credentialing staff and the FQHC Medical Director to support the credentialing and privileging process.</p> <p>Michael Sofianos Jr., DMD, joined the West Palm Beach Clinic in 2022, specializing in General Dentistry. He attended the University of Florida. Dr. Sofianos has been in practice for five years.</p>	Last Name	First Name	Degree	Specialty	Credentialing	Sofianos Jr.	Michael	DMD	General Dentistry	Initial Credentialing	<p>VOTE TAKEN: Ms. Bullard made a motion to approve the Licensed Independent Practitioner Credentialing and Privileging of Dr. Michael Sofianos Jr. as presented. Mr. Mullen duly seconded the motion. A vote was called, and the motion passed unanimously.</p>
Last Name	First Name	Degree	Specialty	Credentialing								
Sofianos Jr.	Michael	DMD	General Dentistry	Initial Credentialing								

8D. OPERATIONS

<p>8D-1. Staff Recommends a</p>	<p>This agenda item provides the following operations reports for December 2021:</p>	<p>VOTE TAKEN: Mr. Gibbons made a motion to approve the</p>
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<p>MOTION TO APPROVE Operations Reports</p>	<p>Clinic Productivity, including in-person and telehealth metrics, No Show trended over time and demographics metrics.</p> <p>In January, the clinics had 9,956 visits which is 371 less than the month prior and 2,441 more than January of 2021. The Lantana Clinic had the highest volume with 1,496 visits, followed by the West Palm Beach Clinic with 1,269.</p> <p>Our payer mix for January reflects 58% uninsured patients and 28% Managed Care.</p> <p>The No Show rate continues to decrease and in January was 20%. The Tele no-show rate was 10% of the total no-shows in the past 12 months.</p> <p>The largest age group of patients was ages 30-39 at 15% and 40-49 at 15%. 51% of patients reported as White, followed by 38% as Black or African American. 42% of patients reported as Hispanic or Latino. 49% of patients' primary language was English, followed by Spanish at 33%. Creole-speaking totaled 15%. 60% of patients identified as female and 89.4% as straight. 3.7% of patients reported as Agricultural workers, of which 83% were seasonal and 17% were migrants. 12.3% of patients reported being homeless, of which 72% were Doubling Up.</p> <p>In January, the number of patients who walked in and were seen the same day totaled 2,007. 19% walk-ins in medical and 24% walk-ins in dental. The Lantana medical clinic had the highest volume of walk-ins with 341, followed by the West Palm Beach medical clinic with 314. The West Palm Beach dental clinic had the highest volume of walk-ins with 234, followed by the Delray Beach dental clinic with 138 walk-ins. The medical clinics' rolling 12-month average walk-ins' percentage is 21%, and the dental clinic's rolling 12-month average walk-in percentage is 37%. January showed a decrease of 3% in medical and 4% in dental walk-ins from the previous month.</p> <p>Mr. Elder asked what doubling up means.</p> <p>Dr. Fritsch stated doubling up means the patient is not your traditional homeless patient but maybe sleeping at someone's house or going from place to place.</p>	<p>Operations Reports as presented. Mr. Elder duly seconded the motion. A vote was called, and the motion passed unanimously.</p>
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8E. QUALITY

<p>8E-1. Staff Recommends a MOTION TO APPROVE Quality Reports</p>	<p>This agenda item presents the updated Quality Improvement & Quality Updates:</p> <ul style="list-style-type: none"> • Quality Council Meeting Minutes March 2022 • UDS Report – YTD January 2022 • Provider Productivity – January 2022 <p><u>PATIENT SAFETY & ADVERSE EVENTS</u> Patient safety and risk, including adverse events, peer review and chart review are brought to the board “under separate cover” on a quarterly basis.</p> <p><u>PATIENT SATISFACTION AND GRIEVANCES</u> Patient relations are to be presented as a separate agenda item.</p> <p><u>QUALITY ASSURANCE & IMPROVEMENT</u></p> <ul style="list-style-type: none"> • HPV 3rd Dose: In February 2022, a Patient Access Coordinator contacted 54 patients to bring them into the clinic for their 3rd dose of HPV. We were able to schedule 19 (35%) of patients an appointment. • Medical Dental Integration (MDI): Medical and Dental team worked together to create an improved workflow to increase access to same-day dental visits for pediatric patients seen in our clinics for a well-child visit. <p><u>UTILIZATION OF HEALTH CENTER SERVICES</u> Individual monthly provider productivity is stratified by clinic.</p> <p>Mr. Elder stated that the previous quality reports compared state, national, and HRSA goals.</p> <p>Ms. Steele stated that we would provide the data comparison moving forward.</p>	<p>VOTE TAKEN: Ms. Jackson-Moore motioned to approve the Quality Reports as presented. Mr. Mullen duly seconded the motion. A vote was called, and the motion passed unanimously.</p>
<p>8F-1. Receive & File: AHRQ Safety Culture Survey 2021</p>	<p>This agenda item provides the AHRQ Culture of Safety Survey 2021 for the C. L. Brumback Primary Care Clinics. The purpose of the AHRQ Culture of Safety Survey is to raise awareness about patient safety and evaluate the cultural impact of patient safety initiatives and interventions.</p>	<p>Receive & File. No further action is necessary.</p>

The survey composition has 9 sections, and their positive results are listed below compared to the AHRQ benchmark results for FQHCs:

- Communication About Error: 80% positive; compared to the AHRQ benchmark of 73%.
- Communication Openness: 80% positive; compared to the AHRQ benchmark of 65%.
- Office Processes and Standardization: 88% positive, compared to the AHRQ benchmark of 68%.
- Organizational Learning: 96% positive; compared to the AHRQ benchmark of 75%.
- Overall Perceptions of Patient Safety and Quality: 83% positive; compared to the AHRQ benchmark of 77%.
- Owner/Managing Partner/ Leadership Support for Patient Safety: 85% positive; compared to the AHRQ benchmark of 66%
- Patient Care Tracking/Follow-up: 92% positive; compared to the AHRQ benchmark of 83%.
- Staff Training: 91% positive; compared to the AHRQ benchmark of 71%.
- Teamwork: 94% positive compared to the AHRQ benchmark of 85%.

The survey was overall – Positive at 80%, compared to the AHRQ benchmark for FQHCs at 70%. The comments from the participants were overall positive, with a staff participation rate of 68.1. Results were shared with all CLBPCC staff, and ongoing education will be conducted in regards to any action items as a result of the survey.

Ms. Jackson- Moore asked why the Hero mobile unit only has a 59% rate on the AHRQ Survey on Patient Safety compared to the other mobile units.

Dr. Fritsch stated it is lower because Hero only has two or three staff members assigned to that facility; therefore, the percentage will be lower.

Ms. Jackson-Moore asked if we could have the data from the previous year to compare the results moving forward.

9. A.V.P. and Executive Director of Clinic Services Comments	<p>Due to technical difficulties, Dr. Fritsch thanked the Board for their support and patience during this meeting.</p> <p>Dr. Andric informed the Board that Ms. Mastrangelo gave birth to a baby boy and will return to our next Board meeting.</p>	No action necessary.
10. Board Member Comments	<p>Mr. Elder thanked the staff for their continuous support.</p>	No action necessary.
11. Establishment of Upcoming Meetings	<p><u>April 27, 2022 (HCD Board Room)</u> 12:45 p.m. Board of Directors</p> <p><u>May 25, 2022 (HCD Board Room)</u> 12:45 p.m. Board of Directors</p> <p><u>June 29, 2022 (HCD Board Room)</u> 12:45 p.m. Board of Directors</p> <p><u>July 27, 2022 (HCD Board Room)</u> 12:45 p.m. Board of Directors</p> <p><u>August 24, 2022 (HCD Board Room)</u> 12:45 p.m. Board of Directors</p> <p><u>September 28, 2022 (HCD Board Room)</u> 12:45 p.m. Board of Directors</p> <p><u>October 26, 2022 (HCD Board Room)</u> 12:45 p.m. Board of Directors</p> <p><u>November 29, 2022 (HCD Board Room)</u> 12:45 p.m. Board of Directors</p> <p><u>December 14, 2022 (HCD Board Room)</u> 12:45 p.m. Board of Directors</p>	No action necessary.

12. Motion to Adjourn	There being no further business, the meeting was adjourned at 1:58 p.m.	VOTE TAKEN: Mr. Gibbons made a motion to adjourn. Ms. Figueroa duly seconded the motion. A vote was called, and the motion passed unanimously.
13. Closed Meeting		No action necessary.

Minutes Submitted by: _____
Signature
Date

C. L. Brumback Primary Care Clinics

Board of Directors

Attendance Tracking

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

X= Present

C= Cancel

E= Excused

A= Absent

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
April 27, 2022

1. Description: District Clinic Holdings, Inc. Financial Report February 2022

2. Summary:

The February 2022 financial statements for the District Clinic Holdings, Inc. are presented for Board review.

3. Substantive Analysis:

4.

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

5. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

 Candice Abbott
 VP & Chief Financial Officer

6. Reviewed/Approved by Committee:

N/A

 Committee Name

 Date Approved

7. Recommendation:

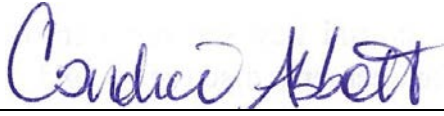
Staff recommends the Board approve the February 2022 District Clinic Holdings, Inc. financial statements.

Approved for Legal sufficiency:

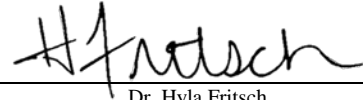
Bernabe Icaza

 Bernabe A Icaza
 VP & General Counsel

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
April 27, 2022



Candice Abbott
VP & Chief Financial Officer



Dr. Hyla Fritsch
Executive Director of Clinic and Pharmacy
Services

MEMO

To: Finance Committee
From: Candice Abbott
Chief Financial Officer
Date: April 27, 2022

Subject: Management Discussion and Analysis as of February 2022 C.L. Brumback Primary Care Clinic Financial Statements.

The February financial statements represent the financial performance through the fifth month of the 2022 fiscal year for the C.L. Brumback Primary Care Clinics. On the Comparative Statement of Net Position, deferred revenue remains the same amount as last month of (\$2.2M).

On the Statement of Revenues and Expenses, net patient revenue YTD was unfavorable to budget by (\$551k). An increase in actual charity care recognized compared to budgeted charity care is contributing to this unfavorable variance. Gross patient revenue YTD was favorable to budget by \$1.4M. Total YTD revenue was unfavorable to budget by (\$1.5M), which is partially due to a timing difference in grant funds recognized. Operational expenses before depreciation were favorable to budget by \$2.4M due mostly to positive variances in salaries, wages, and benefits of \$1.1M, purchased services of \$321k, other supplies of \$97k, drugs of \$191k, lease and rental of \$361k and other expense 127k. Total YTD net margin was (\$5.9M) compared to budget of (\$7.2M) resulting in a favorable variance of \$1.3M or (18.4%).

Net patient revenue YTD for the Medical clinics was unfavorable to budget by (\$772k). The Medical clinics YTD gross patient revenue is unfavorable to budget by (\$988k). The Medical clinics total YTD revenue was unfavorable to budget by (\$1.5M). This unfavorable variance resulted from lower net patient revenue than budgeted and a timing difference of revenue recognition for grant funds. Total operating expenses of \$9.7M were favorable to budget of \$12.0M by \$2.3M. The positive variance is mostly due to salaries, wages, and benefits of \$1.1M, purchased services of \$295k, medical supplies of 103k, medical service of 103k, other supplies of \$82k, drugs of \$191k, lease and rental of \$333k, and other expense of 123k. Total YTD net margin was favorable to budget by \$1.3M or (18.9 %).

Net patient revenue YTD for the Dental clinics was favorable to budget by \$221k. The Dental clinics total YTD gross patient revenue was favorable to budget by \$2.4M. Total operating expenses of \$1.7M were favorable to budget by \$63k. Total YTD net margin was (\$526k) compared to a budgeted loss of (\$598k) for a favorable variance of \$73k or (12.2 %).

DISTRICT CLINIC HOLDINGS, INC.
COMPARATIVE STATEMENT OF NET POSITION

	<u>Feb 28, 2022</u>	<u>Jan 31, 2022</u>	<u>Increase (Decrease)</u>
Assets			
Cash and Cash Equivalents	(5,499,266)	(6,724,498)	\$ 1,225,232
Restricted Cash	-	-	-
Accounts Receivable, net	2,471,091	2,157,699	313,392
Due From Other Funds	-	-	-
Due from Other Governments	3,792,253	6,193,803	(2,401,549)
Other Current Assets	187,098	188,870	(1,773)
Net Investment in Capital Assets	2,654,836	2,687,602	(32,767)
Total Assets	<u>\$ 3,606,012</u>	<u>\$ 4,503,477</u>	<u>\$ (897,465)</u>
Liabilities			
Accounts Payable	296,462	136,182	160,281
Due To Other Governments	-	-	-
Deferred Revenue	2,212,808	2,212,808	-
Other Current Liabilities	1,692,895	1,641,985	50,910
Non-Current Liabilities	1,306,122	1,287,885	18,237
Total Liabilities	<u>5,508,288</u>	<u>5,278,860</u>	<u>229,428</u>
Deferred Inflows of Resources			
Deferred Inflows- Other Post Employment Benefits	<u>\$ 2,177</u>	<u>\$ 2,177</u>	<u>\$ -</u>
Net Position			
Net Investment in Capital Assets	2,654,836	2,687,602	(32,767)
Unrestricted	(4,559,289)	(3,465,162)	(1,094,126)
Total Net Position	<u>(1,904,453)</u>	<u>(777,560)</u>	<u>(1,126,893)</u>
Total Liabilities, Deferred Inflows of Resources and Net Position	<u>\$ 3,606,012</u>	<u>\$ 4,503,477</u>	<u>\$ (897,465)</u>

Note: Amounts may not foot due to rounding.

District Clinics Holdings, Inc. Statement of Revenues and Expenses

FOR THE FIFTH MONTH ENDED FEBRUARY 28, 2022

Current Month							Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%
2,080,482	1,806,317	274,165	15.2%	1,595,963	484,518	30.4%	10,365,560	8,932,842	1,432,718	16.0%	7,980,004	2,385,556	29.9%
508,459	430,861	(77,598)	(18.0%)	404,818	(103,642)	(25.6%)	2,821,194	2,131,918	(689,276)	(32.3%)	2,142,956	(678,238)	(31.6%)
871,977	616,160	(255,817)	(41.5%)	538,927	(333,051)	(61.8%)	4,281,204	3,044,536	(1,236,668)	(40.6%)	2,882,910	(1,398,294)	(48.5%)
197,338	294,710	97,372	33.0%	289,586	92,248	31.9%	1,398,584	1,459,188	60,604	4.2%	1,355,106	(43,478)	(3.2%)
1,577,775	1,341,731	(236,044)	(17.6%)	1,233,331	(344,445)	(27.9%)	8,500,983	6,635,642	(1,865,341)	(28.1%)	6,380,972	(2,120,010)	(33.2%)
408,404	436,699	(28,296)	(6.5%)	439,031	(30,628)	(7.0%)	2,042,018	2,159,898	(117,880)	(5.5%)	2,195,157	(153,140)	-7%
911,110	901,285	9,825	1.1%	801,664	109,446	13.7%	3,906,595	4,457,098	(550,503)	(12.4%)	3,794,189	112,406	3.0%
43.79%	49.90%			50.23%			37.69%	49.90%		47.55%			
1,021,208	1,310,452	(289,244)	(22.1%)	(629,521)	1,650,729	(262.2%)	5,586,312	6,552,260	(965,948)	(14.7%)	1,876,512	3,709,800	197.7%
-	-	-	0.0%	179,158	(179,158)	(100.0%)	-	-	-	0.0%	768,048	(768,048)	(100.0%)
1,285	9,565	(8,280)	(86.6%)	26,487	(25,201)	(95.1%)	18,643	47,479	(28,836)	(60.7%)	42,017	(23,374)	(55.6%)
1,022,494	1,320,017	(297,523)	(22.5%)	(423,876)	1,446,370	(341.2%)	5,604,955	6,599,739	(994,784)	(15.1%)	2,686,577	2,918,378	108.6%
1,933,604	2,221,302	(287,698)	(13.0%)	377,788	1,555,816	411.8%	9,511,550	11,056,837	(1,545,287)	(14.0%)	6,480,766	3,030,784	46.8%
<i>Direct Operational Expenses:</i>													
1,385,221	1,512,862	127,641	8.4%	1,423,741	38,520	2.7%	7,314,138	8,103,280	789,142	9.7%	7,007,000	(307,138)	(4.4%)
405,473	453,624	48,151	10.6%	420,732	15,258	3.6%	2,034,755	2,332,786	298,031	12.8%	1,985,464	(49,292)	(2.5%)
74,341	108,773	34,432	31.7%	37,746	(36,595)	(97.0%)	282,953	603,975	321,022	53.2%	237,470	(45,483)	(19.2%)
44,574	73,757	29,183	39.6%	35,626	(8,948)	(25.1%)	286,404	364,806	78,402	21.5%	210,396	(76,007)	(36.1%)
51,222	31,083	(20,139)	(64.8%)	32,280	(18,942)	(58.7%)	104,161	200,729	96,568	48.1%	60,474	(43,687)	(72.2%)
32,835	60,910	28,075	46.1%	47,251	14,416	30.5%	198,929	301,924	102,995	34.1%	296,984	98,055	33.0%
43,387	83,002	39,615	47.7%	59,708	16,321	27.3%	220,344	411,442	191,098	46.4%	331,480	111,136	33.5%
45,492	52,542	7,050	13.4%	3,518	(41,975)	(1,193.3%)	251,105	262,710	11,605	4.4%	25,499	(225,607)	(884.8%)
103,683	182,481	78,798	43.2%	102,093	(1,590)	(1.6%)	523,791	884,863	361,072	40.8%	511,924	(11,867)	(2.3%)
6,911	8,099	1,188	14.7%	6,285	(626)	(10.0%)	36,052	42,396	6,344	15.0%	35,581	(471)	(1.3%)
39,224	63,106	23,882	37.8%	26,817	(12,406)	(46.3%)	167,170	294,530	127,360	43.2%	126,991	(40,179)	(31.6%)
4,026	4,028	2	0.0%	3,331	(695)	(20.9%)	20,131	20,140	10	0.0%	18,304	(1,827)	(10.0%)
2,236,389	2,634,267	397,878	15.1%	2,199,128	(37,262)	(1.7%)	11,439,933	13,823,581	2,383,648	17.2%	10,847,566	(592,367)	(5.5%)
Net Performance before Depreciation & Overhead Allocations													
(302,785)	(412,965)	110,180	(26.7%)	(1,821,340)	1,518,554	(83.4%)	(1,928,383)	(2,766,744)	838,361	(30.3%)	(4,366,800)	2,438,417	(55.8%)

District Clinics Holdings, Inc. Statement of Revenues and Expenses

FOR THE FIFTH MONTH ENDED FEBRUARY 28, 2022

Current Month							Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%	
32,767	40,833	8,066	19.8%	31,706	(1,060)	(3.3%)	Depreciation	159,335	204,165	44,830	22.0%	158,598	(737)	(0.5%)
<i>Overhead Allocations:</i>														
7,014	5,619	(1,395)	(24.8%)	1,713	(5,301)	(309.5%)	Risk Mgt	40,094	28,094	(12,000)	(42.7%)	9,286	(30,808)	(331.8%)
155,272	211,204	55,932	26.5%	169,849	14,577	8.6%	Rev Cycle	781,289	1,056,022	274,733	26.0%	947,776	166,487	17.6%
1,575	4,830	3,255	67.4%	1,135	(440)	(38.8%)	Internal Audit	7,204	24,149	16,945	70.2%	8,241	1,037	12.6%
19,057	29,602	10,544	35.6%	17,620	(1,437)	(8.2%)	Home Office Facilities	142,438	148,009	5,571	3.8%	91,221	(51,216)	(56.1%)
38,891	42,204	3,314	7.9%	36,008	(2,882)	(8.0%)	Administration	204,924	211,022	6,097	2.9%	172,781	(32,143)	(18.6%)
43,271	59,861	16,590	27.7%	60,805	17,533	28.8%	Human Resources	242,493	299,304	56,811	19.0%	266,601	24,108	9.0%
12,073	24,187	12,114	50.1%	14,400	2,327	16.2%	Legal	59,090	120,934	61,844	51.1%	72,307	13,217	18.3%
2,328	4,453	2,125	47.7%	6,020	3,691	61.3%	Records	15,315	22,266	6,951	31.2%	36,211	20,896	57.7%
5,990	8,934	2,944	33.0%	5,183	(806)	(15.6%)	Compliance	31,536	44,668	13,132	29.4%	26,224	(5,311)	(20.3%)
7,557	8,679	1,122	12.9%	6,060	(1,497)	(24.7%)	Comm Engage Plan	39,850	43,396	3,546	8.2%	32,493	(7,356)	(22.6%)
102,760	77,132	(25,628)	(33.2%)	74,267	(28,492)	(38.4%)	IT Operations	431,476	385,658	(45,818)	(11.9%)	363,230	(68,246)	(18.8%)
8,929	13,542	4,613	34.1%	6,244	(2,685)	(43.0%)	IT Security	57,621	67,709	10,087	14.9%	36,655	(20,967)	(57.2%)
44,169	50,742	6,573	13.0%	20,639	(23,531)	(114.0%)	IT Applications	228,385	253,711	25,326	10.0%	155,917	(72,467)	(46.5%)
52,303	64,734	12,431	19.2%	42,607	(9,696)	(22.8%)	Security Services	267,702	323,672	55,970	17.3%	219,395	(48,307)	(22.0%)
233,395	171,319	(62,076)	(36.2%)	67,894	(165,501)	(243.8%)	IT EPIC	943,954	856,595	(87,359)	(10.2%)	317,164	(626,790)	(197.6%)
26,958	32,082	5,124	16.0%	24,493	(2,465)	(10.1%)	Finance	157,551	160,410	2,859	1.8%	140,903	(16,647)	(11.8%)
5,240	7,670	2,430	31.7%	7,654	2,414	31.5%	Public Relations	28,876	38,350	9,475	24.7%	36,335	7,460	20.5%
7,882	12,663	4,781	37.8%	11,233	3,351	29.8%	Information Technology	42,561	63,314	20,753	32.8%	49,970	7,409	14.8%
7,217	7,714	497	6.4%	5,965	(1,252)	(21.0%)	Corporate Quality	37,519	38,568	1,049	2.7%	28,509	(9,010)	(31.6%)
9,459	15,014	5,555	37.0%	8,472	(987)	(11.6%)	Project MGMT Office	56,341	75,072	18,731	25.0%	43,315	(13,026)	(30.1%)
-	-	-	0.0%	1,096	1,096	100.0%	Managed Care Contract	-	-	-	0.0%	5,905	5,905	100.0%
791,341	852,184	60,843	7.1%	589,359	(201,982)	(34.3%)	Total Overhead Allocations	3,816,217	4,260,922	444,705	10.4%	3,060,441	(755,776)	(24.7%)
3,060,497	3,527,284	466,788	13.2%	2,820,193	(240,304)	(8.5%)	Total Expenses	15,415,485	18,288,668	2,873,183	15.7%	14,066,605	(1,348,880)	(9.6%)
\$ (1,126,893)	\$ (1,305,982)	\$ 179,089	(13.7%)	\$ (2,442,405)	\$ 1,315,512	(53.9%)	Net Margin	\$ (5,903,935)	\$ (7,231,831)	\$ 1,327,896	(18.4%)	\$ (7,585,839)	\$ 1,681,904	(22.2%)
-	124,170	124,170	100.0%	-	-	0.0%	Capital	100,000	901,850	801,850	88.9%	-	(100,000)	0.0%
\$ -	\$ 1,389,322	\$ 1,389,322	100.0%	\$ 700,000	\$ 700,000	100.0%	General Fund Support/ Transfer In	\$ -	\$ 7,929,529	\$ 7,929,529	100.0%	\$ 5,970,026	\$ 5,970,026	100.0%

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

	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Year to Date
Gross Patient Revenue	2,112,033	1,969,914	2,121,489	2,081,642	2,080,482	-	-	-	-	-	-	-	10,365,560
Contractual Allowances	1,691,626	1,206,065	(1,213,834)	628,878	508,459	-	-	-	-	-	-	-	2,821,194
Charity Care	36,418	90,974	2,416,799	865,037	871,977	-	-	-	-	-	-	-	4,281,204
Bad Debt	(155,607)	409,555	727,800	219,498	197,338	-	-	-	-	-	-	-	1,398,584
Other Patient Revenue	444,688	444,688	444,688	299,550	408,404	-	-	-	-	-	-	-	2,042,018
Net Patient Revenue	984,285	708,007	635,413	667,780	911,110	-	-	-	-	-	-	-	3,906,595
Collections %	46.60%	35.94%	29.95%	32.08%	43.79%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	37.69%
Grant Funds	1,044,836	1,160,187	1,030,989	1,329,092	1,021,208	-	-	-	-	-	-	-	5,586,312
Other Financial Assistance	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Revenue	1,087	1,941	12,516	1,815	1,285	-	-	-	-	-	-	-	18,643
Total Other Revenues	1,045,922	1,162,128	1,043,505	1,330,907	1,022,494	-	-	-	-	-	-	-	5,604,955
Total Revenues	2,030,207	1,870,135	1,678,918	1,998,686	1,933,604	-	-	-	-	-	-	-	9,511,550
<i>Direct Operational Expenses:</i>													
Salaries and Wages	1,630,191	1,229,547	1,592,418	1,476,762	1,385,221	-	-	-	-	-	-	-	7,314,138
Benefits	415,815	365,414	411,926	436,127	405,473	-	-	-	-	-	-	-	2,034,755
Purchased Services	48,976	47,674	74,906	74,906	37,055	-	-	-	-	-	-	-	282,953
Medical Supplies	32,524	50,842	85,475	72,989	44,574	-	-	-	-	-	-	-	286,404
Other Supplies	13,026	5,890	10,731	23,292	51,222	-	-	-	-	-	-	-	104,161
Medical Services	39,783	40,636	44,092	41,584	32,835	-	-	-	-	-	-	-	198,929
Drugs	50,990	45,545	38,498	41,925	43,387	-	-	-	-	-	-	-	220,344
Repairs & Maintenance	44,211	41,679	83,118	36,605	45,492	-	-	-	-	-	-	-	251,105
Lease & Rental	106,427	102,846	102,325	108,509	103,683	-	-	-	-	-	-	-	523,791
Utilities	7,937	6,879	6,972	7,354	6,911	-	-	-	-	-	-	-	36,052
Other Expense	39,553	45,691	27,860	14,842	39,224	-	-	-	-	-	-	-	167,170
Insurance	4,026	4,026	4,026	4,026	4,026	-	-	-	-	-	-	-	20,131
Total Operational Expenses	2,433,459	1,986,669	2,482,346	2,301,071	2,236,389	-	-	-	-	-	-	-	11,439,933
Net Performance before Depreciation & Overhead Allocations	(403,252)	(116,533)	(803,428)	(302,385)	(302,785)	-	-	-	-	-	-	-	(1,928,383)
Depreciation	31,642	31,642	31,642	31,642	32,767	-	-	-	-	-	-	-	159,335
<i>Overhead Allocations:</i>													
Risk Mgt	5,725	9,931	9,610	7,813	7,014	-	-	-	-	-	-	-	40,094
Rev Cycle	139,350	131,656	198,563	156,448	155,272	-	-	-	-	-	-	-	781,289
Internal Audit	283	1,301	1,525	2,520	1,575	-	-	-	-	-	-	-	7,204
Home Office Facilities	28,190	28,849	28,452	37,890	19,057	-	-	-	-	-	-	-	142,438
Administration	39,803	37,815	45,770	42,646	38,891	-	-	-	-	-	-	-	204,924
Human Resources	47,430	69,522	21,174	61,095	43,271	-	-	-	-	-	-	-	242,493
Legal	7,774	9,522	13,852	15,869	12,073	-	-	-	-	-	-	-	59,090
Records	3,029	3,626	2,777	3,556	2,328	-	-	-	-	-	-	-	15,315
Compliance	5,937	5,784	6,338	7,487	5,990	-	-	-	-	-	-	-	31,536
Comm Engage Plan	7,922	7,521	8,490	8,359	7,557	-	-	-	-	-	-	-	39,850
IT Operations	72,556	80,983	102,533	72,644	102,760	-	-	-	-	-	-	-	431,476
IT Security	8,357	13,278	17,327	9,731	8,929	-	-	-	-	-	-	-	57,621
IT Applications	57,793	32,152	55,800	38,470	44,169	-	-	-	-	-	-	-	228,385
Security Services	53,294	48,508	59,855	53,742	52,303	-	-	-	-	-	-	-	267,702
IT EPIC	160,592	140,711	197,854	211,401	233,395	-	-	-	-	-	-	-	943,954
Finance	33,898	29,465	34,870	32,359	26,958	-	-	-	-	-	-	-	157,551
Public Relations	7,665	5,024	5,041	5,905	5,240	-	-	-	-	-	-	-	28,876
Information Technology	8,010	8,832	8,455	9,382	7,882	-	-	-	-	-	-	-	42,561
Corporate Quality	7,261	8,513	7,104	7,425	7,217	-	-	-	-	-	-	-	37,519
Project MGMT Office	12,411	11,743	11,412	11,317	9,459	-	-	-	-	-	-	-	56,341
Managed Care Contract	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Overhead Allocations	707,279	684,736	836,803	796,058	791,341	-	-	-	-	-	-	-	3,816,217
Total Expenses	3,172,379	2,703,047	3,350,791	3,128,771	3,060,497	-	-	-	-	-	-	-	15,415,485
Net Margin	\$ (1,142,173)	\$ (832,912)	\$ (1,671,873)	\$ (1,130,085)	\$ (1,126,893)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ (5,903,935)
Capital	100,000	-	-	-	-	-	-	-	-	-	-	-	100,000
General Fund Support/ Transfer In	-	-	-	-	-	-	-	-	-	-	-	-	\$ -

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

FOR THE FIFTH MONTH ENDED FEBRUARY 28, 2022

Current Month							Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%
1,279,217	1,473,192	(193,975)	(13.2%)	1,380,705	(101,488)	(7.4%)	6,314,732	7,302,588	(987,856)	(13.5%)	6,643,856	(329,123)	(5.0%)
Gross Patient Revenue							Gross Patient Revenue						
216,945	369,794	152,849	41.3%	333,156	116,211	34.9%	1,344,403	1,833,064	488,661	26.7%	1,686,755	342,352	20.3%
456,491	461,734	5,243	1.1%	463,112	6,621	1.4%	2,382,253	2,288,801	(93,452)	(4.1%)	2,251,094	(131,160)	(5.8%)
197,864	268,060	70,196	26.2%	238,268	40,404	17.0%	1,172,730	1,328,769	156,039	11.7%	1,218,396	45,666	3.7%
871,300	1,099,588	228,288	20.8%	1,034,537	163,237	15.8%	4,899,386	5,450,634	551,248	10.1%	5,156,245	256,858	5.0%
Total Contractuals and Bad Debts							Total Contractuals and Bad Debts						
290,335	360,493	(70,158)	(19.5%)	330,294	(39,959)	(12.1%)	1,451,675	1,786,955	(335,280)	(18.8%)	1,595,831	(144,156)	(9.0%)
Other Patient Revenue							Other Patient Revenue						
698,252	734,097	(35,845)	(4.9%)	676,462	21,790	3.2%	2,867,021	3,638,909	(771,888)	(21.2%)	3,083,441	(216,420)	(7.0%)
54.58%	49.83%			48.99%			45.40%	49.83%			46.41%		
Net Patient Revenue							Net Patient Revenue						
942,749	1,103,321	(160,572)	(14.6%)	(365,091)	1,307,840	(358.2%)	4,838,082	5,516,605	(678,523)	(12.3%)	1,613,145	3,224,937	199.9%
-	-	-	0.0%	153,726	(153,726)	(100.0%)	-	-	-	0.0%	531,353	(531,353)	(100.0%)
1,285	9,565	(8,280)	(86.6%)	26,487	(25,201)	(95.1%)	18,443	47,479	(29,036)	(61.2%)	42,017	(23,574)	(56.1%)
Grant Funds							Grant Funds						
Other Financial Assistance							Other Financial Assistance						
Other Revenue							Other Revenue						
944,035	1,112,886	(168,851)	(15.2%)	(184,878)	1,128,913	(610.6%)	4,856,525	5,564,084	(707,559)	(12.7%)	2,186,515	2,670,010	122.1%
Total Other Revenues							Total Other Revenues						
1,642,287	1,846,983	(204,696)	(11.1%)	491,584	1,150,702	234.1%	7,723,546	9,202,993	(1,479,447)	(16.1%)	5,269,956	2,453,589	46.6%
Total Revenues							Total Revenues						
<i>Direct Operational Expenses:</i>													
1,156,988	1,296,721	139,733	10.8%	1,221,763	64,775	5.3%	6,162,262	6,939,098	776,836	11.2%	5,881,107	(281,154)	(4.8%)
336,638	388,369	51,731	13.3%	356,664	20,025	5.6%	1,698,781	1,995,819	297,038	14.9%	1,669,162	(29,619)	(1.8%)
72,785	106,253	33,468	31.5%	35,869	(36,916)	(102.9%)	272,622	567,486	294,864	52.0%	224,019	(48,603)	(21.7%)
25,838	61,023	35,185	57.7%	33,191	7,353	22.2%	199,787	302,490	102,703	34.0%	174,045	(25,742)	(14.8%)
50,822	26,781	(24,041)	(89.8%)	31,823	(18,999)	(59.7%)	97,333	179,219	81,886	45.7%	59,579	(37,754)	(63.4%)
32,835	60,910	28,075	46.1%	47,251	14,416	30.5%	198,929	301,924	102,995	34.1%	296,984	98,055	33.0%
43,387	83,002	39,615	47.7%	59,708	16,321	27.3%	220,344	411,442	191,098	46.4%	331,480	111,136	33.5%
43,600	50,392	6,792	13.5%	3,370	(40,229)	(1,193.6%)	241,654	251,960	10,306	4.1%	22,664	(218,990)	(966.3%)
81,193	153,806	72,613	47.2%	79,693	(1,500)	(1.9%)	411,301	744,421	333,120	44.7%	399,913	(11,388)	(2.8%)
5,260	6,549	1,289	19.7%	5,260	0	0.0%	27,943	34,429	6,486	18.8%	26,892	(1,051)	(3.9%)
28,824	59,171	30,347	51.3%	20,614	(8,210)	(39.8%)	152,006	274,855	122,849	44.7%	110,743	(41,262)	(37.3%)
3,938	3,940	2	0.0%	3,290	(648)	(19.7%)	19,692	19,700	8	0.0%	18,101	(1,592)	(8.8%)
Insurance							Insurance						
1,882,109	2,296,917	414,808	18.1%	1,898,496	16,387	0.9%	9,702,655	12,022,843	2,320,188	19.3%	9,214,691	(487,964)	(5.3%)
Total Operational Expenses							Total Operational Expenses						
(239,823)	(449,934)	210,111	(46.7%)	(1,406,912)	1,167,089	(83.0%)	(1,979,109)	(2,819,850)	840,741	(29.8%)	(3,944,734)	1,965,625	(49.8%)
Net Performance before Depreciation & Overhead Allocations							Net Performance before Depreciation & Overhead Allocations						

