



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

BOARD OF DIRECTORS
May 24, 2023
11:45 A.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
May 24, 2023
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 – Melissa Mastrangelo, Chair**
 - A. Roll Call
 - B. Affirmation of Mission: To provide compassionate, comprehensive health services to all Palm Beach County residents, through collaboration and partnership, in a culturally sensitive environment.
2. **Agenda Approval**
 - A. Additions/Deletions/Substitutions
 - B. Motion to Approve Agenda
3. **Awards, Introductions and Presentations**
 - A. Strategic Planning
(Alicia Ottmann)
4. **Disclosure of Voting Conflict**
5. **Public Comment**
6. **Meeting Minutes**
 - A. **Staff recommends a MOTION TO APPROVE:**
Board Meeting Minutes of April 27, 2023 [Pages 1-10]
7. **Consent Agenda – Motion to Approve Consent Agenda Items**
 - A. **ADMINISTRATION**
 - 7A-1 **RECEIVE AND FILE:**
May 2023 Internet Posting of District Public Meeting
<https://www.hcdpbc.org/resources/public-meetings>
 - 7A-2 **RECEIVE AND FILE:**
Attendance Tracking [Page 11]

**C. L. Brumback Primary Care Clinics
Board of Directors Meeting
Agenda
May 24, 2023**

(Consent Agenda Cont.)

- 7A-3 **RECEIVE AND FILE:**
HRSA Digest, Today with Macrae, and New Health Center Stories
(Andrea Steele) [Pages 12-41]

- 7A-4 **Staff Recommends a MOTION TO APPROVE:**
Revised Credentialing & Privileging Policy
(Andrea Steele) [Pages 42-46]

- 7A-5 **Staff Recommends a MOTION TO APPROVE:**
C.L. Brumback Primary Care Clinics Risk Management Plan 2023
(Alyssa Tarter) [Pages 47-66]

B. FINANCE

- 7B-1 **Staff recommends a MOTION TO APPROVE:**
District Clinic Holdings, Inc. Financial Report March 2023
(Candice Abbott) [Pages 67-84]

8. Regular Agenda

A. ADMINISTRATION

- 8A-1 **Staff Recommends a MOTION TO APPROVE:**
Election of Officers and Committee Appointments
(Alicia Ottmann) [Pages 85-86]

B. EXECUTIVE

- 8B-1 **RECEIVE AND FILE:**
Executive Director Informational Update
(Alicia Ottmann) [Pages 87-88]

C. CREDENTIALING

- 8C-1 **Staff Recommends a MOTION TO APPROVE:**
Licensed Independent Practitioner Credentialing and Privileging
(Dr. Belma Andric) [Pages 89-90]

D. QUALITY

- 8D-1 **Staff Recommends a MOTION TO APPROVE:**
Quality Report
(Dr. Belma Andric) [Pages 91-125]

**C. L. Brumback Primary Care Clinics
Board of Directors Meeting
Agenda
May 24, 2023**

E. OPERATIONS

8E-1 **Staff Recommends a MOTION TO APPROVE:**
Operations Report- March 2023
(Marisol Miranda) [Pages 126-136]

9. AVP and Executive Director of FQHC Services Comments

10. Board Member Comments

11. Establishment of Upcoming Meetings

June 28, 2023 (HCD Board Room)

12:45 p.m. Board of Directors

July 26, 2023 (HCD Board Room)

12:45 p.m. Board of Directors

August 23, 2023 (HCD Board Room)

12:45 p.m. Board of Directors

September 27, 2023 (HCD Board Room)

12:45 p.m. Board of Directors

October 25, 2023 (HCD Board Room)

12:45 p.m. Board of Directors

November 28, 2023 (HCD Board Room)

12:45 p.m. Board of Directors

December 13, 2023 (HCD Board Room)

12:45 p.m. Board of Directors

12. Motion to Adjourn Public Meeting Immediately following the Conclusion of the Closed Meeting

**13. Closed Meeting: [Under Separate Cover]
Closed Pursuant to Florida Statute Ch. 766.101 and 768.28**

**District Clinic Holdings, Inc.
d.b.a. C.L. Brumback Primary Care Clinics
Board of Directors Meeting
Summary Minutes
04/27/2023**

Present: Melissa Mastrangelo- Chair; Mike Smith- Vice-Chair; Joseph Gibbons- Treasurer; Robert Glass; William Johnson; Alcolya St. Juste (virtual)

Excused: Julia Bullard- Secretary; Tammy Jackson-Moore

Absent: Boris Seymore

Staff: Darcy Davis; Dr. Belma Andric; Bernabe Icaza; Candice Abbott; Alicia Ottmann; Dr. Charmaine Chibar; Alexa Goodwin; David Speciale; Marisol Miranda; Shauniel Brown; Andrea Steele; Macson Florvil; Heather Bokor; Regina All; Robin Kish; Maria Chamberlin

Minutes Transcribed By: Nicole Glasford

The meeting is scheduled for 12:45 p.m.

Meeting Began at 12:49 p.m.

AGENDA ITEM	DISCUSSION	ACTION
1. Call to Order 1A. Roll Call 1B. Affirmation of Mission	Ms. Mastrangelo called the meeting to order. Roll call was taken. Ms. Mastrangelo read the affirmation of mission.	The meeting was called to order at 12:49 p.m.

<p>2. Agenda Approval</p> <p>2A. Additions/Deletions/ Substitutions</p> <p>2B. Motion to Approve Agenda Items</p>	<p><u>Substitutions:</u> Ms. Ottmann noted an update made to the agenda item 8C-1. Staff Recommends a MOTION TO APPROVE: Licensed Independent Practitioner Credentialing and Privileging. The first three providers listed require “initial credentialing” rather than “re-credentialing”.</p>	<p>VOTE TAKEN: Mr. Smith made a motion to approve the agenda. Mr. Gibbons duly seconded the motion. A vote was called and the motion passed unanimously.</p>
<p>3. Awards, Introductions and Presentations</p> <p>3A. Mission Moment</p> <p>3B. Sapphire Awards Video: Addiction Treatment Model of Palm Beach County</p>	<p><u>Awards:</u> Mission Moment- Ms. Ottmann congratulated the Clinics team for winning first place in the Sapphire Awards recognition program for our Substance Use Disorder Program.</p> <p><u>Presentations:</u> The “2023 Sapphire Awards: Health Care District of Palm Beach County Addiction Model” video was played.</p> <p>Dr. Andric noted that this video was played at the Health Care District’s Strategic Planning Board meeting just the day prior. She mentioned at this meeting that the Board voiced their support of the Clinics’ focus and investment in mental health services, which are needed in the community.</p> <p>Mr. Smith inquired what organization funds the Sapphire Awards.</p> <p>Dr. Andric replied noting the Florida Blue Foundation granted this award. She explained that our mental health system of care includes full spectrum addiction care at Mangonia, including assessments, diagnosis, treatment plans, and the measurement of long-term outcomes by addiction-trained physicians.</p>	<p>No action necessary.</p>
<p>4. Disclosure of Voting Conflict</p>	<p>None.</p>	<p>No action necessary.</p>

<p>5. Public Comment</p>	<p>A public comment came from Nancy Brinker, representing the Promise Fund of Florida. Ms. Brinker expressed the desire to increase community relations. She was accompanied by David Brodsky, Chairman of the Promise Fund Board and Karen Patti, Chief Operating Officer of the Promise Fund. The goal illustrated was to create a medical home with chronic navigation care for current patients, specifically those needing breast and cervical cancer screening.</p> <p>One public comment came from David Brodsky, Chairman of the Promise Fund Board. This comment elaborated on the facilities and resources the Promise Fund of Florida is willing to extend to the Health Care District.</p> <p>Dr. Andric thanked them all for attending and the honor it was to have Nancy Brinker from the Susan G. Komen Foundation.</p> <p>Ms. Ottmann additionally thanked the Promise Fund representatives, noting that community partnerships are critical to improving the health of the community, and that the leadership team would be in contact to facilitate further discussions.</p>	<p>No action necessary.</p>
<p>6. Meeting Minutes</p> <p>6A-1 staff Recommends a MOTION TO APPROVE: Board meeting minutes from March 29, 2023</p>	<p>There were no changes or comments to the minutes dated March 29, 2023.</p>	<p>VOTE TAKEN: As presented, Mr. Glass made a motion to approve the Board meeting minutes from March 29, 2023. Mr. Johnson duly seconded the motion. A vote was called, and the motion passed unanimously.</p>
<p>7. Consent Agenda – Motion to Approve Consent Agenda Items</p>		<p>VOTE TAKEN: Mr. Gibbons motioned to approve the Consent Agenda. Mr. Johnson duly seconded the motion. A vote was called, and the motion passed unanimously.</p>
<p>A. ADMINISTRATION</p>		

7A-1. Receive & File: April 2023 Internet Posting of District Public Meeting	The meeting notice was posted.	Received & Filed. No further action is necessary.
7A-2. Receive & File: Attendance tracking	Attendance tracking was updated.	Received & Filed. No further action is necessary.
7A-3. Receive & File: HRSA Digest	Per the request of the clinic board, the latest HRSA Digest was provided.	Received & Filed. No further action is necessary.
B. FINANCE.		
7B-1. Staff recommends a MOTION TO APPROVE: District Clinic Holdings, Inc. Financial Report February 2023		Received & Filed. No further action is necessary.
8. REGULAR AGENDA		
A. ADMINISTRATION		
8A-1. Staff Recommends a MOTION TO APPROVE: Change In Scope – Form 5A, Adding Ambulatory General Surgery Specialty Service to Column I	Per HRSA Pin 2009-02, the C. L. Brumback Primary Care Clinics is respectfully requesting approval to proceed with a Change in Scope application with the Health Resources and Services Administration to add ambulatory general surgery specialty services to Form 5A, Column I under “Additional Services”. ~ Ms. Ottmann noted that the clinics would like to seek the Board’s, followed by HRSA’s approval, to add general surgery services to the health center scope with the goal of providing pre- and post-operative consultations at the Belle Glade Clinic and surgeries at the Lakeside Medical Center. Mr. Gibbons expressed his understanding of the request and its efficiency, and feels that this would serve the needs of many patients.	VOTE TAKEN: Mr. Glass motioned to approve the FY23 School-Based Service Expansion Grant. Mr. Johnson duly seconded the motion. A vote was called, and the motion passed unanimously.

	<p>Ms. Ottmann explained the relation to quality of care, with benefits like screenings, wound care and the ability to proactively decrease the number of Emergency Room visits for acute surgical concerns. This latter point would also lend itself to a decreased cost of admission.</p> <p>Mr. Smith inquired what the relationship currently is between the Belle Glade Clinic and Lakeside Medical Center in terms of arranging services and compensation.</p> <p>Ms. Ottmann answered that provider utilization will be shared between the clinics and the hospital, employment and compensation will be through the clinics. The surgeons will work within the clinics performing assessments and minor outpatient procedures, but will be available for hospital consultations in an on-call arrangement.</p> <p>Candice Abbott added that patients are currently referred out through the District's District Cares Program, on a contract basis. With this arrangement, consultations would be done internally, reducing the need for external referrals.</p> <p>Mr. Smith asked what the volume currently is and what the unmet need is.</p> <p>Ms. Ottmann confirmed current referral volumes, but noted that we anticipate the need may be higher once the service is easily accessible, and includes colonoscopy services. Dr. Andric commented that the uninsured patient population would benefit significantly from the clinics having the service as an internal specialty.</p> <p>Mr. Smith inquired as to whether the scope of practice for general surgeons includes colonoscopies, or whether this is a GI physician role.</p> <p>Ms. Ottmann and Dr. Andric commented that both board certified specialties are equipped to perform colonoscopies.</p> <p>Mr. Johnson expressed his support for this addition. He asked for education and clarification on what changes would occur.</p> <p>Ms. Ottmann gladly explained that the contract would delineate and differentiate the services and responsibilities of the general surgeons. With board approval, HRSA approval will be sought, and updates will be provided at subsequent board meetings.</p>	
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B. EXECUTIVE

<p>8B-1. Receive & File: Executive Director Informational Update</p>	<p>Delray Beach Clinic Capital Project: Tentative first patient-care day is Wednesday June 15th, 2023. Ribbon cutting and open house preparations are under-way, additional information will be provided as the date approaches.</p> <p>Governance Training Series for Health Center Boards: The board has the opportunity to participate in an on-demand series of 12 webinars focused on distinct compliance-related “hot topics” for governing boards, including but not limited to exercising the HRSA-mandated board authorities, addressing challenging situations in accordance with fiduciary duties, reviewing and responding to audit reports, enhancing board member engagement, reviewing consolidation strategies, and supporting risk management efforts.</p> <p>Strategic Planning: The clinic leadership team completed an analysis of the existing strategic plan, and participated in the development of a new framework that will aid in guiding short and long-term organizational efforts and resource allocation. The Executive Director is seeking feedback on the Board’s preference regarding the review and discussion of the strategic plan.</p> <p>~</p> <p>Ms. Ottmann discussed the Delray Beach Clinic move and invited the Board to the tentative ribbon cutting.</p> <p>Ms. Ottmann presented a training opportunity to the Board members through the Feldesman Tucker Leifer Fidell LLP organization. This training would be completed as 12 webinar trainings, geared toward Board members on the topic of Governance. More details would be sent out to the members interested.</p> <p>Andrea Steele, AVP of Corporate Quality confirmed that the trainings are 1 hr. in length and are available on-demand.</p> <p>Ms. Ottmann inquired whether the Board would like to learn about the clinical leadership’s Strategic Planning meeting at the next Board of Directors meeting or on a separate meeting date.</p> <p>All members preferred to add Strategic Planning to the agenda of the next Board of Directors meeting.</p>	<p>Received & Filed. No further action is necessary.</p>
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C. 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>Dr. Chibar reviewed the following LIPs who 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.</p> <ul style="list-style-type: none"> • Dawn Silver, Clinical Psychology • Lisa Campbell, General Dentistry • Diane Ashley, Physician Assistant • Arwa Alwehaib, General Dentistry • Jennifer Dorce-Medard, Family Medicine • Elsy Navarro, Nurse Practitioner • Ada Seminario, General Dentistry • Carline St. Vil, Nurse Practitioner • Sandra Warren, Preventive Medicine 	<p>VOTE TAKEN: Mr. Gibbons made a motion to approve the Licensed Independent Practitioner Credentialing and Privileging as presented. Mr. Glass duly seconded the motion. A vote was called, and the motion passed unanimously.</p>
D. QUALITY		
<p>8D-1. Staff Recommends a MOTION TO APPROVE: Quality Report</p>	<p>This agenda item presents the updated Quality Improvement & Quality Updates:</p> <ul style="list-style-type: none"> • Quality Council Meeting Minutes April 2023 • UDS Report – YTD • Provider Productivity –March 2023 <p>Dr. Chibar presented the above topics. There were no questions or additional discussion.</p>	<p>VOTE TAKEN: Mr. Johnson made a motion to approve the Quality Report as presented. Mr. Smith duly seconded the motion. A vote was called, and the motion passed unanimously.</p>
E. OPERATIONS		
<p>8E-1. Staff Recommends a MOTION TO APPROVE:</p>	<p>This agenda item provides the following operations reports for March 2023:</p>	<p>VOTE TAKEN: Mr. Smith made a motion to approve the</p>

Operations Reports- March 2023	Clinic Productivity, Demographics, Payor Mix, No Shows and Walk-In dashboards. Marisol Miranda presented the Operations dashboards. The Board had no additional questions.	Operations Reports- March 2023 as presented. Mr. Johnson duly seconded the motion. A vote was called, and the motion passed unanimously.
F. PATIENT RELATIONS		
8F-1. Staff Recommends a MOTION TO APPROVE: Q1 Patient Relations	This agenda item provides the following: Quarterly Patient Relations Dashboard Q1 - 2023 David Speciale presented the Patient Relations dashboards. Mr. Glass inquired what the “District Cares” related category on the Complaints and Grievances dashboard represents. Mr. Speciale answered that reflects the instances when a patient does not qualify for District Cares, and did not meet the financial guidelines.	VOTE TAKEN: Mr. Glass made a motion to approve the Q1 Patient Relations report as presented. Mr. Gibbons duly seconded the motion. A vote was called, and the motion passed unanimously.
9. AVP and Executive Director of Clinic Services Comments	Ms. Ottmann made note that future provider encounter dashboards will reflect a change in productivity targets (increase), and thus the percentage achievement of the goal may appear to decrease. Board member headshots will be emailed out from the Communications department.	No action necessary.
10. Board Member Comments	Mr. Gibbons congratulated the Clinics team for winning the Sapphire Award and the positive attention that would bring the Clinics team. Mr. Smith inquired about the homeless population the Clinics serve, and what care includes if they do not have a substance-use disorder. Ms. Ottmann explained that the current care system in place is designed to identify the broad needs of all patients, and is inclusive of screenings for both mental and physical healthcare needs. Care coordination then occurs in order to connect patients to needed resources and address health needs.	No action necessary.

	<p>Mr. Glass expressed how the model works well as the problem is being addressed from both sides, generating encouraging results.</p> <p>Mr. Smith discussed a program named Farmacy that provides produce for the community through mediums such as food pantries. He inquired if a partnership could be discussed to give the clinic patients access to Farmacy’s resources.</p> <p>Ms. Ottmann noted how valuable community partnerships are, and the leadership team has identified food insecurity as one SDoH factor that they’d like to build resources around. She explained how the Atlantis Clinics will have a physical space designed for a food pantry.</p> <p>Mr. Smith asked about latest updates on COVID-19.</p> <p>Ms. Ottmann referenced the CDC’s recent recommendation to remove the COVID-19 monovalent vaccine formulations, and replace with the bivalent formulations for all doses.</p>	
<p>11. Establishment of Upcoming Meetings</p>	<p><u>May 24, 2023 (HCD Board Room)</u> 11:45 p.m. Board of Directors</p> <p><u>June 28, 2023 (HCD Board Room)</u> 12:45 p.m. Board of Directors</p> <p><u>July 26, 2023 (HCD Board Room)</u> 12:45 p.m. Board of Directors</p> <p><u>August 23, 2023 (HCD Board Room)</u> 12:45 p.m. Board of Directors</p> <p><u>September 27, 2023 (HCD Board Room)</u> 12:45 p.m. Board of Directors</p> <p><u>October 25, 2023 (HCD Board Room)</u> 12:45 p.m. Board of Directors</p>	<p>No action necessary.</p>

	<p><u>November 28, 2023 (HCD Board Room)</u> 12:45 p.m. Board of Directors</p> <p><u>December 13, 2023 (HCD Board Room)</u> 12:45 p.m. Board of Directors</p>	
<p>12. Motion to Adjourn</p>	<p>Ms. Mastrangelo motioned to adjourn the public meeting at 2:03pm.</p>	<p>VOTE TAKEN: Mr. Smith made a motion to adjourn. Mr. Gibbons duly seconded the motion. A vote was called, and the motion passed unanimously.</p>

Minutes Reviewed by: _____
Signature
Date

C. L. Brumback Primary Care Clinics

Board of Directors

Attendance Tracking

	01/25/23	02/22/23	03/29/23	04/27/23	05/24/23	06/28/23	07/26/23	08/23/23	09/27/23	10/25/23	11/28/23	12/13/23
Mike Smith	X	X	X	X								
Melissa Mastrangelo	X	X	X	X								
Julia Bullard	X	X	X	E								
Joseph Gibbons	X	X	X	X								
John Casey Mullen	X	---	---	---	---	---	---	---	---	---	---	---
James Elder	A	---	---	---	---	---	---	---	---	---	---	---
Irene Figueroa	A	---	---	---	---	---	---	---	---	---	---	---
Tammy Jackson-Moore	E	A	E	E								
Robert Glass	X (ZOOM)	X	X	X								
William Johnson	X	X	X	X								
Boris Seymore	----	X	A	A								
Alcolya St. Juste	----	A	X	X								

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

**DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
May 24, 2023**

1. Description: HRSA Digest

2. Summary:

Per the request of the clinic board, we will include the latest HRSA Digest updates as available.

3. Substantive Analysis:

The May HRSA Digests highlight the extension of the COVID-19 Vaccination grant through December 31, 2023 and strategic planning for 2035.

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:

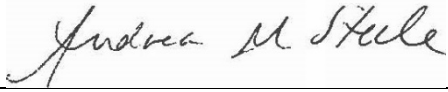
Staff recommends Board receive and file the HRSA Digests.

Approved for Legal sufficiency:

DocuSigned by:
Bernabe Icaza
0CF6F7DB6706434...

Bernabe Icaza
VP & General Counsel

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
May 24, 2023

A handwritten signature in black ink that reads "Andrea M. Steele". The signature is written in a cursive style and is positioned above a horizontal line.

Andrea Steele
AVP, Corporate Quality

From: [HRSA Primary Health Care Digest](#)
To: [Andrea Steele](#)
Subject: Today with Macrae and COVID-19 Webinar Thursday
Date: Tuesday, May 2, 2023 11:05:40 AM

Caution: This email came from an EXTERNAL SOURCE. Do not click on links or open attachments unless you are sure you recognize the sender and you know the contents are safe.

HRSA Health Center Program Primary Health Care Digest



May 2, 2023



THURSDAY: Today with Macrae: Health Center Program Updates

Join Jim for funding and program updates, plus hear from health center guests about their mental and behavioral health care approach in recognition of

Today With Macrae

Mental Health Awareness Month.

Thursday, May 4
2:00-3:00 p.m. ET
[Join the day of the session](#)
Join by phone: 833-568-8864
Webinar ID: 161 554 9350



THURSDAY: COVID-19 Medical Countermeasures Commercialization Webinar

HHS will provide updates on the U.S. government's COVID-19 medical countermeasures commercialization activities. Speakers include our own HRSA Associate Administrator Jim Macrae, as well as representatives from HHS' Office of the Secretary and CDC.

Thursday, May 4
1:00-1:45 p.m. ET
[Registration page](#) – You must register by noon on Wednesday, May 3.

Computer



Did You Miss It?

Here are some of our most popular items from April:

- View our [April 28 bulletin](#) to learn how you can provide input on **Health Center Program 2035**.
- Visit the [Site Visit Protocol \(SVP\) webpage](#) for the updated SVP.
- Check out our [Health Center Stories webpage](#) for examples of great work and to submit your own.
- Join our [Behavioral Health Integration Skills and Practices for Health Centers Community of Practice](#).

Missed an issue? Catch up in our [online archive](#).



Jump To: [Mental Health Awareness Month](#) | [Hepatitis Awareness Month](#) | [Behavioral Health](#) | [HIV](#) | [Workforce](#) | [Additional Resources](#)

HRSA-funded [National Training and Technical Assistance Partners \(NTTAPs\)](#) host or developed many of these events and resources. For more from the NTTAPs, visit the [Health Center Resource Clearinghouse](#).

What's New

DUE SOON: American Rescue Plan – Health Center Construction and Capital Improvements Semi-Annual Progress Reports

American Rescue Plan – Health Center Construction and Capital Improvements (ARP-Capital, C8E) Semi-Annual Progress Reports are due in HRSA’s Electronic Handbooks (EHBs) by 11:59 p.m. ET on Monday, May 15. Technical assistance (TA) resources to support you are available on the [ARP-Capital TA webpage](#), including links to the Progress Report User Guide and the Capital Grant Progress Reports Video for Awardees.

Service Area Competition Notice of Funding Opportunity Released for January 1 Starts

HRSA released the fiscal year (FY) 2024 Service Area Competition (SAC) notice of funding opportunity (NOFO) for service areas with a January 1, 2024, period of performance start date (HRSA-24-066). Find details for each of the announced service areas on the [Service Area Announcement Table](#).

Applications are due in [Grants.gov](#) by 11:59 p.m. ET on Monday, June 26, and in EHBs by 5:00 p.m. ET on Wednesday, July 26. TA materials are available on the [SAC TA webpage](#).

Policy Tip: Compliance Assessment and Progressive Action

At BPHC, we’re doing our best to get you the information you need. This is a weekly series of tips to clarify Health Center Program policy. We select topics for this feature based on your input.

There are five conditions that include a 120-day implementation phase to provide additional time for a health center to implement significant programmatic and organizational changes. Learn more and find answers to other questions on HRSA’s [Health Center Program Compliance FAQs webpage](#).

Policy Did You Know



EHBs Multifactor Login Process Information Session

Join our webinar to learn about the requirement that you use [Login.gov](#), and two-factor authentication, to access EHBs. This requirement goes into effect on Friday, May 26.

Friday, May 12
1:00-2:00 p.m. ET
[Registration page](#)

If you have an existing Login.gov account with the same email you use for EHBs, you don't need to attend.

We encourage you to attend if you need to create a new account using the email you use for EHBs (i.e., if you have an existing Login.gov account with a *different* email address than what you use for EHBs or if you do not have an account on Login.gov). See [HRSA's instructions webpage](#) for setting up and verifying a Login.gov account.

Native Hawaiian Recipients Visit HRSA



Native Hawaiian Health Care Awardees Visit HRSA

Last week, recipients of HRSA's FY 2021 ARP Funding for Native Hawaiian Health Care met with BPHC leadership and other representatives. They shared that ARP-funded projects improved access to COVID-19-related services, behavioral health care, medical services that includes traditional Hawaiian healing, and supportive services that meet the social, cultural, and linguistic needs of Native Hawaiian populations. Recipients also used funds for workforce development, community outreach, youth social engagement, and infrastructure projects. The group also discussed how to sustain critical federal investments to Native Hawaiian populations.

HRSA Healthy Grants Workshop

This series will help award recipients successfully manage their HRSA award. See the [Healthy Grants Workshop webpage](#) to access a schedule and registration page.

AHRQ Seeks Participants in Projects to Reduce Infections and Improve Cancer Diagnosis

Is your health center interested in improving the cancer diagnostic process for telemedicine patients? AHRQ is recruiting practices for an 18-month program, including CME/MOC, to improve diagnostic verification, timeliness, and communication with patients. Visit [their website](#) to learn more and sign up for an informational webinar.

Cybersecurity for the Clinician Video Series

The Health Sector Coordinating Council (HSCC) Cybersecurity Working Group is a national public-private partnership. They produced a video training series aimed at increasing cyber literacy and reducing risk. Download this series to share with your clinical staff. The eight videos total 47 minutes and are good for one CE credit.

Visit [HSCC's website](#) to access the files. These are free, public service resources. While HSCC invites anyone who downloads the series to participate in follow-up activities, that participation is voluntary.

Mental Health Awareness Month

Tune in to Thursday's Today with Macrae to hear about the Health Center Program's efforts to boost mental health care.

Health centers have always prioritized mental health services — their work in this area consistently increases. See our [Behavioral Health Integration webpage](#) for 2021 Uniform Data System health center data and resources to support your efforts.



SAMHSA's Mental Health Awareness Month Website

[SAMHSA's website](#) lists events and offers tools to help you:

- Create social media content to spread awareness about mental health's connection to well-being, to promote acceptance and support of those living with a mental illness, and to share key resources.
- Share best practices for engaging in healthy discussions about mental health.

Strengthening Partnerships with Community Mental Health Centers

Health centers are more likely to serve persons with complex health and

social needs than most primary care providers. The Corporation for Supportive Housing's (CSH) new publication explores partnerships with community mental health providers. Visit [their website](#) to access the report.

Hepatitis Awareness Month

May is Hepatitis Awareness Month and Friday, May 19, is Hepatitis Testing Day. Visit [CDC's website](#) for resources to support your efforts to encourage testing and treatment.



Hepatitis Micro-Elimination Strategies

Join the National Nurse-Led Care Consortium (NNCC) for a webinar series exploring ongoing efforts to eliminate hepatitis C. Speakers will evaluate best practices for effective micro-elimination interventions to support hepatitis elimination in high-risk populations.

Wednesday, May 10,
and Wednesday, May 17
2:00-3:00 p.m. ET
[Registration page](#)

Hepatitis C Virus: Barriers to Treatment and Community-focused Primary Care

CDC and American Liver Foundation will host a webinar where presenters will share recent data indicating that many people remain unaware of their hepatitis C infection. They will discuss adult screening recommendations and strategies for addressing gaps in viral hepatitis care.

Thursday, May 11
3:30-4:30 p.m. ET
[Registration page](#)

Hepatitis B Screening Recommendations

We're hosting a webinar to brief clinicians and other health care providers about the release of [new CDC recommendations for hepatitis B screening and testing](#). CDC's viral hepatitis epidemiologist and guidelines author will discuss updated recommendations and answer your questions.

Tuesday, May 16
1:00-2:00 p.m. ET
[Registration page](#)

Behavioral Health

Integrating Behavioral Health Care into Clinical Workflow

Join to see how your health center can apply lessons learned in developing an integrated care workflow, describe the roles of key team players in integrated care, and understand how issues with role clarity may impact successful workflow design.

Wednesday, May 10
2:30-3:00 p.m. ET
[Registration page](#)

Documentation, Billing, and Coding for Behavioral Health Integration

Learn about practices that support quality reporting and coordinated care for integrated medical and behavioral health services. Includes an overview of key issues around using CPT, HCPCS-II, and ICD-10-CM.

Monday, May 15
1:00-2:00 p.m. ET
[Registration page](#)

Opioids | Patient Resource

Use this [two-page resource](#) to help patients understand how opioids work and can affect their health and well-being. It is available in English and Spanish. MHP Salud, Farmworker Justice, the Migrant Clinicians Network (MCN), and Health Outreach Partners produced this resource.

SAMHSA Funding: Substance Use Disorder Treatment for Racial/Ethnic Minority Populations at High Risk for HIV/AIDS

SAMHSA funding will strengthen and expand HIV services in programs that will primarily provide substance use disorder (SUD) treatment to medically underserved racial and ethnic minority individuals at risk or living with HIV. View the [NOFO webpage](#) for details or to apply by Monday, May 22.

HIV

TOMORROW: Ending the HIV Epidemic Quarterly Stakeholder Webinar: Innovative Housing Collaborations

HHS' meeting will provide updates on major federal activities related to the implementation of the Ending the HIV Epidemic (EHE) initiative. The webinar features speakers from HUD and the National HIV/AIDS Housing Coalition.

Wednesday, May 3



1:00-2:30 p.m. ET

[Registration page](#)

The session will be audio recorded and slides will be available.

SAMHSA Funding: SUD Treatment for Racial/Ethnic Minority Populations at High Risk for HIV/AIDS

[See the announcement above.](#)

Workforce

Integrating Behavioral Health Care into Clinical Workflow

[See the announcement above.](#)

The Road to Patient Engagement

Facilitators of this learning collaborative will work with health centers – care teams and individual health center participants – to improve knowledge and skills around evidence-based strategies. Learn about a continuum of engagement that examines individual interactions, institutional design, and larger policy design implications. Presented by NNCC and MCN. [Registration page](#).

Additional Resources

Changing Climate and Pediatric Healthcare

Children in medically underserved communities – rural or urban – are especially susceptible to climate hazards. These events worsen children’s allergies and asthma and can increase trauma-induced mental health challenges like anxiety and depression. Join us to discuss the implications of climate change on pediatric health care. Our discussion will feature experts from Children's National Hospital, the University of Virginia School of Medicine, and the American Academy of Pediatrics.

Thursday, May 18

Noon-1:00 p.m. ET

[Registration page](#)

Webinar Recording: Weight Stigma in the Health Care Setting

If you missed our webinar, watch the [recording](#). Speakers highlighted how weight stigma and bias negatively affect the treatment of patients. They shared evidence-based interventions to improve patient experience.

Learning to Love Your Data: Health Center Data for Everyone Webinar Series

This series will help health center staff understand how to collect,

interpret, and communicate about data. Hosted by the Health Information Technology, Evaluation, and Quality (HITEQ) Center. Access dates, times, session descriptions, and registration on HITEQ's [Webinars webpage](#).

Diabetes Across the Lifespan: The Make-up of the MSAW Family Household

MHP Salud's [blog](#) examines the roles of community health workers (CHWs) and household make-up in preventing diabetes among the MSAW community.

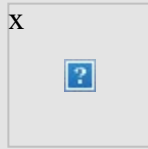
In case you missed it:

[Visit the Primary Health Care Digest archive.](#)

Do you forward the Digest to others?

Encourage them to [subscribe](#).

Training & Technical Assistance



[Visit the training calendar to learn details or register for events.](#)

Through May 9

Data Governance and Literacy

Session 3 in the Learning to Love Your Data: Health Center Data for Everyone Webinar Series
Hosted by the HITEQ Center
Tuesday, May 2
2:00-3:30 p.m. ET
[Registration page](#)

Diabetes 101 *(in Spanish with live English interpretation)*

Hosted by the National Center for Farmworker Health (NCFH)
Tuesday, May 2
2:00-3:00 p.m. ET
[Registration page](#)

Health Professions Student Training: Assessing Organizational Capacity

Hosted by Community Health Center, Inc. (CHCI)
Tuesday, May 2
3:30-4:30 p.m. ET
[Registration page](#)

Screening for Safe Infant Sleep Habits in Public Housing

Hosted by the National Center for Health in Public Housing (NCHPH)
Wednesday, May 3
1:00-2:00 p.m. ET
[Registration page](#)

Placing Lived Expertise at the Center of Diabetes Prevention

Hosted by CSH
Wednesday, May 3
1:00-2:00 p.m. ET
[Registration page](#)

COVID-19 Medical Countermeasures Commercialization Webinar

Hosted by HHS
Thursday, May 4
1:00-1:45 p.m. ET
[Registration page](#) – Register by noon on Wednesday, May 3.

