



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

**BOARD OF DIRECTORS**  
**June 23, 2021**  
**12:45 P.M.**

**Meeting Location**  
**1515 N. Flagler Drive, Suite 101**  
**West Palm Beach, FL 33401**

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



**BOARD OF DIRECTORS MEETING  
AGENDA  
JUNE 23, 2021  
1515 N. Flagler Drive, Suite 101  
West Palm Beach, FL 33401**

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

or

DIAL +1 (646) 558 8656; Meeting ID: 550 789 5592; Access number: 946503

**1. Call to Order – Mike Smith, Chair**

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

**2. Agenda Approval**

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

**3. Awards, Introductions and Presentations**

- A. RISE Presentation – Rachel Docekal
- B. COVID Testing and Vaccination Update – Dr. Belma Andric

**4. Disclosure of Voting Conflict**

**5. Public Comment\***

**6. Meeting Minutes**

- A. **Staff recommends a MOTION TO APPROVE:**  
Board Meeting Minutes of May 19, 2021 [Pages 1-12]

**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.

**C. L. Brumback Primary Care Clinics  
Board of Directors  
Meeting Agenda  
June 23, 2021**

**7. Consent Agenda (cont.)**

**A. ADMINISTRATION**

- 7A-1 **RECEIVE AND FILE:**  
June 2021 Internet Posting of District Public Meeting  
<https://www.hcdpbc.org/resources/public-meetings>
- 7A-2 **RECEIVE AND FILE:**  
Attendance tracking [Page 13]
- 7A-3 **Staff recommends a MOTION TO APPROVE:**  
Patient Dismissal Policy Update  
(Martha Hyacinthe) [Page 14-17]

**B. FINANCE**

- 7B-1 **Staff recommends a MOTION TO APPROVE:**  
C.L. Brumback Primary Care Clinics Financial Report April 2021  
(Mina Bayik) [Pages 18-35]

**8. Regular Agenda**

**A. ADMINISTRATION**

- 8A-1 **Staff recommends a MOTION TO APPROVE:**  
Grant Application Updates  
(Dr. Hyla Fritsch) [Pages 36-39]
- 8A-2 **Staff recommends a MOTION TO APPROVE:**  
Change in Scope – Atlantis  
(Dr. Hyla Fritsch) [Pages 40-41]
- 8A-3 **Staff recommends a MOTION TO APPROVE:**  
Change in Scope – West Boca Raton  
(Dr. Hyla Fritsch) [Pages 42-43]

**B. EXECUTIVE**

- 8B-1 **RECEIVE AND FILE:**  
Executive Director Informational Update  
(Dr. Hyla Fritsch) [Pages 44-46]

**C. L. Brumback Primary Care Clinics  
Board of Directors  
Meeting Agenda  
June 23, 2021**

**C. OPERATIONS**

- 8C-1 **Staff Recommends a MOTION TO APPROVE:**  
Operations Report  
(Marisol Miranda) [Pages 47-52]

**D. QUALITY**

- 8D-1 **Staff Recommends a MOTION TO APPROVE:**  
Quality Report  
(Dr. Charmaine Chibar) [Pages 53-105]

9. **AVP and Executive Director of Clinic Services Comments**
10. **Board Member Comments**
11. **Establishment of Upcoming Meetings**

**July 28, 2021 (HCD Board Room)**  
12:45pm Board of Directors

**August 25, 2021 (HCD Board Room)**  
12:45pm Board of Directors

**September 29, 2021 (HCD Board Room)**  
12:45pm Board of Directors

**October 27, 2021 (HCD Board Room)**  
12:45pm Board of Directors

**November 30, 2021 (HCD Board Room)**  
12:45pm Board of Directors

**December 14, 2021 (HCD Board Room)**  
12:45pm Board of Directors

**13. Motion to Adjourn**

\*District Clinic Holdings, Inc. welcomes public comment during its regular monthly meetings. This month, public comment should be emailed to [swynn@hcdpbc.org](mailto:swynn@hcdpbc.org) or submitted via phone 561-829-1211 prior to Noon on The Scheduled Meeting Date. All comments received during this time frame will be read aloud and included in the official meeting record.

Any person(s) not adhering to the Board's guidelines or who make comments which could be perceived as slanderous or disruptive may be barred from making future comments before the Board.