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

FOR THE FIFTH MONTH ENDED FEBRUARY 28, 2022

Current Month							Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%
25,373	31,250	5,877	18.8%	24,364	(1,008)	(4.1%)	121,655	156,250	34,595	22.1%	122,119	464	0.4%
<i>Overhead Allocations:</i>													
6,029	4,830	(1,199)	(24.8%)	1,469	(4,559)	(310.3%)	34,462	24,148	(10,314)	(42.7%)	7,966	(26,496)	(332.6%)
132,278	179,927	47,649	26.5%	143,400	11,122	7.8%	665,586	899,633	234,047	26.0%	800,185	134,599	16.8%
1,354	4,151	2,797	67.4%	974	(380)	(39.0%)	6,192	20,757	14,565	70.2%	7,069	877	12.4%
17,234	26,770	9,536	35.6%	15,866	(1,368)	(8.6%)	128,810	133,848	5,038	3.8%	82,139	(46,672)	(56.8%)
33,427	36,276	2,848	7.9%	30,888	(2,539)	(8.2%)	176,138	181,379	5,241	2.9%	148,214	(27,923)	(18.8%)
37,045	51,247	14,203	27.7%	52,589	15,544	29.6%	207,600	256,237	48,637	19.0%	230,579	22,979	10.0%
10,377	20,789	10,412	50.1%	12,353	1,975	16.0%	50,790	103,946	53,156	51.1%	62,026	11,237	18.1%
2,001	3,828	1,826	47.7%	5,164	3,163	61.2%	13,164	19,138	5,974	31.2%	31,063	17,899	57.6%
5,148	7,679	2,531	33.0%	4,446	(702)	(15.8%)	27,106	38,393	11,288	29.4%	22,496	(4,610)	(20.5%)
6,495	7,460	965	12.9%	5,199	(1,297)	(24.9%)	34,252	37,300	3,048	8.2%	27,873	(6,378)	(22.9%)
88,325	66,297	(22,028)	(33.2%)	63,708	(24,617)	(38.6%)	370,864	331,483	(39,382)	(11.9%)	311,583	(59,281)	(19.0%)
7,675	11,639	3,965	34.1%	5,356	(2,318)	(43.3%)	49,527	58,197	8,670	14.9%	31,443	(18,084)	(57.5%)
37,965	43,614	5,650	13.0%	17,704	(20,261)	(114.4%)	196,302	218,071	21,769	10.0%	133,748	(62,555)	(46.8%)
44,520	55,101	10,581	19.2%	36,233	(8,287)	(22.9%)	227,866	275,507	47,641	17.3%	186,573	(41,294)	(22.1%)
200,609	147,253	(53,356)	(36.2%)	58,241	(142,368)	(244.4%)	811,352	736,265	(75,087)	(10.2%)	272,067	(539,285)	(198.2%)
23,171	27,575	4,404	16.0%	21,010	(2,161)	(10.3%)	135,419	137,876	2,458	1.8%	120,869	(14,550)	(12.0%)
4,504	6,593	2,089	31.7%	6,566	2,062	31.4%	24,819	32,963	8,144	24.7%	31,169	6,350	20.4%
6,775	10,884	4,109	37.8%	9,636	2,861	29.7%	36,582	54,420	17,837	32.8%	42,865	6,283	14.7%
6,203	6,630	427	6.4%	5,117	(1,086)	(21.2%)	32,249	33,150	902	2.7%	24,456	(7,793)	(31.9%)
8,130	12,905	4,775	37.0%	7,267	(863)	(11.9%)	48,426	64,526	16,100	25.0%	37,156	(11,270)	(30.3%)
-	-	-	0.0%	925	925	100.0%	-	-	-	0.0%	4,985	4,985	100.0%
679,265	731,447	52,182	7.1%	504,111	(175,154)	(34.7%)	3,277,506	3,657,238	379,732	10.4%	2,616,523	(660,983)	(25.3%)
2,586,747	3,059,614	472,867	15.5%	2,426,971	(159,776)	(6.6%)	13,101,816	15,836,331	2,734,515	17.3%	11,953,333	(1,148,483)	(9.6%)
\$ (944,461)	\$ (1,212,631)	\$ 268,171	(22.1%)	\$ (1,935,387)	\$ 990,926	(51.2%)	\$ (5,378,270)	\$ (6,633,338)	\$ 1,255,068	(18.9%)	\$ (6,683,377)	\$ 1,305,106	(19.5%)
-	103,170	103,170	100.0%	-	-	0.0%	100,000	796,850	696,850	87.5%	-	(100,000)	0.0%
\$ -	\$ 1,284,555	\$ 1,284,555	100.0%	\$ 280,000	\$ 280,000	100.0%	\$ -	\$ 7,273,955	\$ 7,273,955	100.0%	\$ 4,856,903	\$ 4,856,903	100.0%

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

FOR THE FIFTH MONTH ENDED FEBRUARY 28, 2022

	Dental Clinic Administration	West Palm Beach Dental Clinic	Lantana Dental Clinic	Delray Dental Clinic	Belle Glade Dental Clinic	Total
Gross Patient Revenue	-	1,432,186	1,342,266	699,883	576,493	4,050,828
Contractual Allowances	-	555,168	320,111	272,838	328,675	1,476,792
Charity Care	-	564,137	857,832	278,602	198,380	1,898,951
Bad Debt	-	79,292	57,951	55,511	33,100	225,854
Total Contractual Allowances and Bad Debt	-	1,198,597	1,235,894	606,951	560,155	3,601,596
Other Patient Revenue	-	224,228	158,616	109,304	98,196	590,343
Net Patient Revenue	-	457,816	264,988	202,235	114,534	1,039,574
Collection %	-	31.97%	19.74%	28.90%	19.87%	25.66%
Grant Funds	105,432	282,048	190,323	73,896	96,531	748,230
Other Financial Assistance	-	-	-	-	-	-
Other Revenue	-	-	200	-	-	200
Total Other Revenues	105,432	282,048	190,523	73,896	96,531	748,430
Total Revenues	105,432	739,864	455,511	276,131	211,065	1,788,004
<i>Direct Operational Expenses:</i>						
Salaries and Wages	167,667	446,493	278,573	109,654	149,489	1,151,876
Benefits	52,366	119,998	70,532	46,525	46,552	335,974
Purchased Services	-	2,275	2,085	1,388	4,583	10,331
Medical Supplies	-	33,457	24,027	17,623	11,509	86,616
Other Supplies	283	3,492	1,492	1,323	238	6,828
Repairs & Maintenance	-	2,557	2,876	3,384	635	9,452
Lease & Rental	-	45,958	27,282	25,425	13,825	112,490
Utilities	-	1,801	1,801	506	4,001	8,109
Other Expense	7,076	2,664	3,396	1,363	666	15,164
Insurance	-	-	-	-	438	438
Total Operational Expenses	227,391	658,697	412,062	207,190	231,937	1,737,278
Net Performance before Depreciation & Overhead Allocations	(121,959)	81,167	43,449	68,941	(20,872)	50,726
Depreciation	-	12,630	4,758	4,077	16,215	37,681
<i>Overhead Allocations:</i>						
Risk Mgt	557	1,827	1,257	1,275	715	5,632
Rev Cycle	-	41,662	28,670	29,072	16,299	115,703
Internal Audit	100	328	226	229	128	1,012
Home Office Facilities	13,628	-	-	-	-	13,628
Administration	2,849	9,339	6,427	6,517	3,654	28,787
Human Resources	2,769	12,369	8,677	8,308	2,769	34,892
Legal	822	2,693	1,853	1,879	1,054	8,301
Records	213	698	480	487	273	2,151
Compliance	438	1,437	989	1,003	562	4,430
Comm Engage Plan	554	1,816	1,250	1,267	711	5,598
IT Operations	5,999	19,665	13,532	13,722	7,693	60,611
IT Security	801	2,626	1,807	1,833	1,027	8,094
IT Applications	3,175	10,409	7,163	7,263	4,072	32,082
Security Services	-	14,344	9,871	10,009	5,612	39,836
IT EPIC	13,125	43,021	29,605	30,020	16,830	132,601
Finance	2,191	7,180	4,941	5,011	2,809	22,132
Public Relations	401	1,316	906	918	515	4,056
Information Technology	592	1,940	1,335	1,354	759	5,979
Corporate Quality	522	1,710	1,177	1,193	669	5,270
Project MGMT Office	783	2,568	1,767	1,792	1,005	7,914
Total Overhead Allocations	49,520	176,949	121,933	123,153	67,155	538,710
Total Expenses	276,911	848,276	538,754	334,420	315,308	2,313,669
Net Margin	\$ (171,479)	\$ (108,411)	\$ (83,242)	\$ (58,289)	\$ (104,243)	\$ (525,665)
Capital	-	-	-	-	-	-
General Fund Support/ Transfer In	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

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

FOR THE FIFTH MONTH ENDED FEBRUARY 28, 2022

Current Month							Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%		Actual	Budget	Variance	%	Prior Year	Variance	%
801,265	333,125	468,140	140.5%	215,258	586,006	272.2%	Gross Patient Revenue	4,050,828	1,630,254	2,420,574	148.5%	1,336,148	2,714,679	203.2%
291,515	61,067	(230,448)	(377.4%)	71,662	(219,853)	(306.8%)	Contractual Allowances	1,476,792	298,854	(1,177,938)	(394.2%)	456,201	(1,020,591)	(223.7%)
415,486	154,426	(261,060)	(169.1%)	75,814	(339,672)	(448.0%)	Charity Care	1,898,951	755,735	(1,143,216)	(151.3%)	631,816	(1,267,135)	(200.6%)
(526)	26,650	27,176	102.0%	51,318	51,844	101.0%	Bad Debt	225,854	130,419	(95,435)	(73.2%)	136,710	(89,143)	(65.2%)
706,475	242,143	(464,332)	(191.8%)	198,794	(507,681)	(255.4%)	Total Contractuals and Bad Debts	3,601,596	1,185,008	(2,416,588)	(203.9%)	1,224,728	(2,376,869)	(194.1%)
118,069	76,206	41,863	54.9%	108,737	9,331	8.6%	Other Patient Revenue	590,343	372,943	217,400	58.3%	599,327	(8,984)	(1.5%)
212,858	167,188	45,670	27.3%	125,202	87,656	70.0%	Net Patient Revenue	1,039,574	818,189	221,385	27.1%	710,747	328,827	46.3%
26.57%	50.19%			58.16%			Collection %	25.66%	50.19%			53.19%		
78,459	207,131	(128,672)	(62.1%)	(264,430)	342,889	(129.7%)	Grant Funds	748,230	1,035,655	(287,425)	(27.8%)	263,367	484,863	184.1%
-	-	-	0.0%	25,432	(25,432)	(100.0%)	Other Financial Assistance	-	-	-	0.0%	236,695	(236,695)	(100.0%)
-	-	-	0.0%	-	-	0.0%	Other Revenue	200	-	200	0.0%	-	200	0.0%
78,459	207,131	(128,672)	(62.1%)	(238,998)	317,457	(132.8%)	Total Other Revenues	748,430	1,035,655	(287,225)	(27.7%)	500,062	248,368	49.7%
291,317	374,319	(83,002)	(22.2%)	(113,797)	405,114	(356.0%)	Total Revenues	1,788,004	1,853,844	(65,840)	(3.6%)	1,210,809	577,195	47.7%
							<i>Direct Operational Expenses:</i>							
228,232	216,141	(12,091)	(5.6%)	201,978	(26,255)	(13.0%)	Salaries and Wages	1,151,876	1,164,182	12,306	1.1%	1,125,893	(25,984)	(2.3%)
68,835	65,255	(3,580)	(5.5%)	64,068	(4,767)	(7.4%)	Benefits	335,974	336,967	993	0.3%	316,301	(19,673)	(6.2%)
1,556	2,520	964	38.2%	1,877	321	17.1%	Purchased Services	10,331	36,489	26,158	71.7%	13,451	3,120	23.2%
18,736	12,734	(6,002)	(47.1%)	2,435	(16,301)	(669.4%)	Medical Supplies	86,616	62,316	(24,300)	(39.0%)	36,351	(50,265)	(138.3%)
400	4,302	3,902	90.7%	457	57	12.6%	Other Supplies	6,828	21,510	14,682	68.3%	894	(5,933)	(663.4%)
1,892	2,150	258	12.0%	147	(1,745)	(1,185.2%)	Repairs & Maintenance	9,452	10,750	1,298	12.1%	2,835	(6,617)	(233.4%)
22,490	28,675	6,185	21.6%	22,400	(90)	(0.4%)	Lease & Rental	112,490	140,442	27,952	19.9%	112,010	(480)	(0.4%)
1,651	1,550	(101)	(6.5%)	1,025	(627)	(61.1%)	Utilities	8,109	7,967	(142)	(1.8%)	8,689	580	6.7%
10,399	3,935	(6,464)	(164.3%)	6,204	(4,196)	(67.6%)	Other Expense	15,164	19,675	4,511	22.9%	16,247	1,083	6.7%
88	88	0	0.4%	41	(47)	(115.7%)	Insurance	438	440	2	0.4%	203	(235)	(115.7%)
354,280	337,350	(16,930)	(5.0%)	300,631	(53,648)	(17.8%)	Total Operational Expenses	1,737,278	1,800,738	63,460	3.5%	1,632,875	(104,403)	(6.4%)
							Net Performance before							
(62,963)	36,969	(99,932)	(270.3%)	(414,428)	351,465	(84.8%)	Depreciation & Overhead Allocations	50,726	53,106	(2,380)	(4.5%)	(422,066)	472,792	(112.0%)

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

FOR THE FIFTH MONTH ENDED FEBRUARY 28, 2022

Current Month							Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%	
7,394	9,583	2,189	22.8%	7,342	(52)	(0.7%)	Depreciation	37,681	47,915	10,234	21.4%	36,479	(1,202)	(3.3%)
<i>Overhead Allocations:</i>														
985	789	(196)	(24.8%)	244	(742)	(304.6%)	Risk Mgt	5,632	3,947	(1,686)	(42.7%)	1,320	(4,312)	(326.6%)
22,995	31,278	8,283	26.5%	26,449	3,455	13.1%	Rev Cycle	115,703	156,389	40,686	26.0%	147,591	31,888	21.6%
221	678	457	67.4%	161	(60)	(37.1%)	Internal Audit	1,012	3,392	2,380	70.2%	1,172	160	13.6%
1,823	2,832	1,009	35.6%	1,754	(69)	(3.9%)	Home Office Facilities	13,628	14,160	533	3.8%	9,083	(4,545)	(50.0%)
5,463	5,929	466	7.9%	5,120	(343)	(6.7%)	Administration	28,787	29,643	857	2.9%	24,567	(4,219)	(17.2%)
6,226	8,613	2,387	27.7%	8,216	1,989	24.2%	Human Resources	34,892	43,067	8,175	19.0%	36,022	1,129	3.1%
1,696	3,398	1,702	50.1%	2,048	352	17.2%	Legal	8,301	16,988	8,687	51.1%	10,281	1,980	19.3%
327	626	298	47.7%	856	529	61.8%	Records	2,151	3,128	976	31.2%	5,149	2,997	58.2%
841	1,255	414	33.0%	737	(104)	(14.2%)	Compliance	4,430	6,275	1,845	29.4%	3,729	(701)	(18.8%)
1,062	1,219	158	12.9%	862	(200)	(23.2%)	Comm Engage Plan	5,598	6,096	498	8.2%	4,620	(978)	(21.2%)
14,435	10,835	(3,600)	(33.2%)	10,560	(3,875)	(36.7%)	IT Operations	60,611	54,175	(6,436)	(11.9%)	51,646	(8,965)	(17.4%)
1,254	1,902	648	34.1%	888	(366)	(41.3%)	IT Security	8,094	9,511	1,417	14.9%	5,212	(2,883)	(55.3%)
6,205	7,128	923	13.0%	2,935	(3,270)	(111.4%)	IT Applications	32,082	35,640	3,558	10.0%	22,169	(9,913)	(44.7%)
7,783	9,633	1,850	19.2%	6,374	(1,409)	(22.1%)	Security Services	39,836	48,165	8,329	17.3%	32,823	(7,013)	(21.4%)
32,786	24,066	(8,720)	(36.2%)	9,654	(23,132)	(239.6%)	IT EPIC	132,601	120,330	(12,272)	(10.2%)	45,096	(87,505)	(194.0%)
3,787	4,507	720	16.0%	3,483	(304)	(8.7%)	Finance	22,132	22,533	402	1.8%	20,035	(2,097)	(10.5%)
736	1,077	341	31.7%	1,088	352	32.4%	Public Relations	4,056	5,387	1,331	24.7%	5,166	1,110	21.5%
1,107	1,779	672	37.8%	1,597	490	30.7%	Information Technology	5,979	8,894	2,915	32.8%	7,105	1,126	15.9%
1,014	1,084	70	6.4%	848	(166)	(19.5%)	Corporate Quality	5,270	5,418	147	2.7%	4,054	(1,217)	(30.0%)
1,329	2,109	780	37.0%	1,205	(124)	(10.3%)	Project MGMT Office	7,914	10,546	2,631	25.0%	6,159	(1,756)	(28.5%)
-	-	-	0.0%	171	171	100.0%	Managed Care Contract	-	-	-	0.0%	919	919	100.0%
112,076	120,737	8,661	7.2%	85,248	(26,828)	(31.5%)	Total Overhead Allocations	538,710	603,684	64,974	10.8%	443,918	(94,793)	(21.4%)
473,749	467,670	(6,080)	(1.3%)	393,221	(80,528)	(20.5%)	Total Expenses	2,313,669	2,452,337	138,668	5.7%	2,113,272	(200,397)	(9.5%)
\$ (182,432)	\$ (93,351)	\$ (89,081)	95.4%	\$ (507,018)	\$ 324,586	(64.0%)	Net Margin	\$ (525,665)	\$ (598,493)	\$ 72,828	(12.2%)	\$ (902,462)	\$ 376,798	(41.8%)
-	21,000	21,000	100.0%	-	-	0.0%	Capital	-	105,000	105,000	100.0%	-	-	0.0%
\$ -	\$ 104,767	\$ 104,767	100.0%	\$ 420,000	\$ 420,000	100.0%	General Fund Support/ Transfer In	\$ -	\$ 655,574	\$ 655,574	100.0%	\$ 1,113,123	\$ 1,113,123	100.0%

	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Current Year Total	Current YTD Budget	%Var to Budget	Prior Year Total
Clinic Visits - Adults and Pediatrics																
West Palm Beach	1,394	1,108	1,197	1,288	1,315								6,302	7,922	(20.4%)	4,939
Delray	477	563	541	473	500								2,554	5,847	(56.3%)	4,291
Lantana	1,821	1,554	1,450	1,408	1,721								7,954	7,505	6.0%	7,253
Belle Glade	691	610	688	648	692								3,329	4,320	(22.9%)	2,678
Lewis Center	488	507	432	245	358								2,030	1,225	65.7%	3,646
Lake Worth & Women's Health Care	1,334	1,119	1,180	1,054	1,223								5,910	6,351	(6.9%)	4,950
Jupiter Clinic	447	410	438	494	485								2,274	2,317	(1.9%)	2,454
West Boca & Women's Health Care	407	305	366	407	392								1,877	4,237	(55.7%)	3,502
St Ann Place	-	-	44	96	53								193	244	(20.9%)	-
Clb Mob 1 Warrior	658	1,415	941	169	23								3,206	808	296.8%	17
Clb Mob 2 Scout	416	365	756	575	426								2,538	447	467.8%	-
Clb Mob 3 Hero	178	331	2,467	1,955	39								4,970	447	1,011.9%	-
Mangonia Park	128	197	272	196	162								955	1,914	(50.1%)	1,145
Total Clinic Visits	8,439	8,484	10,772	9,008	7,389	-	-	-	-	-	-	-	44,092	43,340	1.7%	34,875
Dental Visits																
West Palm Beach	736	762	831	776	754								3,859	3,936	(2.0%)	1,559
Lantana	708	891	1,032	774	953								4,358	2,875	51.6%	2,239
Delray	439	391	373	415	400								2,018	2,682	(24.8%)	-
Belle Glade	338	357	340	331	406								1,772	1,430	23.9%	2
Lake Worth	-	-	-	-	-								-	-	0.0%	-
West Boca	-	-	-	-	-								-	-	0.0%	-
Total Dental Visits	2,221	2,401	2,576	2,296	2,513	-	-	-	-	-	-	-	12,007	10,923	9.9%	3,800
Total Medical and Dental Visits	10,660	10,885	13,348	11,304	9,902	-	-	-	-	-	-	-	56,099	54,263	3.4%	38,675
Mental Health Counselors (non-billable)																
West Palm Beach	103	106	103	117	144								573	735	(22.0%)	3
Delray	69	114	135	136	143								597	579	3.1%	127
Lantana	-	-	-	-	-								-	2,431	(100.0%)	39
Belle Glade	71	81	86	81	51								370	289	28.0%	120
Mangonia Park	511	320	326	403	458								2,018	340	493.5%	1,307
Lewis Center	866	787	845	907	890								4,295	1,064	303.7%	2,620
Lake Worth	179	162	120	184	170								815	757	7.7%	13
Jupiter	-	-	-	-	-								-	-	0.0%	-
West Boca	-	-	-	-	-								-	-	0.0%	-
Mobile Van	-	-	-	-	-								-	443	(100.0%)	-
Total Mental Health Screenings	1,799	1,570	1,615	1,828	1,856	-	-	-	-	-	-	-	8,668	6,638	30.6%	4,229
GRAND TOTAL	12,459	12,455	14,963	13,132	11,758	-	-	-	-	-	-	-				42,904

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
April 27, 2022

1. Description: Instant Messaging & Secure Texting Policy & Procedure

2. Summary:

This agenda item presents the new Instant Messaging and Secure Texting Policy & Procedure.

3. Substantive Analysis:

The Co-Applicant agreement between the Health Care District of Palm Beach County and C. L. Brumback Primary Care Clinics allows the Clinics to adopt certain policies and procedures from the Grantee of Record (Health Care District of Palm Beach County). Accordingly, the Clinics would like to adopt the new Instant Messaging and Secure Texting Policy & Procedure.

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

 Candice Abbott
 VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

 Committee Name

 Date Approved

6. Recommendation:

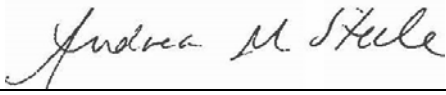
Staff recommends the Board approve the adoption of the new Instant Messaging and Secure Texting Policy & Procedure.

Approved for Legal sufficiency:

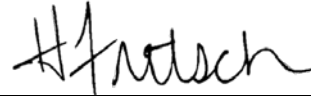
Bernabe Icaza

 Bernabe Icaza
 VP & General Counsel

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
April 27, 2022



Andrea Steele
Executive Director of Corporate Quality



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

Instant Messaging and Secure Texting Policy and Procedure

Policy #:	ITSEC-0001	Effective Date:	2/24/2022
Business Unit:	Information Technology	Original Effective Date:	12/5/2019
Approval Group:	Information Technology	Last Review Date:	

PURPOSE

The purpose of this policy is to establish the responsibilities of the workforce in properly utilizing instant messaging and secure texting to communicate confidential data, including but not limited to, protected health information (PHI) and personally identifiable information (PII)

SCOPE

All Health Care District of Palm Beach County workforce that utilize instant messaging and secure texting applications.

POLICY

It is the policy of the Health Care District of Palm Beach County to retain instant messaging and secure texting data in accordance with state and federal regulations. Communicating confidential data, including but not limited to PHI and PII, is to be done through secure texting. Non-confidential communication can be done through instant messaging.

PROCEDURE

The software/tools utilized for instant messaging and secure texting will be provided by the Health Care District of Palm Beach County.

Instant Messaging (IM)

The HCD Information Technology (IT) Department provides an instant messaging application to be used for all corporate Instant Messaging. The IT Department will install the instant messaging application on all applicable systems. The installation and use of any unauthorized instant messaging application are prohibited.

IM is not to be used for patient related communication and should not contain any protected health information (PHI). Additional confidential information, such as proprietary business information, should not be shared via IM. IM is to be used for communication among the workforce in a business unit or work team regarding work and or operational logistics. IM is a convenient way to communication with other departments. IM messages will be retained for a period of 10 years.

Secure Texting

The HCD IT Department provides secure texting within the enterprise EHR application for all patient related communication. The IT Department will make this capability available within the EHR for all EHR users as well as on mobile devices for individually authorized EHR users. Secure text messages are not a part of the legal medical record. All patient linked messages are retained for 5 days and non-patient linked messages are retained for a period of 10 years. Use of secure text messaging communication is part of the patient care process and does not require separate consent.

The HCD IT Department provides secure texting capability with a mobile phone application outside of the enterprise EHR. The mobile phone application is used for facilities that do not have access to the enterprise EHR and have a need for secure patient related communication among staff. The secure text messages are not a part of the legal medical record and are retained for 10 years

EXCEPTIONS

N/A

RESPONSIBILITIES

Authorized Use

HCD's IM and secure texting systems should be used only for business operations and completing job responsibilities. Under no circumstances should illegal, offensive, objectionable or inappropriate information or images be exchanged using organization-provided computers, instant messaging/secure texting applications or systems, networks, or smartphones. All data transmitted via IM or secure text is the sole property of HCD.

Patient Related Communication

Use secure texting for communicating confidential information such as PHI and financial account information. Secure texting is not appropriate for transmitting patient orders or for emergency situations necessitating immediate real-time communication. Technology is not meant to replace telephone or face-to-face communication requirements. All patient clinical content must be documented in the medical record the same way the clinical phone calls are documented. The secure texting application allows for photos to be taken and attached to the secure text message. All photos must be transmitted within the secure texting application. HCD users are prohibited from storing the photos on their personal device's local storage, regardless of if they contain PHI or not. The secure text sender must confirm receipt of the text message via confirmation receipt on the application.

Non-Patient Related Communication

Non-patient related communication can be sent via instant messaging (IM) or secure texting. The individual initiating a non-patient related conversation is to determine whether the individual on the receiving end is

better served to receive a message via instant messaging or secure texting. Instant messaging is appropriate when not all users have access to the EHR.

Violations and Penalties

Violation of the policy may result in disciplinary action, up to and including termination of employment. Where illegal activities or theft of company property (physical or intellectual) are suspected, the District may report such activities to the applicable authorities.

Reporting Non-Compliance

All District workforce members are expected to report any suspected or known policy violations, including privacy incidents that may impact the confidentiality, integrity, and availability of PHI and PII. Any incident, including instant messages and/or secure text messages sent to an incorrect recipient(s), should be reported immediately to HCD’s Privacy Officer by sending an email to privacy@hcdpbc.org.

District records, except those, specifically precluded from disclosure by a statutory exemption, are subject to inspection under Chapter 119 of the Florida Statute, known as the Florida Public Records Act.

DEFINITIONS

Instant Messaging (IM)	A type of online messaging that offers real-time chat transmission over the internet or intranet. Short messages are typically transmitted between two parties when each user chooses to complete a thought and select “send”.
Secure Texting	Similar to instant messaging but encrypted for security and privacy. Intended to be used for transient and temporary conversations.
HIPAA Compliant	IM or secure text that follows requirements to protect and secure Protected Health Information (PHI) in accordance with the Health Insurance Portability and Accountability Act (HIPAA)
Workforce	Individuals who perform work on behalf of the Health Care District, including employees, students, residents/physicians, interns, staff, volunteers and contractors, whether or not they are paid by the District.
Electronic Health Record (EHR)	This system is an electronic record of health-related information on an individual that is created, gathered, managed, and consulted by authorized health care clinicians and staff.

RELATED DOCUMENTS

Related Policy Document(s)	N/A
Related Forms	N/A
Reference(s)	N/A
Last Revision	03/10/2022
Revision Information/Changes	03/10/2022: Initial Release

APPROVALS

Reviewer approval	Charlene Silvestri; Patricia Lavelly;
Reviewer approval date	3/10/2022
Date Last Renewed	
Final approver	Darcy Davis;
Final approval date	3/21/2022

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DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
April 27, 2022

1. Description: Executive Director Informational Update

2. Summary:

- New West Boca Clinic Grand Opening

3. Substantive Analysis:

The new West Boca Clinic had a wonderfully successful Grand Opening on April 18, 2022. Please see attached photos of before, during, and after construction and our Grand Opening day.

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

 Candice Abbott
 VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

 Committee Name

 Date Approved

6. Recommendation:

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

Approved for Legal sufficiency:

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
April 27, 2022

Bernabe Icaza

Bernabe Icaza
VP & General Counsel

H Fritsch

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

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
April 27, 2022

1. Description: Change In Scope – Form 5B: C. L. Brumback Primary Care Clinics – West Boca

2. Summary:

We respectfully request the authorization to close our prior site on Form 5B: C. L. Brumback Primary Care Clinics – West Boca located at 23123 State Road 7, Suite 108, Boca Raton, FL 33428.

3. Substantive Analysis:

Staff are respectfully requesting a permanent Change In Scope to close our prior West Boca Clinic since we have successfully moved to our new site with over 4,671 square feet at located two miles from our prior clinic.

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:

 Candice Abbott
 VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

 N/A
 Committee Name

 Date Approved

6. Recommendation:

Staff recommends the Board approve the request for a permanent Change in Scope to remove our prior site from Form 5B: C. L. Brumback Primary Care Clinics – West Boca.

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
April 27, 2022

Approved for Legal sufficiency:



Bernabe Icaza
VP & General Counsel



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

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
April 27, 2022

1. Description: Patient Target Adjustment

2. Summary:

We are notifying the Board of a recent patient target adjustment.

3. Substantive Analysis:

Patient targets are set as goals when you submit your Service Area Competition (SAC) grant. FY2019 projected 46,403 unique patients to be served by the calendar year 2020. Due to the pandemic, we did not achieve this goal in 2020.

Our FY2023 SAC application will be due later this year. In anticipation of this application, we have adjusted our patient target down to 44,915. We will need to continue to evaluate patient targets as we begin to complete our FY2023 SAC application.

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

 Candice Abbott
 VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

 Committee Name

 Date Approved

6. Recommendation:

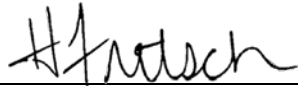
Staff recommends the Board receive and file this Patient Target Adjustment.

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
April 27, 2022

Approved for Legal sufficiency:



Bernabe Icaza
VP & General Counsel



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

[Program Requirements](#)[Quality Improvement](#)[Program Opportunities](#)[Health Center Data](#)[Federal Tort Claims Act](#)[About the Health Center Program](#)

[Home](#) > [Program Opportunities](#) > [FY 2022 Service Area Competition \(SAC\) and Service Area Competition Additional Areas \(SAC-AA\)](#) > Patient Target Frequently Asked Questions & Calculation Overview Table

Patient Target Frequently Asked Questions & Calculation Overview Table

Updated: 4/6/2022

HRSA's Health Center Program award recipients provide comprehensive primary health care services in nearly 1,400 service areas to nearly 29 million patients annually. This document details how HRSA annually calculates patient targets for these service areas in the [Patient Target Calculation Overview](#) table and provides frequently asked questions and answers.

- [Calculations](#)
- [Adjustments](#)
- [Achievement](#)

Calculations

What is the difference between a patient projection and a patient target?

A patient projection is the number of new, unduplicated Health Center Program patients an applicant commits to serving, typically on Form 1A: General Information Worksheet (Service Area Competition (SAC) or New Access Point (NAP) applications) or the Patient Impact Form

(supplemental funding applications). A patient target is the sum of patient projections from previously awarded applications.

(Updated: 4/6/2022)

What should I do in response to my patient target notification EHBs email?

Your notification email will tell you if your organization is scheduled to complete a BPR or a SAC for FY 2023.

FY 2023 BPR (approximately two-thirds of health centers)

If you will complete a BPR for FY 2023, no action is required. However, you may review your patient target and ask questions by contacting the Patient Target Team using the [BPHC Contact Form](#).

FY 2023 SAC (approximately one-third of health centers)

If you will complete a SAC for FY 2023, action is required. The Project Director (PD) and Authorizing Official (AO) should review the patient target calculation, consulting with the governing board or other staff, as appropriate, that develop, review, and approve Health Center Program applications to ensure:

- Accuracy of the application projections used to calculate the patient target.
- Understanding of the measurement period and achievement date.

