



C. L. Brumback

**Primary Care Clinics**

Health Care District Palm Beach County

## **BOARD OF DIRECTORS**

**May 28, 2019**

**9:45 A.M.**

**Meeting Location**  
**39200 Hooker Hwy**  
**Belle Glade, FL 33430**

*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 28, 2019  
39200 Hooker Hwy  
Belle Glade, FL 33430**

**1. Call to Order – James Elder, Chair**

- A. Roll Call
- B. Affirmation of Mission: To provide compassionate, comprehensive health services to all Palm Beach County residents, through collaboration and partnership, in a culturally sensitive environment.

**2. Agenda Approval**

- A. Additions/Deletions/Substitutions
- B. Motion to Approve Agenda

**3. Awards, Introductions and Presentations**

**4. Disclosure of Voting Conflict**

**5. Public Comment**

**6. Meeting Minutes**

- A. **Staff recommends a MOTION TO APPROVE:**  
Joint Board Meeting Minutes of March 26, 2019.  
[Pages 1-8]
- B. **Staff recommends a MOTION TO APPROVE:**  
Board Meeting Minutes of April 24, 2019.  
[Pages 9-16]

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

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

**A. ADMINISTRATION**

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

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

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

Attendance tracking.

[Page 17]

**7A-3 RECEIVE AND FILE:**

Board Member Resignation – Shanti Howard.

[Page 18-19]

**B. FINANCE**

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

C. L. Brumback Primary Care Clinics Finance Report April 2019.

(Dawn Richards) [Pages 20-40]

**C. POLICIES**

**7C-1 Staff Recommends a MOTION TO APPROVE:**

Revised Tracking Policies.

(Andrea Steele) [Pages 41-45]

**D. OPERATIONS**

**7D-1 Staff Recommends a MOTION TO APPROVE:**

Operations Reports – April 2019.

(Terry Megiveron) [Pages 46-65]

**E. EXECUTIVE**

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

Executive Director Informational Update.

(Belma Andric) [Pages 66-67]

**8. Regular Agenda**

**A. CREDENTIALING AND PRIVILEGING**

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

Licensed Independent Practitioner Credentialing and Privileging – Robert Rotella,  
DDS & Ada Seminario, DDS.  
(Sarah Gonzalez) [Pages 68-70]

**B. QUALITY**

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

Quality Council Reports.  
(Dr. Noelle Stewart) [Pages 71-93]

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

**10. Board Member Comments**

**11. Establishment of Upcoming Meetings**

**June 26, 2019 (HCD Board Room)**

12:45pm Board of Directors

**July 31, 2019 (HCD Board Room)**

12:45pm Board of Directors

**August 28, 2019 (HCD Board Room)**

12:45pm Board of Directors

**September 25, 2019 (HCD Board Room)**

12:45pm Board of Directors

**October 30, 2019 (HCD Board Room)**

12:45pm Board of Directors

**November 27, 2019 (HCD Board Room)**

12:45pm Board of Directors

**December 18, 2019 (HCD Board Room)**

12:45pm Board of Directors

**12. Motion to Adjourn**



**HEALTH CARE DISTRICT OF  
PALM BEACH COUNTY  
BOARD OF COMMISSIONERS & DISTRICT CLINIC HOLDINGS, INC. JOINT  
SUMMARY MEETING MINUTES  
March 26, 2019, 2:00 p.m.  
1515 N. Flagler Drive, Suite 101  
West Palm Beach, FL 33401**

**1. Call to Order**

Brian Lohmann called the meeting to order.

**A. Roll Call**

Health Care District Board members present included: Brian Lohmann, Chair; Nancy Banner, Vice Chair; Sean O'Bannon, Secretary; Les Daniels, Ed Sabin and Dr. Alonso. Cory Neering was absent.

District Clinic Holdings Board members present included: James Elder, Chair; Joseph Morel, Vice Chair; John Casey Mullen, Secretary; Michael Smith; Irene Figueroa; and Julia Bullard. Shanti Howard was absent.

Staff present included: Darcy Davis, Chief Executive Officer; Dawn Richards, Chief Financial Officer; Dr. Belma Andric, Chief Medical Officer; Dr. Tom Cleare, VP of Strategy; Karen Harris, VP of Field Operations; Cindy Yarbrough, Chief Information Officer; Steven Hurwitz, VP of Human Resources and Communications; and Valerie Shahriari, General Counsel.

Recording/Transcribing Secretary: Heidi Bromley

**B. Invocation**

Darcy Davis led the invocation.

**C. Pledge of Allegiance**

The Pledge of Allegiance was recited.

**D. Affirmation of Mission: The mission of the Health Care District of Palm Beach County is to be the health care safety net for Palm Beach County. Our vision is meeting changes in health care to keep our community healthy.**

## 2. Agenda Approval

- A. Additions/Deletions/Substitutions
- B. Motion to Approve Agenda

**CONCLUSION/ACTION: Commissioner Alonso made a motion to approve the agenda as presented. The motion was duly seconded by Commissioner O'Bannon. There being no opposition, the motion passed unanimously.**

## 3. Awards, Introductions and Presentations

- A. Clinic and Board Introductions

Dr. Andric introduced the District Clinic Board members and Ms. Davis introduced the Health Care District Board members.

- B. Accomplishments, Changes and Anticipated Direction of the Clinics

Dr. Andric discussed the Accomplishments, Changes and Anticipated Direction of the Primary Care Clinics.

- C. Public Records and Sunshine Implications.

Ms. Shahriari provided an overview of Florida's Government in the Sunshine Law.

- D. RSM - 2018 IT Risk Assessment Summary

Anthony Catalano with RSM presented the 2018 IT Risk Assessment.

- E. Correlation of IT Audits

Ms. Yarbrough discussed the layers of IT review and Audits performed.

## 4. Disclosure of Voting Conflict

## 5. Public Comment

Don Chester stated that a friend who required health care went to the Lantana Clinic and gave praise for the care he received. He wanted to thank the entire clinic staff for a job well done.

## 6. Meeting Minutes

- A. Staff Recommends a MOTION TO APPROVE:  
Board Meeting Minutes of January 29, 2019.

**CONCLUSION/ACTION: Commissioner Alonso made a motion to approve the Board Meeting Minutes of January 29, 2019 as presented. The motion was duly seconded by Commissioner Sabin. There being no objection, the motion passed unanimously.**

## 7. Committee Reports

- 7.1 Finance and Audit Committee Report – (Commissioner Sabin)

Commissioner Sabin stated that the Finance & Audit Committee approved the four internal audit updates. They reviewed the external audits and the February financial statements. They approved the Good Health Foundation amended bylaws which now appoints the Finance & Audit Committee as the governing Board effective as today.

- 7.2 Quality, Patient Safety and Compliance Committee – (Commissioner Alonso)

Dr. Alonso stated that we had an outstanding Quality, Patient Safety and Compliance Committee meeting. We received a visit from AHCA. They went to the Healey Center on the weekend and made a surprise visit. There were very few findings so staff did a great job. The other audit was school health. They gave lots of compliments on all the great things we're doing and how well everything is organized. This shows how hard staff is working.

- 7.3 Lakeside Health Advisory Board Report – (Commissioner Alonso)

The Lakeside Health Advisory Board met on February 12, 2019. The Board welcomed new Board Member Inger Harvey. We received Lakeside Medical Center updates on operations, quality data, and financial data. The Board recognized outgoing Board Member Angie Pope and thanked her for her 8 years of service. A framed memento was presented to Sandra Chamblee's family recognizing her over 30 years of service to the Glades Community and multiple tenures on the hospital Board.

- 7.4 C.L. Brumback Primary Care Clinics Board Report – (Belma Andric, MD)

Meetings were held on January 30, 2019 and February 27, 2019. On 12/20/2018 we received our Notice of Award from HRSA confirming our grant continuation through 12/31/2021. Our current approved grant budget is \$7,617,174.00. Construction is underway at the new Mangonia Park clinic with expectation that

we will open in the fall. HRSA-19-080 - New Access Points (NAP) grant is a new funding opportunity for new sites. Applicants can apply for up to \$650,000 per year for up to 2 years.

## **8. Consent Agenda – Motion to Approve Consent Agenda Items**

**CONCLUSION/ACTION: Commissioner Alonso made a motion to approve the Consent Agenda items. The motion was duly seconded by Commissioner O’Bannon. There being no objection, the motion passed unanimously.**

### **A. ADMINISTRATION**

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

March 2019 Internet Posting of District Public Meeting.

<https://www.hcdpbc.org/EventViewTrainingDetails.aspx?Bck=Y&EventID=256&m=0|0&DisplayType=C>

#### **8A-2 RECEIVE AND FILE**

Health Care District Board Attendance.

#### **8A-3 RECEIVE AND FILE:**

Health Care District Financial Statements February 2019.

#### **8A-4 Staff Recommends a MOTION TO APPROVE:**

Medical Staff Appointment(s) for Lakeside Medical Center.

#### **8A-5 Staff Recommends a MOTION TO APPROVE:**

Audit Plan 2018-2019 Status Update & Follow-Up of Management Action Plan Items.

#### **8A-6 Staff Recommends a MOTION TO APPROVE:**

Audit Plan 2019-2020 Status Update.

#### **8A-7 Staff Recommends a MOTION TO APPROVE:**

Third Party Vendor Management Audit.

#### **8A-8 Staff Recommends a MOTION TO APPROVE:**

PTO Benefits Audit.

#### **8A-9 Staff Recommends a MOTION TO APPROVE:**

Revenue Charge Capture Controls Assessment.

#### **8A-10 Staff Recommends a MOTION TO APPROVE:**

Controlled Substance Audit – Primary Care Clinic Pharmacies.



8A-11 **Staff Recommends a MOTION TO APPROVE:**

Amendment to the Finance and Audit Committee Charter.

8A-12 **Staff Recommends a MOTION TO APPROVE:**

Amendment to the Quality, Patient Safety and Compliance Committee Charter.

9. Regular Agenda

A. **ADMINISTRATION**

9A-1 **Staff Recommends a MOTION TO APPROVE:**

Member Appointments to the Finance and Audit Committee.

Dr. Cleare stated this agenda item presents the Board with a recommendation to appoint Mark Marciano and Richard Sartory to the Finance & Audit Committee. As a reminder, the Health Care District Bylaws specify that the District Board shall appoint all standing committee members to a four (4) year term with standing committee membership limited to two (2) full terms. Staff recommends the Board approve the appointment of Mark Marciano and Richard Sartory to the Finance and Audit Committee.

**CONCLUSION/ACTION: Commissioner Sabin made a motion to approve the appointment of Mark Marciano and Richard Sartory to the Finance and Audit Committee. The motion was duly seconded by Commissioner Banner. There being no objection, the motion passed unanimously.**

There was discussion of staggering the rotation of members. As a result, the motion was revised (below).

**CONCLUSION/ACTION: Commissioner Banner made a new motion to appoint Rick Sartory and Mark Marciano for a term that is consistent with our governing documents. The motion was duly seconded by Commissioner Sabin. There being no objection, the motion passed unanimously.**

9A-2 **Staff Recommends a MOTION TO APPROVE:**

2018 Health Care District Audit.

The 2018 Health Care District audited Comprehensive Annual Financial Report (CAFR) was presented by Carlos Hernandez (RSM) to the Board for review and approval.

**CONCLUSION/ACTION: Commissioner Banner made a motion to approve the 2018 Health Care District Audit. The motion was duly seconded by Commissioner O'Bannon. There being no objection, the motion passed unanimously.**

9A-3 **Staff Recommends a MOTION TO APPROVE:**  
2018 District Clinic Holdings, Inc. Audit.

The 2018 District Clinic Holdings, Inc. audited financial report was presented by Carlos Hernandez (RSM) to the Board for review and approval.

**CONCLUSION/ACTION: Commissioner Banner made a motion to approve the 2018 District Clinic Holdings, Inc. Audit. The motion was duly seconded by Commissioner Alonso. There being no objection, the motion passed unanimously.**

9A-4 **Staff Recommends a MOTION TO APPROVE:**  
2018 Good Health Foundation, Inc. Audit.

The 2018 Good Health Foundation, Inc. audited financial report was presented by Carlos Hernandez (RSM) to the Board for review and approval.

**CONCLUSION/ACTION: Commissioner Alonso made a motion to approve the 2018 Good Health Foundation, Inc. Audit. The motion was duly seconded by Commissioner Daniels. There being no objection, the motion passed unanimously.**

9A-5 **Staff Recommends a MOTION TO APPROVE:**  
2018 Healthy Palm Beaches, Inc. Audit.

The 2018 Healthy Palm Beaches, Inc. audited financial report was presented by Carlos Hernandez (RSM) to the Board for review and approval.

**CONCLUSION/ACTION: Commissioner Alonso made a motion to approve the 2018 Healthy Palm Beaches, Inc. Audit. The motion was duly seconded by Commissioner O'Bannon. There being no objection, the motion passed unanimously.**

**DISTRICT CLINIC HOLDINGS, INC. BOARD**

**10. Agenda Approval**

- A. Additions/Deletions/Substitutions
- B. Motion to Approve Agenda

**CONCLUSION/ACTION: Mr. Smith made a motion to approve the agenda as presented. The motion was duly seconded by Mr. Morel. There being no opposition, the motion passed unanimously.**

**11. Regular Agenda**

**11A-1 Staff Recommends a MOTION TO APPROVE:**

Appointment of Gary Butler to the District Clinic Holdings, Inc. Board.

Dr. Andric stated that Gary Butler has submitted an application for consideration to be appointed to the District Clinic Holdings, Inc. Board of Directors. Mr. Butler worked in the field of healthcare for years and spends a great deal of time in Belle Glade. He is familiar with special population such as agricultural workers and homeless individuals. Staff recommends the Board approve the appointment of Gary Butler to the District Clinic Holdings, Inc. Board.

**CONCLUSION/ACTION: Mr. Smith made a motion to approve the appointment of Gary Butler to the District Clinic Board. The motion was duly seconded by Mr. Morel. There being no objection, the motion passed unanimously.**

**11A-2 Staff Recommends a MOTION TO APPROVE:**

Licensed Independent Practitioner Credentialing and Privileging.

Dr. Andric stated that the LIP satisfactorily completed the credentialing and privileging 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. Staff recommends the Board approve the credentialing and privileging.

**CONCLUSION/ACTION: Mr. Morel made a motion to approve the credentialing and privileging. The motion was duly seconded by Mrs. Bullard. There being no objection, the motion passed unanimously.**

**12. CEO Comments**

Ms. Davis mentioned that the upcoming Board meeting in May will be held at Lakeside Medical Center. Please allow ample time for travel.

**13. District Clinic Board Member Comments**

None.

**14. HCD Board Member Comments**

None.

**15. CLOSED RISK MEETING**

Pursuant to Florida Statute Ch. 768.28, 395.0197, 766.101 and 400.119, 400.147

The closed meeting took place at this time. All persons currently exited the meeting except the following: Chief Executive Officer, General Counsel and the Health Care District Board.

**16. Establishment of Upcoming Board Meetings**

**May 28, 2019 - Annual Meeting - Officer Elections (Lakeside Medical Center)**

- 2:00PM, Health Care District Board Meeting

**July 30, 2019 (Location TBD)**

- 9:00AM, Health Care District Strategic Planning
- 2:00PM, Joint Meeting with Finance and Audit Committee

**September 2019 (Dates TBD for two TRIM meetings)**

- 4:00PM, Health Care District Board Meeting
- 5:15PM, Truth In Millage (TRIM) Meeting

**November 26, 2019**

- 2:00PM, Joint Meeting with Lakeside Health Advisory Board

**17. Motion to Adjourn**

There being no further business, the meeting was adjourned.

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Sean O'Bannon, Secretary

\_\_\_\_\_  
Date

\_\_\_\_\_  
John Casey Mullen, Secretary

\_\_\_\_\_  
Date

**District Clinic Holdings, Inc.  
d.b.a. C.L. Brumback Primary Care Clinics  
Board of Directors Meeting  
Summary Minutes  
4/24/2019**

**Present:** James Elder, Chairperson; Joseph Morel, Vice Chairperson; Mike Smith, Treasurer; John Casey Mullen, Secretary; Shanti Howard; Julia Bullard; Cory Neering.

**Excused:**

**Absent:** Irene Figueroa

**Staff:** Dr. Belma Andric, CMO, VP & Executive Director of Clinical Services; Valerie Shahriari, General Counsel; Mina Bayik, Director of Finance; Terry Megiveron, Director of Operations; Dr. Tamara-Kay Tibby, Dental Director; Dr. Noelle Stewart, Medical Director; Cindy Yarborough, Chief Information Officer; Sarah Gonzalez, Director of Credentialing & Provider Services; Dr. Courtney Rowling, Director of Behavioral Health.

**Minutes Transcribed By:** Alena Ranucci

**Meeting Scheduled For:** 12:45pm

**Meeting Began at:** 12:54pm

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

<b>3. Awards, Introductions and Presentations</b>	None	No action necessary.
<b>4. Disclosure of Voting Conflict</b>	None.	No action necessary.
<b>5. Public Comment</b>	None.	No action necessary.
<b>6. Meeting Minutes</b>		
<b>6A Staff Recommends a MOTION TO APPROVE:</b> Board Meeting Minutes of February 27, 2019	There were no changes or comments to the minutes dated February 27, 2019.	<b>VOTE TAKEN:</b> Mr. Morel made a motion to approve the minutes of February 27, 2019 as presented. The motion was duly seconded by Mr. Mullen. A vote was called, and the motion passed unanimously.
<b>6B Staff Recommends a MOTION TO APPROVE:</b> Strategic Planning Meeting Minutes of March 27, 2019	There were no changes or comments to the minutes dated March 27, 2019.	<b>VOTE TAKEN:</b> Mr. Neering made a motion to approve the minutes of March 27, 2019 as presented. The motion was duly seconded by Mr. Morel. A vote was called, and the motion passed unanimously.
<b>7. Consent Agenda – Motion to Approve Consent Agenda Items</b>		<b>VOTE TAKEN:</b> Mr. Mullen made a motion to approve the consent agenda as presented. The motion was duly seconded by Mrs. Bullard. A vote was called, and the motion passed unanimously.
<b>7A. ADMINISTRATION</b>		
<b>7A-1. Receive &amp; File:</b> April 2019 Internet Posting of District Public Meeting	The meeting notice was posted.	Receive & File. No further action necessary.
<b>7A-2. Receive &amp; File:</b> Attendance tracking	Attendance tracking was updated.	Receive & File. No further action necessary.
<b>7B. FINANCE</b>		
<b>7B-1. Staff recommends a MOTION TO APPROVE:</b> C. L. Brumback Primary Care Clinics Finance Report March 2019.	Finance Report for March 2019 presented and reviewed in the Finance Committee meeting.	Motion referenced above, no further action necessary.
<b>8. Regular Agenda</b>		
<b>A. EXECUTIVE</b>		

<p><b>8A-1. RECEIVE AND FILE:</b> Executive Director Informational Update.</p>	<p>Dr. Andric provided an Executive Director informational update:</p> <p><u>Lakeside Medical Center Clinic (Belle Glade)</u> Clinic Ribbon Cutting is scheduled for May 28th at Lakeside Medical Center at 10:00am.</p> <p><u>Mangonia Park</u> Construction is underway at the new clinic with expectation that we will open in the Fall.</p> <p><u>HRSA New Access Point (NAP) Grant</u> Application was submitted on 4/10/2019. We should find out more about this grant award in September. Award is up to \$650,000.</p> <p><u>CDC-RFA-CE19-1904 Overdose Data to Action Department of Health and Human Services Centers for Disease Control – NCIPC</u> A draft narrative and budget were provided to Department of Health Palm Beach County on 4/5/2019. Requesting \$933,485.</p> <p><u>HRSA-19-100 Fiscal Year 2019 Integrated Behavioral Health Services (IBHS) Supplemental Funding</u> We have requested a quote from Cherokee Health for on-site consulting services and will request funding for this training of our LCSW's. Award is up to \$145,000.</p> <p><u>HRSA-19-079 FY 2019 Oral Health Infrastructure (OHI) Technical Assistance</u> We have received quotes for new dental chairs and are putting together a draft budget to provide triple-integrated services in Lantana. Award is up to \$300,000.</p> <p><u>Sunshine Health Barrier Removal Fund</u> Assistance to make dental services more accessible to members with intellectual and developmental disabilities, specifically: weighted blankets, noise cancelling</p>	<p><b>Receive &amp; File. No further action necessary.</b></p>
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	headphones, TV or DVD player for members needed sensory accommodations to watch while getting dental services.	
<b>8B. CREDENTIALING AND PRIVILEGING</b>		
<b>8B-1. Staff Recommends a MOTION TO APPROVE:</b> Licensed Independent Practitioner Credentialing and Privileging – Courtney Rowling	<p>Courtney Rowling, MD, LIP, has satisfactorily completed the credentialing and privileges process and met the standards set forth within the approved Credentialing and Privileging Policy. Staff recommends the Board approve the initial credentialing and privileging for Courtney Rowling.</p> <p>Mr. Smith has requested to receive a little bio of the provider when they are being re-credentialed. Mrs. Gonzalez replied that we will bring this to the board moving forward.</p>	<b>VOTE TAKEN: Mr. Smith made a motion to approve Licensed Independent Practitioner Credentialing and Privileging – Courtney Rowling as presented. The motion was duly seconded by Mr. Morel. A vote was called, and the motion passed unanimously.</b>
<b>8C. OPERATIONS</b>		
<b>8C-1. Staff Recommends a MOTION TO APPROVE:</b> Operations Reports – January 2019.	<p>Terry Megiveron, Director of Operations, presented the highlights of clinic productivity report for February and March 2019 that was included in the board package.</p> <p>Pediatrics saw 1432 patients at 72% of target met. This is 14 more patients than February productivity of 1418 visits. We are currently reviewing pediatric providers and locations regarding low productivity in Boca, Delray and Lake Worth. We also reviewed this during our strategic planning meeting and are currently working on changes that we anticipate will positively impact productivity in this area.</p> <p>Adults saw 6555 patients at 90% of target met. This is 369 more patients than February productivity of 6186 visits. We discussed low producing areas in strategic planning and are working on a plan of correction for low producing areas.</p>	<b>VOTE TAKEN: Mr. Smith made a motion to approve Operations Reports February and March 2019 as presented. The motion was duly seconded by Mr. Morel. A vote was called, and the motion passed unanimously.</b>



Mental Health saw 905 patients at 81% of target met. This is 89 less patients than February productivity of 994 visits. We had one provider out on maternity leave and we continue to ramp up warm handoffs to our behavioral health specialists, including on the mobile clinic.

Substance Abuse saw 494 patients at 97% of target met. This is 79 more patients than February productivity of 415 visits. We continue to operate at maximum capacity with plans to expand services later this year.

Women's Health saw 344 patients at 90% of target met. This is 19 more patients than February productivity of 325 visits. We've hired a new Women's Health ARNP (Jennifer Casanova) that is now seeing patients and continues to ramp up her productivity and is doing well.

Dental saw 2087 patients at 89% of target met. This is 123 more patients than February productivity of 1964 visits. Lower productivity was anticipated as we continue to transition to accommodate our pediatric patient population. Dental Hygienists saw 405 patients at 90% of target met. This is 137 more patients than February productivity of 268 (we now have all Hygienist vacancies filled).

Vacancies: 2 Dental Assistants, Infection Control, Registered Nurse, Medical Assistant, Dental Registration. We are actively recruiting for 6 Positions. We have additional positions listed on finance reports that are either filled or on-hold. We continue to review with HR and Finance to reconcile the reports.

Mr. Smith asked how targets are set. Dr. Andric replied stating that targets are set based on average targets among other community health centers across the Nation so that we all have similar targets.

**8D. QUALITY**

**8D-1. Staff Recommends a MOTION TO APPROVE:**  
Quality Council Reports.

UDS and Quality Metrics

In December 2010, the Department of Health and Human Services launched Healthy People 2020 which provides science-based, 10-year national objectives for improving the health of all Americans. We recently added these Healthy people 2020 goals to UDS report to 3 indicators (childhood immunization, cervical cancer screening and colorectal cancer screening).

Of the 14 UDS Measures: 5 Exceeded the HRSA Goal and 9 were short of the HRSA Goal. For many that were short of HRSA goal the findings are that numbers may be reduced due to how Athena is capturing data. We expect improvements as the year progresses and continue to provide education to the teams when needed and share data with the clinics so that they know where they stand as far as meeting measure goals.

In the month of April, our American Cancer Society Liaison will join us in going to out to the clinics for a lunch and learn on HPV vaccination. In month of May we will implement lunch and learns devoted to Cervical Cancer Screening.

Annual Patient Satisfaction Survey

We compiled and presented our Winter 2019 patient satisfaction survey results. Selected slides were presented to clinics at the April team meeting. Patient satisfaction survey was distributed in all clinics in the month of January and was completed in March 2019. Unlike previous years, the survey was completed via iPad. We received 819 responses in English, Spanish and Creole. A comparison of patient's perceived wait time in 2018 vs. 2019 showing that overall patients feel they are waiting less; 86.1% of surveyed would be very likely or extremely likely to recommend our practice to others. Overall we received excellent facility ratings as it pertains to comfortable and pleasant waiting area, ease in scheduling appointment, being informed about delays, maintaining privacy

**VOTE TAKEN: Mr. Smith made a motion to approve Quality Council Reports as presented. The motion was duly seconded by Mr. Morel. A vote was called, and the motion passed unanimously.**

	<p>throughout the visit and providers listening skills and respect for patient. One area that was identified as needing the most improvement was “the ability to communicate with the practice via phone” since the patient satisfaction rating was below 50%. Numerous interventions such as changing the phone tree, restructuring the Call Center department and changing the scheduling templates are planned and in the process of being implemented.</p>	
<p><b>8D-2. Staff Recommends a MOTION TO APPROVE: Quality Assurance/Quality Improvement Plan, V7</b></p>	<p>We revised the QI plan to be more in alignment with HRSA compliance manual. We updated the plan to describe how our quality improvement initiatives are communicated from the Board of Director to clinic administration to staff in the clinic and vice versa. Changes made include, adding that our Quality work groups are service-line specific, detailing our monthly team member meetings, and revising the QI Program diagram which details the components that make up our Quality Assurance and Improvement, Utilization of Health Center Services, Patient Satisfaction and Patient Grievance processes and Patient Safety and Adverse Events. We also updated our Key Initiatives to mirror our Pillars of Success from our Strategic plan.</p>	<p><b>VOTE TAKEN: Mr. Morel made a motion to approve Quality Assurance / Quality Improvement Plan, V7 as presented. The motion was duly seconded by Mr. Mullen. A vote was called, and the motion passed unanimously.</b></p>
<p><b>9. CMO, VP and Executive Director of Clinical Services Comments</b></p>	<p>None.</p>	<p><b>No action necessary.</b></p>
<p><b>10. Board Member Comments</b></p>	<p>None.</p>	<p><b>No action necessary.</b></p>
<p><b>11. Closed Risk &amp; Claims [Under Separate Cover]</b></p>	<p>At this time, this meeting will be closed pursuant to sections 766.101 and 768.28, Florida Statutes and other relevant statutes and regulations. The closed portion of the meeting is to address Risk &amp; Quality Management matters. All persons currently present must exit the meeting except the following:</p> <ul style="list-style-type: none"> <li>• Risk &amp; Quality Management Department personnel Key clinical personnel who are directly involved in Risk &amp; Quality Management issues;</li> </ul>	<p><b>No action necessary.</b></p>

	<ul style="list-style-type: none"> <li>• Legal Counsel to the Board; and</li> <li>• District Clinic Holdings, Inc. Board members</li> </ul>	
<b>12. Establishment of Upcoming Meetings</b>	<p>2019 Board of Directors Meetings were approved at the November 28, 2018 Board meeting.</p> <p>It was proposed during this meeting to hold our next Board meeting out at Lakeside so we the Board can tour the new Belle Glade Clinic:</p> <ul style="list-style-type: none"> <li>• May 28, 2019 (Lakeside Medical Center) at 9:30 AM.</li> </ul> <p>Meetings start at 12:45 PM:</p> <ul style="list-style-type: none"> <li>• June 26, 2019</li> <li>• July 31, 2019</li> <li>• August 28, 2019</li> <li>• September 25, 2019</li> <li>• October 30, 2019</li> <li>• November 27, 2019</li> <li>• December 18, 2019</li> </ul>	<b>No action necessary.</b>
<b>13. Motion to Adjourn</b>	There being no further business, the meeting was adjourned.	<b>Mr. Mullen made a motion to adjourn and seconded by Mrs. Howard. The meeting was adjourned.</b>

Minutes Submitted by: \_\_\_\_\_  
Signature Date

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

**Attendance Tracking**

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

X= Present

C= Cancel

E= Excused

A= Absent

**DISTRICT CLINICS HOLDING, INC.**  
**BOARD OF DIRECTORS**  
**May 28<sup>th</sup>, 2019**

**1. Description:** Board Member Resignation – Shanti Howard

**2. Summary:**

Shanti Howard has notified the C. L. Brumback Primary Care Clinics that she is resigning from her position on the Board.