**District Clinic Holdings, Inc.  
d.b.a. C.L. Brumback Primary Care Clinics  
Board of Directors Meeting  
Summary Minutes  
05/19/2021**

**Present:** Melissa Mastrangelo, Vice-Chairperson; John Casey Mullen; Julia Bullard; Robert Glass; Irene Figueroa, Secretary; Tammy Jackson-Moore; James Elder

**Excused:** Marjorie Etienne

**Absent:** Mike Smith, Chairperson

**Staff:** Dr. Belma Andric, VP & Chief Medical Officer; Dr. Hyla Fritsch, Executive Director of Clinic and Pharmacy Services; Glen Torcivia, Outside General Counsel; Shauniel Brown, Risk Manager; Thomas Cleare, AVP of Strategy; Martha Hyacinthe, Director of Corporate Risk; David Speciale, Director of Patient Experience; Patricia Lavelly, VP & Chief Information & Digital Officer ; Dr. Charmaine Chibar, FQHC Medical Director; Donald Moniger, Desktop Engineer; Shannon Wynn, Administrative Assistant; Nicole Glasford, Executive Assistant; Marisol Miranda, Director of Operations; Lisa Hogan; Candice Abbott; Robin Kish; June Shipek; Maria Chamberlin; Andrea Steele; Alexa Goodwin

**Minutes Transcribed By:** Shannon Wynn

**Meeting Scheduled for** 12:45 PM

**Meeting Began at** 12:47 PM

AGENDA ITEM	DISCUSSION	ACTION
<b>1. Call to Order</b>  <b>1A. Roll Call</b>  <b>1B. Affirmation of Mission</b>	Ms. Mastrangelo called the meeting to order.  Roll call was taken.  Ms. Mastrangelo read the affirmation of mission.	<b>The meeting was called to order at 12:47p.m.</b>
<b>2. Agenda Approval</b>  <b>2A. Additions/Deletions/</b>	None.	
	<b>VOTE TAKEN: Ms. Jackson-Moore made a motion to approve the agenda. Mr. Mullen duly seconded the motion. A vote</b>	

<p><b>Substitutions</b></p> <p><b>2B. Motion to Approve Agenda Items</b></p>	<p>Ms. Mastrangelo called for an approval of the meeting agenda</p>	<p><b>was called and the motion passed unanimously.</b></p>
<p><b>3. Awards, Introduction and Presentations</b></p> <p><b>3A. COVID-19 Testing and Vaccination Update</b></p>	<p>Dr. Fritsch presented to the Board the most recent COVID-19 testing and vaccine update.</p> <p>Ms. Jackson-Moore asked if there was any talk about having the mobile units out more often in the western communities to vaccinate.</p> <p>Dr. Fritsch stated there are plans in the making and we are taking requests on where to take the mobile units in the community.</p> <p>Ms. Miranda stated that a mobile unit would be in the western community this Sunday.</p> <p>Dr. Andric stated last week the unit was stationed at 3G Farm and it was a success.</p> <p>Ms. Jackson-Moore asked if a person is not a clinic patient, can they be vaccinated at one of the clinic locations.</p> <p>Dr. Andric answered by stating that a person can be vaccinated at one of the clinics. They would have to register as a patient to be seen.</p> <p>Mr. Elder asked if Johnson &amp; Johnson was a single dose vaccine.</p> <p>Dr. Fritsch stated it was a single dose vaccine.</p> <p>Ms. Bullard asked if we anticipate more in-depth examination of the Johnson &amp; Johnson vaccine.</p>	<p><b>No action necessary.</b></p>

	<p>Dr. Fritsch stated the Johnson &amp; Johnson vaccine is an extremely successful vaccine and no vaccine is 100 percent.</p> <p>Ms. Figueroa commented that the second wave of migrant workers are now heading to the western community and it would be a great idea to have the mobile units out for them to be vaccinated.</p>	
<b>4. Disclosure of Voting Conflict</b>	None.	<b>No action necessary.</b>
<b>5. Public Comment</b>	None.	<b>No action necessary.</b>
<b>6. Meeting Minutes</b>  <b>6A-1 Staff Recommends a MOTION TO APPROVE:</b> Board meeting minutes of April 28, 2021	There were no changes or comments to the minutes dated April 28, 2021.	<b>VOTE TAKEN: Mr. Mullen made a motion to approve the Board meeting minutes of April 28, 2021, as presented. Ms. Jackson-Moore duly seconded the motion. A vote was called, and the motion passed unanimously.</b>
<b>7. Consent Agenda – Motion to Approve Consent Agenda Items</b>		<b>VOTE TAKEN: Mr. Elder made a motion to approve the consent agenda as presented. Mr. Glass motion passed unanimously duly seconded the motion.</b>
<b>7A. ADMINISTRATION</b>		
<b>7A-1. Receive &amp; File:</b> May 2021 Internet Posting of District Public Meeting	The meeting notice was posted.	<b>Receive &amp; File. No further action necessary.</b>
<b>7A-2. Receive &amp; File:</b> Attendance tracking	Attendance tracking was updated.	<b>Receive &amp; File. No further action necessary.</b>
<b>7B. FINANCE</b>		