If the patient target and calculation are correct, follow the instructions to confirm the patient target in EHBs. If you have questions, contact the Patient Target team using the [BPHC Contact Form](#).

(Updated: 4/6/2022)

How does HRSA calculate patient targets?

Each patient target includes a base value, plus patient projections from awarded Health Center Program applications for operational funding. See the [Patient Target Calculation Overview](#) table for details.

(Added: 4/8/2021)

How can I view the patient target in EHBs?

Only the PD and AO associated with the Health Center Program (H80) grant in EHBs can view the patient target, including its calculation values (see the [Patient Target Calculation Overview](#) table). The PD and AO can access the patient target from a link in the patient target EHBs notification email or in the H80 grant folder through the Patient Target Management link under the “Others” heading.

(Added: 4/8/2021)

Adjustments

How can I adjust the patient target?

There are two ways to adjust the patient target, as delineated in the graphic below. COVID-19 public health emergency impacts fall into the SAC application process category. Raise any questions or concerns related to either adjustment method to the Patient Target team using the [BPHC Contact form](#).

Patient Target Adjustment Factors and Methods

<h4 style="color: #0056b3;">SAC Application Process</h4> <ul style="list-style-type: none"> Reduce patient volume Provider shortage Site closure Contract or agreement changes 	<h4 style="color: #0056b3;">EHBs Adjustment Process</h4> <ul style="list-style-type: none"> Lower patient projection noted in application Relinquished award Successor in interest/merger/transfer
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(Updated: 4/6/2022)

How can I lower the patient target through an adjustment request?

To request an adjustment to the patient target, consult with the Patient Target Team using the [BPHC Contact Form](#). If it is determined that your patient target can be adjusted, the PD should click the Request Update button (accessible in the H80 grant folder through the Patient Target Management link under the “Others” heading in EHBs) to enter information and send it to the AO for review. The AO must then submit the request to HRSA. Requests for an adjustment must be supported with information available in funded H80 applications. Approval is not guaranteed.

(Added: 4/6/2022)

How can I lower the patient target through SAC?

You can lower the patient target up to 25 percent through the SAC application process by making a patient projection that is at least 75 percent of the patient target in the Service Area Announcement Table (SAAT).

If the SAC application patient projection is lower than 95 percent of the patient target, reduce the federal request for funding according to the table below.

Patient Projection Compared to Patient Target (%)	Maximum Funding Request
95-100% of Patient Target	No funding reduction

90-94.9% of Patient Target	0.5% funding reduction
85-89.9% of Patient Target	1% funding reduction
80-84.9% of Patient Target	1.5% funding reduction
75-79.9% of Patient Target	2% funding reduction
Less than 75% of Patient Target	Ineligible application

(Added: 4/8/2021)

What should I consider when making an application patient projection?

Relevant factors to consider when making a patient projection within an application may include:

- Patient, clinical, and financial data.
- Service area and target population needs.
- Local and state trends (e.g., reimbursement changes, population shifts).
- The current patient target (do not duplicate projected new patients across applications).
- The achievement date (ensure a realistic and achievable projection in the calendar year referenced in each NOFO).

Primary Care Associations (PCAs) may serve as a useful resource in developing patient projections. Additional information regarding the impact of patient projections on patient targets will typically be included in the Notice of Award (NoA) for funded applications.

(Added: 4/8/2021)

Achievement

What is the measurement period for assessing patient target achievement?

The measurement period for achievement is the calendar year following the SAC period of performance start date. The achievement date is December 31 of that year. HRSA uses the Uniform Data System (UDS) report (number of patients served) to measure progress and patient target achievement. For example, for health centers awarded a 3-year period of performance through the FY 2023 SAC, the measurement period is calendar year 2024 and the achievement date is December 31, 2024.

(Updated: 4/6/2022)

How does HRSA quantify achievement of the patient target?

HRSA has not quantified achievement of the patient target. The SAC application patient projection minimum of 75 percent is specific to SAC application eligibility and is not related to patient target achievement.

(Added: 4/8/2021)

What happens if my health center does not achieve the patient target by the required date?

HRSA will monitor progress toward achieving the patient target during the period of performance. We recognize the significant impacts of the COVID-19 public health emergency on health center operations and do not anticipate adjusting funding prior to any FY 2023 SAC announcements based on past performance relative to patient targets.

(Updated: 4/6/2022)

How does HRSA use the patient target?

HRSA uses the patient target to:

- Ensure awareness of the patient commitment for each service area.
- Support fair competition and continued provision of comprehensive primary health care services within funded service areas.
- Assess health center progress toward serving the number of patients for which funding was awarded.

(Updated: 4/6/2022)

How will patient targets fit into the new Advancing Health Center Excellence framework?

HRSA is exploring ways to align patient targets more holistically with health center performance.

Patient Target Calculation Overview

If the next SAC for your service area is the:	FY 2023 SAC (FY 2022 SAC 1-year awards)	FY 2023 SAC (FY 2019 SAC 3-year awards with extensions)	FY 2024 SAC (FY 2021 SAC 3-year awards)	FY 2024 SAC (FY 2020 SAC 3-year awards with extensions)	FY 2025 SAC (FY 2022 SAC 3-year awards)
Your Patient Target Base Value is the Patient Projection from the:	<ul style="list-style-type: none"> • FY 2022 SAC/SAC-AA 	<ul style="list-style-type: none"> • FY 2019 SAC/SAC-AA 	<ul style="list-style-type: none"> • FY 2021 SAC/SAC-AA 	<ul style="list-style-type: none"> • FY 2020 SAC/SAC-AA 	<ul style="list-style-type: none"> • FY 2022 SAC/SAC-AA

If the next SAC for your service area is the:	FY 2023 SAC (FY 2022 SAC 1-year awards)	FY 2023 SAC (FY 2019 SAC 3-year awards with extensions)	FY 2024 SAC (FY 2021 SAC 3-year awards)	FY 2024 SAC (FY 2020 SAC 3-year awards with extensions)	FY 2025 SAC (FY 2022 SAC 3-year awards)
Plus Patient Projections from the:	<ul style="list-style-type: none"> FY 2021/2022 SAC/SAC-AA supplement 	<ul style="list-style-type: none"> FY 2018/2019/2020/2021/2022 SAC/SAC-AA supplement FY 2019 NAP satellite FY 2019 IBHS 	<ul style="list-style-type: none"> FY 2020/2021/2022 SAC/SAC-AA supplement 	<ul style="list-style-type: none"> FY 2019/2020/2021/2022 SAC/ SAC AA supplement FY 2019 NAP satellite FY 2019 IBHS 	<ul style="list-style-type: none"> FY 2021/2022 SAC/SAC-AA supplement

(Updated: 4/6/2022)

Acronyms

- IBHS – Integrated Behavioral Health Services (HRSA-19-100)
- NAP – New Access Points (HRSA-19-080)
- SAC – Service Area Competition
- SAC-AA – Service Area Competition-Additional Areas

Date Last Reviewed: April 2022

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DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
April 27, 2022

1. Description: Licensed Independent Practitioner Credentialing and Privileging

2. Summary:

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

3. Substantive Analysis:

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

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

Last Name	First Name	Degree	Specialty	Credentialing
Bowen	Beverly	DMD	General Dentistry	Initial Credentialing
Wilkinson	Sarah	PA	Physician Assistant	Initial Credentialing

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

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

Beverly Bowen, DMD, joined the West Palm Beach Clinic in 2022, specializing in General Dentistry. She attended the University of Pittsburgh, School of Dental Medicine. Dr. Bowen has been in practice for two years.

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
April 27, 2022

Sarah Wilkinson, PA, joined the Boca Raton Clinic in 2022 as a Physician Assistant. She attended Albany Medical College and is certified as a Physician Assistant by the National Commission on Certification of Physician Assistants. Ms. Wilkinson has been in practice for ten years.

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

 Candice Abbott
 VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

 Committee Name

 Date Approved

6. Recommendation:

Staff recommends the Board approve the Initial Credentialing and privileging of Beverly Bowen, DMD, General Dentistry.

Staff recommends the Board approve the Initial Credentialing and privileging of Sarah Wilkinson, PA, Physician Assistant.

Approved for Legal sufficiency:

Bernabe Icaza

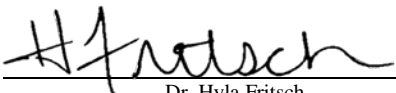
 Bernabe Icaza
 VP & General Counsel

**DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS**

April 27, 2022



Dr. Charmaine Chibar
FQHC Medical Director



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

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
April 27, 2022

1. Description: Operations Reports – February 2022

2. Summary:

This agenda item provides the following operations reports for February 2022:

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

3. Substantive Analysis:

In February, the clinics had 10,889 visits which are 933 more than the month prior and 3,050 more than February of 2021. The Lantana Clinic had the highest volume with 1,835 visits, followed by the West Palm Beach Clinic with 1,330.

Our payer mix for February reflects 56% uninsured patients and 29% Managed Care.

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

The largest age group of patients were ages 30-39 with 16%. 51% of patients reported as White, followed by 39% as Black or African American. 43% of patients reported as Hispanic or Latino. 49% of patients' primary language was English, followed by Spanish at 34%. Creole-speaking totaled 17%. 60% of patients identified as female and 90% as straight. 5% of patients reported as Agricultural workers, of which 81% were seasonal and 19% were migrants. 18% of patients reported as homeless, of which 74% were Doubling Up.

In February, the number of patients who walked in and were seen the same day totaled 2,259. 20% of patients seen in medical were walk-ins, and 24% of patients seen in dental were walk-ins. The Lantana medical clinic had the highest volume of walk-ins with 413, followed by the West Palm Beach medical clinic with 349. The West Palm Beach dental clinic had the highest volume of walk-ins with 227, followed by the Delray Beach dental clinic with 157 walk-ins. The medical clinics' rolling 12-month average walk-ins' percentage is 21% and the dental clinic's rolling 12-month average walk-in percentage is 35%. February showed a decrease of 1% in medical and dental walk-ins from the previous month.

The No Show rate in February was 18%. The Tele no-show rate was 9% of the total no-shows in the past 12 months.

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
April 27, 2022

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

 Candice Abbott
 VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

 Committee Name

 Date Approved

6. Recommendation:

Staff recommends that the Board approve the Operations Reports for February 2022.

Approved for Legal sufficiency:

Bernabe Icaza

 Bernabe Icaza
 VP & General Counsel



M. Miranda

 Marisol Miranda
 Director of Clinic Operations






H. Fritsch

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

TOTALS

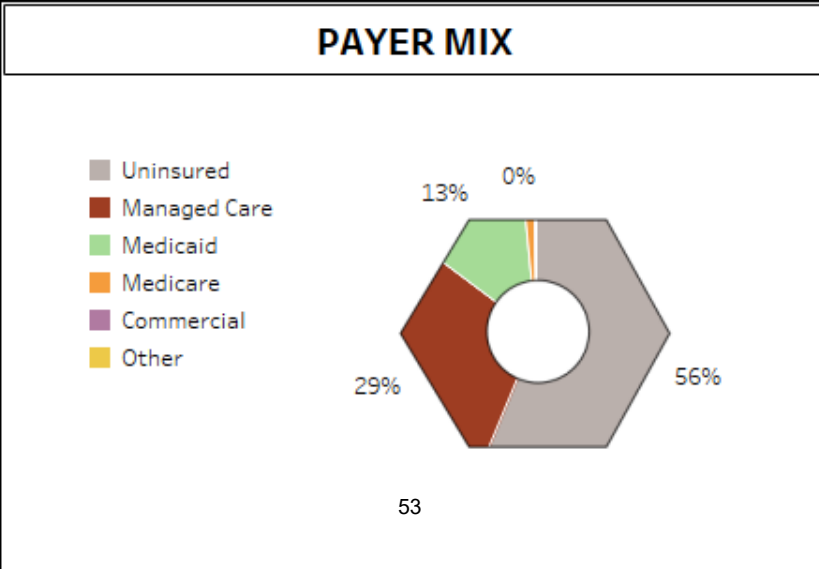
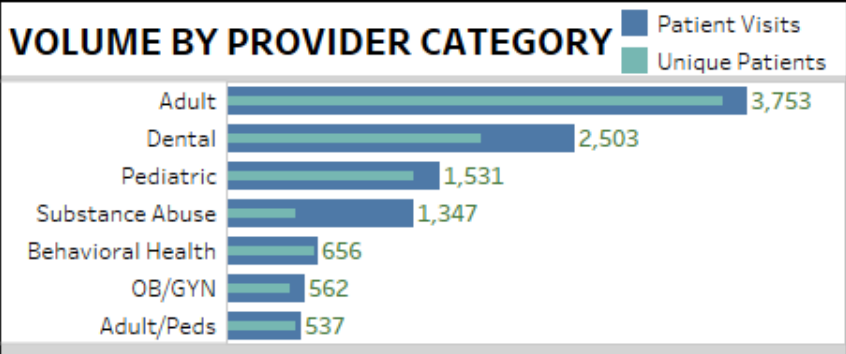
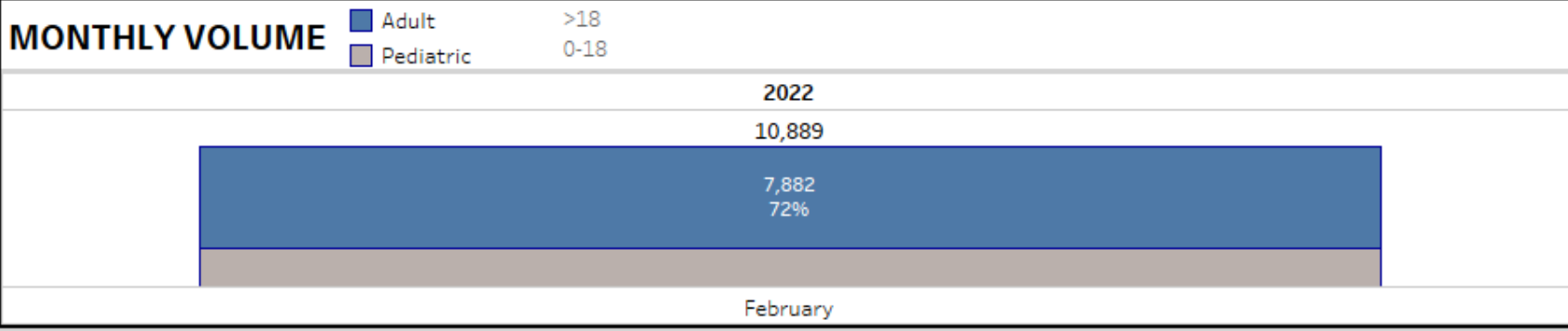
Unique Patients	Patient Visits
 7,289	 10,889

VISIT TYPE

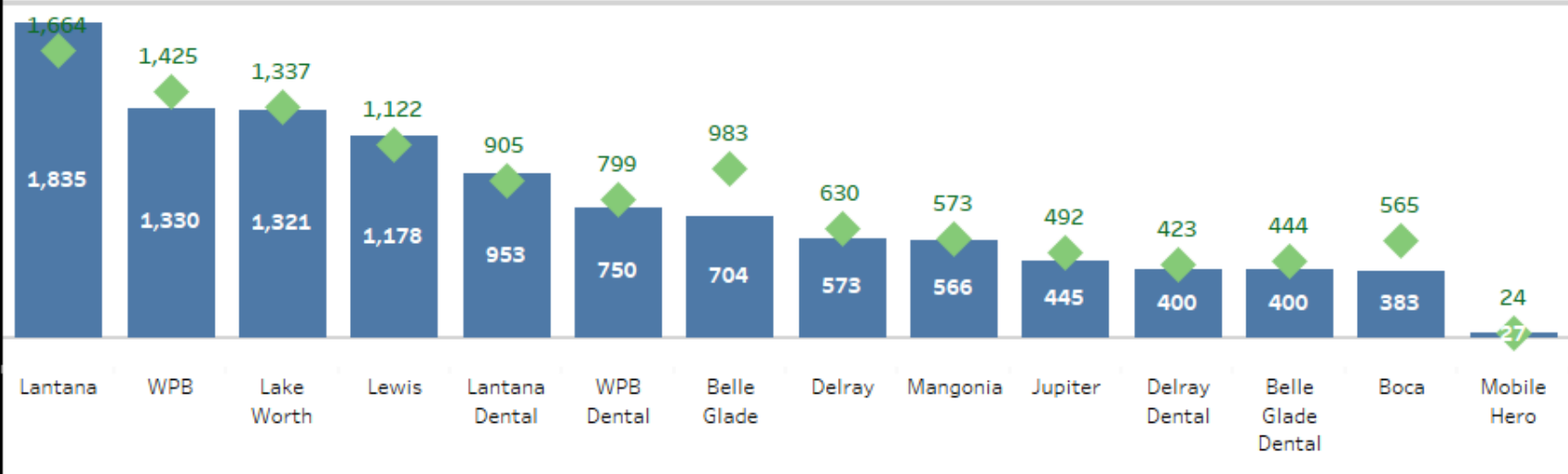
Office Visit	Telemedicine	Nurse Only	Proc. visit	Allied Health
10,523 7,240	331 250	24 23	9 9	2 2
				

VOLUME BY CLINIC

	Patient Visits	Unique Patients
LANTANA PRIMARY	1,673	1,566
WEST PALM PRIMARY	1,189	1,082
LANTANA DENTAL	953	677
LEWIS BH	886	345
WEST PALM DENTAL	750	607
LAKE WORTH PRIMARY	642	621
BELLEGLADE PRIMARY	601	555
LAKE WORTH WOMENS	510	416
MANGONIA BH	457	209
DELRAY PRIMARY	450	436
JUPITER PRIMARY	446	440
BELLEGLADE DENTAL	400	250
DELRAY DENTAL	400	306
BOCA PRIMARY	383	370
LEWIS PRIMARY	299	239
LAKE WORTH BH	170	165
LANTANA BH	165	162
WEST PALM BH	144	135
DELRAY BH	124	122
MANGONIA PRIMARY	117	92
BELLEGLADE WOMENS	52	44
BELLEGLADE BH	51	51
MOB 3 HERO	27	27



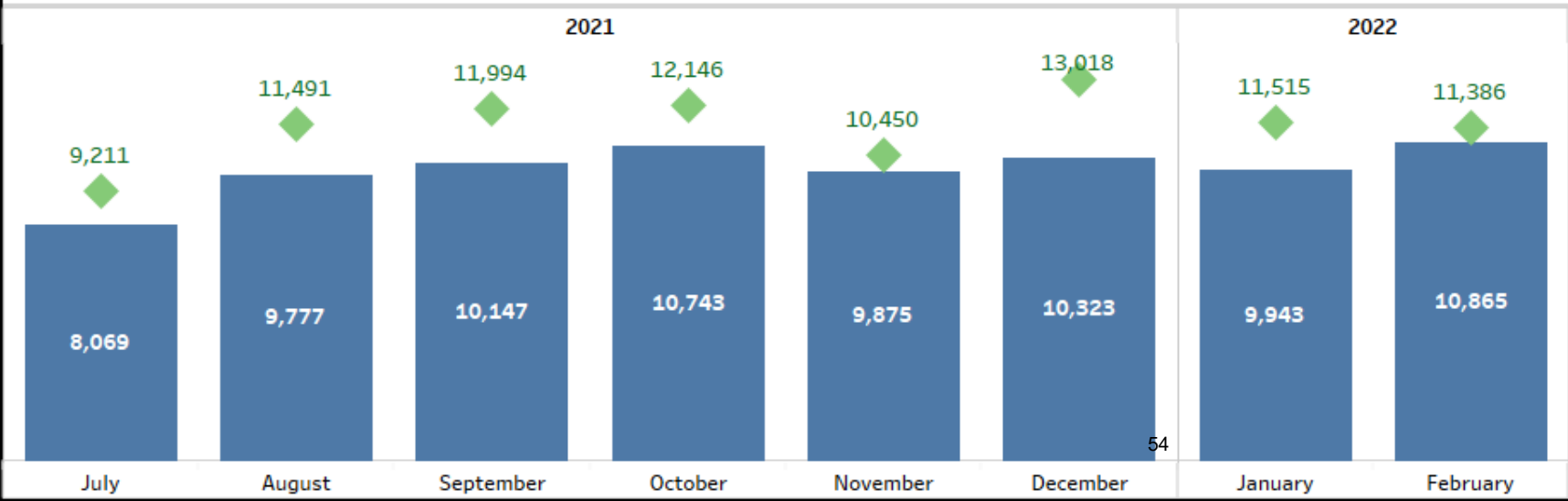
VOLUME BY CLINIC ◆ Target



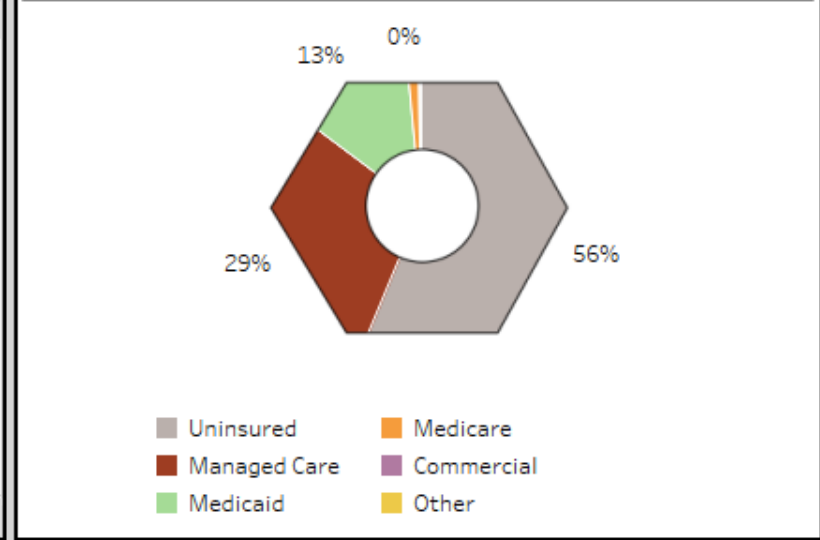
VISIT TYPE

	In Person	Tele Health	Total
Adult	3,730	23	3,753
Adult/Peds	535	2	537
Behavioral Health	581	75	656
Dental	2,503		2,503
OB/GYN	562		562
Pediatric	1,531		1,531
Substance Abuse	1,116	231	1,347
Total	10,558	331	10,889

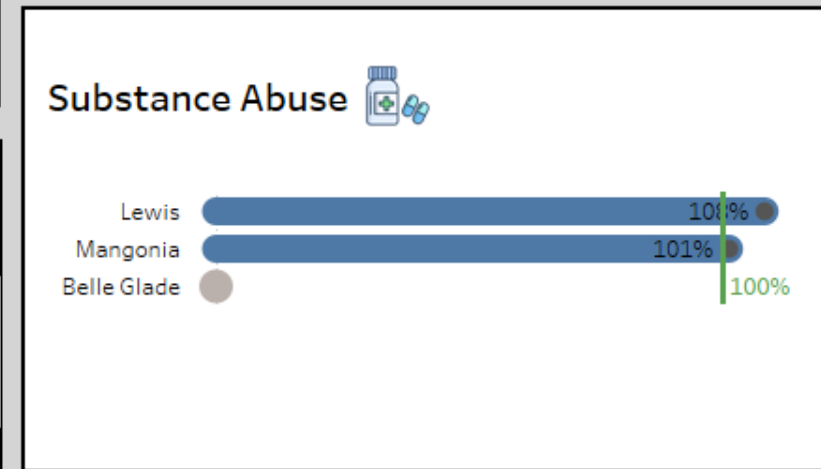
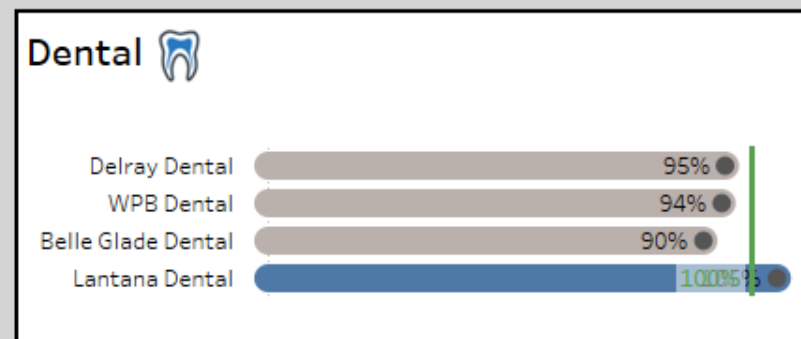
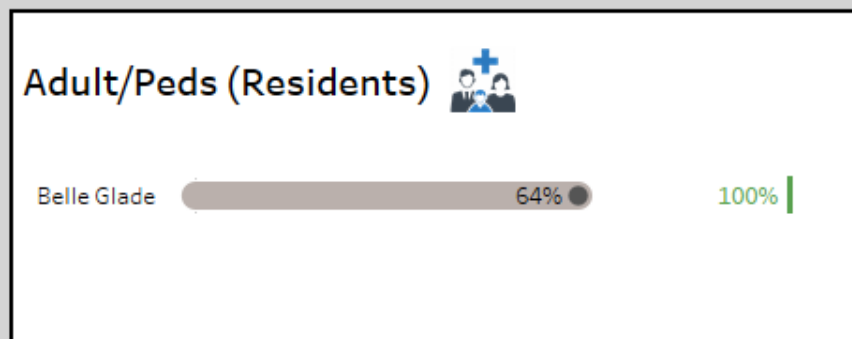
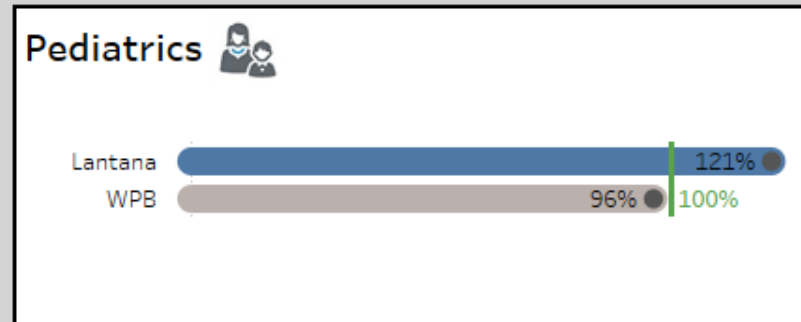
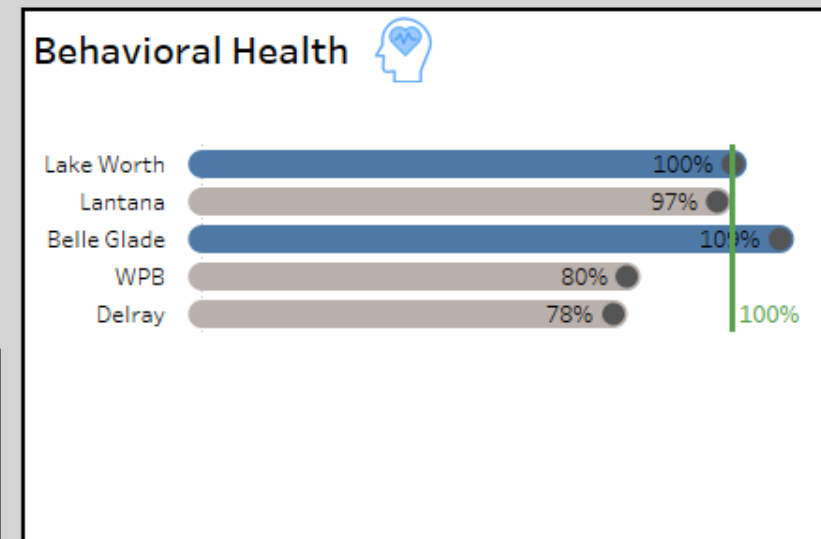
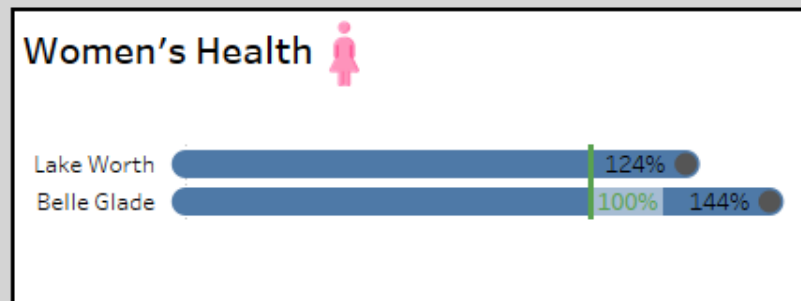
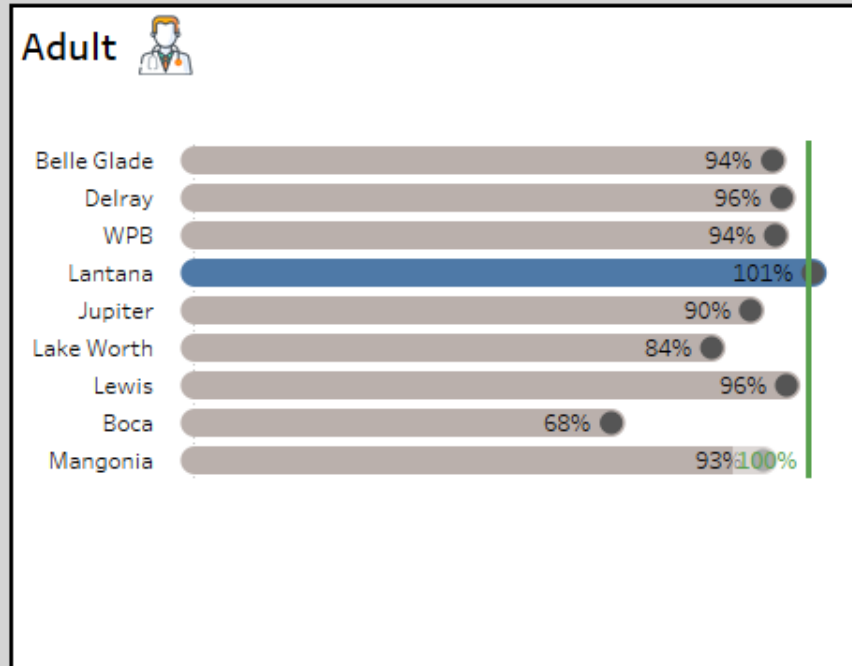
MONTHLY TREND