Today with Macrae: Health Center Program Updates

Thursday, May 4
2:00-3:00 p.m. ET_
[Join the day of the session](#)
Join by phone: 833-568-8864
Webinar ID: 161 554 9350

Creating a PrEP Framework for Your Health Center

Hosted by CHCI
Thursday, May 4
2:00-3:00 p.m. ET_
[Registration page](#)

Maternal Mental Health Among Asian American and Pacific Islander Communities

Thursday, May 4
3:00-4:00 p.m. ET
[Registration page](#)

Key Processes Refresher: Enrolling in HRSA's Accreditation and Patient Centered Medical Home Recognition Initiative

Hosted by the National Committee for Quality Assurance
Tuesday, May 9
11:00 a.m.-noon ET
[Registration page](#)

COVID-19 Response Program

Office Hours

Tuesday, May 9
1:00-2:00 p.m. ET
[Registration page](#)

Academic Partnerships to Foster Multidirectional Learning and Reinforce our Health Center Workforce

Hosted by NCHPH
Tuesday, May 9
1:00-2:00 p.m. ET
[Registration page](#)

Upcoming

Hepatitis Micro-Elimination Strategies

Hosted by NNCC
Wednesday, May 10,
and Wednesday, May 17
2:00-3:00 p.m. ET
[Registration page](#)

Integrating Behavioral Health Care into Clinical Workflow

Wednesday, May 10
2:30-3:00 p.m. ET
[Registration page](#)

HRSA Workforce Funding Opportunities for Nursing Students and Nurses

Wednesday, May 10
2:30-4:30 p.m. ET
[Registration page](#)

Infection Prevention and Control for Dental Hygienists and Dental Assistants

Hosted by the National Network for Oral Health Access (NNOHA)
Wednesday, May 10
3:00-4:30 p.m. ET
[Registration page](#)

****1.5 CDE available****

EHBs Multifactor Login Process Information Session

Friday, May 12
1:00-2:00 p.m. ET
[Registration page](#)

Documentation, Billing, and Coding for Behavioral Health Integration

Monday, May 15

1:00-2:00 p.m. ET

[Registration page](#)

**Hepatitis B Screening
Recommendations**

Tuesday, May 16

1:00-2:00 p.m. ET

[Registration page](#)

**UDS Mapper Advanced Topic:
Food Insecurity and
Opportunities for Health
Centers**

Tuesday, May 16

2:00-3:00 p.m. ET

[Registration page](#)

**Cybersecurity for Health
Centers**

Hosted by the National Association
of Community Health Centers
(NACHC)

Tuesday, May 16

2:00-3:30 p.m. ET

[Registration page](#)

**Medication Therapy
Management in Trusted Spaces
– Role of Pharmacists in
Managing Hypertension**

Co-hosted by NACHC (through a
cooperative agreement with CDC)
and the American Medical
Association

Wednesday, May 17

3:00-3:45 p.m. ET

[Registration page](#)

****1.0 CME available****

**Ergonomics and Wellness for
Dental Hygienists and Dental
Assistants**

Hosted by NNOHA

Wednesday, May 17

3:00-4:30 p.m. ET

[Registration page](#)

****1.5 CDE available****

**Changing Climate and Pediatric
Healthcare**

Thursday, May 18

Noon-1:00 p.m. ET

[Registration page](#)

**Using Trauma-Informed Yoga
as a Tool to Support Survivors
of Sexual and Domestic
Violence while Supporting
Yourself and Overall**

Organizational Health

Hosted by NCFH
Thursday, May 18
2:00-3:00 p.m. ET
[Registration page](#)

**Conquering Diabetes
Therapeutic Inertia: Patient
Engagement Strategies**

Hosted by NCHPH
Monday, May 22
3:00-4:00 p.m. ET
[Registration page](#)

**Virtual 2023 Biennial
Workforce Summit**

Hosted by CHCI, the Association of
Clinicians for the Underserved's
STAR² Center, and NACHC
Tuesday, May 23,
and Wednesday, May 24
Noon-5:00 p.m. ET
[Registration page](#)

**AgWorker Health 102:
Supporting Agricultural Worker
Health**

Hosted by Farmworkers Health
Network
Tuesday, May 23
2:00-3:00 p.m. ET
[Registration page](#)

**Roles of Dental Hygienists and
Dental Assistants in Oral
Health Integration**

Hosted by NNOHA
Wednesday, May 24
3:00-4:30 p.m. ET
[Registration page](#)

****1.5 CDE available****

**Growing the Next Generation
of Health Center Executives:
Understanding a Health Center
Administrative Fellows
Program**

Hosted by NACHC and CHCI
Thursday, May 25
Noon-1:00 p.m. ET
[Registration page](#)

Note: There will be follow-up office
hours on Thursday, June 15.

**Structural Competency:
Identifying and Addressing the
Upstream Causes of Diabetes
and COVID-19**

Hosted by Health Outreach
Partners
Thursday, May 25
2:00-3:30 p.m. ET
[Registration page](#)

**Strategies to Improve Staff
Retention in Health Center
Settings**

Hosted by NCHPH
Tuesday, May 30
1:00-2:00 p.m. ET
[Registration page](#)

**Don't Forget the Feet when
Educating Patients about their
Diabetes Management**

Hosted by NCHPH
Wednesday, May 31
3:00-4:00 p.m. ET
[Registration page](#)

*Webinars are hosted by HRSA
unless otherwise noted.*



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From: [HRSA Primary Health Care Digest](#)
To: [Andrea Steele](#)
Subject: New Health Center Stories, Health Center Program 2035
Date: Tuesday, May 16, 2023 10:12:44 AM

Caution: This email came from an EXTERNAL SOURCE. Do not click on links or open attachments unless you are sure you recognize the sender and you know the contents are safe.

HRSA Health Center Program Primary Health Care Digest



May 16, 2023



**Health Centers Share
Maternal Health, Community
Outreach, and Mental Health
Successes**

Visit our [Health Center Stories](#)

Community Health Foundation Parade

[webpage](#) to check out these new stories:

- Union Community Health Center in the Bronx is integrating maternal and pediatrics care.
- Primary Health Care in Des Moines reports improved mental health measures among patients who received food assistance.
- Anchorage Neighborhood Health Center offered elderly patients a new medical home when a senior health clinic suddenly closed.
- The Community Health Foundation of Puerto Rico rolled out expanded mental health services by throwing a party, complete with food, music, and a parade.



Share your own success story by emailing HealthCenterStories@hrsa.gov. We are especially interested in stories about rural health and maternal health.

Deadline Friday! Give Input on Health Center Program 2035

Health Center Program 2035 is an effort to better position the Health Center Program for the future of health care in this country and maximize its impact in increasing access to care, improving health outcomes, and advancing health equity. See our [April 28 bulletin](#) to learn how you can be involved and apply by this Friday, May 19.

Deadline



HRSA's Photo Gallery for Health Care Risk Management Week

To celebrate Health Care Risk Management Week (June 19-23), HRSA is hosting a photo gallery. Our theme is "Risk Professionals, Enhancing Skills, Elevating the Profession." Health centers, send us photos that capture your risk management and patient safety professionals – those who work to ensure health center patients receive safe and trusted health care. Get details, including how to submit and how the photos may be used, on [HRSA's webpage](#).

Camera



Tonya and Tracey on Travel



Deputy Associate Administrator Tonya Bowers and Division Director Tracey Orloff at Seattle Indian Health Board (top left), Neighborcare Health in Seattle (both right), and the National Association of Community Health Centers (NACHC) Conference for Agricultural Worker Health (bottom left) with Rachel Gonzales-Hanson, Interim President and CEO of NACHC.



Jump To: [Mental Health Awareness Month](#) | [Hepatitis Awareness Month](#) | [COVID-19 Behavioral Health](#) | [HIV](#) | [Workforce](#) | [Additional Resources](#)

HRSA-funded [National Training and Technical Assistance Partners](#) (NTTAPs) host or developed many of these events and resources. For more from the NTTAPs, visit the [Health Center Resource Clearinghouse](#).

What's New

Fact Sheet: End of the COVID-19 Public Health Emergency

HHS released [this Fact Sheet](#) with an update on how COVID-19-related

flexibilities are impacted by the end of the COVID-19 Public Health Emergency.

Health Center Workforce Well-being Survey: Preliminary Reports

Did your health center participate in HRSA’s Health Center Workforce Well-being Survey? Last month, we sent the main points of contact for the survey a preliminary data report. If they cannot locate that email or have questions about the report, contact our contractor, JSI, for assistance: email workforce_survey_help@jsi.com or call 833-408-3322. Submit questions for HRSA through the [BPHC Contact Form](#) (*General/Other HRSA > Other Topics*, then enter “Workforce Well-being Survey” in the description with your questions).

Thank you again to everyone who participated in the survey! We expect to share national data later this year. Our [Health Center Workforce Well-being Initiative webpage](#) contains more information and technical assistance (TA) resources for all health centers.

Updated Service Area Status Scores Now Available

Visit [HRSA’s website](#) for updated Service Area Status (SAS) scores based on 2021 Uniform Data System (UDS) patient data. The SAS score describes the health, social, and economic status of a health center's existing service area using a standardized methodology and public data sources. Obtain SAS scores for HRSA-funded health centers and look-alikes through the SAS Workbook. The ZIP code-configurable workbook allows those outside the Health Center Program to obtain SAS scores for ZIP codes within a proposed service area.

Policy Tip: Clinical Staffing

Credentialing requirements apply to other clinical staff. “Other clinical staff” are clinical staff positions that do not require licensure or certification by the health center’s state, territory, or jurisdiction. Examples of other clinical staff could include Medical Assistants or Community Health Workers. Learn more and find answers to other questions on HRSA’s [Health Center Program Compliance FAQs webpage](#).

Policy Did You Know



National Maternal Mental Health Hotline Webinar

As mentioned at the recent Today with Macrae webcast*, HRSA-funded health centers will soon receive promotional materials to help you spread the word about this valuable resource. Join HRSA’s Maternal and Child Health Bureau (MCHB) Associate Administrator Dr. Michael Warren and others to learn how the hotline can help you assist pregnant persons during and after pregnancy.

Monday, May 22
1:00-1:45 p.m. ET
[Registration page](#)

The hotline celebrated its first anniversary this past weekend. See the press release on [HHS' website](#). They also introduced an easier-to-remember number: 833-TLC-MAMA. (The old number will continue working for a year.)

*If you missed our webcast, watch the recording or see the slides on [our website](#).

National Advisory Council on Migrant Health Meeting

The National Advisory Council on Migrant Health (NACMH) will hold an in-person meeting in Lutz, Florida, May 24-25. The event is open to the public and will include an option to attend virtually. Visit the [NACMH webpage](#) to view the agenda and learn more.

NACMH advises and makes recommendations to the HHS Secretary on policy, program development, and other topics related to migrant health centers and other organizations that serve migratory and seasonal agricultural workers and their families.

April in Brief

In April, HRSA Administrator Carole Johnson testified before the U.S. House of Representatives on HRSA programs and priorities, and HRSA observed Black Maternal Health Week and celebrated staff who have recently joined the Senior Executive Service. Read more on [HRSA's website](#).

HRSA Healthy Grants Workshop

This series will help award recipients successfully manage their HRSA award. See the [Healthy Grants Workshop webpage](#) to access a schedule and registration page.

Mental Health Awareness Month

Fact Sheet: Celebrating Mental Health Awareness Month 2023

HHS knows how essential mental health is to overall health and well-being. This [fact sheet](#) serves as a snapshot of the department's efforts over the past year.



In Your Words: What's the Value of Behavioral Health TA?

We offer free TA to HRSA-funded health centers to support your behavioral health and primary care integration efforts. We asked some participants, "What's the value of these activities?":

Being able to discuss our challenges with someone who has an objective perspective and can provide insights and actionable advice for improvement. –One-on-one coaching attendee

Tips for program implementation provided a good guideline. –Site visit attendee

Just the organic conversation that came out of the presentations and the generosity of those presenting to share their real-life experiences of the model. –Webinar attendee

Opened up my eyes to the need for integrating behavioral and oral health. –Brown bag attendee

As you can see above, we deliver this TA through multiple modalities. Many activities offer CE credits. Visit the [BPHC Behavioral Health TA Portal](#) to get the support you need.

Hepatitis Awareness Month

TODAY! Hepatitis B Screening Recommendations

We're hosting a webinar to brief clinicians and other health care providers about the release of [new CDC recommendations for hepatitis B screening and testing](#). CDC's viral hepatitis epidemiologist and guidelines author will discuss updated recommendations and answer your questions.



1:00-2:00 p.m. ET
[Registration page](#)

COVID-19

ECHOing Support to Health Centers on Long COVID

To advance the Biden-Harris Administration's priority to combat long COVID, HRSA posted a solicitation for a contract to provide training and TA to 100 health centers to diagnose, treat, and combat long COVID and related chronic conditions. Visit [Sam.gov](#) to see the solicitation. Applications are due Monday, May 22, and we expect to award the contract by the end of June.

The contractor will use a Project Extension for Community Health Outcomes (ECHO)-like model. This approach will engage clinicians and specialists in a virtual community to foster continuous learning, peer support, and guidance and feedback for long COVID management and treatment among underserved communities.

Improving Vaccine and Healthcare Access Among Residents of Supportive Housing: Lessons Learned From COVID-19

Many studies have sought to understand issues relating to vaccine uptake. Visit the [Corporation for Supportive Housing's website](#) to download a report that compiles some of them. The report connects to focus groups of residents and providers of supportive housing to share their experiences. It also presents recommendations for housing providers and health centers to support and inform patients to have agency in their own health and medical decisions.

Behavioral Health

Communities of Practice for Behavioral Health Integration

Take a deep dive into these critical topics through a series of eight 1.5-hour sessions. Visit the registration pages for dates and times.

- **Addressing Social Determinants of Health (SDOH) in Behavioral Health and Primary Care**
Learn about the SDOH that affect behavioral health outcomes and strategies for identifying and mitigating these impacts in an integrated care setting. [Registration page](#).
- **Improving Postpartum Outcomes with Behavioral Health Integration**
Join subject matter experts and peers for discussion on identifying and mitigating the impact of risk factors for maternal health, especially those associated with behavioral health disorders that contribute to morbidity and mortality in the fourth trimester. [Registration page](#).

Mental Health Care for Transgender Youth

Learn about LGBTQIA+ health disparities, demographics, terminology, and key strategies for providing high quality care for transgender youth who are patients at health centers. The session will include discussions of inclusive care environments and the intersections among transgender health, population health, and team-based care.

Wednesday, May 24

1:00-2:00 p.m. ET

[Registration page](#)

****1.0 CE available****

Bring your questions to a follow-up discussion from 1:00-3:00 p.m. ET on Wednesday, May 31 ([registration page](#)).

Responding to Staff Exposure to Highly Stressful Events and Traumatic Patient Experiences

Our behavioral health and substance use disorder TA provides timely information on strategies health center leadership and staff can use to respond to stressful and traumatic events. Visit the [BPHC Behavioral](#)

[Health TA Portal](#) for a short pre-recorded webinar that provides information on critical incident stress debriefing and stress management. You can also request further TA on this topic there.

SAMHSA and FDA Letter Promotes the Medication First Model

SAMHSA and FDA's [letter](#) (PDF) emphasizes that counseling and other services should not be prerequisites for a patient to receive medications for opioid use disorder. Practitioners must work collaboratively with patients, meeting them where they are, to create supportive and tailored treatment plans.

HIV

QuizTime for CME – Ending the HIV Epidemic with Antiretroviral Therapy

Providers at HRSA-funded health centers can access CME about HIV treatment through their phones. Register for daily (weekdays only) questions. Eligible clinicians will receive CME for answering within 24 hours. Visit the [Southeast AIDS Education and Training Center \(AETC\)'s website](#) for details and to register.

Homecoming: Life After Incarceration

HUD's multimedia project highlights the challenges people experience as they re-enter society after incarceration. It has a secondary focus on the connection between HIV and incarceration and highlights the challenges and opportunities that exist in addressing the housing and health needs of people with HIV exiting jails and prisons. It consists of documentary style video episodes with accompanying written chapters that dive deeply into key topics and related resources. Visit [HUD's website](#) to access.

Hypertension

Updated Toolkit Available

The [Self-Measured Blood Pressure \(SMBP\) Monitoring Implementation Toolkit](#) (PDF) helps organizations integrate SMBP monitoring into care processes and workflows. This update adds a section to help a care team identify best uses of SMBP for patients based on their blood pressure readings and risk factors. This workflow is courtesy of Health Federation of Philadelphia, a HRSA-funded Health Center

SMPB Implementation Toolkit



Controlled Network (HCCN). NACHC developed the toolkit for CDC's Million Hearts initiative.

Workforce

Screening for the SDOH: An Epidemiological Perspective

This learning collaborative from the National Center for Health in Public Housing (NCHPH) will present the SDOH as an epidemiological framework that maximizes the patient and health center experience. They will examine the research and review screening tools that provide the best benefit. [Registration page](#).

Additional Resources

AgWorker Health 102: Supporting Agricultural Worker Health

Join the Farmworker Health Network (FHN, a group of six HRSA-funded NTTAPs) to hear about the most relevant current agricultural worker policy issues and explore effective service delivery models. Presenters will also highlight training and TA opportunities and share resources and promising practices.

Tuesday, May 23
2:00-3:00 p.m. ET
[Registration page](#)

"Be the Change" Youth Training Program

Registration is open for the School-Based Health Alliance's "Be the Change" Youth Training Program on June 26-28 in Washington, D.C. Participants will meet like-minded peers and attend various workshops to learn about school-based health care. Visit the [registration page](#) to submit a scholarship application by Friday, May 19.

Partnership for the Future: Health Centers and Maternal Child Health Home Visiting Opportunities

Join the National Nurse-Led Care Consortium (NNCC) and NCHPH for a three-part webinar series focused on improving maternal and child health equity with home visiting program partnerships and health centers. This series explores opportunities for health centers to develop partnerships with home visiting programs shown to improve maternal and child health outcomes, promote health equity, and reduce health disparities. Visit the [registration page](#) for dates and times.

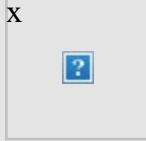
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Through May 23

Hepatitis B Screening Recommendations

Tuesday, May 16
1:00-2:00 p.m. ET
[Registration page](#)

Data Viz Best Practices

Session 4 in the Learning to Love Your Data: Health Center Data for Everyone Webinar Series
Hosted by the Health Information Technology, Evaluation, and Quality (HITEQ) Center
Tuesday, May 16
2:00-3:30 p.m. ET
[Registration page](#)

Cybersecurity for Health Centers

Hosted by NACHC
Tuesday, May 16
2:00-3:30 p.m. ET
[Registration page](#)

Connecting Women to Healthcare through HRSA's Programs

Wednesday, May 17
1:00-2:00 p.m. ET
[Registration page](#)

Medication Therapy Management in Trusted Spaces – Role of Pharmacists in Managing Hypertension

Co-hosted by NACHC (through a cooperative agreement with CDC) and the American Medical Association
Wednesday, May 17
3:00-3:45 p.m. ET
[Registration page](#)

****1.0 CME available****

Wellness for Dental Hygienists and Dental Assistants

Hosted by the National Network for Oral Health Access (NNOHA)
Wednesday, May 17
3:00-4:30 p.m. ET
[Registration page](#)
****1.0 CDE available****

Changing Climate and Pediatric Healthcare

Thursday, May 18
Noon-1:00 p.m. ET
[Registration page](#)

The Changing Landscape of Behavioral Health Care: What is the "New Normal" Going to Look Like?

Hosted by Community Health Center, Inc. (CHCI)
Thursday, May 18
1:00-2:00 p.m. ET
[Registration page](#)

Partnership for the Future: Health Centers and Maternal Child Health Home Visiting Opportunities

Hosted by NNCC and NCHPH
Thursday, May 18; Friday, May 19; and Thursday, May 25
2:00-3:00 p.m. ET
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Using Trauma-Informed Yoga as a Tool to Support Survivors of Sexual and Domestic Violence while Supporting Yourself and Overall Organizational Health

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Thursday, May 18
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Tuesday, May 23
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[Registration page](#)

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Supporting Agricultural Worker
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Hosted by FHN
Tuesday, May 23
2:00-3:00 p.m. ET

[Registration page](#)

Upcoming

**Mental Health Care for
Transgender Youth**

Wednesday, May 24
1:00-2:00 p.m. ET

[Registration page](#)

****1.0 CE available****

Follow-up discussion: 1:00-3:00
p.m. ET on Wednesday, May 31
([registration page](#)).

**Preparedness in Action:
Practical Exercises for Health
Centers**

Hosted by NCFH
Wednesday, May 24
2:00-3:00 p.m. ET

[Registration page](#)

**Roles of Dental Hygienists and
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[Registration page](#)

****1.5 CDE available****

**Growing the Next Generation of
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Understanding a Health Center
Administrative Fellows**

Program

Hosted by NACHC and CHCI

Thursday, May 25

Noon-1:00 p.m. ET

[Registration page](#)

Note: There will be follow-up office hours on Thursday, June 15.

What You Need to Know About Informal Caregiving and the LGBTQIA+ Community

Hosted by the National LGBTQIA+ Health Education Center and the National Center for Equitable Care for Elders

Thursday, May 25

2:00-3:00 p.m. ET

[Registration page](#)

Structural Competency: Identifying and Addressing the Upstream Causes of Diabetes and COVID-19

Hosted by Health Outreach Partners

Thursday, May 25

2:00-3:30 p.m. ET

[Registration page](#)

Strategies to Improve Staff Retention in Health Center Settings

Hosted by NCHPH

Tuesday, May 30

1:00-2:00 p.m. ET

[Registration page](#)

The Health of Asian American, Native Hawaiian, and Pacific Islander Patients Served at Health Centers: An Analysis of 2021 UDS Data

Hosted by the Association of Asian Pacific Community Health Organizations

Wednesday, May 31

2:00-3:00 p.m. ET

[Registration page](#)

Don't Forget the Feet when Educating Patients about their Diabetes Management

Hosted by NCHPH

Wednesday, May 31

3:00-4:00 p.m. ET

[Registration page](#)

Calendar Year 2023 UDS Reporting Changes

Tuesday, June 6
1:00-2:30 p.m. ET
[Registration page](#)

Maternal Health Among Hispanic/Latina Women *(in Spanish with live interpretation in English)*

Tuesday, June 6
1:00-2:30 p.m. ET
[Registration page](#)

Healing-centered and Youth Driven Care for Adolescents Exposed to Violence *(in English with live interpretation in Spanish and ASL)*

Hosted by Health Partners on IPV + Exploitation
Wednesday, June 7
2:00-3:00 p.m. ET
[Registration page](#)

Coaching and Mentoring
Hosted by ACU's STAR² Center
Tuesday, June 13
1:00-2:00 p.m. ET
[Registration page](#)

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DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
May 24, 2023

1. Description: Revised Credentialing & Privileging Policy

2. Summary:

This agenda item presents updates to the Credentialing & Privileging Policy.

3. Substantive Analysis:

The HRSA Compliance Manual and for Federal Tort Claims Act (FTCA) Manual regarding Coverage for Health Centers and Their Covered Individuals” outlined updates needed to the credentialing policy to outline all LIPs and OLCs. Accordingly, the Clinics have updated their policies to align with HRSA requirements.

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

 Candice Abbott
 VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

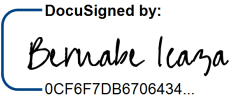
 Committee Name

 Date Approved

6. Recommendation:

Staff recommends the Board approve the revised Credentialing & Privileging Policy.

Approved for Legal sufficiency:

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 Bernabe Icaza
 VP & General Counsel

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
May 24, 2023



Andrea Steele
AVP, Corporate Quality

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Alicia Ottmann, PA-C
AVP, Executive Director FQHC
& Pharmacy Services



Credentialing and Privileging Policy

Policy #:	PCC-CRE-600-17	Effective Date:	11/16/2022
Business Unit:	Primary Care Clinics	Last Review Date:	1/14/2023
Approval Group:	PCC Credentialing Policy	Document Owner(s):	Credentialing
Board Approval Date:			

PURPOSE

It is the policy of the C.L. Brumback Primary Care Clinics to credential and privilege health center practitioners, employed or contracted, volunteers and locum tenens at all health care sites in accordance with state, federal and HRSA requirements.

SCOPE

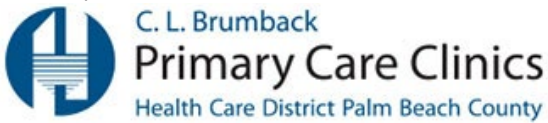
This policy applies to all C.L. Brumback Primary Care Clinics practitioners, employed or contracted, volunteers and locum tenens, at all health center sites.

POLICY

Credentialing and privileging will be performed for health center practitioners at the time of hire, prior to the practitioner providing patient care services, and every two (2) years thereafter.

Categories of health center practitioners.

1. Licensed Independent Practitioner (LIP) – an individual permitted by law to provide care and services without direction or supervision, within the scope of the individual practitioner's license and consistent with individually granted privileges. C.L. Brumback Primary Care Clinics defines the following practitioners as LIP's:
 - Physician
 - Dentist
 - Physician Assistant
 - Nurse Practitioner
 - Nurse Midwife
 - Clinical Psychologist (PsyD, PhD)
 - Licensed Clinical Social Worker
 - Licensed Mental Health Counselor



2. Other Licensed or Certified Health Care Practitioner (OLCP) – an individual who is licensed, registered, or certified, but is not permitted by law to provide patient care services without direction or supervision.

C.L. Brumback Primary Care Clinics defines the following practitioners as OLCP's:

- Registered Nurse
- Licensed Practical Nurse
- Certified and/or Registered Medical Assistant
- Certified and/or Registered Dental Assistant
- Licensed Dental Hygienist
- Medical Resident
- Psychiatry Resident
- Registered Interns

3. Other Clinical Staff (OCS) – an individual for which licensure or certification is not required and who is not permitted by law to provide patient care services without direction or supervision. C.L. Brumback Primary Care Clinics defines the following practitioners as OCS:

C.L. Brumback Primary Care Clinics defines the following practitioners as OCS:

- Medical Assistant
- Dental Assistant
- Paramedic
- Community Health Worker
- Certified Nursing Assistant

The C.L. Brumback Primary Care Clinics Board of Directors has the ultimate authority and responsibility for the provisions of this policy. The Board of Directors shall review and approve any changes to the policy and at a minimum, shall review the policy every three (3) years.

The Medical Director/Dental Director/Women's Health Director/Behavioral Health Director shall oversee the credentialing and privileging activities, provide clinical leadership and direction to credentialing staff, credential other licensed or certified health care practitioners and make credentialing and privileging recommendations of licensed independent practitioners to the Board.

The C.L. Brumback Primary Care Clinics may utilize a Credentials Verification Organization (CVO) to perform primary source verification of credentialing elements in accordance with regulatory requirements.

EXCEPTIONS

N/A



RELATED DOCUMENTS

Related Policy Document(s)	Credentialing and Policy Procedure
Related Forms	
Reference(s)	HRSA FTCA Program Assistance Letter (PAL); HRSA Compliance Manual
Last Revision	4/12/2023
Revision Information/Changes	
Next Review Date	12/17/2024

APPROVALS

Reviewer approval	Andrea Steele; Charmaine Chibar; Belma Andric;
Reviewer approval date	12/17/2021
Final approver	Darcy Davis;
Final approval date	12/17/2021

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

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

**HEALTH CARE DISTRICT
C.L BRUMBACK PCC BOARD OF DIRECTORS MEETING
MAY 24, 2023**

1. Description: C.L Brumback Primary Care Clinics Risk Management Plan 2023

2. Summary:

The C.L. Brumback Primary Care Clinics (“PCC”) Risk Management Plan 2023 outlines and defines the Enterprise Risk Management’s program and goals for 2023, with respect to the Program and PCC.

3. Substantive Analysis:

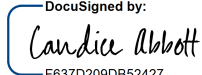
See attached.

4. Fiscal Analysis & Economic Impact Statement:

	Current FY Amounts	Total Amounts (Current + Future)	Budget
Capital Requirements			Yes <input type="checkbox"/> No <input type="checkbox"/>
Net Operating Impact			Yes <input type="checkbox"/> No <input type="checkbox"/>

*Non-budgeted expenditures in excess of \$250,000 require Finance and Audit Committee review and Board approval.

Reviewed for financial accuracy and compliance with purchasing procedure:

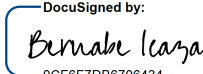
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 Candice Abbott
 VP & Chief Financial Officer

5. Recommendation:

Staff recommends the Board Approve the C.L Brumback Primary Care Clinics Risk Management Plan 2023.

Approved for Legal sufficiency:

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 Bernabe Icaza
 VP & General Counsel

**HEALTH CARE DISTRICT
C.L BRUMBACK PCC BOARD OF DIRECTORS MEETING
MAY 24, 2023**

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Heather Bokor
VP & Chief Compliance, Privacy, & Risk Officer

DocuSigned by:
Darcy Davis
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Darcy J. Davis
Chief Executive Officer



PCC Risk Management Plan

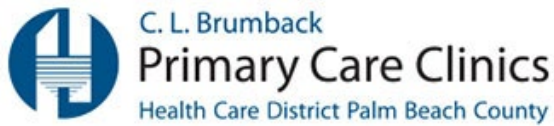
Policy #:	PCC Risk 0122	Effective Date:	1/1/2022
Business Unit:	Corporate Risk	Last Review Date:	5/17/2023
Approval Group:	PCC Risk Policy Board Approval	Document Owner(s):	Corporate Risk
Board Approval Date:			

PURPOSE

It is the intent of the C.L. Brumback Primary Care Clinics (“PCC”) to provide and promote the provision of healthcare within acceptable standards of the Health Care District of Palm Beach County (“HCD” or “District”) and to provide medical/professional practice in a safe environment for patients, staff, visitors, and other third parties. The PCC intends to minimize its business risk by consistently applying ethical decisions and actions. The PCC and Enterprise Risk Management (“ERM” or “Risk Management”) supports establishing a just and accountable culture that emphasizes implementing evidence-based best practices, learning from near miss and incident analysis, and providing constructive education and feedback rather than blame and punishment. Proactively assessing and identifying unsafe conditions, reporting occurrences, and risk management education are also components of a just culture.

The design of the ERM Program is to protect the assets of the organization against the adverse effects of accidental losses, to manage losses that may occur effectively, and to enhance continuous improvement of patient care services in a safe health care environment. The PCC 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, including the following:

- Claims and insurance management
- Complaint resolution
- Confidentiality and release of information
- Compliance efforts
- Safe and secure use of technology
- Event investigation, root-cause analysis, and follow-up
- Proactive analyses (e.g., failure mode and effects analysis, proactive risk assessments)
- Provider and staff education (including such items as documentation practices and effective tracking)
- Competency validation, credentialing and privileging requirements, and background checks
- Systems for monitoring and tracking referrals (specialty care, hospital and or emergency department admissions) and diagnostic laboratory values and other tests
- Reporting and management of adverse events and near misses
- Trend analysis of events, near misses, and claims
- Implementing performance improvement strategies to mitigate risk



AUTHORITY

The PCC is governed by the FQHC Board of Directors, responsible for providing oversight and direction relative to care and services provided by this organization, inclusive of the Risk Management function. The Chief Compliance, Privacy, and Risk Officer (“Chief Risk Officer” or “CRO”), in conjunction with the Corporate Director of Risk Management and the PCC Senior Risk Manager, is delegated the overall responsibility and daily operational management for risk management and is responsible for ensuring that the Risk Management Plan is in place and functioning effectively.

Risk-related activities are addressed every month as a separate agenda item during the Quality, Patient Safety, and Compliance Committee meeting (“QPSC”). The Risk Management plan and Risk Management reports are discussed in closed session. During this time, as per Statute, only persons and personnel who have a role related to Risk Management or Quality are permitted to be present. The Risk Manager presents data and trends including risk incidents and near misses and discusses all risk items and addresses them by municipal, state, and federal laws and regulations. The QPSC includes the following members:

- QPSC Members, approved Committee member representatives,
- PCC Senior Risk Manager,
- Director of Corporate Risk Management
- Vice President / Chief Compliance, Privacy, and Risk Officer (CRO)
- Vice President and General Counsel
- Applicable members of Executive Leadership Team and Senior Management
- Vice President and Chief Medical Officer (“CMO”)
- FQHC Executive Director & Associate Vice President,
- Associate Vice President of Corporate Quality
- Director of Operations,
- Director of Nursing,
- Clinical leaders and Staff, and
- other department representatives may be called to participate (ad hoc Committee members) based on project needs.

The composition of the Committee is designed to facilitate the sharing of risk management, quality, and safety knowledge and practices across multiple disciplines and optimize the use of critical findings in making recommendations to reduce the overall likelihood of adverse events and improve patient, staff, and visitor safety. The Committee’s collaborative activities are an integral part of the PCC’s patient safety, risk management, quality improvement program.



GOALS AND OBJECTIVES

The goals and objectives of the Risk Management Program are to:

- Continuously improve patient safety and minimize or prevent errors, events, and system breakdowns leading to harm of patients, staff, volunteers, visitors, and others through proactive risk management and patient safety activities;
- Ensure critical risks affecting the scope, schedule, budget, business performance, and change management are proactively identified, communicated, mitigated, and escalated promptly.;
- Avoid personal liability of PCC directors, officers, clinicians, and staff;
- Minimize losses to the organization overall by proactively identifying, analyzing, preventing, and controlling potential clinical, business, financial, and operational risks
- Minimize the risk of loss of property;
- Facilitate compliance with regulatory, legal, and accrediting agency requirements (e.g., HRSA, CMS, The Joint Commission, Accreditation Association of Ambulatory Health Care);
- Protect human and intangible resources (e.g., reputation);
- Educate staff upon hire and annually about risk management and safety principles;
- Conduct annual risk assessments & I Failure Mode and Effect Analysis (FMEA);
- Report risk management activities quarterly to the board;
- Conduct a Patient Safety Survey at least every two (2) years;
- Review the Risk Management Program annually for revisions; and
- Ensure appropriate stakeholders are informed and, if applicable, participate in mitigating risk events.

SCOPE

All PCC sites participate in the annual risk assessment and monitoring to review “High Risk” areas and activities such as prenatal care, pediatrics, behavioral management, and infection prevention. Physical safety and hazards are part of the assessment and monitoring process. PCC Senior Risk Manager (or designee, to include the Director of Corporate Risk and/or the CRO) reports performance metrics to the PCC Patient Safety/Risk Management Workgroup monthly and the FQHC Board every other month.

Risk Management and Quality collaborate to facilitate and ensure the implementation of patient safety initiatives such as tracking systems for referrals and diagnostic tests, etc.

Risk Management and Quality work in partnership to perform periodic audits that assure adherence to the established protocols and complete documentation within the patient’s medical record. The PCC Patient Safety/Risk Management Workgroup reviews risk and safety events. During the Quality Council Meeting, risk management trends are reviewed.

PROGRAM ELEMENTS

The PCC Patient Safety and Risk Management Program interfaces with many operational departments and services throughout the enterprise and regulatory bodies, such as HRSA.

The PCC Risk Program will utilize a four-step process, which includes:

1. Risk Identification: Risk Identification is the process by which the perception of a potential problem is translated into recorded information containing sufficient detail to enable practical assessment of the



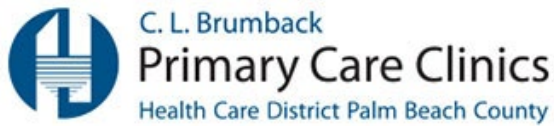
risk to support subsequent management decisions. Identify risks that may affect project outcome, document them in the Risk Register (Log).

- a. The areas assessed to be of the highest risk are prenatal processes, behavior health, pediatric care with an emphasis on vaccination, timely review of lab reports, and infection prevention.
 - i. Qualitative risk assessment and documentation review are conducted monthly to estimate the probability of a risk event occurring and the potential impact of the risk on the healthcare clinic risk program.
 - ii. The Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis is also used to determine the clinic’s opportunities and strengths to prevent adverse outcomes proactively.
- 2. Risk Assessment and Analysis: Qualitative risk assessment is carried out on every risk to estimate the probability of a Risk Event occurring and the potential impact of the risk on the PCC Program. The scoring (grading) of the risks in the Risk Register is facilitated by using a Risk Scoring Matrix (known as a Probability and Impact Matrix). Risks are first analyzed and evaluated in terms of probability (likelihood) of occurrence and the impact (seriousness) if they should occur.

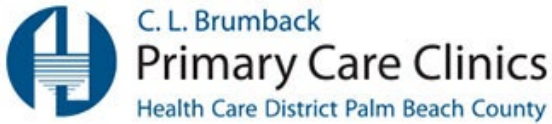
	Impact (Seriousness)					
	Very Low	Low	Medium	High	Very High	
Probability (Likelihood)	Very High	1	2	3	3	3
	High	1	2	3	3	3
	Medium	1	1	2	3	3
	Low	1	1	2	3	3
	Very Low	1	1		2	3

Score	Definition
High	An event that is extremely or very likely to occur and whose occurrence will affect the facility so severely that it could lead to catastrophic outcomes or cause significant cost increases; this risk should be escalated (where possible) and reviewed frequently.
Medium	An event that has a 50-50 chance of occurring and, if it happens, will cause noticeable cost increases or adverse outcomes; this risk should be reviewed regularly.
Low	An event that is unlikely or very unlikely to occur and, if it happens, will cause little or no cost or increases of adverse outcomes that, in most cases, can be absorbed by the system’s primary prevention method.

- 3. Risk Containment/ Response Planning: Risks are managed effectively by committing responsible parties to positive actions geared to the risk containment strategy. Efficient Risk Management means optimizing the degree of containment against the probability and impact of the risk. The Risk Owner analyzes all identified risks to establish the appropriate containment strategy, even if no action is required immediately.
 - a. A “Just & Accountable Culture” is promoted to provide safe quality care.