<p><b>7B-1. Receive and File:</b> District Clinic Holdings, Inc. 2021 YTD Grant Status Report</p>	<p>The 2021 YTD Grant Status Report for District Clinic Holdings, Inc., presented for Finance Committee review. Attached, an overview of grants awarded to District Clinic Holdings, Inc. In this presentation, staff will provide a brief description of each award, analysis on where the clinics stand with grant monies at the midpoint of fiscal year 2021 and any plans for the aforementioned monies.</p>	<p><b>Receive &amp; File. No further action necessary.</b></p>
<p><b>8. REGULAR AGENDA</b></p>		
<p><b>8A. ADMINISTRATION</b></p>		
<p><b>8A-1. Staff Recommends a MOTION TO APPROVE:</b> Nomination of Joseph Gibbons to the Clinic Board</p>	<p>Joseph Gibbons submitted an application for consideration for appointment to the District Clinic Holdings, Inc. Board of Directors. Mr. Gibbons currently serves on the Health Care District's Finance and Audit Committee. The appointment of Mr. Gibbons to the Clinic Board will create a valuable link between the Clinic Board and the Health Care District's Finance and Audit Committee. Mr. Gibbons currently serves as the President and CEO of Gibbons Consulting Group where he is a consultant and lobbyist. Mr. Gibbons previously served as a State Representative from 2006 to 2014 in the Florida State Legislature. Prior to that, Mr. Gibbons served on the Broward County Planning Council and as the President and General Manager of an IT manufacturing company.</p>	<p><b>VOTE TAKEN: Ms. Jackson-Moore made a motion to approve the Nomination of Joseph Gibbons to the Clinic Board of Director. Mr. Elder duly seconded the motion. A vote was called, and the motion passed unanimously.</b></p>
<p><b>8A-2. Staff Recommends a MOTION TO APPROVE:</b> Election of Officers and Committee Re-Appointments</p>	<p>This agenda item presents the annual election of Officers and Committee Appointments. The Clinic Bylaws require the Officers of the Board to be elected each year. This agenda item presents the current Officers of the Board as well as the current Committee Appointments. The Clinic Bylaws only permit someone to hold a specific officer position for two consecutive terms. Officers in their second term are not permitted to hold the same Officer Position for another term. However, they can hold other Officer Positions. Committee appointments do not have limits on how long a Board Member can serve on a committee.</p> <p>Re-appointments of officers are as follows:</p> <p><b><u>C.L. Brumback Board of Directors:</u></b></p>	<p><b>VOTE TAKEN: Ms. Jackson-Moore made a motion to approve Michael Smith as the Chairperson for the Clinic Board of Directors. Mr. Mullen duly seconded the motion. A vote was called, and the motion passed unanimously.</b></p> <p><b>VOTE TAKEN: Ms. Jackson-Moore made a motion to approve Melissa Mastrangelo as the Vice-Chairperson for the Clinic Board of Directors. Mr. Elder duly seconded the motion. A vote was called, and the motion passed unanimously.</b></p>

	<p>Chairperson: Michael Smith Vice- Chairperson: Melissa Mastrangelo Secretary: Julia Bullard Treasurer: Joseph Gibbons</p> <p><b><u>Finance Committee:</u></b> Michael Smith Tammy Jackson-Moore Joseph Gibbons</p> <p><b><u>Membership/Nominating Committee:</u></b> John Casey Mullen Irene Figueroa</p> <p><b><u>Planning Committee:</u></b> All Board Members</p>	<p><b>VOTE TAKEN:</b> Ms. Jackson-Moore made a motion to approve Julia Bullard as the Secretary for the Clinic Board of Directors. Mr. Elder duly seconded the motion. A vote was called, and the motion passed unanimously.</p> <p><b>VOTE TAKEN:</b> Ms. Jackson-Moore made a motion to approve Joseph Gibbons as the Treasurer for the Clinic Board of Directors. Mr. Mullen duly seconded the motion. A vote was called, and the motion passed unanimously.</p> <p><b>VOTE TAKEN:</b> Ms. Jackson-Moore made a motion to approve Michael Smith; Tammy Jackson-Moore and Joseph Gibbons as the Finance Committee members. Mr. Elder duly seconded the motion. A vote was called, and the motion passed unanimously.</p> <p><b>VOTE TAKEN:</b> Ms. Jackson-Moore made a motion to approve John Casey Mullen and Irene Figueroa as the Membership/Nominating Committee members. Mr. Elder duly seconded the motion. A vote was called, and the motion passed unanimously.</p> <p><b>VOTE TAKEN:</b> Ms. Jackson-Moore made a motion to approve all Board Members as the Planning Committee members. Ms. Bullard duly seconded the motion. A vote was called, and the motion passed unanimously.</p>
<b>8B. EXECUTIVE</b>		