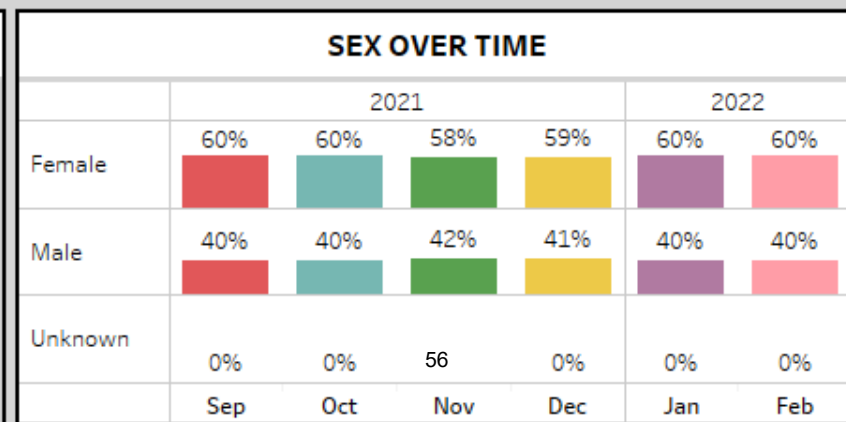
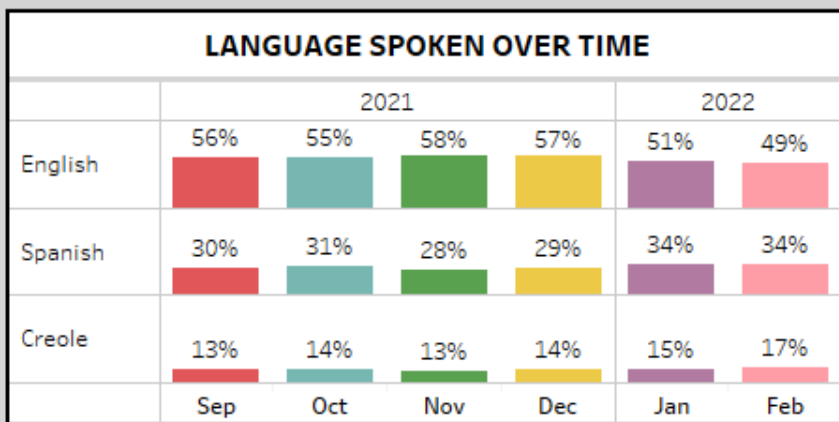
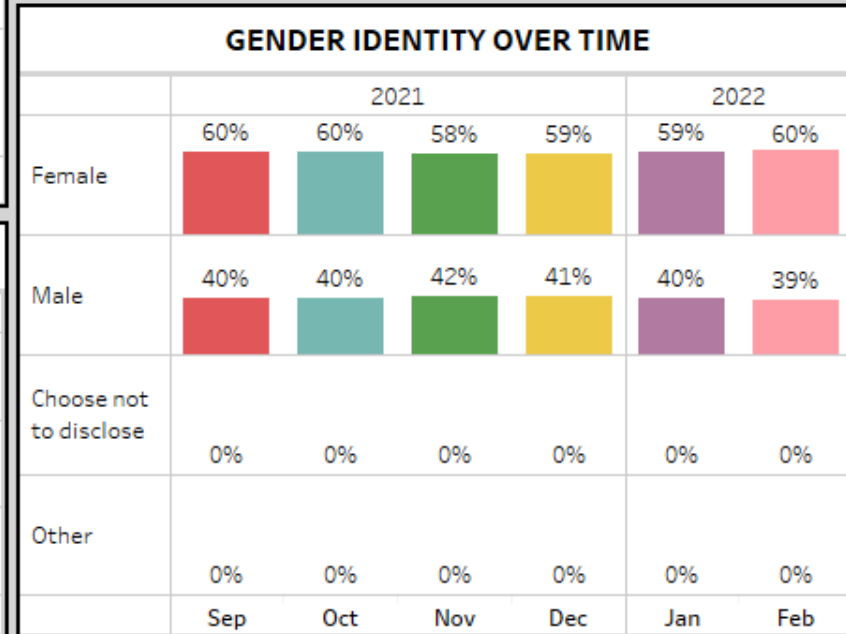
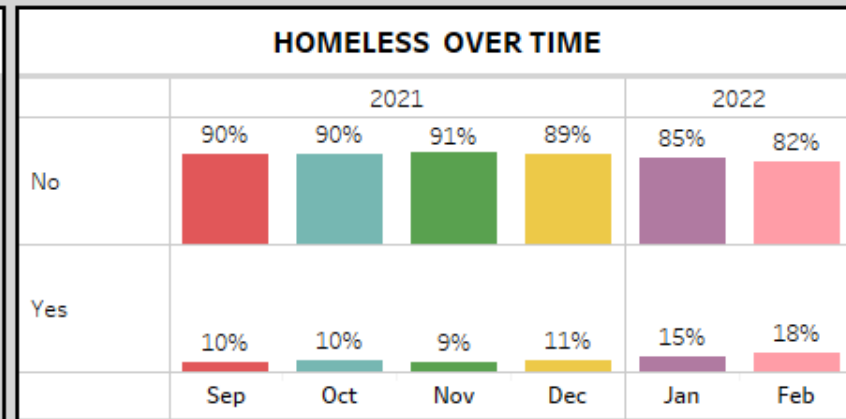
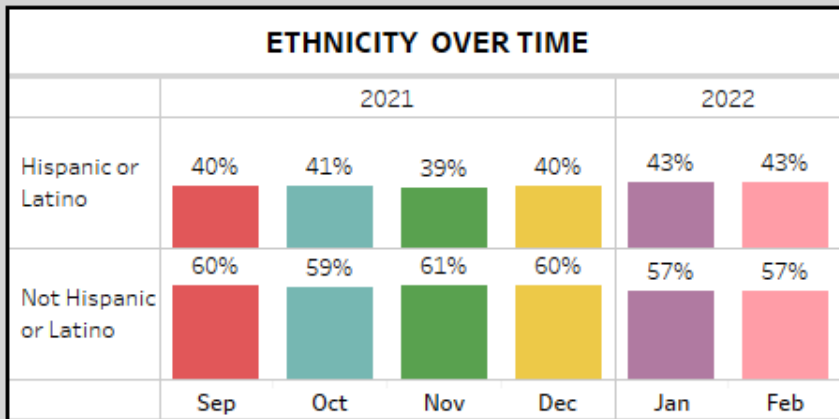
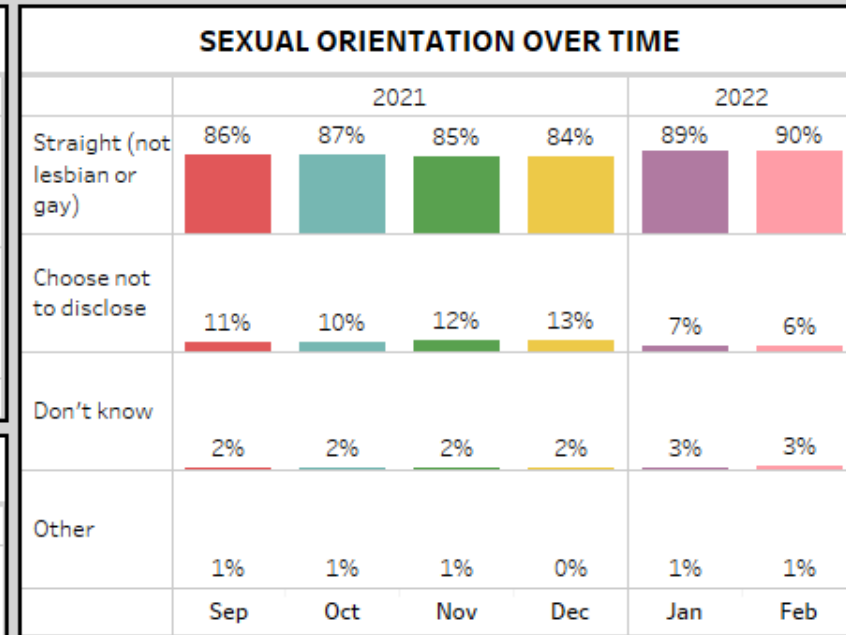
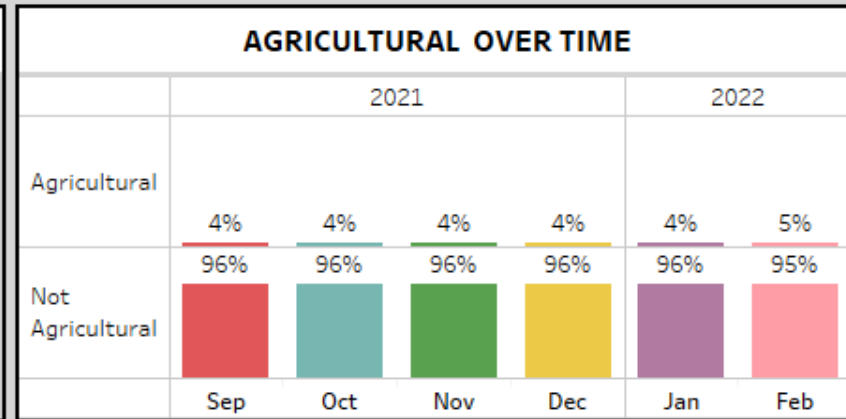
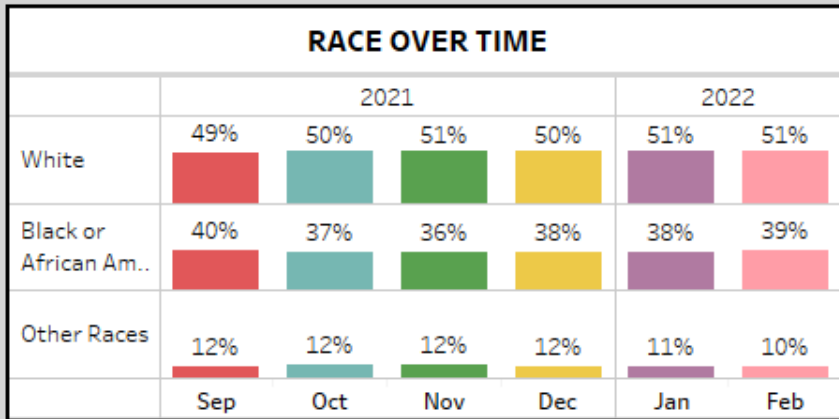
PAYOR MIX



■ Target Met ■ Target Not Met

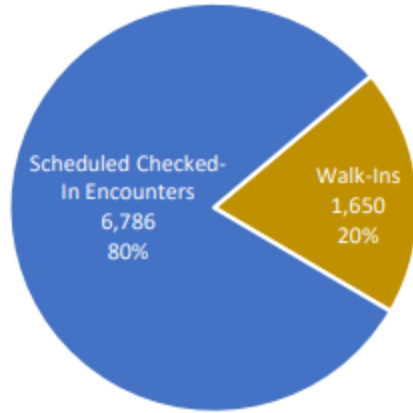


DEMOGRAPHICS TRENDED OVERTIME FOR THE LAST SIX MONTHS

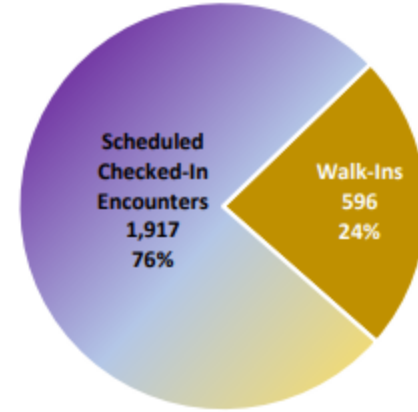


Number and percentage of Walk-Ins. Seen in February 2022 at C. L. Brumback Primary Care Clinics

Walk-ins Adult Medical, Pediatric, Women's Health, BH / SA
February 2022

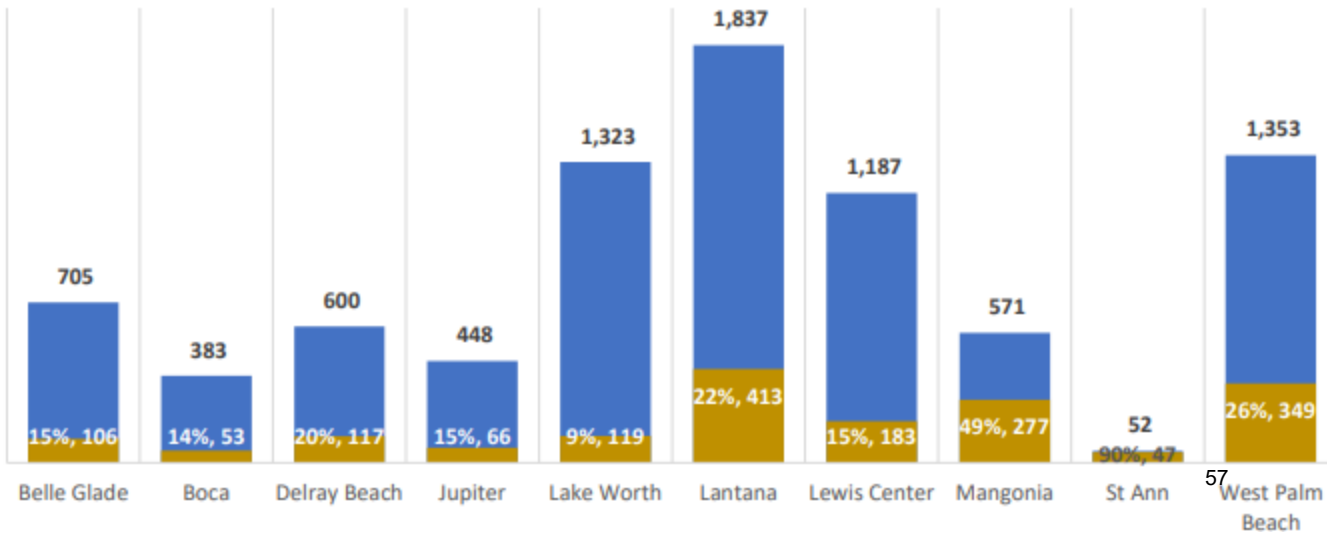


Walk-ins Dental
February 2022



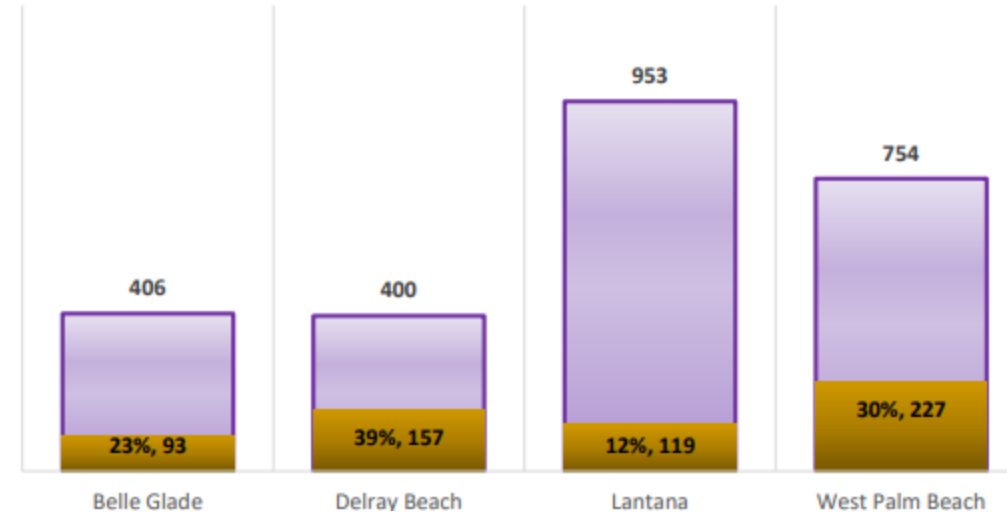
Walk-ins Adult Medical, Pediatric, Women's Health, BH / SA by Clinic
February 2022

■ Scheduled Checked-In Encounters ■ Medical Walk-Ins



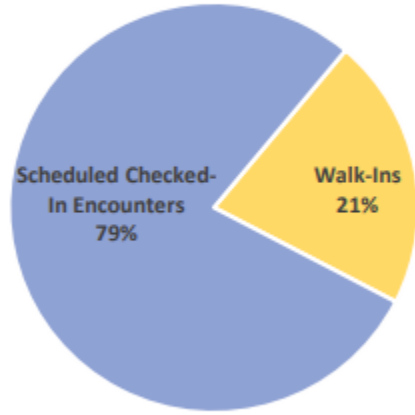
Walk-ins Dental by Clinic
February 2022

■ Scheduled Checked-In Encounters ■ Dental Walk-Ins

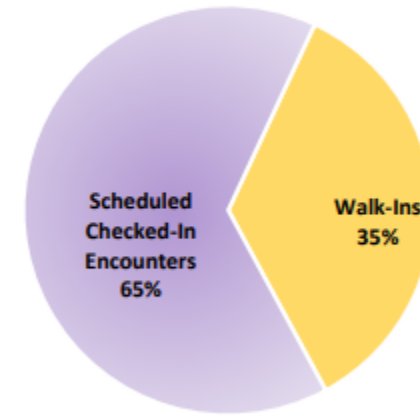


Number and percentage of Walk-Ins. Seen during March 2021 to February 2022 at C. L. Brumback Primary Care Clinics

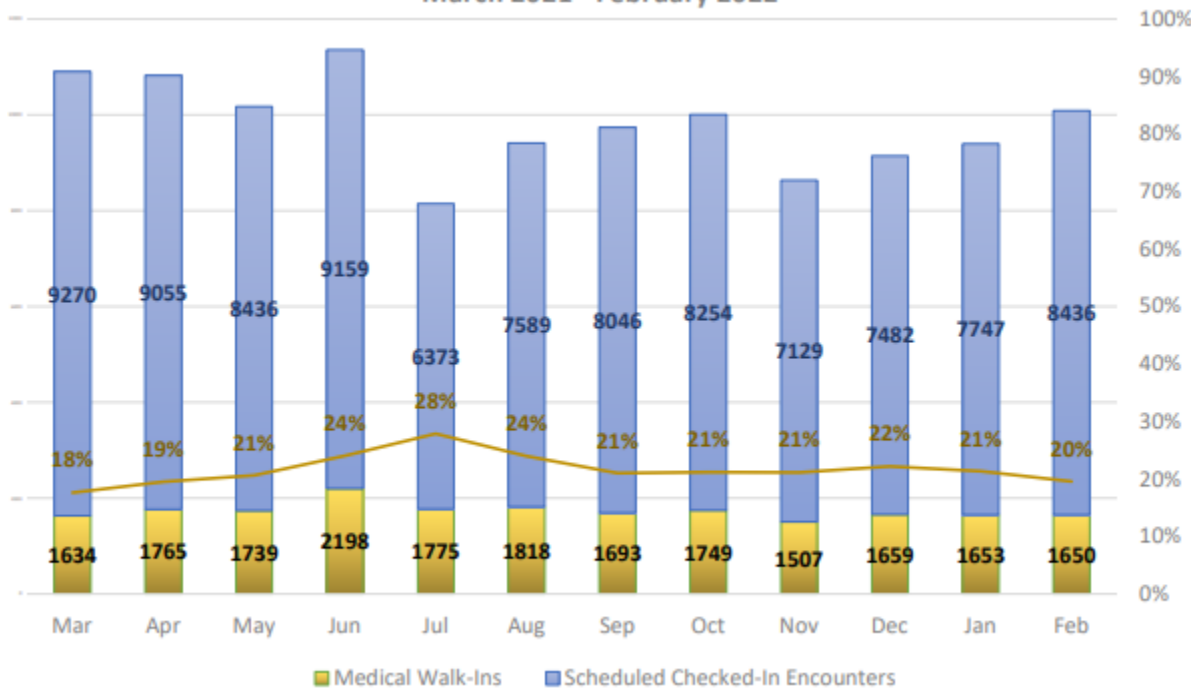
Walk-ins Adult Medical, Pediatric, Women's Health, BH / SA
Mar 2021 - Feb 2022



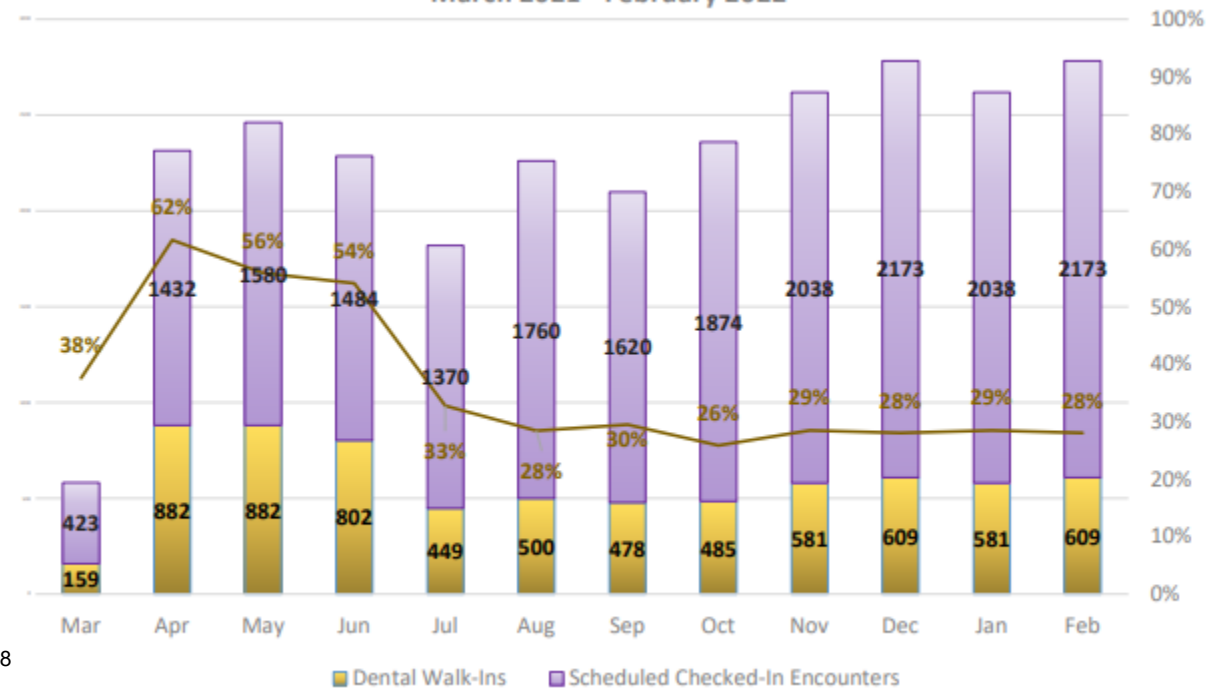
Walk-ins Dental
Mar 2021 - Feb 2022



Walk-ins Adult Medical, Pediatric, Women's Health, BH / SA
March 2021 - February 2022



Walk-ins Dental
March 2021 - February 2022

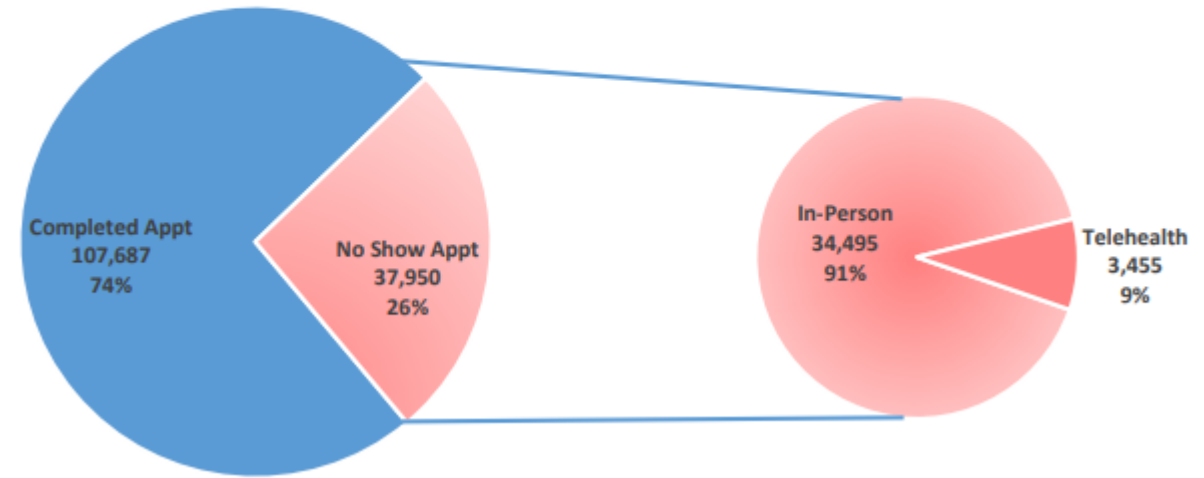
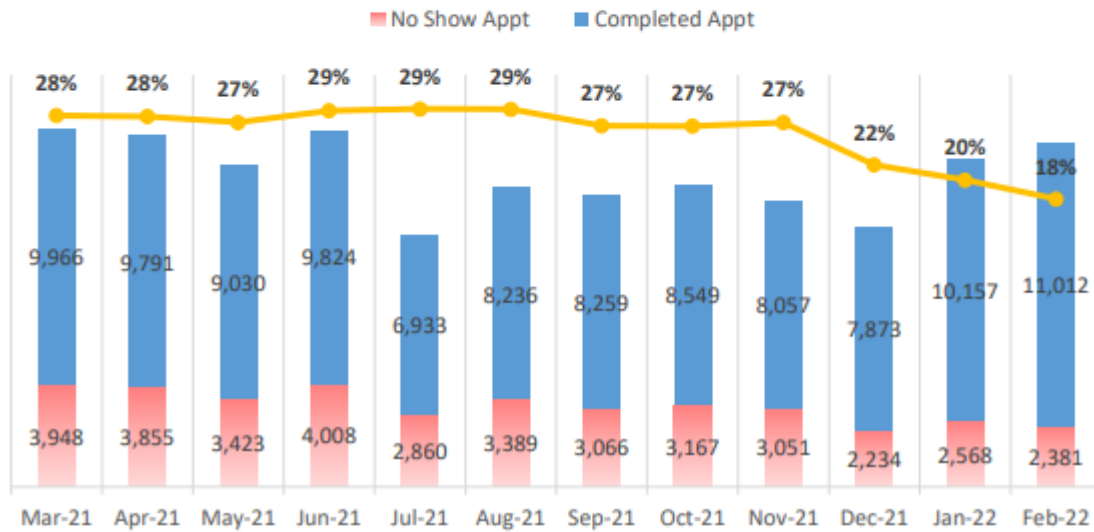


No Show Appointment Analysis

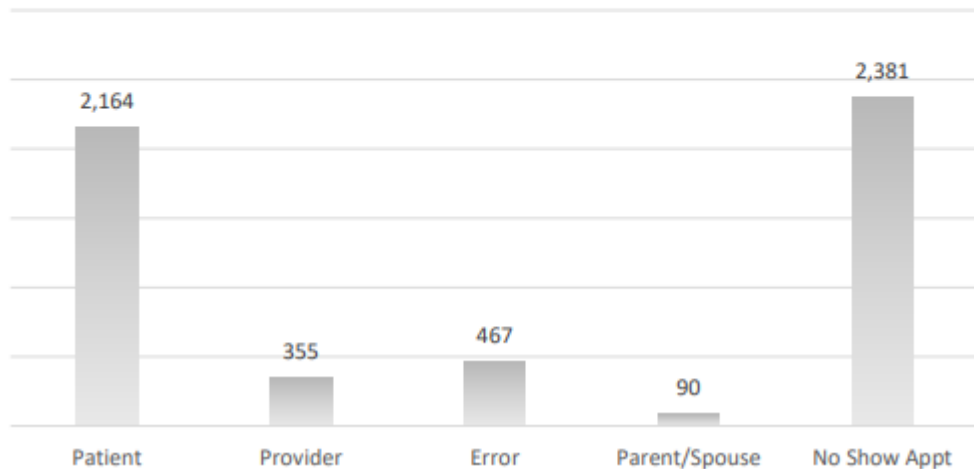
March 2021 – February 2022

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

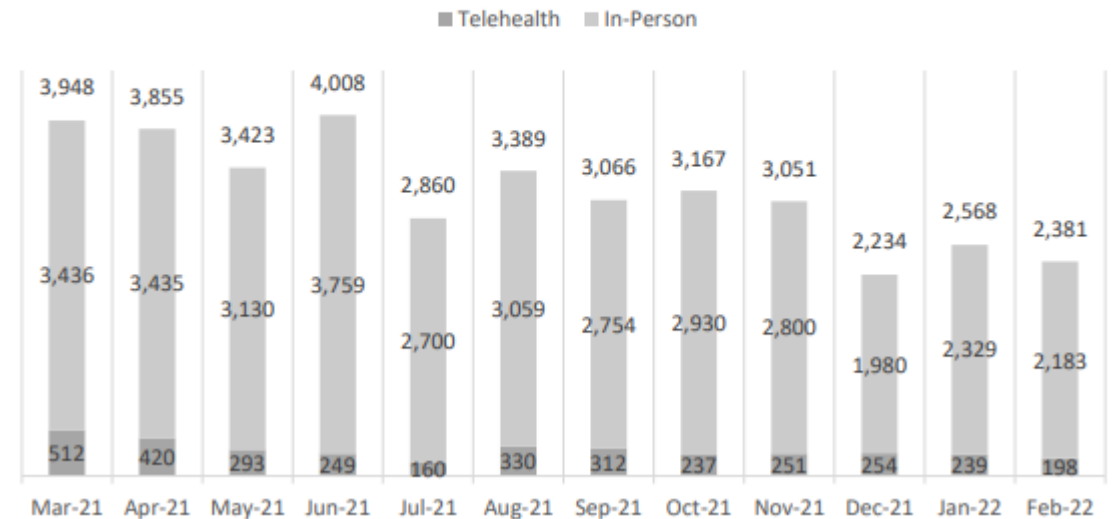
No Shows vs Checked in appointments



Top 5 Cancellation Reasons in February 2022



Telehealth vs In-Person No Shows



DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
April 27, 2022

1. Description: Operations Reports – March 2022

2. Summary:

This agenda item provides the following operations reports for March 2022:

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

3. Substantive Analysis:

In March, the clinics had 12,175 visits which are 1,286 more than the month prior and 2,749 more than March of 2021. The Lantana Clinic had the highest volume with 1,812 visits, followed by the West Palm Beach Clinic with 1,698.

Our payer mix for January reflects 58% uninsured patients and 35% Managed Care.

Productivity targets were met in Women’s Health in Lake Worth, Lantana and West Palm Beach Pediatrics, Behavioral Health in Lake Worth and Substance Abuse in the Lewis Center. In the 90% and higher range were Adult Medical in Belle Glade, Delray, West Palm Beach, Lantana and Jupiter; Dental in Delray, Lantana and West Palm Beach, Belle Glade and Delray Behavioral Health and Substance Abuse in West Palm Beach, where the team temporarily saw patients four days in March.

The largest age group of patients were ages 30-39 with 15%. 50% of patients reported as White, followed by 39% as Black or African American. 42% of patients reported as Hispanic or Latino. 51% of patients’ primary language was English, followed by Spanish at 33%. Creole-speaking totaled 16%. 60% of patients identified as female and 90% as straight. 4% of patients reported as Agricultural workers, of which 80% were seasonal and 20% were migrants. 18% of patients reported as homeless, of which 74% were Doubling Up.

In March, the number of patients who walked in and were seen the same day totaled 2,458. 19% of patients seen in medical were walk-ins, and 25% of patients seen in dental were walk-ins. The West Palm Beach medical clinic had the highest volume of walk-ins with 382, followed by the Lantana and Mangonia medical clinics with 375 each. The West Palm Beach dental clinic had the highest volume of walk-ins with 258, followed by the Delray Beach dental clinic with 191 walk-ins. The medical clinics’ rolling 12-month average walk-ins’ percentage is 22% and the dental clinic’s rolling 12-month average walk-in percentage is 37%. March showed a decrease of 1% in medical and 3% in dental walk-ins from the previous month.

The No Show rate in March was 16%. The Tele no-show rate remains at 9% of the total no-shows in the past 12 months.

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
April 27, 2022

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

 Candice Abbott
 VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A


 Committee Name

 Date Approved

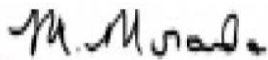
6. Recommendation:

Staff recommends that the Board approve the Operations Reports for March 2022.