**3. Substantive Analysis:**

Ms. Howard provided a letter notifying the C. L. Brumback Primary Care Clinics that she is resigning from her position on the Board.

Ms. Howard conveyed that serving on the Clinic Board has been an honor and a pleasure and that the residents of Palm Beach County are fortunate to have the Clinics available to them. Ms. Howard also indicated she will continue to follow the Clinics' progress.

Consistent with the District Clinics Holdings, Inc. Bylaws, Section 9.2(a), the Board has the following requirements to fill the open Board position.

9.2 Selection of New Board Member(s) for open Member positions. The selection of new Board members to fill any vacancy then existing or to replace any member whose Term is ended, will be as follows:

- a. Vacancies on the Board due to the termination, resignation or death of a Member prior to the expiration of his/her Term may be filled within sixty (60) days of the vacancy by a majority vote of the Members at the next regular meeting, or at a special meeting called for that purpose, from those eligible persons recommended by the Nominating/Membership Committee. The newly elected member will serve for the unexpired term of the Member position being filled and shall be eligible to seek reappointment upon expiration of such term.

**DISTRICT CLINICS HOLDING, INC.**  
**BOARD OF DIRECTORS**  
**May 28<sup>th</sup>, 2019**

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

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

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

\_\_\_\_\_  
Dawn Richards  
VP & Chief Financial Officer

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

N/A

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

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

**6. Recommendation:**

Staff recommends the Board Receive and File Shanti Howard's resignation from the Board.

Approved for Legal sufficiency:



\_\_\_\_\_  
Valerie Shahriari  
VP & General Counsel



\_\_\_\_\_  
Dr. Belma Andric, MPH  
CMO, VP & Executive Director of Clinics

**DISTRICT CLINIC HOLDINGS, INC**  
**BOARD OF DIRECTORS**  
**May 28, 2019**

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

**2. Summary:**

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

**3. Substantive Analysis:**

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

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

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

Reviewed for financial accuracy and compliance with purchasing procedure:

  
 Dawn Richards  
 VP & Chief Financial Officer

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

Finance Committee

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

5/28/2019

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

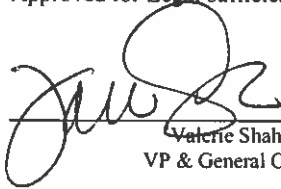


**DISTRICT CLINIC HOLDINGS, INC**  
**BOARD OF DIRECTORS**  
**May 28, 2019**

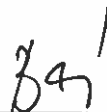
**6. Recommendation:**

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

Approved for Legal sufficiency:

  
\_\_\_\_\_  
Valerie Shahrian  
VP & General Counsel

  
\_\_\_\_\_  
Dawn Richards  
VP & Chief Financial Officer

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



## MEMO

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To: Finance Committee  
From: Dawn L. Richards  
Chief Financial Officer  
Date: April 16, 2019

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

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

### Volume Analysis

Total medical clinic visits in all adult and pediatric clinics of 59,785 are 2,525 (4.1%) under the budget of 62,310 and 456 (0.8%) under the prior year of 60,241. Total dental visits of 15,986 are 3,965 (19.9%) under the budget of 19,951 and 2,633 (14.1%) under the prior year of 18,619.

### Net Revenue

Clinic Medical net patient revenue of \$5.5M is \$1.3M (30.5%) over the budget of \$4.2M and \$760k (12.2%) under the prior year of \$6.2M. Medical net patient revenue per visit is \$91.88 compared to the budget of \$67.55 and prior year of \$103.81. Clinic Dental net patient revenue of \$1.7M is \$377k (28.4%) over the budget of \$1.3M and \$643k (27.4%) under the prior year of \$2.3M. Dental net patient revenue per visit is \$106.62 compared to the budget of \$66.51 and prior year of \$126.09. For both Clinic Medical and Clinic Dental, the positive variance in actual to budget net patient revenue per visit was caused by the unbudgeted HCD subsidy and LIP payments.

### Expenses

Variances in expenses were caused by the following: savings and timing in salaries (\$203k), benefits (\$185k), medical services (\$181k), drugs (\$58k), and medical supplies (\$72k). This accounts for all of the \$652k favorable variance in total Clinic operating expense. Clinic Medical operating expenses of \$11.5M are \$423k (3.6%) under the budget of \$11.9M and \$832k (7.8%) over the prior year of \$10.6M. Savings in salaries (\$133k), benefits (\$154k), and medical services (\$181k) are the main contributors to the favorable variance. Clinic Dental operating expenses of \$2.6M are \$229k (8.2%) under the budget of \$2.8M and \$39k (1.5%) over the prior year of \$2.5M. Savings in salaries (\$70k), benefits (\$32k), purchased services (\$25k), medical supplies (\$40k), and other supplies (\$37k) contribute to the favorable variance.

**DISTRICT CLINIC HOLDINGS, INC.**  
**COMPARATIVE STATEMENT OF NET POSITION**

	<u>Apr 30, 2019</u>	<u>Mar 31, 2019</u>	<u>Increase (Decrease)</u>
<b>Assets</b>			
Cash and Cash Equivalents	1,167,574	1,762,860	\$ (595,286)
Accounts Receivable, net	1,365,927	1,111,251	254,675
Due From Other Funds	-	-	-
Due from Other Governments	1,388,052	1,449,746	(61,694)
Other Current Assets	130,182	180,872	(50,690)
Net Investment in Capital Assets	1,465,655	1,460,339	5,315
<b>Total Assets</b>	<u>\$ 5,517,390</u>	<u>\$ 5,965,069</u>	<u>\$ (447,679)</u>
<b>Liabilities</b>			
Accounts Payable	250,178	553,261	(303,083)
Due To Other Governments	-	-	-
Deferred Revenue	45,880	49,462	(3,583)
Other Current Liabilities	1,121,239	917,625	203,614
Non-Current Liabilities	797,053	797,053	-
<b>Total Liabilities</b>	<u>2,214,350</u>	<u>2,317,402</u>	<u>(103,052)</u>
<b>Deferred Inflows of Resources</b>			
Deferred Inflows- Other Post Employment Benefits	<u>\$ 612</u>	<u>\$ 612</u>	<u>\$ -</u>
<b>Net Position</b>			
Net Investment in Capital Assets	1,465,655	1,460,339	5,315
Unrestricted	1,836,773	2,186,715	(349,942)
<b>Total Net Position</b>	<u>3,302,428</u>	<u>3,647,055</u>	<u>(344,627)</u>
<b>Total Liabilities, Deferred Inflows of Resources and Net Position</b>	<u>\$ 5,517,390</u>	<u>\$ 5,965,069</u>	<u>\$ (447,679)</u>

**Note:** Amounts may not foot due to rounding.

# District Clinics Holdings, Inc. Statement of Revenues and Expenses

FOR THE SEVENTH MONTH ENDED APRIL 30, 2019

	Current Month			Fiscal Year To Date			
	Actual	Budget	Variance	%	Prior Year	Variance	%
2,020,946	2,071,149	(50,203)	(2.4%)	1,858,934	162,013	8.7%	8.7%
911,498	482,482	(429,016)	(86.9%)	2,339,528	1,428,030	1,428,030	61.0%
472,106	798,698	376,592	40.9%	2,052,688	1,580,582	1,580,582	77.0%
183,544	205,964	22,420	10.9%	17,792	(165,752)	(931.6%)	Bad Debt
1,567,148	1,487,144	(80,004)	(5.4%)	4,410,008	2,842,860	2,842,860	64.5%
602,746	237,340	365,406	154.0%	3,783,586	(3,180,840)	(84.1%)	Other Patient Revenue
1,056,544	821,345	235,199	28.6%	1,232,511	(175,968)	(14.3%)	Net Patient Revenue
52.28%	39.66%		66.30%				Collection %
1,128,976	612,532	516,444	84.3%	633,222	495,755	78.3%	Grant Funds
3,928	14,968	(11,040)	(73.8%)	4,062	(134)	(3.3%)	Other Revenue
1,132,904	627,500	505,404	80.5%	637,284	495,620	77.8%	Total Other Revenues
2,189,447	1,448,845	740,602	51.1%	1,869,795	319,653	17.1%	Total Revenues

## Direct Operational Expenses:

1,362,818	1,385,841	23,023	1.7%	1,241,980	(120,838)	(9.7%)	Salaries and Wages
372,476	393,935	21,459	5.4%	339,579	(32,898)	(9.7%)	Benefits
66,875	63,278	(3,597)	(5.7%)	101,864	34,989	34.3%	Purchased Services
37,924	46,696	8,772	18.8%	40,647	2,723	6.7%	Medical Supplies
53,003	24,763	(28,240)	(114.0%)	12,495	(40,508)	(324.2%)	Other Supplies
33,980	64,760	30,780	47.5%	-	(33,980)	0.0%	Contracted Physician Expense
72,032	54,045	(17,987)	(33.3%)	42,549	(29,482)	(69.3%)	Medical Services
50,051	15,241	(34,810)	(228.4%)	21,609	(28,443)	(131.6%)	Drugs
111,536	125,547	14,011	11.2%	165,851	54,315	32.7%	Lease & Rental
5,138	6,251	1,113	17.8%	6,556	1,418	21.6%	Utilities
20,962	28,183	7,221	25.6%	29,722	8,760	29.5%	Other Expense
(990)	2,366	3,356	141.9%	1,417	2,407	169.9%	Insurance
2,185,804	2,210,906	25,102	1.1%	2,004,269	(181,535)	(9.1%)	Total Operational Expenses

## Net Performance before Depreciation

3,643	(762,061)	765,704	(100.5%)	(134,474)	136,117	(102.7%)	& Overhead Allocations
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14,056,571	14,708,357	651,786	4.4%	13,185,492	(871,079)	(6.6%)	
671,524	(3,955,887)	4,627,411	(117.0%)	(78,822)	750,347	(951.9%)	

# District Clinics Holdings, Inc. Statement of Revenues and Expenses

FOR THE SEVENTH MONTH ENDED APRIL 30, 2019

	Current Month			Fiscal Year To Date			
	Actual	Budget	Variance	%	Prior Year	Variance	%
	13,156	21,815	8,659	39.7%	17,540	4,383	25.0%
	2,233	12,715	10,482	82.4%	8,967	6,733	75.1%
91,067	91,067	-	-	0.0%	48,655	(42,412)	(87.2%)
5,389	5,559	170	3.1%	5,377	(12)	(0.2%)	
18,956	20,787	1,831	8.8%	27,667	8,712	31.5%	
24,923	24,923	-	0.0%	27,963	3,040	10.9%	
31,103	34,245	3,142	9.2%	49,058	17,955	36.6%	
12,733	12,733	-	0.0%	8,811	(3,922)	(44.5%)	
5,727	8,444	2,717	32.2%	9,240	3,513	38.0%	
4,550	11,698	7,148	61.1%	1,786	(2,764)	(154.7%)	
	-	1,428	1.428	100.0%	5,733	5,733	100.0%
37,644	34,893	(2,751)	(7.9%)	29,974	(7,669)	(25.6%)	
9,126	13,149	4,023	30.6%	6,360	(2,766)	(43.5%)	
86,782	99,679	12,897	12.9%	75,088	(11,694)	(15.6%)	
	-	-	0.0%	3,602	3,602	100.0%	
1,647	2,714	1,067	39.3%	3,662	2,015	55.0%	
3,233	5,764	2,531	43.9%	5,381	2,147	39.9%	
335,113	379,798	44,685	11.8%	317,325	(17,789)	(5.6%)	
2,534,074	2,612,519	78,445	3.0%	2,339,134	(194,941)	(8.3%)	
\$ (344,627)	\$ (1,183,674)	\$ 819,047	(70.4%)	\$ (469,339)	\$ 124,712	(26.6%)	
	-	-	0.0%	40,825	40,825	100.0%	
\$ -	\$ 1,087,500	\$ 1,087,500	100.0%	\$ 70,000	\$ 70,000	100.0%	

*Overhead Allocations:*

	Actual	Budget	Variance	%	Prior Year	Variance	%
24,478	89,005	64,527	72.5%	67,678	43,200	63.8%	
637,469	637,469	-	0.0%	324,991	(312,478)	(96.1%)	
36,809	38,913	2,104	5.4%	13,738	(23,071)	(167.9%)	
131,809	145,509	13,700	9.4%	167,501	35,692	21.3%	
174,461	174,461	-	0.0%	183,573	9,112	5.0%	
236,573	239,715	3,142	1.3%	196,924	(39,649)	(20.1%)	
89,131	89,131	-	0.0%	67,227	(21,904)	(32.6%)	
42,919	59,108	16,189	27.4%	43,656	737	1.7%	
44,497	81,886	37,389	45.7%	42,337	(2,159)	(5.1%)	
5,582	9,996	4,414	44.2%	13,331	7,749	58.1%	
206,620	244,251	37,631	15.4%	193,178	(13,442)	(7.0%)	
53,112	92,043	38,931	42.3%	48,927	(4,185)	(8.6%)	
593,537	697,753	104,216	14.9%	544,652	(48,886)	(9.0%)	
	-	-	0.0%	13,118	13,118	100.0%	
17,931	18,998	1,067	5.6%	23,509	5,578	23.7%	
24,124	40,348	16,224	40.2%	38,575	14,451	37.5%	
2,319,052	2,658,586	339,534	12.8%	1,982,917	(336,135)	(17.0%)	
16,467,987	17,513,926	1,045,939	6.0%	15,287,900	(1,180,087)	(7.7%)	
\$ (1,739,892)	\$ (6,761,456)	\$ 5,021,564	(74.3%)	\$ (2,181,230)	\$ 441,339	20.2%	
	-	1,221,688	100.0%	40,825	40,825	100.0%	
\$ 2,627,860	\$ 7,612,500	\$ 4,984,640	65.5%	\$ 2,070,000	\$ (557,860)	(26.9%)	

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

	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Year to Date
<b>Gross Patient Revenue</b>	1,946,640	1,491,722	2,006,898	1,645,818	1,905,360	1,935,491	2,020,946						12,952,875
Contractual Allowances	629,927	573,761	955,352	869,362	704,192	909,476	911,498						5,503,568
Charity Care	522,280	370,440	411,855	348,213	541,362	394,786	472,106						3,061,043
Bad Debt	209,421	136,222	187,946	107,004	224,566	85,698	183,544						1,134,402
Other Patient Revenue	185,546	460,636	346,606	1,379,115	478,512	490,512	602,746						3,943,670
<b>Net Patient Revenue</b>	<b>770,557</b>	<b>921,934</b>	<b>798,350</b>	<b>1,700,355</b>	<b>913,751</b>	<b>1,036,042</b>	<b>1,056,544</b>						<b>7,497,533</b>
Collectors %	39.58%	61.80%	39.78%	103.31%	47.96%	53.53%	52.28%						55.57%
Grant Funds	574,778	606,454	690,034	1,616,221	1,355,777	1,496,682	1,128,976						7,468,922
Other Revenue	4,645	8,821	24,768	6,149	3,627	9,704	3,928						61,640
<b>Total Other Revenues</b>	<b>579,423</b>	<b>615,275</b>	<b>714,802</b>	<b>1,622,369</b>	<b>1,359,404</b>	<b>1,506,386</b>	<b>1,132,904</b>						<b>7,530,562</b>
<b>Total Revenues</b>	<b>1,349,980</b>	<b>1,537,209</b>	<b>1,513,151</b>	<b>3,322,725</b>	<b>2,273,156</b>	<b>2,542,428</b>	<b>2,189,447</b>						<b>14,728,096</b>
<b>Direct Operational Expenses:</b>													
Salaries and Wages	1,387,450	1,190,417	1,317,029	1,213,339	1,197,291	1,332,097	1,362,818						9,000,442
Benefits	339,645	372,045	314,881	366,759	347,313	365,610	372,476						2,428,729
Purchased Services	65,028	68,614	50,770	82,094	51,993	54,666	66,875						440,040
Medical Supplies	41,828	27,305	14,573	29,201	46,174	32,270	37,924						229,275
Other Supplies	34,148	3,947	2,672	28,292	36,989	36,467	53,003						195,519
Contracted Physician Expense	58,809	(461)	19,144	25,930	78,155	25,831	33,990						241,387
Medical Services	47,555	37,534	36,129	31,431	37,448	32,329	72,032						294,457
Drugs	29,881	36,555	32,150	30,986	31,031	41,024	50,051						251,680
Repairs & Maintenance	109,171	104,594	104,526	114,021	108,872	133,369	111,536						786,088
Lease & Rental	4,568	6,558	5,313	5,904	4,376	5,138	4,376						35,949
Utilities	15,526	(576)	24,682	22,887	23,732	33,511	20,962						140,723
Other Expense	2,425	2,170	2,170	2,170	2,170	2,170	(990)						12,283
Insurance													
<b>Total Operational Expenses</b>	<b>2,136,034</b>	<b>1,798,702</b>	<b>1,924,039</b>	<b>1,953,014</b>	<b>1,965,259</b>	<b>2,093,719</b>	<b>2,185,804</b>						<b>14,056,571</b>
<b>Net Performance before Depreciation &amp; Overhead Allocations</b>	<b>(786,055)</b>	<b>(261,492)</b>	<b>(410,887)</b>	<b>1,369,711</b>	<b>307,896</b>	<b>448,708</b>	<b>3,643</b>						<b>671,524</b>
<b>Depreciation</b>	<b>17,256</b>	<b>17,256</b>	<b>5,158</b>	<b>13,224</b>	<b>13,157</b>	<b>13,156</b>	<b>13,156</b>						<b>91,364</b>
<b>Overhead Allocations:</b>													
Risk Mgt	9,302	16,111	8,246	(15,331)	1,744	2,172	2,233						24,478
Rev Cycle	86,904	98,059	124,187	100,095	94,850	42,307	91,067						637,469
Internal Audit	5,120	5,120	5,120	5,120	5,222	5,718	5,389						36,809
Palm Springs Facility	17,032	16,769	16,141	23,398	19,430	20,583	18,956						131,809
Administration	24,974	26,124	21,164	26,766	23,790	26,720	24,923						174,461
Human Resources	33,486	34,265	34,863	38,678	32,527	31,650	31,103						236,573
Legal	6,468	11,903	8,094	34,857	15,627	(951)	12,733						89,131
Records	6,520	6,452	6,067	6,656	5,239	6,258	5,727						42,919
Compliance	5,776	7,197	3,605	6,283	4,168	12,918	4,550						44,497
Planning/Research	1,340	1,281	1,209	1,325	426	0							5,582
Finance	24,095	32,875	22,630	39,695	23,194	26,486	37,644						206,620
Public Relations	6,478	6,365	8,336	7,466	7,077	8,264	9,126						53,112
Information Technology	80,379	69,273	97,329	86,977	82,158	90,638	86,782						593,537
Budget & Decision Support	3,986	3,764	2,150	2,591	2,015	1,778	1,647						17,931
Corporate Quality	3,421	4,019	3,039	3,676	3,234	3,502	3,233						24,124
Managed Care Contract													
<b>Total Overhead Allocations</b>	<b>315,282</b>	<b>339,079</b>	<b>362,180</b>	<b>368,255</b>	<b>320,701</b>	<b>278,442</b>	<b>335,113</b>						<b>2,319,052</b>
<b>Total Expenses</b>	<b>2,468,573</b>	<b>2,155,037</b>	<b>2,291,377</b>	<b>2,334,492</b>	<b>2,299,117</b>	<b>2,385,318</b>	<b>2,534,074</b>						<b>16,467,987</b>
<b>Net Margin</b>	<b>\$(1,118,593)</b>	<b>\$(617,827)</b>	<b>\$(778,226)</b>	<b>968,232</b>	<b>\$(25,961)</b>	<b>157,110</b>	<b>\$(144,627)</b>						<b>\$(1,739,852)</b>
<b>Capital</b>			<b>(13,581)</b>	<b>13,581</b>		<b>(1,752)</b>							
<b>General Fund Support/ Transfer In</b>	<b>1,101,337</b>	<b>596,437</b>	<b>930,086</b>										<b>2,627,860</b>

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

FOR THE SEVENTH MONTH ENDED APRIL 30, 2019

	Clinic Administration	West Palm Beach Clinic	Lantana Clinic	DeLay Clinic	Belle Glade Clinic	Jerome Golden Center	Lewis Center	Rams Clinic	Lake Worth Clinic	Jupiter Clinic	West Boca Clinic	Subsone Clinic	Mobile Van	Total
<b>Gross Patient Revenue</b>		2,013,848	2,164,200	1,566,881	1,059,653	-	480,868	-	1,575,213	591,319	1,035,122	-	204,141	10,691,245
<b>Contractual Allowances</b>		1,005,877	837,849	833,107	531,488	2,094	271,293	250	649,445	216,170	458,419	-	81,489	4,887,483
<b>Charity Care</b>		409,799	535,744	171,657	151,377	2,994	90,405	-	367,446	94,407	184,822	-	37,818	2,092,469
<b>Bad Debt</b>		185,706	289,589	171,186	139,286	6,300	81,924	(184)	83,167	11,676	52,231	-	42,902	1,063,783
<b>Total Contractual Allowances and Bad Debt</b>		1,601,383	1,663,183	1,221,949	822,151	11,388	493,623	66	1,100,058	322,254	695,472	-	162,209	8,043,735
<b>Other Patient Revenue</b>		569,121	572,750	381,864	280,920	2,926	110,900	-	482,666	139,484	247,616	-	57,329	2,845,576
<b>Net Patient Revenue</b>		981,586	1,073,767	726,796	518,422	(8,462)	148,146	(66)	957,821	408,549	587,266	-	99,261	5,493,086
<b>Collection %</b>	0.00%	48.74%	49.61%	46.38%	48.92%	0.00%	30.81%	0.00%	60.81%	69.09%	56.73%	0.00%	48.62%	51.38%
<b>Grant Funds</b>	740,210	811,443	774,653	683,819	1,209,763	-	189,676	-	801,984	271,067	363,280	117,968	271,584	6,235,447
<b>Other Revenue</b>	20,406	4,921	1,456	2,363	7,005	-	258	-	3,905	6,483	1,099	13,506	6	61,407
<b>Total Other Revenues</b>	760,616	816,363	776,109	686,182	1,216,769	-	189,933	-	805,888	277,550	364,379	131,473	271,591	6,296,854
<b>Total Revenues</b>	<b>760,616</b>	<b>1,797,950</b>	<b>1,849,876</b>	<b>1,412,978</b>	<b>1,735,190</b>	<b>(8,462)</b>	<b>338,080</b>	<b>(66)</b>	<b>1,763,709</b>	<b>686,100</b>	<b>951,645</b>	<b>131,473</b>	<b>370,852</b>	<b>11,789,940</b>
<b>Direct Operational Expenses:</b>														
<b>Salaries and Wages</b>	1,020,627	1,129,932	1,069,366	926,632	600,451	-	262,638	-	1,092,426	372,344	498,444	244,609	154,103	7,371,572
<b>Benefits</b>	210,190	273,938	300,351	280,864	159,917	-	67,682	-	324,213	106,354	135,007	57,919	50,329	1,966,764
<b>Purchased Services</b>	83,660	46,573	36,303	29,269	34,354	-	4,501	-	59,862	39,615	42,208	-	3,133	379,478
<b>Medical Supplies</b>	24,530	3,413	30,460	1,407	35,519	-	4,800	-	14,739	4,501	4,662	-	442	93,454
<b>Other Supplies</b>	-	-	-	-	-	-	2,030	-	8,258	1,656	6,388	39,864	2,631	156,157
<b>Contracted Physician Expense</b>	-	35,440	39,305	24,579	33,845	-	5,403	-	66,381	7,570	28,863	-	-	241,387
<b>Medical Services</b>	-	64,924	88,477	64,266	21,762	-	923	-	12,919	1,284	16,195	-	864	293,258
<b>Drugs</b>	-	37,108	36,212	36,857	23,068	-	6,163	-	37,435	14,225	21,717	2,100	4,088	218,973
<b>Repairs &amp; Maintenance</b>	50	80,023	92,180	53,427	5,013	-	5,013	-	135,351	45,924	76,113	-	-	602,048
<b>Lease &amp; Rental</b>	-	562	2,326	635	8,848	-	1,269	-	7,606	5,016	3,438	-	29,700	29,700
<b>Utilities</b>	80,592	5,914	3,359	3,748	4,899	-	3,196	-	8,774	1,220	4,244	250	2,266	118,521
<b>Other Expense</b>	-	2,101	1,766	1,427	523	148	-	-	330	-	-	-	5,052	11,945
<b>Insurance</b>	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<b>Total Operational Expenses</b>	<b>1,419,649</b>	<b>1,691,366</b>	<b>1,736,240</b>	<b>1,431,198</b>	<b>1,043,278</b>	<b>5,161</b>	<b>361,186</b>	<b>-</b>	<b>1,777,020</b>	<b>611,625</b>	<b>822,688</b>	<b>360,937</b>	<b>222,908</b>	<b>11,483,256</b>
<b>Net Performance before Depreciation &amp; Overhead Allocations</b>	<b>(659,033)</b>	<b>106,584</b>	<b>113,636</b>	<b>(18,220)</b>	<b>691,912</b>	<b>(13,623)</b>	<b>(23,107)</b>	<b>(66)</b>	<b>(13,311)</b>	<b>74,474</b>	<b>128,957</b>	<b>(229,464)</b>	<b>147,944</b>	<b>306,684</b>
<b>Depreciation</b>	5,005	3,239	2,667	1,048	1,463	424	751	69	4,234	2,990	2,797	-	43,750	68,438
<b>Overhead Allocations:</b>														
<b>Risk Mgt</b>	2,509	2,697	2,695	2,382	1,530	-	566	-	3,144	1,077	1,616	1,009	454	19,679
<b>Rev Cycle</b>	-	79,394	79,324	70,105	45,045	-	16,667	-	92,526	31,703	47,351	29,687	13,363	505,365
<b>Internal Audit</b>	3,773	4,056	4,053	3,582	2,301	-	852	-	4,727	1,620	2,430	1,517	683	29,592
<b>Palm Springs Facility</b>	117,262	-	-	-	-	-	-	-	-	-	-	-	-	117,262
<b>Administration</b>	17,878	19,222	19,208	16,975	10,906	-	4,039	-	22,407	7,679	11,515	7,189	3,234	140,252
<b>Human Resources</b>	14,680	30,341	28,483	25,450	14,680	-	4,891	-	27,992	10,770	18,597	9,789	3,917	189,590
<b>Legal</b>	9,135	9,821	9,814	8,673	5,572	-	2,065	-	11,445	3,920	5,880	3,675	1,652	71,652
<b>Records</b>	4,399	4,729	4,726	4,176	2,683	-	993	-	5,512	1,888	2,833	1,768	796	34,504
<b>Compliance</b>	4,561	4,903	4,899	4,330	2,782	-	1,029	-	5,715	1,958	2,937	1,833	825	35,772
<b>Planning/Research</b>	372	615	615	543	349	-	129	-	717	246	368	230	104	4,487
<b>Finance</b>	21,177	22,768	22,749	20,104	12,919	-	4,780	-	26,536	9,091	13,638	8,513	3,833	166,108
<b>Public Relations</b>	5,444	5,853	5,848	5,168	3,321	-	1,229	-	6,821	2,337	3,506	2,188	985	42,698
<b>Information Technology</b>	60,833	65,403	65,350	57,752	37,110	-	13,731	-	76,227	26,116	39,176	24,456	11,010	477,163
<b>Budget &amp; Decision Support</b>	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<b>Corporate Quality</b>	1,837	1,975	1,975	1,744	1,123	-	416	-	2,300	786	1,183	740	331	14,410
<b>Managed Care Contract</b>	3,004	3,002	3,002	2,653	1,705	-	631	-	3,502	1,200	1,800	1,123	506	19,125
<b>Total Overhead Allocations</b>	<b>264,058</b>	<b>254,783</b>	<b>252,740</b>	<b>223,637</b>	<b>142,027</b>	<b>-</b>	<b>52,018</b>	<b>-</b>	<b>289,570</b>	<b>100,390</b>	<b>153,028</b>	<b>93,718</b>	<b>41,691</b>	<b>1,867,660</b>
<b>Total Expenses</b>	<b>1,683,713</b>	<b>1,946,149</b>	<b>1,989,000</b>	<b>1,654,835</b>	<b>1,185,305</b>	<b>5,566</b>	<b>413,955</b>	<b>69</b>	<b>2,070,824</b>	<b>715,005</b>	<b>978,513</b>	<b>454,655</b>	<b>308,549</b>	<b>13,419,355</b>
<b>Net Margin</b>	<b>(928,097)</b>	<b>(151,438)</b>	<b>(141,772)</b>	<b>(242,904)</b>	<b>548,422</b>	<b>(14,048)</b>	<b>(75,875)</b>	<b>(135)</b>	<b>(307,115)</b>	<b>(28,905)</b>	<b>(26,868)</b>	<b>(323,182)</b>	<b>62,503</b>	<b>(1,629,415)</b>
<b>Capital</b>														
<b>General Fund Support/ Transfer In</b>														