- b. Protocols and clear instructions are provided to staff in providing care and performing their daily duties.
 - c. Medical Staff are available on site for clarification and guidance when treatment options are in question.
 - d. Staff on all levels is encouraged to report unsafe activity and seek assistance and guidance in performing their duties.
 - e. Administration provides time for staff to attend education and training and time to participate in drills and emergency preparation training.
 - f. All staff are trained to be risk managers, report incidents, and speak up if an unsafe situation is identified. (See Appendix B, Education Plan)
4. Risk Control and Monitoring: Once a risk has been identified, the PCC Senior Risk manager reviews it every month with the Risk Owner/ responsible party so that it can be reassessed, taking into account changing project circumstances and the changing nature of the Risk Actions and the qualitative and quantitative assessment. The control process continues up to the time when the risk is managed to an acceptable level and can thus be closed.
- a) Activities involved in **Risk Control** may include, but may not be limited to:
 - i Validate risk mitigation strategies and alternatives
 - ii Take corrective action when actual events occur
 - iii Assess impact on the project of actions taken (cost, time, and resources)
 - iv Identify new risks resulting from risk mitigation actions
 - v Ensure the Risk Management Plan is maintained
 - vi Ensure change control addresses risks associated with the proposed change
 - vii Revise risk management documents to capture results of mitigation actions
 - viii Update Risk Register
 - ix Communicate risk management status and risk response follow-through as appropriate
 - x Establish communications as appropriate
 - b) Activities involved in **Risk Monitoring** may include, but may not be limited to:
 - i Ensure that all requirements of the Risk Management Plan are being implemented and establish periodic reviews
 - ii Assess currently defined risks as defined in the Risk Register
 - iii Evaluate the effectiveness of actions taken and identify the status of implemented action items
 - iv Validate previous risk assessments (likelihood and impact), identify new risks, and track risk response
 - v Communicate risk management status and risk response follow-through as appropriate



- c) The Risk Manager conducts patient safety rounds to monitor high-risk indicators at different clinic locations. Quality safety site visits are conducted weekly, and findings are tracked in the event reporting system quality platform.
- d) Event reports are reviewed daily by the PCC senior risk manager or designee (specifically, Director of Corporate Risk Management, and/or CRO)
- e) Quality notifies Risk Management of any adverse complaint or grievance
- f) All staff are trained to recognize and timely report “Near Miss” occurrences and actual occurrences
- g) Clinical records are audited periodically for the following and reported back to Quality Council:
 - i. Clinic wait times
 - ii. Lab report flow from order to results, provider, and patient
 - iii. Medication management
 - iv. Review for the delay in treatment
 - v. Monitor PSQ-9 documentation and patient flow
 - vi. Emergency room referral directly from the clinic

RISK MANAGEMENT PROGRAM FUNCTION

Functional interfaces with the patient safety and risk management program include areas such as credentialing and privileging, information technology, event reporting and investigation, performance assessment and improvement, volunteers, infection control, and administration. All areas work together on risk reduction strategies and methods defined in this plan (Appendix A- Definitions).

Risk management functional responsibilities include the following:

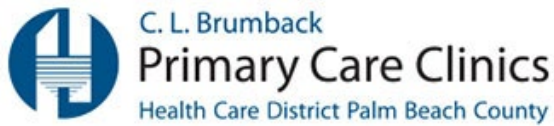
1. Developing systems for and overseeing the reporting of adverse events, near misses, and potentially unsafe conditions. Reporting responsibilities may include internal reporting and external reporting to regulatory, governmental, or voluntary agencies. This consists of the development and implementation of event reporting policies and procedures.
2. Ensuring the collection and analysis of data to monitor the performance of processes that involve risk or that may result in serious adverse events, near misses, and potentially unsafe conditions; providing feedback to providers and staff; and using this data to facilitate systems improvements to reduce the probability of occurrence of future related events (e.g., preventive screening, diagnostic testing, medication use processes, perinatal care). Risk assessment tools include the use of failure mode and effects analysis (“FMEA”), system analysis, root-cause analysis (“RCA”), and other tools.
3. Overseeing the organizational risk information management system (“RIMS”) for data collection and processing, information analysis, and generation of statistical trend reports to identify and monitor the risk management program's adverse events, claims, finances, and effectiveness. This system may utilize and include, but is not limited to, attorney requests for medical records, x-rays, laboratory reports; event reports; medical record reviews; patient complaints; and results of failure mode and effects analysis of high-risk processes, as well as root-cause analyses of sentinel events.



4. Ensuring compliance with data collection and reporting requirements of governmental, regulatory, and accrediting agencies.
5. Facilitating and ensuring the implementation of patient safety initiatives such as improved tracking systems for preventive screenings and diagnostic tests, medication safety systems, and falls prevention programs.
6. Facilitating and ensuring provider and staff participation in educational programs on patient safety and risk management.
7. Facilitating a culture of safety in the organization that embodies an atmosphere of mutual trust where all providers and staff members can talk freely about safety problems and potential solutions without fear of retribution. This ordinarily involves performing safety culture surveys and assessments.
8. Proactively advising the organization on strategies to reduce unsafe situations and improve the overall environmental safety of patients, visitors, staff, and volunteers.
9. Preventing and minimizing the risk of liability to the health center and protecting the health center's financial, human, and other tangible and intangible assets.
10. Decreasing the likelihood of claims and lawsuits by developing a patient and family communication and education plan. This includes communicating and disclosing errors and events that occur in patient care with a plan to manage any adverse effects or complications.
11. Investigating and assisting in claim resolution to minimize financial exposure in coordination with the liability insurer and its representatives.
12. Reporting claims and potentially compensable events (PCEs) to HCD Legal and/or the appropriate entity, including medical malpractice insurance providers or U.S. Department of Health and Human Services ("HHS") Federal Tort Claims Act ("FTCA") claims (as applicable) and other insurers by the requirements of the insurance policy/contract and FTCA requirements.
13. Supporting quality assessment and improvement programs throughout the organization.
14. Implementing programs that fulfill and ensure regulatory, legal, and accreditation requirements.
15. Establishing an ongoing Patient Safety/Risk Management Workgroup meeting, composed of representatives from critical clinical and administrative departments and services.
16. Monitoring the effectiveness and performance of risk management and patient safety actions. Performance monitoring data may include the following:
 - a. Claims and claim trends
 - b. Culture of safety surveys
 - c. Event trending data
 - d. Ongoing risk assessment information
 - e. Patient's or family's perceptions of how well the organization meets their needs and expectations
 - f. Quality performance data
 - g. Research data
17. Developing and monitoring effective handoff processes for continuity of patient care.

ADMINISTRATIVE AND COMMITTEE STRUCTURE AND MECHANISM FOR COORDINATION

The Enterprise Risk Management ("ERM") Program is administered through the PCC Senior Risk Manager or designee (specifically, the Director of Corporate Risk Management or CRO). The PCC Senior Risk Manager reports directly to the Director of Corporate Risk Management. The Director of Corporate Risk Management reports directly to the Vice President / Chief Compliance, Privacy, and Risk Officer ("CRO"). The CRO reports to the Chief Executive Officer ("CEO").



The PCC Senior Risk Manager interfaces with administration, staff, medical providers, and other professionals and has the authority to cross operational lines to meet the program's goals. The Senior Risk Manager (or alternate as designated) chairs the activities of the Patient Safety/Risk Management Workgroup meeting. This meeting occurs regularly and includes representatives from key clinical and support services. The composition of the Patient Safety/Risk Management Workgroup meeting is designed to facilitate the sharing of risk management knowledge and practices across multiple disciplines, to optimize the use of key findings from risk management activities in making recommendations, and to reduce the overall likelihood of adverse events and improve patient safety. The meeting's activities are an integral part of the patient safety and quality improvement and evaluation system.

COMMUNICATIONS AND REPORTING MECHANISMS

Under the guidance and direction of the Administration and the Medical Staff performance improvement process, the event report system is maintained to assure that appropriate individual, groups, and medical staff committees promptly receive unusual/unanticipated event information.

Issues or trends identified by Risk Management or through the ERM 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 review activities. The PCC Senior Risk Manager will submit the quarterly report of risk management and safety trends for the FQHC Board of Directors and to the HCD Quality, Patient Safety, and Compliance Committee ("QPSC") during the closed session of the meetings.

OPERATIONAL LINKAGES

Risk Management is linked with the following departments through their operations:

- a. Quality
- b. Infection Control
- c. Nursing
- d. Physician leadership
- e. Utilization/Case Management
- f. Compliance, Privacy & Ethics
- g. Legal Services
- h. Human Resources
- i. Patient Relations/Experience
- j. Ancillary services

Key leaders automatically receive notifications and/or workloads for all incident reports related to their department/staff which require their input and/or follow-up. The PCC Senior Risk Manager will forward notification and/or workloads to any additional leaders that may need to follow-up on the incident report.

Any identified clinically related incident report of patient care and safety would be directed and or supported by Risk Management to investigate and develop a plan of action in collaboration with appropriate departments, such as Compliance, Legal, Human Resources, Quality, Nursing, and/or Physician leadership.



Lesson learned events would be shared with the staff through educational sessions or other activities identified by the interdisciplinary team plan of action.

PATIENT SAFETY AND ADVERSE EVENTS

The PCC, Risk Management Program, uses the National Coordinating Council (NCC) for Medication Error Reporting and Prevention (MERP) index for adverse event and or medication error severity rating; it classifies an error according to the severity of the outcome. The categories are as follows:

- Category A: Circumstance or events that can cause an error
- Category B: An error that did not reach the patient
- Category C: An error that reached the patient but did not cause harm
- Category D: An error that reached the patient and required monitoring or intervention to confirm that it resulted in no harm to the patient
- Category E: Temporary harm to the patient and required intervention
- Category F: Temporary harm to the patient and required initial or prolonged hospitalization
- Category G: Permanent patient harm
- Category H: Intervention required to sustain life
- Category I: Patient death

The PCC will utilize the eight domains of Enterprise Risk Management to promote risk mitigation at PCC. The eight domains of Enterprise Risk Management are:

1. Operational
2. Clinical and Patient Safety
3. Strategic
4. Financial
5. Human Capital
6. Legal & Regulatory
7. Technology
8. Hazard

EVALUATION OF THE RISK MANAGEMENT PROGRAM

The Risk Management Program and PCC's progress toward achieving the goals and objectives listed in the plan are presented to the management staff and Governing Body of C.L. Brumback Primary Care Clinic for annual review. In accordance with the organization's bylaws, recommendations (for example on risk mitigation strategies) from the Patient Safety/Risk Management Workgroup are submitted as needed to the board for approval. Performance improvement goals are developed to remain consistent with the stated risk management and patient safety goals and objectives (e.g., Appendix C- ECRI's Recurrent Challenges, Top 10 Patient Safety Concerns 2023, and Top 10 Health Technology Hazards 2023).

CONFIDENTIALITY

Risk Management documents and records often include information related to potentially sensitive, confidential, or protected patient health information, provider information, and company / proprietary information (Incident Reports, RCA's, Tracking and Trending of incidents, Peer Review, etc). This



Enterprise Risk Management Program intends to apply all existing legal standards and state or federal statutes to protect the documents, proceedings, and individuals involved in the Program. All Risk Management documents and records are legally protected under our federally certified Patient Safety Organization (“PSO” or “ECRI”). This includes privileged and confidential collection, creation, maintenance, analysis, deliberation of patient safety work product (PSWP). These activities are undertaken to improve the safety and quality of patient care and to support a culture of safety.

Any documents and records that are part of the patient safety and risk management process shall be privileged and confidential to the extent provided by state and federal law. Confidentiality protections may include attorney/client privilege, attorney work product, Patient Safety Organization, and peer review protections. Disclosure to any judicial or administrative proceeding will occur only under a court order or legal mandate.

No information on any event or investigation will be released to anyone prior to approval by Risk Management, Compliance/Privacy, and Legal who have the authority to release confidential and/or protected information.



APPENDIX A

DEFINITIONS:

Adverse Event or Incident: Is defined as an event over which health care personnel could exercise control and which is associated in whole or in part with medical intervention, rather than the condition for which such intervention occurred.

Cause and Effect (Fishbone) Diagram: is a visualization tool for categorizing the potential causes of a problem to identify its root causes.

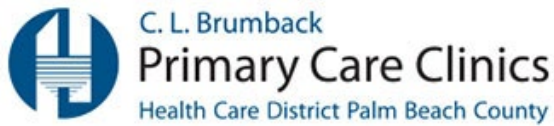
Claims Management: Activities undertaken by the risk manager to exert control over potential or actual/filed claims against the organization and its providers. These activities include identifying potential claims early, notifying the organization's liability insurance carrier and defense counsel of potential claims and lawsuits, evaluating liability and associated costs, identifying and mitigating possible damages, assisting with the defense of claims by scheduling individuals for deposition, providing documents or answers to written discovery requests, implementing alternate dispute-resolution tactics, and investigating adverse events or incidents.

Enterprise Risk Management: An ongoing business decision-making process instituted and supported by a healthcare organization's board of directors, executive administration, and medical staff leadership. ERM recognizes the synergistic effect of risk across a continuum of care and aims to assist an organization in reducing uncertainty and process variability, promoting patient safety, and maximizing the return on investment through asset preservation and the recognition of actionable risk opportunities.

Failure Mode and Effects Analysis (FMEA): A proactive method for evaluating a process to identify where and how it might fail and assessing the relative impact of different failures to identify the parts of the process that are most in need of improvement.

Federal Torts Claims Act (FTCA): Federal Tort Claims Act (FTCA) coverage for eligible Health Center Program grantees was established through the Federally Supported Health Centers Assistance Act (FSHCAA) of 1992. The eligible entities ("health centers") are organizations receiving funding under the Health Center Program (Community Health Centers, Migrant Health Centers, Health Care for the Homeless Centers, and Public Housing Primary Care Centers). Health centers must reapply each year for deeming and associated medical malpractice coverage.

Just & Accountable Culture: is a defined set of values, beliefs, and norms about what is essential, how to behave, and what behavioral choices and decisions are appropriately related to human error or near misses. Open reporting and participation in prevention and improvement are encouraged. There is recognition that errors are often system failures (not personal failures). A focus on understanding the root of the problem allows for learning, process improvement, and changes to design strategies and systems to promote prevention. A "Just Culture" is also a culture of accountability in which individuals will be held responsible for actions within the context involving breach of law, gross negligence, or misconduct.



Loss control/loss reduction: The minimization of the likelihood of a loss through proactive methods such as risk assessment and identification, staff education, credentialing, policy and procedure development/implementation, quality/performance review and improvement, and root cause analysis.

Good Catch/ Near Miss: An unplanned event that did not result in injury, illness, or damage but had the potential to do so. A near miss is an opportunity to learn and improve processes to prevent future occurrences.

Plan Do Check or Study ACT (PDCA) is an iterative four-step management method used in business to control and continually improve processes and products.

Potentially Compensable Event (PCE): An unexpected event causing injury or potential injury, and situations in which there has been some expression of dissatisfaction or perceived damage that have the potential to result in a claim being filed.

Risk Analysis: A systematic process of identifying and evaluating the levels of risks involved in a situation, their comparison against standards, regulations, and/or benchmarks, and the determination of an acceptable level of risk. This process also helps define preventative measures to reduce the probability of these factors or risks occurring.

Risk Avoidance: A risk management technique that seeks to eliminate any possibility of risk through hazard prevention or the discontinuation of activities determined to entail any level of risk. The method is often used in extreme situations where the risk exposure creates an extraordinary liability potential.

Risk Containment/ Response Plan: Risk containment involves identifying the strategy for minimizing the effects of the risk to a level where the risk can be controlled and managed to ensure that the program objectives are achieved.

Risk Financing: Analysis of the cost associated with quantifying risk and funding for it. Traditional forms of finance include risk transfer (commercial insurance), funded retention by way of reserves (self-insurance), and risk pooling. Alternative forms of risk financing include captive insurance companies and catastrophic bonds.

Risk Identification: The process used to identify situations, policies, or practices that could result in the risk of patient harm and financial loss. Sources of information include proactive risk assessments, closed claims data, adverse event reports, past accreditation or licensing surveys, medical records, clinical and risk management research, walk-through inspections, safety, and quality improvement committee reports, insurance company claim reports, risk analysis methods such as systems analysis and informal communication with healthcare providers.

Risk Management (traditional): Clinical and administrative activities undertaken to identify, evaluate, prevent and control the risk of injury to patients, staff, visitors, volunteers, and others and reduce the risk of loss to the organization itself. Activities include the process of making and carrying out decisions that will prevent or minimize clinical, business, and operational risk

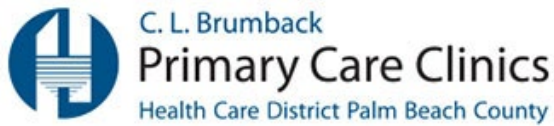


APPENDIX B:

ANNUAL STAFF EDUCATION/TRAINING PLAN

Risk Management/Malpractice Education

Course Name:	Staff Role/ Responsibility	Facilitator:	Due Date:	Tracking Method	Documentation
FQHC Claims/ Malpractice Education	Providers, Clinical Staff & Management	Cornerstone	Annually	Electronic Tracking	Certificate of Completion
Risk Management Education	All Staff	Risk Management Staff	Annually	Electronic Tracking	Certificate of Completion
Medical Record Documentation	Clinical Staff	Cornerstone	Annually	Electronic Tracking	Certificate of Completion
Compliance & HIPAA Training	All Staff	Cornerstone	Annually	Electronic Tracking	Certificate of Completion
Periodontal Disease is a system-wide risk	Dental Providers and Staff	Cornerstone	Annually	Electronic Tracking	Certificate of Completion
Prenatal Care	Providers and Clinical staff	Cornerstone	Annually	Electronic Tracking	Certificate of Completion
Risk Qual Incident Reporting	All Staff	Upon Hire – Risk Management Staff Annually - Cornerstone	Upon hire & Annually	Electronic Tracking	Certificate of Completion
Conflict Management	All Staff	Cornerstone	Annually	Electronic Tracking	Certificate of Completion
Medication Reconciliation: Avoiding Dangerous Errors	Licensed Clinical Staff	Cornerstone	Annually	Electronic Tracking	Certificate of Completion



Medication: Avoiding Dangerous Errors	Licensed Clinical Staff	Cornerstone	Annually	Electronic Tracking	Certificate of Completion
Good Catch / Near Miss Program	All Staff	Cornerstone	Annually	Electronic Tracking	Certificate of Completion

General Mandatory Risk Management Training:

Course Name:	Staff Role/ Responsibility	Facilitator:	Due Date:	Tracking Method	Documentation
Annual OSHA and Safety Training	All Staff	Cornerstone	Annually	Electronic Tracking	Certificate of Completion
Infection Control for Healthcare Professionals	Providers and Clinical Staff	Cornerstone	Annually	Electronic Tracking	Certificate of Completion
Evacuation Plan/ Disaster Preparedness	All Staff	Cornerstone	Annually	Electronic Tracking	Certificate of Completion
Workplace Violence Prevention/Active Shooter	All Staff	Cornerstone	Annually	Electronic Tracking	Certificate of Completion

**Course topics are subject to change based on individual clinic needs and regulatory requirements.*

STAFF CONTINUING EDUCATION PLAN

1. All physician, nurse, and allied health professional staff that require continuing education (“CE”) are to maintain their licensure and certifications and are provided the following resources:
 - a. Access to a Relias membership, which includes the following benefits:
 - a. Personalized ID card with login and password; and
 - b. Tracking capability for courses completed via Relias.
 - b. HCD attempts to host monthly Continuing Medical Education (“CME”) courses that are offered to all medical staff at the Primary Care Clinics.
 - c. All courses that are completed through Relias are uploaded into CE Broker and can be tracked by employees for compliance with licensure requirements.
 - d. Staff are responsible to maintain and ensure that all mandated licensure/certification requirements are up-to-date. Staff must report immediately if there is a potential or known lapse or expiration of a required licensure/certification.



APPENDIX C:

- **ECRI'S RECURRENT PATIENT SAFETY CHALLENGES**
- **ECRI'S TOP 10 PATIENT SAFETY CONCERNS 2023**
- **ECRI'S TOP 10 HEALTH TECHNOLOGY HAZARDS 2023**

Recurrent Patient Safety Challenges

Over the years, the following patient safety concerns have made repeat appearances on ECRI's list of Top 10 Patient Safety Concerns; the list begins with the most frequently mentioned:

- Medication safety
- Diagnostic stewardship and test result management
- Behavioral health
- Health IT
- Detecting changes in patient condition
- Workforce staffing, skills, and safety
- Culture of safety and the infrastructure for safety
- Device cleaning, disinfection, and sterilization
- Medical devices and supplies
- Telehealth and digital health
- Care fragmentation and poor care coordination
- Antimicrobial stewardship
- Emergency preparedness
- Infection prevention and control
- Health equity
- Patient identification

For links to key ECRI and ISMP resources for each of these topics, members can log in at ecri.org. For information on ECRI and ISMP memberships, contact client services at (610) 825-6000, ext. 5891, or clientservices@ecri.org.

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[Full List](#) | clientservices@ecri.org | | 25



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

Top 10 Patient Safety Concerns 2023

This annual report from ECRI and our affiliate, the Institute for Safe Medication Practices (ISMP), identifies serious issues that threaten the safety of patients and healthcare workers when processes and systems are not aligned. The solutions to these challenges are usually complex and require a systems-based approach to eliminate them. The recommendations in this report will help healthcare organizations create organizational resilience to navigate these threats and strive for total systems safety.

The List for 2023

1. **The pediatric mental health crisis**
2. **Physical and verbal violence against healthcare staff**
3. **Clinician needs in times of uncertainty surrounding maternal-fetal medicine**
4. **Impact on clinicians expected to work outside their scope of practice and competencies**
5. **Delayed identification and treatment of sepsis**
6. **Consequences of poor care coordination for patients with complex medical conditions**
7. **Risks of not looking beyond the “five rights” to achieve medication safety**
8. **Medication errors resulting from inaccurate patient medication lists**
9. **Accidental administration of neuromuscular blocking agents**
10. **Preventable harm due to omitted care or treatment**

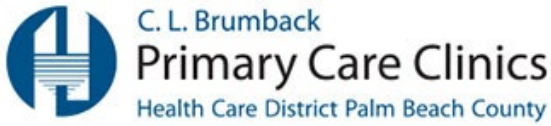
The number-one concern on this year’s list recognizes that children and youth are facing a true crisis. The proportion of youth experiencing mental health challenges is high and growing, yet resources and access are limited. The healthcare sector must act now to protect our youngest and most vulnerable population.

In addition, staffing shortages—the [number-one challenge on last year’s list of Top 10 Patient Safety Concerns](#)—continue to influence many of the concerns on this year’s list. Such challenges include the pediatric mental health crisis, violence against healthcare staff, mismatches between assignments and competencies, and missed care or treatment, among others. The recommendations in this report reflect the collaborative, total-systems approach that all these problems demand.

Repeat Patient Safety Concerns

Over the years, several patient safety issues have made repeat appearances on ECRI’s list of Top 10 Patient Safety Concerns. See [Recurrent Patient Safety Challenges](#) for a list of perennial patient safety issues.





Top 10 Health Technology Hazards for 2023



Executive Brief

ECRI is providing this Executive Brief describing its 2023 Top 10 list of health technology hazards to inform the healthcare community about key safety issues involving the use of medical devices and systems.

The List for 2023

1. Gaps in Recalls for At-Home Medical Devices Cause Patient Confusion and Harm
2. Growing Number of Defective Single-Use Medical Devices Puts Patients at Risk
3. Inappropriate Use of Automated Dispensing Cabinet Overrides Can Result in Medication Errors
4. Undetected Venous Needle Dislodgement or Access-Bloodline Separation during Hemodialysis Can Lead to Death
5. Failure to Manage Cybersecurity Risks Associated with Cloud-Based Clinical Systems Can Result in Care Disruptions
6. Inflatable Pressure Infusers Can Deliver Fatal Air Emboli from IV Solution Bags
7. Confusion Surrounding Ventilator Cleaning and Disinfection Requirements Can Lead to Cross-Contamination
8. Common Misconceptions about Electrosurgery Can Lead to Serious Burns
9. Overuse of Cardiac Telemetry Can Lead to Clinician Cognitive Overload and Missed Critical Events
10. Underreporting Device-Related Issues May Risk Recurrence

ECRI MEMBERS: LOG IN TO ACCESS THE FULL REPORT

Detailed descriptions of the hazards outlined in this Executive Brief, along with ECRI's step-by-step recommendations for addressing them, are provided in the [2023 Top 10 Health Technology Hazards Solutions Kit](#). Members of ECRI programs can access the Solutions Kit through their membership web pages. For more information, contact clientservices@ecri.org or call +1 (610) 825-6000, ext. 5891.



EXCEPTIONS

[N/A.]

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

APPROVALS	
Reviewer approval	Shauniel Brown; Alyssa Tartar
Reviewer approval date	[Date Review Completed]
Final approver	Charmaine Chibar; Alicia Ottmann; Heather Bokor
Final approval date	

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

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**DISTRICT CLINIC HOLDINGS, INC
BOARD OF DIRECTORS
May 24, 2023**

1. Description: District Clinic Holdings, Inc. Financial Report March 2023

2. Summary:

The March 2023 financial statements for the District Clinic Holdings, Inc. are presented for Board review.

3. Substantive Analysis:

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

4. Fiscal Analysis & Economic Impact Statement:

	Current FY Amounts	Total Amounts (Current + Future)	Budget
Capital Requirements	N/A	N/A	Yes <input type="checkbox"/> No <input type="checkbox"/>
Net Operating Impact	N/A	N/A	Yes <input type="checkbox"/> No <input type="checkbox"/>

*Non-budgeted expenditures in excess of \$250,000 require Finance and Audit Committee review and Board approval.

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

6. Recommendation:

Staff recommends the Board approve the March 2023 District Clinic Holdings, Inc. financial statements.

Approved for Legal sufficiency:

DISTRICT CLINIC HOLDINGS, INC
BOARD OF DIRECTORS
May 24, 2023

DocuSigned by:
Bernabe Icaza
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Bernabe Icaza
VP & General Counsel

DocuSigned by:
Candice Abbott
F637D209DB52427...

Candice Abbott
VP & Chief Financial Officer

DocuSigned by:
Alicia Ottmann
3018FE78821440F...

Alicia Ottmann, PA-C
AVP, Executive Director FQHC
& Pharmacy Services



MEMO

To: Finance Committee
From: Candice Abbott
Chief Financial Officer
Date: May 24, 2023

Subject: Management Discussion and Analysis as of March 2023 C.L. Brumback Primary Care Clinic Financial Statements.

The March financial statements represent the financial performance through the sixth month of the 2023 fiscal year for the C.L. Brumback Primary Care Clinics. On the Comparative Statement of Net Position, cash deficit was reduced \$703k as a result of normal operations. The remaining shortfall will be subsidized in the upcoming months. Due from Other Governments increased \$1.2M as a result of grants and LIP funds recognized.

On the Statement of Revenues and Expenses, net patient revenue YTD was unfavorable to budget by (\$720k) or (13.6%). Gross patient revenue YTD was favorable to budget by \$1.5M due to increased patient visits. Total YTD revenue was in line with budget resulting in an unfavorable variance of (\$37k). This was mostly due to a favorable timing difference in PRF revenue recognized offsetting the unfavorable variance in net patient revenue. Operational expenses before depreciation were favorable to budget by \$3.3M due mostly to positive variances in salaries, wages, and benefits of \$2.1M, purchased services of \$233k, other supplies of \$263k, repairs and maintenance \$144k, and lease and rental of \$353k. The unfavorable variance in other expense of (\$34k) was related to employee incentives allocation. Total YTD net margin was a loss of (\$8.0M) compared to the budgeted loss of (\$12.3M) resulting in a favorable variance of \$4.3M or (35.1%).

Net patient revenue YTD for the Medical clinics was unfavorable to budget by (\$905k). The Medical clinics YTD gross patient revenue was favorable to budget by \$693k, this was related to increase in patient volume. The Medical clinics total YTD revenue was unfavorable to budget by (\$376k). Total operating expenses of \$12.9M were favorable to budget of \$15.9M by \$3.0M or 18.9%. The positive variance is mostly due to salaries, wages, and benefits of \$2.0M, purchased services of \$206k, other supplies of \$221k, repairs and maintenance \$167k, and lease and rental of \$322k. Early fiscal year staffing shortages as well as expense timing are driving these favorable YTD variances. Total YTD net margin was favorable to budget by \$3.5M or (32.4%).

Net patient revenue YTD for the Dental clinics was favorable to budget by (\$27k) or (1.9%). The Dental clinics total YTD gross patient revenue was favorable to budget by \$195k. Increased charity care and contractual allowances negatively impacted net patient revenue results. Total YTD operating expenses of \$2.5M were favorable to budget by \$286k. Total YTD net margin was (\$759k) compared to a budgeted loss of (\$1.4M) for a favorable variance of \$630k or (45.4%).

District Clinic Holdings, Inc.
Comparative Statement of Net Position

	<u>March 31, 2023</u>	<u>February 28, 2023</u>	<u>Increase (Decrease)</u>
Assets			
Cash and Cash Equivalents	\$ (3,005,226)	\$ (3,708,696)	\$ 703,470
Accounts Receivable, net	1,481,914	1,338,695	143,218
Due From Other Governments	5,155,754	3,978,483	1,177,271
Other Current Assets	346,192	341,166	5,026
Net Investment in Capital Assets	2,638,836	2,665,455	(26,619)
Right Of Use Assets	3,239,214	3,239,214	0
Total Assets	<u>\$ 9,856,684</u>	<u>\$ 7,854,318</u>	<u>\$ 2,002,366</u>
Liabilities			
Accounts Payable	451,566	313,824	137,742
Deferred Revenue-	8,602	8,602	0
Accrued Interest	43,109	43,109	0
Other Current Liabilities	1,013,500	1,606,077	(592,576)
Lease Liability	3,475,476	3,475,476	0
Non-Current Liabilities	1,279,787	1,052,973	226,813
Total Liabilities	<u>6,272,039</u>	<u>6,500,060</u>	<u>(228,021)</u>
Deferred Inflows of Resources			
Deferred Inflows	<u>\$ 33,656</u>	<u>\$ 33,656</u>	<u>\$ 0</u>
Net Position			
Net Investment in Capital Assets	2,638,836	2,665,455	(26,619)
Unrestricted	912,152	(1,344,853)	2,257,006
Total Net Position	<u>3,550,989</u>	<u>1,320,602</u>	<u>2,230,387</u>
Total Liabilities, Deferred Inflows of Resources and Net Position	<u>\$ 9,856,684</u>	<u>\$ 7,854,318</u>	<u>\$ 2,002,366</u>

Note: Amounts may not foot due to rounding.