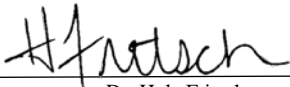
Approved for Legal sufficiency:



 Bernabe Icaza
 VP & General Counsel





 Marisol Miranda
 Director of Clinic Operations








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

TOTALS

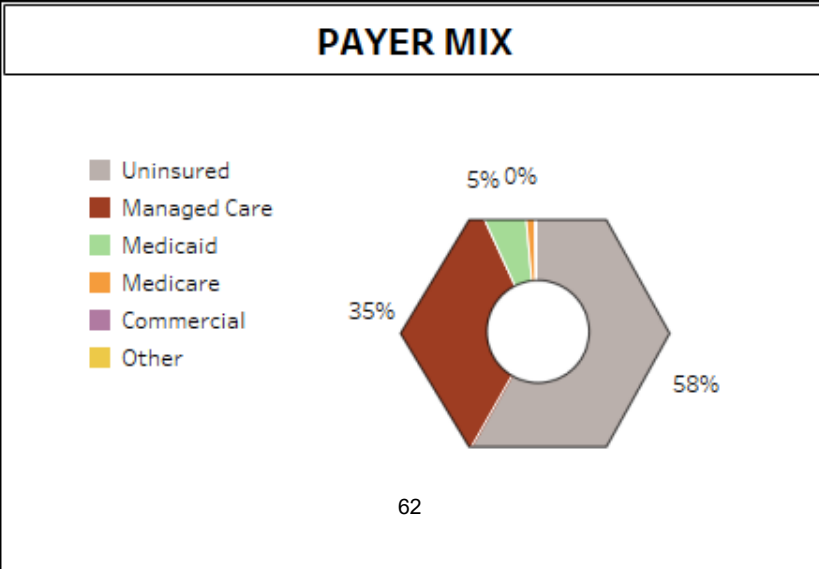
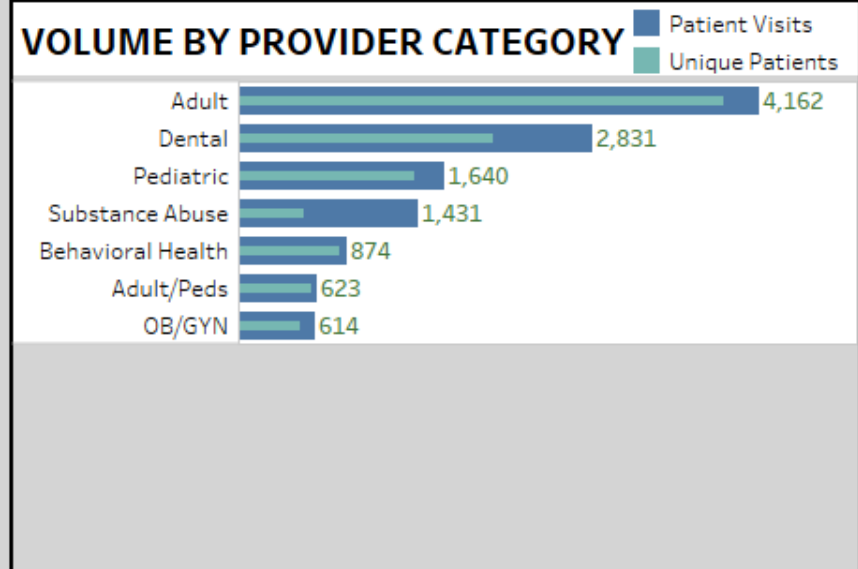
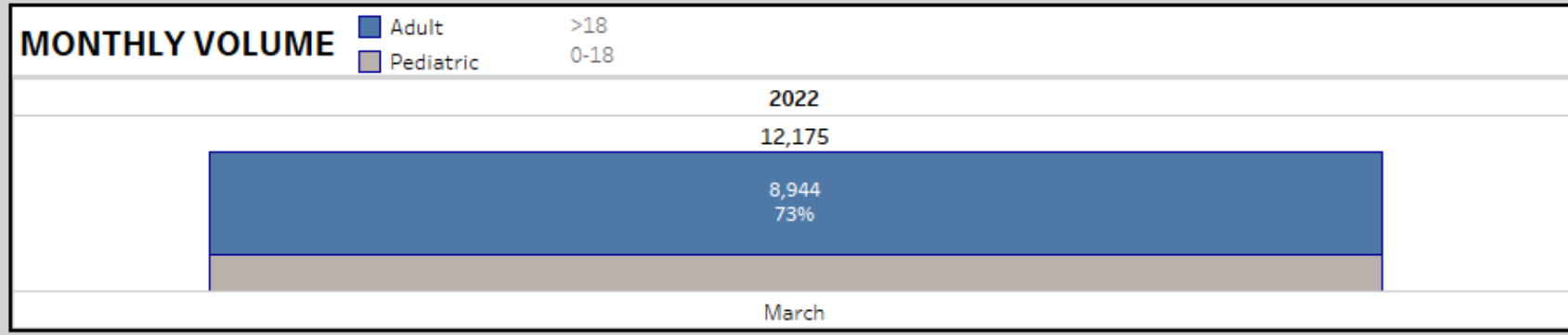
Unique Patients	Patient Visits
 7,893	 12,175

VISIT TYPE

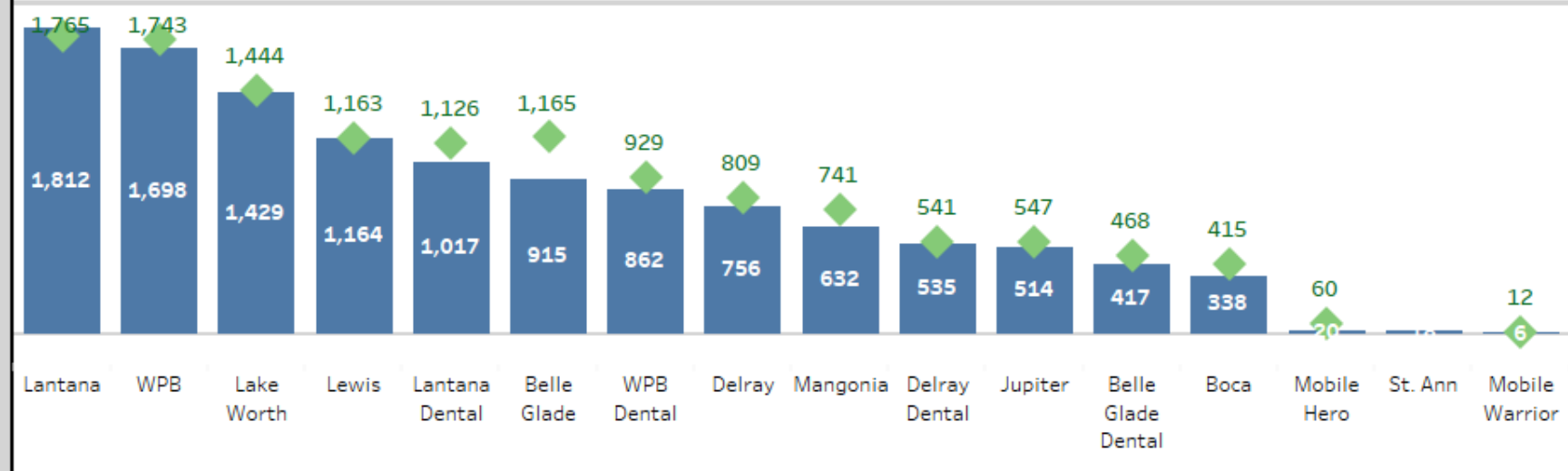
Office Visit	Telemedicine	Nurse Only	Proc. visit	Allied Health
11,723 7,825	396 268	43 42	11 11	3 3
				

VOLUME BY CLINIC

	Patient Visits	Unique Patients
LANTANA PRIMARY	1,685	1,548
WEST PALM PRIMARY	1,405	1,276
LANTANA DENTAL	1,017	726
LEWIS BH	926	335
WEST PALM DENTAL	862	687
BELLEGLADE PRIMARY	732	678
LAKE WORTH PRIMARY	649	643
DELRAY PRIMARY	569	544
LAKE WORTH WOMENS	556	441
DELRAY DENTAL	535	365
JUPITER PRIMARY	517	490
BELLEGLADE DENTAL	417	265
MANGONIA BH	403	218
BOCA PRIMARY	339	332
WEST PALM BH	302	256
LEWIS PRIMARY	247	201
MANGONIA PRIMARY	239	160
LAKE WORTH BH	226	217
DELRAY BH	188	185
LANTANA BH	133	119
BELLEGLADE BH	125	113
BELLEGLADE WOMENS	58	50
MOB 3 HERO	20	20
CLB ST ANN PRIMARY	18	16
MOB 1 WARRIOR	6	6
BOCA BH	2	2



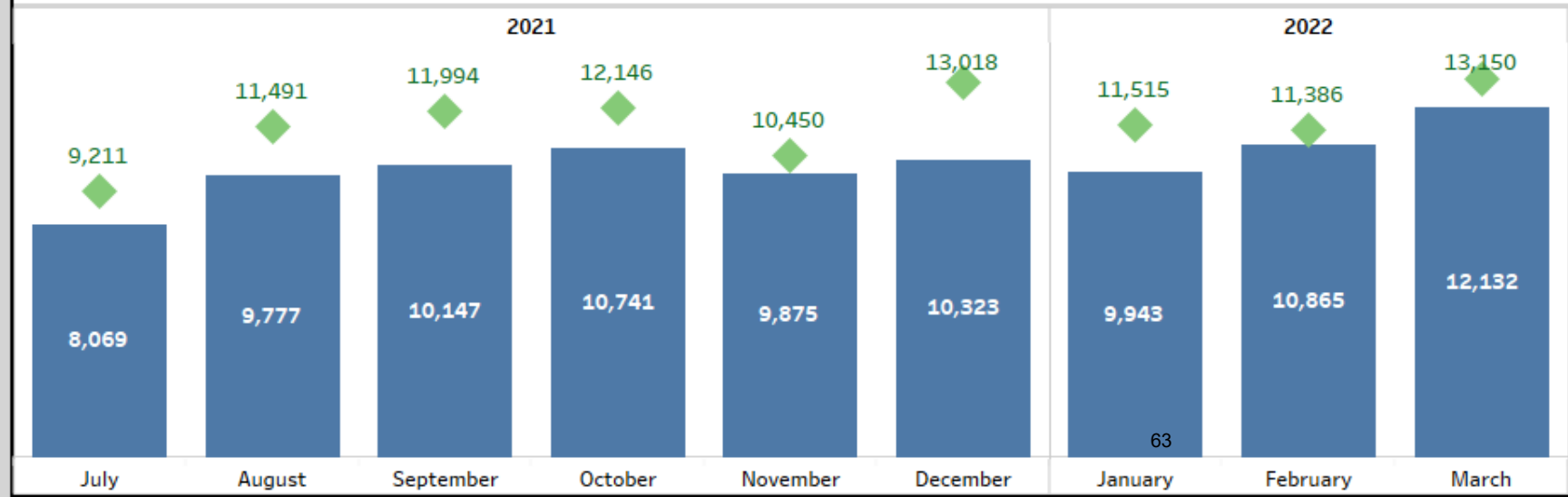
VOLUME BY CLINIC ◆ Target



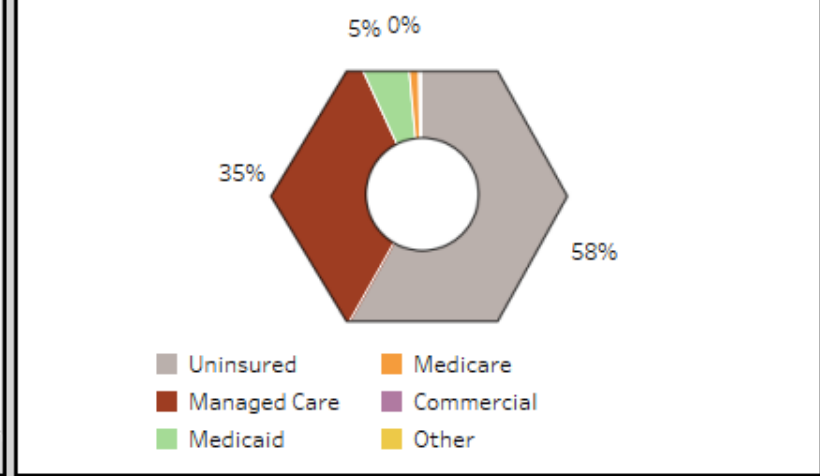
VISIT TYPE

	In Person	Tele Health	Total
Adult	4,144	18	4,162
Adult/Peds	623		623
Behavioral Health	750	124	874
Dental	2,831		2,831
OB/GYN	614		614
Pediatric	1,640		1,640
Substance Abuse	1,177	254	1,431
Total	11,779	396	12,175

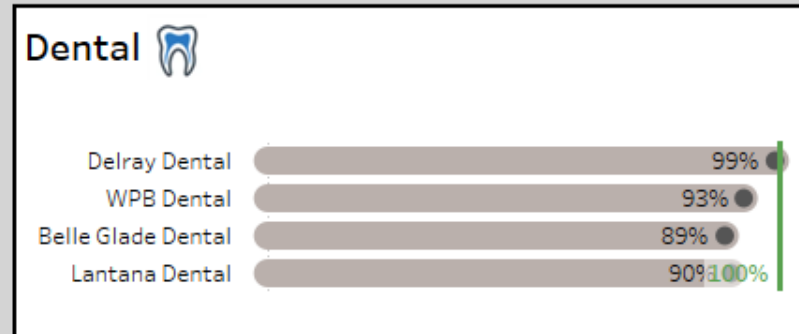
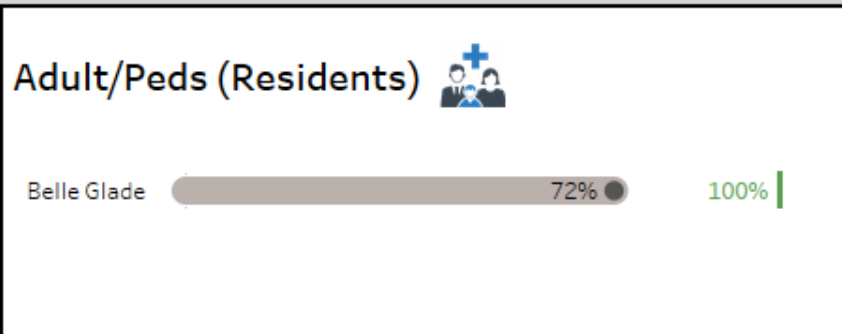
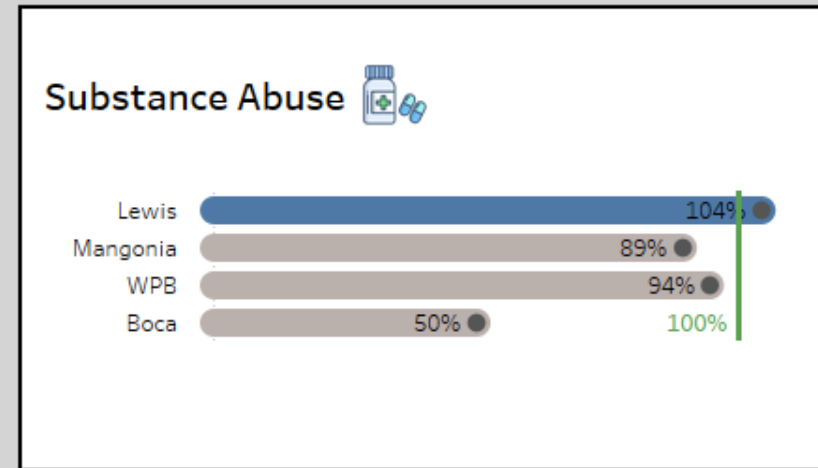
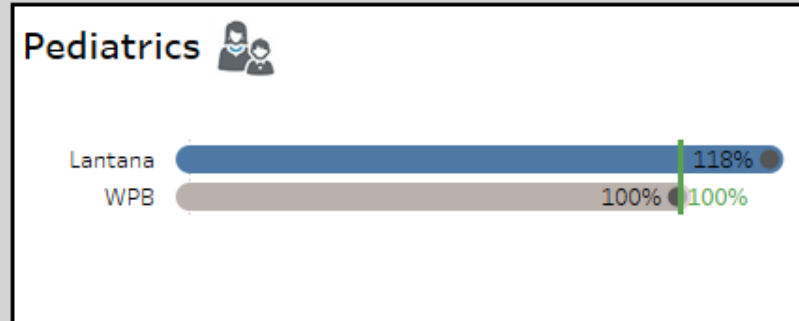
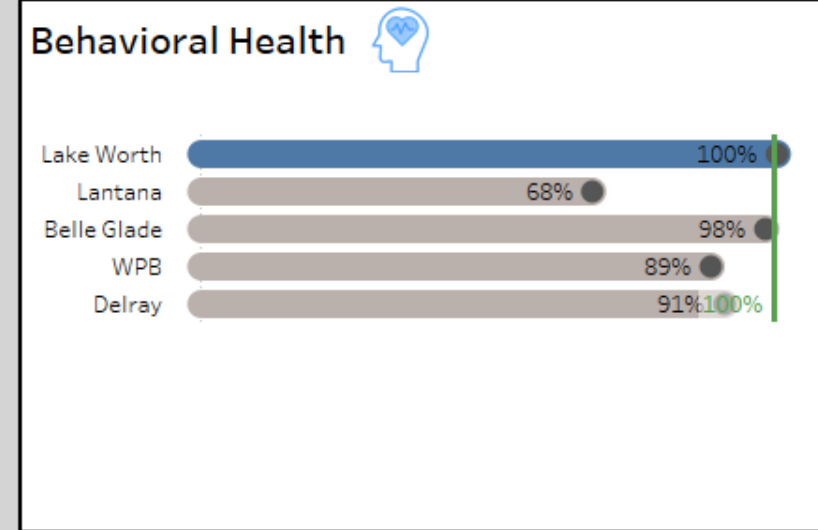
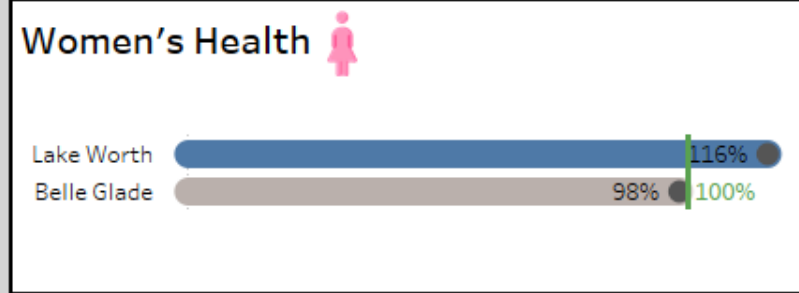
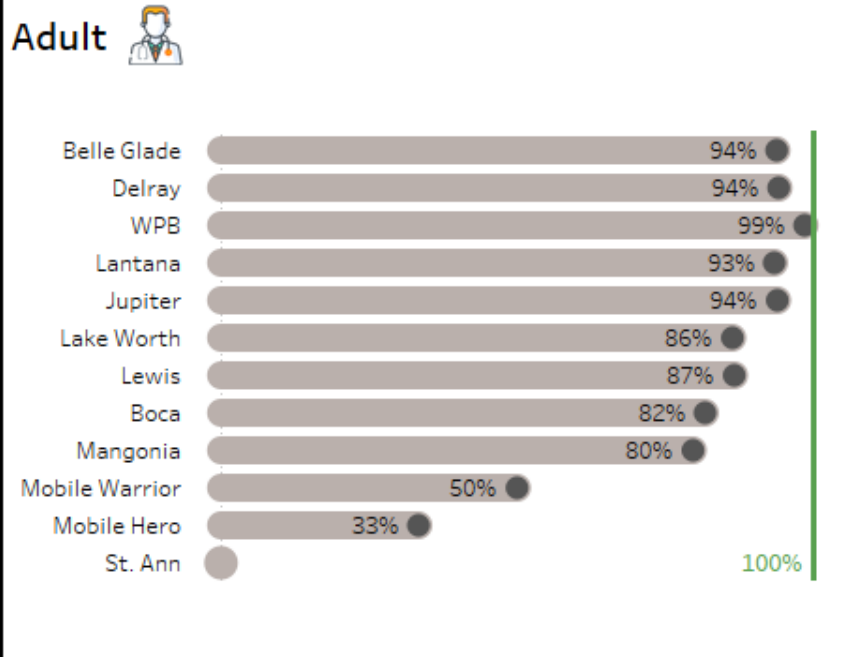
MONTHLY TREND



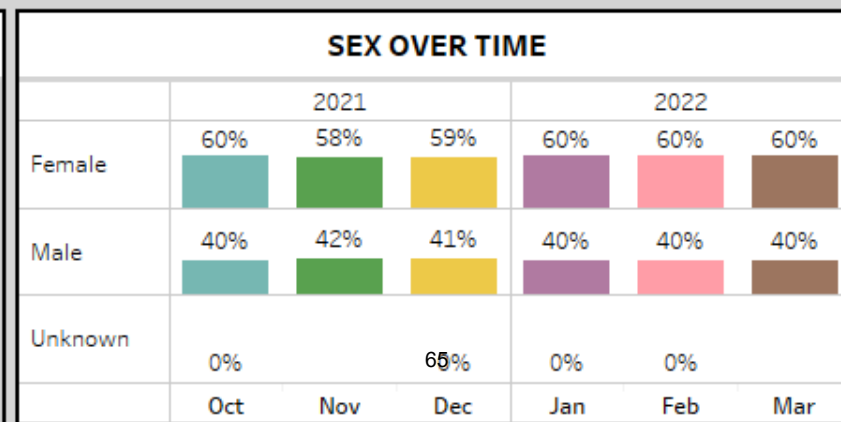
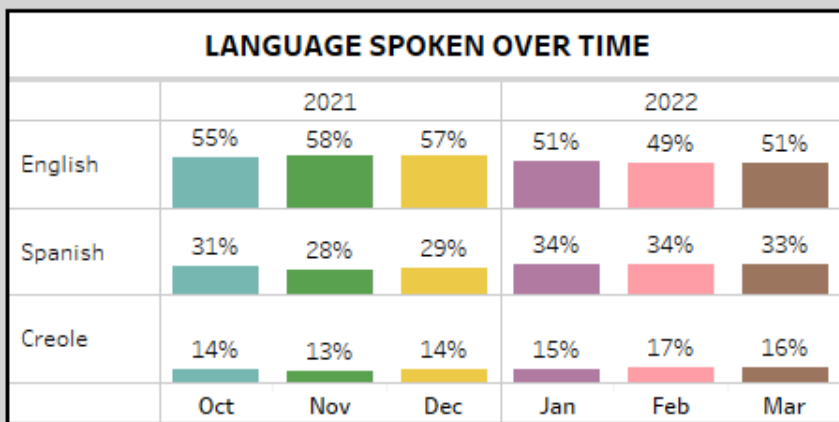
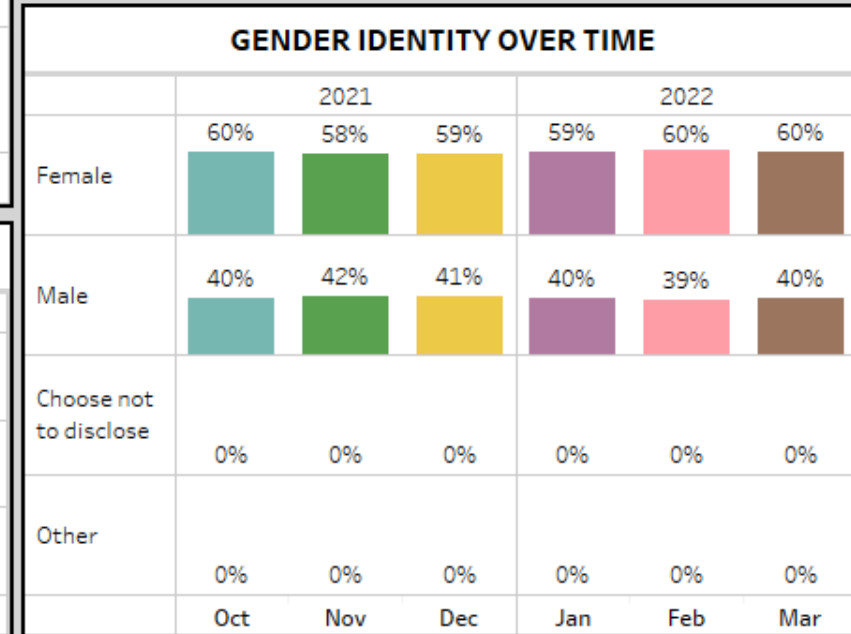
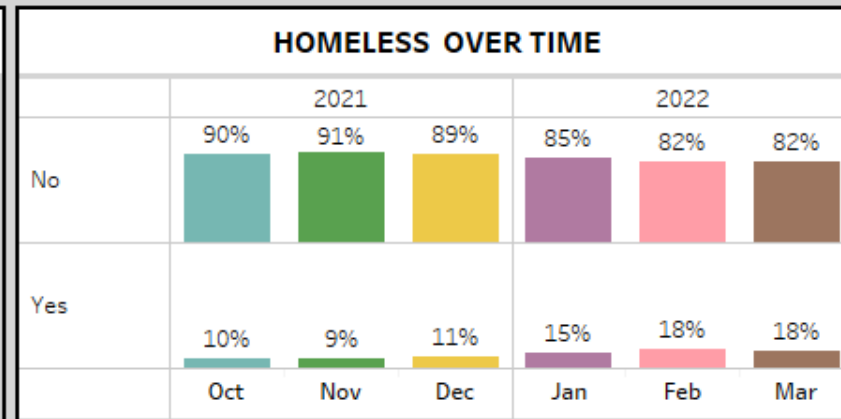
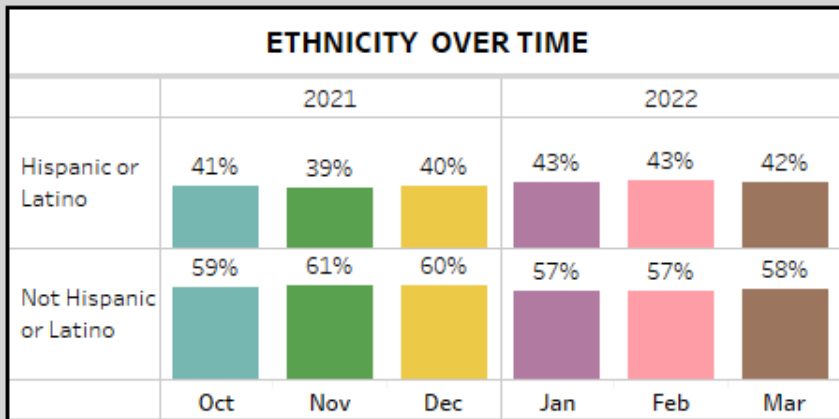
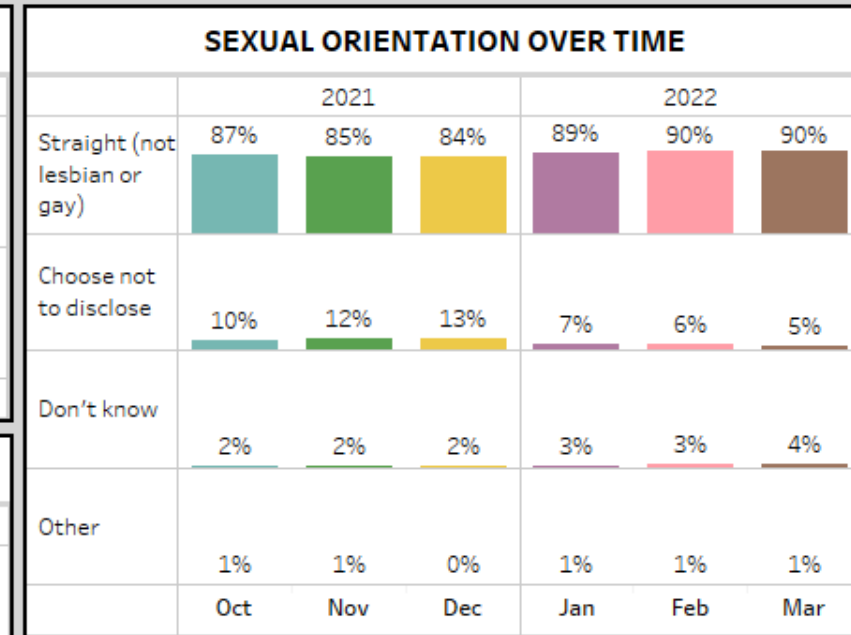
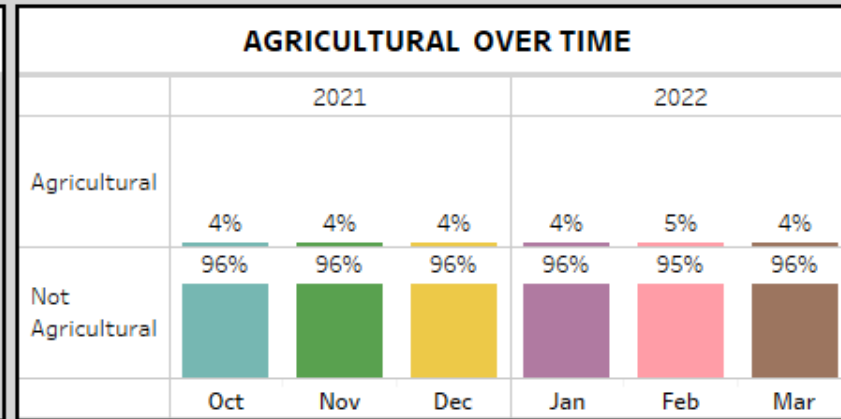
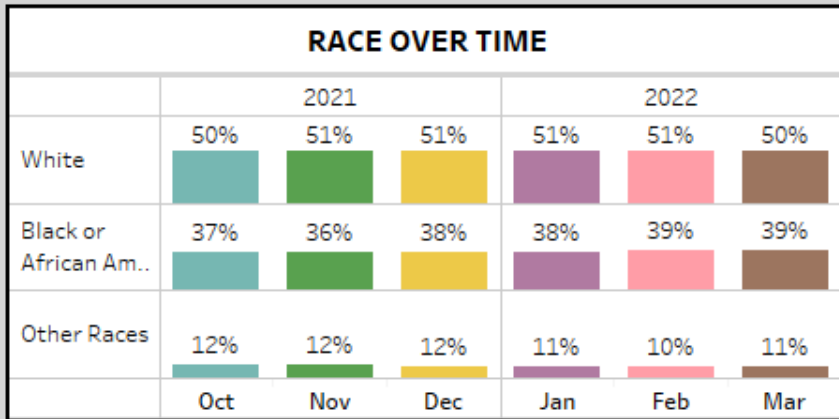
PAYOR MIX



■ Target Not Met

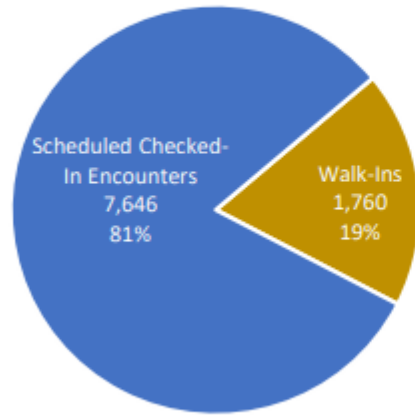


DEMOGRAPHICS TRENDED OVERTIME FOR THE LAST SIX MONTHS

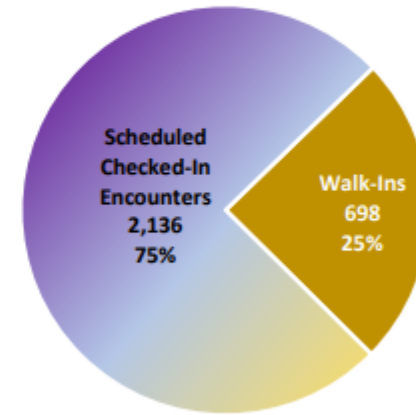


Number and percentage of Walk-Ins. Seen in March 2022 at C. L. Brumback Primary Care Clinics

Walk-ins Adult Medical, Pediatric, Women's Health, BH / SA
March 2022

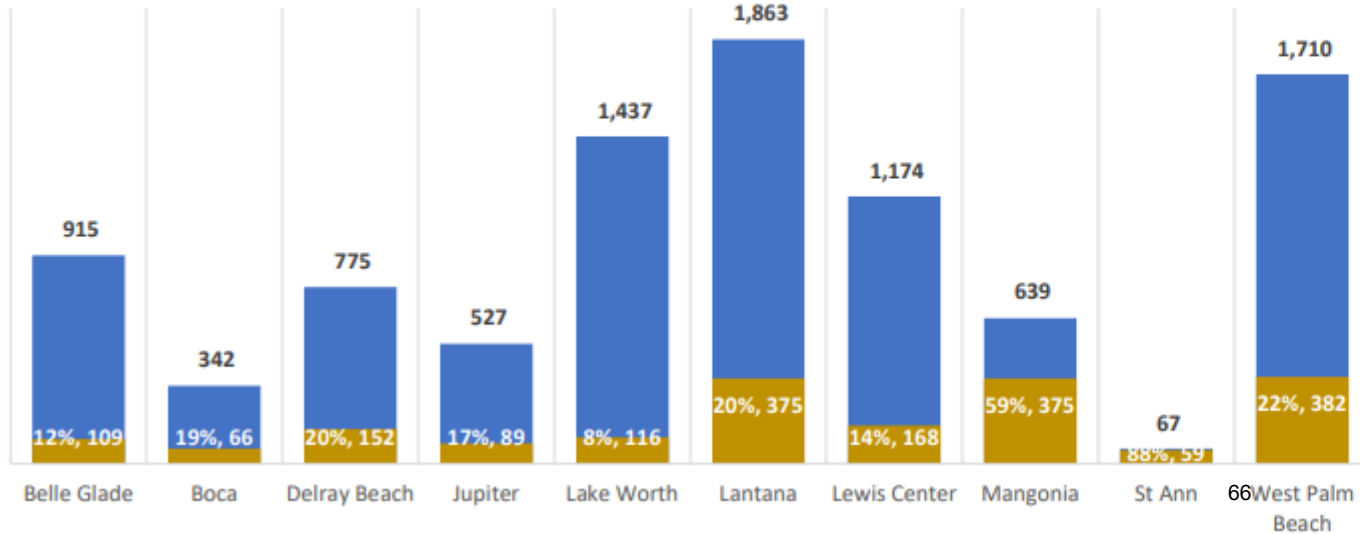


Walk-ins Dental
March 2022



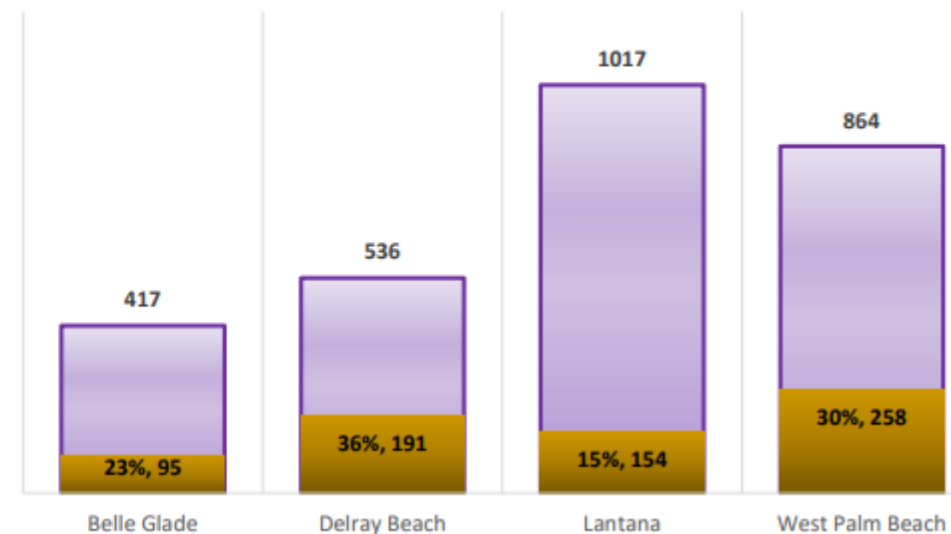
Walk-ins Adult Medical, Pediatric, Women's Health, BH / SA by Clinic
March 2022

■ Scheduled Checked-In Encounters ■ Medical Walk-Ins



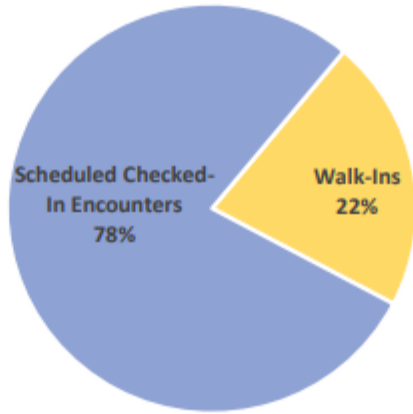
Walk-ins Dental by Clinic
March 2022

■ Scheduled Checked-In Encounters ■ Dental Walk-Ins

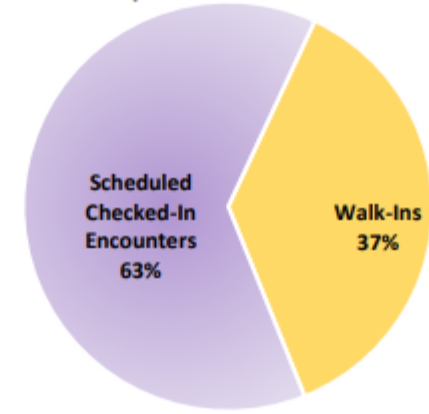


Number and percentage of Walk-Ins. Seen during April 2021 to March 2022 at C. L. Brumback Primary Care Clinics