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

FOR THE SEVENTH MONTH ENDED APRIL 30, 2019

Actual	Current Month			Fiscal Year To Date			Prior Year	Variance	%	
	Budget	Variance	%	Budget	Variance	%				
1,653,980	1,694,941	(40,961)	(2.4%)	11,282,278	(591,033)	(5.2%)	10,794,176	(102,931)	(1.0%)	
809,872	403,942	(405,930)	(100.5%)	2,739,665	(2,147,818)	(78.4%)	4,401,313	(486,170)	(11.0%)	
327,537	623,849	296,312	47.5%	4,119,282	2,026,813	49.2%	1,698,294	(394,175)	(23.2%)	
162,767	189,502	26,735	14.1%	1,251,290	187,507	15.0%	1,122,667	58,884	5.2%	
1,300,176	1,217,293	(82,883)	(6.8%)	8,110,237	66,502	0.8%	7,222,273	(821,461)	(11.4%)	
478,873	148,099	330,774	223.3%	1,036,693	1,808,883	174.5%	2,681,535	164,041	6.1%	
832,677	625,747	206,930	33.1%	4,208,734	1,284,352	30.5%	6,253,437	(760,351)	(12.2%)	
50.34%	36.92%			37.30%	57.93%					
935,750	502,660	433,090	86.2%	3,868,620	2,366,827	61.2%	3,523,209	2,712,237	77.0%	
3,928	12,135	(8,207)	(67.6%)	90,064	(28,657)	(31.8%)	133,837	(72,430)	(54.1%)	
939,678	514,795	424,883	82.5%	3,958,684	2,338,170	59.1%	3,657,047	2,639,807	72.2%	
1,772,356	1,140,542	631,814	55.4%	8,167,418	3,622,522	44.4%	9,910,484	1,879,456	19.0%	
1,117,424	1,130,036	12,612	1.1%	7,505,128	133,556	1.8%	6,938,821	(432,752)	(6.2%)	
303,264	319,525	16,261	5.1%	2,120,482	153,718	7.2%	1,834,319	(132,444)	(7.2%)	
65,055	52,952	(12,103)	(22.9%)	369,756	(9,722)	(2.6%)	346,207	(33,270)	(9.6%)	
12,282	19,294	7,012	36.3%	93,454	125,823	32,369	25.7%	98,081	4,627	4.7%
52,032	13,983	(38,049)	(272.1%)	156,157	(19,625)	(14.4%)	49,541	(106,615)	(215.2%)	
33,980	64,760	30,780	47.5%	422,946	181,559	42.9%	15,355	15,355	100.0%	
72,032	52,132	(19,900)	(38.2%)	340,277	47,019	13.8%	331,021	(37,763)	(11.4%)	
42,779	9,027	(33,752)	(373.9%)	218,973	65,834	(30.1%)	230,019	11,046	4.8%	
85,493	98,072	12,579	12.8%	602,048	(584)	(0.1%)	615,563	13,515	2.2%	
4,124	5,503	1,379	25.1%	29,700	38,521	8.821	35,928	6,227	17.3%	
8,622	24,162	15,541	64.3%	118,521	163,141	44,620	146,141	27,620	18.9%	
(929)	2,307	3,236	140.3%	11,945	16,458	4,513	9,994	(1,951)	(19.5%)	
1,796,155	1,791,753	(4,402)	(0.2%)	11,483,256	423,106	3.6%	10,650,990	(832,266)	(7.8%)	
(23,800)	(651,211)	627,411	(96.3%)	306,684	(3,738,944)	(108.2%)	(740,506)	1,047,190	(141.4%)	

### Direct Operational Expenses:

Salaries and Wages	(7.7%)	1,037,664	(79,761)	7,371,572	133,556	1.8%	6,938,821	(432,752)	(6.2%)
Benefits	(9.8%)	276,322	(26,941)	1,966,764	153,718	7.2%	1,834,319	(132,444)	(7.2%)
Purchased Services	27.1%	89,292	24,237	379,478	(9,722)	(2.6%)	346,207	(33,270)	(9.6%)
Medical Supplies	25.3%	16,435	4,154	93,454	32,369	25.7%	98,081	4,627	4.7%
Other Supplies	(692.3%)	6,567	(45,465)	156,157	(19,625)	(14.4%)	49,541	(106,615)	(215.2%)
Contracted Physician Expense	0.0%	-	-	-	-	0.0%	15,355	15,355	100.0%
Medical Services	0.0%	-	(33,980)	241,387	181,559	42.9%	-	(241,387)	0.0%
Drugs	(71.0%)	42,117	(29,915)	293,258	340,277	47,019	331,021	37,763	11.4%
Repairs & Maintenance	(140.9%)	17,757	(25,021)	218,973	65,834	(32.6%)	230,019	11,046	4.8%
Lease & Rental	32.4%	126,515	41,022	602,048	(584)	(0.1%)	615,563	13,515	2.2%
Utilities	24.2%	5,438	1,314	29,700	38,521	8.821	35,928	6,227	17.3%
Other Expense	65.5%	24,957	16,336	118,521	163,141	44,620	146,141	27,620	18.9%
Insurance	169.8%	1,331	2,260	11,945	16,458	4,513	9,994	(1,951)	(19.5%)
Total Operational Expenses	(9.2%)	1,644,395	(151,760)	11,483,256	423,106	3.6%	10,650,990	(832,266)	(7.8%)
Net Performance before Depreciation & Overhead Allocations	(91.2%)	(270,811)	247,011	306,684	(3,738,944)	(108.2%)	(740,506)	1,047,190	(141.4%)



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

FOR THE SEVENTH MONTH ENDED APRIL 30, 2019

Actual	Current Month		Prior Year	Variance	%	Fiscal Year To Date					
	Budget	Variance				Budget	Variance	%			
9,787	6,072	(3,715)	4,451	(5,336)	(119.9%)	42,504	(25,934)	(61.0%)	31,555	(36,884)	(116.9%)
1,795	10,221	8,426	7,034	5,239	74.5%	71,547	51,868	72.5%	53,094	33,415	62.9%
72,195	72,195	-	37,711	(34,484)	(91.4%)	505,365	-	0.0%	251,885	(253,480)	(100.6%)
4,333	4,469	136	4,218	(115)	(2.7%)	31,283	1,691	5.4%	10,778	(18,814)	(174.6%)
16,864	18,493	1,629	23,684	6,820	28.8%	129,451	12,189	9.4%	143,385	26,123	18.2%
20,036	20,036	-	20,784	748	3.6%	140,252	-	0.0%	142,862	2,610	1.8%
24,926	27,444	2,518	39,432	14,506	36.8%	192,108	2,518	1.3%	151,021	(38,569)	(25.5%)
10,236	10,236	-	7,199	(3,037)	(42.2%)	71,652	-	0.0%	53,028	(18,624)	(35.1%)
4,604	6,789	2,185	7,225	2,620	36.3%	34,504	13,019	27.4%	34,225	(279)	(0.8%)
3,658	9,404	5,746	1,946	(1,712)	(88.0%)	65,828	30,056	45.7%	33,759	(2,013)	(6.0%)
-	1,148	1,148	1,673	1,673	100.0%	8,036	3,549	44.2%	7,634	3,147	41.2%
30,263	28,051	(2,212)	25,811	(4,452)	(17.2%)	196,357	30,249	15.4%	153,846	(12,262)	(8.0%)
7,337	10,572	3,235	5,551	(1,786)	(32.2%)	74,004	31,306	42.3%	36,945	(3,753)	(9.6%)
69,767	80,135	10,368	58,908	(10,859)	(18.4%)	560,945	83,782	14.9%	427,287	(49,875)	(11.7%)
-	-	-	603	603	100.0%	-	-	0.0%	8,068	8,068	100.0%
1,324	2,181	857	2,873	1,549	53.9%	15,267	857	5.6%	18,443	4,033	21.9%
2,563	4,569	2,006	4,171	1,607	38.5%	31,983	12,858	40.2%	29,898	10,773	36.0%
269,901	305,943	36,042	248,822	(21,078)	(8.5%)	2,141,601	273,941	12.8%	1,558,158	(309,502)	(19.9%)
2,075,843	2,103,768	27,925	1,897,668	(178,175)	(9.4%)	14,090,467	671,112	4.8%	12,240,703	(1,178,652)	(9.6%)
\$(303,487)	\$(963,226)	\$659,739	\$(524,084)	\$220,596	(42.1%)	\$(1,629,415)	\$4,293,634	72.5%	\$(2,390,219)	\$700,804	30.1%
-	-	-	-	-	0.0%	450,000	450,000	100.0%	-	-	0.0%
\$-	\$1,087,500	\$1,087,500	\$70,000	\$70,000	100.0%	\$7,612,500	\$4,984,640	65.5%	\$2,070,000	\$(557,860)	(26.9%)

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

FOR THE SEVENTH MONTH ENDED APRIL 30, 2019

	Dental Clinic Administration	West Palm Beach Dental Clinic	Lantana Dental Clinic	Delray Dental Clinic	Belle Glade Dental Clinic	Total
<b>Gross Patient Revenue</b>	-	789,211	626,638	578,957	266,825	2,261,630
Contractual Allowances	-	228,371	148,376	158,212	81,126	616,085
Charity Care	-	288,857	295,925	286,962	96,830	968,574
Bad Debt	-	12,644	40,382	9,599	7,995	70,619
Total Contractual Allowances and Bad Debt	-	529,872	484,682	454,773	185,951	1,655,278
Other Patient Revenue	-	372,847	292,848	296,747	135,653	1,098,095
<b>Net Patient Revenue</b>	-	632,186	434,804	420,930	216,527	1,704,447
Collection %	-	80.10%	69.39%	72.71%	81.15%	75.36%
Grant Funds	115,649	393,709	309,384	267,335	147,388	1,233,475
Other Revenue	-	-	-	233	-	233
<b>Total Other Revenues</b>	115,649	393,709	309,384	267,335	147,631	1,233,708
<b>Total Revenues</b>	115,649	1,025,894	744,188	688,266	364,158	2,938,155
<b>Direct Operational Expenses:</b>						
Salaries and Wages	160,603	511,690	409,640	363,645	183,292	1,628,869
Benefits	35,271	154,730	106,562	111,264	54,139	461,965
Purchased Services	-	13,479	11,153	10,782	25,149	60,562
Medical Supplies	-	43,735	37,125	31,751	23,211	135,821
Other Supplies	442	16,022	14,045	6,618	2,235	39,362
Contracted Physician Expense	-	-	-	-	-	-
Medical Services	-	-	-	-	-	-
Drugs	-	39	300	615	246	1,199
Repairs & Maintenance	-	9,269	7,979	8,554	6,905	32,707
Lease & Rental	-	66,947	38,307	35,861	42,935	184,040
Utilities	-	926	2,690	999	1,633	6,248
Other Expense	1,212	10,144	6,207	1,163	3,476	22,202
Insurance	-	-	-	-	338	338
<b>Total Operational Expenses</b>	197,527	826,980	634,007	571,251	343,550	2,573,315
<b>Net Performance before Depreciation &amp; Overhead Allocations</b>	(81,879)	198,914	110,181	117,015	20,609	364,841
Depreciation	-	8,471	3,810	5,959	5,685	23,926
<b>Overhead Allocations:</b>						
Risk Mgt	311	1,511	1,326	1,024	628	4,799
Rev Cycle	-	44,457	39,032	30,142	18,473	132,104
Internal Audit	468	2,271	1,994	1,540	944	7,217
Palm Springs Facility	14,547	-	-	-	-	14,547
Administration	2,219	10,766	9,450	7,301	4,473	34,209
Human Resources	1,955	14,680	13,706	10,770	5,872	46,983
Legal	1,134	5,502	4,830	3,731	2,282	17,479
Records	546	2,649	2,325	1,796	1,100	8,415
Compliance	566	2,746	2,410	1,862	1,141	8,724
Planning/Research	71	344	302	234	143	1,094
Finance	2,627	12,750	11,793	8,645	5,297	48,512
Public Relations	675	3,278	2,877	2,222	1,362	10,414
Information Technology	7,547	36,627	32,153	24,833	15,215	116,374
Budget & Decision Support	-	1,104	971	753	462	3,521
Corporate Quality	-	1,683	1,477	1,141	699	4,999
Managed Care Contract	-	-	-	-	-	-
<b>Total Overhead Allocations</b>	32,897	140,367	124,047	95,992	58,090	451,392
<b>Total Expenses</b>	230,424	975,818	761,863	673,202	407,325	3,048,632
<b>Net Margin</b>	\$(114,775)	\$50,076	\$(17,676)	\$15,064	\$(43,167)	\$(110,477)
Capital	-	-	-	-	-	-
General Fund Support/Transfer In	-	-	-	-	-	-

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

FOR THE SEVENTH MONTH ENDED APRIL 30, 2019

	Current Month			Fiscal Year To Date								
	Actual	Budget	Variance	%	Prior Year	Variance	%					
366,966	376,208	(9,242)	(2.5%)	338,252	28,714	2,484,121	(222,491)	(9.0%)	2,295,187	(39,557)	(1.5%)	
101,626	78,540	(23,086)	(29.4%)	536,849	435,223	518,617	(97,468)	(18.8%)	355,831	(260,254)	(73.1%)	
144,569	174,849	30,280	17.3%	750,027	605,458	1,154,531	185,957	16.1%	866,555	(102,018)	(11.8%)	
20,777	16,462	(4,315)	(26.2%)	1,609	(19,168)	108,695	38,076	35.0%	23,916	(46,703)	(195.3%)	
266,972	269,851	2,879	1.1%	1,288,485	1,021,513	1,781,843	126,565	7.1%	1,246,302	(408,976)	(32.8%)	
123,872	89,241	34,631	38.8%	1,298,800	(1,174,928)	624,687	473,408	75.8%	1,298,800	(200,705)	(15.5%)	
223,866	195,598	28,268	14.5%	348,567	(124,701)	1,326,965	377,482	28.4%	2,347,685	(643,238)	(27.4%)	
61.00%	51.99%			103.05%		53.42%		102.29%				
193,226	109,872	83,354	75.9%	147,644	45,582	1,238,256	(4,781)	(0.4%)	814,501	418,974	51.4%	
-	2,833	(2,833)	(100.0%)	-	-	19,831	(19,598)	(98.8%)	34,000	(33,767)	(99.3%)	
193,226	112,705	80,521	71.4%	147,644	45,582	1,258,087	(24,379)	(1.9%)	848,501	385,207	45.4%	
417,092	308,303	108,789	35.3%	496,211	(79,119)	2,585,052	353,103	13.7%	3,196,186	(258,031)	(8.1%)	
<i>Direct Operational Expenses:</i>												
245,394	255,805	10,411	4.1%	204,317	(41,077)	1,698,857	69,988	4.1%	1,501,348	(127,522)	(8.5%)	
69,212	74,410	5,198	7.0%	63,256	(5,956)	461,965	31,840	6.4%	445,748	(16,217)	(3.6%)	
1,820	10,326	8,506	82.4%	12,573	10,753	60,562	25,134	29.3%	68,348	7,786	11.4%	
25,642	27,402	1,760	6.4%	24,212	(1,430)	135,821	39,734	22.6%	195,283	59,461	30.4%	
971	10,780	9,809	91.0%	5,928	4,957	76,305	36,943	48.4%	14,790	(24,573)	(166.1%)	
-	-	-	0.0%	-	-	-	-	0.0%	-	-	0.0%	
-	-	-	0.0%	-	-	-	-	0.0%	-	-	0.0%	
7,272	1,913	1,913	100.0%	432	432	12,258	11,059	90.2%	10,912	9,713	89.0%	
26,043	6,214	(1,058)	(17.0%)	3,851	(3,421)	37,420	4,713	12.6%	31,839	(867)	(2.7%)	
1,014	27,475	1,432	5.2%	39,336	13,293	184,040	8,099	4.2%	235,238	51,198	21.8%	
12,340	748	(266)	(35.6%)	1,118	104	5,236	(1,012)	(19.3%)	5,436	(812)	(14.9%)	
(61)	4,021	(8,319)	(206.9%)	4,764	(7,576)	22,202	2,109	8.7%	24,916	2,715	10.9%	
389,649	419,153	29,504	7.0%	359,874	(29,775)	2,801,995	228,680	8.2%	2,534,502	(38,813)	(1.5%)	
27,443	(110,850)	138,293	(124.8%)	136,337	(108,894)	(216,943)	581,784	(268.2%)	661,684	(296,843)	(44.9%)	
<i>Net Performance before Depreciation &amp; Overhead Allocations</i>												

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

FOR THE SEVENTH MONTH ENDED APRIL 30, 2019

	Current Month		Prior Year		Fiscal Year To Date		%			
	Actual	Budget	Variance	%	Budget	Variance				
3,369	15,743	12,374	78.6%	13,089	9,720	74.3%	77.1%	87,937	64,011	72.8%
438	2,494	2,056	82.4%	1,932	1,494	77.3%	72.5%	14,585	9,785	67.1%
18,872	18,872	-	0.0%	10,944	(7,928)	(72.4%)	0.0%	73,105	(58,999)	(80.7%)
1,057	1,090	33	3.1%	1,159	102	8.8%	5.4%	2,961	(4,257)	(143.8%)
2,092	2,294	202	8.8%	3,983	1,891	47.5%	9.4%	24,116	9,569	39.7%
4,887	4,887	-	0.0%	7,179	2,292	31.9%	0.0%	40,711	6,502	16.0%
6,177	6,801	624	9.2%	9,626	3,449	35.8%	1.3%	45,903	(1,080)	(2.4%)
2,497	2,497	-	0.0%	1,612	(885)	(54.9%)	0.0%	14,200	(3,279)	(23.1%)
1,123	1,655	532	32.2%	2,015	892	44.3%	27.4%	9,431	1,016	10.8%
892	2,294	1,402	61.1%	(160)	(1,052)	(657.8%)	45.7%	8,578	(146)	(1.7%)
-	280	280	100.0%	4,060	4,060	100.0%	44.2%	5,697	4,603	80.8%
7,381	6,842	(539)	(7.9%)	4,164	(3,217)	(77.3%)	15.4%	39,332	(1,180)	(3.0%)
1,789	2,577	788	30.6%	809	(980)	(121.1%)	42.3%	9,982	(432)	(4.3%)
17,015	19,544	2,529	12.9%	16,180	(836)	(5.2%)	14.9%	117,364	990	0.8%
-	-	-	0.0%	3,000	3,000	100.0%	0.0%	5,050	5,050	100.0%
323	533	210	39.4%	789	466	59.1%	5.6%	5,066	1,545	30.5%
670	1,195	525	43.9%	1,210	540	44.6%	40.2%	8,677	3,678	42.4%
65,213	73,855	8,642	11.7%	68,503	3,290	4.8%	12.7%	424,759	(26,633)	(6.3%)
458,231	508,751	50,520	9.9%	441,465	(16,766)	(3.8%)	10.9%	3,047,198	(1,435)	(0.0%)
\$ (41,139)	\$ (200,448)	\$ 159,309	(79.5%)	\$ 54,745	\$ (95,884)	(175.1%)	(86.8%)	\$ 148,988	\$ (259,465)	(174.2%)
-	-	-	0.0%	40,825	40,825	100.0%	100.0%	40,825	40,825	100.0%
\$ -	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%	0.0%	\$ -	\$ -	0.0%

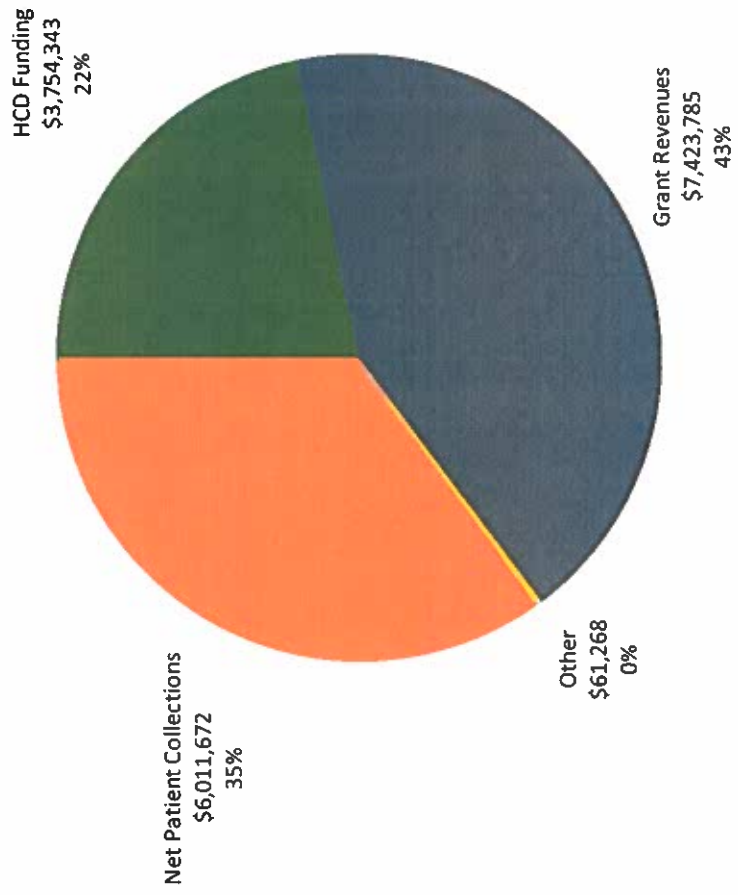
Overhead Allocations:

- 77.3% Risk Mgt
- (72.4%) Rev Cycle
- 8.8% Internal Audit
- 47.5% Palm Springs Facility
- 31.9% Administration
- 35.8% Human Resources
- (54.9%) Legal
- 44.3% Records
- 657.8% Compliance
- 100.0% Planning/Research
- (77.3%) Finance
- (121.1%) Public Relations
- (5.2%) Information Technology
- 100.0% Budget & Decision Support
- 59.1% Corporate Quality
- 44.6% Managed Care Contract