<p><b>8B-1. Receive and File:</b> Executive Director Information Update</p>	<p>Dr. Fritsch informed the Board members that Epic is on schedule to go live on July 1, 2021. Started training staff on May 10 and training will end on June 23.</p> <p>Dr. Fritsch informed the Board that the mass vaccination sites are winding down. The north and south county sites have now closed. The Fairgrounds is the only site operating and only supplying the Pfizer second doses for vaccination. The last day at the Fairgrounds is May 27, 2021.</p>	<p><b>Receive &amp; File. No further action necessary.</b></p>
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**8C. CREDENTIALING**

<p><b>8C-1. Staff Recommends a MOTION TO APPROVE:</b> Licensed Independent Practitioner Credentialing and Privileging</p>	<p>The agenda item represents the licensed independent practitioners recommended for credentialing and privileging by the FQHC Medical Director. The LIPs listed below satisfactorily completed the credentialing and privileges process and met the standards set forth within the approved Credentialing and Privileging Policy. The credentialing and privileging process ensures that all health center practitioners meet specific criteria and standards of professional qualifications. This criterion includes, but is not limited to:</p> <ul style="list-style-type: none"> <li>• Current licensure, registration or certification</li> <li>• Relevant education, training and experience</li> <li>• Current clinical competence</li> <li>• Health fitness, or ability to perform the requested privileges</li> <li>• Malpractice history (NPDB query)</li> <li>• Immunization and PPD status; and</li> <li>• Life support training (BLS)</li> </ul> <table border="1" data-bbox="533 1117 1367 1455"> <thead> <tr> <th>Last Name</th> <th>First Name</th> <th>Degree</th> <th>Specialty</th> <th>Credentialing</th> </tr> </thead> <tbody> <tr> <td>Seminario</td> <td>Ada</td> <td>DDS</td> <td>General Dentistry</td> <td>Recredentialing</td> </tr> <tr> <td>Alwehaib</td> <td>Arwa</td> <td>DDS</td> <td>General Dentistry</td> <td>Recredentialing</td> </tr> <tr> <td>Dorce-Medard</td> <td>Jennifer</td> <td>DO</td> <td>Family Medicine</td> <td>Recredentialing</td> </tr> <tr> <td>Warren</td> <td>Sandra</td> <td>MD</td> <td>Preventive Medicine</td> <td>Recredentialing</td> </tr> <tr> <td>Navarro</td> <td>Elsy</td> <td>APRN</td> <td>Nurse Practitioner</td> <td>Recredentialing</td> </tr> </tbody> </table>	Last Name	First Name	Degree	Specialty	Credentialing	Seminario	Ada	DDS	General Dentistry	Recredentialing	Alwehaib	Arwa	DDS	General Dentistry	Recredentialing	Dorce-Medard	Jennifer	DO	Family Medicine	Recredentialing	Warren	Sandra	MD	Preventive Medicine	Recredentialing	Navarro	Elsy	APRN	Nurse Practitioner	Recredentialing	<p><b>VOTE TAKEN: Mr. Mullen made a motion to approve the Re-credentialing and privileging of Ada Seminario; Arwa Alwehaib; Jennifer Dorce-Medard; Sandra Warren; Elsy Navarro and Carline St. Vil. Mr. Elder duly seconded the motion. A vote was called, and the motion passed unanimously.</b></p>
Last Name	First Name	Degree	Specialty	Credentialing																												
Seminario	Ada	DDS	General Dentistry	Recredentialing																												
Alwehaib	Arwa	DDS	General Dentistry	Recredentialing																												
Dorce-Medard	Jennifer	DO	Family Medicine	Recredentialing																												
Warren	Sandra	MD	Preventive Medicine	Recredentialing																												
Navarro	Elsy	APRN	Nurse Practitioner	Recredentialing																												