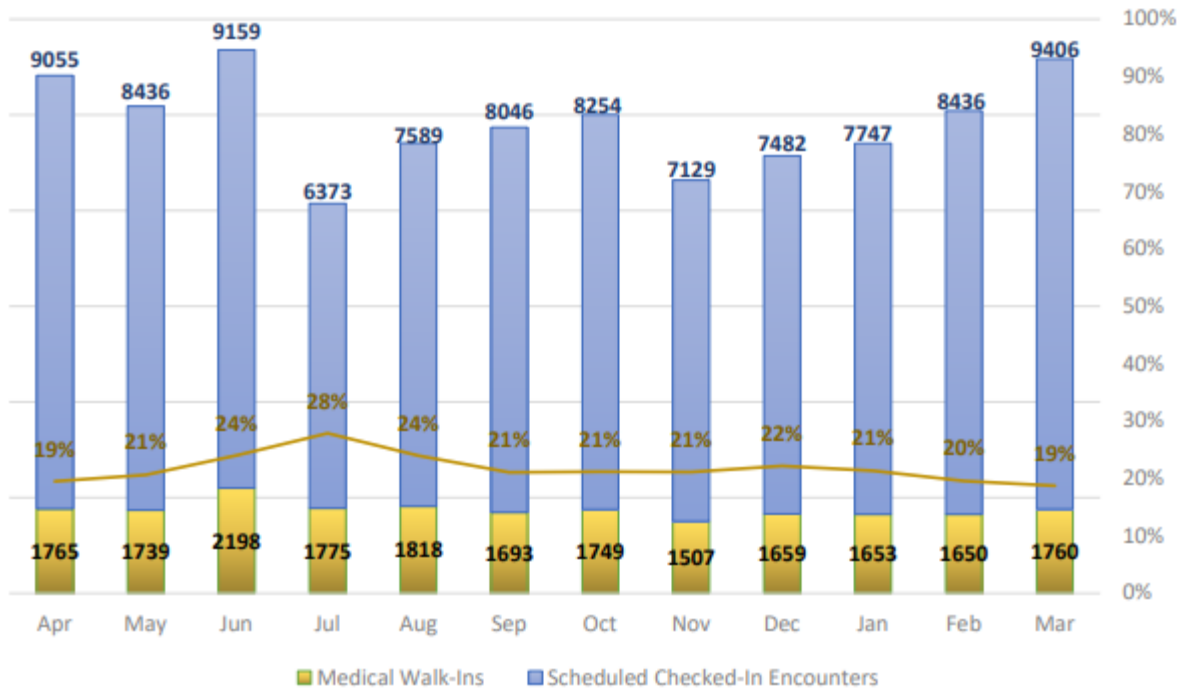
Walk-ins Adult Medical, Pediatric, Women's Health, BH / SA
Apr 2021 - March 2022



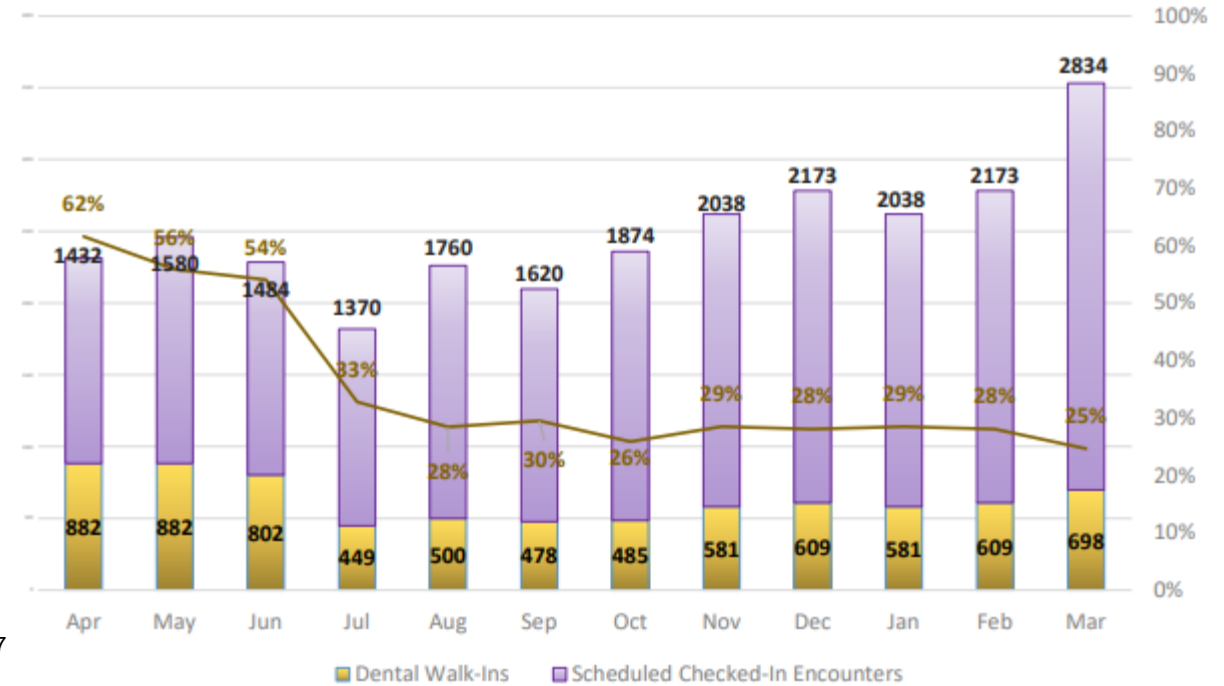
Walk-ins Dental
Apr 2021 - March 2022



Walk-ins Adult Medical, Pediatric, Women's Health, BH / SA
April 2021 - March 2022



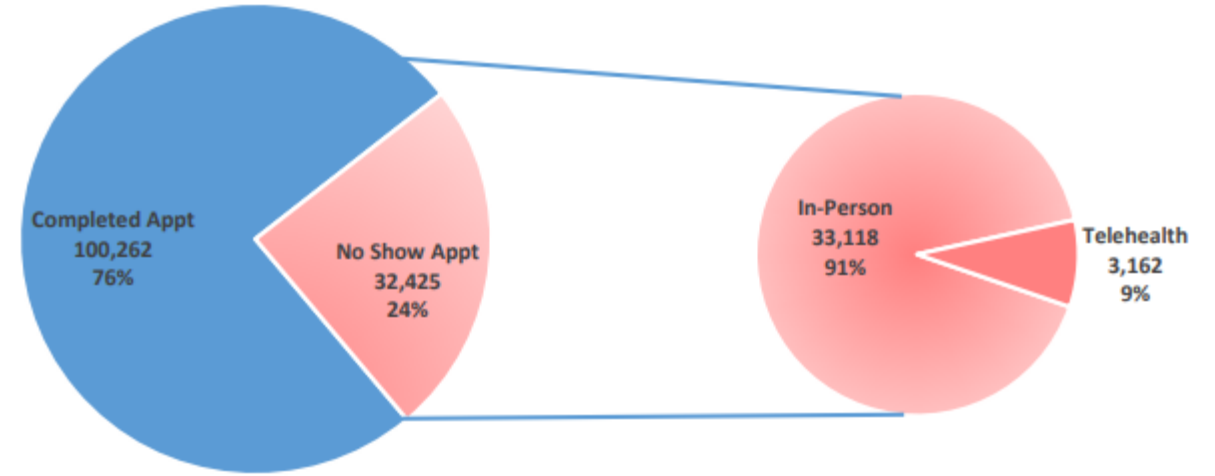
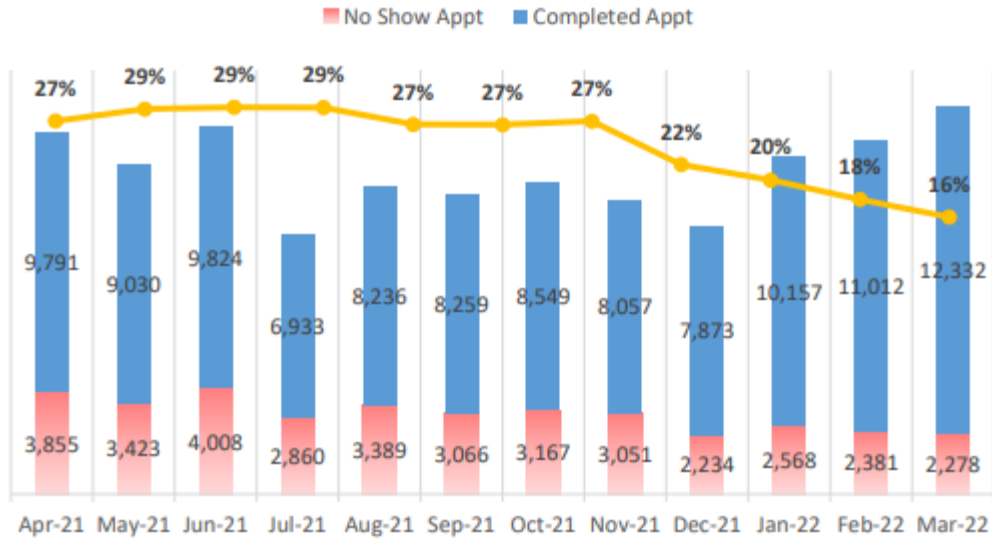
Walk-ins Dental
April 2021 - March 2022



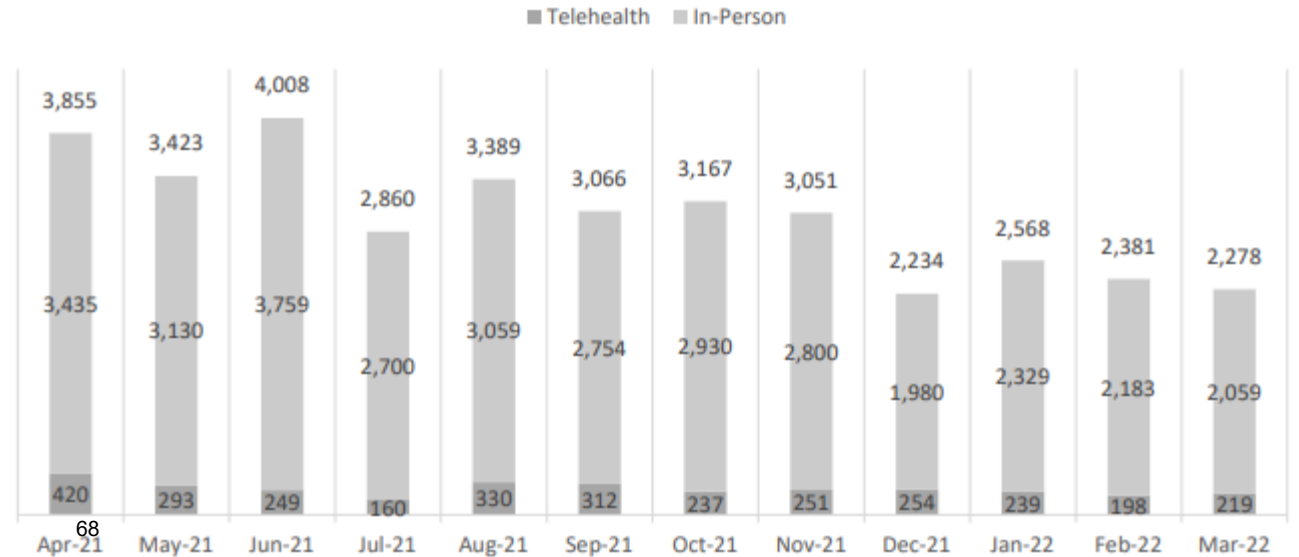
No Show Appointment Analysis April 2021 – March 2022

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

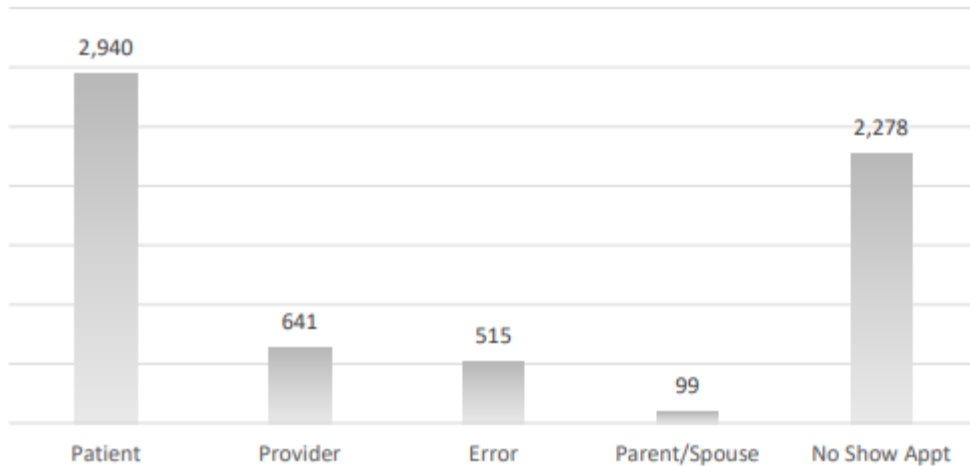
No Shows vs Checked in appointments



Telehealth vs In-Person No Shows



Top 5 Cancellation Reasons in March 2022



DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
April 27, 2022

1. Description: Quality Report

2. Summary:

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

- Quality Council Meeting Minutes April 2022
- UDS Report – YTD
- Provider Productivity – March 2022

3. Substantive Analysis:

PATIENT SAFETY & ADVERSE EVENTS

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

PATIENT SATISFACTION AND GRIEVANCES

Patient relations to be presented as a separate agenda item.

QUALITY ASSURANCE & IMPROVEMENT

- **Epic optimization:** Created Smart Sets in Epic to improve our UDS metrics, resulting in increases in the following measures: Adult Weight Screening and Follow Up, Breast Cancer Screening and Weight Screening and Counseling for Children and Adolescents.
- **Diabetes Control:** We continue to show steady improvement in our diabetes measures. We significantly increased Point Of Care (POC) A1C testing for our diabetic patients (70% of diabetic patients in February compared to 10% of diabetic patients in January). The most recent UDS report shows our patients are currently controlled at 64%, up from 57% last month. HRSA's goal is to have 67% of patients with controlled diabetes.

UTILIZATION OF HEALTH CENTER SERVICES

Individual monthly provider productivity is stratified by clinic.

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
April 27, 2022

N/A

Candice Abbott
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

Committee Name

Date Approved

6. Recommendation:

Staff recommends the Board approve the updated Quality Report.

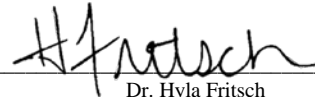
Approved for Legal sufficiency:



Bernabe Icaza
VP & General Counsel



Dr. Charmaine Chibar
FQHC Medical Director



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

Quality Council Meeting Minutes

Date: April 5, 2022

Time: 9:00AM – 11:00AM

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

Excused: Belma Andric – Chief Medical Officer/Executive Director; Nancy Gonzalez – Dental Manager; Irene Garcia – Dental Quality Coordinator;

Minutes by: Jonathan Dominique

<u>AGENDA ITEM</u>	<u>DISCUSSION / RECOMMENDATIONS</u>	<u>ACTION ITEMS (AI)</u>	<u>RESPONSIBLE PARTY</u>	<u>DATE</u>																								
UTILIZATION																												
OPERATIONS	<p><u>Productivity</u> For February, there were over 7,200 unique patients out of 10,899 total Patient visits. The visits break down to 72% Adult and 28% Pediatric.</p> <p>The Clinics continue to see an increase in overall total billable visits since the start of the pandemic,</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th colspan="4">Productivity March 2022</th> </tr> <tr> <th>Service Line</th> <th>Target</th> <th>Actual</th> <th>% of goal</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td style="text-align: center;">Total</td> </tr> <tr> <td>Adult Care</td> <td>4,570</td> <td>4,167</td> <td style="text-align: center;">91%</td> </tr> <tr> <td>Pediatrics</td> <td>1,483</td> <td>1,640</td> <td style="text-align: center;">111%</td> </tr> <tr> <td>Women’s Health</td> <td>529</td> <td>616</td> <td style="text-align: center;">116%</td> </tr> </tbody> </table>	Productivity March 2022				Service Line	Target	Actual	% of goal				Total	Adult Care	4,570	4,167	91%	Pediatrics	1,483	1,640	111%	Women’s Health	529	616	116%			
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	<table border="1"> <tr> <td>Behavioral Health</td> <td>984</td> <td>941</td> <td>96%</td> </tr> <tr> <td>Substance Abuse</td> <td>1,446</td> <td>1,430</td> <td>99%</td> </tr> <tr> <td>Dental</td> <td>1,981</td> <td>1,850</td> <td>93%</td> </tr> <tr> <td>Dental Hygiene</td> <td>1,083</td> <td>984</td> <td>91%</td> </tr> <tr> <td>Residents</td> <td>865</td> <td>623</td> <td>72%</td> </tr> <tr> <td>Total</td> <td>12,941</td> <td>12,251</td> <td>95%</td> </tr> </table> <p>Medical Payer Mix Self-Pay – 53% Managed Care – 39% Pending Medicaid – 2% Medicare – 2% Medicaid – 4%</p> <p>Dental Payer Mix Self-Pay – 52% Managed Care – 37% Medicaid – 10% Medicare – 0% Pending Medicaid – 1%</p> <p><i>(Clinic productivity report with graphs were presented.)</i></p>	Behavioral Health	984	941	96%	Substance Abuse	1,446	1,430	99%	Dental	1,981	1,850	93%	Dental Hygiene	1,083	984	91%	Residents	865	623	72%	Total	12,941	12,251	95%			
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	<p>No Show Rates No Show rates are trending downward and have hit a new low rate of 18%, down 10% from this time last year.</p> <p>(Report with graph presented.)</p>																											

PATIENT RELATIONS				
GRIEVANCES, COMPLAINTS & COMPLIMENTS	<p><u>Patient Relations Dashboard</u> For February 2022, 11 Patient Relations Occurrences occurred between 5 Clinics and Clinic Administration. Of the 11 occurrences, there were 3 Grievances and 8 Complaints. The top 5 categories were Communication, Care & Treatment, Finance, Referral Related and Respect Related issues. The top subcategories were Poor Communication (4 occurrences) and Billing Issues (2 occurrences). There were also 43 patient compliments and 4 employee Thumbs Up Compliments received across 6 Clinics and Clinic Administration.</p> <p><i>(Patient Relations Report & Patient Relations Dashboard with Graphs presented.)</i></p> <p><u>Patient Relations Report 2016-2021 Trends</u> From 2019 to 2021, the C.L. Brumback Primary Care Clinics received 1,813 Patient Relations Occurrences, of which 57% were Compliments, 27% were Complaints, and 16% were Grievances. Both Complaints & Grievances have been trending downward. The two most frequent Complaint / Grievance categories were Care & Treatment and Communication. The most frequent subcategories were Poor Communication & Wait time. Patient Relations occurrences by location presented.</p> <p><i>(Patient Relations Graphs presented.)</i></p>	<p>Follow up on "Physician-Related" complaints and grievances.</p>	<p>Alexa</p>	<p>5/3/22</p>

<p>SURVEY RESULTS</p>	<p><u>Patient Satisfaction Survey 2016 - 2021 Trends</u></p> <p>From 2019 to 2021, the C.L. Brumback Primary Care Clinics received 12,642 Patient Satisfaction Surveys. Questions consistently measured were trended over time.</p> <p>Summary:</p> <ul style="list-style-type: none"> • Patient wait time between patients' scheduled appointment and actual time seen by the Provider has decreased over time, with most patients waiting between 6 to 15 minutes • Patients are likely to recommend their Clinic Provider and Practice to others <ul style="list-style-type: none"> ▪ Opportunities for Improvement: Being aware of care you received from other doctors/providers, not in this practice; Spending time with the patient • Patients are pleased with the Clinic Facilities. <ul style="list-style-type: none"> ▪ Opportunities for Improvement: Ability to communicate with the <u>practice</u> on the phone; Ease of scheduling appointments; Being informed about any delays during the visit • Patients have a good experience at the clinics: <ul style="list-style-type: none"> ▪ Opportunities for Improvement: The doctors, nurses, and other staff did a ▪ good job coordinating care during my visit; Each member of my care team identified themselves and their role in my care <p>(Patient Satisfaction 2016-2021 PDF Presented)</p> <p><u>Patient Satisfaction Survey – February 2022</u></p>	<p>Lisa is to instruct nurses at monthly nurses' meetings- always to introduce themselves when entering patient rooms.</p>	<p>Lisa Hogans</p>	<p>4/7/22</p>
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	<p>For February 2022, there were 466 surveys completed which is a 9.6% decrease from the previous month. The top 5 and lowest 5 questions and scores are presented. Of the surveys completed, 77% of the surveys were scored as Excellent /Very Good (Promoters), and 11% of the surveys were scored as Fair/Poor (Detractors). Completed surveys were completed by 70% Female, 27% Male, and 3% Transgender females. Patients prefer to be seen in the mornings at the beginning of the week. Lake Worth, Lantana, and West Palm Beach Primary Care received the most surveys. Opportunities for improvement are questions related to Appointment", "Communication" and Provider" related questions. A breakdown of each of these sections presented by the Clinic, including the number of surveys received and % of which were scored as "detractors." The 5 lowest scored questions were:</p> <ul style="list-style-type: none"> • Ability to contact us after hours • Waiting time in the reception area • Phone calls being answered promptly • Being informed about delays during the visit • Waiting time in the exam room <p>Net promoter scores, patient comments, and trends over time were reported. PDCA's are being implemented to improve scores for 2022.</p> <p><i>(Patient Satisfaction Survey PowerPoint presented.)</i></p>	<p>David is to provide more insight into patient demographics regarding survey questions. i.e., the age range of patients who preferred the Provider not to use a laptop during their visit.</p>	<p>David Speciale</p>	<p>5/3/22</p>
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<p>OUTBOUND CALL CAMPAIGNS</p>	<p><u>Provider Reschedules</u> In March 2022, the Clinic Service Center contacted 783 patients to reschedule their appointment due to provider PTO, call out, training, new dental MDI process, provider resignation, provider location changes, clinic move and Provider unavailable. This was a 194% increase from the previous month.</p> <p><u>Chronic Disease Management (CDM) /Care Plan Campaign</u> In March 2022, the Clinic Service Center contacted 110 patients to get them into the clinic for a follow-up appointment to create care plans. Of the 110 patients, 28 patients (25%) were scheduled for an appointment.</p> <p><u>After Hours Call Return Summary Report – March & Trends Over Time</u> In March 2022, the Clinic Service Center returned 202 calls from the After-Hours service. This was a 10% increase from the previous month. After-hours calls by Type, by Clinic, and by Department presented. Of the 202 after-hours calls received, 22% of the calls were paged out to the on-call Provider for a clinical issue. All clinical issues were paged out. Trends over time were reported.</p> <p><u>Hospital Follow up calls February 2022</u> The Clinic Service Center contacted 264 Managed Care patients that required a Hospital Follow Up appointment. This was a 10% increase from the previous month. 66% of Managed Care patients hospitalized have Sunshine as their payor. Of the 264 patients, 36% were seen or scheduled to be seen by their clinic PCP at the outreach:</p>			
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	<p>Clinic Patient, Payor enrollment presented for March 2022.</p> <p><u>Hospital Follow Up Trends & Reconciliation</u></p> <p>The Clinic Service Center reconciled hospital follow-up appointments between December 2021 and February 2022. The average of outreach activities for these four months are:</p> <ul style="list-style-type: none"> • 6% of Patients have a Future Appointment • 18% of Patients were Loss to Follow Up • 22% of Patients Attended Appointment • 55% of Patients Did not Attend an Appointment <p>Breakdown by month and trends over time presented</p> <p><i>(Outbound Campaign PowerPoint presented.)</i></p>			
<p>NEXT THIRD AVAILABLE</p>	<p>The Third Next Available report was presented and reviewed as of 4/4/2022. Data presented alphabetically by Provider and by Clinic Trends over time. The third next available for all clinics and departments ranges from 0 days to 85 days. The latter is because a Peds provider covers a clinic in July this year. Greatest Next Third Available is occurring in the Women's Health Department at Lake Worth and Belle Glade. In addition, Women's Health providers at this time do not have same-day appointment slots. Clinic operations are working on adding two (2) walk-in slots per day. Same Day appointments slots become available at midnight. In a recent clinic walkthrough, it was discovered that clinics are converting same-day slots to schedule follow-up patients. Trends indicate that Third Next Available for</p>			

	<p>Primary Care is increasing at the Jupiter, Lake Worth, Lantana, West Palm Beach Clinics and decreasing in the Belle Glade, Boca Raton, Delray Beach, Lewis Center, Mangonia Park, and Mobile Clinics.</p> <p><i>(Third Next Available PowerPoint presented.)</i></p>						
QUALITY							
QUALITY AUDITS							
MEDICAL	<p><u>Hemoglobin A1C/Point of Care Testing</u> Shows: The diabetes measure data for January-February 2022 shows that our patients are currently controlled at 62%, while 36% are uncontrolled (from 2010 diabetic patients total). Only 2% fall under needs data. HRSA's goal is to have 67% of patients with controlled diabetes. There were 1409 POC A1Cs done (70% of Diabetic Patients). There was an increase in A1c POC testing compared to 10% in the previous month. The majority of controlled patients had 76.5%, and uncontrolled 63% of patients had the A1c done at POC vs. lab.</p> <p>Jupiter Clinic (82%), Belle Glade Clinic (77%), Lantana and West Palm Beach Clinics (75%) and Lake Worth Clinic (60%) - have the highest percentage of tested patients in February. 42 patients did not have data, 62% already had a future appointment, and 16% did not have a scheduled future appointment.</p>						
	<p><u>Colorectal Cancer Screening</u></p> <table border="1" data-bbox="394 1328 716 1416"> <tr> <td data-bbox="394 1328 527 1416">Colorectal cancer screening</td> <td data-bbox="527 1328 632 1416" style="background-color: #d9ead3;">Satisfied</td> <td data-bbox="632 1328 716 1416" style="background-color: #f4cccc;">Needs Data</td> </tr> </table>	Colorectal cancer screening	Satisfied	Needs Data			
Colorectal cancer screening	Satisfied	Needs Data					

YTD - FEB 2022						
Clinics	Eligible Population		# Patients with FIT Test Ordered	# Missed Patients		
Belle Glade	647	153	24%	344	53%	150 23%
Boca	331	110	33%	157	47%	64 %
Delray Beach	559	147	26%	351	63%	61 11%
Jupiter	355	68	19%	125	35%	162 46%
Lake Worth	640	147	23%	376	59%	117 18%
Lantana	634	174	27%	335	53%	125 20%
Lewis Center	116	11	9%	86	74%	19 16%
Mangonia Park	39	1	3%	21	54%	17 44%
Mobile	4	0	0%	4	24%	4 100%
West Palm Beach	689	153	22%	407	59%	129 19%
Total	4031	965	2206	55%	860	21%
			3066	76%		

Satisfied: 965 (24%)
Needs Data: 3066 (76%)

There has been a 6% improvement from the previous month (January 22). The clinics that have remained the same are west palm beach and Jupiter. The rest of the clinics have improved.

Team to look into West Palm Beach and Jupiter clinics to determine why they have not improved as the other clinic sites have.

Dr. Warren
Dr. Chibar

5/3/22

	<p><u>Cervical Cancer Screening</u> Satisfied: 1501 (36%) Needs Data: 2621 (64%)</p>			
	<p><u>Breast Cancer Screening</u> Satisfied screenings – 48% Unsatisfied Screenings – 52%</p> <ul style="list-style-type: none"> • Not Met with order – 31% • Not Met (Patient Missed) – 21% <p>Jan-Feb: Satisfaction improved from 44%- to 48%, while the number of patients not met with order decreased from 35%-31%The number of patients who were short, however, increased from 20%-21%</p>			
	<p><u>FIT Test</u> It appears that Fit tests are not being returned as expected. Our highest return rates were at Belle Glade (37%), Lantana (25%), and Boca Raton (20%). Belle Glade, Lantana and West Palm Beach are leading the charge in Point of Care FIT Tests.</p> <p>(Report with graph presented.)</p>			
DENTAL	<p><u>Dental Sealants</u> 93% (n=83) [Through February 2022]</p>			
	<p><u>Same Day Extractions</u> (Limited Exams) Limited Exams (n= 369) Same Day Extractions: 206 (56% n=369)</p>			

<p>Returns (Follow-Up): Patients with a future extraction appointment type– 38 (10% n=369)</p> <p>Returned within 21 days for extraction</p> <p>33 (87% n=38)</p> <p>Antibiotics Given: Patients without a future extraction appointment type</p> <p>79 (21% n=369)</p> <p>Extraction not needed: non-emergent</p> <p>39 (11% n=369)</p>											
<p>MDI/WHO – February 2022</p> <ul style="list-style-type: none"> – Total Pediatric Patients 1,011 <ul style="list-style-type: none"> ○ Excluded from MDI 272 (27%) ○ No MDI 372 (37%); ○ MDI 367 (36%) – Total Well visit 739 <ul style="list-style-type: none"> ○ No MDI 372 (50% n=739) ○ MDI 367 (50% n=739) <ul style="list-style-type: none"> ▪ WHO 65 (18% n=367) <p>No WHO 302 (82% n=367)</p>											
<p>Dental Clinic Audit Summary</p> <table border="1" data-bbox="394 1149 1096 1367"> <thead> <tr> <th data-bbox="394 1149 871 1193">Dental Clinic Audit-February 2022</th> <th data-bbox="871 1149 1096 1193"></th> </tr> </thead> <tbody> <tr> <td data-bbox="394 1193 871 1266">Belle Glade</td> <td data-bbox="871 1193 1096 1266">94%</td> </tr> <tr> <td data-bbox="394 1266 871 1312">Delray</td> <td data-bbox="871 1266 1096 1312">98%</td> </tr> <tr> <td data-bbox="394 1312 871 1367">Lantana</td> <td data-bbox="871 1312 1096 1367">94%</td> </tr> </tbody> </table>	Dental Clinic Audit-February 2022		Belle Glade	94%	Delray	98%	Lantana	94%			
Dental Clinic Audit-February 2022											
Belle Glade	94%										
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	West Palm Beach	94%																		
WOMEN'S HEALTH	<u>Prenatal Age</u> <table border="1" data-bbox="485 362 1003 698"> <thead> <tr> <th colspan="2">February 2022</th> </tr> <tr> <th>Age</th> <th>Number of Patients</th> </tr> </thead> <tbody> <tr> <td>Less than 15 Years</td> <td>0</td> </tr> <tr> <td>Ages 15-19</td> <td>2</td> </tr> <tr> <td>Ages 20-24</td> <td>34</td> </tr> <tr> <td>Ages 25-44</td> <td>100</td> </tr> <tr> <td>Ages 45 and Over</td> <td>0</td> </tr> <tr> <td>Total</td> <td>140</td> </tr> </tbody> </table>		February 2022		Age	Number of Patients	Less than 15 Years	0	Ages 15-19	2	Ages 20-24	34	Ages 25-44	100	Ages 45 and Over	0	Total	140		
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<p>(Report with graph presented.)</p>																				
<u>Entry into Care</u> 140 women entered into care in the month of FEB. 65 - Entered into care in the first trimester 62 - Entered into care in the second trimester 13 - Entered into care in the third trimester 135 - Entered into Care with the C.L. Brumback Primary care Clinics 5 - Had her first visit with another provider 0 - Had initial Provider not recorded. <p>(Report with graph presented.)</p>																				
<u>Deliveries & Birthweights</u> 7 Deliveries in February. – (<1500 grams) – 0 – (1500-2499 grams) – 0																				