Current Month							
Actual	Budget	Variance	%	Prior Year	Variance	%	
-	-	-	-	184,580	184,580	-	IT EPIC
39,926	41,476	1,550	3.7%	-	(39,926)	-	IT Service Center
16,785	6,503	(10,282)	(158.1%)	11,993	(4,792)	(40.0%)	Performance Excellence
9,852	8,052	(1,800)	(22.4%)	6,849	(3,003)	(43.8%)	Corporate Quality
39,645	57,288	17,643	30.8%	54,938	15,293	27.8%	Security Services
2,109	4,143	2,034	49.1%	-	(2,109)	-	Reimbursement
6,959	5,383	(1,576)	(29.3%)	-	(6,959)	-	Supply Chain
10,117	10,156	39	0.4%	-	(10,117)	-	HIM Department
20,338	21,541	1,203	5.6%	-	(20,338)	-	Coding
715,221	854,683	139,462	16.3%	828,421	113,200	13.7%	Total Overhead Allocations-
3,539,363	3,889,944	350,581	9.0%	3,201,195	(338,168)	(10.6%)	Total Expenses
\$ (1,514,681)	\$ (2,024,288)	\$ 509,608	(25.2%)	\$ (1,108,695)	\$ (405,986)	36.6%	Net Margin
-	153,690	153,690	-	-	-	-	Capital
\$ 3,713,730	\$ 6,625,000	\$ (2,911,270)	(43.9%)	-	\$ (3,713,730)	-	Transfer In/(Out)

Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%	
-	-	-	-	1,128,533	1,128,533	-	
172,083	248,857	76,774	30.9%	-	(172,083)	-	
77,609	39,020	(38,589)	(98.9%)	68,334	(9,275)	(13.6%)	
47,444	48,310	866	1.8%	44,368	(3,076)	(6.9%)	
235,627	343,726	108,099	31.4%	322,640	87,013	27.0%	
13,521	24,855	11,334	45.6%	-	(13,521)	-	
35,941	32,300	(3,641)	(11.3%)	-	(35,941)	-	
90,976	60,939	(30,037)	(49.3%)	-	(90,976)	-	
118,910	129,245	10,335	8.0%	-	(118,910)	-	
4,096,545	5,128,099	1,031,554	20.1%	4,644,638	548,093	11.8%	
19,710,717	24,076,765	4,366,047	18.1%	18,616,680	(1,094,037)	(5.9%)	
\$ (7,998,251)	\$ (12,326,847)	\$ 4,328,596	(35.1%)	\$ (7,012,630)	\$ (985,621)	14.1%	
-	922,138	922,138	100.0%	100,000	100,000	100.0%	
\$ 7,842,580	\$ 13,250,000	\$ (5,407,420)	(40.8%)	-	\$ (7,842,580)	-	

Revenues and Expenses by Month

	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Year to Date
Gross Patient Revenue	\$ 2,421,964	\$ 2,173,673	\$ 2,534,826	\$ 2,394,233	\$ 2,436,124	\$ 2,859,432	\$ 14,820,253
Contractual Allowance	942,552	616,457	797,366	764,288	728,571	1,015,151	4,864,384
Charity Care	1,080,772	818,987	996,143	1,145,797	998,209	1,031,223	6,071,132
Bad Debt	49,730	353,288	285,914	95,985	279,913	332,230	1,397,059
Total Contractuals and Bad Debt	2,073,054	1,788,732	2,079,423	2,006,069	2,006,694	2,378,604	12,332,575
Other Patient Revenue	474,943	474,943	87,703	345,863	345,863	345,863	2,075,177
Net Patient Revenue	823,853	859,885	543,106	734,027	775,294	826,691	4,562,855
Collection %	34.02%	39.56%	21.43%	30.66%	31.82%	28.91%	30.79%
Non-Operating Revenues							
Grants	831,658	951,673	1,163,225	937,662	1,277,476	1,004,344	6,166,039
Other Financial Assistance	12,477	51,355	674,585	-	-	-	738,416
Other Revenue	624	29,490	1,042	1,648	18,706	193,647	245,157
Total Other Revenues	\$ 844,758	\$ 1,032,517	\$ 1,838,851	\$ 939,311	\$ 1,296,183	\$ 1,197,991	\$ 7,149,612
Total Non-Operating Revenues	\$ 1,668,611	\$ 1,892,402	\$ 2,381,957	\$ 1,673,338	\$ 2,071,476	\$ 2,024,682	\$ 11,712,467
Direct Operating Expenses:							
Salaries and Wages	1,713,850	1,402,443	1,788,664	1,498,332	1,674,786	1,997,115	10,075,190
Benefits	427,827	405,732	406,022	459,199	430,679	495,969	2,625,427
Purchased Services	13,764	60,480	10,119	24,018	29,210	11,762	149,353
Medical Supplies	35,872	230,443	141,439	60,778	25,067	29,192	522,792
Other Supplies	12,383	6,147	10,233	39,697	20,076	8,453	96,989
Medical Services	55,581	60,482	61,270	56,783	59,594	57,974	351,683
Drugs	37,475	49,341	45,922	45,378	44,505	37,090	259,711
Repairs and Maintenance	10,726	11,441	47,732	37,415	40,271	30,847	178,432
Lease and Rental	107,496	87,434	114,395	115,290	117,771	96,132	638,516
Utilities	8,438	8,881	8,149	9,620	3,675	5,106	43,870
Other Expense	115,489	74,228	262,113	(53,654)	65,834	23,262	487,272
Insurance	6,154	4,622	4,622	4,622	4,622	4,622	29,264

Revenues and Expenses by Month

	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Year to Date
Total Operating Expenses	2,545,056	2,401,675	2,900,679	2,297,479	2,516,089	2,797,523	15,458,502
Net Performance before Depreciation & Overhead Allocations	\$ (876,445)	\$ (509,273)	\$ (518,722)	\$ (624,141)	\$ (444,613)	\$ (772,841)	\$ (3,746,035)
Depreciation	25,462	25,462	26,045	25,656	26,428	26,619	155,671
<i>Overhead Allocations:</i>							
Risk Management	11,692	7,282	9,397	9,332	9,963	8,896	56,562
Rev Cycle	63,371	103,816	86,659	73,183	62,585	90,867	480,481
Internal Audit	2,627	1,796	1,779	1,955	1,585	1,641	11,383
Home Office Facilities	30,821	31,492	32,824	20,328	24,166	35,671	175,302
Administration	46,107	48,941	49,005	49,055	34,089	42,379	269,576
Human Resources	76,105	96,165	80,652	41,032	63,880	76,821	434,655
Legal	3,344	12,867	12,360	14,912	35,905	18,361	97,749
Records	4,206	2,926	3,073	3,403	3,291	3,419	20,318
Compliance	6,347	6,648	6,675	6,995	7,114	6,714	40,493
IT Operations	35,658	44,142	42,594	37,089	32,670	40,660	232,813
IT Security	9,905	21,768	16,176	14,289	25,121	14,449	101,708
Finance	24,232	19,591	27,494	20,102	25,315	27,713	144,447
Corporate Communications	10,421	9,413	10,833	11,419	12,679	15,613	70,378
Information Technology	10,834	10,976	13,078	12,123	3,404	10,180	60,595
IT Applications	81,636	278,939	162,379	216,444	192,470	176,106	1,107,974
IT Service Center	25,999	28,022	25,841	25,533	26,762	39,926	172,083
Performance Excellence	6,591	12,194	12,071	14,647	15,321	16,785	77,609
Corporate Quality	8,434	7,268	7,766	7,118	7,006	9,852	47,444
Security Services	39,124	39,146	42,649	38,519	36,544	39,645	235,627
Reimbursement	2,482	1,671	4,032	1,238	1,989	2,109	13,521
Supply Chain	6,253	5,354	6,385	6,747	4,243	6,959	35,941
HIM Department	8,351	19,826	19,536	12,608	20,538	10,117	90,976

Revenues and Expenses by Month

	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Year to Date
Coding	21,345	13,076	24,947	17,566	21,638	20,338	118,910
Total Overhead Allocations	535,885	823,319	698,205	655,637	668,278	715,221	4,096,545
Total Expenses	3,106,403	3,250,455	3,624,929	2,978,772	3,210,795	3,539,363	19,710,717
Net Margin	\$ (1,437,791)	\$ (1,358,053)	\$ (1,242,972)	\$ (1,305,434)	\$ (1,139,319)	\$ (1,514,681)	\$ (7,998,251)
Capital	36,782	-	53,251	(90,033)	-	-	-
General Fund Support/Transfer In	-	-	\$4,128,850	-	-	\$3,713,730	\$7,842,580

	Clinic Administration	Belle Glade Medical Clinic	Delray Medical Clinic	Lantana Medical Clinic	Mangonia Park Medical Clinic	West Palm Beach Medical Clinic	Jupiter Medical Clinic	Lake Worth Medical Clinic	Lewis Center Medical Clinic	West Boca Medical Clinic	St Ann Place Medical Clinic	Mobile Warrior	Mobile Van Scout	Mobile Van Hero	Atlantis Medical Clinic	Port Medical Clinic	Total
Gross Patient Revenue	\$ 4,265	\$ 890,325	\$ 912,358	\$ 2,272,354	\$ 655,063	\$ 1,516,884	\$ 604,221	\$ 1,749,268	\$ 32,286	\$ 367,648	\$ 3,569	-	-	\$ 64,156	-	\$ 2,980	\$ 9,075,376
Contractual Allowances	829,622	206,355	229,471	366,262	240,655	354,088	140,002	481,767	41,015	166,420	4,132	1,623	-	13,499	-	49	3,074,960
Charity Care	124,064	319,143	341,000	1,033,033	128,373	555,681	184,938	700,980	14,837	116,864	498	-	-	9,272	-	-	3,528,622
Bad Debt	17,596	72,118	62,316	338,971	142,266	136,334	66,994	56,478	40,162	6,162	7,130	(1,475)	-	(1,686)	-	-	943,366
Total Contractual Allowances and Bad Debt	971,282	597,615	632,787	1,738,266	511,293	1,046,104	391,934	1,239,225	96,014	289,446	11,700	148	-	21,085	-	49	7,546,948
Other Patient Revenue	-	130,044	153,466	340,690	65,788	340,642	67,989	196,000	29,046	107,060	4,443	17,539	-	1,889	19,380	-	1,473,977
Net Patient Revenue	(967,016)	422,754	433,036	874,779	209,558	811,422	280,277	706,043	(34,682)	185,262	(3,689)	17,391	-	44,959	19,380	2,932	3,002,406
Collection %	(22.671.23%)	47.48%	47.46%	38.50%	31.99%	53.49%	46.39%	40.36%	(107.42%)	50.39%	(103.36%)	-	-	70.08%	-	98.37%	33.08%
Grant Funds	795,645	508,638	372,280	891,646	735,242	804,248	173,042	619,220	19,165	217,094	9,802	22,529	68	46,334	-	-	5,214,953
Other Financial Assistance	120,959	66,464	60,718	119,301	50,531	105,464	19,969	66,551	10,885	19,710	4,445	2,000	2,067	-	-	-	649,065
Other Revenue	241,565	2,871	-	160	-	70	-	-	-	21	-	-	-	-	-	-	244,686
Total Other Revenues	1,158,169	577,973	432,998	1,011,107	785,773	909,782	193,011	685,771	30,050	236,825	14,247	24,529	2,135	46,334	-	-	6,108,704
Total Revenues	\$ 191,153	\$ 1,000,727	\$ 866,034	\$ 1,885,886	\$ 995,331	\$ 1,721,203	\$ 473,288	\$ 1,391,814	\$ (4,631)	\$ 422,087	\$ 10,559	\$ 41,920	\$ 2,135	\$ 91,294	\$ 19,380	\$ 2,932	\$ 9,111,110
<i>Direct Operational Expenses:</i>																	
Salaries and Wages	1,950,966	626,528	595,663	1,284,639	1,059,416	1,045,552	275,627	991,032	36,559	349,228	18,475	17,180	-	74,681	-	-	8,325,544
Benefits	546,771	172,442	166,475	340,735	297,026	226,563	70,182	249,613	5,848	71,394	3,936	4,808	-	21,515	-	-	2,177,308
Purchased Services	83,215	11,136	878	154	9,768	628	4,363	17,254	1,127	10,158	-	-	-	-	-	-	138,681
Medical Supplies	-	57,413	54,874	72,614	54,926	89,072	22,971	39,324	9,589	21,529	4,792	870	-	-	-	-	427,973
Other Supplies	5,567	16,519	6,000	3,411	12,135	3,559	9,491	23,246	424	1,170	-	481	185	2,134	-	-	84,322
Medical Services	-	69,914	30,206	50,863	21,798	43,700	22,288	97,950	825	13,683	455	-	-	-	-	-	351,683
Drugs	-	27,237	35,875	69,839	56,252	59,182	1,096	1,750	-	7,434	-	-	-	33	-	-	258,699
Repairs and Maintenance	58,481	23,552	2,525	1,235	7,168	24,176	1,409	16,210	1,536	1,720	264	526	2,404	1,467	-	-	142,673
Lease and Rental	-	43,967	44,470	77,300	21,338	64,665	42,849	111,913	100	85,911	70	40	15	50	10,338	-	503,026
Utilities	-	12,041	534	1,698	4,829	1,717	3,773	5,979	995	2,989	450	-	-	-	-	-	35,005
Other Expense	111,465	78,735	29,265	48,343	28,996	47,664	18,135	68,305	4,607	17,223	2,221	2,610	284	548	27	-	458,427
Insurance	-	1,215	1,282	2,364	1,967	1,818	322	860	580	519	-	5,958	5,958	5,958	-	-	28,801
Total Operating Expenses	2,756,466	1,140,696	968,047	1,953,195	1,575,620	1,608,296	472,507	1,623,437	62,190	582,957	30,663	32,473	8,846	106,386	10,365	-	12,932,143
Net Performance before Depreciation & Overhead Allocations	(2,565,313)	(139,969)	(102,013)	(67,309)	(580,289)	112,907	781	(231,623)	(66,821)	(160,870)	(20,105)	9,447	(6,711)	(15,092)	9,015	2,932	(3,821,033)
Depreciation	2,605	37,444	103	6,537	10,768	7,113	984	2,512	163	4,389	-	-	6,942	41,763	-	-	121,322
<i>Overhead Allocations:</i>																	
Risk Management	47,749	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	47,749
Revenue Cycle	397,236	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	397,236
Internal Audit	9,609	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	9,609
Home Office Facilities	153,302	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	153,302
Administration	227,575	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	227,575
Human Resources	371,213	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	371,213
Legal	82,519	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	82,519
Records	17,152	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	17,152
Compliance	34,184	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	34,184
IT Operations	196,539	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	196,539
IT Security	85,862	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	85,862
Finance	121,942	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	121,942
Corporate Communications	59,412	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	59,412
Information Technology	51,154	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	51,154
IT Applications	935,347	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	935,347
IT Service Center	145,271	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	145,271
Performance Excellence	65,517	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	65,517
Corporate Quality	40,052	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	40,052
Security Services	194,488	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	194,488
Reimbursement	11,414	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	11,414
Supply Chain	30,342	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	30,342
HIM Department	76,802	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	76,802
Coding	100,383	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	100,383
Total Overhead Allocations	3,455,064	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3,455,064
Total Expenses	6,214,134	1,178,139	968,150	1,959,732	1,586,388	1,615,410	473,491	1,625,949	62,352	587,346	30,663	32,473	15,788	148,149	10,365	-	16,508,529
Net Margin	\$ (6,022,982)	\$ (177,413)	\$ (102,116)	\$ (73,846)	\$ (591,057)	\$ 105,794	\$ (203)	\$ (234,135)	\$ (66,984)	\$ (165,259)	\$ (20,105)	\$ 9,447	\$ (13,653)	\$ (56,855)	\$ 9,015	\$ 2,932	\$ (7,397,420)
Capital	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Transfer In/(Out)	\$ 7,117,899	-	-	-	-	-	76	-	-	-	-	-	-	-	-	-	\$ 7,117,899

Current Month							Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%		Actual	Budget	Variance	%	Prior Year	Variance	%
\$ 1,682,786	\$ 1,262,762	\$ 420,024	33.3%	\$ 1,378,031	\$ 304,756	22.1%	Gross Patient Revenue	\$ 9,075,376	\$ 8,382,683	\$ 692,693	8.3%	\$ 7,692,763	\$ 1,382,613	18.0%
860,421	325,567	534,854	164.3%	70,396	790,025	1,122.3%	Contractual Allowance	3,074,960	2,161,234	913,726	42.3%	1,414,798	1,660,162	117.3%
684,020	498,549	185,471	37.2%	510,749	173,271	33.9%	Charity Care	3,528,622	3,309,550	219,072	6.6%	2,893,002	635,620	22.0%
227,752	201,385	26,367	13.1%	462,712	(234,960)	(50.8%)	Bad Debt	943,366	1,336,864	(393,498)	(29.4%)	1,635,442	(692,076)	(42.3%)
1,772,194	1,025,501	746,693	72.8%	1,043,856	728,337	69.8%	Total Contractuals and Bad Debt	7,546,948	6,807,648	739,300	10.9%	5,943,243	1,603,705	27.0%
245,663	351,324	(105,661)	(30.1%)	299,296	(53,634)	(17.9%)	Other Patient Revenue	1,473,977	2,332,211	(858,234)	(36.8%)	1,750,971	(276,994)	(15.8%)
156,256	588,585	(432,329)	(73.5%)	633,471	(477,215)	(75.3%)	Net Patient Revenue	3,002,406	3,907,246	(904,840)	(23.2%)	3,500,492	(498,086)	(14.2%)
9.29%	46.61%			45.97%			Collection %	33.08%	46.61%			45.50%		
804,085	863,996	(59,911)	(6.9%)	1,125,182	(321,096)	(28.5%)	Grants	5,214,953	5,184,001	30,952	0.6%	5,963,263	(748,310)	(12.5%)
-	-	-	-	-	-	-	Other Financial Assistance	649,065	381,143	267,922	70.3%	-	649,065	-
193,647	2,460	191,187	7,771.8%	(16,626)	210,272	(1,264.7%)	Other Revenue	244,686	14,760	229,926	1,557.8%	1,817	242,869	13,366.5%
\$ 1,153,988	\$ 1,455,041	\$ (301,053)	(20.7%)	\$ 1,742,027	\$ (588,039)	(33.8%)	Total Revenues	\$ 9,111,110	\$ 9,487,150	\$ (376,040)	(4.0%)	\$ 9,465,573	\$ (354,463)	(3.7%)
							Direct Operating Expenses:							
1,632,129	1,570,136	(61,992)	(3.9%)	1,240,108	(392,021)	(31.6%)	Salaries and Wages	8,325,544	10,031,917	1,706,373	17.0%	7,402,370	(923,174)	(12.5%)
407,514	411,085	3,571	0.9%	354,492	(53,022)	(15.0%)	Benefits	2,177,308	2,466,508	289,200	11.7%	2,053,274	(124,035)	(6.0%)
11,470	57,496	46,026	80.1%	32,063	20,593	64.2%	Purchased Services	138,681	344,977	206,296	59.8%	304,685	166,004	54.5%
14,971	83,646	68,675	82.1%	32,060	17,089	53.3%	Medical Supplies	427,973	501,873	73,900	14.7%	231,847	(196,126)	(84.6%)
7,781	50,957	43,176	84.7%	69,794	62,013	88.9%	Other Supplies	84,322	305,743	221,421	72.4%	167,127	82,805	49.5%
57,974	59,500	1,526	2.6%	54,767	(3,207)	(5.9%)	Medical Services	351,683	356,999	5,315	1.5%	253,697	(97,986)	(38.6%)
37,090	48,958	11,868	24.2%	45,034	7,944	17.6%	Drugs	258,699	293,749	35,049	11.9%	265,378	6,679	2.5%
29,886	51,615	21,729	42.1%	22,723	(7,163)	(31.5%)	Repairs and Maintenance	142,673	309,691	167,018	53.9%	264,377	121,703	46.0%
73,533	137,465	63,932	46.5%	85,241	11,708	13.7%	Lease and Rental	503,026	824,792	321,766	39.0%	496,542	(6,484)	(1.3%)
3,920	9,018	5,098	56.5%	5,778	1,857	32.1%	Utilities	35,005	54,109	19,105	35.3%	33,720	(1,284)	(3.8%)
22,239	70,438	48,199	68.4%	46,733	24,494	52.4%	Other Expense	458,427	422,625	(35,802)	(8.5%)	198,738	(259,689)	(130.7%)
4,545	3,993	(552)	(13.8%)	3,938	(606)	(15.4%)	Insurance	28,801	23,955	(4,846)	(20.2%)	23,631	(5,170)	(21.9%)
2,303,052	2,554,307	251,255	9.8%	1,992,731	(310,321)	(15.6%)	Total Operating Expenses	12,932,143	15,936,938	3,004,794	18.9%	11,695,386	(1,236,757)	(10.6%)
\$ (1,149,064)	\$ (1,099,266)	\$ (49,798)	4.5%	\$ (250,705)	\$ (898,360)	358.3%	Net Performance before Depreciation & Overhead Allocations	\$ (3,821,033)	\$ (6,449,788)	\$ 2,628,754	(40.8%)	\$ (2,229,814)	\$ (1,591,220)	71.4%
21,912	27,500	5,588	20.3%	23,766	1,853	7.8%	Depreciation	121,322	164,999	43,677	26.5%	145,420	24,098	16.6%
							Overhead Allocations:							
7,510	9,052	1,542	17.0%	6,348	(1,162)	(18.3%)	Risk Management	47,749	54,310	6,561	12.1%	40,810	(6,939)	(17.0%)
75,124	90,891	15,767	17.3%	151,445	76,321	50.4%	Rev Cycle	397,236	545,347	148,111	27.2%	817,031	419,795	51.4%
1,385	5,534	4,149	75.0%	1,420	35	2.5%	Internal Audit	9,609	33,203	23,594	71.1%	7,612	(1,997)	(26.2%)
31,194	28,637	(2,557)	(8.9%)	26,227	(4,967)	(18.9%)	Home Office Facilities	153,302	171,820	18,518	10.8%	155,037	1,735	1.1%
35,776	35,014	(762)	(2.2%)	37,826	2,050	5.4%	Administration	227,575	210,085	(17,490)	(8.3%)	213,964	(13,611)	(6.4%)
65,608	85,359	19,751	23.1%	51,861	(13,747)	(26.5%)	Human Resources	371,213	512,153	140,940	27.5%	259,461	(111,752)	(43.1%)
15,500	23,440	7,940	33.9%	34,139	18,639	54.6%	Legal	82,519	140,638	58,119	41.3%	84,928	2,409	2.8%
2,886	3,521	635	18.0%	2,623	(263)	(10.0%)	Records	17,152	21,127	3,975	18.8%	15,787	(1,365)	(8.6%)
5,668	9,336	3,668	39.3%	5,451	(217)	(4.0%)	Compliance	34,184	56,016	21,832	39.0%	32,557	(1,627)	(5.0%)
-	-	-	-	7,748	7,748	-	Community Engagement	-	-	-	-	41,999	41,999	-
34,325	39,045	4,720	12.1%	63,531	29,206	46.0%	IT Operations	196,539	234,272	37,733	16.1%	434,396	237,857	54.8%
12,198	14,232	2,034	14.3%	7,953	(4,245)	(53.4%)	IT Security	85,862	85,389	(473)	(0.6%)	57,480	(28,382)	(49.4%)
23,395	28,066	4,671	16.6%	25,649	2,254	8.8%	Finance	121,942	168,394	46,452	27.6%	161,068	39,126	24.3%
13,180	14,318	1,138	7.9%	4,569	(8,611)	(188.5%)	Corporate Communications	59,412	85,906	26,494	30.8%	29,388	(30,024)	(102.2%)
8,594	4,010	(4,584)	(114.3%)	6,871	(1,723)	(25.1%)	Information Technology	51,154	24,059	(27,095)	(112.6%)	43,453	(7,701)	(17.7%)
148,668	200,661	51,993	25.9%	56,059	(92,609)	(165.2%)	IT Applications	935,347	1,203,966	268,619	22.3%	252,362	(682,985)	(270.6%)

Current Month							Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%
-	-	-	-	158,651	158,651	-	-	-	-	-	970,003	970,003	-
33,705	35,014	1,309	3.7%	-	(33,705)	-	145,271	210,084	64,813	30.9%	-	(145,271)	-
14,170	5,490	(8,680)	(158.1%)	10,308	(3,862)	(37.5%)	65,517	32,940	(32,577)	(98.9%)	58,735	(6,782)	(11.5%)
8,317	6,797	(1,520)	(22.4%)	5,887	(2,430)	(41.3%)	40,052	40,783	731	1.8%	38,135	(1,917)	(5.0%)
32,723	47,286	14,563	30.8%	46,763	14,040	30.0%	194,488	283,714	89,226	31.4%	274,629	80,141	29.2%
1,780	3,497	1,717	49.1%	-	(1,780)	-	11,414	20,983	9,569	45.6%	-	(11,414)	-
5,875	4,545	(1,330)	(29.3%)	-	(5,875)	-	30,342	27,268	(3,074)	(11.3%)	-	(30,342)	-
8,541	8,574	33	0.4%	-	(8,541)	-	76,802	51,444	(25,358)	(49.3%)	-	(76,802)	-
17,169	18,185	1,016	5.6%	-	(17,169)	-	100,383	109,108	8,725	8.0%	-	(100,383)	-
603,291	720,501	117,210	16.3%	711,330	108,039	15.2%	3,455,064	4,323,009	867,945	20.1%	3,988,836	533,772	13.4%
2,928,255	3,302,308	374,053	11.3%	2,727,827	(200,429)	(7.3%)	16,508,529	20,424,946	3,916,416	19.2%	15,829,643	(678,887)	(4.3%)
\$ (1,774,267)	\$ (1,847,267)	\$ 73,000	(4.0%)	\$ (985,800)	\$ (788,468)	80.0%	\$ (7,397,420)	\$ (10,937,796)	\$ 3,540,376	(32.4%)	\$ (6,364,070)	\$ (1,033,349)	16.2%
-	116,559	116,559	-	-	-	-	-	699,356	699,356	100.0%	100,000	100,000	100.0%
\$ 3,574,978	\$ 5,900,000	\$ (2,325,022)	(39.4%)	-	\$ (3,574,978)	-	\$ 7,117,899	\$ 11,800,000	\$ (4,682,101)	(39.7%)	-	\$ (7,117,899)	-

	Dental Clinic Administration	Belle Glade Dental Clinic	Delray Dental Clinic	Lantana Dental Clinic	West Palm Beach Dental Clinic	Port Dental Clinic	Total
Gross Patient Revenue	-	\$ 714,709	\$ 1,103,736	\$ 1,305,065	\$ 2,027,442	\$ 19,796	\$ 5,170,747
Contractual Allowances	-	301,278	246,725	330,052	728,164	489	1,606,708
Charity Care	-	223,603	566,458	620,735	1,008,138	19,352	2,438,286
Bad Debt	-	56,617	58,826	70,683	133,863	(2,213)	317,776
Total Contractual Allowances and Bad Debt	-	581,498	872,010	1,021,469	1,870,165	17,629	4,362,770
Other Patient Revenue	-	97,828	133,334	154,262	208,378	472	594,274
Net Patient Revenue	-	231,039	365,060	437,857	365,655	2,639	1,402,251
Collection %	-	32.33%	33.07%	33.55%	18.04%	13.33%	27.12%
Grant Funds	94,615	97,763	179,996	207,215	371,496	-	951,086
Other Financial Assistance	20,165	6,474	11,703	27,647	23,361	-	89,351
Other Revenue	420	-	-	(9)	60	-	471
Total Other Revenues	115,200	104,237	191,700	234,853	394,917	-	1,040,908
Total Revenues	\$ 115,200	\$ 335,276	\$ 556,760	\$ 672,710	\$ 760,573	\$ 2,639	\$ 2,443,159
<i>Direct Operational Expenses:</i>							
Salaries and Wages	208,516	167,860	395,444	397,191	580,635	-	1,749,646
Benefits	58,443	52,122	103,519	101,311	132,724	-	448,119
Purchased Services	-	4,969	1,709	1,360	2,635	-	10,673
Medical Supplies	-	14,355	24,528	20,694	35,243	-	94,819
Other Supplies	-	4,227	1,311	3,541	3,588	-	12,667
Drugs	-	237	237	325	213	-	1,011
Repairs and Maintenance	-	5,217	2,191	1,865	26,487	-	35,759
Lease and Rental	-	17,024	30,490	32,720	55,256	-	135,490
Utilities	-	4,916	534	1,698	1,717	-	8,865
Other Expense	3,441	3,075	7,786	6,228	8,314	-	28,845
Insurance	-	463	-	-	-	-	463
Total Operating Expenses	270,400	274,464	567,749	566,933	846,812	-	2,526,358
Net Performance before Depreciation & Overhead Allocations	(155,200)	60,812	(10,989)	105,777	(86,239)	2,639	(83,200)
Depreciation	-	13,925	2,562	3,302	14,559	-	34,349
<i>Overhead Allocations:</i>							
Risk Management	8,813	-	-	-	-	-	8,813
Revenue Cycle	83,245	-	-	-	-	-	83,245
Internal Audit	1,774	-	-	-	-	-	1,774
Home Office Facilities	22,000	-	-	-	-	-	22,000
Administration	42,001	-	-	-	-	-	42,001
Human Resources	63,442	-	-	-	-	-	63,442
Legal	15,230	-	-	-	-	-	15,230
Records	3,166	-	-	-	-	-	3,166
Compliance	6,309	-	-	-	-	-	6,309
IT Operations	36,274	-	-	-	-	-	36,274
IT Security	15,846	-	-	-	-	-	15,846
Finance	22,505	-	-	-	-	-	22,505
Corporate Communications	10,966	-	-	-	-	-	10,966
Information Technology	9,441	-	-	-	-	-	9,441
IT Applications	172,627	-	-	-	-	-	172,627
IT Service Center	26,812	-	-	-	-	-	26,812
Performance Excellence	12,092	-	-	-	-	-	12,092
Corporate Quality	7,392	-	-	-	-	-	7,392
Security Services	41,139	-	-	-	-	-	41,139
Reimbursement	2,107	-	-	-	-	-	2,107
Supply Chain	5,599	-	-	-	-	-	5,599
HIM Department	14,174	-	-	-	-	-	14,174
Coding	18,527	-	-	-	-	-	18,527
Total Overhead Allocations	641,481	-	-	-	-	-	641,481
Total Expenses	911,881	288,390	570,311	570,235	861,371	-	3,202,188
Net Margin	\$ (796,681)	\$ 46,886	\$ (13,551)	\$ 102,475	\$ (100,798)	\$ 2,639	\$ (759,029)
Capital	-	-	-	-	-	-	-
Transfer In/(Out)	\$ 724,681	-	-	-	-	-	\$ 724,681

Current Month							Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%	
\$ 1,079,400	\$ 950,484	\$ 128,916	13.6%	\$ 909,663	\$ 169,737	18.7%	Gross Patient Revenue	\$ 5,170,747	\$ 4,976,044	\$ 194,703	3.9%	\$ 4,960,491	\$ 210,257	4.2%
173,608	251,063	(77,455)	(30.9%)	191,686	(18,078)	(9.4%)	Contractual Allowance	1,606,708	1,314,381	292,327	22.2%	1,668,478	(61,770)	(3.7%)
334,056	453,604	(119,548)	(26.4%)	406,099	(72,042)	(17.7%)	Charity Care	2,438,286	2,374,736	63,550	2.7%	2,305,050	133,236	5.8%
77,520	107,605	(30,085)	(28.0%)	252,314	(174,794)	(69.3%)	Bad Debt	317,776	563,343	(245,567)	(43.6%)	478,168	(160,391)	(33.5%)
585,185	812,272	(227,087)	(28.0%)	850,099	(264,914)	(31.2%)	Total Contractuals and Bad Debt	4,362,770	4,252,460	110,310	2.6%	4,451,696	(88,925)	(2.0%)
99,046	124,529	(25,483)	(20.5%)	122,312	(23,266)	(19.0%)	Other Patient Revenue	594,274	651,940	(57,666)	(8.8%)	712,654	(118,380)	(16.6%)
593,260	262,741	330,519	125.8%	181,875	411,385	226.2%	Net Patient Revenue	1,402,251	1,375,524	26,727	1.9%	1,221,449	180,802	14.8%
54.96%	27.64%			19.99%			Collection %	27.12%	27.64%		24.62%			
200,259	147,874	52,385	35.4%	168,598	31,661	18.8%	Grants	951,086	887,244	63,842	7.2%	916,828	34,258	3.7%
-	-	-	-	-	-	-	Other Financial Assistance	89,351	-	89,351	-	89,351	-	-
-	-	-	-	-	-	-	Other Revenue	471	-	471	-	200	271	135.5%
\$ 793,519	\$ 410,615	\$ 382,904	93.3%	\$ 350,473	\$ 443,046	126.4%	Total Revenues	\$ 2,443,159	\$ 2,262,768	\$ 180,391	8.0%	\$ 2,138,477	\$ 304,681	14.2%
							Direct Operating Expenses:							
364,986	286,549	(78,437)	(27.4%)	227,427	(137,559)	(60.5%)	Salaries and Wages	1,749,646	1,845,293	95,646	5.2%	1,379,303	(370,343)	(26.9%)
88,455	73,091	(15,364)	(21.0%)	67,322	(21,133)	(31.4%)	Benefits	448,119	438,546	(9,573)	(2.2%)	403,296	(44,823)	(11.1%)
292	6,290	5,998	95.4%	1,164	872	74.9%	Purchased Services	10,673	37,740	27,067	71.7%	11,495	823	7.2%
14,221	19,437	5,216	26.8%	19,441	5,220	26.9%	Medical Supplies	94,819	116,625	21,805	18.7%	106,057	11,238	10.6%
671	9,009	8,338	92.6%	3,051	2,380	78.0%	Other Supplies	12,667	54,055	41,387	76.6%	9,879	(2,789)	(28.2%)
-	15,660	15,660	-	-	-	-	Medical Services	-	93,960	93,960	-	-	-	-
-	-	-	-	-	-	-	Drugs	1,011	-	(1,011)	-	-	(1,011)	-
961	2,069	1,108	53.6%	2,593	1,633	63.0%	Repairs and Maintenance	35,759	12,413	(23,346)	(188.1%)	12,045	(23,714)	(196.9%)
22,598	27,868	5,270	18.9%	27,655	5,057	18.3%	Lease and Rental	135,490	167,209	31,719	19.0%	140,145	4,655	3.3%
1,186	2,503	1,318	52.7%	1,654	468	28.3%	Utilities	8,865	15,020	6,155	41.0%	9,763	898	9.2%
1,024	5,138	4,115	80.1%	(1,518)	(2,542)	167.5%	Other Expense	28,845	30,830	1,985	6.4%	13,646	(15,199)	(111.4%)
77	90	13	14.4%	88	10	11.4%	Insurance	463	540	77	14.3%	526	62	11.8%
494,471	447,705	(46,766)	(10.4%)	348,878	(145,593)	(41.7%)	Total Operating Expenses	2,526,358	2,812,229	285,870	10.2%	2,086,156	(440,203)	(21.1%)
\$ 299,048	\$ (37,090)	\$ 336,138	(906.3%)	\$ 1,596	\$ 297,453	18,637.4%	Net Performance before Depreciation & Overhead Allocations	\$ (83,200)	\$ (549,461)	\$ 466,261	(84.9%)	\$ 52,322	\$ (135,522)	(259.0%)
4,707	5,750	1,043	18.1%	7,399	2,692	36.4%	Depreciation	34,349	34,500	151	0.4%	45,079	10,731	23.8%
							Overhead Allocations:							
1,386	1,671	285	17.1%	1,037	(349)	(33.7%)	Risk Management	8,813	10,023	1,210	12.1%	6,670	(2,143)	(32.1%)
15,743	19,047	3,304	17.3%	26,327	10,584	40.2%	Rev Cycle	83,245	114,285	31,040	27.2%	142,030	58,785	41.4%
256	1,021	765	74.9%	232	(24)	(10.3%)	Internal Audit	1,774	6,128	4,354	71.1%	1,244	(530)	(42.6%)
4,477	4,110	(367)	(8.9%)	2,775	(1,702)	(61.3%)	Home Office Facilities	22,000	24,657	2,657	10.8%	16,402	(5,598)	(34.1%)
6,603	6,462	(141)	(2.2%)	6,182	(421)	(6.8%)	Administration	42,001	38,773	(3,228)	(8.3%)	34,969	(7,032)	(20.1%)
11,213	14,588	3,375	23.1%	8,717	(2,496)	(28.6%)	Human Resources	63,442	87,530	24,088	27.5%	43,609	(19,833)	(45.5%)
2,861	4,326	1,465	33.9%	5,579	2,718	48.7%	Legal	15,230	25,956	10,726	41.3%	13,880	(1,350)	(9.7%)
533	650	117	18.0%	429	(104)	(24.2%)	Records	3,166	3,899	733	18.8%	2,580	(586)	(22.7%)
1,046	1,723	677	39.3%	891	(155)	(17.4%)	Compliance	6,309	10,338	4,029	39.0%	5,321	(988)	(18.6%)
-	-	-	-	1,266	1,266	-	Community Engagement	-	-	-	-	6,864	6,864	-
6,335	7,206	871	12.1%	10,383	4,048	39.0%	IT Operations	36,274	43,237	6,963	16.1%	70,994	34,720	48.9%
2,251	2,627	376	14.3%	1,300	(951)	(73.2%)	IT Security	15,846	15,759	(87)	(0.6%)	9,394	(6,452)	(68.7%)
4,318	5,180	862	16.6%	4,192	(126)	(3.0%)	Finance	22,505	31,078	8,573	27.6%	26,324	3,819	14.5%
2,433	2,642	209	7.9%	747	(1,686)	(225.7%)	Corporate Communications	10,966	15,855	4,889	30.8%	4,803	(6,163)	(128.3%)
1,586	740	(846)	(114.3%)	1,123	(463)	(41.2%)	Information Technology	9,441	4,440	(5,001)	(112.6%)	7,102	(2,339)	(32.9%)
27,438	37,034	9,596	25.9%	9,162	(18,276)	(199.5%)	IT Applications	172,627	222,203	49,576	22.3%	41,244	(131,383)	(318.6%)

Current Month							Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%
-	-	-	-	25,929	25,929	-	-	-	-	-	158,530	158,530	-
6,221	6,462	241	3.7%	-	(6,221)	-	26,812	38,773	11,961	30.8%	-	(26,812)	-
2,615	1,013	(1,602)	(158.1%)	1,685	(930)	(55.2%)	12,092	6,079	(6,013)	(98.9%)	9,599	(2,493)	(26.0%)
1,535	1,254	(281)	(22.4%)	962	(573)	(59.6%)	7,392	7,527	135	1.8%	6,233	(1,159)	(18.6%)
6,922	10,002	3,080	30.8%	8,175	1,253	15.3%	41,139	60,012	18,873	31.4%	48,011	6,872	14.3%
329	645	316	49.0%	-	(329)	-	2,107	3,873	1,766	45.6%	-	(2,107)	-
1,084	839	(245)	(29.2%)	-	(1,084)	-	5,599	5,032	(567)	(11.3%)	-	(5,599)	-
1,576	1,582	6	0.4%	-	(1,576)	-	14,174	9,494	(4,680)	(49.3%)	-	(14,174)	-
3,169	3,356	187	5.6%	-	(3,169)	-	18,527	20,137	1,610	8.0%	-	(18,527)	-
111,930	134,182	22,252	16.6%	117,092	5,162	4.4%	641,481	805,090	163,609	20.3%	655,802	14,321	2.2%
611,108	587,636	(23,471)	(4.0%)	473,368	(137,740)	(29.1%)	3,202,188	3,651,819	449,631	12.3%	2,787,037	(415,151)	(14.9%)
\$ 182,412	\$ (177,021)	\$ 359,433	(203.0%)	\$ (122,895)	\$ 305,307	(248.4%)	\$ (759,029)	\$ (1,389,051)	\$ 630,021	(45.4%)	\$ (648,560)	\$ (110,470)	17.0%
-	37,130	37,130	-	-	-	-	-	222,783	222,783	100.0%	-	-	-
\$ 138,752	\$ 725,000	\$ (586,248)	(80.9%)	-	\$ (138,752)	-	\$ 724,681	\$ 1,450,000	\$ (725,319)	(50.0%)	-	\$ (724,681)	-

d Expenses by Location (YTD)

	Belle Glade Behavioral Health	Delray Behavioral Health	Lantana Behavioral Health	Mangonia Park Behavioral Health	West Palm Beach Behavioral Health	Jupiter Behavioral Health	Lake Worth Behavioral Health	Lewis Center Behavioral Health	West Boca Behavioral Health	Total
Gross Patient Revenue	\$141	\$170	-	\$564,440	\$1,513	-	-	\$7,865	-	\$574,129
Contractual Allowances	1,575	-	(33)	46,525	617	-	-	134,032	-	182,716
Charity Care	607	110	33	94,644	479	19	-	8,331	-	104,223
Bad Debt	614	60	150	80,362	355	64	39	54,253	20	135,917
Total Contractual Allowances and Bad Debt	2,795	171	150	221,532	1,452	83	39	196,615	20	422,857
Other Patient Revenue	-	-	-	6,926	-	-	-	-	-	6,926
Net Patient Revenue	(2,654)	-	(150)	349,834	62	(83)	(39)	(188,751)	(20)	158,198
Collection %	(1,885.26%)	(0.23%)	-	61.98%	4.08%	-	-	(2,399.98%)	-	27.55%
Ad Valorem Taxes	-	-	-	-	-	-	-	-	-	-
Intergovernmental Revenue	-	-	-	-	-	-	-	-	-	-
Grant Funds	-	-	-	-	-	-	-	-	-	-
Interest Earnings	-	-	-	-	-	-	-	-	-	-
Unrealized Gain/(Loss) On Investments	-	-	-	-	-	-	-	-	-	-
Other Financial Assistance	-	-	-	-	-	-	-	-	-	-
Other Revenue	-	-	-	-	-	-	-	-	-	-
Total Other Revenues	-	-	-	-	-	-	-	-	-	-
Total Revenues	\$ (2,654)	-	\$ (150)	\$ 349,834	\$ 62	\$ (83)	\$ (39)	\$ (188,751)	\$ (20)	\$ 158,198
<i>Direct Operational Expenses:</i>										
Total Operating Expenses	-	-	-	-	-	-	-	-	-	-
Net Performance before Depreciation & Overhead Allocations	(2,654)	-	(150)	349,834	62	(83)	(39)	(188,751)	(20)	158,198
Depreciation	-	-	-	-	-	-	-	-	-	-
<i>Overhead Allocations:</i>										
Total Overhead Allocations	-	-	-	-	-	-	-	-	-	-
Total Expenses	-	-	-	-	-	-	-	-	-	-
Net Margin	\$ (2,654)	-	\$ (150)	\$ 349,834	\$ 62	\$ (83)	\$ (39)	\$ (188,751)	\$ (20)	\$ 158,198
Capital	-	-	-	-	-	-	-	-	-	-
General Fund Support/Transfer In	-	-	-	-	-	-	-	-	-	-

Current Month							Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%
\$ 97,246	-	\$ 97,246	-	-	\$ 97,246	-	\$ 574,129	-	\$ 574,129	-	-	\$ 574,129	-
(18,879)	-	(18,879)	-	-	(18,879)	-	182,716	-	182,716	-	-	182,716	-
13,146	-	13,146	-	-	13,146	-	104,223	-	104,223	-	-	104,223	-
26,958	-	26,958	-	-	26,958	-	135,917	-	135,917	-	-	135,917	-
21,225	-	21,225	-	-	21,225	-	422,857	-	422,857	-	-	422,857	-
1,154	-	1,154	-	-	1,154	-	6,926	-	6,926	-	-	6,926	-
77,175	-	77,175	-	-	77,175	-	158,198	-	158,198	-	-	158,198	-
79.36%	-						27.55%	-					
\$ 77,175	-	\$ 77,175	-	-	\$ 77,175	-	\$ 158,198	-	\$ 158,198	-	-	\$ 158,198	-
Direct Operating Expenses:													
-	-	-	-	-	-	-	-	-	-	-	-	-	-
\$ 77,175	-	\$ 77,175	-	-	\$ 77,175	-	\$ 158,198	-	\$ 158,198	-	-	\$ 158,198	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
\$ 77,175	-	\$ 77,175	-	-	\$ 77,175	-	\$ 158,198	-	\$ 158,198	-	-	\$ 158,198	-



District Clinic Holdings, Inc.