St.Vil	Carline	APRN	Nurse Practitioner	Recredentialing
<p>Primary source and secondary source verifications were performed for credentialing and privileging elements in accordance with state, federal and HRSA requirements. A Nationally accredited Credentials Verification Organization (CVO) was utilized to verify the elements requiring primary source verification. The C.L. Brumback Primary Care Clinics utilized internal Credentialing staff and the FQHC medical Director to support the credentialing and privileging process.</p> <p>Ada Seminario, DDS, joined the West Boca Clinic in 2015 specializing in General Dentistry. She attended the University of Connecticut, School of Dental Medicine. Dr. Seminario has been in practice for twenty-five years and is fluent in Spanish.</p> <p>Arwa Alwehaib, DDS, joined the Delray Beach Clinic in 2015 specializing in General Dentistry. She attended the Nova Southeastern University, School of Dental Medicine. Dr. Alwehaib has been in practice for six years and is fluent in Arabic.</p> <p>Jennifer Dorce-Medard, DO, joined the Belle Glade Clinic in 2017 specializing in Family Medicine. She attended the Touro College of Osteopathic Medicine and completed her residency at Broward Health Medical Center. Dr. Dorce-Medard is certified in Family Medicine and Osteopathic Manipulative Treatment by the American Osteopathic Board of Family Physicians. She has been in practice for five years and is fluent in Creole and French.</p> <p>Sandra Warren, MD, joined the West Palm Beach Clinic in 2015 specializing in Preventive Medicine. She attended the University of Caldas and completed her residency at Palm Beach County Public Health Services. Dr. Warren is certified in Public Health and General Preventive Medicine by the American Board of Preventive Medicine. She has been in practice for six years and is fluent in Spanish.</p> <p>Elsy Navarro, APRN, joined the West Palm Beach Clinic in 2015 as a Nurse Practitioner specializing in Family Medicine. She attended Stony Brook University and is certified as an Adult Nurse Practitioner by the American Academy of Nurse</p>				

	<p>Practitioners. Ms. Navarro has been in practice for twenty-nine years and is fluent in Spanish.</p> <p>Carline St. Vil, APRN, joined the Delray Beach Clinic in 2015 as a Nurse Practitioner specializing in Family Medicine. She attended Long Island University and is certified as a Family Nurse Practitioner by the American Academy of Nurse Practitioners. Ms. St. Vil has been in practice for ten years and is fluent in Creole and French.</p>	
<p><b>8D. OPERATIONS</b></p>		
<p><b>8D-1. Staff Recommends a MOTION TO APPROVE Operations Reports</b></p>	<p>This agenda item provides the following operations reports for February 2021: Clinic Productivity, including in-person and telehealth metrics and No Show trended over time in March; we had 9,426 visits, which is both an increase from the month prior and from March 2020. With impact from COVID, it is expected to see a lower number for visits in 2020. Regarding individual clinics visits, all clinics exceeded their 2020 totals except for Lantana medical, West Palm medical and dental, Delray dental, and Belle Glade dental. Dental clinics did not reopen fully until the end of April this year. Our payer mix for the year-to-date reflects a slightly higher percent of uninsured patients at 58%. By visit category, both OBGYN and Substance Use exceeded their productivity targets for in-person again this month. Women’s Health and Substance Abuse both exceeded their target for in-person. Telehealth visits decreased to 11% of all visits, which is down from 13% last month. Productivity targets for in-person visits were met again for adults in Boca Raton, Women’s Health in Lake Worth and for pediatrics in West Palm. In-person visit productivity targets also met the goal for Substance Abuse in Mangonia, as well as both Substance Abuse and Behavioral Health at Lewis Center. Telehealth goals were met for adults in Boca. The No Show rate in March remains relatively level at 28.4%. Telehealth No Show rates remain low compared to in-person visits. In comparison, the year-to-date No Show rate is approximately 25%, of which in-person visits make up 81%.</p>	<p><b>VOTE TAKEN: Mr. Mullen made a motion to approve the Operations Reports as presented. Mr. Glass duly seconded the motion. A vote was called, and the motion passed unanimously.</b></p>
<p><b>8E. QUALITY</b></p>		