4.8% Total Overhead Allocations

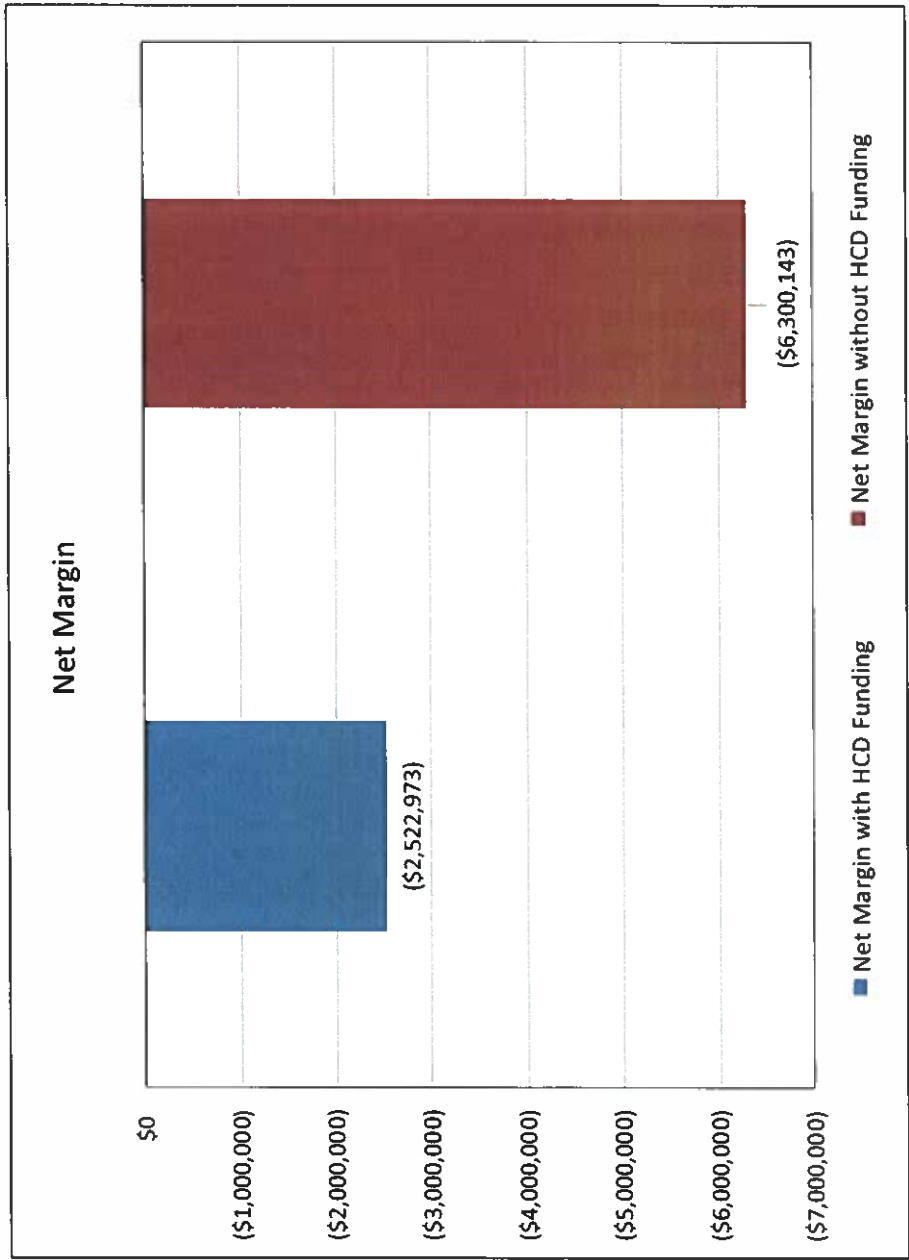
Clinic Visits - Adults and Pediatrics	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Current Year Total	Current YTD Budget	%Var to Budget	Prior Year Total	
<b>Total Clinic Visits</b>	<b>9,362</b>	<b>7,729</b>	<b>7,419</b>	<b>8,507</b>	<b>8,344</b>	<b>8,807</b>	<b>9,617</b>	-	-	-	-	-	<b>59,785</b>	<b>62,310</b>	<b>(4.1%)</b>	<b>60,241</b>	
<b>Dental Visits</b>																	
West Palm Beach	918	722	704	800	792	839	873	-	-	-	-	-	5,648	6,304	(10.4%)	6,345	
Lantana	653	508	468	616	630	717	646	-	-	-	-	-	4,238	6,231	(32.0%)	5,114	
Delray	676	522	446	503	535	644	675	-	-	-	-	-	4,001	4,820	(17.0%)	4,554	
Belle Glade	406	260	230	259	275	292	377	-	-	-	-	-	2,099	2,596	(19.1%)	2,606	
<b>Total Dental Visits</b>	<b>2,653</b>	<b>2,012</b>	<b>1,848</b>	<b>2,178</b>	<b>2,232</b>	<b>2,492</b>	<b>2,571</b>	-	-	-	-	-	<b>15,986</b>	<b>19,951</b>	<b>(19.9%)</b>	<b>18,619</b>	
<b>Total Medical and Dental Visits</b>																	
	<b>12,015</b>	<b>9,741</b>	<b>9,267</b>	<b>10,685</b>	<b>10,576</b>	<b>11,299</b>	<b>12,188</b>	-	-	-	-	-	<b>75,771</b>	<b>82,261</b>	<b>(7.9%)</b>	<b>78,860</b>	
<b>Mental Health Counselors (non-billable)</b>																	
West Palm Beach	124	100	103	135	117	110	154	-	-	-	-	-	843	586	43.9%	624	
Delray	137	118	102	117	106	102	126	-	-	-	-	-	808	581	39.1%	598	
Lantana	467	414	368	433	383	265	423	-	-	-	-	-	2,753	1,586	73.6%	1,017	
Belle Glade	17	21	22	26	18	25	23	-	-	-	-	-	152	101	50.5%	100	
Lewis Center	268	219	192	235	232	253	283	-	-	-	-	-	1,682	664	153.3%	773	
Lake Worth	173	99	73	190	98	111	76	-	-	-	-	-	820	846	(3.1%)	901	
Jupiter	-	-	-	-	-	-	-	-	-	-	-	-	-	202	202	(100.0%)	218
West Boca	-	-	-	-	-	-	-	-	-	-	-	-	-	138	138	(100.0%)	152
Mobile Van	-	-	-	16	40	57	95	-	-	-	-	-	208	-	100.0%	-	
<b>Total Mental Health Screenings</b>	<b>1,186</b>	<b>971</b>	<b>860</b>	<b>1,152</b>	<b>994</b>	<b>923</b>	<b>1,180</b>	-	-	-	-	-	<b>7,266</b>	<b>4,704</b>	<b>54.5%</b>	<b>4,383</b>	

**Primary Care Clinics Funding Sources**

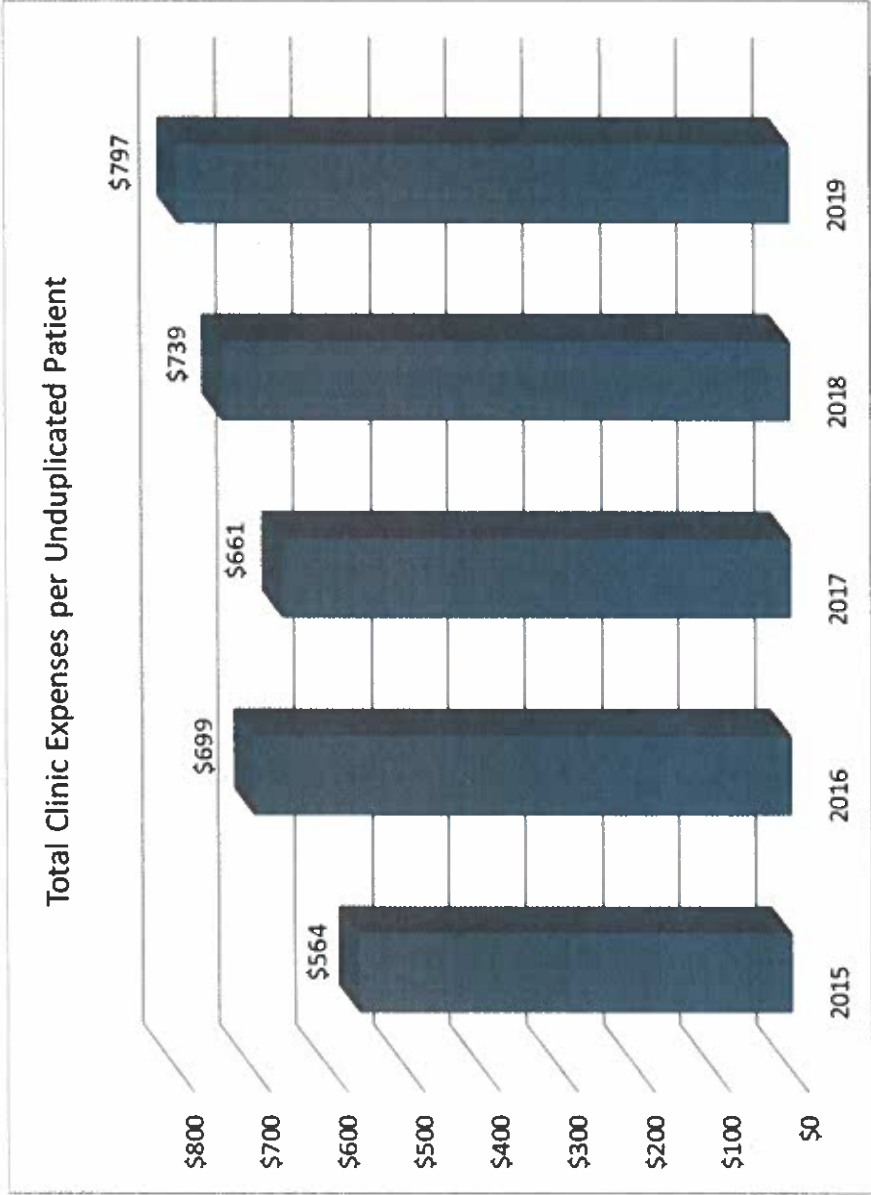


Fiscal YTD April 2019 Total Expenses \$17,251,068

\*Total expenses include overhead allocations and capital, and exclude depreciation.

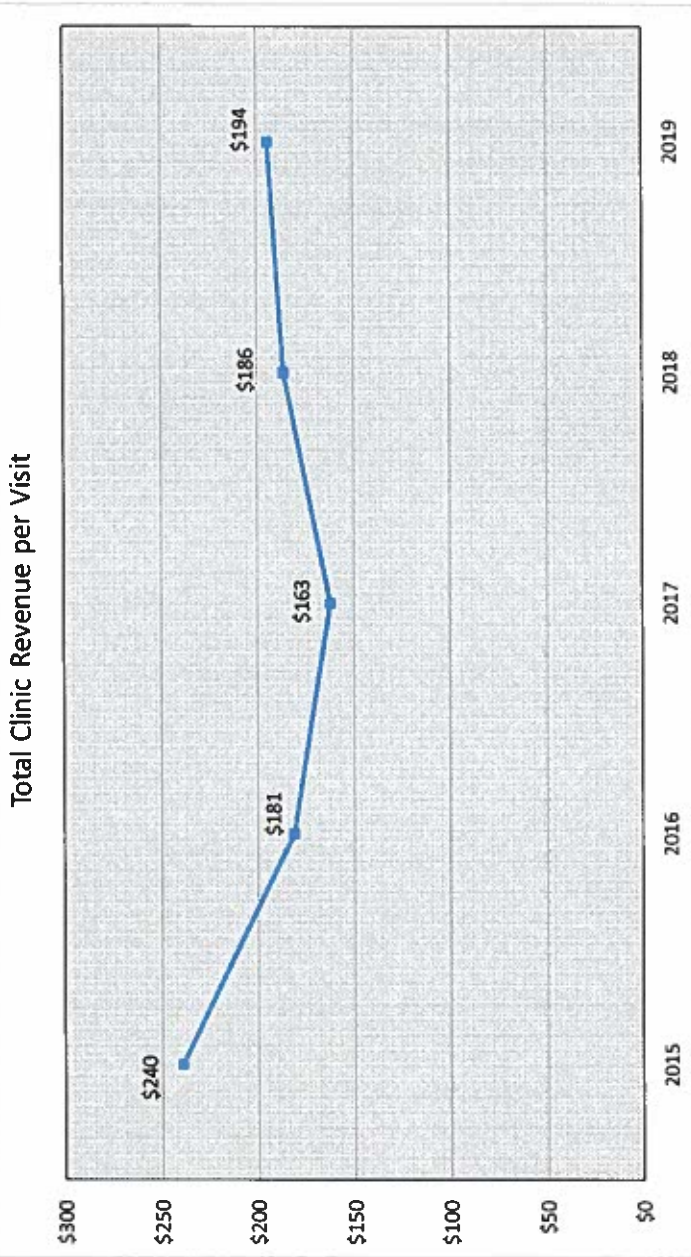


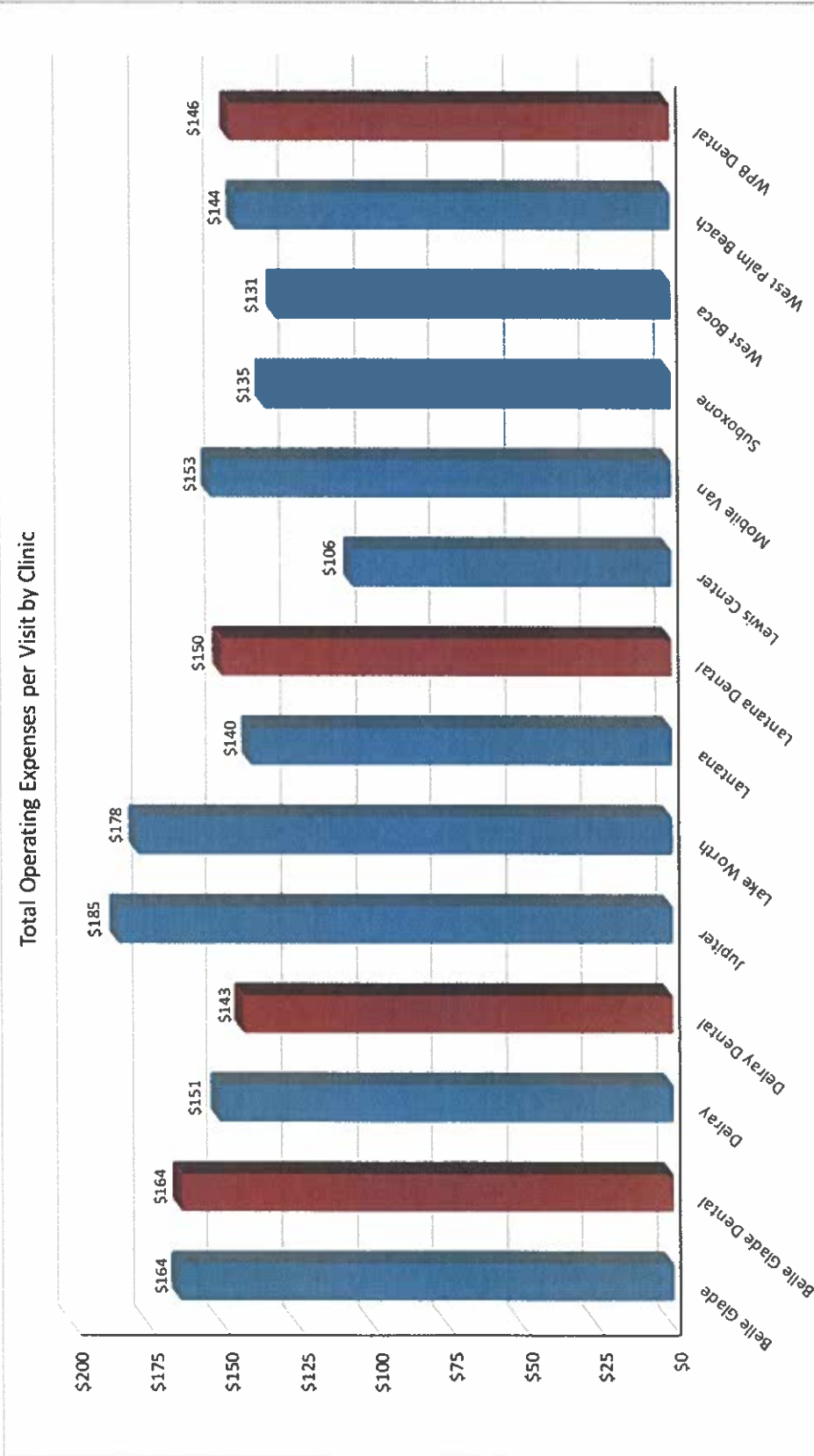
\* Net Margin includes overhead allocations and capital, and excludes depreciation.



\* 2019 data reflects fiscal year-to-date April expenses annualized.







\*Based on fiscal year-to-date April 2019 total operating expenses  
 \*\* Visits for the medical clinics include medical and mental health visits

**HCD 's Clinic Revenue and Patient Visits  
Fiscal YTD (2019)**

Department	Provider Specialty	Patient Visits	Charges	Avg Gross Charges/Visit
BG	Adult Care	6,232	\$1,002,491	\$161
	Mental Health	106	\$5,718	\$54
	Peds	111	\$15,765	\$142
<b>BG Total</b>		<b>6,449</b>	<b>\$1,023,974</b>	<b>\$159</b>
Boca	Adult Care	4,792	\$728,809	\$152
	Mental Health	6	\$0	\$0
	Peds	690	\$114,894	\$167
	Women's Health	929	\$152,421	\$164
<b>Boca Total</b>		<b>6,417</b>	<b>\$996,124</b>	<b>\$155</b>
Delray	Adult Care	7,044	\$1,159,962	\$165
	Mental Health	443	\$37,038	\$84
	Peds	1,924	\$295,096	\$153
<b>Delray Total</b>		<b>9,411</b>	<b>\$1,492,096</b>	<b>\$159</b>
Jerome Golden	Adult Care	10	\$78	\$8
<b>Jerome Golden Total</b>		<b>10</b>	<b>\$78</b>	<b>\$8</b>
Jupiter	Adult Care	3,313	\$573,000	\$173
	Mental Health	2	\$0	\$0
	Peds	2	\$311	\$156
	Sub Abuse	5	\$198	\$40
<b>Jupiter Total</b>		<b>3,322</b>	<b>\$573,509</b>	<b>\$173</b>
Lake Worth	Adult Care	6,080	\$932,137	\$153
	Mental Health	402	\$45,131	\$112
	Peds	1,381	\$207,665	\$150
	Women's Health	1,908	\$322,234	\$169
<b>Lake Worth Total</b>		<b>9,771</b>	<b>\$1,507,167</b>	<b>\$154</b>
Lantana	Adult Care	6,560	\$1,080,313	\$165
	Mental Health	2,768	\$258,618	\$161
	Peds	4,250	\$614,279	\$145
	Sub Abuse	2,230	\$99,516	\$45
	Women's Health	2	\$691	\$346
<b>Lantana Total</b>		<b>15,810</b>	<b>\$2,053,417</b>	<b>\$130</b>
Lewis	Adult Care	1,737	\$249,005	\$143
	Mental Health	1,558	\$225,330	\$274
<b>Lewis Total</b>		<b>3,295</b>	<b>\$474,335</b>	<b>\$144</b>
West Palm Beach	Adult Care	7,227	\$1,229,106	\$170
	Mental Health	492	\$43,145	\$88
	Peds	3,951	\$608,743	\$154
<b>West Palm Beach Total</b>		<b>11,670</b>	<b>\$1,880,993</b>	<b>\$161</b>
<b>Grand Total</b>		<b>66,155</b>	<b>\$10,001,694</b>	<b>\$151</b>

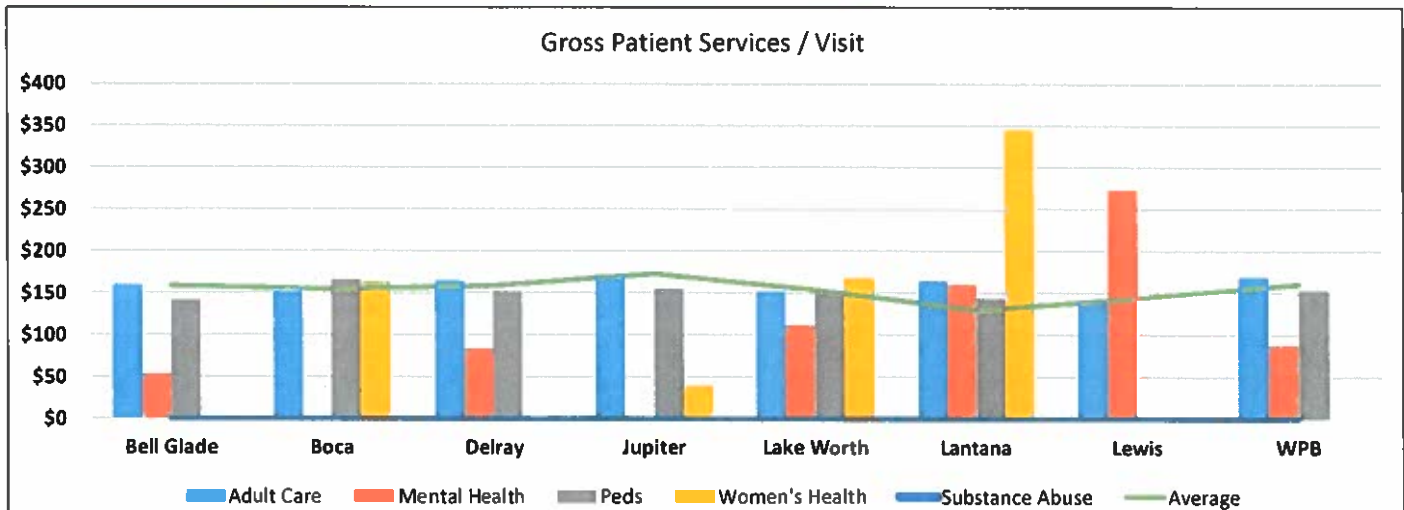
**Explanations**

Without the inclusion of mental health visits in determining revenue/visit, Lantana and Lewis Center, who both provide significant mental health services, have elevated gross patient services

With the addition of mental health services, the revenue/visit amounts are more normalized.

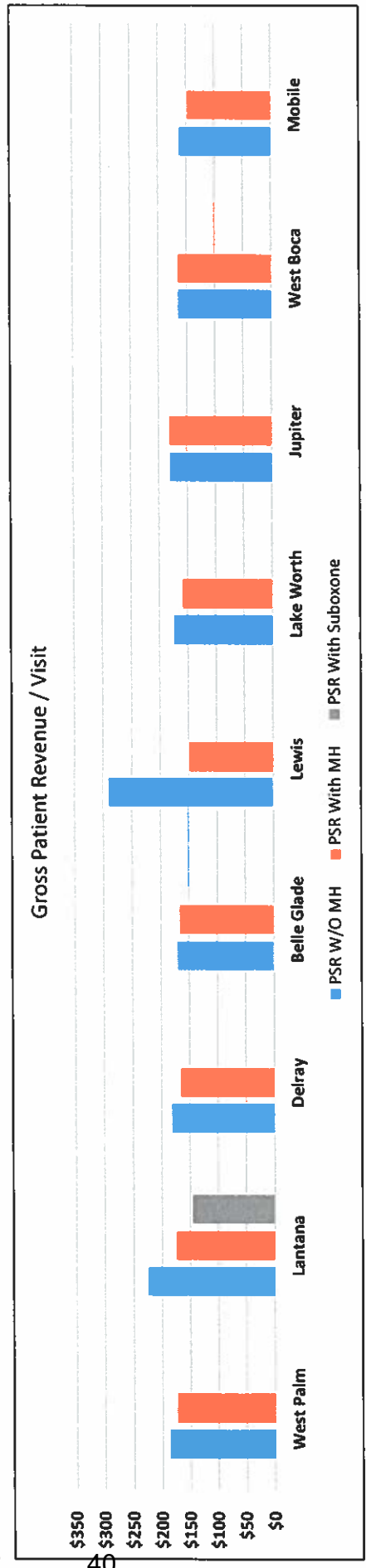
Mental Health services decreases a clinic's revenue per visit.

\*Suboxone clinic is only held in Lantana. Suboxone services further decreases Lantana's revenue per visit.



**HCD 's Clinic Revenue and Patient Visits**  
**Fiscal YTD (2019)**  
 (Medical and Mental Health Services)

	West Palm Beach Clinic	Lantana Clinic	Delray Clinic	Belle Glade Clinic	Golden Center	Lewis Center	Rams Clinic	Lake Worth Clinic	Jupiter Clinic	West Boca Clinic	Suboxone Clinic	Mobile Van	Total
<b>Gross Patient Revenue</b> (Includes Mental Health)	\$1,686,931	\$1,818,608	\$1,341,147	\$894,485	\$0	\$417,607	\$0	\$1,333,242	\$494,253	\$872,025	\$0	\$178,969	<b>\$9,037,265</b>
Medical Visits (Does not include Mental Health Visits)	9,071	8,128	7,399	5,249		1,441		7,675	2,748	5,289	2,064	1,104	50,168
Mental Health Visits	689	2,330	682	129		1,399		744	-	-		113	6,086
<b>Gross Patient Revenue/Visit</b> (W/O Mental Health Visits)	\$186	\$224	\$181	\$170		\$290		\$174	\$180	\$165	\$0	\$162	\$180
<b>Gross Patient Revenue/Visit</b> (Includes Mental Health Visits)	<b>\$173</b>	<b>\$174</b>	<b>\$166</b>	<b>\$166</b>		<b>\$147</b>		<b>\$158</b>	<b>\$180</b>	<b>\$165</b>	<b>\$0</b>	<b>\$147</b>	<b>\$161</b>
<b>Gross Patient Revenue/Visit</b> (Includes Suboxone* Visits)													\$145



Current Finance revenue methodology accounts for mental health charges but not mental health visits. (This data is what was presented in the Financials) without the inclusion of mental health visits in determining revenue/visit, Lantana and Lewis Center, who both provide significant mental health services, have elevated gross patient services. With the addition of mental health services, the revenue/visit amounts are more normalized. Mental Health services decreases a clinic's revenue per visit. \*Suboxone clinic is only held in Lantana. Suboxone services further decreases Lantana's revenue per visit.

**DISTRICT CLINIC HOLDINGS, INC.**  
**BOARD OF DIRECTORS**  
**May 28<sup>th</sup>, 2019**

1. **Description:** Revised Tracking Policies

2. **Summary:**

This agenda item presents updates to the Referral Tracking Policy, Diagnostic Test Tracking Policy and Tracking Higher Level of Care & Hospitalizations Policy.

3. **Substantive Analysis:**

The HRSA Program Assistance Letter (PAL) 2019-02 “Calendar Year 2020 Requirements for Federal Tort Claims Act (FTCA) Coverage for Health Centers and Their Covered Individuals” outlined updates needed to the risk management procedures that address mitigating risk in referral tracking, diagnostics, and hospital admissions ordered by health center providers or initiated by the patient. 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  
 \_\_\_\_\_  
 Dawn Richards  
 VP & Chief Financial Officer

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

N/A  
 \_\_\_\_\_  
 Committee Name

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

**DISTRICT CLINIC HOLDINGS, INC.**  
**BOARD OF DIRECTORS**  
**May 28<sup>th</sup>, 2019**

**6. Recommendation:**

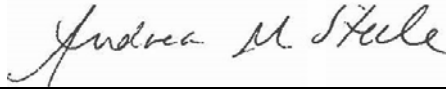
Staff recommends the Board approve the revised Tracking Policies.

Approved for Legal sufficiency:



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Valerie Shahriari  
VP & General Counsel



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Andrea Steele  
Quality Director



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

# POLICY

Policy Title:	<b>Diagnostic Test Results Tracking</b>	Effective Date:	10/24/2013
Department:	<b>Primary Care Clinics</b>	Policy Number:	830-13

## POLICY

It is the policy of C. L. Brumback Primary Care Clinics that all laboratory and diagnostic testing performed on all established primary care patients will be followed up to ensure that the results have been received, reviewed by the provider, communicated to the patient, and appropriate follow up actions taken. All test results must be communicated to the ordering provider or a covering provider, if the ordering provider is unavailable, within a period of time that allows prompt clinical action to be taken. The ordering provider must communicate all test results, including normal results, to patients within specified time frames. Procedures are in place for reporting of critical and abnormal test results. This policy applies to all types of test results, such as laboratory, radiology, and other diagnostic tests. The procedure is modeled after HRSA guidance provided in the Program Assistance Letters (PAL).

APPROVED BY	DATE
Dr. Belma Andric, CMO, VP & Executive Director of the Clinics	
C. L. Brumback Board Approval	

## POLICY REVISION HISTORY

Original Policy Date	Revisions
10/24/2013	10/23/2014
	4/24/2019

# POLICY

Policy Title: **REFERRAL TRACKING**

Effective Date: 7/26/2017

Department: **Primary Care Clinics**

Policy Number: 831-14

## POLICY

It is the policy of C. L. Brumback Primary Care Clinics (CLBPCC) to track referrals to specialists generated by all our service lines including but not limited to Primary Care Medical, Dental, OB/GYN, Behavioral Health and Substance Abuse programs, using an electronic reporting system and following guidance provided by HRSA in the Program Assistance Letters (PAL).

CLBPCC has implemented a system to track all referrals from their origin until they are returned and evaluated by a provider. This includes specific process and timeframes for the transmission and receipt of referral results, as well as specific process and times frames for follow-up if results are not received in timely manner.

APPROVED BY	DATE
_____	_____
Belma Andric, MD, MPH, FQHC Executive Director	
_____	_____
Board Chair	

## POLICY REVISION HISTORY

### Original Policy Date

10/23/2014

### Revisions

07/26/2017	
01/30/2019	



# POLICY

Policy Title:	<b>Tracking Higher Level of Care Referrals &amp; Hospitalizations</b>	Effective Date:	10/23/2014
Department:	<b>Primary Care Clinics</b>	Policy Number:	832-14

## POLICY

It is the policy of C. L. Brumback Primary Care Clinics to track all hospital and emergency department (ED) visits for all established primary care patients according to HRSA guidance provided in the Program Assistance Letters (PAL) to ensure continuity of care and a seamless transition from the clinic to the hospital and from the hospital back to the clinic. Each clinic site will assign a staff member to follow through on all known hospital admissions or ED visits. Hospital and ED visits will be monitored as closely as possible to when they occur in order to enhance follow up, prevent readmission and prevent condition from worsening. CL Brumback Primary Care Clinics will strive to establish two-way communication with local hospitals and ED departments so the Primary Care Provider will be notified of an admission or ED visit. CL Brumback Primary Care Clinic staff will ask patients at the beginning of each visit whether they have had a hospital admission or ED visit since their last health center appointment.