	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Current Year Total	Current YTD Budget	%Var to Budget	Prior Year Total
Clinic Visits - Adults and Pediatrics																
West Palm Beach	1,597	1,182	1,355	1,573	1,553	1,991							9,251	8,915	3.8%	7,817
Delray	832	663	857	741	795	943							4,831	3,185	51.7%	3,185
Lantana	2,017	1,613	1,604	1,778	1,840	2,089							10,941	9,718	12.6%	9,718
Belle Glade & Women's Health Care	920	775	839	905	852	963							5,254	4,164	26.2%	4,164
Lewis Center	57	22	44	11	64	57							255	2,316	(89.0%)	2,316
Lake Worth & Women's Health Care	1,408	1,009	1,126	1,116	1,142	1,298							7,099	7,180	(1.1%)	7,180
Jupiter & Women's Health Care	518	438	544	461	430	600							2,991	2,828	5.8%	2,828
West Boca & Women's Health Care	350	311	359	357	320	332							2,029	2,233	(9.1%)	2,233
St Ann Place	-	-	-	-	12	77							89	319	(72.1%)	264
Clb Mob 1 Warrior	-	-	-	-	-	-							-	108	(100.0%)	3,239
Clb Mob 2 Scout	-	-	-	-	-	-							-	-	#DIV/0!	2,738
Clb Mob 3 Hero	51	49	61	65	65	57							348	300	16.0%	4,990
Mangonia Park	923	844	956	862	757	949							5,291	1,240	326.7%	1,240
Total Clinic Visits	8,673	6,906	7,745	7,869	7,830	9,356	-	-	-	-	-	-	48,379	42,506	13.8%	51,912
Dental Visits																
West Palm Beach	1,101	824	977	1,209	1,060	1,298							6,469	4,723	37.0%	4,723
Lantana	769	529	653	753	780	935							4,419	5,376	(17.8%)	5,376
Delray	536	420	540	521	743	796							3,556	2,554	39.2%	2,554
Belle Glade	369	270	344	282	299	519							2,083	2,189	(4.8%)	2,189
Lake Worth	-	-	-	-	-	-							-	-	#DIV/0!	-
West Boca	-	-	-	-	-	-							-	-	#DIV/0!	-
Total Dental Visits	2,775	2,043	2,514	2,765	2,882	3,548	-	-	-	-	-	-	16,527	14,842	11.4%	14,842
Total Medical and Dental Visits	11,448	8,949	10,259	10,634	10,712	12,904	-	-	-	-	-	-	64,906	57,348	13.2%	66,754
Mental Health Counselors (non-billable)																
West Palm Beach	169	112	177	45	35	90							628	876	(28.3%)	876
Delray	158	127	140	141	135	164							865	802	7.9%	802
Lantana	80	131	192	158	138	160							859	805	6.7%	805
Belle Glade	148	58	16	-	13	-							235	498	(52.8%)	498
Mangonia Park	860	784	869	902	773	1,024							5,212	2,422	115.2%	2,422
Lewis Center	-	-	-	-	37	1							38	60	(36.7%)	5,222
Lake Worth	174	137	172	227	232	184							1,126	1,042	8.1%	1,042
Jupiter	-	-	37	44	58	-							139	-	#DIV/0!	-
St Ann Place	-	-	-	-	-	98							98	-	#DIV/0!	-
West Boca	-	-	-	-	20	48							68	98	(30.6%)	-
Mobile Van	-	-	-	-	-	-							-	-	#DIV/0!	-
Total Mental Health Screenings	1,589	1,349	1,603	1,517	1,441	1,769	-	-	-	-	-	-	9,268	6,603	40.4%	11,667
GRAND TOTAL	13,037	10,298	11,862	12,151	12,153	14,673	-	-	-	-	-	-	74,174			78,421

**DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
May 24, 2023**

1. Description: Election of Officers and Committee Appointments

2. Summary:

This agenda item presents the annual election of Officers and Committee Appointments.

3. Substantive Analysis:

The Clinic Bylaws require the Officers of the Board to be elected each year. This agenda item presents the current Officers of the Board as well as the current Committee Appointments. The Clinic Bylaws only permit someone to hold a specific officer position for two consecutive terms. Officers in their second term are not permitted to hold the same Officer Position for another term. However, they can hold other Officer Positions. This year's Election of Officers, the Board will need to elect a new Secretary and a new Treasurer. Committee appointments do not have limits on how long a Board Member can serve on a committee.

The current Officers of the Board are:

Chairperson

Melissa Tascone (First Term)

Vice-Chairperson

Michael Smith (First Term)

Secretary

Julia Bullard (Second Term)

Treasurer

Joe Gibbons (Second Term)

The current Committee Appointments are:

Finance Committee:

Michael Smith

Joseph Gibbons

Planning Committee:

All Board Members

Membership / Nominating Committee:

William Johnson

Joseph Gibbons

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
May 24, 2023

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:

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 Elect Officers and appoint Committee Membership/Designations.

Approved for Legal sufficiency:

DocuSigned by:

 0CF6F7DB6706434...

 Bernabe Icaza
 VP & General Counsel

DocuSigned by:

 3018FE78821440F...

 Alicia Ottmann, PA-C
 AVP, Executive Director FQHC
 & Pharmacy Services

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
May 24, 2023

1. Description: Executive Director Informational Update

2. Summary:

The Executive Director brings updates on growth-related efforts, including clinic expansion and budgets.

3. Substantive Analysis:

- **Jupiter Clinic Growth:** The Jupiter Community Health Center, physically co-located within the MyClinic building, is reaching maximum capacity and has a current lease set to expire/renew in 2025. Through a collaborative effort between MyClinic and DCH Inc., the C.L.Brumback Primary Care Clinic will gain additional exam rooms within the existing space, thus increasing capacity by 50%. A newly hired board-certified family medicine physician starts July 2023.
- **Delray Community Health Center Relocation:** Move-in efforts are underway and first patient-care day is on-track for Wednesday June 14th 2023.
- **Budgets:** The first round of FY 2024 budgets were completed and will be brought to the HCD Finance and Audit committee for discussion and analysis in June.

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

Candice Abbott
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

Committee Name

Date Approved

**DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
May 24, 2023**

6. Recommendation:

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

Approved for Legal sufficiency:

DocuSigned by:
Bernabe Icaza
0CF6F7DB6706434...

Bernabe Icaza
VP & General Counsel

DocuSigned by:
Alicia Ottmann
3018FE78821440F...

Alicia Ottmann, P.A.-C
AVP, Executive Director FQHC
& Pharmacy Services

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
May 24, 2023

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 Vice President, Chief Medical Officer.

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
Tucker	Chelsea	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.

Chelsea Tucker, PA joined the West Palm Beach Clinic in 2023 as a Physician Assistant. She attended Barry University and is certified as a Physician Assistant by National Commission on Certification of Physician Assistants.

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
May 24, 2023

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:

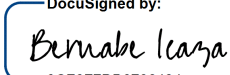
N/A

 Committee Name Date Approved

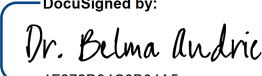
6. Recommendation:

Staff recommends the Board approve the Initial Credentialing and privileging of Chelsea Tucker, PA, Physician Assistant.

Approved for Legal sufficiency:

DocuSigned by:


 Bernabe Icaza
 VP & General Counsel

DocuSigned by:


 Belma Andric, MD
 VP & Chief Medical Officer

DocuSigned by:


 Alicia Ottmann, PA-C
 AVP, Executive Director FQHC
 & Pharmacy Services

**DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
May 24, 2023**

1. Description: Quality Report

2. Summary:

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

- Quality Council Meeting Minutes May 2023
- UDS Report – YTD
- Provider Productivity – April 2023

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 separate agenda item.

QUALITY ASSURANCE & IMPROVEMENT

Cervical Cancer Screening Initiative: We have selected cervical cancer screening as a priority quality measure performance goal for our organization for this fiscal year. As such, we have included it as a part of our Medical Provider Incentive Plan, This incentive plan was rolled out in April 2023, with the stipulation that the organization, as a whole, needs to meet the quality goal. Additionally, we have created a new report for our cervical cancer screening rates which provides provider specific details. The reports will be shared and reviewed monthly with the providers so we can provide feedback to individual providers on where they are in meeting the measure and how they can improve.

UTILIZATION OF HEALTH CENTER SERVICES

Individual monthly provider productivity stratified by clinic.

**DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
May 24, 2023**

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

Candice Abbott
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

Committee Name

Date Approved

6. Recommendation:

Staff recommends that the Board approve the Quality Report.

Approved for Legal sufficiency:

DocuSigned by:
Bernabe Icaza
0CF6F7DB6706434...

Bernabe Icaza
VP & General Counsel

DocuSigned by:
Dr. Belma Andric
1F272D34C8B04A5...

Belma Andric, MD
VP & Chief Medical Officer

DocuSigned by:
Alicia Ottmann
3018FE78821440F...

Alicia Ottmann, PA-C
AVP, Executive Director FQHC
& Pharmacy Services



Quality Council Meeting Minutes

Date: May 5, 2023

Time: 2:00PM – 4:30PM

Attendees: Andrea Steele – AVP of Corporate Quality; Alicia Ottmann – AVP & Executive Director of FQHC & Pharmacy Services; Maria Chamberlin – Assistant Director of Nursing; Shauniel Brown – Senior Risk Manager; Dr. Sandra Warren – Associate Medical Director; David Speciale – Patient Experience Director; Marisol Miranda – Director of Clinic Operations; Carolina Foksinski- Operations Process Manager; Jokebed Laurore- Nurse Educator; Nancy Gonzalez – Dental Program Director; Erik Lalani – Dental Operations Manager; Dr. Ana Ferwerda – Director of Clinic EHR Optimization & Women’s Health
Excused: Alexa Goodwin – Patient Relations Manager; Lisa Hogans – Director of Nursing; Ivonne Cohen- Corporate Quality Reporting Analyst,
Minutes by: Nicole Glasford – Executive Assistant

<u>AGENDA ITEM</u>	<u>DISCUSSION / RECOMMENDATIONS</u>	<u>ACTION ITEMS (AI)</u>	<u>RESPONSIBLE PARTY</u>	<u>DATE</u>
PATIENT SAFETY & ADVERSE EVENTS				
OCCURENCES	<p><u>Report Summary</u></p> <p>The April 2023 Risk Management (Incident Reports) Tableau dashboard, showed a total of 31 reported events. 31 incidents and <u>1</u> good catch. Our highest reported location was Delray (6), Lantana (4) and Medical Clinic Admin (4).</p> <p><u>Trends by Clinic: Incidents</u></p> <ol style="list-style-type: none"> 1. Belle Glade Dental – 1 2. Belle Glade Medical- 2 3. Delray Dental- 1 4. Delray Medcial-6 5. Jupiter- 1 6. Lake Worth Medical- 3 7. Lantana Medical- 4 8. Mangonia- 2 9. Medical Clinic Administration- 4 	<p>Risk Management Trend- change appearance of Near Misses from parentheses to a line pointing from it</p> <p>Update “Good Catch” phrase anywhere to Near Miss</p>	<p>Shauniel & Grace</p> <p>Shauniel</p>	



	10. West Boca- 1 11. West Palm Beach Dental- 1 12. West Palm Beach Medical -2 (April Risk Report Summary presented with graphs.)																																																																										
UTILIZATION																																																																											
OPERATIONS	<p>Productivity The Clinics continue to see an increase in overall total billable visits since the start of the pandemic:</p> <table border="1" data-bbox="401 602 1089 1232"> <thead> <tr> <th colspan="6">Productivity April 2023</th> </tr> <tr> <th rowspan="2">Service Line</th> <th colspan="2">Target</th> <th colspan="2">Seen</th> <th rowspan="2">% of Goal</th> </tr> <tr> <th>In Person</th> <th>Tele</th> <th>In Person</th> <th>Tele</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Adult Care</td> <td>6698</td> <td></td> <td>4865</td> <td></td> <td>73%</td> </tr> <tr> <td>Pediatrics</td> <td>1720</td> <td></td> <td>1619</td> <td></td> <td>94%</td> </tr> <tr> <td>Women's Health</td> <td>850</td> <td></td> <td>634</td> <td></td> <td>75%</td> </tr> <tr> <td>Behavioral Health</td> <td>535</td> <td></td> <td>523</td> <td></td> <td>98%</td> </tr> <tr> <td>Substance Abuse</td> <td>1034</td> <td></td> <td>1000</td> <td></td> <td>97%</td> </tr> <tr> <td>Dental</td> <td>2353</td> <td></td> <td>2256</td> <td></td> <td>96%</td> </tr> <tr> <td>Dental Hygiene</td> <td>1168</td> <td></td> <td>1139</td> <td></td> <td>98%</td> </tr> <tr> <td>Residents</td> <td>759</td> <td></td> <td>508</td> <td></td> <td>67%</td> </tr> <tr> <td>Total</td> <td>15,117</td> <td></td> <td>12,544</td> <td></td> <td>83%</td> </tr> </tbody> </table> <p>(Clinic productivity report with graphs were presented.)</p> <p>Walk-ins Medical</p> <ul style="list-style-type: none"> Scheduled: 7,439 	Productivity April 2023						Service Line	Target		Seen		% of Goal	In Person	Tele	In Person	Tele	Total	Adult Care	6698		4865		73%	Pediatrics	1720		1619		94%	Women's Health	850		634		75%	Behavioral Health	535		523		98%	Substance Abuse	1034		1000		97%	Dental	2353		2256		96%	Dental Hygiene	1168		1139		98%	Residents	759		508		67%	Total	15,117		12,544		83%	include No Show Appointment Analysis and No Show Nurses Visits dashboards in Tableau and include section of no show for established versus new	Marisol	
Productivity April 2023																																																																											
Service Line	Target		Seen		% of Goal																																																																						
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Residents	759		508		67%																																																																						
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	<ul style="list-style-type: none"> • Walk-Ins: 1,708 <p>Dental:</p> <ul style="list-style-type: none"> • Scheduled: 2,958 • Walk-Ins: 435 			
	<p><u>No Show Rates</u> No Show rates are trending downward and are at a rate of 16.2%; down from 16.7% from previous month. (Report with graph presented.)</p>			
PATIENT RELATIONS				
<p>GRIEVANCES, COMPLAINTS & COMPLIMENTS</p>	<p><u>Patient Relations Dashboard</u> For March 2023, there were a total of 14 Patient Relations Occurrences that occurred between 6 Clinics and Clinic Administration. Of the 14 occurrences, there was 3 Grievances and 11 Complaints. The top 5 categories were Communication, Respect Related, Finance, Referral and Nursing Related issues. The top subcategory was Poor Communication with 5 occurrences. There was also a total of 20 compliments received across 6 Clinics and Clinic Administration. Of the 20 compliments, 16 were patient compliments and 4 were an employee to employee “Thumbs-Up” compliment. Breakdown of each clinic presented. <i>(Patient Relations Report & Patient Relations Dashboard with Graphs presented.)</i></p>			



<p>SURVEY RESULTS</p>	<p><u>Patient Satisfaction Survey – April 2023</u></p> <p>For April 2023 there were 389 Patient Satisfaction Surveys completed which is a 9% increase from the previous month. For this reporting period a new telemedicine survey was launched to capture the patient experience during a telemedicine visit. Of the 389 surveys, there were 377 surveys (97%) received for in person clinic visits, and 12 (3%) surveys received from telemedicine appointment. The top 5 and lowest 5 scored-questions were presented for each area. For in person visits, promoter scores increased to 83% and detractors decreased to 5%. For telemedicine visits, promoter scores were 98% and detractors were at 0%. Patient comments reported by clinic, service line, and provider.</p> <p>“Best Questions” for in person visits – April 2023:</p> <ul style="list-style-type: none"> • Care and concern of our nurses/medical assistants - 90% (increased from 89%) • Things explained in a way you could understand – 89% (increased from 86%) • Time taken to listen and answer your questions – 89% • Our practice – 89% • Quality of Medical Care – 88% (increased from 86%) <p>“Worst Questions” for in person visits – April 2023:</p> <ul style="list-style-type: none"> • Waiting time in the reception area – 13% (decreased from 16%) • Waiting time in the exam room – 12% (decreased from 13%) 	<p>look into possibly expanding csc staff operating hours based on call volume.</p> <p>run report for how many dipstick urine and pregnancy tests were done</p>	<p>David</p> <p>Andrea & Ivonne</p>	
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	<ul style="list-style-type: none"> Your ability to contact us after hours - 11% (decreased from 20%) Being informed about any delays during this visit – 11% (decreased from 15%) Your phone calls were answered promptly – 10% (decreased from 14%) <p>NOTE: “Appointment available within a reasonable amount of time” was not a top detractor.</p> <p>(Patient Satisfaction Survey PowerPoint presented.)</p>			
<p>OUTBOUND CALL CAMPAIGNS</p>	<p><u>Provider Reschedules:</u> In April 2023, The Clinic Service Center contacted 2156 patients to reschedule their appointment. This was due to the Template Update in the WPB Clinic, including PTO, and the provider being unavailable. This was a 524.93% increase from the previous month when we rescheduled 345 patients.</p> <p><u>After Hours Call Return Summary Report</u> In April 2023, the Clinic Service Center returned 225 calls received from the Afterhours service. This was a 28% increase from the previous month. After hours calls by Type, by Clinic, and by Department presented. Of the 225 after hours calls received 41 (18%) of the calls were paged out to the on-call provider for a clinical issue. All clinical issues were paged out. The majority of after-hours calls were for appointment requests, followed by clinical issues. Trends over time reported.</p>			



	<p>“Physician’s First” is the contracted service that handles all clinic after hours calls. An analysis was completed on after hour call volume for April of 2023. Results indicated that the heaviest times for afterhours calls were as follows:</p> <ul style="list-style-type: none"> • Weekdays: at the 7am and 5pm hours • Weekends: between 9am and 1pm • Heaviest call times occur at 7am and 5pm hours. <p><i>(Outbound Campaign PowerPoint presented.)</i></p>			
<p>NEXT THIRD AVAILABLE</p>	<p><u>Next Third Available</u> The Next Third Available (NTA) report as of April 30th, 2023 was presented by service line for each Clinic location. The report excludes “same day” appointment slots. Monthly data and Trends over time data presented for each clinic and service line. Report data revised to reflect <u>average number of days</u> for each provider per month. Covering providers reported but excluded from true next third available. Clinic comparison charts presented with a confidence interval of 75%. April 2023 data - average # of days (trend from previous month): <u>Women’s Health:</u></p> <ul style="list-style-type: none"> • Belle Glade: 8 days (decreased) • Jupiter: 3 days (baseline) • Lake Worth: between 1 and 12 days (increased) <p><u>Belle Glade PCC:</u></p> <ul style="list-style-type: none"> • Providers: between 4 and 17 days (decreased) • Residents: between 2 and 28 days (decreased) 			



<p><u>Boca PCC:</u> Between 1 and 2 days (decreased) <u>Delray Beach PCC:</u> Between 1 and 15 days (decreased) <u>Jupiter PCC:</u> Between 2 and 5 days (increased) <u>Lake Worth PCC:</u> Between 0 and 1 day (decreased) <u>Lantana PCC:</u></p> <ul style="list-style-type: none"> • Adults: Between 6 and 25 days (decreased) • Peds: Between 3 and 9 days (decreased) <p><u>Mangonia Park PCC:</u> Between 1 and 3 days (decreased) <u>WPB PCC:</u></p> <ul style="list-style-type: none"> • Adults: Between 0 and 24 days (decreased) • Peds: 4 days (decreased) <p><u>Behavioral Health:</u></p> <ul style="list-style-type: none"> • Mangonia Park: Between 0 and 1 days (same) • Other Locations: Between 0 and 2 days (decrease) <p><u>Dental New Adult (Comps):</u></p> <ul style="list-style-type: none"> • BG: 6 days (decrease) • DB: 43 days (increase) • WPB: 28 days (increase) <p><u>Dental New Peds (Comps):</u></p> <ul style="list-style-type: none"> • BG: 1 day (increase) • LAN: Between 16 and 41 days (decrease) • WPB: 23 days (decrease) <p><u>Dental Procedures:</u></p> <ul style="list-style-type: none"> • BG: 0 days (decrease) • DB: 0 days (decrease) • LAN: 2 days (increase) • WPB: Between 0 and 3 days (decrease) <p><u>Hygiene:</u></p> <ul style="list-style-type: none"> • BG: 0 days wait 			
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	<ul style="list-style-type: none"> • DB: Between 112 days (increase) • LAN: Zero (0) days (same) • WPB: Zero (0) days (same) <p><i>(Third Next Available PowerPoint presented.)</i></p>			
QUALITY				
QUALITY AUDITS				
MEDICAL	<p>Hemoglobin A1C/Point of Care Testing</p> <p>Shows: The diabetes measure data for May 2023 shows that our patients are currently controlled at <u>67</u> % while 23% are uncontrolled (of 2492 diabetic patients total) and 9% of patients need data. HRSA goal is to have 67% of patients with controlled diabetes. There were 1977 POC A1Cs done (79% of Diabetic Patients). The majority of controlled patients (88%) and uncontrolled patients (85%) had the A1c done at POC vs. lab. The West Palm Beach Clinic (88%, Boca Clinic (82%) Belle Glade Clinic (82%) and Lantana Clinic (80%) have the highest percentage of A1c use among the clinics in as March 2023.</p>	HPV QI total- add scale on HPV QI total graphs	Andrea & Ivonne	
	<p><u>Colorectal Cancer Screening March, 2023</u></p> <p>Satisfied: 1421 (29%) Needs Data: 3450 (71%)</p>			
	<p><u>FIT Test March, 2023</u></p> <p>Among patients with the colorectal cancer screening due the screening was ordered in 78% of the patients and 22% of the patient did not have and order. The rate of completion persists low. Our highest return rates were at</p>			



	<p>Boca Clinic (41%), Belle Glade Clinic (34%), and Lantana (33%).</p> <p>Belle Glade Clinic is leading the completion of Point of Care FIT Tests.</p> <p>(Report with graph presented.)</p>			
	<p><u>Cervical Cancer Screening March, 2023</u> Satisfied: 3444 (60%) Needs Data: 2320 (40%)</p>			
	<p><u>Breast Cancer Screening March, 2023</u> Satisfied screenings – 1359 (52%) Unsatisfied Screenings – 1277 (48%)</p> <ul style="list-style-type: none"> • Not Met with order –997 (38%) • Not Met (Patient Missed) – 280 (11%) 			
DENTAL	<p><u>Dental Sealants</u></p> <p>January – December 2023: 95% (187; n=196)</p> <p>April 2023: 98% (81; n= 83)</p>			
	<p><u>Limited Exams</u></p> <p>April 2023: 368 -Same Day Extractions: 192 (52% n=368)</p>			



<p>-Antibiotics Given: Patients without a future extraction appointment type 92 (25% n=368) -Ext. not needed(non-emergent): 50 (14%n=368) -Returns (Follow-Up): Patients with a future extraction appointment type 34 (9% n=368) -Returned within 21 days for ext.: 27 (79% n=34)</p>			
<p><u>MDI/WHO</u> April 2023 <u>Total Well Visit Pediatric Patients 207</u> - Excluded from MDI KPI 93 (45%; n=207) - Eligible MDI 114 (55%; n=207) <u>Total Pediatrician KPI Patients (Pts who do not have a dental home): 114</u> - No MDI 28 (25% n=114) - MDI 86 (75% n=114) <u>Total of patients who had MDI visit: 86</u> - Declined WHO 50 (58% n=86) - Interested in WHO 37 (42% n=86) <u>Total Dentist KPI Patients (Pts. Interested in WHO): 37</u> - WHO not seen by Dentists 7 (19%; n=37) WHO seen by Dentists 30 (81%; n=37)</p>			
<p>Dental Clinic Audit Summary</p>			



	<table border="1"> <tr> <td colspan="2">Dental Clinic Audit - February 2023</td> </tr> <tr> <td>Belle Glade</td> <td>95%</td> </tr> <tr> <td>Lantana</td> <td>97%</td> </tr> <tr> <td>West Palm Beach</td> <td>97%</td> </tr> </table>	Dental Clinic Audit - February 2023		Belle Glade	95%	Lantana	97%	West Palm Beach	97%			
Dental Clinic Audit - February 2023												
Belle Glade	95%											
Lantana	97%											
West Palm Beach	97%											
<p>NURSING</p>	<p><u>Higher Level of Care</u> Higher Level of Care March 100 ER referrals/97 patients were sent to the ER in March. The breakdown of the referrals is:</p> <ul style="list-style-type: none"> • WH- 13 (13%) • Peds- 17 (17%) • Adult- 59 (59 %) • Urgent Care/ER**- 2 (2%) • Life Trans to LMC- 2 (2%) • Adult Crisis- 6 (6%) • Peds Crisis-1 (1%) <p>**Urgent Care was discontinued previous months. Why is it being ordered again since February?</p> <p>There were 3 patients with multiple orders in March</p> <ol style="list-style-type: none"> 1. Delray patient was referred to Life Trans and a referral ordered for that as well as AMB referral to emergency medicine. Provider needs to be made aware that only the Life Trans referral is needed. 											



<p>2. Pediatric patient was referred on 3/21 for respiratory distress and referred back during follow up visit on 3/24 for tachypnea/respiratory distress.</p> <p>3. Adult patient with depression who received a referral for AMB referral to emergency medicine and psych-outpatient behavioral health. The adult crisis referral should have been dropped.</p> <p>PEDS REFERRALS- highest producer was Dr. Clarke- having 10 (59%); Dr. Marzouca, Dr. Normil Smith and Dr. Lazaro each with 2 (12% each); Dr. Dessalines with 1 (6%)</p> <p>The incorrect referral type was used by Dr. Clarke for 2 of her 10 pediatric referrals. (AMB Pediatric Emergency Medicine referral should be used). The preference list was updated and providers are potentially searching for the incorrect referral type.</p> <p>ADULT REFERRALS- highest producers this month were Dr. Castiglia and Dr. Harberger with 6 each (10% each).</p>			
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	<p>The incorrect referral type was used by Maria Lara, Milhenka Auguste, Dr. Harberger, Dr. Castiglia, Althea Wilmot, Carline St. Vil, Kevin Nyabera, Ketely Philistin, Dr. Puentes, Heden Presendieu. (AMB referral to Emergency Medicine should be used) We had removed the incorrect referral types from the preference list but providers may potentially be searching for them.</p> <p>WH REFERRALS- BG clinic-1; LKW clinic- 8; WPB clinic- 1 (in potentially in error. No WH there); Jupiter clinic- 3</p>			
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QUALITY METRICS

UDS YTD 2023

Of the 16 UDS Measures: 9 Exceeded the HRSA Goal and 8 were short of the HRSA Goal (*Clinic Score/ HRSA Goal / Healthy People Goal*)

Medical UDS Report	Adult Weight screening and follow up: (<u>93</u> % / 90%)			
	Breast Cancer Screening: (<u>52</u> %/60%)			
	Cervical Cancer Screening: (<u>60</u> %/65%)			
	Childhood immunization: (<u>48</u> %/ 60%)			
	Colorectal Cancer Screening: (<u>30</u> % / 82%)			
	Coronary Artery Disease CAD: (<u>85</u> % / 81%)			
	Dental Sealants: (<u>95</u> % / 75%)			
	Depression Remission: (<u>24</u> % / 14%)			
	Diabetes: (<u>71</u> % / 67%)			
HIV Screening: (<u>51</u> % / 32%)				



Hypertension: (_70_ % / 80%)			
<i>Ischemic Vascular Disease (IVD): (_75_ % / 86%</i>			
Depression screening: (_92_ % / 83%)			
Depression screening (Homeless): (_88_ % / 83%)			
Tobacco use screening & cessation: (_74_ % / 93%			
Weight assessment, Children & Adolescent: (_81_ % / 90%)			
Meeting Adjourned: 4:25PM			



UDS PROVIDER LEVEL QUALITY MEASURES 2023

NATIONAL QUALITY LEADER METRICS

Load Date
5/8/2023

Filters

HEART HEALTH

Universe

■ MET
 ■ Not Met
 ◆ HRSA Goal
 🇺🇸 National Average
 🇺🇸 State Average

Coronary Artery Disease (CAD): Lipid Thera..	3,619	85%	◆ 81%
Hypertension	5,456	69%	◆ 80%
Ischemic Vascular Disease (IVD)	708	75%	◆ 86%
Tobacco use Screening and Cessation Inter..	1,295	75%	◆ 93%

DIABETES

Adult Weight Screening and Follow Up	13,542	93%	◆ 90%
Diabetes: (HbA1c > 9%)	2,673	71%	◆ 67%
Diabetes: (HbA1c > 9%) Migrant	216	74%	◆ 67%

BEHAVIORAL HEALTH

Depression Remission	584	24%	◆ 1%
Patients Screened for Depression and Follo..	9,469	92%	◆ 83%
Pts Screened for Depression and F/U (Hom..	2,648	89%	◆ 83%

CHILDHOOD MEASURES

Childhood Immunization	369	49%	◆ 60%
Dental Sealants	205	95%	◆ 75%
Weight Screening and Counseling for childr..	2,534	82%	◆ 90%

HIV PREVENTION AND CARE

HIV Screening	13,453	51%	◆ 32%
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CANCER PREVENTION

Breast Cancer Screening	3,078	53%	◆ 60%
Cervical Cancer Screening	7,052	61%	◆ 65%
Colorectal Cancer Screening	7,038	31%	◆ 82%



PRODUCTIVITY REPORT APRIL 2023

ALL PROVIDERS

AS 04/30/2023 Based on Completed Appointments

<51% >=51% and < 80% >= 80% and <100% >=100%

ADULT CARE						
Provider	Daily Target	Days Worked	Target for the Month	% Monthly Target Achieved		Daily Average
			Total	Total	Total	
ALFONSO PUENTES, RAMIRO, MD	18	20.5	369	321	87%	15.7
ASHLEY, DIANE, PA	18	10.0	32	32	100%	3.2
BUI, THY, DO	20	17.0	339	198	58%	11.6
CASTIGLIA, SARAH, MD	18	18.5	333	203	61%	11.0
DABU, DARNEL, MD	18 when no precepting	5.5	40	33	83%	6.0
DONNELL, MASON, PA	18	19.5	351	200	57%	10.3
DORCE-MEDARD, JENNIFER, MD	18	1.5	24	18	75%	12.0
FERNANDEZ SANCHEZ, MARCO, NP	20	18.0	360	286	79%	15.9
FIDLER, LISA, APRN	18	18.5	333	168	50%	9.1
FLOREZ, GLORIA, MD	18	18.5	333	262	79%	14.2
HARBERGER, SENECA, MD	18	13.5	243	141	58%	10.4
JEAN-JACQUES, FERNIQUE, NP	18	15.5	279	237	85%	15.3
KOOPMAN, REBECCA SUE, PA	20	17.0	340	271	80%	15.9
LAM, MINH DAI, NP	18	21.0	378	348	92%	16.6
LANGLEY, TAMARA, NP	18	14.5	261	177	68%	12.2
LARA SUAREZ, MARIA, NP	18	19.0	342	246	72%	12.9
NAVARRO, ELSY, NP	18	18.0	324	270	83%	15.0
NOUKELAK, GERMAINE, MD	18	20.5	369	278	75%	13.6
PEREZ, DANIEL JESUS, MD	18 when no precepting	5.5	54	45	83%	8.2
PHILISTIN, KETELY, NP	18	20.5	369	260	70%	12.7
PIERRE LOUIS, JOANN, NP	18	16.5	297	214	72%	13.0
TAHERI, NERGESS, DO	18 when no precepting	4.0	55	53	96%	13.3
ST. VIL, CARLINE, NP	18	16.5	297	211	71%	12.8
STANEK, EWELINA, PA	18	15.0	270	176	65%	11.7
WARREN, SANDRA, MD	18	11.0	198	140	71%	12.7
WILMOT, ALTHEA, NP	18 / 6 Mobile, St Ann, Lewis	18.0	108	77	71%	4.3
ADULT CARE TOTALS		393.5	6,698	4,865	73%	