<p><b>8E-1. Staff Recommends a MOTION TO APPROVE Quality Reports</b></p>	<p>This agenda item presents the updated Quality Improvement &amp; Quality Updates: Quality Council Meeting Minutes May 2021 UDS Report – YTD March Provider Productivity – March 2021</p> <p><u>PATIENT SAFETY &amp; ADVERSE EVENTS</u> Patient safety and risk, including adverse events, peer review and chart review are brought to the board “under separate cover” on a quarterly basis.</p> <p><u>PATIENT SATISFACTION AND GRIEVANCES</u> Patient relations to be presented as separate agenda item.</p> <p><u>QUALITY ASSURANCE &amp; IMPROVEMENT</u> In 2020, we struggled to meet our goals for colorectal cancer screening. We have started to see some improvement with our return rate for the FIT test. There was a return rate of 42%. We have changed our reporting for FIT Test results. We are no longer reporting data by in clinic and tele. Instead, we have changed our reporting to help us focus on missed opportunities for the clinic screening. These missed opportunities are being stratified by clinic as well as by provider. There is an increase in missed opportunities for almost every clinic; Belle Glade is the highest with 41% missed opportunities. WPB is the lowest with 24% missed opportunities. Lake Worth is the highest for completed FIT tests at 50% and WPB at 47%. WPB has the highest completed and least missed opportunities. Share the report with the WPB clinic and find out their process for success. Discuss challenges with Belle Glade.</p> <p><u>UTILIZATION OF HEALTH CENTER SERVICES</u> Individual monthly provider productivity stratified by clinic.</p> <p>Ms. Tammy Jackson-Moore had a concern about not reaching our goal for diabetics in the special population of migrants.</p>	<p><b>VOTE TAKEN: Mr. Glass made a motion to approve the Quality Reports as presented. Mr. Gibbons duly seconded the motion. A vote was called, and the motion passed unanimously.</b></p>
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	<p>Dr. Chibar stated we are working on setting appointments for those patients who have missing data or uncontrolled blood sugar.</p> <p>Mr. Gibbons asked if the no-show rate add to the quality numbers.</p> <p>Dr. Fritsch stated that the no-show rate does not weigh into the quality numbers.</p> <p>Mr. Gibbons asked if the clinic staff reach out to the no-show patients.</p> <p>Dr. Chibar stated that we do reach out to them and try to reschedule.</p>	
<p><b>8F-1. Staff Recommends a MOTION TO APPROVE</b> Q1 Patient Relations Dashboard</p>	<p>This agenda item provides the following: Quarterly Patient Relations Dashboard Q1 – 2021 For Quarter 1, there were a total of 64 Patient Relations Occurrences that occurred between 9 clinics, Clinic Administration, South County Civic Center and Fairgrounds. Of the 64 occurrences, there were 20 Grievances and 44 Complaints. The top 5 categories were Care &amp; Treatment, Communication, Finance, Respect Related and Physician Related. The top subcategory with 18 Complaints and Grievances was Poor Communication followed by Finance with 15 Complaints and Grievances. There was also a total of 65 compliments received across 5 clinics, Clinic Administration, South County Civic Center and Fairgrounds. Of the 65 compliments, 50 were toward the Clinic Support Staff.</p> <p>Ms. Tammy Jackson-Moore stated she had a concern about the poor communication complaints on the clinic staff and how we can address it.</p> <p>Mr. David Speciale stated that being poor communication stems from patients unable to contact providers via phone. Mr. Speciale also stated the call center has been trained to answer calls.</p>	<p><b>VOTE TAKEN: Mr. Elder made a motion to approve the Q1 Patient Relations Dashboard as presented. Ms. Tammy Jackson-Moore duly seconded the motion. A vote was called, and the motion passed unanimously.</b></p>

	<p>Ms. Mastrangelo asked if the wait time has minimized since last quarter.</p> <p>Mr. Speciale stated that the wait time has gone down.</p>	
<b>9. VP and Executive Director of Clinic Services Comments</b>	None.	<b>No action necessary.</b>
<b>10. Board Member Comments</b>	<p>Mr. Glass thanked the staff working the mobile clinics for helping the homeless community during the pandemic.</p> <p>Ms. Tammy Jackson-Moore extending her assistance on helping the community get vaccinated.</p>	<b>No action necessary.</b>
<b>12. Establishment of Upcoming Meetings</b>	<p><b><u>June 23, 2021 (HCD Board Room)</u></b> 12:45pm Board of Directors</p> <p><b><u>July 28, 2021 (HCD Board Room)</u></b> 12:45pm Board of Directors</p> <p><b><u>August 25, 2021 (HCD Board Room)</u></b> 12:45pm Board of Directors</p> <p><b><u>September 29, 2021 (HCD Board Room)</u></b> 12:45pm Board of Directors</p> <p><b><u>October 27, 2021 (HCD Board Room)</u></b> 12:45pm Board of Directors</p> <p><b><u>November 30, 2021 (HCD Board Room)</u></b> 12:45pm Board of Directors</p> <p><b><u>December 14, 2021 (HCD Board Room)</u></b> 12:45pm Board of Directors</p>	<b>No action necessary.</b>