APPROVED BY	DATE
_____ Belma Andric, MD, MPH, FQHC Executive Director	_____
_____ Board Chair	_____

## POLICY REVISION HISTORY

Original Policy Date	Revisions
05/23/2013	10/23/2014
	01/30/2019

**DISTRICT CLINIC HOLDINGS, INC.**  
**BOARD OF DIRECTORS**  
**May 28<sup>th</sup>, 2019**

**1. Description:** Operations Reports – April 2019

**2. Summary:**

This agenda item provides the following operations reports for April 2019:

- Productivity Summary Report

**3. Substantive Analysis:**

April 2019 productivity overall showed that our highest percentage monthly target is currently for our Substance Abuse service-line.

April 2019 productivity by location and by position shows that Boca had the highest Adult and Women’s Health percentage monthly target met; West Palm Beach had the highest Mental Health percentage monthly target met; Lantana had the highest pediatric percentage monthly target met; Belle Glade had the highest dental percentage monthly target met.

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

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

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

\_\_\_\_\_  
Dawn Richards  
VP & Chief Financial Officer

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

N/A

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

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

**DISTRICT CLINIC HOLDINGS, INC.**  
**BOARD OF DIRECTORS**  
**May 28<sup>th</sup>, 2019**

**6. Recommendation:**

Staff recommends the Board Approve the Operations Reports April 2019.

Approved for Legal sufficiency:



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Valerie Shahriari  
VP & General Counsel



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Terry Megiveron  
Director of Practice Operations



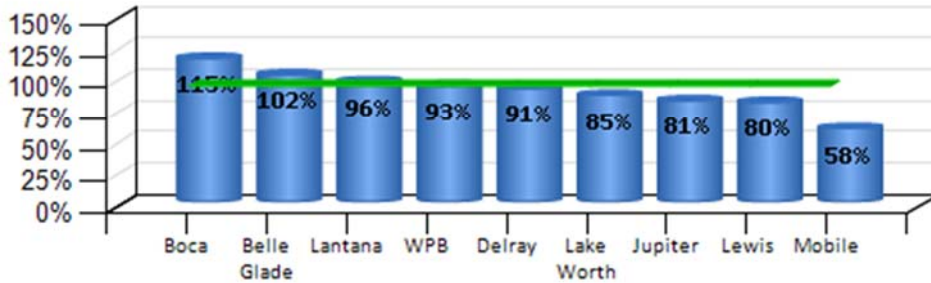
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Dr. Belma Andric  
Chief Medical Officer, VP & Executive Director  
of Clinic Services

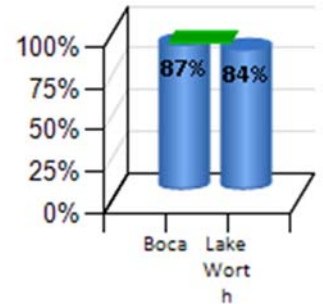
ALL CLINICS PRODUCTIVITY APRIL 2019

	Target	Total seen	% Monthly Target
ADULT CARE	7641	7026	92%
WOMEN'S HEALTH CARE	538	455	85%
MENTAL HEALTH	1355	1165	86%
PEDIATRIC CARE	1916	1525	80%
SUBSTANCE ABUSE	588	626	106%
DENTAL HYGIENE	552	430	78%
DENTAL	2602	2141	82%

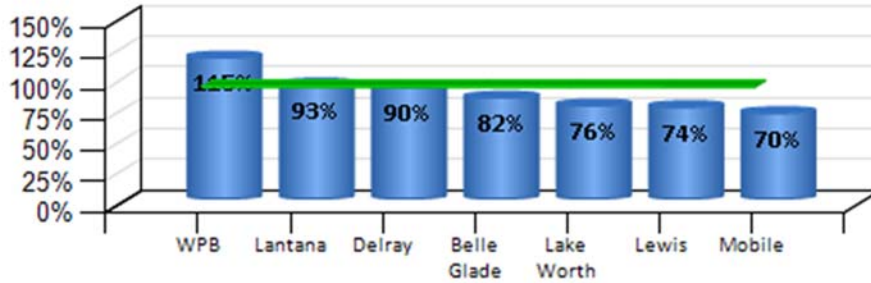
Adult care



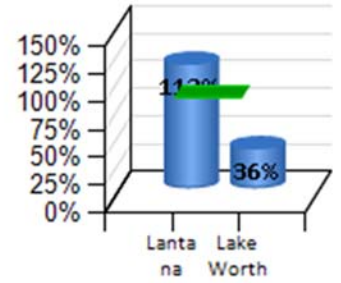
Women's Health



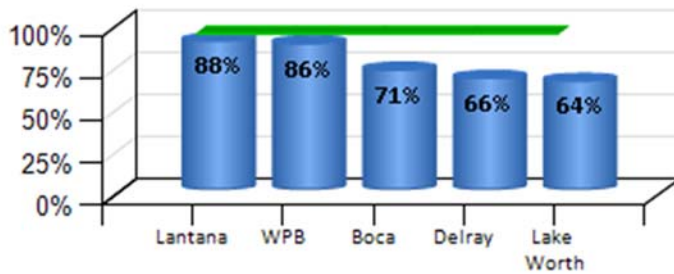
Mental Health



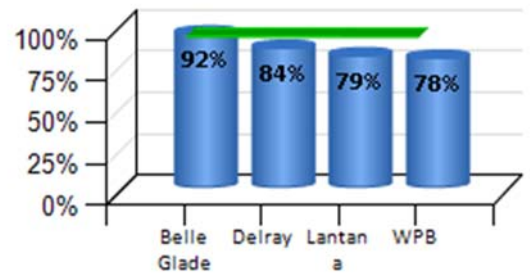
Substance Abuse



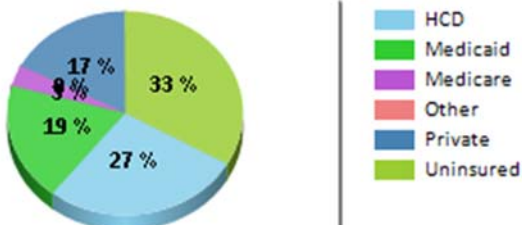
Pediatric Care



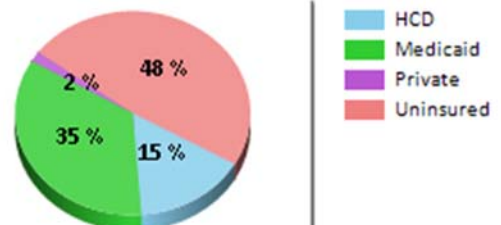
Dental & Dental Hygiene



Medical Payer Mix YTD



Dental Payer Mix YTD



## BELLE GLADE TOTALS FOR APRIL 2019

	Daily Target	Days Worked	Target for the month	Total for month seen	% Monthly Target Achieved	Daily Average
<b>ADULT CARE</b>						
Harberger, Seneca MD	18	20.5	369	413	112%	20.1
Meristil, Marie Frantzcia ARNP	12	1.5	18	19	106%	12.7
Philistin, Ketely ARNP	16	19.0	304	292	96%	15.4
Dorce-Medard, Jennifer DO	18	13.5	243	225	93%	16.7
<b>BELLE GLADE ADULT CARE TOTALS</b>		<b>54.5</b>	<b>934</b>	<b>949</b>	<b>102%</b>	

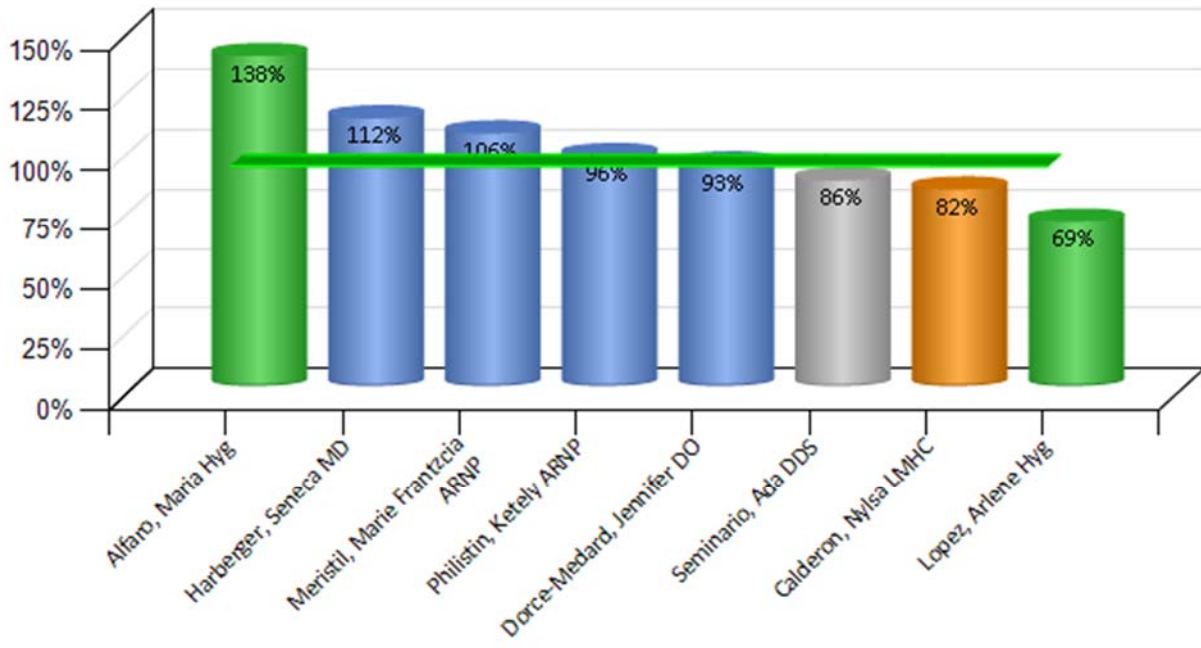
<b>MENTAL HEALTH</b>						
Calderon, Nylsa LMHC	7	4.0	28	23	82%	5.8
<b>BELLE GLADE MENTAL HEALTH TOTALS</b>		<b>4.0</b>	<b>28</b>	<b>23</b>	<b>82%</b>	

<b>DENTAL</b>						
Seminario, Ada DDS	16	21.0	336	289	86%	13.8
<b>BELLE GLADE DENTAL TOTALS</b>		<b>21.0</b>	<b>336</b>	<b>289</b>	<b>86%</b>	

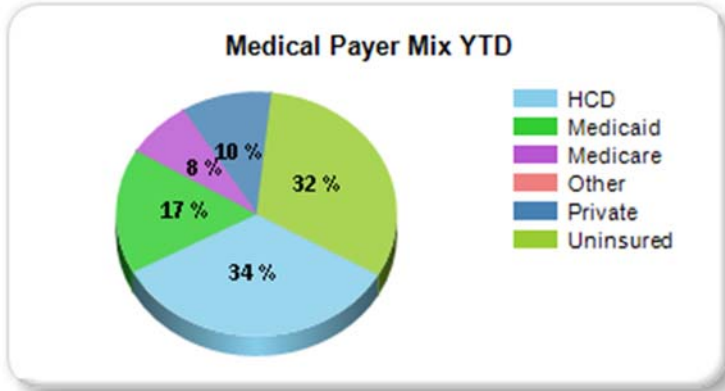
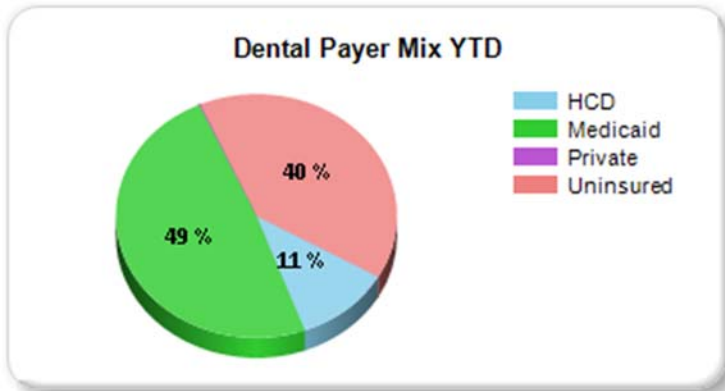
<b>DENTAL HYGIENE</b>						
Alfaro, Maria Hyg	8	7.0	56	77	138%	11.0
Lopez, Arlene Hyg	8	2.0	16	11	69%	5.5
<b>BELLE GLADE DENTAL HYGIENE TOTALS</b>		<b>9.0</b>	<b>72</b>	<b>88</b>	<b>122%</b>	

<b>BELLE GLADE TOTALS</b>		<b>88.5</b>	<b>1370</b>	<b>1349</b>	<b>98%</b>	
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BELLE GLADE PROVIDER PRODUCTIVITY APRIL 2019



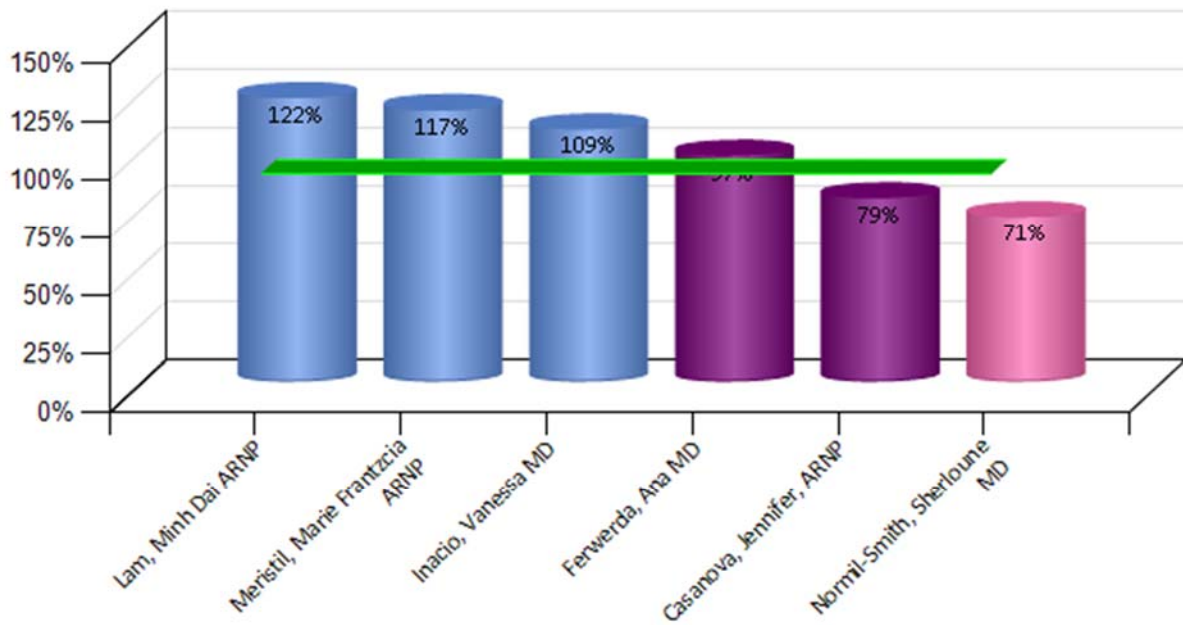
■ Mental Health  
 ■ Pediatrics  
 ■ Adult Care  
 ■ Dental  
 ■ Dental Hyg.



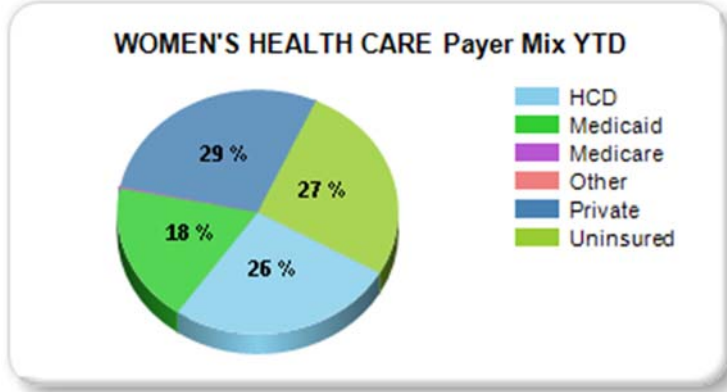
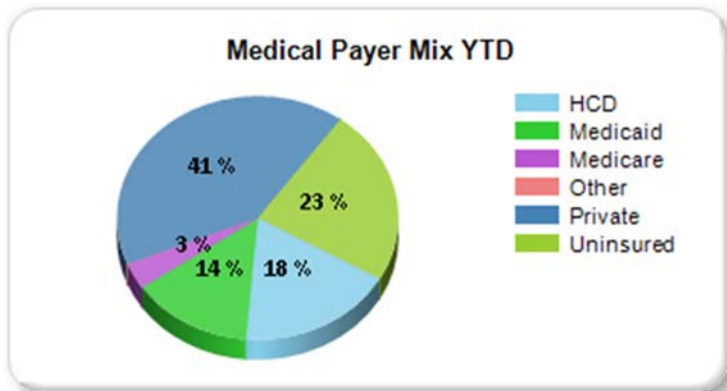
## BOCA TOTALS FOR APRIL 2019

	Daily Target	Days Worked	Target for the month	Total for month seen	% Monthly Target Achieved	Daily Average
<b>ADULT CARE</b>						
Lam, Minh Dai ARNP	16	19.0	304	370	122%	19.5
Meristil, Marie Frantzcia ARNP	12	1.0	12	14	117%	14.0
Inacio, Vanessa MD	18	19.5	351	381	109%	19.5
<b>BOCA ADULT CARE TOTALS</b>		<b>39.5</b>	<b>667</b>	<b>765</b>	<b>115%</b>	
<b>PEDIATRIC CARE</b>						
Normil-Smith, Sherloun MD	18	5.5	99	70	71%	12.7
<b>BOCA PEDIATRIC CARE TOTALS</b>		<b>5.5</b>	<b>99</b>	<b>70</b>	<b>71%</b>	
<b>WOMEN'S HEALTH CARE</b>						
Ferwerda, Ana MD	18	4.0	72	70	97%	17.5
Casanova, Jennifer, ARNP	10	10.0	100	79	79%	7.9
<b>BOCA WOMEN'S HEALTH CARE TOTALS</b>		<b>14.0</b>	<b>172</b>	<b>149</b>	<b>87%</b>	
<b>BOCA TOTALS</b>		<b>59.0</b>	<b>938</b>	<b>984</b>	<b>105%</b>	

BOCA PROVIDER PRODUCTIVITY APRIL 2019



■ Pediatrics   
 ■ Adult Care   
 ■ Women's Health





## DELRAY BEACH TOTALS FOR APRIL 2019

	Daily Target	Days Worked	Target for the month	Total for month seen	% Monthly Target Achieved	Daily Average
<b>ADULT CARE</b>						
Lam, Minh Dai ARNP	16	1.0	16	22	138%	22.0
Meristil, Marie Frantzcia ARNP	12	1.0	12	13	108%	13.0
Montenegro, Claudia DO	18	9.5	171	170	99%	17.9
St. Vil-Joseph, Carline ARNP	16	20.5	328	303	92%	14.8
Cesaire-Jean, Rose Carline ARNP	16	18.0	288	261	91%	14.5
Duthil, Marie MD	18	19.5	351	289	82%	14.8
<b>DELRAY BEACH ADULT CARE TOTALS</b>		<b>69.5</b>	<b>1166</b>	<b>1058</b>	<b>91%</b>	

<b>PEDIATRIC CARE</b>						
Elisme, Junie MD	18	19.0	342	225	66%	11.8
<b>DELRAY BEACH PEDIATRIC CARE TOTALS</b>		<b>19.0</b>	<b>342</b>	<b>225</b>	<b>66%</b>	

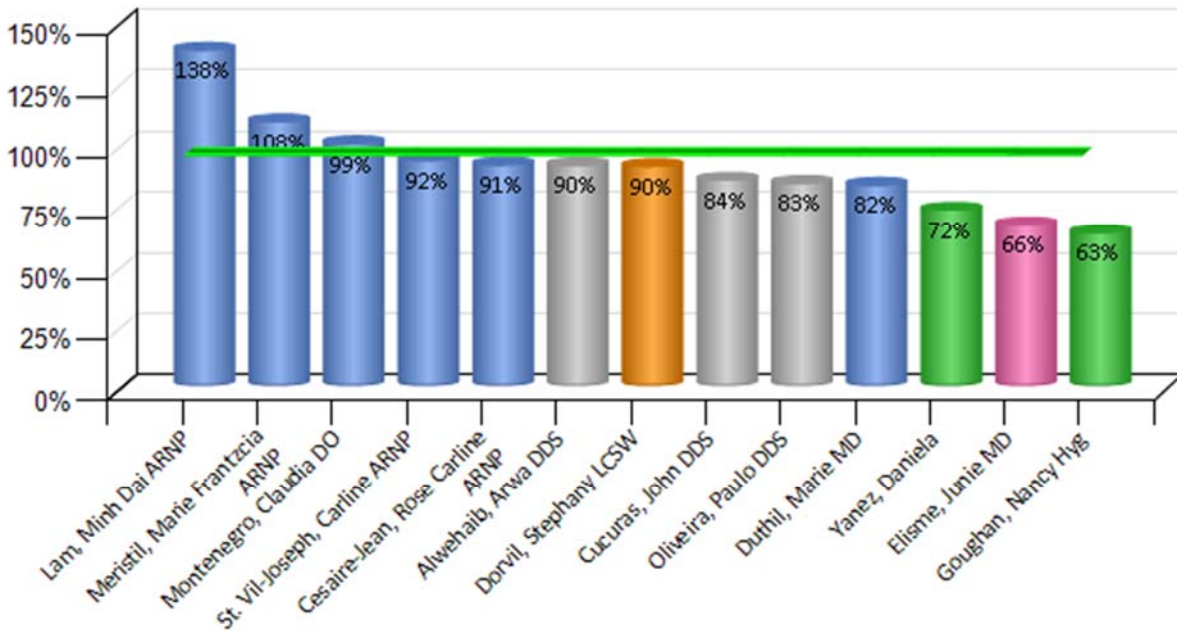
<b>MENTAL HEALTH</b>						
Dorvil, Stephany LCSW	7	20.0	140	126	90%	6.3
<b>DELRAY BEACH MENTAL HEALTH TOTALS</b>		<b>20.0</b>	<b>140</b>	<b>126</b>	<b>90%</b>	

<b>DENTAL</b>						
Alwehaib, Arwa DDS	16	21.0	336	304	90%	14.5
Cucuras, John DDS	16	2.0	32	27	84%	13.5
Oliveira, Paulo DDS	14	19.0	266	221	83%	11.6
<b>DELRAY BEACH DENTAL TOTALS</b>		<b>42.0</b>	<b>634</b>	<b>552</b>	<b>87%</b>	

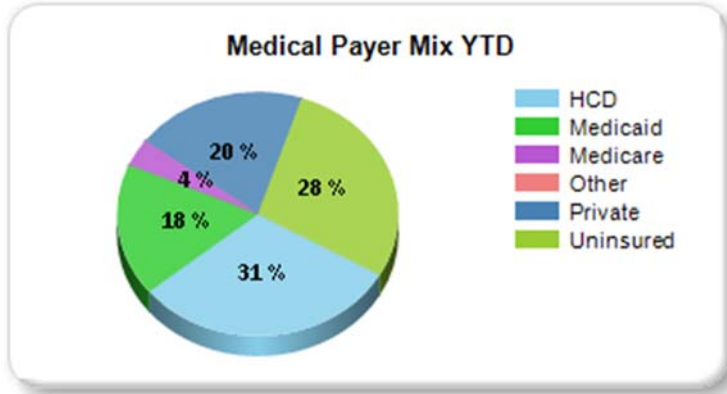
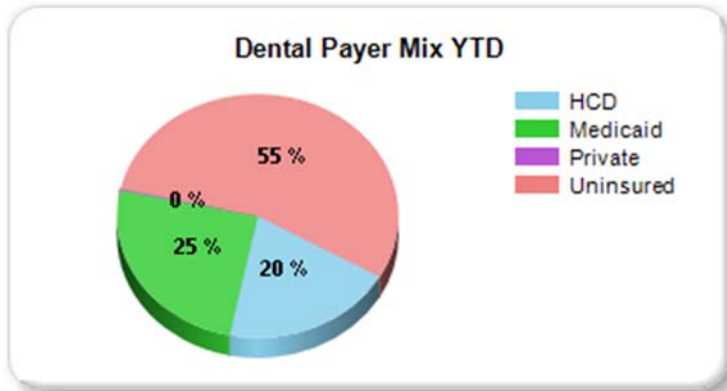
<b>DENTAL HYGIENE</b>						
Yanez, Daniela	8	20.5	164	118	72%	5.8
Goughan, Nancy Hyg	8	1.0	8	5	63%	5.0
<b>DELRAY BEACH DENTAL HYGIENE TOTALS</b>		<b>21.5</b>	<b>172</b>	<b>123</b>	<b>72%</b>	

<b>DELRAY BEACH TOTALS</b>		<b>172.0</b>	<b>2454</b>	<b>2084</b>	<b>85%</b>	
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DELRAY BEACH PROVIDER PRODUCTIVITY APRIL 2019



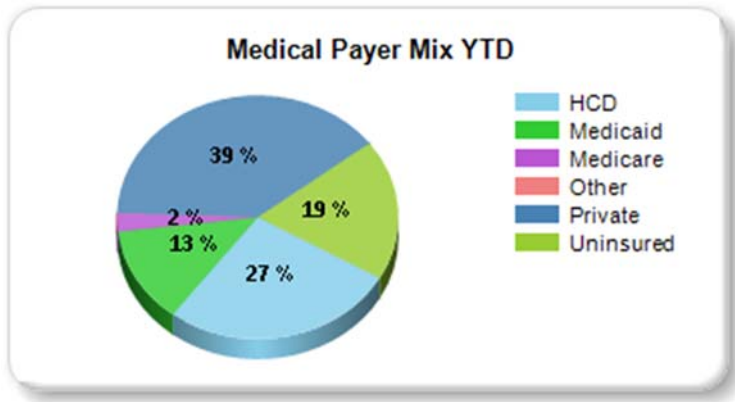
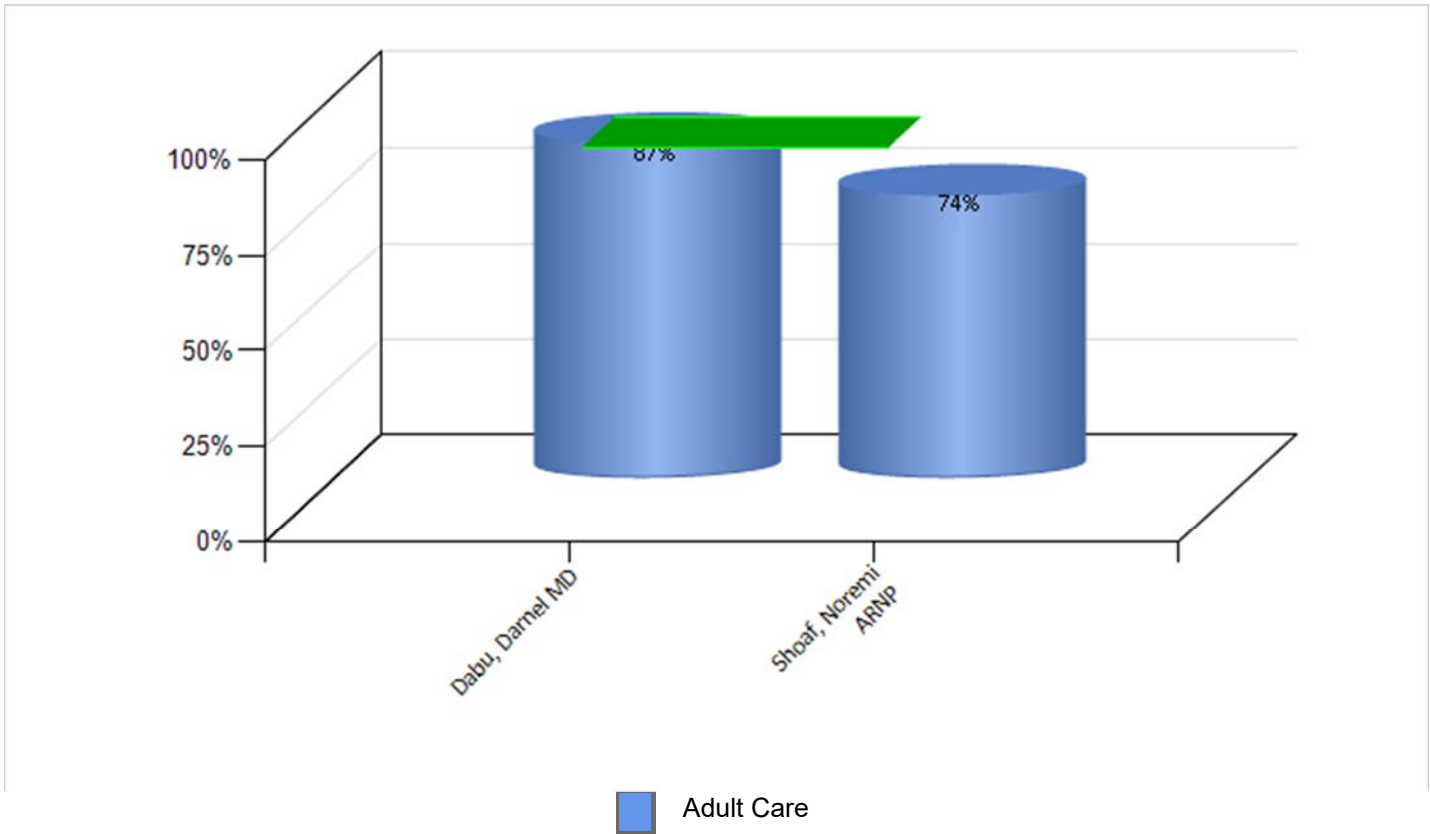
■ Mental Health   
 ■ Pediatrics   
 ■ Adult Care   
 ■ Dental   
 ■ Dental Hyg.