*** Avg Target Precepting

RESIDENCY PROGRAM						
PY1	8	19.5	150	131	87%	6.7
PY2	12	12.0	139	94	68%	7.8
PY3	16	29.5	470	283	60%	9.6
RESIDENTS TOTAL		61.0	759	508	67%	

PEDIATRIC CARE						
CLARKE-AARON, NOELLA, MD	20	18.5	370	322	87%	17.4
DESSALINES, DUCLOS, MD	20	13.5	270	249	92%	18.4
LAZARO RIVERA, NANCY, MD	20	15.5	310	323	104%	20.8
MARZOUCA, KISHA F., MD	20	19.5	390	353	91%	18.1
NORMIL-SMITH, SHERLOUNE, MD	20	19.0	380	372	98%	19.6
PEDIATRIC CARE TOTALS		86	1,720	1,619	94%	

WOMEN'S HEALTH CARE						
FERWERDA, ANA, MD	18	10.5	193	151	78%	14.4
FINLEY, NICOLE, NP	18	17.5	315	239	76%	13.7
PROPHETE, JOYCE, MD	18	19.0	342	244	71%	12.8
WOMEN'S HEALTH CARE TOTALS		47	850	634	75%	

BEHAVIORAL HEALTH INTEGRATION						
CALDERON, NYLSA, LMHC	10	16.5	165	159	96%	9.6
BROWN, JEREMY, LCSW	10	19.5	195	180	92%	9.2
JONES, KIARA, LCSW	10	17.5	175	184	105%	10.5
BH INTEGRATION TOTALS		53.5	535	523	98%	

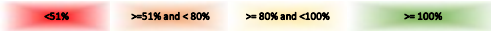
BEHAVIORAL HEALTH ADDICTION						
PETER, AMANDA, NP	12	19.5	234	179	76%	9.2
BURROWES, SHARON, NP	12	15.0	180	104	58%	6.9
SILVER, DAWN, PhD	10	10.0	87	87	100%	8.7
HIRSCH, KAREN, LCSW	6.0	17.5	105	109	104%	6.2
MILETA, SNJEZANA, LMHC	10	14.0	140	195	139%	13.9
MITCHELL, ANGELA, LCSW	10/7	12.0	93	89	96%	7.4
REXACH, CLAUDIA, LMHC	10	19.5	195	237	122%	12.2
BH ADDICTION TOTALS		107.5	1034	1,000	97%	

DENTAL						
ABREU, MARIANA, DDS	16	19.5	312	285	91%	14.6
ALI, BUSHRA, DMD	16	17.0	272	260	96%	15.3
ALWEHAIB, ARWA, DDS	16	20.5	328	373	114%	18.2
BOWEN, BEVERLY, DMD	16	19.0	304	261	86%	13.7
CAMPBELL, LISA, DDS	16	6.0	49	40	82%	6.7
SEMINARIO, ADA, DDS	16	13.0	208	180	87%	13.8
SOFIANOS, MICHAEL, DMD	16	19.0	304	343	113%	18.1
WILLIAMS, RICHARD, DMD	16	17.5	280	233	83%	13.3
ZANGENEH, YASMINE, DMD	16	18.5	296	281	95%	15.2
DENTAL TOTALS		150.0	2,353	2,256	96%	

DENTAL HYGIENE						
MOZER NASCIMENTO, ARIANNE MILE	8	19.5	156	165	106%	8.5
FEOLA, LEYDA	8	19.5	156	154	99%	7.9
MASON, SHERRY	8	16.5	132	119	90%	7.2
HARDCASTLE, CORINA	8	18.5	148	138	93%	7.5
DUCHARME, RHONDA	8 / 16 MDI	16.5	264	264	100%	16.0
PETERSEN, PATRICE	8 / 16 MDI	19.5	312	299	96%	15.3
DENTAL HYGIENE TOTALS		110.0	1168	1,139	98%	

GRAND TOTAL		1008.5	15,117	12,544	83%	
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PRODUCTIVITY REPORT APRIL 2023

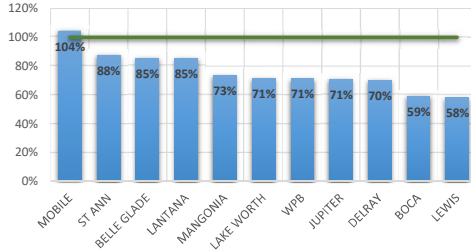


ALL CLINICS

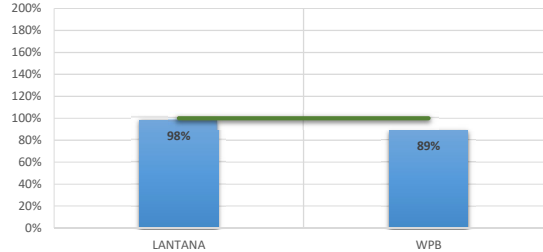
AS 04/30/2023 Based on Completed Appointments

Category	Target for the Month			Total for the Month Seen			% Monthly Target Achieved
	AM	PM	Total	AM	PM	Total	
AS 04/30/2023							
ADULT CARE	3,525	3,173	6,698	3,122	1,743	4,865	73%
PEDIATRIC CARE	880	840	1,720	1,040	579	1,619	94%
WOMEN'S HEALTH CARE	463	387	850	432	202	634	75%
BH INTEGRATION	276	259	535	270	253	523	98%
BH ADDICTION	531	504	1,034	646	354	1,000	97%
DENTAL HEALTH	1,227	1,127	2,353	1,480	776	2,256	96%
DENTAL HYGIENE	600	568	1,168	468	671	1,139	98%
RESIDENCY PROGRAM	422	337	759	343	165	508	67%
Grand Total	7,923	7,194	15,117	7,801	4,743	12,544	83%

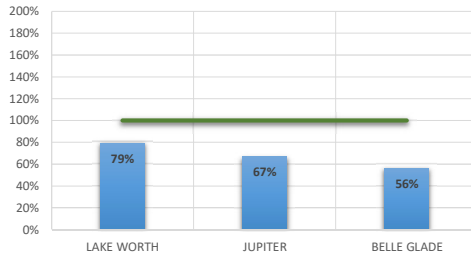
Adult Care



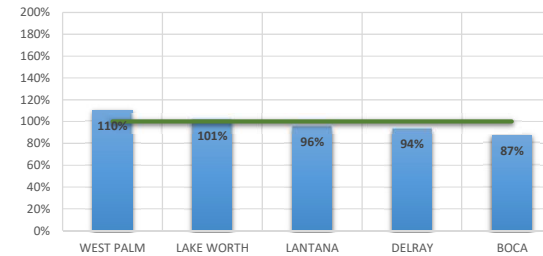
Pediatric Care



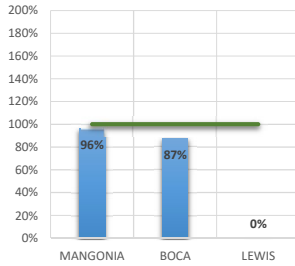
Women's Health Care



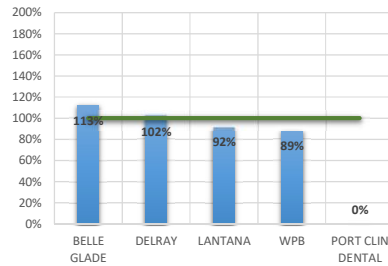
BH Integration



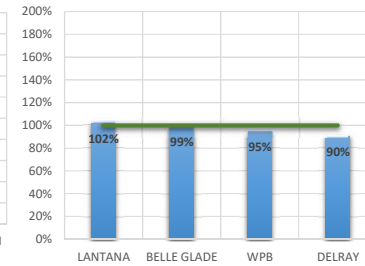
BH Addiction



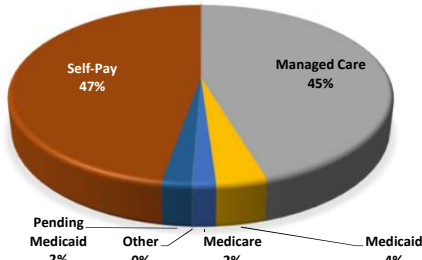
Dental



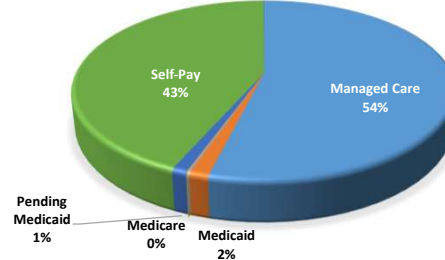
Dental Hygiene



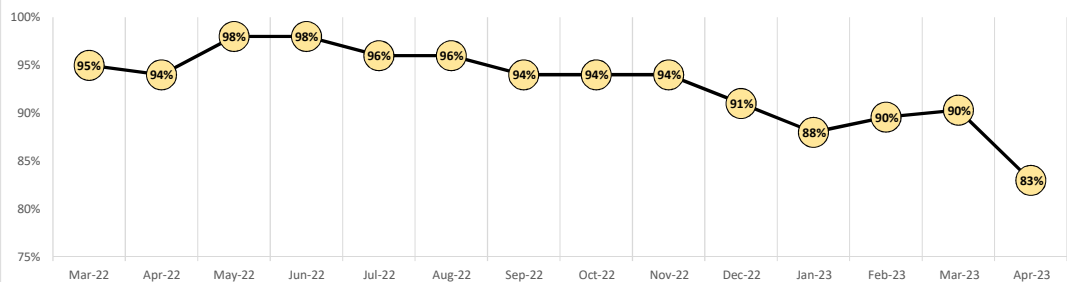
MEDICAL PAYER MIX



DENTAL PAYER MIX



Productivity over a year



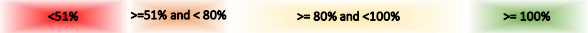
ADULT CARE	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23
ALFONSO PUENTES, RAMIRO, MD	94%	90%	92%	92%	94%	82%	88%	88%	85%	102%	85%	87%
	282/301	316/350	263/287	324/352	198/210	288/352	249/283	212/240	225/264	90/88	261/308	321/369
ASHLEY, DIANE, PA												100%
												32/32
BUI, THY, DO			105%	104%	86%	87%	94%	96%	106%	78%	83%	58%
			77/73	400/386	288/334	328/377	223/237	344/359	155/146	248/316	328/393	198/339
CASTIGLIA, SARAH, MD			100%	56%	63%	45%	60%	50%	46%	47%	65%	61%
			30/30	113/201	194/309	115/255	165/274	164/330	144/316	153/325	226/350	203/333
DABU, DARNEL, MD	102%	97%	93%	95%	78%	64%	100%	92%	80%	71%	94%	83%
	347/341	232/238	300/323	341/359	149/190	130/204	62/62	41/45	29/36	21/29	30/32	33/40
DONNELL, MASON, PA						100%	100%	100%	79%	86%	59%	57%
						19/19	109/109	132/132	233/294	241/279	146/249	200/351
DORCE-MEDARD, JENNIFER, MD	133%	83%	100%	106%	44%	120%				78%	94%	75%
	12/9	15/18	67/67	19/18	4/9	12/10				7/9	17/18	18/24
FERNANDEZ SANCHEZ, MARCO, NP	95%	111%	109%	117%	104%	91%	90%	96%	100%	94%	98%	79%
	300/317	378/340	263/242	392/334	196/189	296/325	150/135	282/294	143/143	241/257	229/234	286/360
FIDLER, LISA, APRN									100%	100%	69%	50%
									15/15	135/135	214/309	168/333
FLOREZ, GLORIA, MD	90%	94%	93%	91%	106%	86%	66%	82%	86%	87%	86%	79%
	290/323	295/315	158/170	318/350	227/213	264/306	189/124	167/204	265/308	252/289	310/359	262/333
HARBERGER, SENECA, MD	100%	95%	83%	92%	90%	86%	70%	100%	76%	59%	76%	58%
	75/75	38/40	196/236	282/308	199/221	177/206	247/172	154/154	234/309	152/258	209/274	141/243
JEAN-JACQUES, FERNIQUE, NP	102%	105%	101%	102%	95%	98%	95%	97%	95%	95%	90%	85%
	253/249	317/301	305/301	355/349	102/107	319/325	135/150	234/242	286/302	244/257	314/349	237/279
KOOPMAN, REBECCA SUE, PA	99%	111%	112%	105%	124%	108%	130%	98%	123%	103%	108%	80%
	306/308	318/286	312/278	264/251	326/262	261/242	348/267	238/242	391/318	296/287	375/347	271/340
LAM, MINH DAI, NP	107%	113%	115%	111%	100%	100%	97%	107%	108%	107%	104%	92%
	292/272	308/272	252/220	197/177	237/236	325/326	243/250	307/288	154/143	267/250	260/250	348/378
LANGLEY, TAMARA, NP			100%	88%	99%	75%	85%	89%	89%	69%	73%	68%
			7/7	99/112	201/204	207/275	206/242	276/309	236/264	151/219	247/339	177/261
LARA SUAREZ, MARIA, NP					100%	98%	68%	78%	88%	75%	75%	72%
					16/16	141/144	163/240	242/189	189/166	215/287	250/332	246/342
NAVARRO, ELSY, NP	99%	101%	99%	94%	99%	91%	90%	96%	90%	99%	91%	83%
	283/287	160/159	275/279	203/215	273/275	275/302	219/242	240/251	204/227	263/266	304/335	270/324
NOUKELAK, GERMAINE, MD					103%	87%	74%	73%	77%	92%	84%	75%
					199/194	280/320	198/266	126/172	252/325	306/334	311/368	278/369
PEREZ, DANIEL JESUS, MD	86%	100%	91%	100%	98%	94%	102%	90%	78%	80%	79%	83%
	195/228	254/254	180/198	131/131	100/102	119/126	42/41	33/37	34/43	26/33	34/43	45/54

ADULT CARE	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23
PHILISTIN, KETELY, NP	92%	88%	99%	99%	87%	81%	85%	90%	85%	77%	84%	70%
	293/318	238/272	322/325	239/242	167/191	208/256	283/333	218/243	276/325	232/302	254/302	260/369
PIERRE LOUIS, JOANN, NP	97%	97%	89%	97%	87%	83%	88%	83%	83%	91%	90%	72%
	271/280	278/286	229/256	231/238	190/219	246/295	187/212	236/196	272/225	200/219	271/302	214/297
ST. VIL, CARLINE, NP	95%	101%	85%	102%	90%	88%	79%	79%	82%	85%	82%	71%
	191/201	296/294	83/98	202/198	232/257	219/249	167/212	186/234	190/233	187/219	247/302	211/297
STANEK, EWELINA, PA				59%	77%	90%	68%	76%	80%	72%	75%	65%
				12/20	102/132	186/208	171/250	240/317	230/287	120/167	181/240	176/270
TAHERI, NERCESS, DO		86%	74%	102%	86%	94%	100%	100%	100%	97%	100%	96%
		104/121	75/101	103/101	25/29	65/69	33/33	50/50	31/31	33/34	32/32	53/55
WARREN, SANDRA, MD	68%	74%	89%	63%	52%	83%	75%	75%	72%	78%	82%	71%
	23/34	28/38	54/61	19/30	11/21	50/60	129/172	148/197	100/138	147/189	190/232	140/198
WILMOT, ALTHEA, NP					100%	82%	29%	35%	49%	56%	39%	71%
					2/2	132/161	66/231	68/192	75/154	125/222	107/273	77/108
RESIDENTS						85%	92%	80%	82%	96%	83%	67%
						570/673	519/563	573/718	665/811	658/687	692/833	508/759
PEDIATRIC CARE	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23
CLARKE-AARON, NOELLA, MD	102%	111%	118%	107%	106%	104%	111%	100%	107%	101%	109%	87%
	298/292	396/357	141/119	387/360	316/299	348/333	275/247	264/265	290/272	303/299	382/350	322/370
CHIBAR, CHARMAINE, MD	100%	108%	100%	103%			100%					
	7/7	14/13	3/3	21/20			5/5					
DESSALINES, DUCLOS, MD	121%	109%	119%	114%	111%	112%	112%	110%	104%	110%	117%	96%
	344/285	323/297	352/297	332/292	257/231	355/316	212/189	235/214	276/265	291/265	311/265	249/260
LAZARO RIVERA, NANCY, MD	126%	117%	119%	122%	126%	129%	129%	127%	113%	109%	128%	104%
	376/299	367/314	344/289	348/285	316/252	421/326	310/241	316/248	308/272	309/282	339/265	323/310
MARZOUCA, KISHA F., MD	110%	110%	130%	110%	110%	108%	109%	106%	116%	105%	109%	91%
	362/340	223/195	225/178	272/258	306/290	354/326	284/261	372/350	346/299	333/316	419/384	353/390
NORMIL-SMITH, SHERLOUNE, MD	116%	98%	115%	119%	114%	115%	116%	118%	110%	104%	122%	98%
	88/76	318/323	323/280	336/282	353/309	336/293	279/240	233/197	310/282	311/299	353/289	372/380

	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23
WOMEN'S HEALTH CARE												
FERWERDA, ANA, MD	103%	122%	91%	94%	93%	70%	62%	83%	82%	67%	89%	78%
	171/166	158/129	126/139	36/38	65/70	117/166	60/97	106/128	136/166	107/159	214/239	151/193
FINLEY, NICOLE, NP						72%	86%	80%	88%	94%	95%	76%
						89/123	207/240	210/264	246/279	257/273	193/204	239/315
PROPHETE, JOYCE, MD			100%	73%	70%	69%	80%	70%	70%	76%	82%	71%
			33/33	209/288	210/299	194/282	218/272	233/334	224/321	180/235	240/294	244/342
BEHAVIORAL HEALTH INTEGRATION												
CALDERON, NYLSA, LMHC	93%	99%	89%	87%	86%	93%	87%	93%	95%	103%	100%	96%
	135/145	193/195	174/195	173/200	152/176	80/86	131/150	191/206	158/166	140/136	205/206	159/165
CUSIMANO, ANGELA	75%	71%	81%	82%	86%	71%	72%	62%	76%	57%		
	176/234	141/198	179/222	147/180	218/254	151/211	170/235	113/183	178/235	45/79		
JONES, KIARA, LCSW	98%	104%	97%	98%	95%	101%	96%	104%	111%	112%	111%	105%
	192/195	203/195	174/180	190/193	178/187	174/172	137/142	172/166	187/169	182/162	228/206	184/175
SILVER, DAWN, PhD												100%
												87/87
BROWN, JEREMY, LCSW									100%	103%	94%	92%
									40/40	170/165	213/226	180/195
BEHAVIORAL HEALTH ADDICTION												
BURROWES, SHARON, NP							100%	54%	46%	51%	58%	58%
							12/12	73/136	89/192	114/223	158/271	104/180
HIRSCH, KAREN, LCSW	115%	122%	86%	90%		100%	92%	67%	92%	107%	101%	104%
	117/102	93/76	77/90	82/92		12/12	48/52	44/66	44/48	58/54	98/97	109/105
MILETA, SNJEZANA, LMHC	109%	81%	98%	89%	123%	124%	112%	179%	128%	117%	115%	139%
	186/170	162/200	191/195	201/227	179/146	174/140	181/162	226/126	246/192	211/180	253/220	195/140
MITCHELL, ANGELA, LCSW	114%	106%	106%	106%	104%	114%	154%	120%	106%	117%	119%	96%
	227/200	218/205	186/175	192/181	194/186	208/182	205/133	235/196	190/180	202/172	204/172	89/93
PETER, AMANDA, NP						100%	99%	68%	64%	50%	73%	76%
						19/19	93/94	105/154	151/235	105/211	171/235	179/234
PHILLIPS, COURTNEY, MD	94%	109%	116%	103%	82%	75%	100%	100%		100%	100%	
	29/31	98/90	99/85	88/86	67/82	54/72	5/5	1/1		1/1	2/2	
REXACH, CLAUDIA, LMHC				112%	112%	120%	173%	134%	139%	123%	110%	122%
				236/211	210/187	196/236	232/134	222/166	223/160	199/162	232/210	237/195

	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23
DENTAL												
ABREU, MARIANA, DDS						100%	106%	107%	71%	75%	80%	91%
						28/28	189/178	226/211	233/330	205/274	303/379	285/312
ALI, BUSHRA, DMD				88%	80%	144%	106%	99%	84%	111%	100%	96%
				31/35	165/206	176/254	138/130	204/206	263/314	312/282	352/354	260/272
ALWEHAIB, ARWA, DDS	99%	113%	108%	109%	104%	106%	115%	107%	86%	115%	119%	114%
	326/328	361/320	164/152	298/274	265/255	279/264	224/194	273/254	270/314	334/290	430/362	373/328
BOWEN, BEVERLY, DMD	110%	74%	87%	89%	96%	94%	120%	114%	81%	81%	77%	86%
	189/172	255/344	270/312	274/307	269/282	316/338	233/194	241/211	253/314	240/298	243/314	261/304
CAMPBELL, LISA, DDS												82%
												40/49
SEMINARIO, ADA, DDS	78%	87%	87%	76%	76%	94%	101%	95%	84%	98%	104%	87%
	119/152	181/208	205/236	238/313	170/223	215/228	99/98	223/235	262/314	277/282	259/250	180/208
SOFIANOS, MICHAEL, DMD						94%	123%	111%	91%	97%	88%	113%
						243/258	246/200	247/274	275/251	296/306	247/282	343/304
WILLIAMS, RICHARD, DMD	96%	85%	100%	103%	88%	100%	102%	88%	84%	84%	94%	83%
	301/312	258/304	328/328	307/299	233/266	257/257	159/156	208/235	269/322	249/298	265/282	233/280
ZANGENEH, YASMINE	80%	97%	86%	83%	69%	78%	99%	103%	102%			
	211/264	226/232	226/264	197/236	205/299	162/207	250/252	126/122	86/84			
ZANGENEH, YASMINE, DMD						99%	103%	102%			91%	95%
						250/252	126/122	86/84			219/240	281/296
GARCIA, IRENE S.	98%					92%						
	55/56					11/12						
GONZALEZ, NANCY	150%								75%	54%		
	3/2								6/8	13/24		
HARDCASTLE, CORINA	96%	98%	100%	86%	104%	101%	101%	98%	96%	102%	91%	96%
	150/156	130/132	116/116	87/101	146/141	159/157	130/129	138/141	143/149	127/125	150/165	138/144
MASON, SHERRY	89%	76%	87%	93%	86%	93%	94%	91%		97%	95%	90%
	139/156	127/168	135/156	165/178	114/133	153/165	91/97	139/152		137/141	165/173	119/132
MOZER NASCIMENTO, ARIANNE	101%	105%	100%	100%	87%	105%	102%	89%	96%	95%	106%	106%
	165/164	180/172	156/156	169/170	130/149	165/173	123/121	147/165	151/157	142/149	191/181	165/156
FEOLA, LEYDA											92%	99%
											159/173	154/156
DUCHARME, RHONDA									99%	98%	96%	100%
									237/240	293/298	256/266	264/264
PETERSEN, PATRICE	108%	101%	96%	109%	123%	121%	104%	94%	102%	97%	96%	96%
	243/224	314/312	284/296	238/218	229/186	297/246	231/222	309/330	286/281	210/218	309/322	299/312

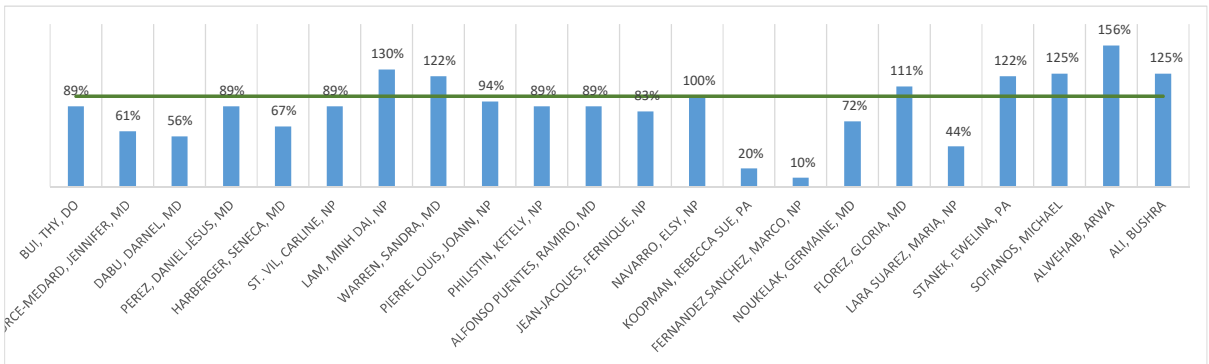
SATURDAY



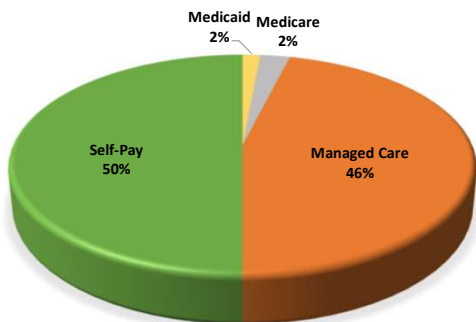
PRODUCTIVITY REPORT APRIL 2023

AS 04/30/2023 Based on Completed Appointments

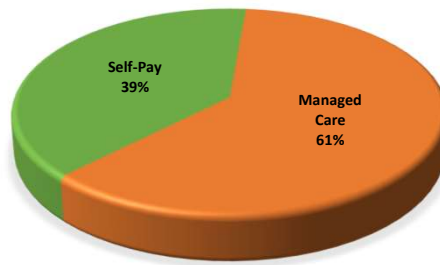
ADULT CARE						
Provider	Daily Target	# Saturdays Worked	Target for the Month	Total for the Month Seen	% Monthly Target Achieved	Daily Average
BELLE GLADE						
BUI, THY, DO	18	1	9	8	89%	8.0
DORCE-MEDARD, JENNIFER, MD	18	2	18	11	61%	5.5
DABU, DARNEL, MD	18	1	9	5	56%	5.0
PEREZ, DANIEL JESUS, MD	18	1	9	8	89%	8.0
DELRAY						
HARBERGER, SENECA, MD	18	1	9	6	67%	6.0
ST. VIL, CARLINE, NP	18	1	9	8	89%	8.0
LAM, MINH DAI, NP	18	3	27	35	130%	11.7
LAKE WORTH						
WARREN, SANDRA, MD	18	1	9	11	122%	11.0
PIERRE LOUIS, JOANN, NP	18	2	18	17	94%	8.5
PHILISTIN, KETELY, NP	18	2	18	16	89%	8.0
LANTANA						
ALFONSO PUENTES, RAMIRO, MD	18	2	18	16	89%	8.0
JEAN-JACQUES, FERNIQUE, NP	18	2	18	15	83%	7.5
NAVARRO, ELSY, NP	18	1	9	9	100%	9.0
MANGONIA						
KOOPMAN, REBECCA SUE, PA	20	1	10	2	20%	2.0
FERNANDEZ SANCHEZ, MARCO, NP	20	1	10	1	10%	1.0
WEST PALM BEACH						
NOUKELAK, GERMAINE, MD	18	2	18	13	72%	6.5
FLOREZ, GLORIA, MD	18	1	9	10	111%	10.0
LARA SUAREZ, MARIA, NP	18	1	9	4	44%	4.0
STANEK, EWELINA, PA	18	1	9	11	122%	11.0
ADULT CARE TOTALS			245	206	84%	
DENTAL						
BELLE GLADE						
SOFIANOS, MICHAEL	16	1	8	10	125%	10.0
LANTANA						
BOWEN, BEVERLY	16	1	8	9	113%	9.0
WEST PALM BEACH						
ALWEHAIB, ARWA	16	2	16	25	156%	12.5
ALI, BUSHRA	16	1	8	10	125%	10.0
DENTAL			40	54	135%	
GRAND TOTAL			285	260	91%	



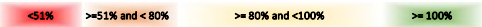
MEDICAL PAYER MIX



DENTAL



BELLE GLADE



PRODUCTIVITY REPORT APRIL 2023

AS 04/30/2023 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
TAHERI, NERGESS, DO	18 when no precepting	4.0	55	53	96%	13.3
BUI, THY, DO	18	0.5	9	8	89%	16.0
DABU, DARNEL, MD	18 when no precepting	5.5	40	33	83%	6.0
DORCE-MEDARD, JENNIFER, MD	18	1.0	18	11	61%	11.0
PEREZ, DANIEL JESUS, MD	18 when no precepting	5.5	54	45	83%	8.2
ADULT CARE TOTALS		16.5	176	150	85%	

RESIDENCY PROGRAM						
PY1	6	19.5	150	131	87%	6.7
PY2	10	12	139	94	68%	7.8
PY3	14	29.5	470	283	60%	9.6
RESIDENTS TOTALS		61	759	508	67%	

WOMEN'S HEALTH CARE						
FERWERDA, ANA, MD	18	3.5	63	43	68%	12.3
PROPHETE, JOYCE, MD	18	4	72	33	46%	8.3
WOMEN'S HEALTH CARE TOTALS		7.5	135	76	56%	

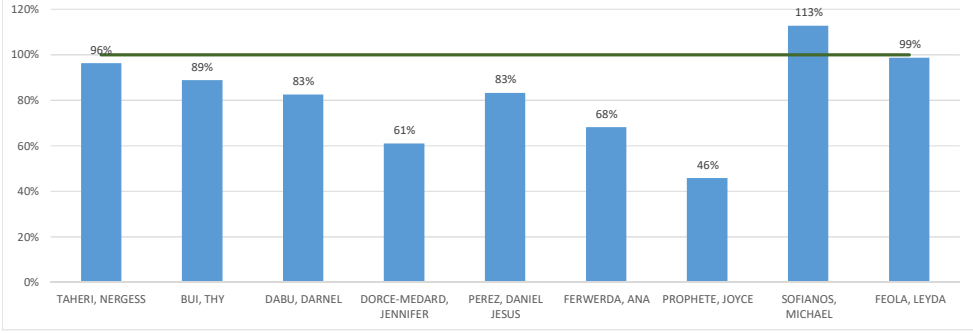
BEHAVIORAL HEALTH INTEGRATION						
BH INTEGRATION TOTALS		0	0	0		

BEHAVIORAL HEALTH ADDICTION						
BH ADDICTION TOTALS		0	0	0		

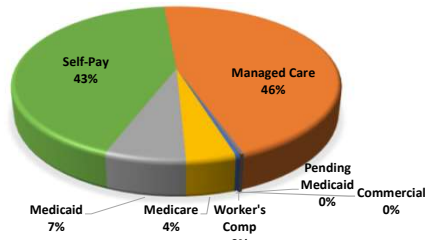
DENTAL						
SOFIANOS, MICHAEL, DMD	16	19.0	304	343	113%	18.1
ALWEHAIB, ARWA, DDS	16	1.0	16	17	106%	17.0
DENTAL TOTALS		20.0	320	360	113%	

DENTAL HYGIENE						
FEOLA, LEYDA	8	19.5	156	154	99%	7.9
DENTAL HYGIENE TOTALS		19.5	156	154	99%	

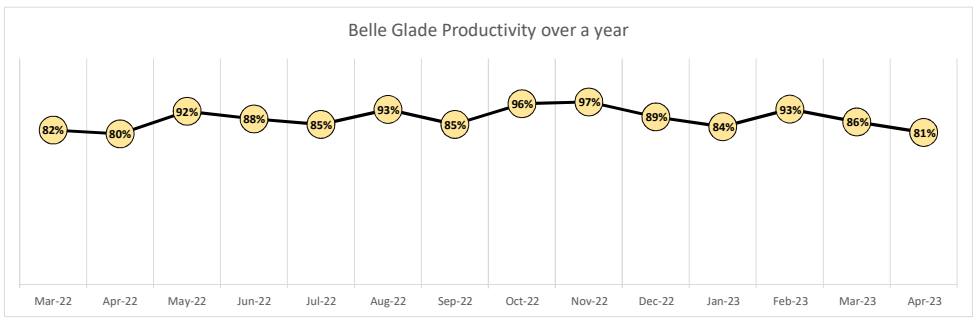
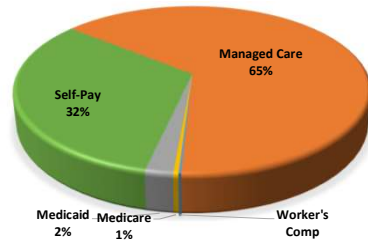
GRAND TOTAL	124.5	1,546	1,248	81%	
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MEDICAL PAYER MIX



DENTAL PAYER MIX



BOCA



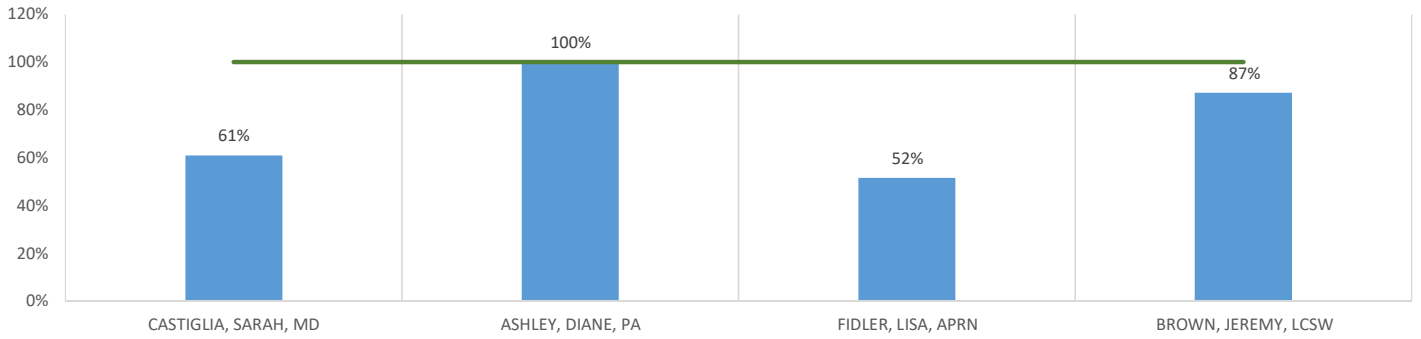
PRODUCTIVITY REPORT APRIL 2023

AS 04/30/2023 Based on Completed Appointments

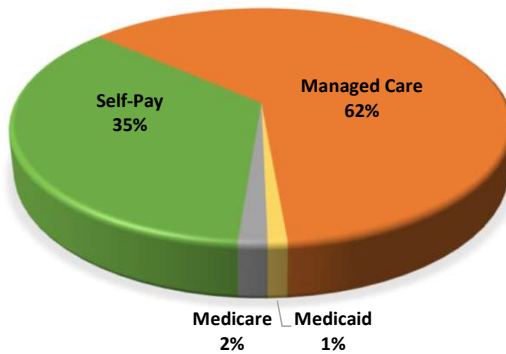
ADULT CARE						
Provider	Daily Target	Days Worked	Target for the Month	Total for the Month Seen	% Monthly Target Achieved	Daily Average
CASTIGLIA, SARAH, MD	18	18.5	333	203	61%	11.0
ASHLEY, DIANE, PA	<i>New Provider</i>	7.0	26	26	100%	3.7
FIDLER, LISA, APRN	18	12.5	225	116	52%	9.3
ADULT CARE TOTALS		38.0	584	345	59%	