<b>13. Motion to Adjourn</b>	There being no further business, the meeting was adjourned at 1:56 PM	<b>VOTE TAKEN: Ms. Jackson-Moore made a motion to adjourn. Mr. Glass duly seconded the motion. A vote was called, and the motion passed unanimously.</b>
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**Minutes Submitted by:** \_\_\_\_\_  
**Signature** **Date**

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

**Attendance Tracking**

	1/27/21	2/24/21	3/12/21	3/31/21	4/28/21	5/19/21	6/23/21	7/28/21	8/25/21	9/29/21	10/27/21	11/30/21	12/15/21
Mike Smith	X	X	X	X	X	A							
James Elder	X	X	X	E	X	X							
Irene Figueroa	X	E	A	X	X	X							
John Casey Mullen	X	X	X	X	X	X							
Julia Bullard	X	X	X	X	X	X							
Marjorie Etienne	E	E	X	X	E	E							
Melissa Mastrangelo	E	A	X	X	E	X							
Tammy Jackson-Moore	X	X	A	E	X	X							
Robert Glass		X	X	X	X	X							
Joseph Gibbons						X							

X= Present

C= Cancel

E= Excused

A= Absent

**DISTRICT CLINIC HOLDINGS, INC.  
BOARD OF DIRECTORS  
June 23, 2021**

**1. Description: Patient Dismissal Policy**

**2. Summary:** This policy proposes to establish protocols to appropriately dismiss patients from the C. L. Brumback Primary Care Clinic following a review of all reported events by the Multidisciplinary Care Review Team (MCT) members to maintain all staff and patient safety throughout the clinics. The protocols will require reviews of all reported patient behaviors, including but not limited to sexual harassment, verbal abuse, threatening behaviors, and physical abuse against any staff, patients, visitors or onsite vendors.

**3. Substantive Analysis:**

The patient dismissal process will follow due diligence to ensure the patient's care is not interrupted. To promote patient/surrogate and staff safety, the patient/surrogate will be provided steps and guidance on why the patient is being considered for dismissal or if other options are currently available. The patient/surrogate will have the right to appeal and reinstatement will also be available.

**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:

*Darcy Davis*

\_\_\_\_\_  
Darcy J Davis  
Chief Executive Officer

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

N/A

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

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

**DISTRICT CLINIC HOLDINGS, INC.  
BOARD OF DIRECTORS  
June 23, 2021**

**6. Recommendation:**

Staff recommends the Board Approve the Patient Dismissal Policy.

Approved for Legal sufficiency:

DocuSigned by:  
*Christy Goddeau*  
A209254D911F48F

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Christy Goddeau  
Interim General Counsel

*M. B. Hyacinthe*

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Martha B. Hyacinthe  
Director of Corporate Risk Management

*Hyla Fritsch*

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



## Patient Dismissal Policy

Policy #:	120-14a	Effective Date:	3/31/2021
Business Unit:	PCC	Last Review Date:	4/25/2018
Approval Group:	PCC Risk Policy Board Approval	Document Owner(s):	Primary Care Clinics
Board Approval Date:			

### PURPOSE

To provide guidance to the team members of C.L Brumback Primary Care Clinics regarding the patient dismissal process.

### SCOPE

C.L. Brumback Primary Care team members.

### POLICY

It is the policy of C.L. Brumback Primary Care Clinics to establish protocols that appropriately dismiss patients from a clinic practice as needed. All patients that need to be dismissed from the clinic will be processed accordingly.

### EXCEPTIONS

N/A.

### RELATED DOCUMENTS

Related Policy Document(s)	Policy 120-14 (Retired)
Related Forms	
Reference(s)	
Last Revision	
Revision Information/Changes	
Next Review Date	3/31/2024

### APPROVALS

Reviewer approval	Lisa Hogans;
Reviewer approval date	3/10/2021
Final approver	Jonathan Dominique; Belma Andric;





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

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**DISTRICT CLINIC HOLDINGS, INC**  
**BOARD OF DIRECTORS**  
**June 23, 2021**

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

**2. Summary:**

The April 2021 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 are incorporated into the financial statement presentation.