## JUPITER TOTALS FOR APRIL 2019

	Daily Target	Days Worked	Target for the month	Total for month seen	% Monthly Target Achieved	Daily Average
<b>ADULT CARE</b>						
Dabu, Darnel MD	18	21.0	378	329	87%	15.7
Shoaf, Noremi ARNP	16	20.0	320	236	74%	11.8
<b>JUPITER ADULT CARE TOTALS</b>		<b>41.0</b>	<b>698</b>	<b>565</b>	<b>81%</b>	
<b>JUPITER TOTALS</b>		<b>41.0</b>	<b>698</b>	<b>565</b>	<b>81%</b>	

## JUPITER PROVIDER PRODUCTIVITY APRIL 2019



## LAKE WORTH TOTALS FOR APRIL 2019

	Daily Target	Days Worked	Target for the month	Total for month seen	% Monthly Target Achieved	Daily Average
<b>ADULT CARE</b>						
Meristil, Marie Frantzcia ARNP	12	13.5	162	140	86%	10.4
Warren, Sandra MD	18	21.5	387	334	86%	15.5
Perez, Daniel MD	18	20.0	360	306	85%	15.3
Pierre-Louis, Joanne ARNP	16	18.5	296	247	83%	13.4
<b>LAKE WORTH ADULT CARE TOTALS</b>		<b>73.5</b>	<b>1205</b>	<b>1027</b>	<b>85%</b>	

<b>PEDIATRIC CARE</b>						
Normil-Smith, Sherloune MD	18	13.0	234	150	64%	11.5
<b>LAKE WORTH PEDIATRIC CARE TOTALS</b>		<b>13.0</b>	<b>234</b>	<b>150</b>	<b>64%</b>	

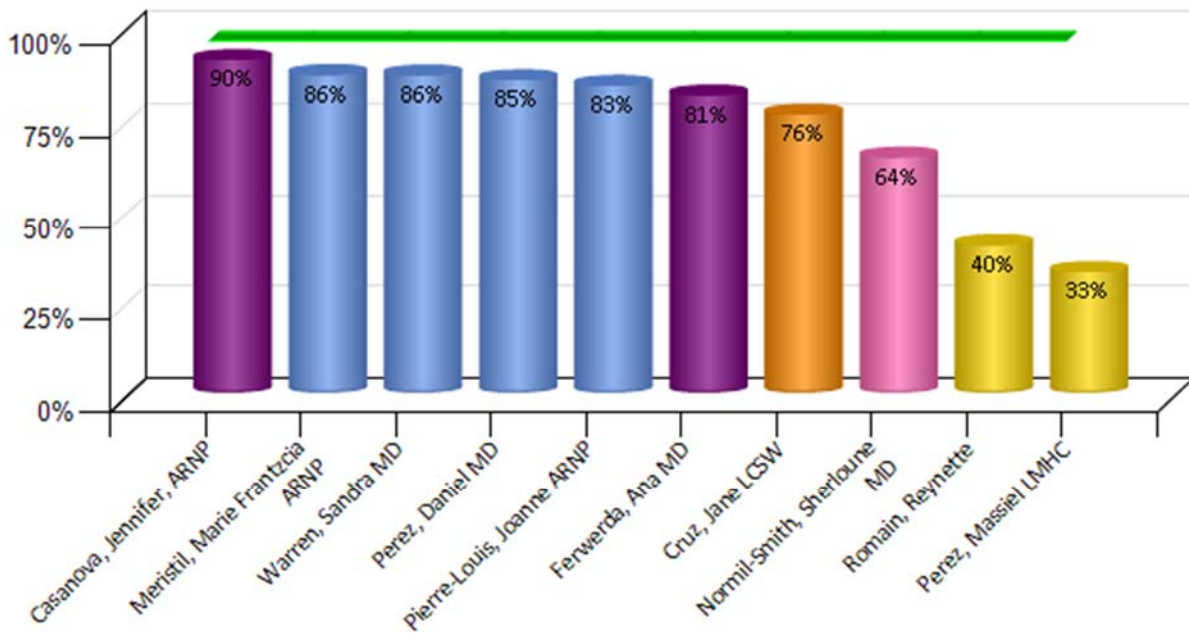
<b>WOMEN'S HEALTH CARE</b>						
Casanova, Jennifer, ARNP	10	10.5	105	95	90%	9.0
Ferwerda, Ana MD	18	14.5	261	211	81%	14.6
<b>LAKE WORTH WOMEN'S HEALTH CARE TOTALS</b>		<b>25.0</b>	<b>366</b>	<b>306</b>	<b>84%</b>	

<b>MENTAL HEALTH</b>						
Cruz, Jane LCSW	7	11.5	81	61	76%	5.3
<b>LAKE WORTH MENTAL HEALTH TOTALS</b>		<b>11.5</b>	<b>81</b>	<b>61</b>	<b>76%</b>	

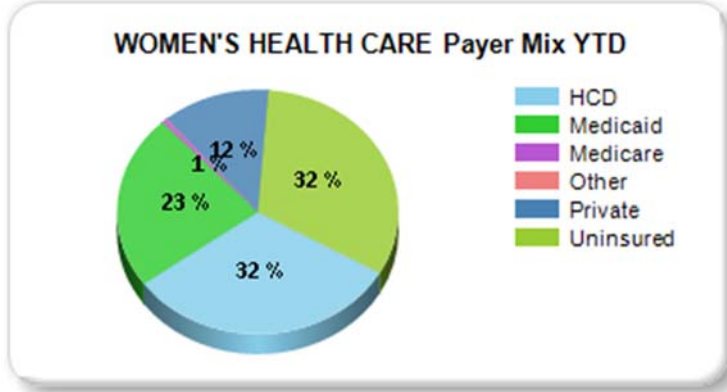
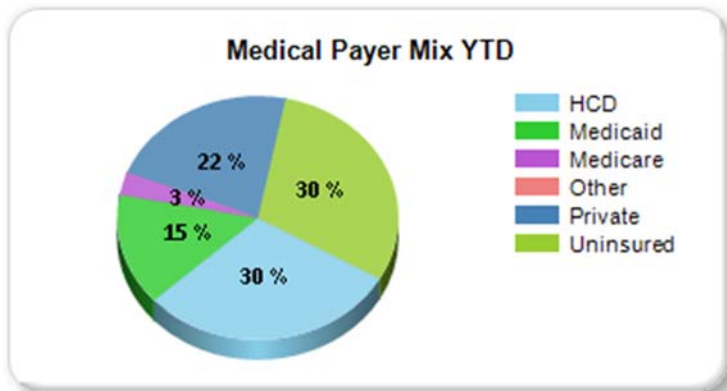
<b>MENTAL HEALTH COVERAGE</b>						
Romain, Reynette	7	2.5	18	7	40%	2.8
Perez, Massiel LMHC	7	3.5	25	8	33%	2.3
<b>LAKE WORTH MH COVERAGE TOTALS</b>		<b>6.0</b>	<b>42</b>	<b>15</b>	<b>36%</b>	

<b>LAKE WORTH TOTALS</b>		<b>129.0</b>	<b>1928</b>	<b>1559</b>	<b>81%</b>	
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LAKE WORTH PROVIDER PRODUCTIVITY APRIL 2019



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



## LANTANA TOTALS FOR APRIL 2019

	Daily Target	Days Worked	Target for the month	Total for month seen	% Monthly Target Achieved	Daily Average
<b>ADULT CARE</b>						
Meristil, Marie Frantzcia ARNP	12	1.0	12	14	117%	14.0
Presendieu, Heden ARNP	16	18.5	296	313	106%	16.9
Alfonso-Puentes, Ramiro MD	18	22.0	396	393	99%	17.9
Navarro, Elsy ARNP	16	16.5	264	257	97%	15.6
March, Sophia ARNP	8	11.5	92	42	46%	3.7
<b>LANTANA ADULT CARE TOTALS</b>		<b>69.5</b>	<b>1060</b>	<b>1019</b>	<b>96%</b>	

<b>PEDIATRIC CARE</b>						
Lazaro, Nancy MD	18	13.5	243	224	92%	16.6
Buchholz, Ellen ARNP	16	0.5	8	7	88%	14.0
Dessalines, Duclos MD	18	18.0	324	274	85%	15.2
<b>LANTANA PEDIATRIC CARE TOTALS</b>		<b>32.0</b>	<b>575</b>	<b>505</b>	<b>88%</b>	

<b>MENTAL HEALTH</b>						
Calderon, Nylsa LMHC	7	17.5	123	118	96%	6.7
Alvarez, Franco MD	16	3.0	48	45	94%	15.0
Rowling, Courtney MD	16	17.5	280	257	92%	14.7
Rivera-Pullen, Valerie LCSW	5	1.0	5	3	60%	3.0
<b>LANTANA MENTAL HEALTH TOTALS</b>		<b>39.0</b>	<b>456</b>	<b>423</b>	<b>93%</b>	

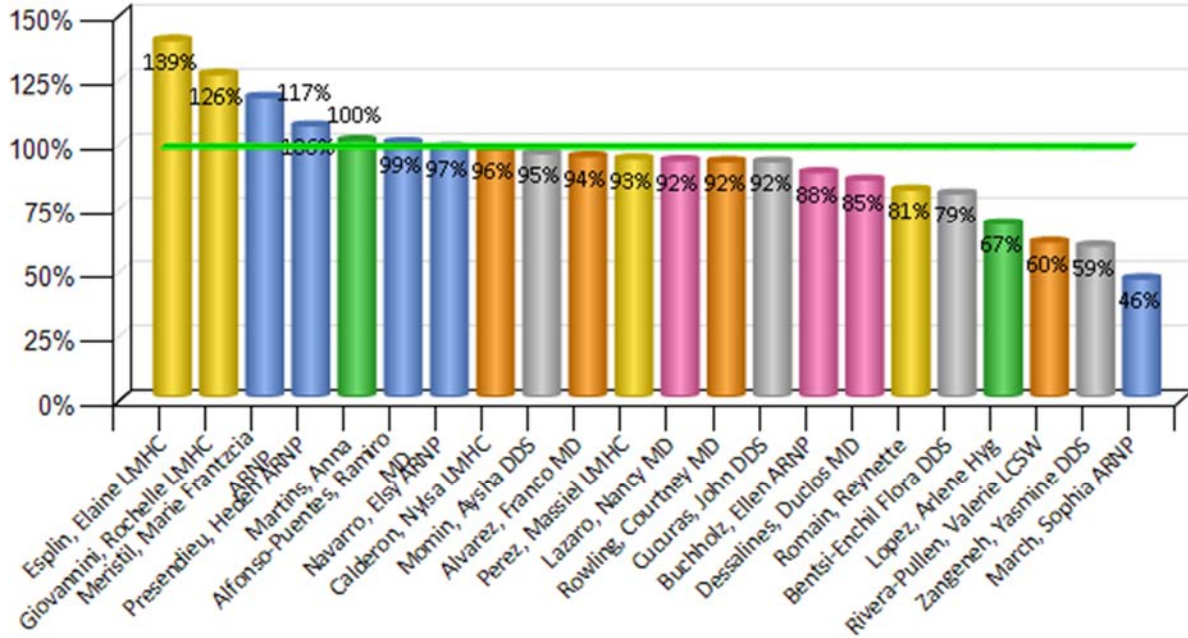
<b>SUBSTANCE ABUSE</b>						
Esplin, Elaine LMHC	7	21.5	151	209	139%	9.7
Giovannini, Rochelle LMHC	7	21.5	151	189	126%	8.8
Perez, Massiel LMHC	7	18.0	126	117	93%	6.5
Romain, Reynette	7	17.0	119	96	81%	5.6
<b>LANTANA SUBSTANCE ABUSE TOTALS</b>		<b>78.0</b>	<b>546</b>	<b>611</b>	<b>112%</b>	

<b>DENTAL</b>						
Momin, Aysha DDS	16	18.0	288	273	95%	15.2
Cucuras, John DDS	16	3.0	48	44	92%	14.7
Bentsi-Enchil Flora DDS	16	10.5	168	133	79%	12.7
Zangeneh, Yasmine DDS	16	11.0	176	103	59%	9.4
<b>LANTANA DENTAL TOTALS</b>		<b>42.5</b>	<b>680</b>	<b>553</b>	<b>81%</b>	

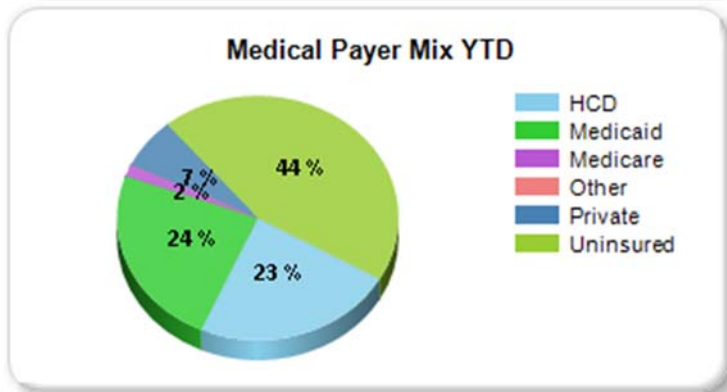
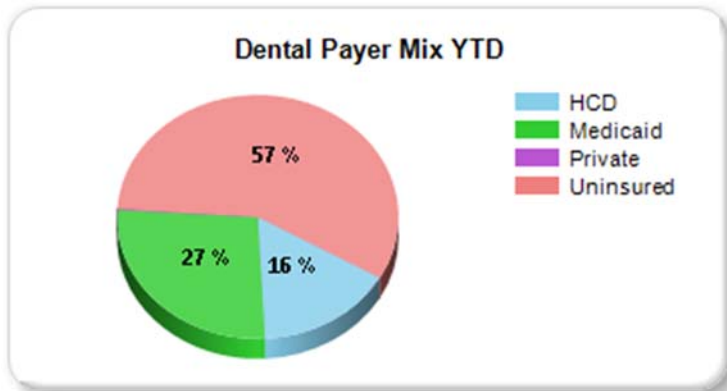
<b>DENTAL HYGIENE</b>						
Martins, Anna	8	0.5	4	4	100%	8.0
Lopez, Arlene Hyg	8	16.5	132	89	67%	5.4
<b>LANTANA DENTAL HYGIENE TOTALS</b>		<b>17.0</b>	<b>136</b>	<b>93</b>	<b>68%</b>	

<b>LANTANA TOTALS</b>		<b>278.0</b>	<b>3453</b>	<b>3204</b>	<b>93%</b>	
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### LANTANA PROVIDER PRODUCTIVITY APRIL 2019



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

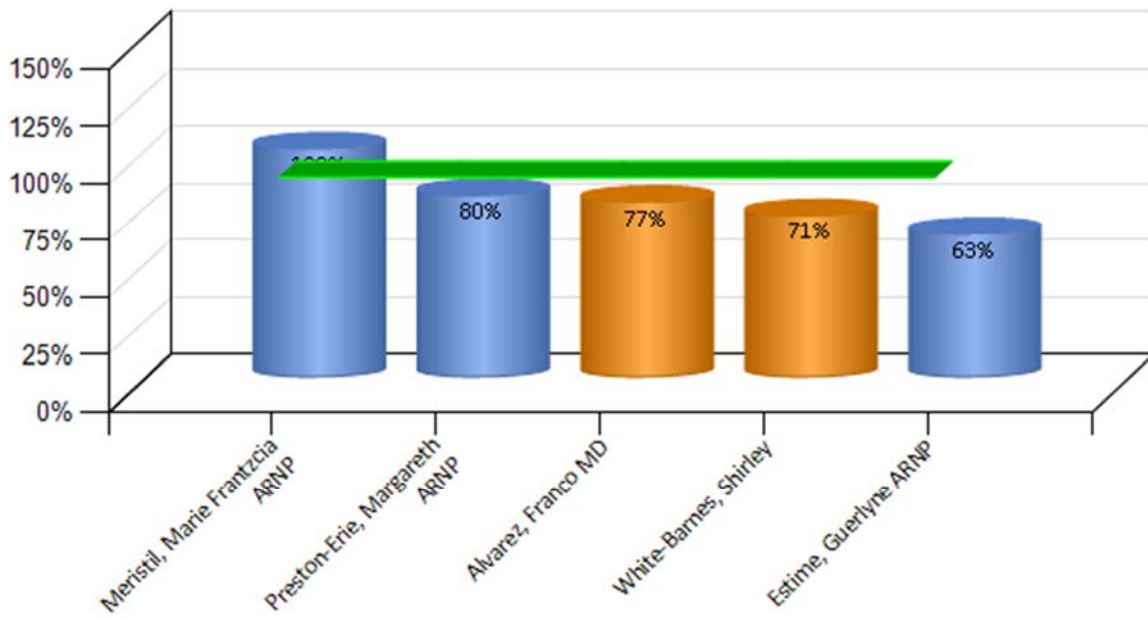


## LEWIS CENTER TOTALS FOR APRIL 2019

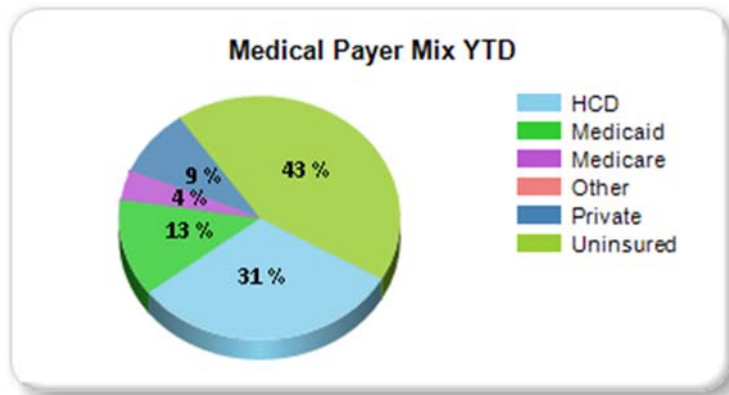
	Daily Target	Days Worked	Target for the month	Total for month seen	% Monthly Target Achieved	Daily Average
<b>ADULT CARE</b>						
Meristil, Marie Frantzcia ARNP	12	1.0	12	12	100%	12.0
Preston-Erie, Margareth ARNP	16	20.0	320	255	80%	12.8
Estime, Guerlyne ARNP	16	1.0	16	10	63%	10.0
<b>LEWIS CENTER ADULT CARE TOTALS</b>		<b>22.0</b>	<b>348</b>	<b>277</b>	<b>80%</b>	
<b>MENTAL HEALTH</b>						
Alvarez, Franco MD	16	15.0	240	184	77%	12.3
White-Barnes, Shirley	7	20.0	140	99	71%	5.0
<b>LEWIS CENTER MENTAL HEALTH TOTALS</b>		<b>35.0</b>	<b>380</b>	<b>283</b>	<b>74%</b>	
<b>LEWIS CENTER TOTALS</b>		<b>57.0</b>	<b>728</b>	<b>560</b>	<b>77%</b>	



LEWIS CENTER PROVIDER PRODUCTIVITY APRIL 2019



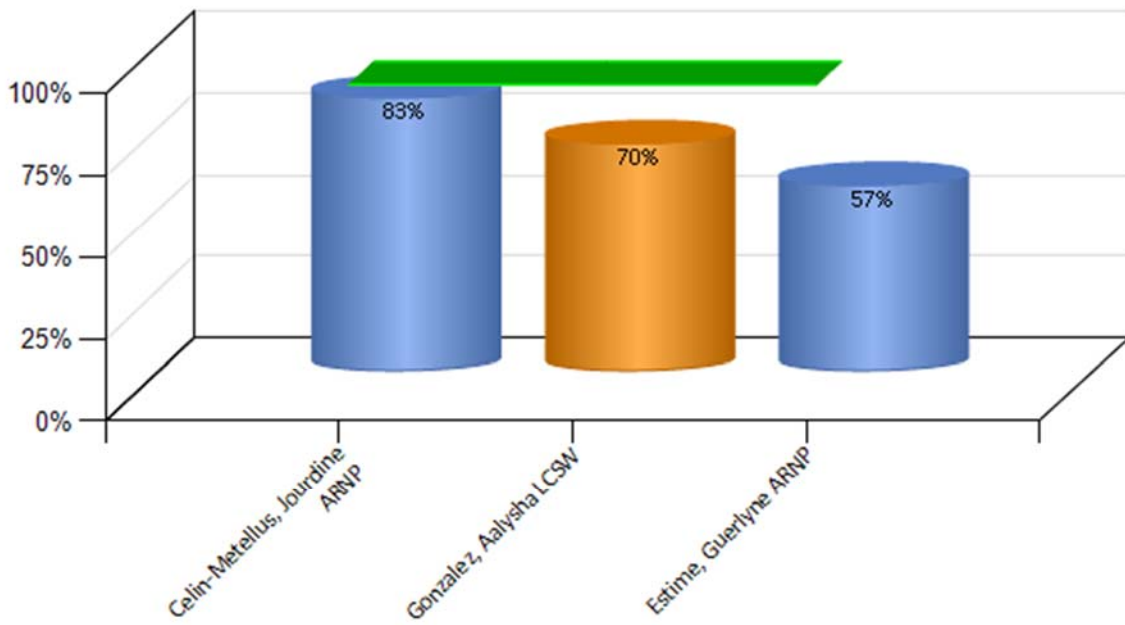
■ Mental Health     
 ■ Adult Care



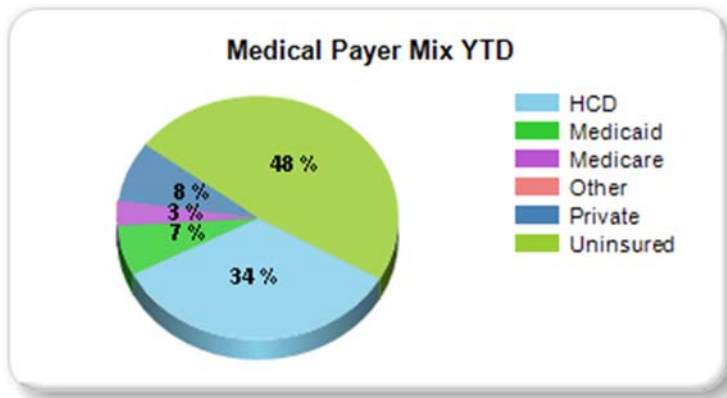
## MOBILE CLINIC TOTALS FOR APRIL 2019

	Daily Target	Days Worked	Target for the month	Total for month seen	% Monthly Target Achieved	Daily Average
<b>ADULT CARE</b>						
Celin-Metellus, Jourdine ARNP	12	1.0	12	10	83%	10.0
Estime, Guerlyne ARNP	12	19.5	234	133	57%	6.8
<b>MOBILE CLINIC ADULT CARE TOTALS</b>		<b>20.5</b>	<b>246</b>	<b>143</b>	<b>58%</b>	
<b>MENTAL HEALTH</b>						
Gonzalez, Aalysha LCSW	7	19.5	137	95	70%	4.9
<b>MOBILE CLINIC MENTAL HEALTH TOTALS</b>		<b>19.5</b>	<b>137</b>	<b>95</b>	<b>70%</b>	
<b>MOBILE CLINIC TOTALS</b>		<b>40.0</b>	<b>383</b>	<b>238</b>	<b>62%</b>	

**MOBILE CLINIC PROVIDER PRODUCTIVITY APRIL 2019**



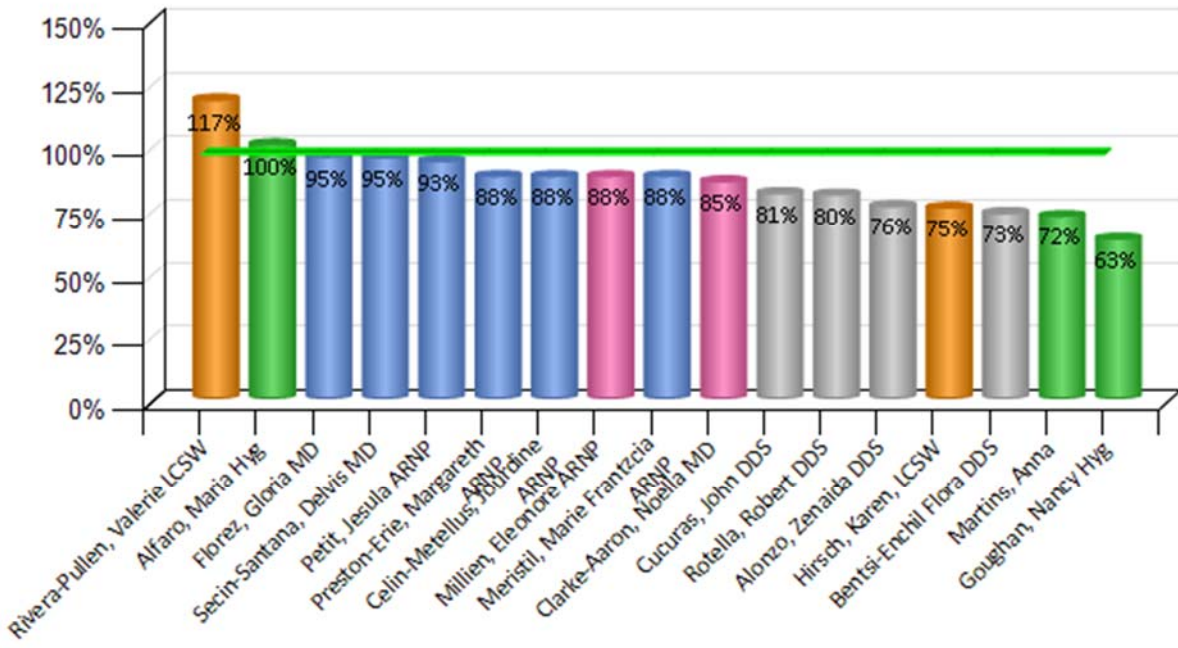
■ Mental Health      ■ Adult Care



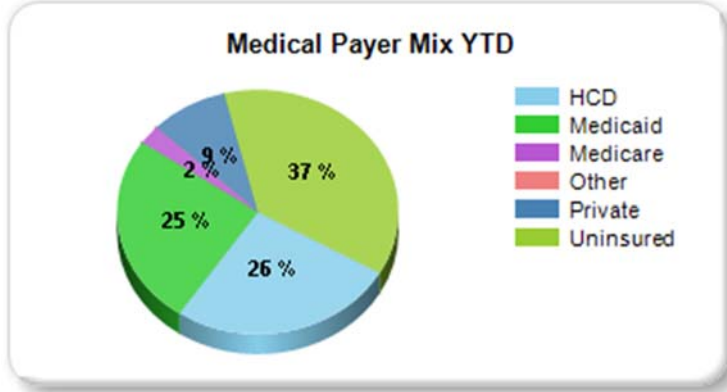
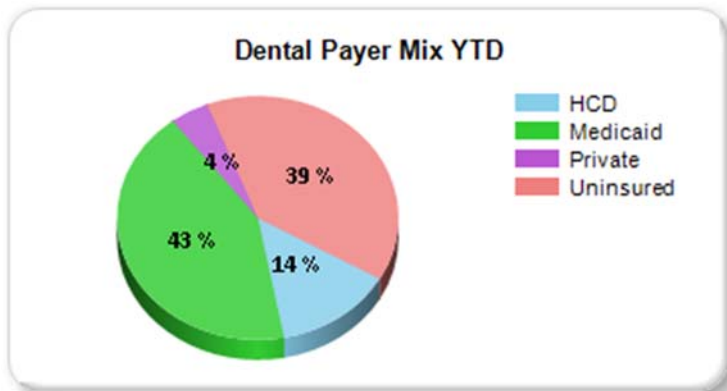
## WEST PALM BEACH TOTALS FOR APRIL 2019