	<p>– (>2500 grams) – 7</p> <p>The third delivery has a missing birthweight.</p> <p>(Report with graph presented.)</p>																																																																									
	<p>HPV</p> <table border="1" data-bbox="401 461 1092 610"> <thead> <tr> <th>Unique Patients</th> <th>Dose 1</th> <th>Dose 2</th> <th>Dose 3</th> <th>Total</th> <th>Refused</th> </tr> </thead> <tbody> <tr> <td>9 - 18 patients vaccinated with HPV vaccine Jan - Feb 2022</td> <td>138</td> <td>22</td> <td>4</td> <td>164</td> <td rowspan="4">4</td> </tr> <tr> <td>9 - 18 patients seen previously vaccinated with HPV Vaccine or have a refusal form</td> <td colspan="4">178</td> </tr> <tr> <td>9 - 18 patients seen with NO HPV vaccine and NO refusal consent</td> <td colspan="4">172</td> </tr> <tr> <td>9 - 18 patients seen 2022</td> <td colspan="4">514</td> </tr> </tbody> </table> <p>A majority of patients who are not vaccinated do not have a vaccine refusal form on file. The majority of the providers do not have refusal forms at all. Outbound campaign launched last month for 3rd dose of HPV vaccination. Data to be reviewed next month in hopes of seeing a positive correlation between the outbound campaign and the number of completed doses.</p>	Unique Patients	Dose 1	Dose 2	Dose 3	Total	Refused	9 - 18 patients vaccinated with HPV vaccine Jan - Feb 2022	138	22	4	164	4	9 - 18 patients seen previously vaccinated with HPV Vaccine or have a refusal form	178				9 - 18 patients seen with NO HPV vaccine and NO refusal consent	172				9 - 18 patients seen 2022	514				<p>Dr. Chibar will follow up and train pediatric providers on the matter during provider team meetings.</p>	<p>Dr. Chibar</p>	<p>4/7/22</p>																																											
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<p>BEHAVIORAL HEALTH</p>	<p>Cage-Aid:</p> <p>Around 377 performed in February. Positives (n=348)</p> <table border="1" data-bbox="401 1008 1092 1138"> <thead> <tr> <th colspan="2">HISTORY OF CAGE PERFORMED</th> <th colspan="6">Alcohol Risk Classification - % Patients with a historical CAGE</th> </tr> <tr> <th colspan="2">SBIRT in Table 6A Dashboard</th> <th colspan="6">In March 2022 or before</th> </tr> <tr> <th colspan="2"></th> <th>Heavy Drinker [2]</th> <th>%</th> <th>Not At Risk [1]</th> <th>%</th> <th>Unknown [0]</th> <th>%</th> <th>No Alcohol Screening</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>NEGATIVE</td> <td>9,148</td> <td>29</td> <td>166</td> <td>2%</td> <td>8,560</td> <td>94%</td> <td>249</td> <td>3%</td> <td>173</td> <td>2%</td> </tr> <tr> <td>POSITIVE</td> <td>739</td> <td>348</td> <td>208</td> <td>28%</td> <td>461</td> <td>62%</td> <td>23</td> <td>3%</td> <td>47</td> <td>6%</td> </tr> <tr> <td>CAGE never performed</td> <td>606</td> <td>3</td> <td>15</td> <td>2%</td> <td>471</td> <td>78%</td> <td>17</td> <td>3%</td> <td>140</td> <td>23%</td> </tr> <tr> <td></td> <td>10,493</td> <td>380</td> <td>389</td> <td>4%</td> <td>9,492</td> <td>90%</td> <td>289</td> <td>3%</td> <td>360</td> <td>3%</td> </tr> </tbody> </table> <p>There were three instances where the cage was never performed after SBIRT.</p> <p>(Report with graph presented.)</p>	HISTORY OF CAGE PERFORMED		Alcohol Risk Classification - % Patients with a historical CAGE						SBIRT in Table 6A Dashboard		In March 2022 or before								Heavy Drinker [2]	%	Not At Risk [1]	%	Unknown [0]	%	No Alcohol Screening	%	NEGATIVE	9,148	29	166	2%	8,560	94%	249	3%	173	2%	POSITIVE	739	348	208	28%	461	62%	23	3%	47	6%	CAGE never performed	606	3	15	2%	471	78%	17	3%	140	23%		10,493	380	389	4%	9,492	90%	289	3%	360	3%	<p>Dr. Phillips to send out an email to remind staff that the CAGE-Aid is still an important part of the organizational workflow.</p>	<p>Dr. Phillips</p>	<p>5/3/22</p>
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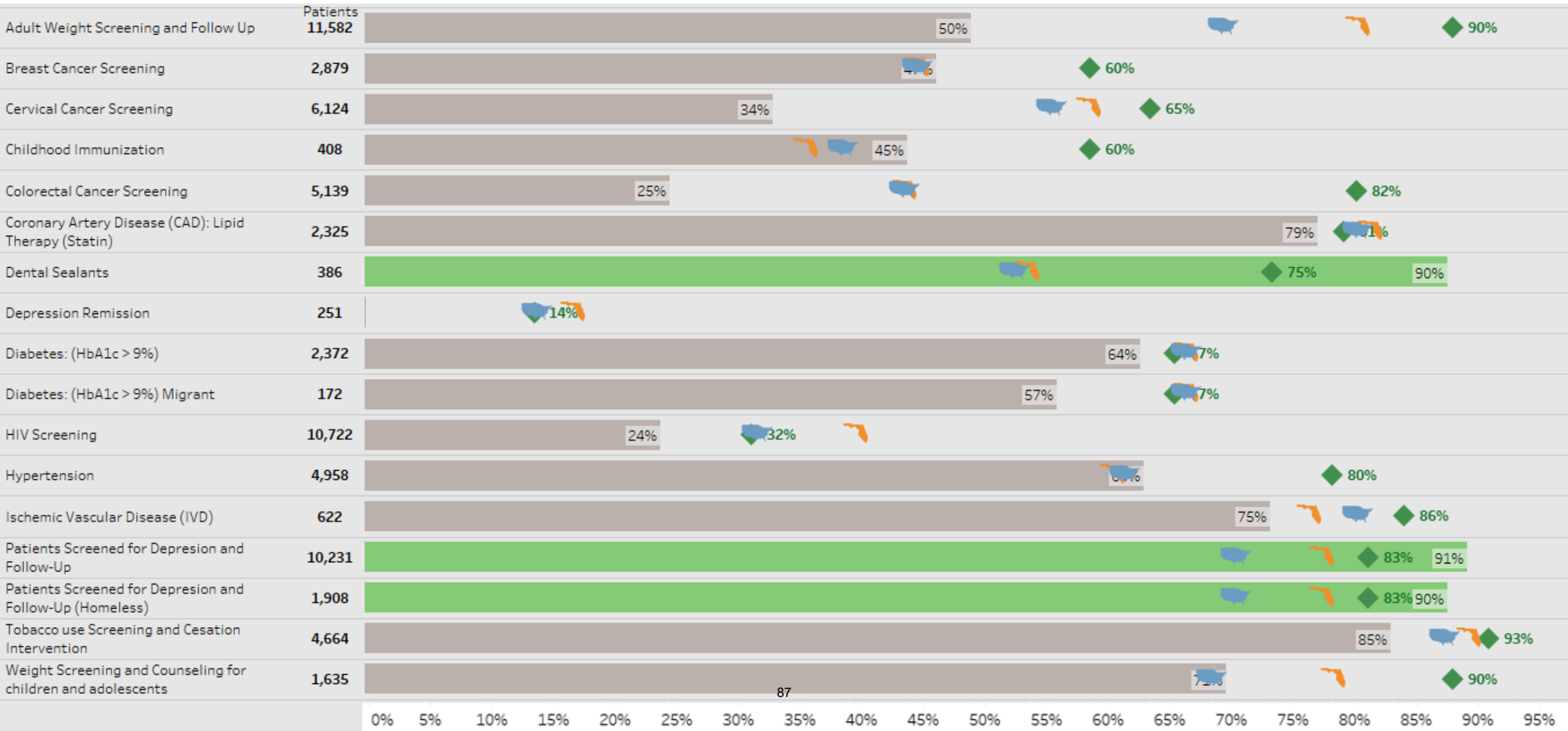
NURSING	<p>104 SBIRTs were completed in February as opposed to 448 completed in January, which is a cause for concern. There is a possibility that providers are bypassing the BPAs that are triggered.</p> <ul style="list-style-type: none"> The number of SBIRT vs. CAGE-AID positive continues to be discordant, rather than a 1:1 	<p>Dr. Phillips will send emails to remind staff not to bypass the BPAs and complete the SBIRTs.</p>		
	<p><u>PHQ 2/9</u> Total encounters with PHQ2/9: 6,003 78% positive rate based on >10, or 1 or above, (n=470)</p> <p>Patients that were seen by the BHC - 47% (n= 223) Only n= 247 had positive PHQ9 and NO BH, 53%. However, numbers indicate that when the BH referral is dropped, the PHq9 is completed, and BH is seen.</p>	<p>Focus on increasing the number of PHQ9 Referrals Dropped. New BHC expected in Jupiter will make a huge difference at that Clinic.</p>	<p>Dr. Phillips</p>	<p>5/3/22</p>
	<p><u>Higher Level of Care</u> 70 ER referrals/69 patients were sent to the ER in February. The breakdown of the referrals is as follows: WH- 13 (19%) Peds- 13 (19%) Adult- 43 (61%) Adult Crisis- 1 (1%)</p> <p>There were 2 patients with multiple orders in February. Upon review of the chart, the duplicate referrals were appropriate. Jennifer Casanova's first referral for WH was for a hospital evaluation for decreased fetal movement.</p> <p>The second referral was also from Jennifer Casanova for preeclampsia.</p>			

<p>The crisis stabilization referral was initiated in Jupiter for January and February.</p> <p>The incorrect referral type was used on 5 of the pediatric referrals from Dr. Clarke (3) and Dr. Lazaro (1), and Dr. Normil-Smith (1)- (Referral to Emergency Medicine was used).</p> <p>PEDS REFERRALS- the highest producer was Dr. Clarke 9 of the 13 (68%) peds referrals were from Dr. Clarke 1 of the 13 (8%) from Dr. Marzouca 1 of the 13 (8%) from Dr. Lazaro 1 of the 13 (8%) from Dr. Dessalines 1 of the 13 (8%) from Dr. Normil-Smith</p> <p>ADULT REFERRALS- Dr. Florez WPB was the top producer of adult referrals for February, with 9 of the 43 adult referrals (21%).</p>			
QUALITY METRICS			
UDS YTD 2022 (4/4/22)			
Of the 17 UDS Measures: 3 Exceeded the HRSA Goal and 14 were short of the HRSA Goal (<i>Clinic Score/ HRSA Goal / Healthy People Goal</i>)			
Medical UDS Report	Breast Cancer Screening: (48%/60%)		
	Childhood immunization: (45%/ 60%)		
	Cervical Cancer Screening: (34% /65%)		
	Dental Sealants: (90%/75%)		
	Weight assessment, Children & Adolescent: (70% /90%)		

Adult Weight screening and follow up: (49% / 90%)			
Tobacco use screening & cessation: (84% / 93%)			
Coronary Artery Disease CAD: (79% / 81%)			
Ischemic Vascular Disease (IVD): (75% / 86%)			
Colorectal Cancer Screening: (25% / 82%)			
HIV Screening: (24% / 32%)			
Depression Remission: (0%/14%)			
Depression screening: (91% / 83%)			
Depression screening (Homeless): (90% / 83%)			
Hypertension: (65% / 80%)			
Diabetes: (64% / 67%)			
Diabetes (Migrant): (56% / 67%)			

Meeting Adjourned: 11:30 AM

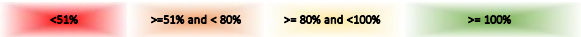
OVERALL PERFORMANCE



PRODUCTIVITY REPORT MARCH 2022

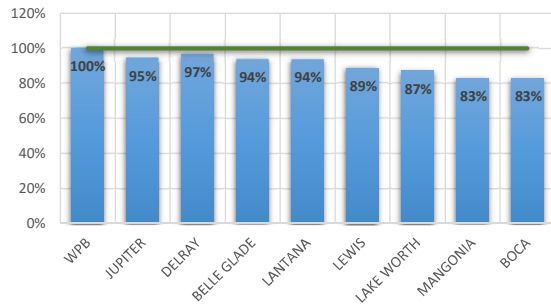
ALL CLINICS

AS 03/31/2022 Based on Completed Appointments

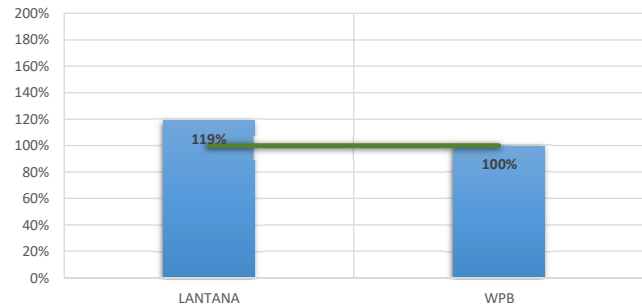


Category	Target for the Month			Total for the Month Seen			% Monthly Target Achieved	
	AS 03/31/2022	In-Person	Telehealth	Total	In-Person	Telehealth		Total
ADULT CARE		4,546	24	4,570	4,144	23	4,167	91%
PEDIATRIC CARE		1,483	0	1,483	1,640	0	1,640	111%
WOMEN'S HEALTH CARE		529	0	529	616	0	616	116%
BEHAVIORAL HEALTH		835	149	984	809	132	941	96%
SUBSTANCE ABUSE DISORDER		1,061	385	1,446	1,175	255	1,430	99%
DENTAL HEALTH		1,981	0	1,981	1,850	0	1,850	93%
DENTAL HYGIENE		1,083	0	1,083	984	0	984	91%
RESIDENTS		865	0	865	623	0	623	72%
Grand Total		12,383	558	12,941	11,841	410	12,251	95%

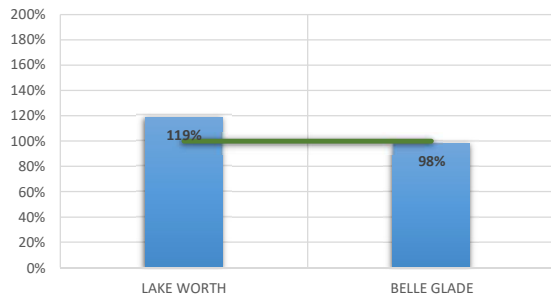
Adult Care



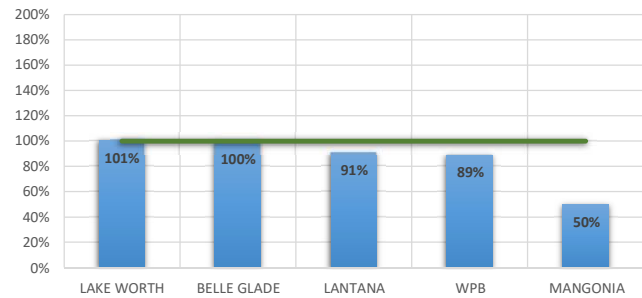
Pediatric Care



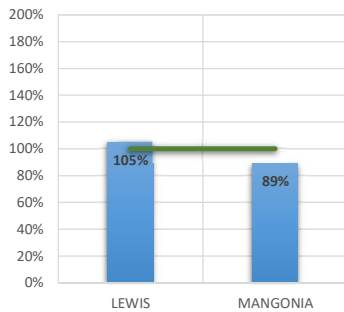
Women's Health Care



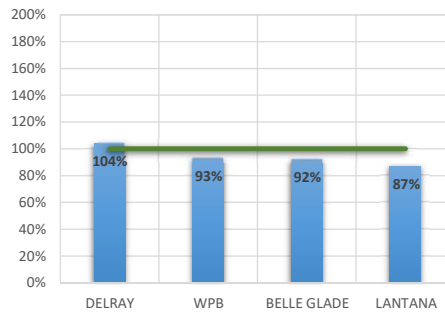
Behavioral Health



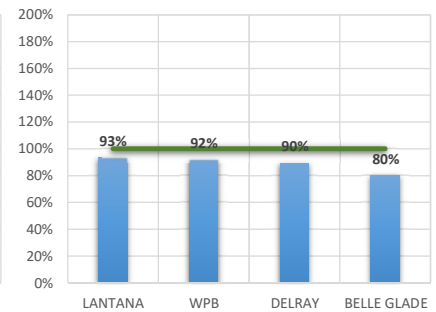
Substance Abuse Disorder



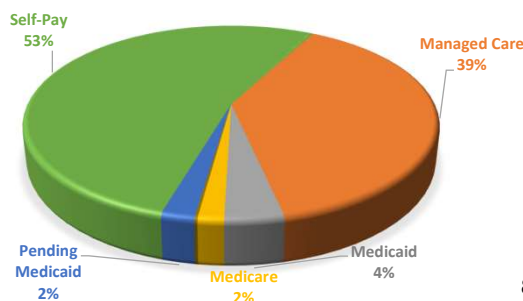
Dental



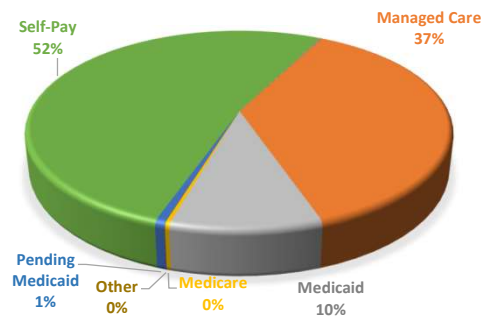
Dental Hygiene



MEDICAL PAYER MIX



DENTAL PAYER MIX



ADULT CARE

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

ALFONSO PUENTES, RAMIRO	83%	95%	77%	90%	80%	87%
CESAIRE JEAN, ROSE CARLINE	80%	83%	62%	72%	72%	77%
DABU, DARNEL	90%	99%	82%	83%	83%	91%
DORCE-MEDARD, JENNIFER	89%	67%	111%	111%	67%	67%
FLOREZ, GLORIA	99%	98%	78%	91%	93%	95%
GARCIA, CARLOS A	81%	90%	75%	83%	87%	90%
HARBERGER, SENECA				100%	100%	100%
JEAN-JACQUES, FERNIQUE	96%	106%	96%	96%	102%	87%
KOOPMAN, REBECCA	62%	70%	63%	69%	98%	87%
LAM, MINH DAI	125%	116%	108%	108%	104%	104%
LOUIS, JOANN PIERRE	89%	100%	81%	95%	97%	95%
NAVARRO, ELSY	92%	103%	93%	92%	103%	97%
PEREZ, DANIEL JESUS				81%	95%	97%
PHILISTIN, KETELY	91%	98%	87%	101%	102%	90%
RAHMAN, SM		51%	55%	68%	64%	90%
SANCHEZ, MARCO FERNANDEZ	149%	168%	118%	76%	100%	83%
SHOAF, NOREMI	88%	95%	87%	96%	91%	97%
VIL, CARLINE ST	77%	92%	98%	83%	87%	84%
WARREN, SANDRA	78%	100%	70%		100%	85%
ZITO, AMALINETTE	100%	89%	81%	104%	100%	100%
RESIDENTS				75%	64%	72%

PEDIATRIC CARE

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

CLARKE-AARON, NOELLA	92%	89%	85%	89%	97%	98%
CHIBAR, CHARMAINE	61%	100%	100%	100%		
DESSALINES, DUCLOS	120%	126%	108%	107%	121%	119%
LAZARO RIVERA, NANCY	130%	136%	113%	115%	128%	128%
MARZOUCA, KISHA F.	90%	88%	85%	99%	95%	101%
NORMIL-SMITH, SHERLOUNE	116%	106%	106%	108%	113%	112%

WOMEN'S HEALTH CARE

CASANOVA, JENNIFER	107%	133%	107%	121%	137%	123%
FERWERDA, ANA	110%	102%	84%	92%	114%	106%

BEHAVIORAL HEALTH

CALDERON, NYLSA	90%	97%	84%	92%	97%	91%
JONES, KIARA	98%	101%	89%	96%	98%	100%
GREEN, ASHLEY						118%
LUCCHESI, KAREN	43%	67%	65%	70%	89%	86%
CUSIMANO, ANGELA		116%	50%	70%	79%	89%
LEQUERICA ZIEMBA, ADRIANA	79%	84%	84%	90%	109%	113%

SUBSTANCE ABUSE CARE

DRAYTON, RENEISHA						105%
HIRSCH, KAREN	86%	98%	81%	70%	131%	117%
PEREZ-NUNEZ, DIANA			77%	83%	90%	82%
MILETA, SNJEZANA	93%	124%	100%	93%	93%	96%
MITCHELL, ANGELA	110%	105%	93%	94%	92%	97%
LAWRENCE, MELISSA		129%	89%	103%	125%	105%
PHILLIPS, COURTNEY	153%	53%	87%	166%	121%	132%
REXACH, CLAUDIA	107%	121%	94%	80%	122%	109%

DENTAL

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

ALWEHAIB, ARWA	100%	105%	89%	97%	104%	104%
CUCURAS, JOHN N	90%	140%	96%	102%	113%	94%
OLIVEIRA, PAULO	78%	95%	79%	86%	89%	103%
SEMINARIO, ADA	75%	112%	94%	77%	102%	90%
SILVA, MICHELLE	78%	102%	81%	92%	108%	94%
SOFIANOS JR, MICHAEL						101%
ZANGENEH, YASMINE	70%	107%	80%	73%	104%	82%
WILLIAMS, RICHARD	63%	95%	78%	70%	84%	82%
BARBOSA, BIANCA	170%	87%	103%	93%	104%	91%
HARDCASTLE, CORINA	78%	89%	88%	83%	88%	92%
GRAY, NICOLE	65%	75%	66%	61%	74%	68%
MASON, SHERRY	60%	78%	59%	69%	72%	89%
GONZALEZ, NANCY		63%	75%			98%
PETERSEN, PATRICE	54%	83%	90%	88%	111%	100%

ADULT CARE										
Provider	Daily Target	Days Worked	Target for the Month			Total for the Month Seen			% Monthly Target Achieved	Daily Average
			In-Person	Telehealth	Total	In-Person	Telehealth	Total		
HARBERGER, SENECA	1	11.0	13	1	14	13	1	14	100%	1.3
PEREZ, DANIEL JESUS	8	4.0	30	0	30	30	0	30	100%	7.5
DORCE-MEDARD, JENNIFER	17	0.5	9	0	9	6	0	6	67%	12.0
PHILISTIN, KETELY	15	4.0	61	0	61	57	0	57	93%	14.3
ADULT CARE TOTALS		19.5	113	1	114	106	1	107	94%	

RESIDENTS										
PY1	8	17	129	0	129	111	0	111	86%	6.5
PY2	12	20.6	225	0	225	172	0	172	76%	8.3
PY3	16	35.6	511	0	511	340	0	340	67%	9.6
RESIDENTS TOTALS		73.2	865	0	865	623	0	623	72%	

WOMEN'S HEALTH CARE										
FERWERDA, ANA	17	3.5	59	0	59	58		58	98%	16.6
WOMEN'S HEALTH CARE TOTALS		3.5	59	0	59	58	0	58	98%	

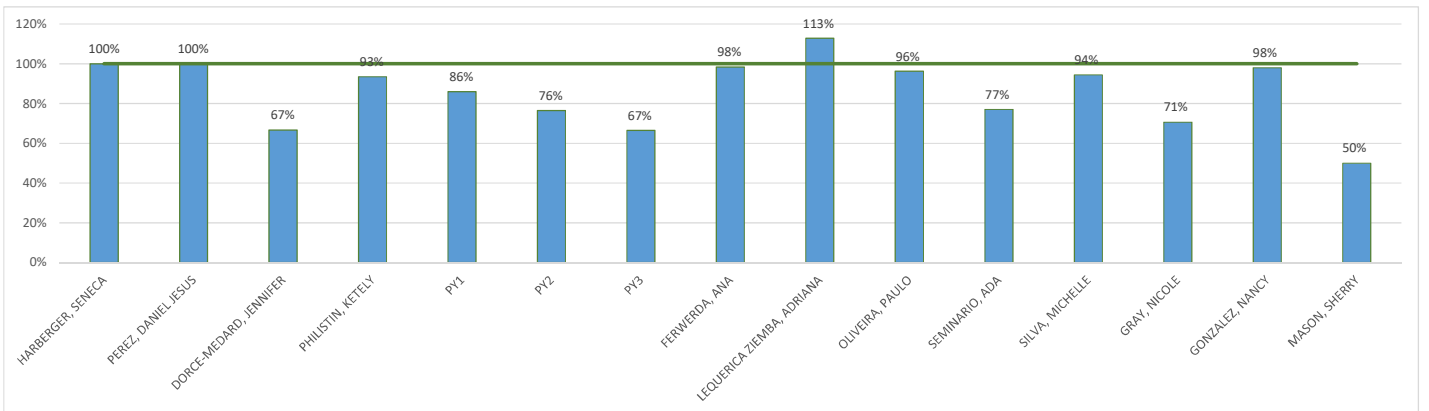
BEHAVIORAL HEALTH										
LEQUERICA ZIEMBA, ADRIANA	6	17	74	28	102	81	34	115	113%	6.8
GREEN, ASHLEY	5	5	23	2	25	9	3	12	48%	2.4
BEHAVIORAL HEALTH TOTALS		22	97	30	127	90	37	127	100%	

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

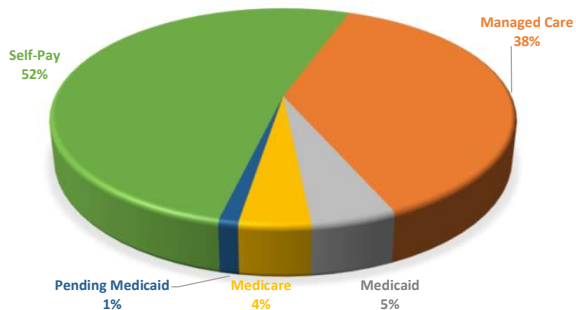
DENTAL										
OLIVEIRA, PAULO	16	5.0	80	0	80	77		77	96%	15.4
SEMINARIO, ADA	16	3.0	48	0	48	37		37	77%	12.3
SILVA, MICHELLE	16	13.5	216	0	216	204		204	94%	15.1
DENTAL TOTALS		21.5	344	0	344	318	0	318	92%	

DENTAL HYGIENE										
GRAY, NICOLE	8	8.5	68	0	68	48		48	71%	5.6
GONZALEZ, NANCY	8	6.0	48	0	48	47		47	98%	7.8
MASON, SHERRY	8	1.0	8	0	8	4		4	50%	4.0
DENTAL HYGIENE TOTALS		15.5	124	0	124	99	0	99	80%	

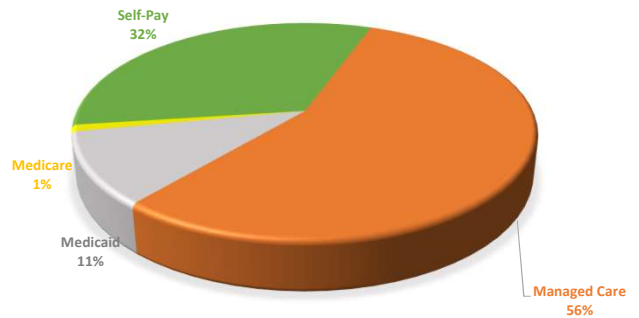
GRAND TOTAL										
		155.2	1,602	31	1,633	1,294	38	1,332	82%	



MEDICAL PAYER MIX



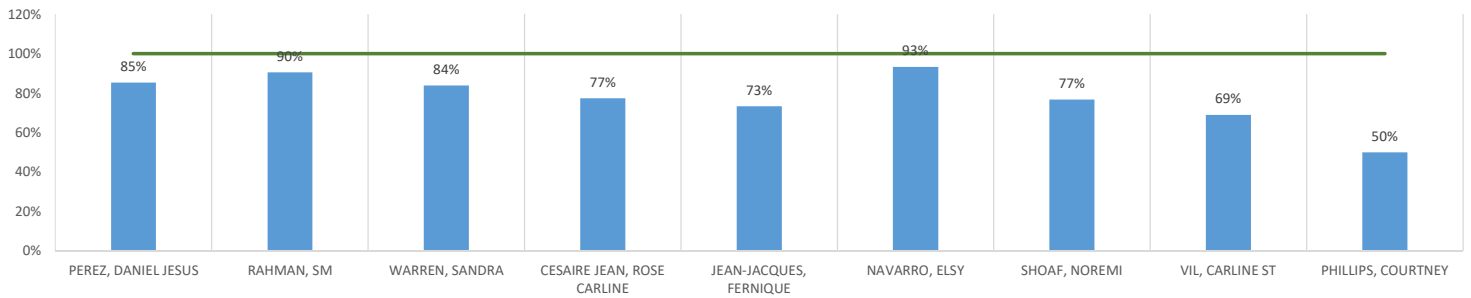
DENTAL PAYER MIX



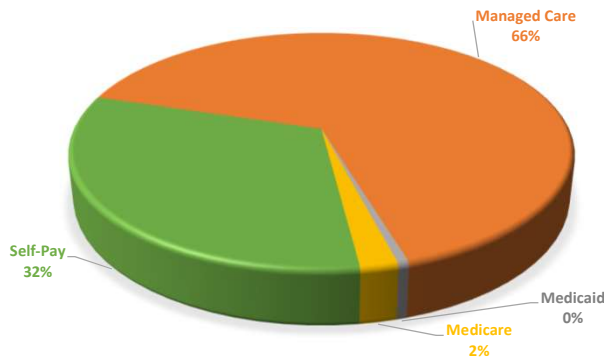
ADULT CARE										
Provider	Daily Target	Days Worked	Target for the Month			Total for the Month Seen			% Monthly Target Achieved	Daily Average
			In-Person	Telehealth	Total	In-Person	Telehealth	Total		
PEREZ, DANIEL JESUS	17	2.0	34	0	34	29	0	29	85%	14.5
RAHMAN, SM	17	8.0	132	4	136	121	2	123	90%	15.4
WARREN, SANDRA	17	4.0	67	1	68	56	1	57	84%	14.3
CESAIRE JEAN, ROSE CARLINE	15	3.5	53	0	53	41	0	41	77%	11.7
JEAN-JACQUES, FERNIQUE	15	2.0	29	1	30	21	1	22	73%	11.0
NAVARRO, ELSY	15	1.0	14	1	15	13	1	14	93%	14.0
SHOAF, NOREMI	15	2.0	30	0	30	23	0	23	77%	11.5
VIL, CARLINE ST	15	3.0	45	0	45	31	0	31	69%	10.3
ADULT CARE TOTALS		25.5	404	7	411	335	5	340	83%	

SUBSTANCE ABUSE DISORDER										
PHILLIPS, COURTNEY	8	0.5	4	0	4	2		2	50%	4.0
SUBSTANCE ABUSE DISORDER TOTALS		0.5	4	0	4	2	0	2	50%	

GRAND TOTAL										
		26.0	408	7	415	337	5	342	82%	



MEDICAL PAYER MIX





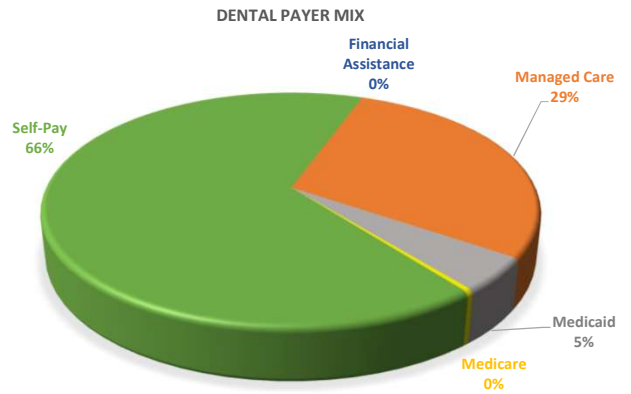
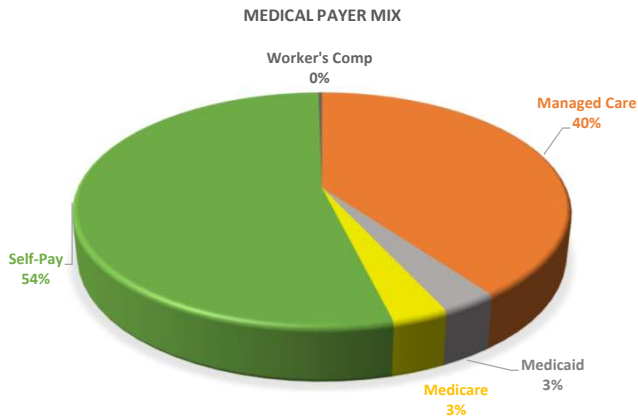
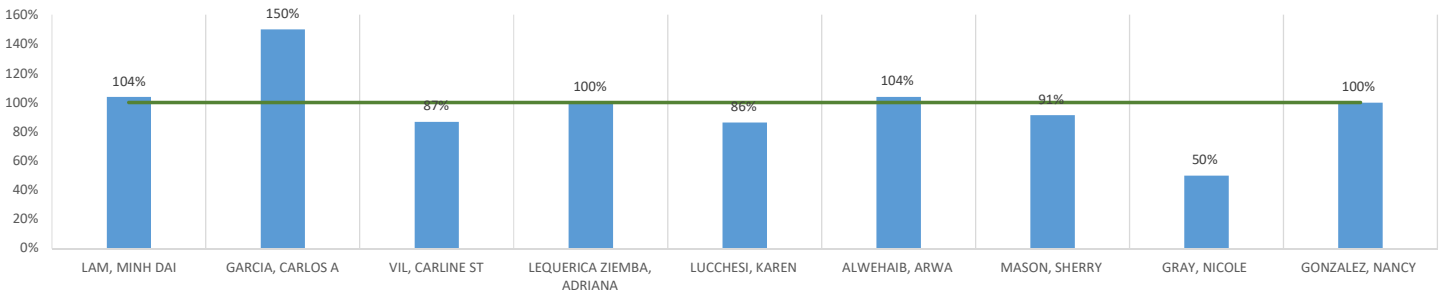
ADULT CARE										
Provider	Daily Target	Days Worked	Target for the Month			Total for the Month Seen			% Monthly Target Achieved	Daily Average
			In-Person	Telehealth	Total	In-Person	Telehealth	Total		
LAM, MINH DAI	15	21	311	7	318	322	8	330	104%	15.7
GARCIA, CARLOS A	12	1	6	0	6	9	0	9	150%	18.0
VIL, CARLINE ST	15	17.5	265	0	265	230	0	230	87%	13.1
ADULT CARE TOTALS		39	582	7	589	561	8	569	97%	

BEHAVIORAL HEALTH										
LEQUERICA ZIEMBA, ADRIANA	6	0.2	0	1	1	0	1	1	100%	5.0
LUCCHESI, KAREN	10	17.5	154	21	175	136	15	151	86%	8.6
GREEN, ASHLEY	5	6.0	27	3	30	49	4	53	177%	8.8
BEHAVIORAL HEALTH TOTALS		23.7	181	25	206	185	20	205	100%	

DENTAL										
ALWEHAIB, ARWA	16	22.5	360	0	360	374		374	104%	16.6
DENTAL TOTALS		22.5	360	0	360	374	0	374	104%	

DENTAL HYGIENE										
MASON, SHERRY	8	21.5	172	0	172	157		157	91%	7.3
GRAY, NICOLE	8	1	8	0	8	4		4	50%	4.0
GONZALEZ, NANCY	1	1	1	0	1	1		1	100%	
DENTAL HYGIENE TOTALS		23.5	181	0	181	162	0	162	90%	

GRAND TOTAL										
		109	1304	32	1336	1282	28	1310	98%	



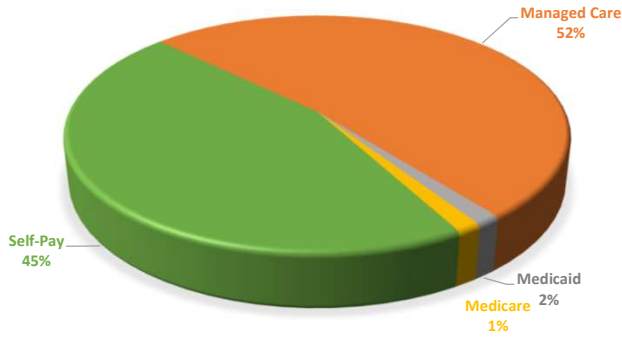
AS 03/31/2022 Based on Completed Appointments

ADULT CARE										
Provider	Daily Target	Days Worked	Target for the Month			Total for the Month Seen			% Monthly Target Achieved	Daily Average
			In-Person	Telehealth	Total	In-Person	Telehealth	Total		
DABU, DARNEL	17	17.5	297	1	298	268	1	269	90%	15.4
SHOAF, NOREMI	15	16.5	248	1	249	248	1	249	100%	15.1
ADULT CARE TOTALS		34	545	2	547	516	2	518	95%	