BEHAVIORAL HEALTH INTEGRATION						
BROWN, JEREMY, LCSW	10	4.0	39	34	87%	8.5
BH INTEGRATION TOTALS		4.0	39	34	87%	

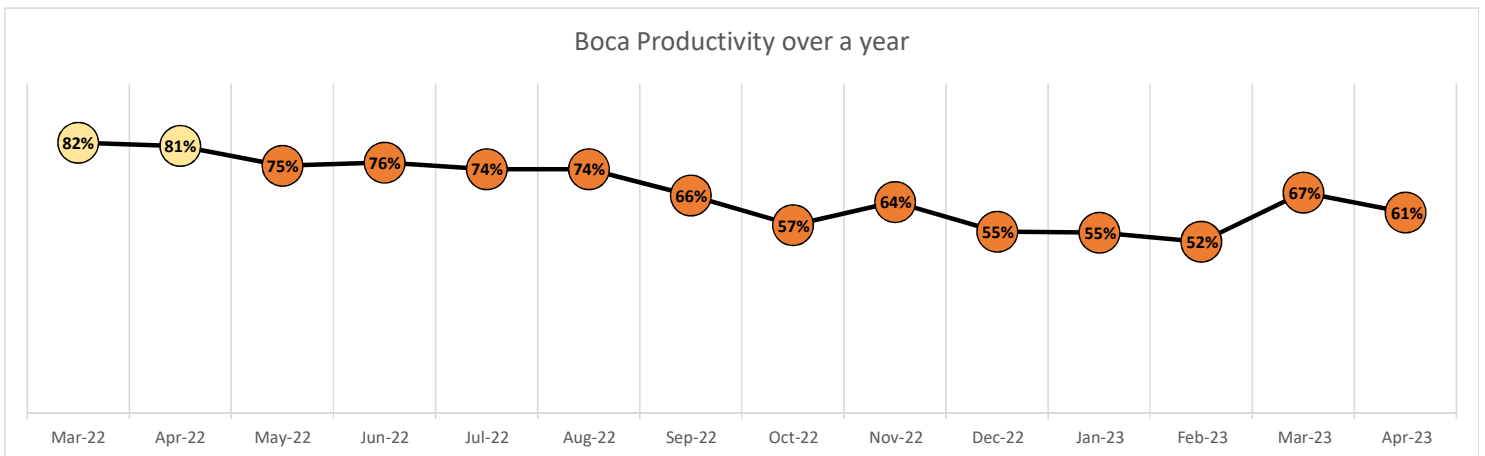
GRAND TOTAL		42.0	623	379	61%	
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MEDICAL PAYER MIX



Boca Productivity over a year



DELRAY

PRODUCTIVITY REPORT APRIL 2023

AS 04/30/2023 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
HARBERGER, SENECA, MD	18	13.5	243	141	58%	10.4
DONNELL, MASON, PA	18	18.5	333	178	53%	9.6
LAM, MINH DAI, NP	18	21.0	378	348	92%	16.6
FIDLER, LISA, APRN	18	1.0	18	9	50%	9.0
ST. VIL, CARLINE, NP	18	16.5	297	211	71%	12.8
ADULT CARE TOTALS		70.5	1,269	887	70%	

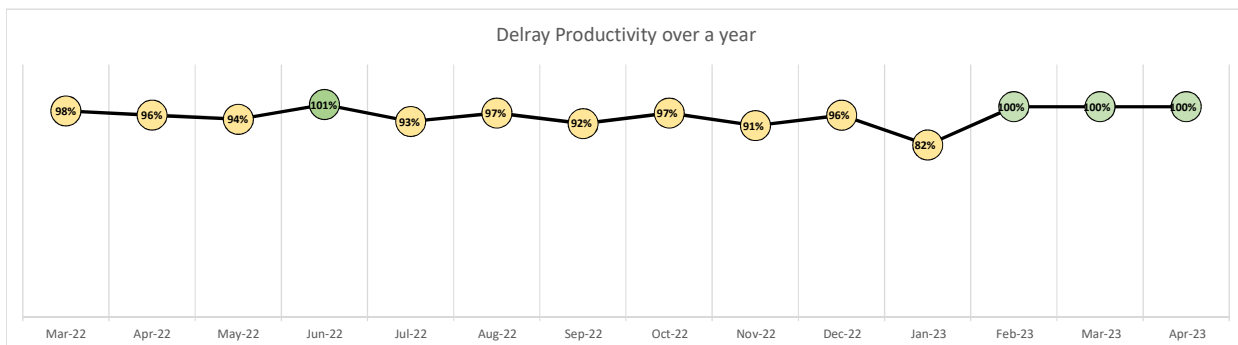
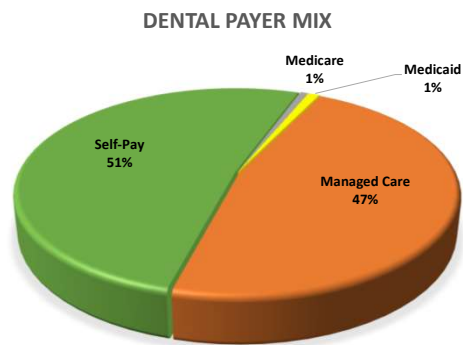
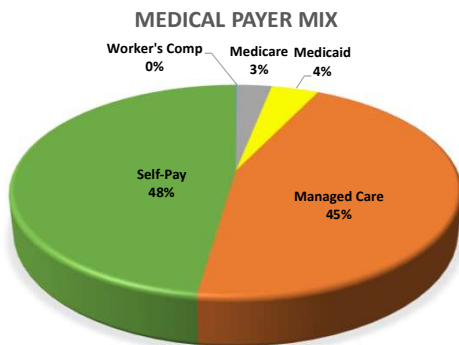
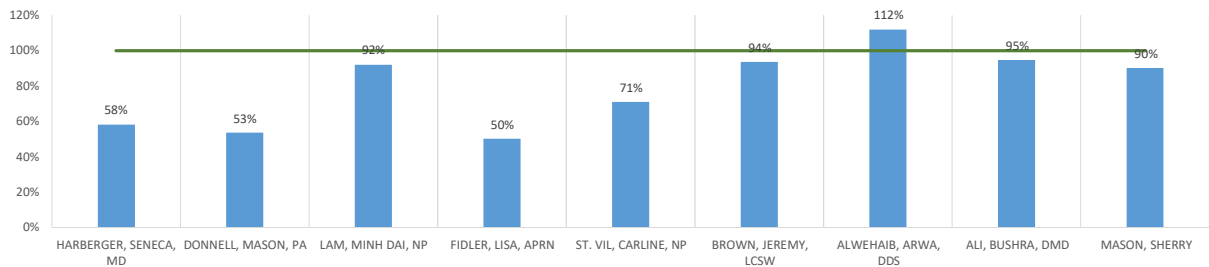
BEHAVIORAL HEALTH INTEGRATION						
BROWN, JEREMY, LCSW	10	15.5	156	146	94%	9.4
BH INTEGRATION TOTALS		15.5	156	146	94%	

BEHAVIORAL HEALTH ADDICTION						
BH ADDICTION TOTALS		0	0	0		

DENTAL						
ALWEHAIB, ARWA, DDS	16	18.5	296	331	112%	17.9
ALI, BUSHRA, DMD	16	16.5	264	250	95%	15.2
CAMPBELL, LISA, DDS	<i>New Provider</i>	2	19	10	53%	5.0
DENTAL TOTALS		37	579	591	102%	

DENTAL HYGIENE						
MASON, SHERRY	8	16.5	132	119	90%	7.2
DENTAL HYGIENE TOTALS		16.5	132	119	90%	

GRAND TOTAL						
		140	2,136	1,743	100%	



JUPITER



PRODUCTIVITY REPORT APRIL 2023

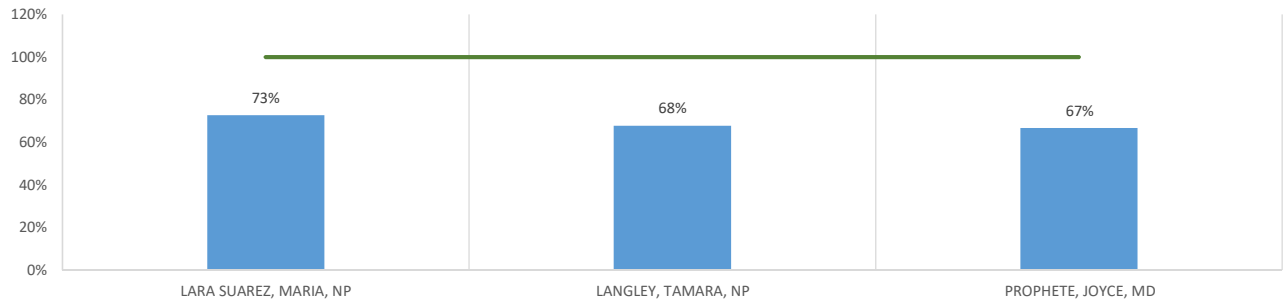
AS 04/30/2023 Based on Completed Appointments

ADULT CARE						
Provider	Daily Target	Days Worked	Target for the Month	Total for the Month Seen	% Monthly Target Achieved	Daily Average
LARA SUAREZ, MARIA, NP	18	18.5	333	242	73%	13.1
LANGLEY, TAMARA, NP	18	14.5	261	177	68%	12.2
ADULT CARE TOTALS		33	594	419	71%	

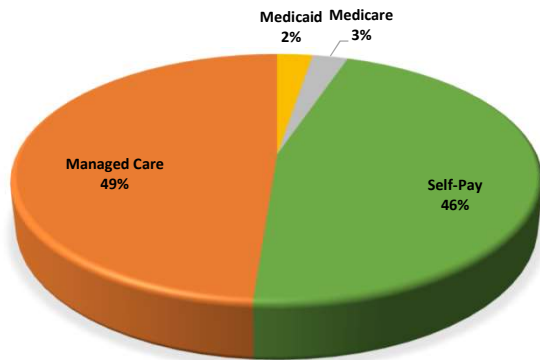
WOMENS HEALTH CARE						
Provider	Daily Target	Days Worked	Target for the Month	Total for the Month Seen	% Monthly Target Achieved	Daily Average
PROPHETE, JOYCE, MD	18	3.5	63	42	67%	12.0
WOMENS HEALTH CARE TOTALS		3.5	63	42	67%	

BEHAVIORAL HEALTH ADDICTION						
Provider	Daily Target	Days Worked	Target for the Month	Total for the Month Seen	% Monthly Target Achieved	Daily Average
BH ADDICTION TOTALS		0	0	0		

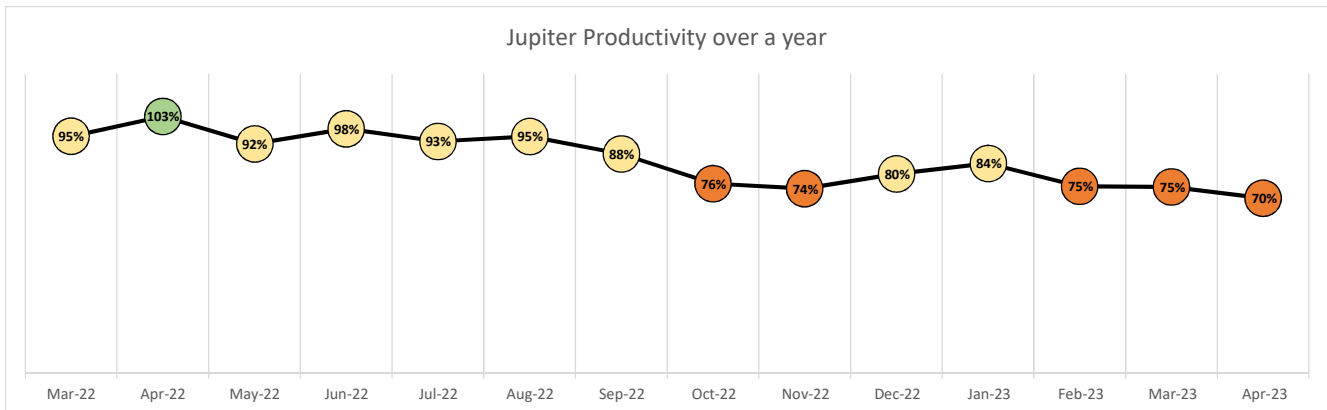
GRAND TOTAL	36.5	657	461	70%	
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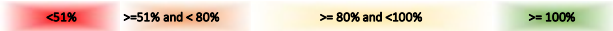
MEDICAL PAYER MIX



Jupiter Productivity over a year



LAKE WORTH



PRODUCTIVITY REPORT APRIL 2023

AS 04/30/2023 Based on Completed Appointments

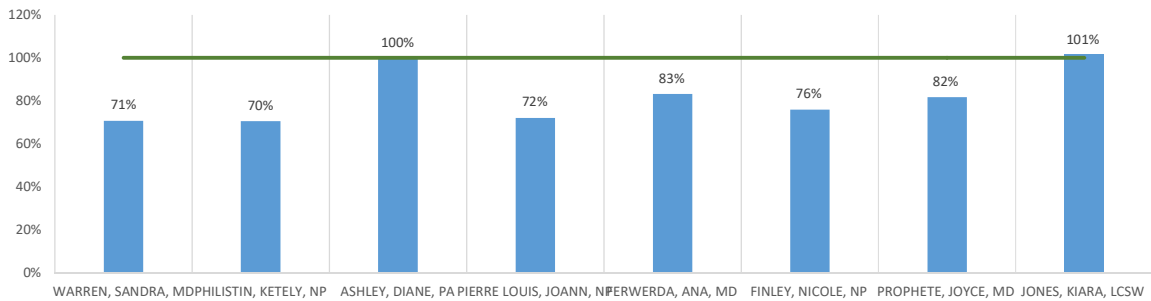
ADULT CARE						
Provider	Daily Target	Days Worked	Target for the Month	Total for the Month Seen	% Monthly Target Achieved	Daily Average
WARREN, SANDRA, MD	18	11.0	198	140	71%	12.7
PHILISTIN, KETELY, NP	18	20.5	369	260	70%	12.7
ASHLEY, DIANE, PA	<i>New Provider</i>	3.0	6	6	100%	2.0
PIERRE LOUIS, JOANN, NP	18	16.5	297	214	72%	13.0
ADULT CARE TOTALS		51.0	870	620	71%	

WOMEN'S HEALTH CARE						
Provider	Daily Target	Days Worked	Target for the Month	Total for the Month Seen	% Monthly Target Achieved	Daily Average
FERWERDA, ANA, MD	18	7	130	108	83%	15.4
FINLEY, NICOLE, NP	18	17.5	315	239	76%	13.7
PROPHETE, JOYCE, MD	18	11.5	207	169	82%	14.7
WOMEN'S HEALTH CARE TOTALS		36	652	516	79%	

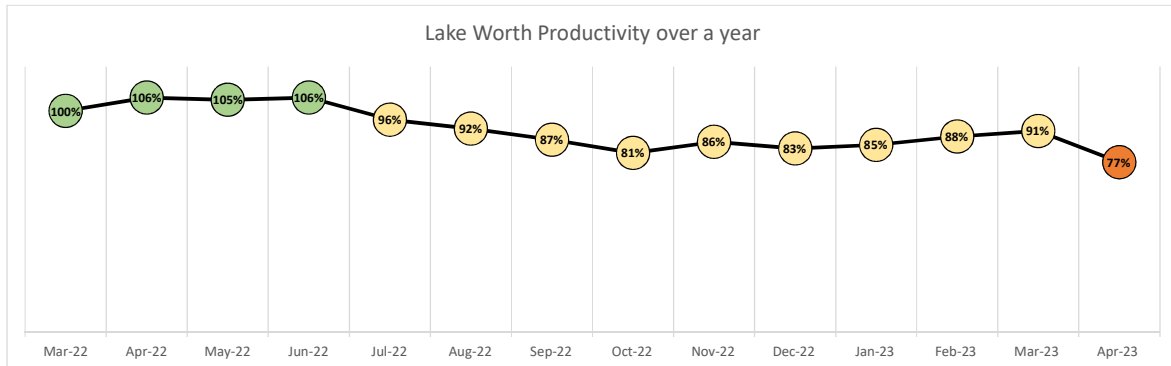
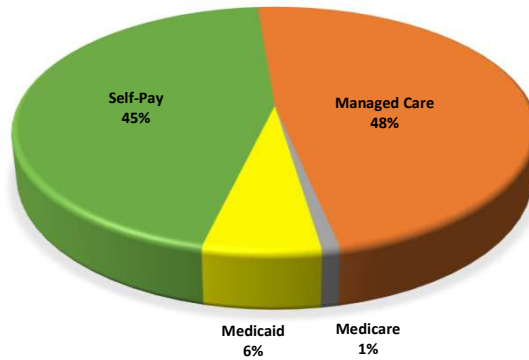
BEHAVIORAL HEALTH INTEGRATION						
Provider	Daily Target	Days Worked	Target for the Month	Total for the Month Seen	% Monthly Target Achieved	Daily Average
JONES, KIARA, LCSW	10	13.5	135	137	101%	10.1
BH INTEGRATION TOTALS		13.5	135	137	101%	

BEHAVIORAL HEALTH ADDICTION						
Provider	Daily Target	Days Worked	Target for the Month	Total for the Month Seen	% Monthly Target Achieved	Daily Average
BH ADDICTION TOTALS		0	0	0		

GRAND TOTAL						
		100.5	1,657	1,273	77%	



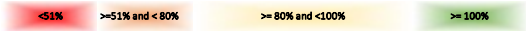
MEDICAL PAYER MIX



LANTANA

PRODUCTIVITY REPORT APRIL 2023

AS 04/30/2023 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
ALFONSO PUENTES, RAMIRO, MD	18	20.5	369	321	87%	15.7
JEAN-JACQUES, FERNIQUE, NP	18	15.5	279	237	85%	15.3
NAVARRO, ELSY, NP	18	18.0	324	270	83%	15.0
ADULT CARE TOTALS		54.0	972	828	85%	

PEDIATRIC CARE						
Provider	Daily Target	Days Worked	Target for the Month	Total for the Month Seen	% Monthly Target Achieved	Daily Average
DESSALINES, DUCLOS, MD	20	13.5	270	249	92%	18.4
LAZARO RIVERA, NANCY, MD	20	15.5	310	323	104%	20.8
NORMIL-SMITH, SHERLOUNE, MD	20	19	380	372	98%	19.6
PEDIATRIC CARE TOTALS		48	960	944	98%	

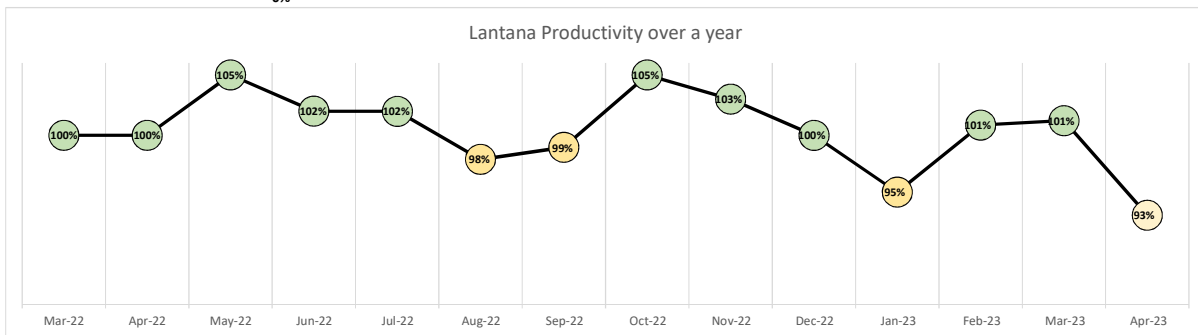
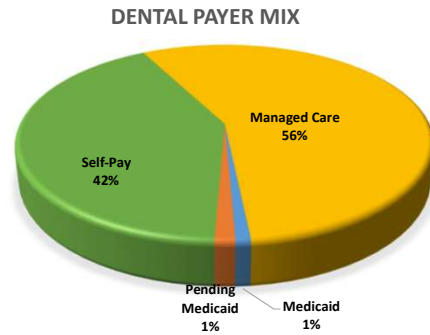
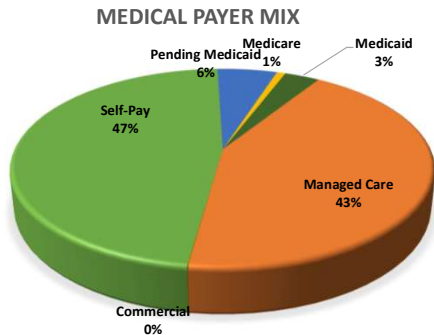
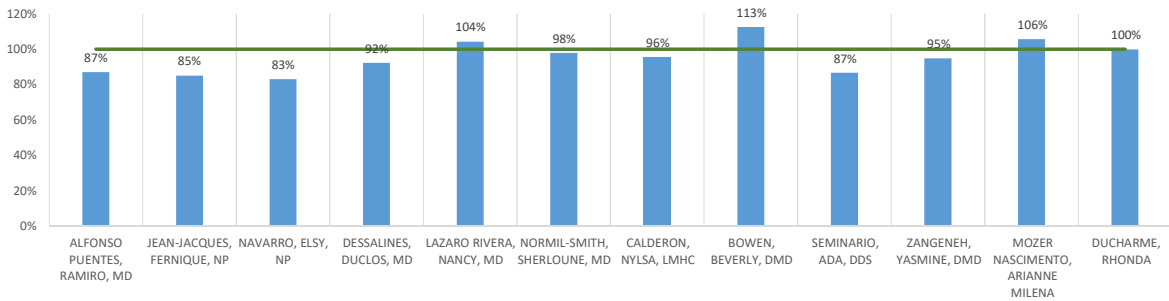
BEHAVIORAL HEALTH INTEGRATION						
Provider	Daily Target	Days Worked	Target for the Month	Total for the Month Seen	% Monthly Target Achieved	Daily Average
CALDERON, NYLSA, LMHC	10	13.5	135	129	96%	9.6
BH INTEGRATION TOTALS		13.5	135	129	96%	

BEHAVIORAL HEALTH ADDICTION						
Provider	Daily Target	Days Worked	Target for the Month	Total for the Month Seen	% Monthly Target Achieved	Daily Average
BH ADDICTION TOTALS		0	0	0		

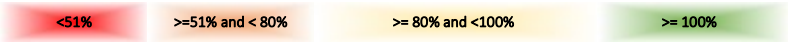
DENTAL						
Provider	Daily Target	Days Worked	Target for the Month	Total for the Month Seen	% Monthly Target Achieved	Daily Average
BOWEN, BEVERLY, DMD	16	0.5	8	9	113%	18.0
SEMINARIO, ADA, DDS	16	13.0	208	180	87%	13.8
ZANGENEH, YASMINE, DMD	16	18.5	296	281	95%	15.2
DENTAL TOTALS		32	512	470	92%	

DENTAL HYGIENE						
Provider	Daily Target	Days Worked	Target for the Month	Total for the Month Seen	% Monthly Target Achieved	Daily Average
MOZER NASCIMENTO, ARIANNE MILENA	8	19.5	156	165	106%	8.5
DUCHARME, RHONDA	16	16.5	264	264	100%	16.0
DENTAL HYGIENE TOTALS		36	420	429	102%	

GRAND TOTAL						
Provider	Daily Target	Days Worked	Target for the Month	Total for the Month Seen	% Monthly Target Achieved	Daily Average
GRAND TOTAL		183.5	2,999	2,800	93%	



LEWIS



PRODUCTIVITY REPORT APRIL 2023

AS 04/30/2023 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
WILMOT, ALTHEA, NP	6	4.0	24	14	58%	3.5
ADULT CARE TOTALS			24	14	58%	

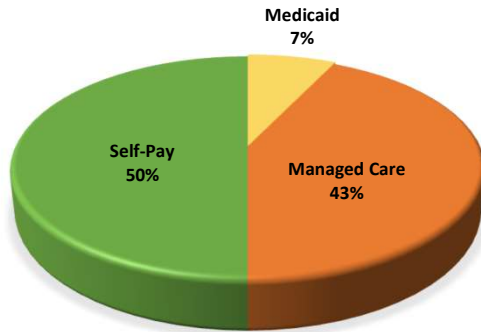
BEHAVIORAL HEALTH INTEGRATION						
BH INTEGRATION TOTALS		0	0	0		

BEHAVIORAL HEALTH ADDICTION						
BH ADDICTION TOTALS						

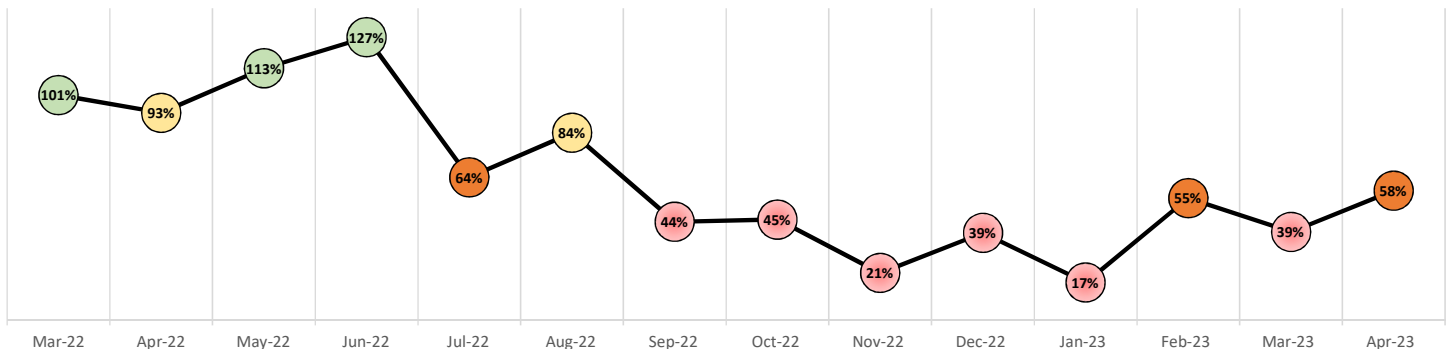
GRAND TOTAL		0	24	14	58%	
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MEDICAL PAYER MIX



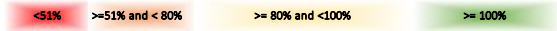
Lewis Productivity over a year



MANGONIA

PRODUCTIVITY REPORT APRIL 2023

AS 04/30/2023 Based on Completed Appointments

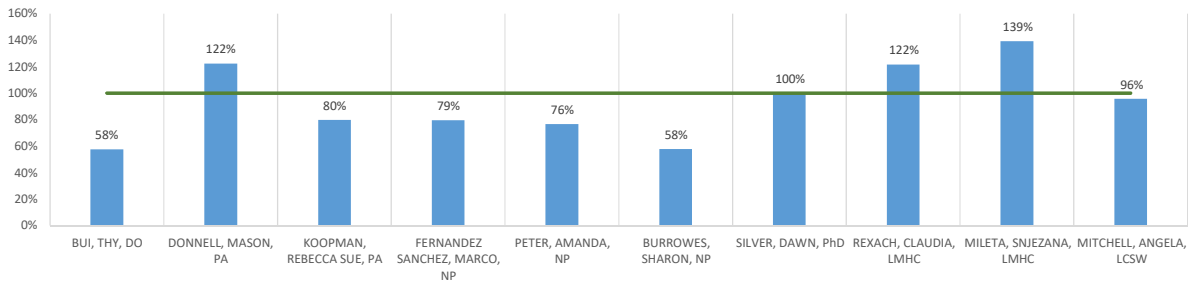


ADULT CARE						
Provider	Daily Target	Days Worked	Target for the Month	Total for the Month Seen	% Monthly Target Achieved	Daily Average
BUI, THY, DO	20	16.5	330	190	58%	11.5
DONNELL, MASON, PA	20	1.0	18	22	122%	22.0
KOOPMAN, REBECCA SUE, PA	20	17.0	340	271	80%	15.9
FERNANDEZ SANCHEZ, MARCO, NP	20	18.0	360	286	79%	15.9
ADULT CARE TOTALS		52.5	1,048	769	73%	

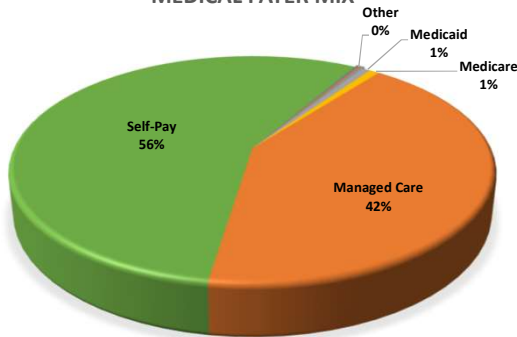
BEHAVIORAL HEALTH INTEGRATION						
BH INTEGRATION TOTALS		0.0	0	0		

BEHAVIORAL HEALTH ADDICTION						
PETER, AMANDA, NP	12	19.5	234	179	76%	9.2
BURROWES, SHARON, NP	12	15.0	180	104	58%	6.9
SILVER, DAWN, PhD	<i>New Provider</i>	10.0	87	87	100%	8.7
REXACH, CLAUDIA, LMHC	10	19.5	195	237	122%	12.2
MILETA, SNJEZANA, LMHC	10	14.0	140	195	139%	13.9
MITCHELL, ANGELA, LCSW	10/7	12.0	93	89	96%	7.4
BH ADDICTION TOTALS		90.0	929	891	96%	

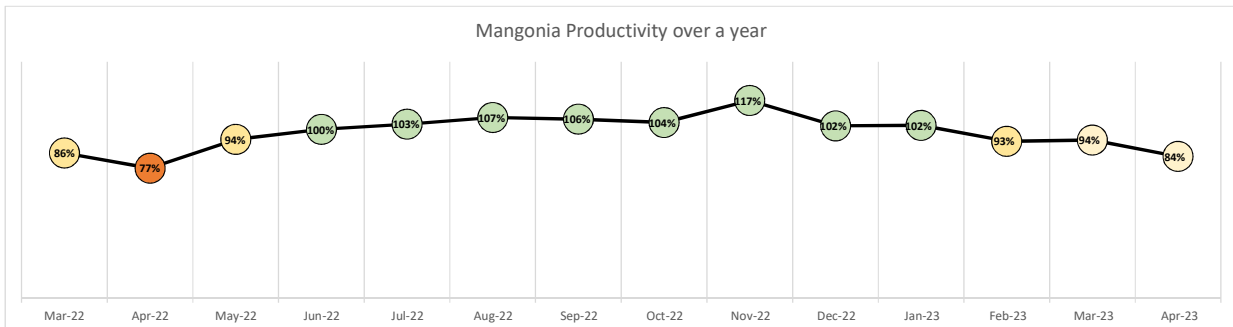
GRAND TOTAL						
		142.5	1,977	1,660	84%	



MEDICAL PAYER MIX



Mangonia Productivity over a year



WEST PALM BEACH



PRODUCTIVITY REPORT APRIL 2023

AS 04/30/2023 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
FLOREZ, GLORIA, MD	18	18.5	333	262	79%	14.2
NOUKELAK, GERMAINE, MD	18	20.5	369	278	75%	13.6
FIDLER, LISA, APRN	18	5.0	90	43	48%	8.6
LARA SUAREZ, MARIA, NP	18	0.5	9	4	44%	8.0
STANEK, EWELINA, PA	18	15.0	270	176	65%	11.7
ADULT CARE TOTALS		59.5	1,071	763	71%	

PEDIATRIC CARE						
Provider	Daily Target	Days Worked	Target for the Month	Total for the Month Seen	% Monthly Target Achieved	Daily Average
CLARKE-AARON, NOELLA, MD	20	18.5	370	322	87%	17.4
MARZOUCA, KISHA F., MD	20	19.5	390	353	90%	18.1
PEDIATRIC CARE TOTALS		38	760	675	89%	

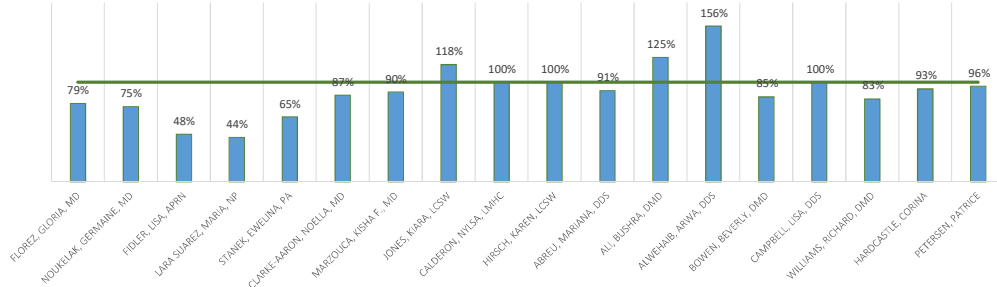
BEHAVIORAL HEALTH INTEGRATION						
Provider	Daily Target	Days Worked	Target for the Month	Total for the Month Seen	% Monthly Target Achieved	Daily Average
JONES, KIARA, LCSW	10	4.0	40	47	118%	11.8
CALDERON, NYLSA, LMHC	10	3.0	30	30	100%	10.0
BH INTEGRATION TOTALS		7	70	77	110%	

BEHAVIORAL HEALTH ADDICTION						
Provider	Daily Target	Days Worked	Target for the Month	Total for the Month Seen	% Monthly Target Achieved	Daily Average
HIRSCH, KAREN, LCSW	6	0.5	1	1	100%	2.0
BH ADDICTION TOTALS		0.5	1	1		

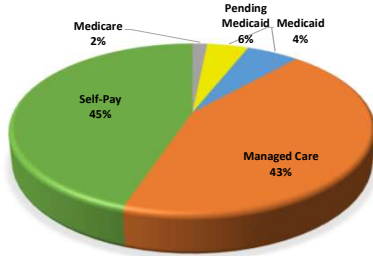
DENTAL						
Provider	Daily Target	Days Worked	Target for the Month	Total for the Month Seen	% Monthly Target Achieved	Daily Average
ABREU, MARIANA, DDS	16	19.5	312	285	91%	14.6
ALI, BUSHRA, DMD	16	0.5	8	10	125%	20.0
ALWEHAIB, ARWA, DDS	16	1.0	16	25	156%	25.0
BOWEN, BEVERLY, DMD	16	18.5	296	252	85%	13.6
CAMPBELL, LISA, DDS	<i>New Provider</i>	4.0	30	30	100%	7.5
WILLIAMS, RICHARD, DMD	16	17.5	280	233	83%	13.3
DENTAL TOTALS		61.0	942	835	89%	

DENTAL HYGIENE						
Provider	Daily Target	Days Worked	Target for the Month	Total for the Month Seen	% Monthly Target Achieved	Daily Average
HARDCASTLE, CORINA	8	18.5	148	138	93%	7.5
PETERSEN, PATRICE	16	19.5	312	299	96%	15.3
DENTAL HYGIENE TOTALS		38.0	460	437	95%	