	Daily Target	Days Worked	Target for the month	Total for month seen	% Monthly Target Achieved	Daily Average
<b>ADULT CARE</b>						
Florez, Gloria MD	18	18.5	333	317	95%	17.1
Secin-Santana, Delvis MD	16	21.5	344	326	95%	15.2
Petit, Jesula ARNP	16	21.0	336	314	93%	15.0
Preston-Erie, Margareth ARNP	16	0.5	8	7	88%	14.0
Celin-Metellus, Jourdine ARNP	16	17.0	272	238	88%	14.0
Meristil, Marie Frantzcia ARNP	12	2.0	24	21	88%	10.5
<b>WEST PALM BEACH ADULT CARE TOTALS</b>		<b>80.5</b>	<b>1317</b>	<b>1223</b>	<b>93%</b>	
<b>PEDIATRIC CARE</b>						
Millien, Eleonore ARNP	16	18.0	288	252	88%	14.0
Clarke-Aaron, Noella MD	18	21.0	378	323	85%	15.4
<b>WEST PALM BEACH PEDIATRIC CARE TOTALS</b>		<b>39.0</b>	<b>666</b>	<b>575</b>	<b>86%</b>	
<b>MENTAL HEALTH</b>						
Rivera-Pullen, Valerie LCSW	7	18.0	126	148	117%	8.2
Hirsch, Karen, LCSW	4	2.0	8	6	75%	3.0
<b>WEST PALM BEACH MENTAL HEALTH TOTALS</b>		<b>20.0</b>	<b>134</b>	<b>154</b>	<b>115%</b>	
<b>DENTAL</b>						
Cucuras, John DDS	16	15.0	240	194	81%	12.9
Rotella, Robert DDS	16	21.5	344	276	80%	12.8
Alonzo, Zenaida DDS	16	20.0	320	242	76%	12.1
Bentsi-Enchil Flora DDS	16	3.0	48	35	73%	11.7
<b>WEST PALM BEACH DENTAL TOTALS</b>		<b>59.5</b>	<b>952</b>	<b>747</b>	<b>78%</b>	
<b>DENTAL HYGIENE</b>						
Alfaro, Maria Hyg	4	3.0	12	12	100%	4.0
Martins, Anna	8	19.0	152	109	72%	5.7
Goughan, Nancy Hyg	8	1.0	8	5	63%	5.0
<b>WEST PALM BEACH DENTAL HYGIENE TOTALS</b>		<b>23.0</b>	<b>172</b>	<b>126</b>	<b>73%</b>	
<b>WEST PALM BEACH TOTALS</b>		<b>222.0</b>	<b>3241</b>	<b>2825</b>	<b>87%</b>	

WEST PALM BEACH PROVIDER PRODUCTIVITY APRIL 2019



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



**DISTRICT CLINIC HOLDINGS, INC.**  
**BOARD OF DIRECTORS**  
**May 28<sup>th</sup>, 2019**

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

**2. Summary:**

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

- HRSA Integrated Behavioral Health Services (IBHS) Grant
- HRSA Oral Health Infrastructure (OHI) Grant
- Sunshine Health Barrier Removal Fund
- NACHC CHI & EXPO

**3. Substantive Analysis:**

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

We submitted the grant application on 5/13/2019 requesting a Psychologist FTE and for on-site consulting services from Cherokee Health to provide continued training of our LCSW's. Award is up to \$145,000.

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

We submitted the grant application on 5/21/2019 requesting new dental chairs/equipment across three dental clinics and other supplies to implement triple-integrated services in Lantana. Award is up to \$300,000.

**Sunshine Health Barrier Removal Fund**

Notification of our application proceeding to Phase 2 received 5/21/2019 for Lantana and Delray Clinics (approximately \$8,000 per clinic) to make dental services more accessible to members with intellectual and developmental disabilities, specifically - weighted blankets, noise cancelling headphones, TV or DVD player for members needed sensory accommodations to watch while getting dental services.

**NACHC CHI & EXPO**

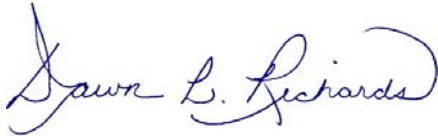
Two newest board members will be joining five team members for the National Association of Community Health Center Conference in Chicago, IL in August.

**DISTRICT CLINIC HOLDINGS, INC.**  
**BOARD OF DIRECTORS**  
**May 28<sup>th</sup>, 2019**

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

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

Reviewed for financial accuracy and compliance with purchasing procedure:



Dawn Richards  
 VP & Chief Financial Officer

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

N/A

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

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

**6. Recommendation:**

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

Approved for Legal sufficiency:



\_\_\_\_\_  
 Valerie Shahriari  
 VP & General Counsel



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



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

**DISTRICT CLINIC HOLDINGS, INC.**  
**BOARD OF DIRECTORS**  
**May 28, 2019**

**1. Description:** Licensed Independent Practitioner Credentialing and Privileging

**2. Summary:**

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

**3. Substantive Analysis:**

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

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

Last Name	First Name	Degree	Specialty	Credentialing
Rotella	Robert	DDS	General Dentistry	Recredentialing
Seminario	Ada	DDS	General Dentistry - Pediatric	Recredentialing

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

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

Robert Rotella, DDS joined the West Palm Beach Dental Clinic in 2015 specializing in General Dentistry – Pediatric. He attended the State University of New York at Buffalo where he also completed his residency program. Dr. Rotella has been practicing for over 35 years and enjoys working with the indigent population.

Ada Seminario, DDS joined the Belle Glade Dental Clinic in 2015 specializing in General Dentistry. She attended the Universidad Peruana Cayetano Heredia and completed her



**DISTRICT CLINIC HOLDINGS, INC.**  
**BOARD OF DIRECTORS**  
**May 28, 2019**

residency at the University of Connecticut Health Center. Dr. Seminario has been practicing for over 20 years, is fluent in Spanish and believes in accessible dental care for all communities.

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

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

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

\_\_\_\_\_  
Dawn Richards  
VP & Chief Financial Officer

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

N/A

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

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

**6. Recommendation:**

Staff recommends the Board approve the recredentialing and renewal of privileges of Dr. Rotella, General Dentistry – Pediatric.

Staff recommends the Board approve the recredentialing and renewal of privileges of Dr. Seminario, General Dentistry.

Approved for Legal sufficiency:



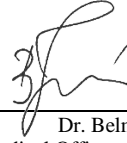
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Valerie Shahriari  
VP & General Counsel

**DISTRICT CLINIC HOLDINGS, INC.**  
**BOARD OF DIRECTORS**  
**May 28, 2019**

*Sarah Gonzalez*

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



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

**DISTRICT CLINIC HOLDINGS, INC.**  
**BOARD OF DIRECTORS**  
**May 28<sup>th</sup>, 2019**

**1. Description:** Quality Council Reports

**2. Summary:**

This agenda item provides the following:

- Quality Council Minutes – May 2019
- UDS Report – YTD April 2019

**3. Substantive Analysis:**

QUALITY

Of the **14** UDS Measures: **7** Exceeded the HRSA Goal and **7** were short of the HRSA Goal. Interventions were defined.

We have started using Tableau which is a data dashboard that will allow us to review trends and patterns in quality and utilization in our patient population. This tool will be used to inform and support any changes in the provision of services that may be necessary.

We are training all of our Adult providers to treat alcohol use disorder thereby improving their level of comfort with treatment of this disease.

Pharmacy is now delivering medications to the Mobile clinic and Jupiter clinic.

UTILIZATION

We have been reviewing our lab invoices from Quest labs for analysis and trends.

Our medical dental integration (MDI) in Lantana serviced 431 pediatric patients in April. Of those 49 children were sent to dental for full evaluation and treatment.

PATIENT SATISFACTION

In June, we will implement ongoing Patient Satisfaction Surveys in order to identify and address satisfaction issues in real time rather than on an annual basis.

RISK

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

**DISTRICT CLINIC HOLDINGS, INC.**  
**BOARD OF DIRECTORS**  
**May 28<sup>th</sup>, 2019**

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

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

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

\_\_\_\_\_  
 Dawn Richards  
 VP & Chief Financial Officer

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

N/A

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

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

**6. Recommendation:**

Staff recommends the Board Approve the Quality Council Minutes and YTD UDS.

Approved for Legal sufficiency:



\_\_\_\_\_  
 Valerie Shahriari  
 VP & General Counsel



\_\_\_\_\_  
 Dr. Noelle Stewart  
 FQHC Medical Director



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

**Quality Council Meeting Minutes**

**Date: May 10<sup>th</sup>, 2019**

**Time: 1:00pm – 3:15 pm**

**Attendees:** Dr. Belma Andric – Chief Medical Officer/Executive Director, Dr. Noelle Stewart – FQHC Medical Director; Dr. Duclos Dessalines – Director of Pediatrics; Dr. Tamara-Kay Tibby - Dental Director; David Speciale – Quality Manager; Dr. Ana Ferwerda – Director of Women’s Health; Dr. Courtney Rowling - Director of Behavioral Health; Lisa Hogans – Director of Nursing; Nancy Fox-Goughan, Dental Quality Coordinator; Maria Chamberlin – Nurse Manager; Dr. Dorce-Medard – DIO ; Marguerite Lynch – Project Coordinator; Zulma Almeida Jairala – FQHC Director Of Operations; Ingrid Barlett – Program Coordinator; Terry Megiveron – Director of Business; Development Andrea Steele – Corporate Quality Director (via WebEx)

**Absent:** Julia Bollard – FQHC Board Member

**Minutes by:** David Speciale / Jonathan Dominique

<u>AGENDA ITEM</u>	<u>DISCUSSION / RECOMMENDATIONS</u>	<u>ACTION ITEMS (AI)</u>	<u>RESPONSIBLE PARTY</u>	<u>DATE</u>
<b>QUALITY</b>				
<b>48-HOUR METRICS</b>				
<b>Medical Metrics</b>	<p><b><u>Open Orders, Labs, &amp; Documents – Provider Buckets:</u></b>  <b>April 2019</b> – For April there were <b>5 Providers, 1 Resident, and 3 Nurse</b> buckets that did not comply with the 48-hour metric.</p> <p>Noncompliance was likely because a provider was on vacation and other providers were assisting in closing out documents and labs.</p> <p>West Palm RN was over 48 hour metrics the entire month and findings were that majority of documents were nurse referrals.</p>	<p>Chart Auditor will begin to report weekly 48 hour metrics to be addressed in more real time</p> <p>Send a nurse to West Palm Beach clinic to assist during clinic hours to allow administrative time to West Palm nurse to close out referrals.</p>	<p>Lisa</p> <p>Lisa</p>	<p>ASAP</p> <p>ASAP</p>

	<p>Resident buckets have improved. Residency program director is working with IT to update resident workflow in Athena.</p> <p>Athena is still looking into the fact that users with similar names are getting documents that do not belong to them.</p> <p><b>April 2019</b> - Provider buckets were reviewed weekly (4 times for the month). The data from the bucket reviews were compiled and compliance rates for this 48-hour measure are as follows:</p> <ul style="list-style-type: none"> <li>• MD/DO – 84%</li> <li>• ARNP – 88%</li> <li>• Residents – 92%</li> <li>• Nurse Buckets – 67%</li> <li>• Social Work – 100%</li> </ul> <p>WPB Nurses given a deadline to close buckets. They are receiving support from other clinic nurses to complete goals.</p>	<p>Follow up with Leigh-Ann regarding two nurses with the same name rose and their buckets are getting confused.</p>	<p>Lisa</p>	<p>6/14/2019</p>
	<p><b>Encounters Closed Rate</b></p> <p><b>April 2019</b> – There were 6 providers who have an average close rate of &gt; 48 hours, of which included:</p> <ul style="list-style-type: none"> <li>• 3 residents</li> <li>• 2 Pediatric Providers</li> <li>• 1 Psychiatrists</li> </ul> <p>In April there were a total of 11,426 encounters of which 97% were closed and 3% remained opened as of May 1, 2019</p>	<p>Ensure Chart auditor is providing weekly notification of encounter close rates for real time follow up.</p>	<p>Lisa</p>	<p>ASAP</p>

<b>Dental Metrics</b>	<p><b>Closing Encounters</b> - previous month items closed / reviewed w/in 48 hours</p> <p><b>April 2019</b> = 12 encounters for 8 providers were non-compliant with this measure. This measure has improved since the previous two months.</p>	Providers notified weekly and addressed at Provider meeting	Dr. Tibby/ Nancy	6/14/2019
	<p><b>Dexis Image Bucket</b></p> <p><b>April 2019</b> – 8 films on one patient needed correction.</p>	One provider required and received additional training to address the Dexis image bucket.	Nancy	ASAP
<b>UDS REPORT</b>				
<b>April 2019</b>				
Of the <b>14</b> UDS Measures: <b>7</b> Exceeded the HRSA Goal and <b>7</b> were short of the HRSA Goal ( <i>Clinic Score/ HRSA Goal</i> )				
<b>Medical UDS</b>	<p><b>Childhood immunization: (53%/60%)</b></p> <p><u>Findings:</u></p> <ol style="list-style-type: none"> <li>Lowest rates in DTap, Pneumococcal, Rotavirus and Influenza on the report as "Needs Data". This is the result of Vaccines not being reconciled in the EMR.</li> <li>Parents are traveling back to their home country after birth and returning between 4 months and 2 years.</li> <li>Some patients have PCP changes.</li> </ol> <p>The "Flu Shot – Status Report" presented last meeting is still in process by the Call Center.</p>	<p><u>Interventions:</u></p> <ol style="list-style-type: none"> <li>Explore reasons for lower rates in each of these vaccines</li> <li>Work on identifying solutions to improve rates.</li> <li>Continue to campaign for Flu</li> <li>Continue to reconcile vaccines</li> </ol>	Dr. Stewart	6/14/2019
	<p><b>Cervical Cancer Screening: (59%/65%)</b></p> <p><u>Findings:</u> Difficulty getting records from outside providers that have performed the screening. 2. Patients are showing as non-compliant before their full year is up. Athena is capturing as a measurement year instead of when they are actually due.</p>	<p><u>Interventions:</u></p> <ol style="list-style-type: none"> <li>Develop care teams to improve efficiencies in following up on requested medical records.</li> <li>Develop a custom report</li> </ol> <p>Let's implement lunch in learns to be devoted only to pap smear. Goal date – May</p>	Dr. Stewart	6/14/2019
	<p><b>Weight assessment, Children &amp; Adolescent: (75%/90%)</b></p>	<ol style="list-style-type: none"> <li>Train providers that health education should be given at every visit regardless of reason for visit.</li> </ol>	Dr. Dessalines	6/14/2019

	<u>Findings:</u> 1. Providers not dropping the order group at every visit. Dr. Dessalines retrained providers during the 5/2/2019 provider meeting.	2. Train providers and MA's to drop the order group		
	<b>Adult Weight screening and follow up:</b> (98%/90%)			
	<b>Tobacco use screening &amp; cessation:</b> (97%/93%)			
	<b>Asthma Pharmacologic Therapy:</b> (96% /99%) <u>Findings:</u> 1. Providers are diagnosing patients with persistent asthma who likely met criteria for intermittent asthma.	<u>Intervention:</u> 1. Provide education on diagnosis of asthma severity and therapy guidance	Dr. Stewart	6/14/2019
	<b>Coronary Artery Disease CAD:</b> (93%/81%)			
	<b>Ischemic Vascular Disease (IVD):</b> (92%/86%)			
	<b>Colorectal Cancer Screening:</b> (42%/82%) <u>Findings:</u> 1. Patients are showing as non-compliant before their full year is up. Athena is capturing as a measurement year instead of when they are actually due.  The May 2018 – February 2019 Abnormal FIT test report presented last month continues to be worked and patients are receiving follow-up.  There were a total of 34 Abnormal FIT tests from March thru April 27, 2019 of which <ul style="list-style-type: none"> <li>• 27 (79%) had a GI referral</li> <li>• 7 (21%) had no referral to GI amongst 6 providers</li> </ul> Of the 7 patients with no GI Referral: <ul style="list-style-type: none"> <li>• 1 has an appointment with their PCP</li> <li>• 1 was sent a letter for follow-up</li> </ul>	<u>Interventions:</u> 1. Develop a custom report	Dr. Stewart	6/14/2019



	<ul style="list-style-type: none"> <li>5 had no documented follow up</li> </ul> <p>Staff retrained at 5/2 provider meeting on proper follow up with Abnormal FIT tests. Nurses to utilize the Abnormal FIT Quality reports to track and follow up with patients.</p>	Plans to track the referral process to ensure referrals are being closed in a timely manner.	Dr. Stewart	6/14/2019
	<b>HIV linkage:</b> (100%/85%)			
	<b>Depression screening:</b> (85%/83%)			
	<p><b>Hypertension:</b> (71%/80%)</p> <p><u>Findings:</u> 1. Improvement since last month. 2. MAT clinic charts were reviewed and findings showed that elevated BPs are not being consistently rechecked</p>	<p><u>Interventions:</u> 1. Continue to encourage short interval follow up for uncontrolled hypertension. 2. Train MAT clinic on proper blood pressure measurement and documentation.</p>	Dr. Stewart Angela	6/14/2019 ASAP
	<p><b>Diabetes:</b> (52%/67%)</p> <p><u>Findings:</u> 1. Providers are not populating A1c results from specialist report</p>	<p><u>Interventions:</u> 1. Retrain on populating A1c value in QM tab when specialist note is reviewed.</p>	Dr. Stewart	6/14/2019
<b>Dental UDS &amp; Quality Metrics</b>	<b>Dental Sealant:</b> (84%/75%)	<p>Providers to receive monthly list of patients who do not meet the measure.</p> <p>Modify the Hybrid Report in Tableau to include NNOHA measures and exclusions including non-sealable codes: sealant already placed, tooth unerupted, tooth missing or extracted, carious tooth, or tooth restored. Data to include information regardless of risk factors and type of visit.</p>	Dr. Tibby	ASAP

	<p><b>Triage</b> - Dental Triage procedure reviewed with dental providers at the meeting on May 2nd, 2019.</p> <p>April 2019: 96% (495/515) of all patients who present for a triage get seen for a same day appointment</p>			
	<p><b>Complication Rates</b></p> <p>No Update. Earliest deliverable will be May 2019</p>	Develop and report Dental Complication Rates	Dr. Tibby	6/14/2019
	<p><b>Instadose Tracking</b></p> <p>Guest Wearing – 95%        Guest Reporting – 100%        Reporting – 100%        Wearing – 97%</p> <p>One badge returned to clinic and new badge ordered. Staff addressed at 5/2/ Team Meeting.</p>			
<p><b>Pediatric Quality Metrics</b></p>	<p><b>HPV</b></p> <p>Chart Auditor continues to monitor charts from last month to ensure patients follow up with Call Center Outreach attempts.</p> <p>Chart Audits revealed that the HPV Refusal form was not being used. Providers retained on 5/2 to document HPV refusals on this form. HPV refusal form is being translated into Spanish &amp; Creole and we are working with Athena to build an HPV Refusal form report to monitor the process more closely.</p> <p>HPV mailers are being revised and, upon completion, will be sent to those patient who were unreachable by phone (after 3 attempts)</p>	<p>Generate an HPV report for 15 year olds, and 14 year olds who are turning 15. Perform outreach to these patients with the goal of scheduling to receive HPV.</p> <p>Run a May report for 11-18 year olds to monitor HPV refusal form and review patients that have not satisfied the measure.</p>	<p>David</p> <p>David</p>	<p>ASAP</p> <p>ASAP</p>

	<p>Call Center completed new outreach 49 patients consisting of 10 year olds (turning 11 in a month) and 13 year olds. Of these patients:</p> <ul style="list-style-type: none"> <li>• 17% was scheduled an appointment</li> <li>• 10% received a new PCP</li> <li>• 59% unable to contact (3 attempts)</li> <li>• 16% will “call to schedule”</li> </ul>	<p>For patients with a new PCP, monitor Florida Shots to see if patient satisfied the measure.</p>	<p>David</p>	<p>ASAP</p>
	<p><b><u>FLU</u></b>          The Call Center outreach is still in process.</p>			
<p><b>Substance Abuse Quality Metrics</b></p>	<p><b><u>April 2019</u></b></p> <ul style="list-style-type: none"> <li>• MAT Program Census – 118 Patients</li> <li>• New Patient Intakes – 15 Patients</li> <li>• Patient Readmits – 4 Patients</li> <li>• Patient Discharges – 13 Patients</li> <li>• Reason for Discharge. Of the 13 patients:             <ul style="list-style-type: none"> <li>- 8 unable to locate</li> <li>- 2 incarcerated</li> <li>- 1 relocated</li> <li>- 1 dropped out</li> <li>- 1 administrative discharge</li> </ul> </li> </ul> <p><b><u>Treatment Phase</u></b>          Phase 1 – 49 (41%)          Phase 2 – 32 (28%)          Phase 3 – 10 (8%)          Phase 4 – 18 (15%)          Vivitrol Patients – 9 (6%)</p> <p>Met with IT to utilize Tableau for Behavioral Health reports including BAM, PHQ-9, Referrals, and WHO’s</p>	<p>Work with Monica in IT to develop brief addiction monitor tracking report.</p>	<p>Dr. Rowling          David</p>	<p>6/14/2019</p>

<b>Behavioral Health Quality Metrics</b>	<p>Reports developed to track PHQ9's that lead to a Behavioral Health Referral that lead to a Warm Hand off.</p> <p><b>PHQ-9</b>          April 2019 – There were 4,042 PHQ-9's performed of which</p> <ul style="list-style-type: none"> <li>• 3,785 (93.64%) were scored</li> <li>• 232 (5.74%) were unscored</li> <li>• 25 (0.62%) were declined by the patient.</li> </ul> <p>The 25 unscored PHQ-9's were reported by clinic site, provider, and possible reasons unscored.</p> <p><b>Behavioral Health Referrals &amp; Warm Hand-Off Analysis</b>          April 2019 there were a total of 424 Behavioral Health referrals dropped of which:</p> <ul style="list-style-type: none"> <li>• 245 (57.78%) patients were seen for a WHO the same day</li> <li>• 179 (42.22%) patients were not seen the same day</li> <li>• Data also presented by clinic</li> </ul>	<p>Staff will be provided lists of unscored PHQ-9's to be scored.</p> <p>Next step is to tie the PHQ-9 report with the Behavioral Health Referral &amp; Patient WHO Appointment Report to determine if patients who screen positive for depression are seen the same day via Warm Hand Off.</p>	<p>Dr. Rowling</p> <p>David</p>	<p>ASAP</p> <p>6/14/2019</p>
<b>Women's Health UDS &amp; Quality Metrics</b>	<p><b>UDS</b> – in process</p> <p><b>Quality Metrics</b> – in process</p> <p>Dr. Ferwerda met with the IT team to review needs for women's health UDS reports/</p> <p><b>Tableau Clinic Dashboards</b> – We now have another tool to conduct periodic assessments of the quality of care offered and can review trends and patterns in the patient population, and overall health center performance. Dr. Andric, Dr. Stewart and the team will identify and document any proposed necessary changes in the</p>	<p>WH coordinator will crosscheck data and we hope to present data for May quality meeting. Monica in IT will create women's health UDS reports in Tableau</p>	<p>Dr. Ferwerda</p> <p>Dr. Ferwerda</p>	<p>ASAP</p> <p>6/14/2019</p>

	provision of services as necessary to inform and support internal decision-making.			
<b>Human Resources Quality Metrics</b>	<p><b>April 2019</b></p> <p>New Hires – 2</p> <p>Clinic Terms – 5 (4 voluntary / 1 involuntary)</p> <p>Workman’s Comp – 3 with a total estimated loss of 8 hours and \$435.84</p> <p>YTD trends presented</p>			
<b>GRANT UPDATE</b>				
	<p><b>American Cancer Society:</b></p> <p><b>HPV:</b></p> <p>Lunch and learns have been rescheduled and will begin in May.</p> <p>Charts were reviewed to see if HPV refusal form was being used. Findings suggest that team is still not using the forms and instead use the general vaccine refusal. Everyone was retrained to use the specific HPV vaccine form.</p> <p><b>New Access Point Grant</b> – submitted on 4/10/19 for \$650,000. We will have no updates until December.</p> <p><b>QI Grant:</b></p> <p>Avahna – preliminary documents have submitted for review.</p>	<p>In the month of May, our ACS liaison, along with our team, are going out to the clinics for a lunch and learn on HPV vaccinations</p> <p>Audit charts to see that forms are in fact being used.</p>	<p>Dr. Stewart</p> <p>Lisa</p>	<p>6/14/2019</p> <p>ASAP</p>

	<p><b><u>Overdose Data to Action Department of Health and Human Services Centers for Disease Control – NCIPC</u></b> A draft narrative and budget provided to Department of Health Palm Beach County on 4/5/2019.</p> <p><b><u>Integrated Behavioral Health Services (IBHS) Supplemental Funding</u></b> Award is up to \$145,000.</p> <p><b><u>Oral Health Infrastructure (OHI) Technical Assistance</u></b> Award is up to \$300,000.</p> <p><b><u>Sunshine Health Grant</u></b> Submitted for Lantana and one for Delray dental clinics to offer assistive devices to patients with special needs.</p>	<p>This will be submitted on 5/13/19</p> <p>Submit this month</p>	<p>Andrea</p> <p>Andrea</p>	<p>6/14/2019</p> <p>6/14/2019</p>
<b>CHART REVIEW</b>				
<b>Medical Chart Review</b>	<p><b><u>Morbidity &amp; Mortality Review</u></b> No report for this month</p> <p><b><u>Higher Level of Care (HLC) Reports: April 2019</u></b> Total transfers to HLC = 116 up from 89 in March, of which:</p> <ul style="list-style-type: none"> <li>• 64 (55%) Patient seen for Hospital Follow Up</li> <li>• 17 (15%) Patient has no Hospital Follow Up</li> <li>• 33 (28%) Future appointment scheduled</li> <li>• 2 (2%) Patient refused ER</li> <li>• 83% have been seen or have an appointment</li> </ul> <p>And</p> <ul style="list-style-type: none"> <li>• 48 (41%) hospital records received</li> <li>• 68 (59%) hospital records pending</li> </ul>	<p>Review process on scheduling hospital follow up and following up with no shows to improve hospital follow up rate.</p> <p>Add to report # of patients seen that had medical records at the time of the appointment.</p> <p>Trend HLC data over time. Analyze increase in HLC referrals.</p>	<p>Lisa</p> <p>Lisa</p> <p>David, Lisa</p>	<p>6/14/2019</p> <p>6/14/2019</p> <p>6/14/2019</p>

	We noted a large increase in number of reported follow ups and hospital records received compared to last month's report which was taken from logs which was not accurate. This month was through manual chart audit. Clinical educator will begin auditing MA new hires once tool is completed	Bring any concerning findings during MA new hire chart reviews to workgroup for further discussion	Lisa	6/14/2019
<b>Operational Chart Review</b>	Practice Managers and Front Line Leads are performing registration and UDS documentation weekly.	Report data on from line chart audits.	David	6/14/2019
<b>Women's Health Chart Review</b>	10 charts were reviewed for Jennifer Casanova. 10 were evaluated as "within standard of care", 0 were evaluated as , "Provider Self-identified Remediation"			
<b>Dental Chart Review</b>	<b>April 2019: Documentation</b> - 16 charts reviewed of which there were 4 errors (3 missing DA date and time Stamp and 1 missing Pain as 0) <b>April 2019: Radiographic Quality</b> - 5 Technique errors (3 overlapped images, 1 cone cut and 1 exposure errors), 1 Poor Quality related to difficult child	Retrain 1 hygienist on documentation requirements. Reported and discussed at Dental Providers Meeting on May 2, 2019 Add additional radiographic quality items to Dental Assistant competencies		
	<b>ER Referral Chart Reviews</b> April 2019: 4 referrals to ER – not on shared ER log but Dental Providers are now trained to enter "Patient Cases" in Athena for all ER referrals	Review Dental ER procedure and workflow with Medical Staff		
<b>Quest Lab Review</b>	Found some woman's health labs that should have been billed to Medicaid instead of HCD. We are working with Quest representatives on this.			