GRAND TOTAL		34	545	2	547	516	2	518	95%	
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MEDICAL PAYER MIX

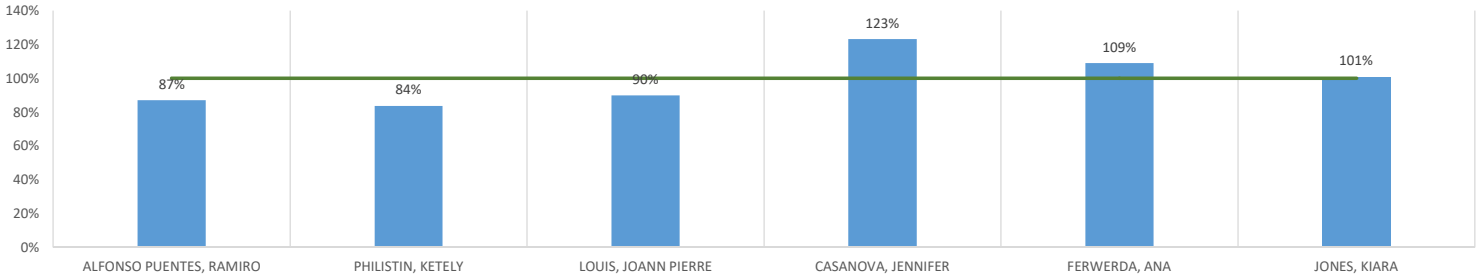


ADULT CARE										
Provider	Daily Target	Days Worked	Target for the Month			Total for the Month Seen			% Monthly Target Achieved	Daily Average
			In-Person	Telehealth	Total	In-Person	Telehealth	Total		
ALFONSO PUENTES, RAMIRO	17	19.0	324	1	325	282	1	283	87%	14.9
PHILISTIN, KETELY	15	13.0	196	0	196	164	0	164	84%	12.6
LOUIS, JOANN PIERRE	15	15.1	227	1	228	204	1	205	90%	13.6
ADULT CARE TOTALS		47.1	747	2	749	650	2	652	87%	

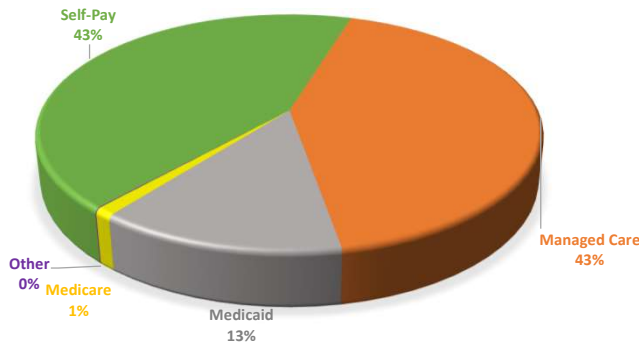
WOMEN'S HEALTH CARE										
CASANOVA, JENNIFER	15	21.5	324	0	324	399	0	399	123%	18.6
FERWERDA, ANA	17	8.5	146	0	146	159	0	159	109%	18.7
WOMEN'S HEALTH CARE TOTALS		30	470	0	470	558	0	558	119%	

BEHAVIORAL HEALTH										
JONES, KIARA	10	22.5	206	19	225	211	16	227	101%	10.1
BEHAVIORAL HEALTH TOTALS		22.5	206	19	225	211	16	227	101%	

GRAND TOTAL		99.6	1,423	21	1,444	1,419	18	1,437	100%	
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MEDICAL PAYER MIX



ADULT CARE										
Provider	Daily Target	Days Worked	Target for the Month			Total for the Month Seen			% Monthly Target Achieved	Daily Average
			In-Person	Telehealth	Total	In-Person	Telehealth	Total		
PEREZ, DANIEL JESUS	17	7.5	128	0	128	127	0	127	99%	16.9
JEAN-JACQUES, FERNIQUE	15	19.0	287	0	287	253	0	253	88%	13.3
NAVARRO, ELSY	15	20.0	302	0	302	292	0	292	97%	14.6
ADULT CARE TOTALS		46.5	717	0	717	672	0	672	94%	

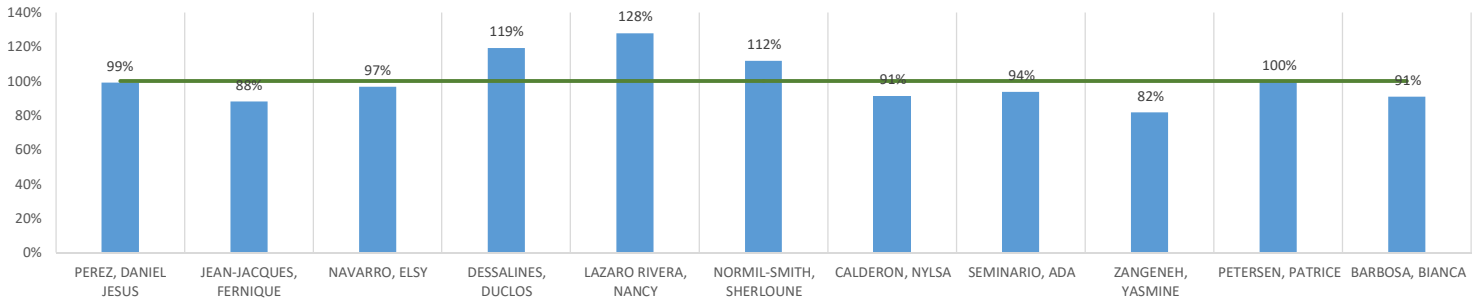
PEDIATRIC CARE										
DESSALINES, DUCLOS	17	18.5	316	0	316	377	0	377	119%	20.4
LAZARO RIVERA, NANCY	17	13	222	0	222	284	0	284	128%	21.8
NORMIL-SMITH, SHERLOUNE	17	18.5	315	0	315	352	0	352	112%	19.0
WOMEN'S HEALTH CARE TOTALS		50	853	0	853	1,013	0	1,013	119%	

BEHAVIORAL HEALTH										
CALDERON, NYLSA	10	19.5	180	15	195	167	11	178	91%	9.1
BEHAVIORAL HEALTH TOTALS		19.5	180	15	195	167	11	178	91%	

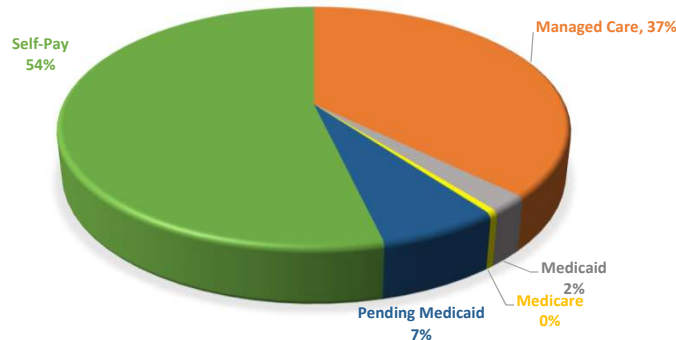
DENTAL										
SEMINARIO, ADA	16	14	224	0	224	210		210	94%	15.0
ZANGENEH, YASMINE	16	18.5	296	0	296	242		242	82%	13.1
DENTAL TOTALS		32.5	520	0	520	452	0	452	87%	

DENTAL HYGIENE										
PETERSEN, PATRICE	8	20	160	0	160	160		160	100%	8.0
GARCIA, IRENE	16	10	159	0	159	144		144	91%	14.4
BARBOSA, BIANCA	25	11.5	287	0	287	261		261	91%	22.7
DENTAL HYGIENE TOTALS		41.5	606	0	606	565	0	565	93%	

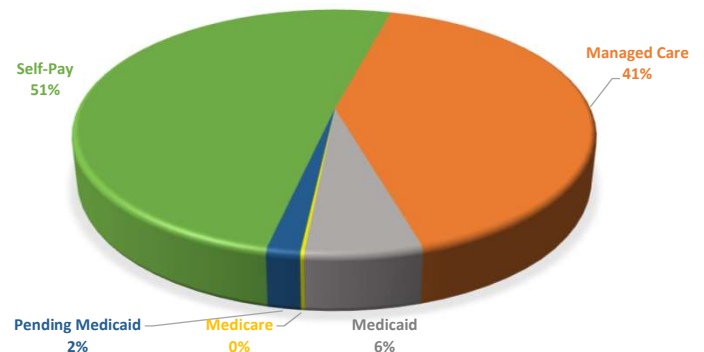
GRAND TOTAL										
		190	2,876	15	2,891	2,869	11	2,880	100%	



MEDICAL PAYER MIX



DENTAL PAYER MIX

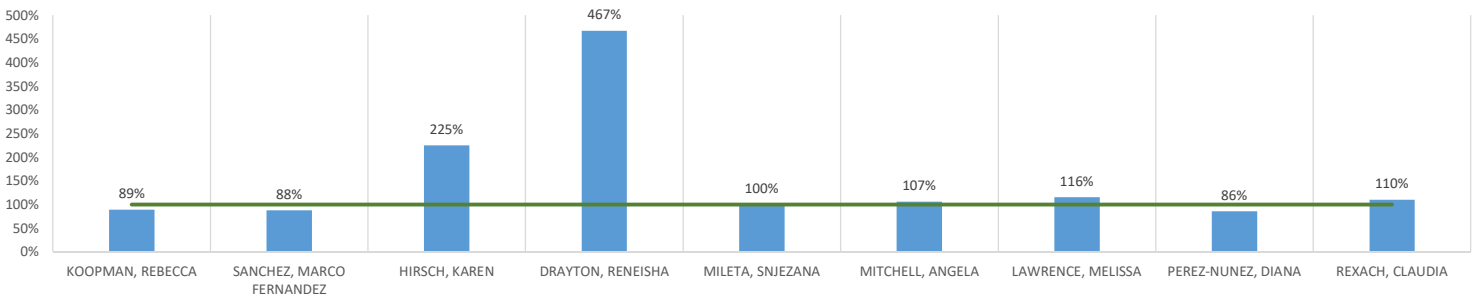


ADULT CARE										
Provider	Daily Target	Days Worked	Target for the Month			Total for the Month Seen			% Monthly Target Achieved	Daily Average
			In-Person	Telehealth	Total	In-Person	Telehealth	Total		
KOOPMAN, REBECCA	15	13.5	203	0	203	181	0	181	89%	13.4
SANCHEZ, MARCO FERNANDEZ	15	5	75	0	75	66	0	66	88%	13.2
ADULT CARE TOTALS		18.5	278	0	278	247	0	247	89%	

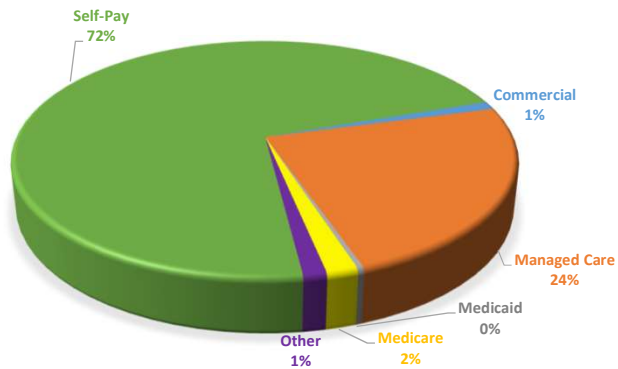
BEHAVIORAL HEALTH										
BEHAVIORAL HEALTH TOTALS		0	0	0	0	0	0	0		

SUBSTANCE ABUSE DISORDER										
HIRSCH, KAREN	6	3.4	16	4	20	40	5	45	225%	13.2
DRAYTON, RENEISHA	5	0.6	3	0	3	14	0	14	467%	23.3
MILETA, SNJEZANA	10	14.2	87	55	142	113	29	142	100%	10.0
MITCHELL, ANGELA	10	10.7	36	71	107	59	55	114	107%	10.7
LAWRENCE, MELISSA	10	15.4	88	66	154	130	48	178	116%	11.6
PEREZ-NUNEZ, DIANA	15	19.6	286	8	294	246	6	252	86%	12.9
REXACH, CLAUDIA	10	16.5	67	98	165	113	69	182	110%	11.0
SUBSTANCE ABUSE CARE TOTALS		80.4	583	302	885	715	212	927	105%	

GRAND TOTAL		98.9	861	302	1,163	962	212	1,174	101%	
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MEDICAL PAYER MIX



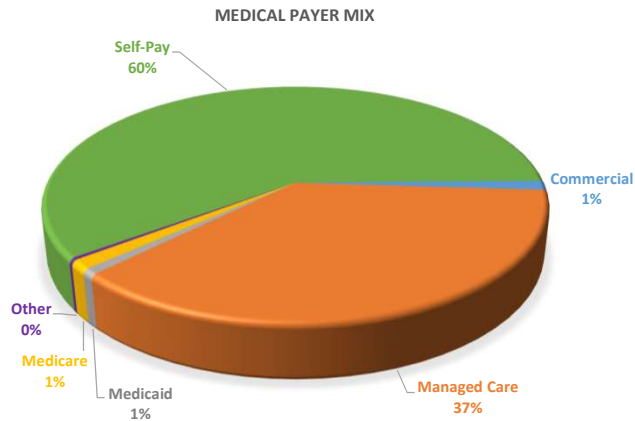
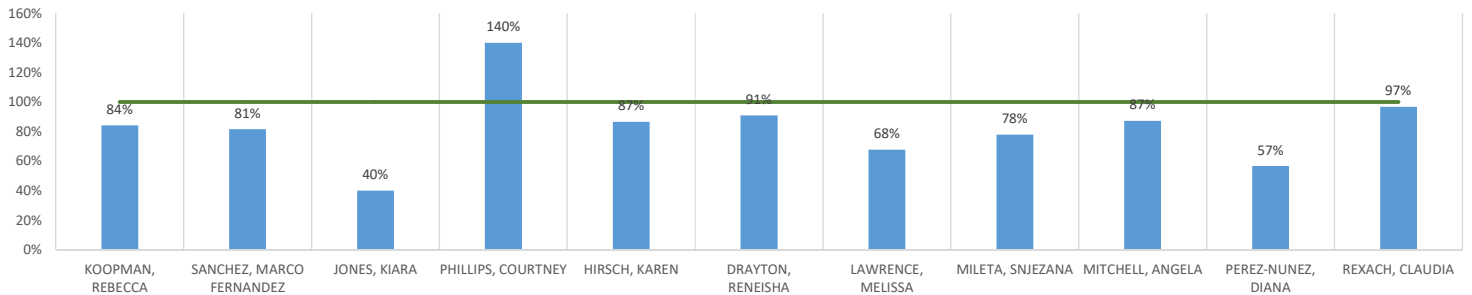
AS 03/31/2022 Based on Completed Appointments

ADULT CARE										
Provider	Daily Target	Days Worked	Target for the Month			Total for the Month Seen			% Monthly Target Achieved	Daily Average
			In-Person	Telehealth	Total	In-Person	Telehealth	Total		
KOOPMAN, REBECCA	15	10.0	151	0	151	127	0	127	84%	12.7
SANCHEZ, MARCO FERNANDEZ	15	8.9	135	0	135	110	0	110	81%	12.4
ADULT CARE TOTALS		18.9	286	0	286	237	0	237	83%	

BEHAVIORAL HEALTH										
JONES, KIARA	10	0.5	5	0	5	2	0	2	40%	4.0
LEQUERICA ZIEMBA, ADRIANA	6	0.2	1	0	1	0	1	1	100%	5.0
BEHAVIORAL HEALTH TOTALS		0.7	6	0	6	2	1	3	50%	

SUBSTANCE ABUSE DISORDER										
PHILLIPS, COURTNEY	8	5.0	40	0	40	56	0	56	140%	11.2
HIRSCH, KAREN	6	14.8	34	55	89	43	34	77	87%	5.2
DRAYTON, RENEISHA	5	15.4	73	4	77	68	2	70	91%	4.5
LAWRENCE, MELISSA	10	3.4	31	3	34	22	1	23	68%	6.8
MILETA, SNJEZANA	10	5.4	54	0	54	42	0	42	78%	7.8
MITCHELL, ANGELA	10	10.2	84	18	102	85	4	89	87%	8.7
PEREZ-NUNEZ, DIANA	15	1.5	23	0	23	13	0	13	57%	8.7
REXACH, CLAUDIA	10	3.0	30	0	30	29	0	29	97%	9.7
SUBSTANCE ABUSE CARE TOTALS		58.7	369	80	449	358	41	399	89%	

GRAND TOTAL		78.3	661	80	741	597	42	639	86%	
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ADULT CARE										
Provider	Daily Target	Days Worked	Target for the Month			Total for the Month Seen			% Monthly Target Achieved	Daily Average
			In-Person	Telehealth	Total	In-Person	Telehealth	Total		
ALFONSO PUENTES, RAMIRO	17	2.0	34	0	34	30	0	30	88%	15.0
DABU, DARNEL	17	0.5	9	0	9	10	0	10	111%	20.0
FLOREZ, GLORIA	17	20.0	335	5	340	318	5	323	95%	16.2
WARREN, SANDRA	11	2.6	21	0	21	19	0	19	90%	7.3
ZITO, AMALINNETTE	9	3.0	27	0	27	27	0	27	100%	9.0
GARCIA, CARLOS A	14	14.5	205	0	205	225	0	225	110%	15.5
LOUIS, JOANN PIERRE	15	3.0	45	0	45	53	0	53	118%	17.7
PHILISTIN, KETELY	15	3.0	45	0	45	50	0	50	111%	16.7
SANCHEZ, MARCO FERNANDEZ	15	3.6	54	0	54	43	0	43	80%	11.9
ADULT CARE TOTALS		52.2	775	5	780	775	5	780	100%	

PEDIATRIC CARE										
CLARKE-AARON, NOELLA	17	16.5	281	0	281	276	0	276	98%	16.7
MARZOUCA, KISHA F.	17	20.5	349	0	349	351	0	351	101%	17.1
PEDIATRIC CARE TOTALS		37	630	0	630	627	0	627	100%	

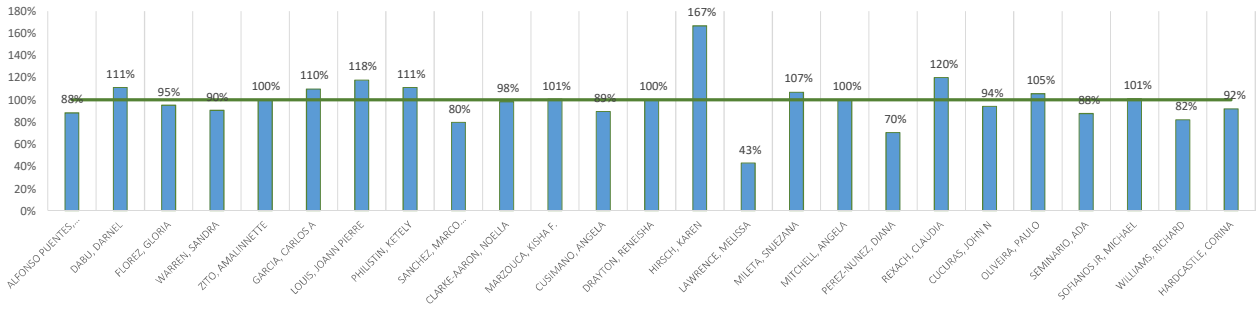
BEHAVIORAL HEALTH										
CUSIMANO, ANGELA	10	22.5	165	60	225	154	47	201	89%	8.9
BEHAVIORAL HEALTH TOTALS		22.5	165	60	225	154	47	201	89%	

SUBSTANCE ABUSE DISORDER										
DRAYTON, RENEISHA	10	1	5	0	5	5	0	5	100%	5.0
HIRSCH, KAREN	6	2	11	1	12	19	1	20	167%	10.0
LAWRENCE, MELISSA	10	0.7	7	0	7	3	0	3	43%	4.3
MILETA, SNJEZANA	10	2.9	28	1	29	31	0	31	107%	10.7
MITCHELL, ANGELA	10	0.6	6	0	6	6	0	6	100%	10.0
PEREZ-NUNEZ, DIANA	15	2.9	43	1	44	30	1	31	70%	10.7
REXACH, CLAUDIA	10	0.5	5	0	5	6	0	6	120%	12.0
SUBSTANCE ABUSE DISORDER TOTALS		10.6	105	3	108	100	2	102	94%	

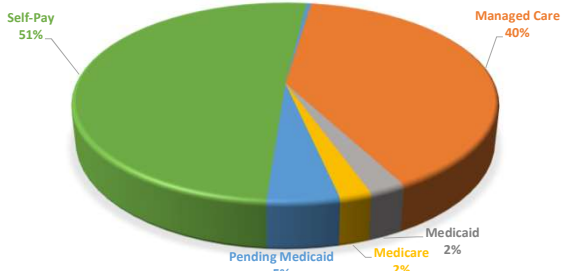
DENTAL										
CUCURAS, JOHN N	12	13.6	149	0	149	140		140	94%	10.3
OLIVEIRA, PAULO	16	11.5	184	0	184	194		194	105%	16.9
SEMINARIO, ADA	16	2.5	40	0	40	35		35	88%	14.0
SOFIANOS JR, MICHAEL	13	9.5	120	0	120	121		121	101%	12.7
WILLIAMS, RICHARD	16	16.5	264	0	264	216		216	82%	13.1
DENTAL TOTALS		53.6	757	0	757	706	0	706	93%	

DENTAL HYGIENE										
HARDCASTLE, CORINA	8	21.5	172	0	172	158		158	92%	7.3
DENTAL HYGIENE TOTALS		21.5	172	0	172	158	0	158	92%	

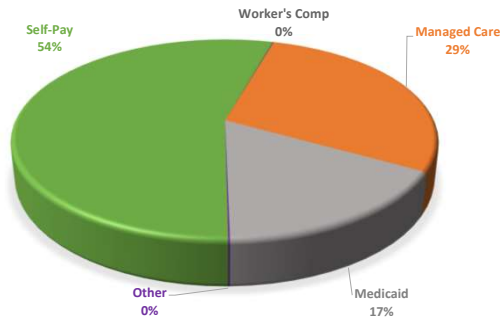
GRAND TOTAL										
		197.4	2,604	68	2,672	2,520	54	2,574	96%	



MEDICAL PAYER MIX



DENTAL PAYER MIX



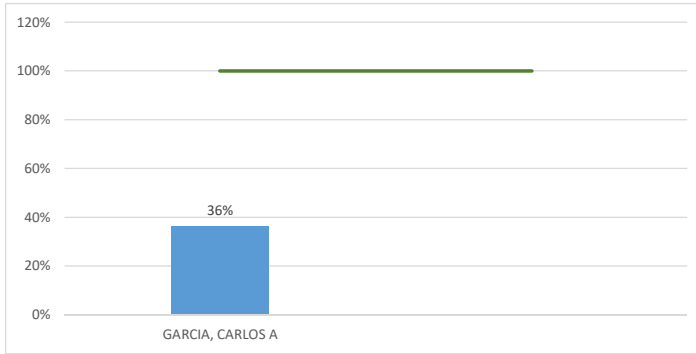
MOBILE PRODUCTIVITY REPORT MARCH 2022

AS 03/31/2022 Based on Completed Appointments

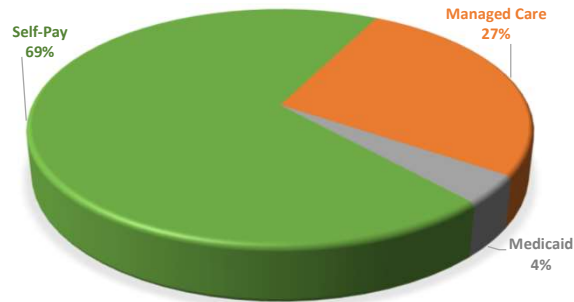


ADULT CARE										
Provider	Daily Target	Days Worked	Target for the Month			Total for the Month Seen			% Monthly Target Achieved	Daily Average
			In-Person	Telehealth	Total	In-Person	Telehealth	Total		
GARCIA, CARLOS A	12	6.0	72	0	72	26		26	36%	4.3
ADULT CARE TOTALS		6	72	0	72	26	0	26	36%	

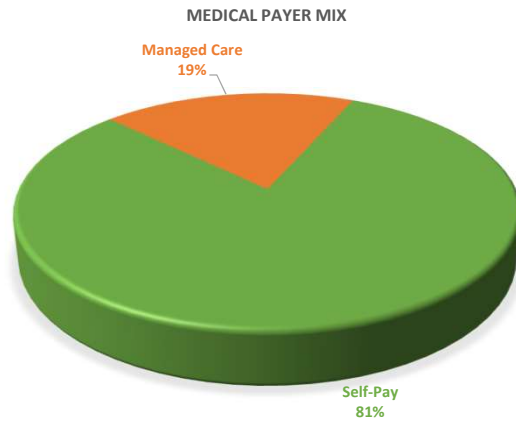
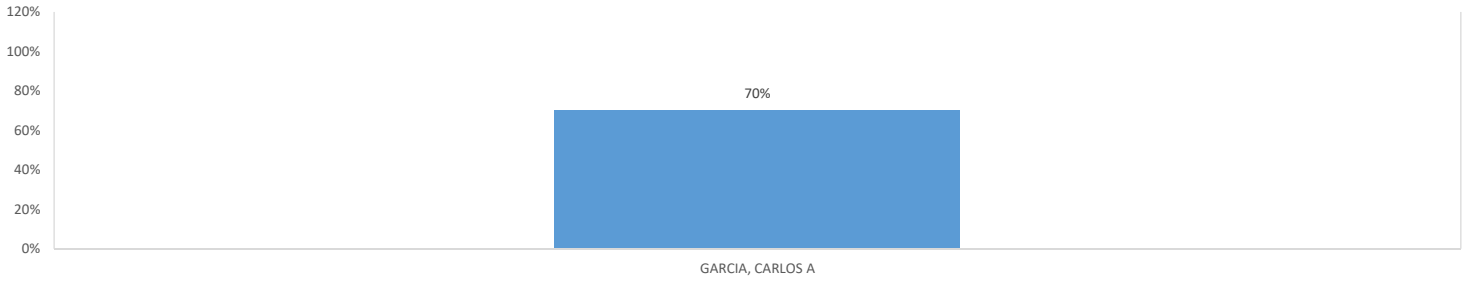
GRAND TOTAL	6	72	0	72	26	0	26	36%	
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MEDICAL PAYER MIX



ADULT CARE										
Provider	Daily Target	Days Worked	Target for the Month			Total for the Month Seen			% Monthly Target Achieved	Daily Average
			In-Person	Telehealth	Total	In-Person	Telehealth	Total		
GARCIA, CARLOS A	12	2.2	27	0	27	19	0	19	70%	8.6
ADULT CARE TOTALS		2.2	27	0	27	19	0	19	70%	
GRAND TOTAL		2.2	27	0	27	19	0	19	70%	



DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
April 27, 2022

1. Description: Patient Relations Dashboard Report

2. Summary:

This agenda item provides the following:

Quarterly Patient Relations Dashboard Q1 - 2022

3. Substantive Analysis:

For Quarter 1, 39 Patient Relations Occurrences occurred between 7 clinics and clinic administration. Of the 39 occurrences, there were 9 grievances and 30 complaints. The top 5 categories were Care and Treatment, Communication, Finance Related, Physician Related and Respect Related issues. The top 3 subcategories were Poor Communication and Billing issues with 6 complaints and grievances in each, followed by Lack of Continuity of Care with 4 complaints or grievances.

There were also 160 patient compliments, of which 155 were patient compliments and 5 employee Thumbs-Up compliments received across 8 clinics and clinic administration.

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:

 N/A
 Candice Abbott
 VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

 N/A
 Committee Name

 Date Approved

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
April 27, 2022

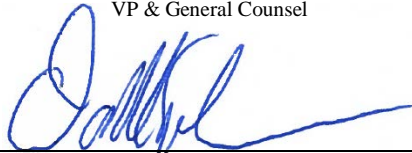
6. Recommendation:

Staff recommends the Board approve the Quarterly Patient Relations Dashboard for Q1 2022.

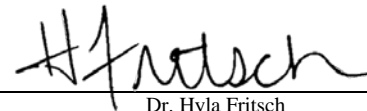
Approved for Legal sufficiency:



Bernabe Icaza
VP & General Counsel



David Speciale
Director of Patient Experience

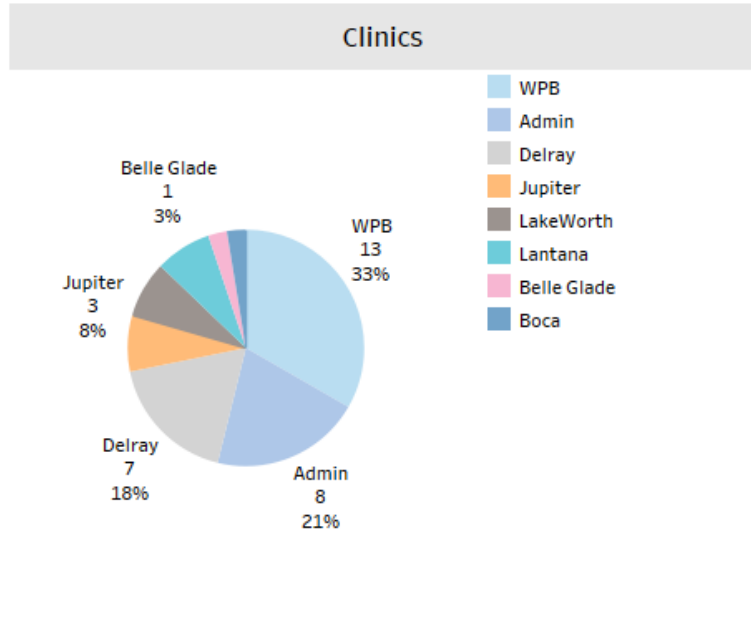


Dr. Hyla Fritsch
Executive Director of Clinic and Pharmacy
Services

2022 Q1

1/1/22 to 3/31/22

Dept Desc All Provider All **Total Complaints and Grievances 39** Late Entries: 6 Clinic All



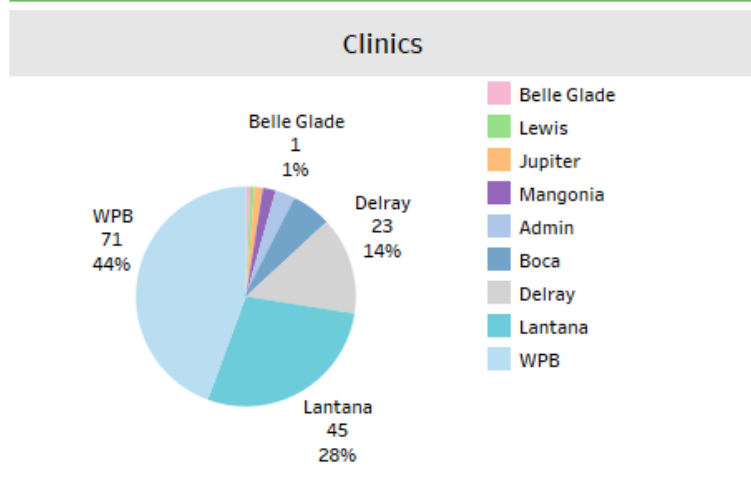
Top 5 Categories

Category	Subcategory	Count
Care & Treatment	WPB	5
	Lantana	2
	Belle Glade	1
	Delray	1
Communication	Delray	2
	WPB	2
	Admin	1
	Boca	1
	Jupiter	1
Finance	Admin	4
	LakeWorth	2
	Jupiter	1
	Lantana	1
Physician Related	Delray	3
	WPB	2
	Jupiter	1
Respect Related	Admin	1

Total Top 5 Subcategories

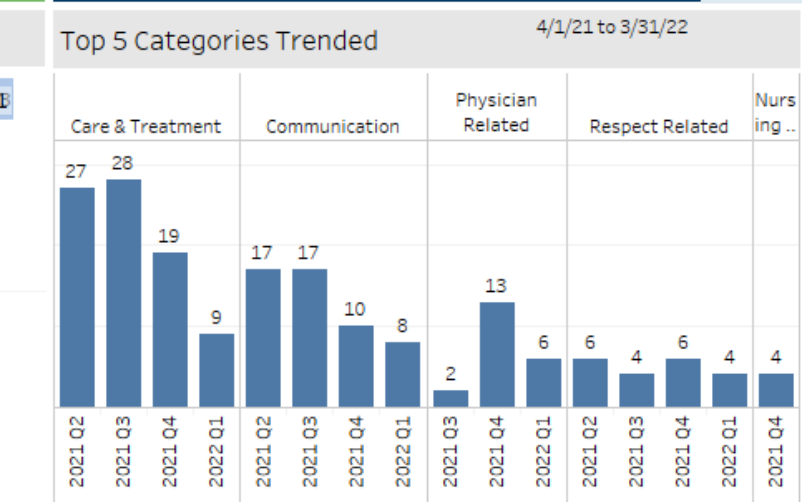
Category	Subcategory	Count
Care & Treatment	Lack of Continuity of Care	4
	Competency Of Staff	2
	Inappropriate Care	2
	Wait Time	1
Communication	Poor Communication	6
	Staff did not listen carefully	2
Finance	Billing issues (refusal to pay request fo...	6
	Insurance issues	1
Physician Related	All aspects of care	3
	Communication	2
	Response time	1
Respect Related	Bad attitude/rude	2
	Courtesy of staff	1
	Discrimination or perception	1

Total Compliments 160 Late Entries: 15 **Complaints/Grievances Prev 4 Quarters 219**



Care and Treatment Categories

Category	Count
CSS	40
NURSING	5
OTHER	5
PHYSICIAN	26



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* Color represents Department



C. L. Brumback

Primary Care Clinics

Health Care District Palm Beach County