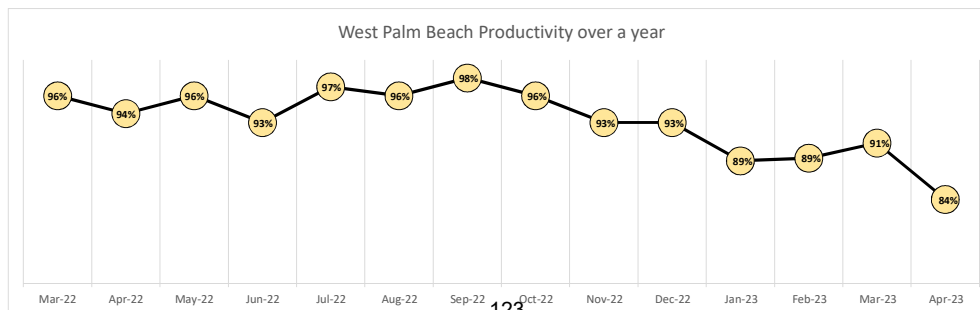
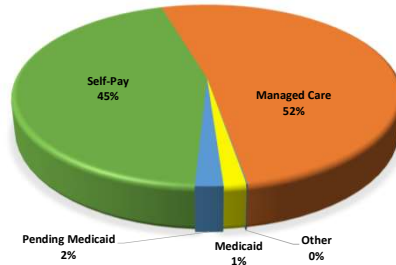
GRAND TOTAL						
Provider	Daily Target	Days Worked	Target for the Month	Total for the Month Seen	% Monthly Target Achieved	Daily Average
GRAND TOTAL		204.0	3,304	2,788	84%	



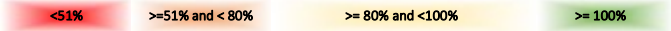
MEDICAL PAYER MIX



DENTAL PAYER MIX



MOBILE & PORT CLIN



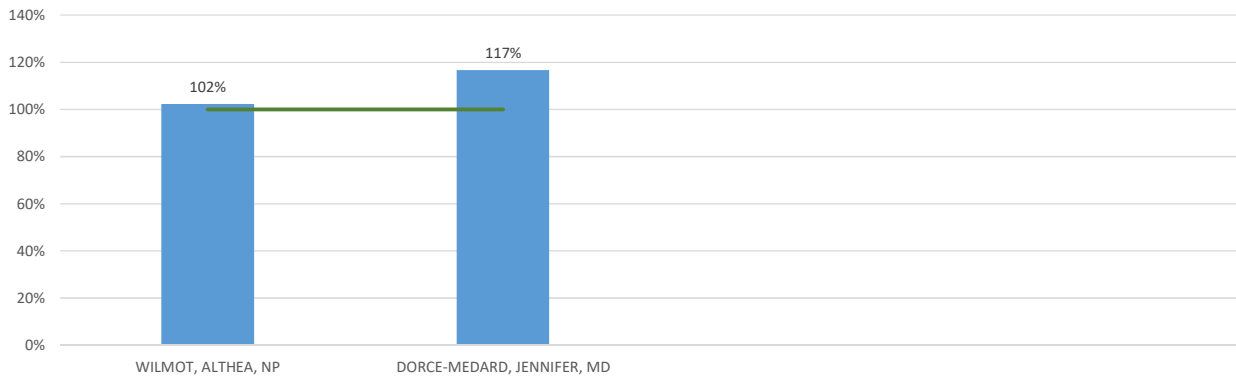
PRODUCTIVITY REPORT APRIL 2023

AS 04/30/2023 Based on Completed Appointments

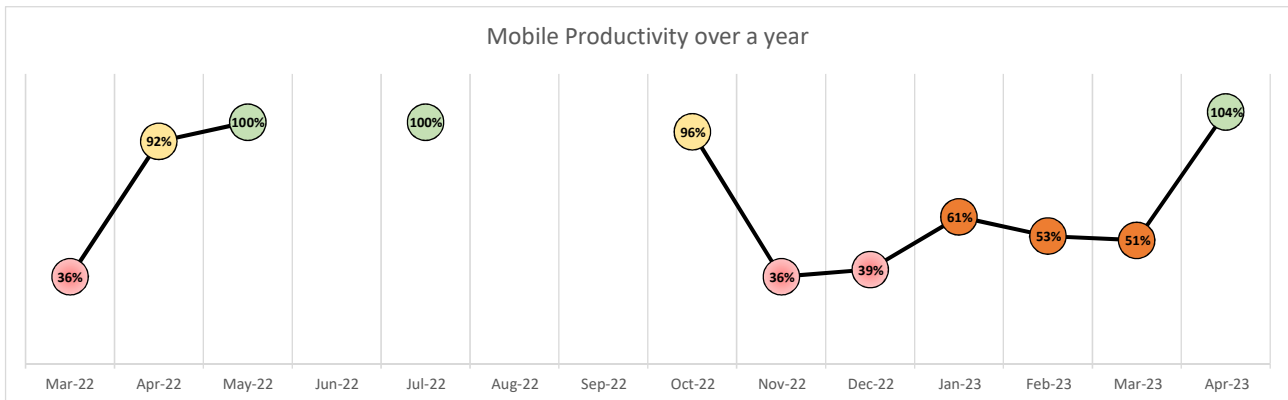
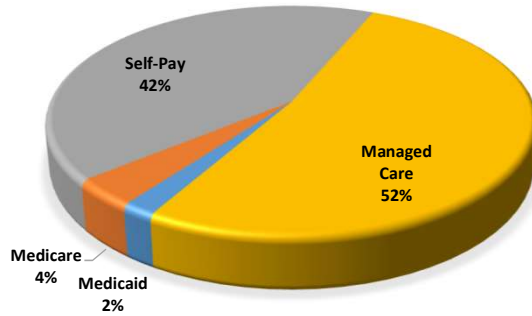
ADULT CARE						
Provider	Daily Target	Days Worked	Target for the Month	Total for the Month Seen	% Monthly Target Achieved	Daily Average
WILMOT, ALTHEA, NP	6	7.0	42	43	102%	6.1
DORCE-MEDARD, JENNIFER, MD	6	0.5	6	7	117%	14.0
ADULT CARE TOTALS		8	48	50	104%	

DENTAL						
DENTAL TOTALS		0.0	0	0		

GRAND TOTAL		8	48	50	104%	
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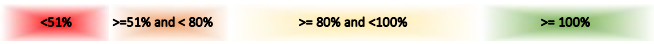
MEDICAL PAYER MIX



St ANN

PRODUCTIVITY REPORT APRIL 2023

AS 04/30/2023 Based on Completed Appointments



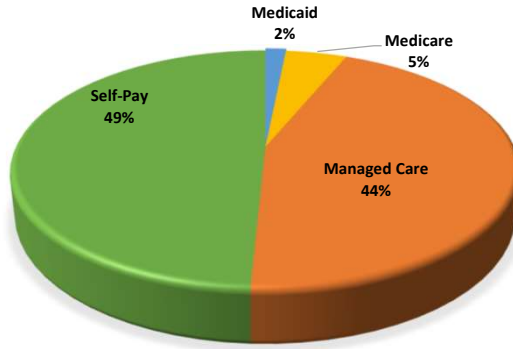
ADULT CARE						
Provider	Daily Target	Days Worked	Target for the Month	Total for the Month Seen	% Monthly Target Achieved	Daily Average
WILMOT, ALTHEA, NP	6	7.0	42	20	48%	2.9
ADULT CARE TOTALS		7.0	42	20	48%	

BEHAVIORAL HEALTH INTEGRATION						
Provider	Daily Target	Days Worked	Target for the Month	Total for the Month Seen	% Monthly Target Achieved	Daily Average
HIRSCH, KAREN, LCSW	6.0	17.0	104	108	104%	6.4
BH INTEGRATION TOTALS		17.0	104	108		

GRAND TOTAL						
		24.0	146.0	128.0	88%	



MEDICAL PAYER MIX



St Ann Productivity over a year



DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
May 24, 2023

1. Description: Operations Reports – April 2023

2. Summary:

This agenda item provides the following operations reports for April 2023:

- Clinic Productivity, Payor Mix and Demographics

3. Substantive Analysis:

In April, the clinics had a total of 8,605 unique patients and 12,484 visits. This was 10% lower than the month prior but 14% higher than April 2022. 39% of patients were from adults Primary Care, 27% from Dental and 13% from Pediatrics. The Lantana Medical Clinic had the highest volume with 1,859 visits followed by the Mangonia Clinic with 1,652 visits.

Our payer mix for April was consistent with previous month with 50% uninsured. 44% of patients were Managed Care and 4% Medicaid.

60% of patients were female. 51% of patients reported as White and 42% Black or African American. 40% of patients reported as Hispanic which was 1% less than previous month. Our largest age group has consistently remained those between the ages of 30-39 years old.

The homeless population averaged 26.9% between all clinics but was much higher in the Mobile Clinics, Mangonia, Lewis Center and St. Ann where it averaged 82-100% Homeless.

The average in Agricultural Worker was 6% among all clinics. The Belle Glade Clinic was much higher with 34%. All other clinics averaged 0-5%.

The primary languages spoken remain consistent with English at 44%, Spanish 32% and Creole 20%. Other languages included Portuguese, French, Vietnamese and Russian. The Lantana clinic has a larger population of Spanish and Creole speaking than English speakers. The Boca Clinic has a larger population of Portuguese speaking than Creole speakers. The Delray clinic has a larger population of Creole speaking than Spanish speaking. Mangonia, St. Ann, Lewis Center and the Mobile Clinic have a smaller population of Spanish and Creole speaking patients.

**DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
May 24, 2023**

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 April 2023.

Approved for Legal sufficiency:

DocuSigned by:
Bernabe Icaza

Bernabe Icaza
VP & General Counsel

DocuSigned by:
M. Miranda

Marisol Miranda
Director of Clinic Operations

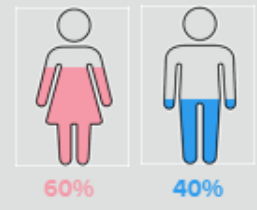
DocuSigned by:
Dr. Belma Andric

Dr. Belma Andric
VP & Chief Medical Officer

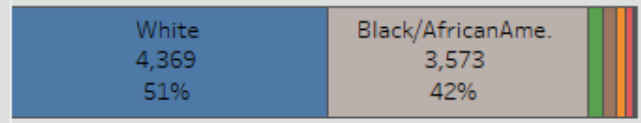
Monthly Productivity April 2023



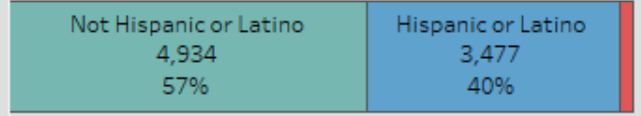
DEMOGRAPHICS



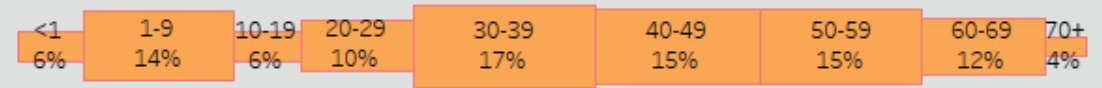
RACE



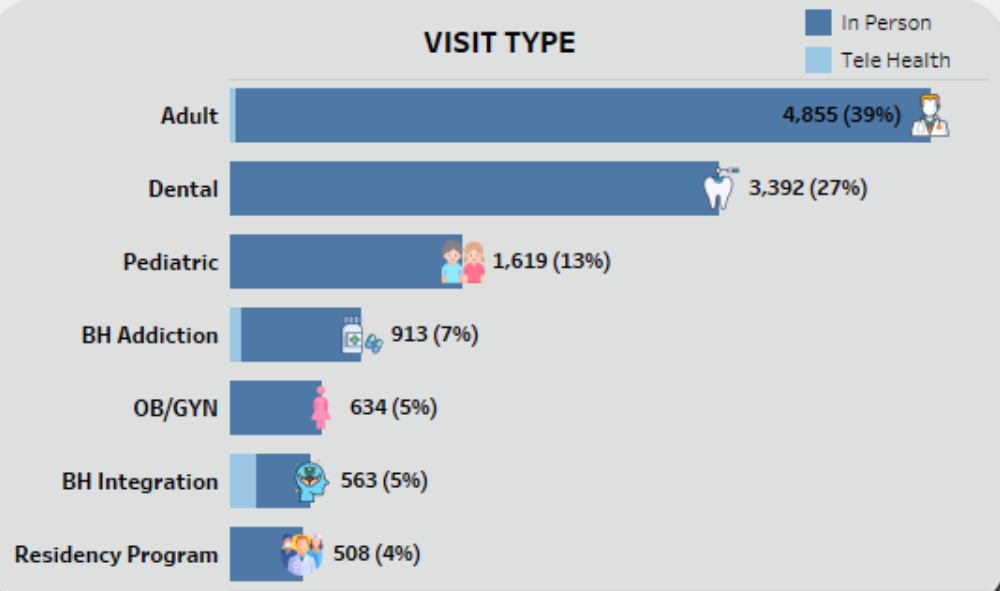
ETHNICITY



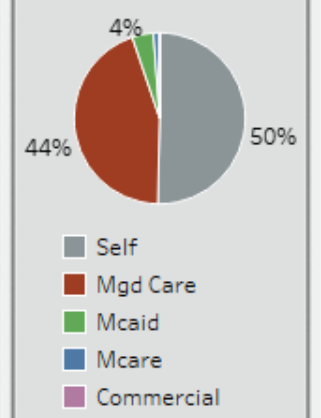
AGE GROUP



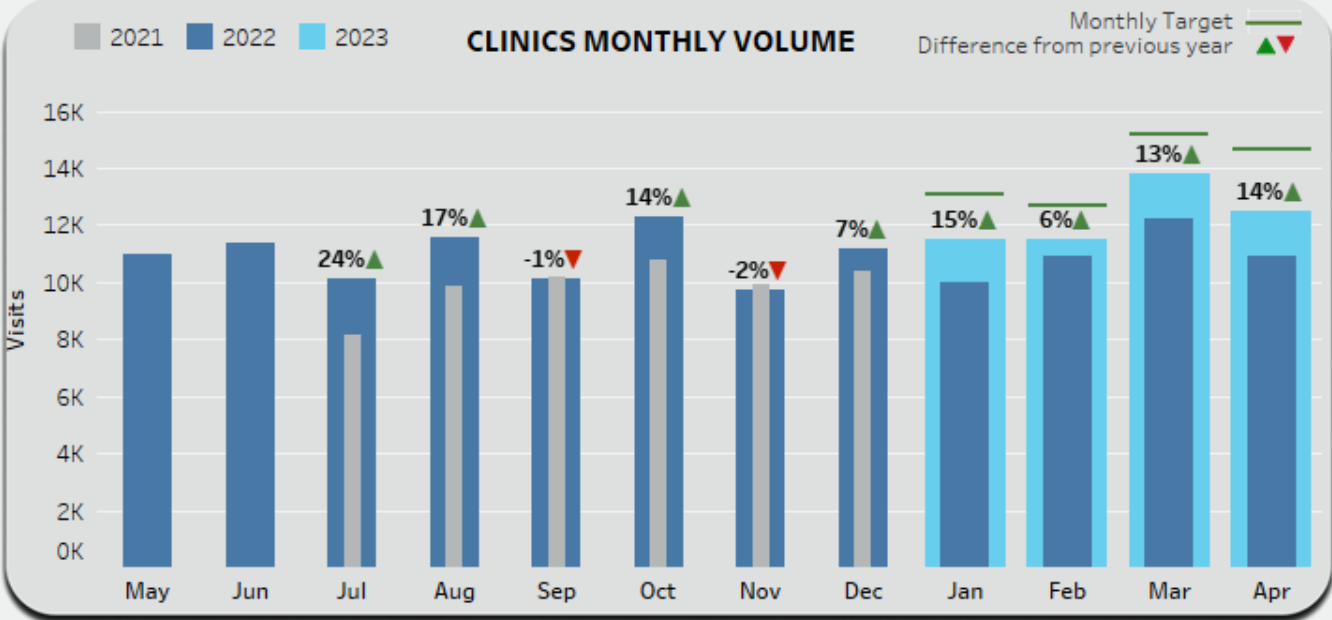
VISIT TYPE



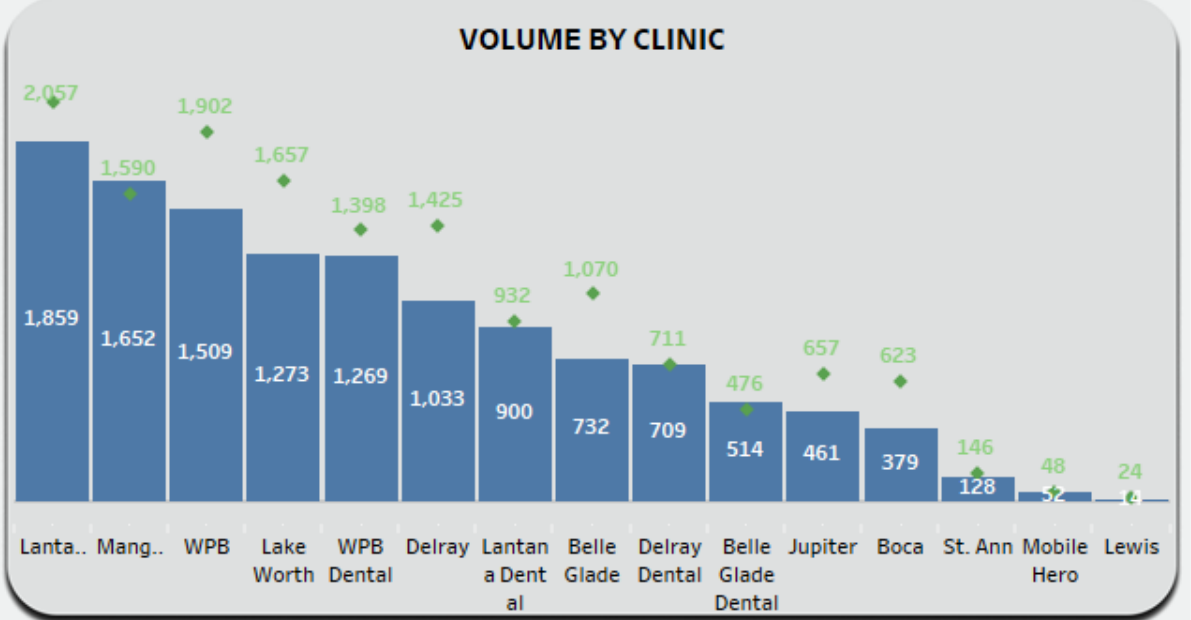
PAYOR MIX



CLINICS MONTHLY VOLUME



VOLUME BY CLINIC



HOMELESS BREAKDOWN BY CLINIC

4/1/2023 - 4/30/2023



Unique Patients

2,396

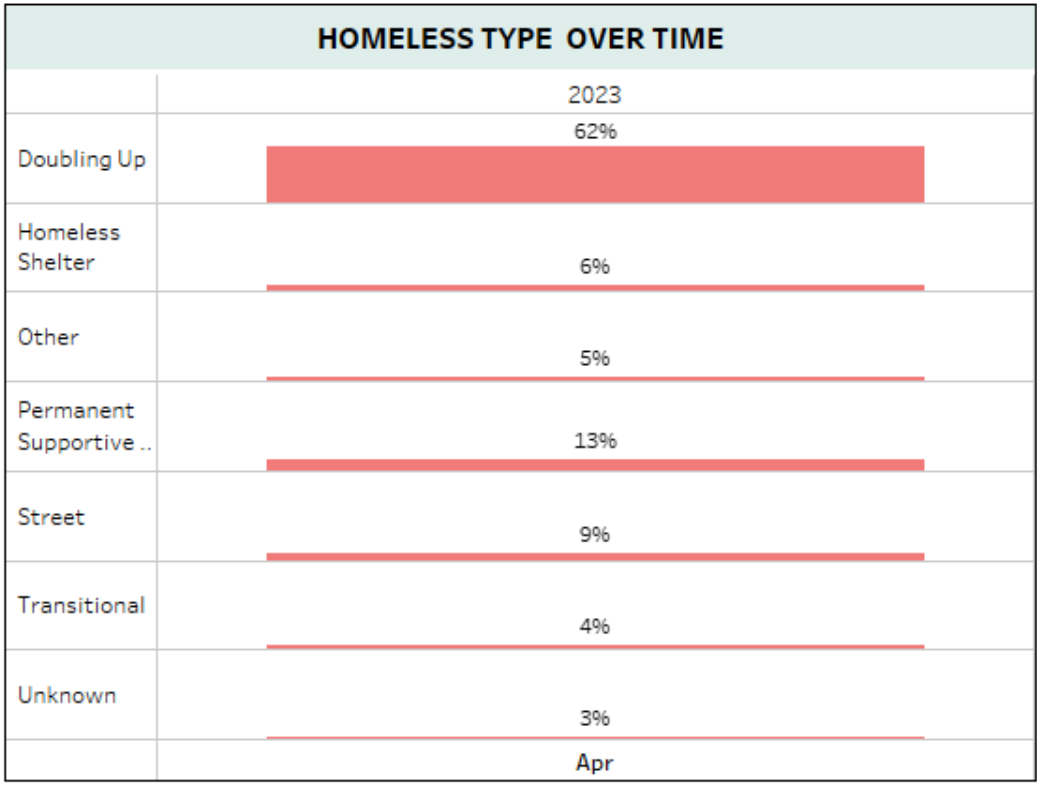
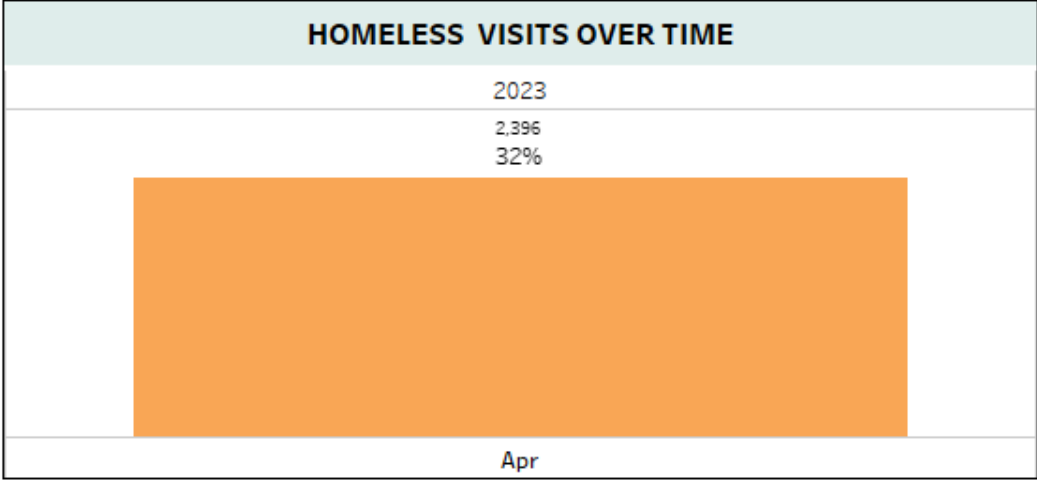
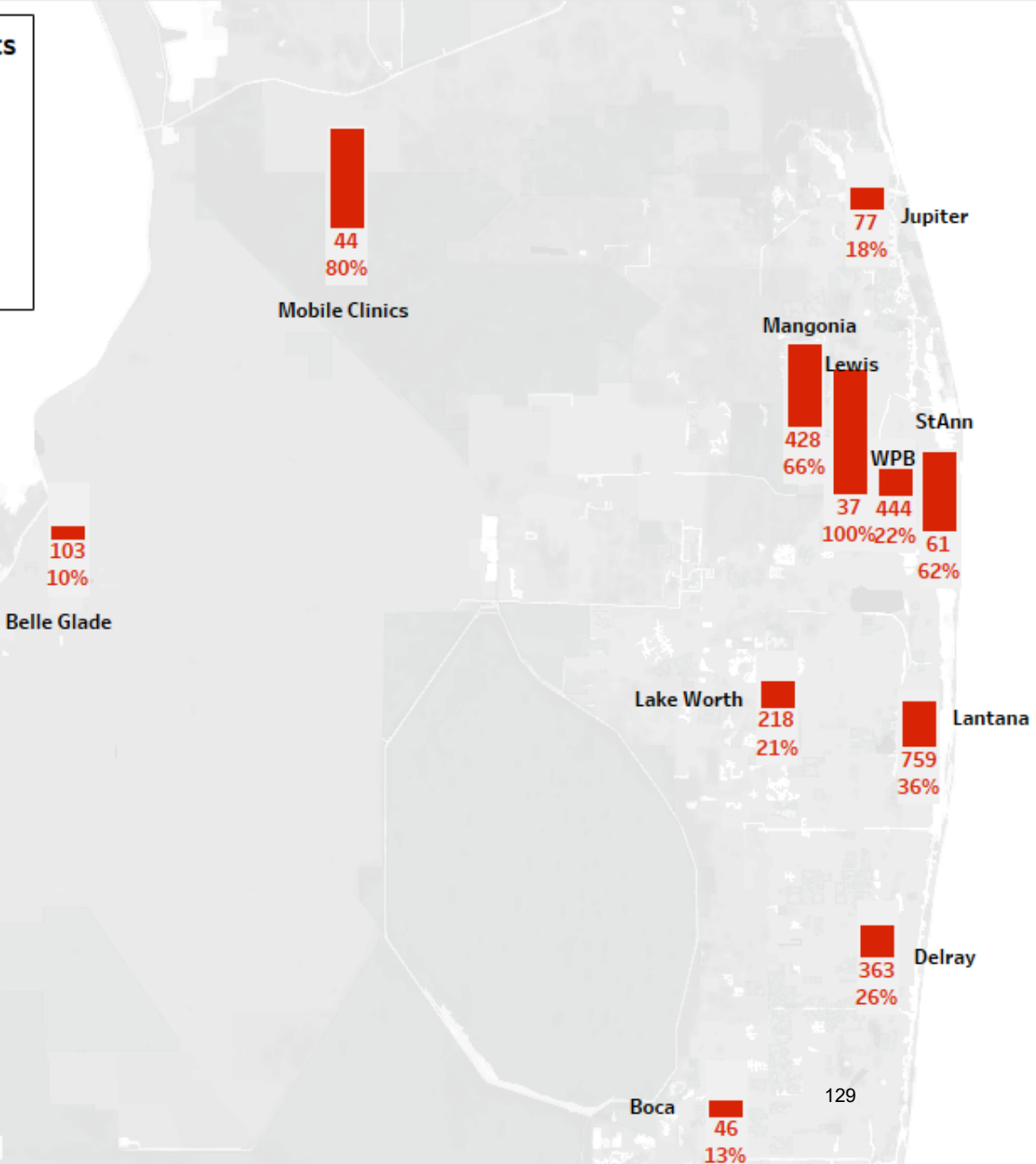
27.2%

Average Visits per Patient

Homeless

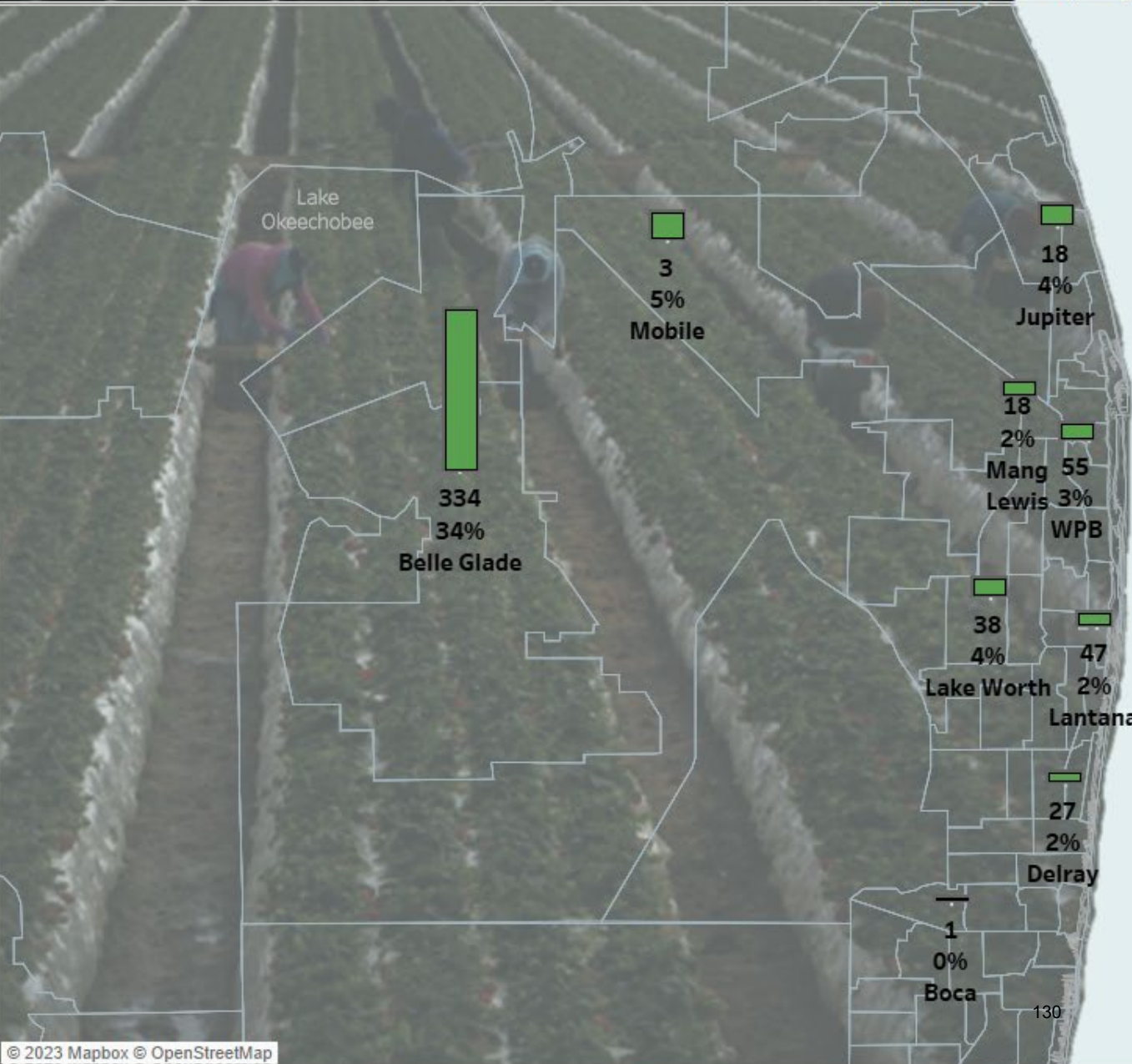
No Yes

1.4 **1.7**



AGRICULTURAL WORKERS BREAKDOWN BY CLINIC

4/1/2023 - 4/30/2023

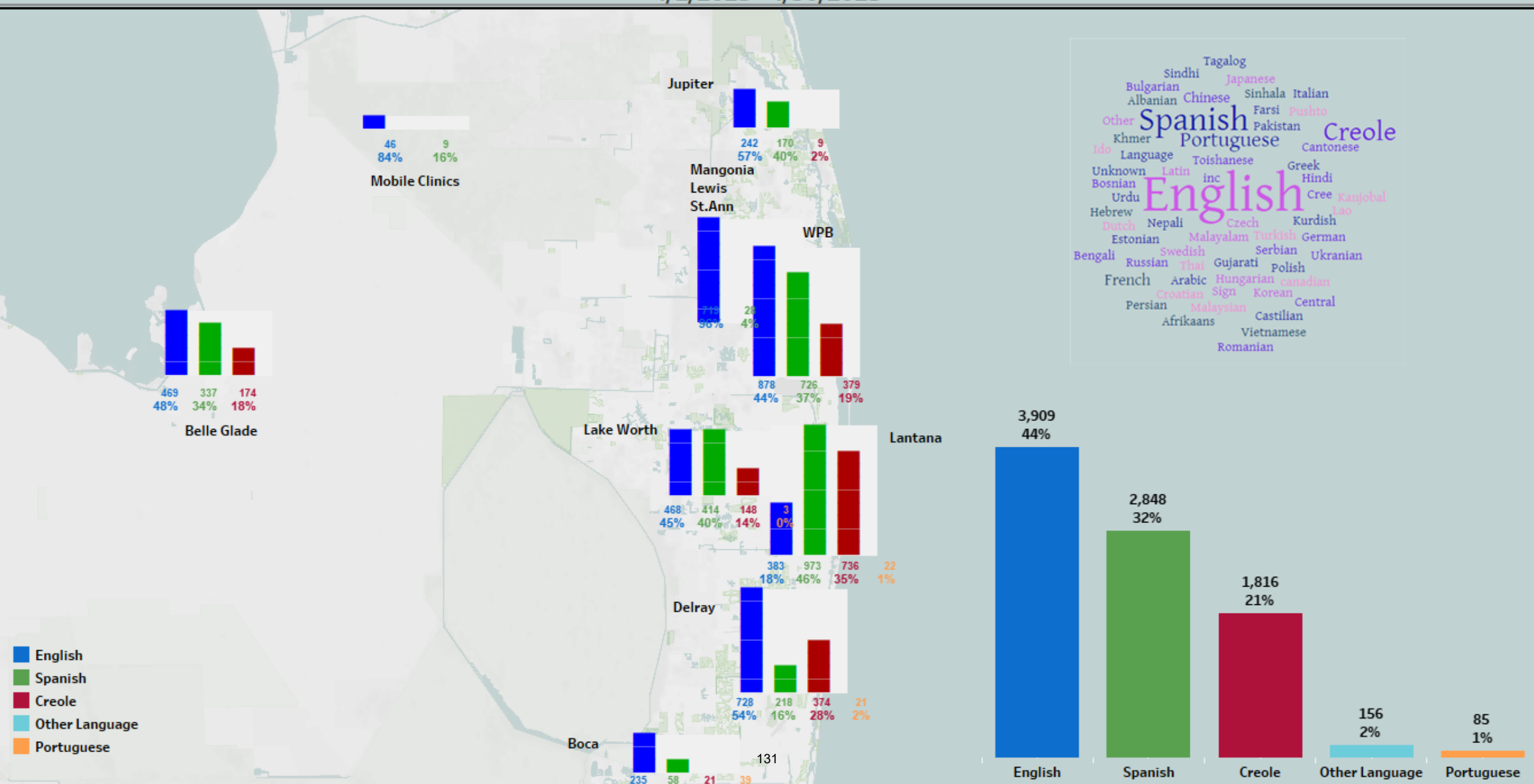


515
6.0%



LANGUAGE BREAKDOWN BY CLINIC

4/1/2023 - 4/30/2023



- English
- Spanish
- Creole
- Other Language
- Portuguese



**Our Mission
Your Passion**



2023 Strategic Plan: Operations Update

Health Care District of Palm Beach County



Becoming the Health Care Provider of Choice

Strategic Focus Areas:

- **RIGHT CARE, RIGHT TIME, RIGHT PLACE**
- **PEOPLE FIRST**
- **BRAND OF EXCELLENCE**

OUR PATIENTS

OUR PEOPLE

OUR PURPOSE



Right Care, Right Time, Right Place

STRATEGIC GOAL

Support the patients' health care journey by increasing **access to care** through the enhancement and expansion of current service lines.



Expansion of hours of care across clinics

(allowing for early/late appointments and additional capacity for new provider FTE's at space-limited centers)



Strategy In Action

- Template changes expanded morning and late-afternoon hour availability:

Appointment hours ranging from 7:45 am to 4:30 pm

- West Palm Beach Health Center, 03/27/23
 - Lantana Health Center, 06/05/23
-
- In the process of evaluating expanded hours in space-limited Health Centers
 - Identifying two clinics for expansion and outlining staffing and budget need for teams to work four 10-hour shifts- Staff surveys completed.
 - This allows for additional providers in Health Centers at space capacity



Right Care, Right Time, Right Place = *RESULTS*

Impacts:

- (~5 new appointment times/medical provider)
- Decreased wait times

Total Appointment Duration At WPB Clinic