<b>Critical Lab Results Report</b>	<b>April 2019</b> Total # of Critical Lab Calls were 21, of which <ul style="list-style-type: none"> <li>• 20 (95%) were addressed within 24 hours</li> <li>• 1 (5%) was not addressed at all</li> </ul> Future goals: Review and analyze calls not responded to in 24-hours to determine the response time duration and reason for call response times. Need to get better understanding of the report times and interface times.	Work with quest to automate critical lab report that they provide so that if representative is no vacation the report is still available to us for review and reconciliation.  We need to look in to WH labs as they should be billed to Medicaid.	Lisa  Dr. Ferwerda & Dr. Stewart	ASAP  ASAP
<b>After Hours On Call Log Summary</b>	<b>4/1/2019 – 4/30/2019</b> There were a total of 40 Urgent calls, of which: <ul style="list-style-type: none"> <li>• <b>9 - Critical labs: 7</b> were adult medical and 2 Pediatric medicine</li> <li>• <b>14 - Sick/pain/in hospital: 3</b> were Pediatric Medicine; <b>11</b> Adult Medical</li> <li>• <b>0 - Vaccine/medication reaction</b></li> <li>• <b>8 - Prescription refills/issues:</b> all Adult medical</li> <li>• <b>5 - Referrals/Order issues: 1</b> was Pediatric Medicine; <b>4</b> Adult Medicine</li> <li>• <b>4 – Dental:</b> 2 new patient appointments and 1 x-ray result; 1 tooth pain</li> </ul>	Trend data over time  Evaluate having Residents perform On-Call duties. Meeting to be scheduled.  Follow up with Answering Service to inquire about the three calls that should have been paged.	David  Dr. Dorce-Medard  Lisa	6/14/2019  6/14/2019  ASAP
<b>QUALITY ITEMS</b>				
<b>Dental Quality Items</b>	<u><b>Quality Site Visit Infection Control - April</b></u> <b>Operatories</b> -expired supplies, operatory neatness, outdated expired instrument bags and compressor left on overnight. <b>PPE</b> -New Hire Hygienist working with open gown <b>Barriers</b> - no barrier on one amalgamator	Retrain Dental Providers at Mat team meeting		
	<u><b>Inventory</b></u> - An intra-oral sensor inventory was conducted on 5/2/2019			

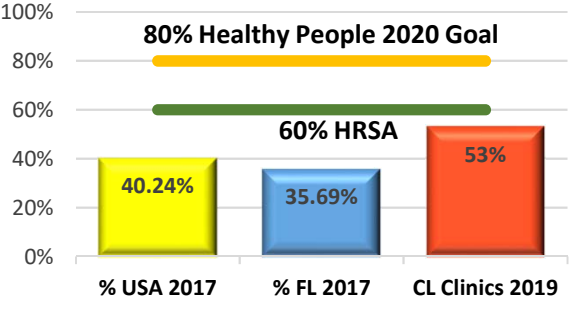
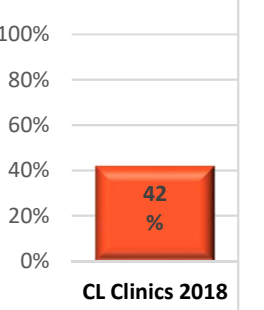
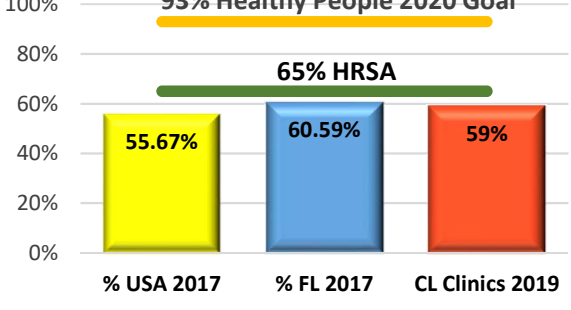
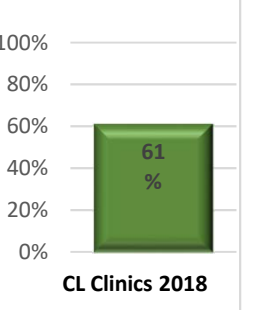
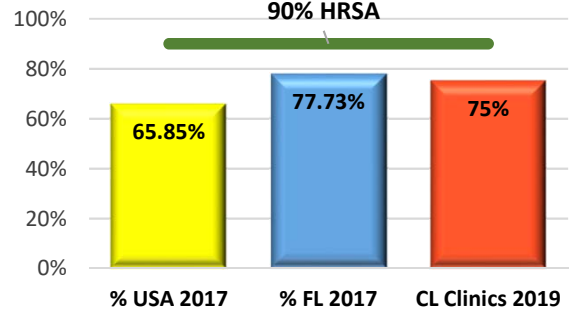
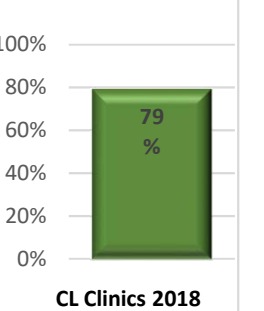


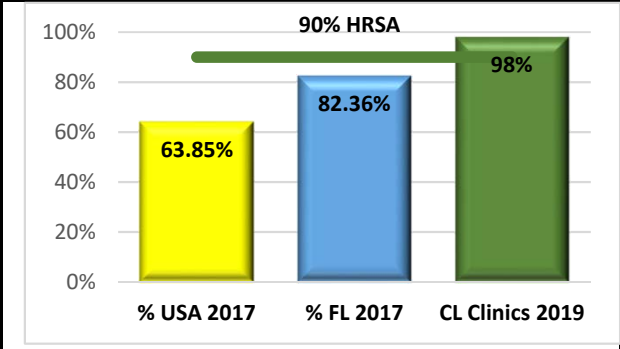
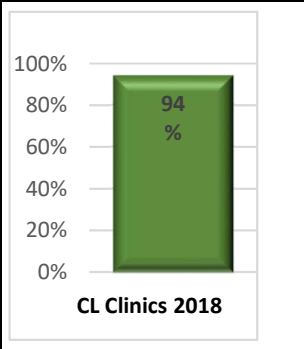
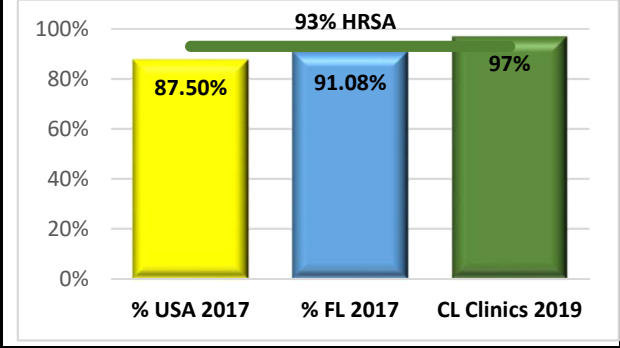
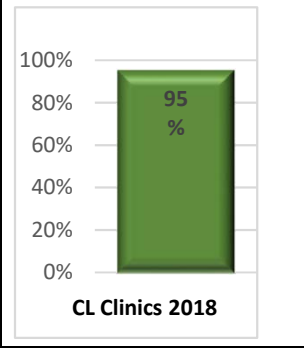
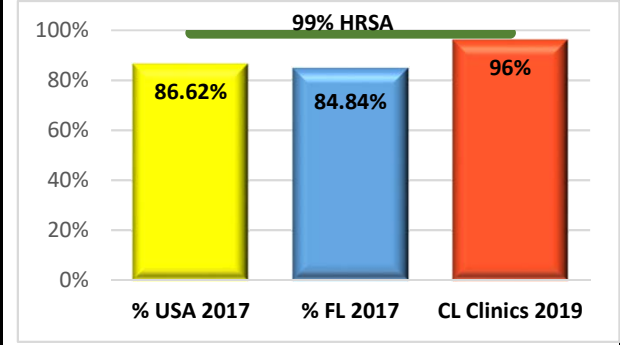
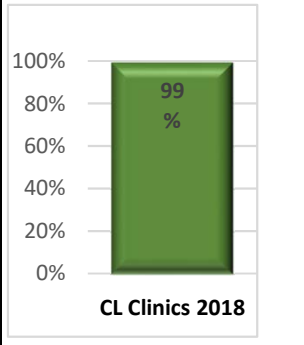
	<b>Dental Assistant Skills Training</b> – DA’s trained on “Assembly of Anesthetic Syringe” and 38% (6 out of 16) required individual training.			
<b>Referral Tracking</b>	<p>April 2019 – There were 5,549 outside referrals made during the month. “Total # of Referrals By Provider” report for April presented.</p> <p>Team members met to discuss the Revised “Referral Manual” (formerly Referral Institute).</p>	Trend referrals YTD and separate referrals by specialty	David	6/14/2019
<b>Patient Satisfaction Ongoing Survey</b>	<p><b><u>To be implemented on June 1, 2019</u></b></p> <p>The goal of conducting ongoing Patient Satisfaction Surveys is to implement and achieve of project objectives such as increased satisfaction more readily than when the data is only reviewed once per year.</p>			
<b>Medical Quality Report</b>	<p><b><u>TRAINING:</u></b></p> <p><b><u>Hand Hygiene</u></b> – the clinics completed a three-phase training in April. Phase 1 consisted on an electronic training module and assessment through “Engagedly”. Phase 2 consisted of an onsite training by the Clinic Nurse Educator. Results of the trainings presented. Phase 3 related to post training interventions including the use and monitoring of hand soap and sanitizers through visual observation and through monthly review of supply order requisitions.</p> <p><b><u>Risk Training &amp; the annual 340B training</u></b> were launched in the month of May.</p>	<p>These trainings need to be incorporated into new employee onboarding.</p> <p>Bring any notable findings from training effectiveness tool to workgroup.</p>	<p>Dr. Stewart, Karen &amp; Shannon</p> <p>Angela</p>	<p>ASAP</p> <p>ASAP</p>

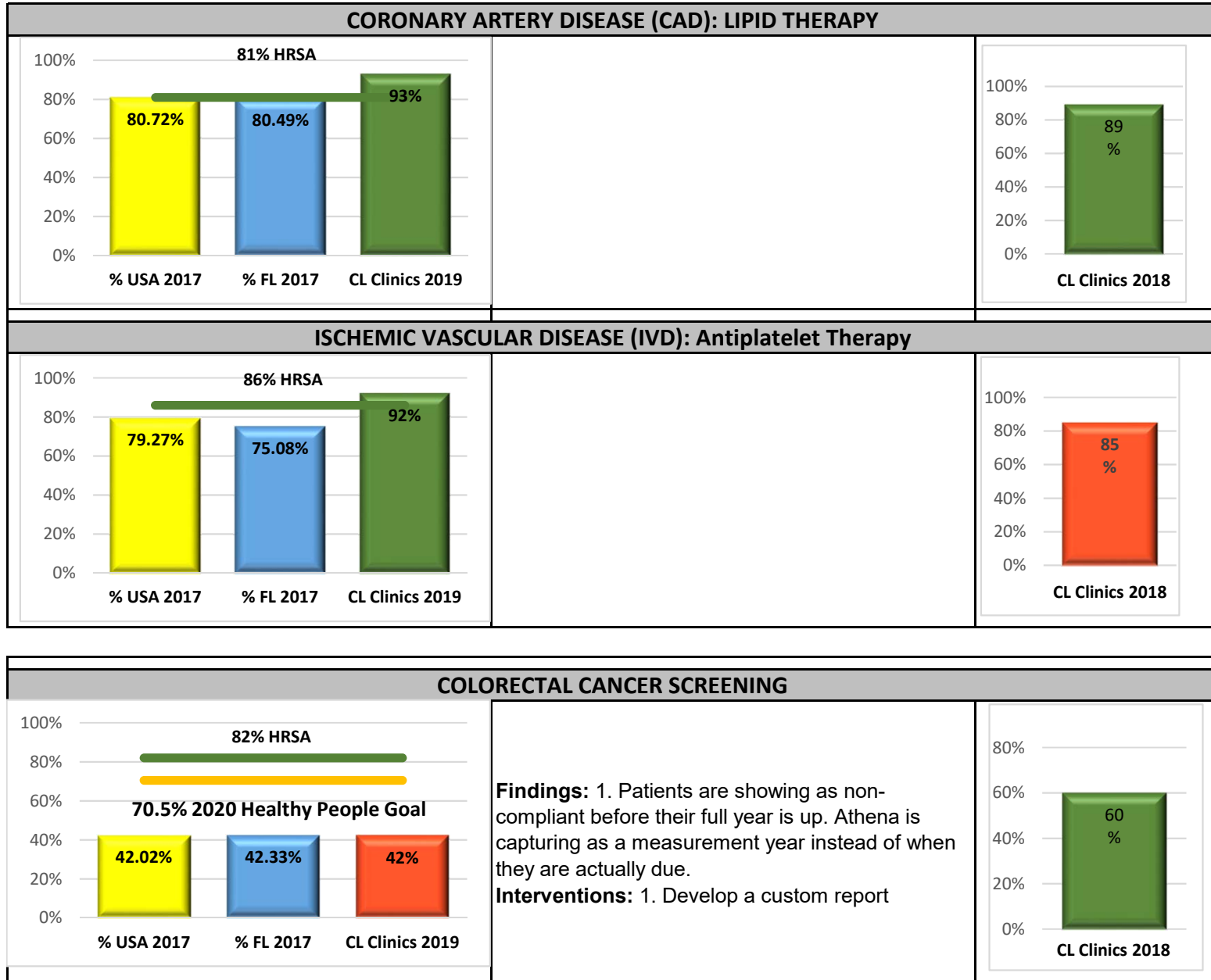
	We are now using a training effectiveness tool to evaluate the trainers which is completed by the new hires at the end of their training. This will help identify areas that we may need to revise or improve.			
<b>POLICY &amp; PROCEDURE</b>				
	Updated: Referral Tracking Diagnostic Tracking Higher Level of Care & Hospitalization Tracking			
<b>DIRECTOR UPDATES</b>				
<b>Medical Updates</b>	We will begin screening and treating for alcohol and drug use disorder in the clinics. We are currently working on the treatment protocol and hope to present it at the June provider meeting.  We are offering Hepatitis A vaccine to all team members and are prioritizing higher risk team members (i.e. mobile clinic and MAT clinic teams)			
<b>New Employee Orientation</b>	The following new employees attended New employee orientation: <ul style="list-style-type: none"> <li>• Zulma Almeida Jairala – Director of FQHC Practice Operations</li> <li>• Jacqueline McKenzie Cameron – Risk Manager for Clinic</li> <li>• Sophonise Rouzard – Dental registration Specialists</li> </ul>			
<b>Pharmacy Updates</b>	As of 5/10/2019 – Pharmacy is delivering to the Mobile Van and of the 68 mobile clinic patients			

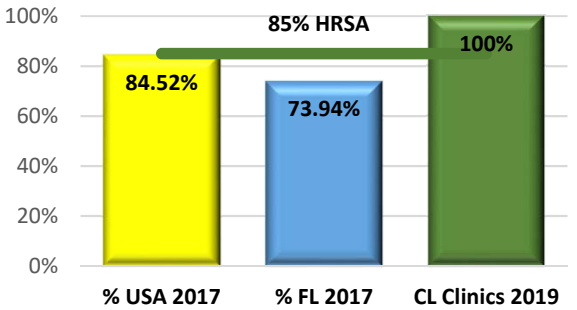
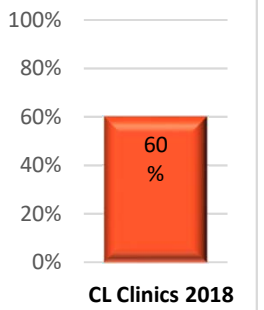
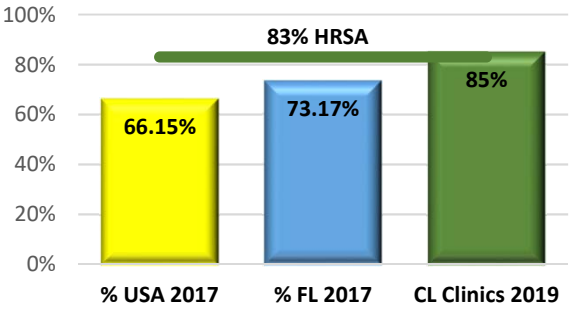
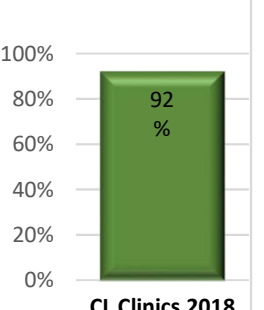
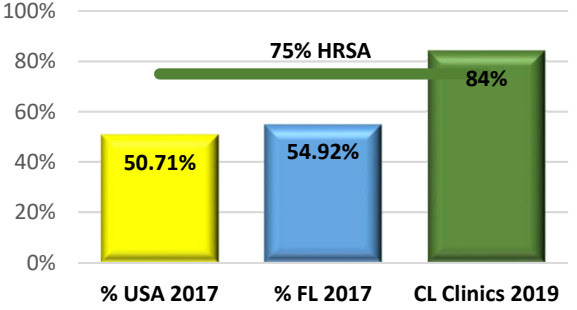
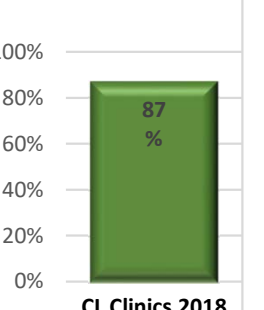
	<ul style="list-style-type: none"> <li>• 175 prescriptions were delivered</li> <li>• 12 prescriptions were undelivered</li> </ul> <p>Jupiter Clinic there were 35 patients of which</p> <ul style="list-style-type: none"> <li>• 103 prescriptions were delivered</li> <li>• 2 prescriptions were undelivered</li> </ul> <p>Pharmacy to start mail order for patients. Patients will be able to coordinate this in person through the clinic pharmacy.</p>			
<b>Dental Updates:</b>	<p><u>Strategic Planning Review:</u>          Tactic: Help People Succeed - Procedure mentoring on stainless steel crowns was provided for three general dentists by the pediatric dentists between December 2018 and April 2019. As a result there has been an increase in the number of stainless steel crowns general dentists perform. In 2018, 7% (30) of stainless steel crowns were placed by a general dentists and YTD in 2019, 25% (67) of stainless steel crowns are placed by general dentists.</p> <p><u>Provider privileging</u> – Dr. Flora approved to complete stainless steel crowns</p>	Add stainless steel crown to privileging		
<b>Nursing Updates:</b>	<p>Risk manager started on 5/6/19 and is in the clinics shadowing until 5/20.</p> <p>Infection control nurse has been hired and starts 6/3/19          Annual TB screening will be sent out to all team members to complete.</p>			

	Nurse Manager and Nurse Educator will be certified to provide BLS training. We hope offer training to team members on a routine basis.			
<b>Women's Health Updates:</b>	Women's Health UDS measures have been reconciled between Athena and program manual Log. Data will be entered into Tableau. Report to be presented next Quality Council			
<b>UTILIZATION</b>				
<b>Tableau Clinic Dashboards</b>	We now have another tool to conduct periodic assessments of the appropriateness of services offered and review patterns of health center patient service utilization, trends and patterns in the patient population, and overall health center performance. Dr. Andric, Dr. Stewart and the team will identify and document any proposed necessary changes in the provision of services as necessary to inform and support internal decision-making.			
<b>Productivity</b>	April 2019 Productivity report was presented.			
<b>Cycle Time</b>	Not available at this time			
<b>No Shows</b>	Not available at this time			
<b>3<sup>rd</sup> Next Available</b>	Not available at this time			
<b>Walk-Ins</b>	Not available at this time			
<b>Meeting Adjourned – 3:15pm</b>				

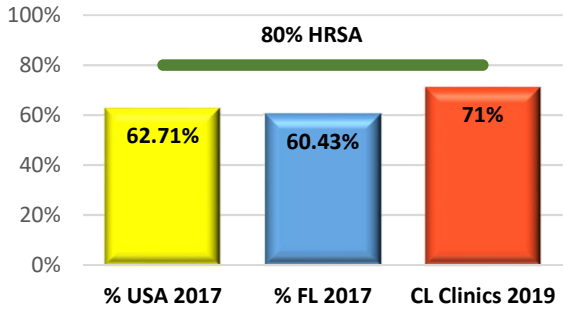
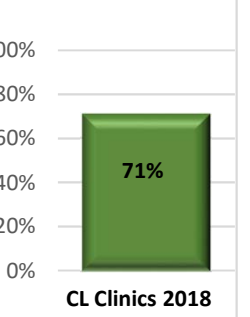
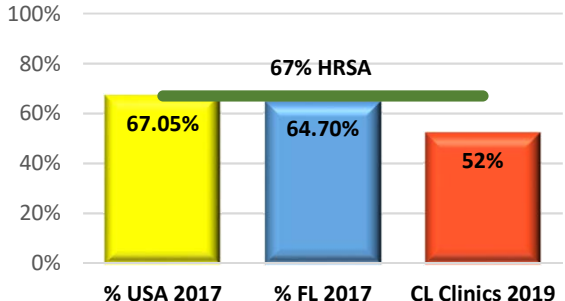
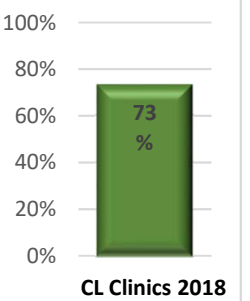
CHILDHOOD IMMUNIZATION		
 <p> <b>80% Healthy People 2020 Goal</b>  <b>60% HRSA</b> </p> <p>           40.24%    35.69%    53%            % USA 2017    % FL 2017    CL Clinics 2019         </p>	<p> <b>Findings:</b> 1. Lowest rates in Dtap, Pneumococcal, Rotavirus and Influenza  <b>Interventions:</b> 1. Explore reasons for lower rates in each of these vaccines 2. Work on identifying solutions to improve rates. 3. Continue to campaign for Flu vaccine         </p>	 <p> <b>CL Clinics 2018</b>            42%         </p>
CERVICAL CANCER SCREENING		
 <p> <b>93% Healthy People 2020 Goal</b>  <b>65% HRSA</b> </p> <p>           55.67%    60.59%    59%            % USA 2017    % FL 2017    CL Clinics 2019         </p>	<p> <b>Findings:</b> 1. Difficulty getting records from outside providers that have performed the screening. 2. Patients are showing as non-compliant before their full year is up. Athena is capturing as a measurement year instead of when they are actually due.  <b>Interventions:</b> 1. Develop care teams to improve efficiencies in following up on requested medical records. 2. Develop a custom report         </p>	 <p> <b>CL Clinics 2018</b>            61%         </p>
WEIGHT SCREENING AND COUNSELING FOR CHILDREN AND ADOLESCENTS		
 <p> <b>90% HRSA</b> </p> <p>           65.85%    77.73%    75%            % USA 2017    % FL 2017    CL Clinics 2019         </p>	<p> <b>Findings:</b> 1. Providers not dropping the order group at every visit.  <b>Interventions:</b> 1. Train providers that health education should be given at every visit regardless of reason for visit.         </p>	 <p> <b>CL Clinics 2018</b>            79%         </p>

ADULT WEIGHT SCREENING AND FOLLOW UP																
 <table border="1"> <caption>Adult Weight Screening and Follow Up Data</caption> <thead> <tr> <th>Category</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>% USA 2017</td> <td>63.85%</td> </tr> <tr> <td>% FL 2017</td> <td>82.36%</td> </tr> <tr> <td>CL Clinics 2019</td> <td>98%</td> </tr> <tr> <td>HRSA Target</td> <td>90%</td> </tr> </tbody> </table>	Category	Percentage	% USA 2017	63.85%	% FL 2017	82.36%	CL Clinics 2019	98%	HRSA Target	90%		 <table border="1"> <caption>CL Clinics 2018 Data</caption> <thead> <tr> <th>Category</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>CL Clinics 2018</td> <td>94%</td> </tr> </tbody> </table>	Category	Percentage	CL Clinics 2018	94%
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HYPERTENSION		
 <p> <b>80% HRSA</b>            100%            80%            60%            40%            20%            0%  <b>62.71%</b>   <b>60.43%</b>   <b>71%</b>            % USA 2017   % FL 2017   CL Clinics 2019         </p>	<p> <b>Findings:</b> 1. Improvement since last month.  <b>Interventions:</b> 1. Continue to encourage short interval follow up for uncontrolled hypertension.         </p>	 <p>           100%            80%            60%            40%            20%            0%  <b>71%</b>  <b>CL Clinics 2018</b> </p>
DIABETES		
 <p> <b>67% HRSA</b>            100%            80%            60%            40%            20%            0%  <b>67.05%</b>   <b>64.70%</b>   <b>52%</b>            % USA 2017   % FL 2017   CL Clinics 2019         </p>	<p> <b>Findings:</b> 1. Providers are not populating A1c results from specialist report  <b>Interventions:</b> 1. Retrain on populating A1v value in QM tab when specialist note is reviewed.         </p>	 <p>           100%            80%            60%            40%            20%            0%  <b>73%</b>  <b>CL Clinics 2018</b> </p>



C. L. Brumback

**Primary Care Clinics**

Health Care District Palm Beach County