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

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

Reviewed for financial accuracy and compliance with purchasing procedure:

*Darcy Davis*

\_\_\_\_\_  
Darcy J Davis  
Chief Executive Officer

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

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

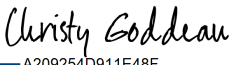
\_\_\_\_\_  
Date Approved


**DISTRICT CLINIC HOLDINGS, INC**  
**BOARD OF DIRECTORS**  
**June 23, 2021**

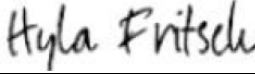
**6. Recommendation:**

Staff recommends the Board approve the April 2021 District Clinic Holdings, Inc., financial statements.

Approved for Legal sufficiency:

DocuSigned by:  
  
A209254D911E48E  
\_\_\_\_\_  
Christy Goddeau  
Interim General Counsel

  
\_\_\_\_\_  
Darcy J Davis  
Chief Executive Officer

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



## MEMO

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To: Finance Committee  
From: Darcy J. Davis  
Chief Executive Officer  
Date: May 19, 2021

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

The April statements represent the financial performance through the seventh month of the 2021 fiscal year for C.L. Brumback Primary Care Clinics. Total YTD revenue was unfavorable to budget by (\$3.4M) due primarily to timing of COVID-19 stimulus funds. Net patient revenue YTD was favorable to budget by \$921k. Expenses before depreciation were favorable to budget by \$468k or 2.9% due mostly to positive variances in medical supplies \$539k, other supplies \$108k, medical services \$127k, lease and rental \$125k, and other expense \$83k. Total YTD net margin was (\$9.5M) compared to budget of (\$6.9M) resulting in an unfavorable variance of (\$2.6M) or 38.3%.

The Medical clinics total YTD revenue was unfavorable to budget by (\$3.5M). This unfavorable variance resulted from the timing of COVID-19 related stimulus funding. Gross patient revenue was over budget by \$3.2M or 47.7%, which resulted from the Clinic efforts to respond to the pandemic offering telemedicine visits in addition to office visits. Clinic staff continue to provide countywide COVID-19 testing and vaccination. Total operating expenses of \$13.6M were favorable to budget of \$14.0M by \$422k or 3.0%. This positive variance is mostly related to medical supplies \$500k, medical services \$127k, lease and rental \$122k, and other expense \$69k. These expenses are favorable to budget due to usage timing and supplies purchases. Total YTD net margin was (\$8.5M) compared to budget of (\$5.7M) resulting in an unfavorable variance of (\$2.8M) or 48.9%.

The Dental clinics total YTD gross patient revenue was favorable to budget by \$333k or 17.4%. Total revenue of \$2.0M was over budget by \$75k due to increase visits. Total operating expenses of \$2.3M were favorable to budget by \$46k or 2.0%. Total YTD net margin was (\$981k) compared to a budget loss of (\$1.1M) for a favorable variance of \$166k or (14.5%).

On the Comparative Statement of Net Position, due from other governments increased from \$967k to \$2.6M. This balance is due mainly from Health Resources and Service Administration (HRSA). The District subsidy YTD for the Medical and Dental clinics are \$4.9M, and \$1.1M respectively for a combined subsidy of \$6.0M.

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

	<u>Apr 30, 2021</u>	<u>Mar 31, 2021</u>	<u>Increase (Decrease)</u>
<b>Assets</b>			
Cash and Cash Equivalents	(7,773,222)	(4,631,182)	\$ (3,142,040)
Restricted Cash	221,426	221,426	-
Accounts Receivable, net	3,452,665	3,006,015	446,651
Due from Other Governments	2,569,853	967,175	1,602,678
Other Current Assets	74,292	76,141	(1,849)
Net Investment in Capital Assets	2,858,226	2,889,818	(31,592)
<b>Total Assets</b>	<u>\$ 1,403,240</u>	<u>\$ 2,529,392</u>	<u>\$ (1,126,152)</u>
<b>Liabilities</b>			
Accounts Payable	200,724	118,670	82,053
Deferred Revenue	1,097,816	1,364,027	(266,211)
Other Current Liabilities	1,034,533	1,572,356	(537,823)
Non-Current Liabilities	1,392,996	1,370,175	22,822
<b>Total Liabilities</b>	<u>3,726,069</u>	<u>4,425,228</u>	<u>(699,159)</u>
<b>Deferred Inflows of Resources</b>			
Deferred Inflows- Other Post Employment Benefits	<u>\$ 474</u>	<u>\$ 474</u>	<u>\$ -</u>
<b>Net Position</b>			
Net Investment in Capital Assets	2,858,226	2,889,818	(31,592)
Unrestricted	(5,181,529)	(4,786,128)	(395,401)
<b>Total Net Position</b>	<u>(2,323,304)</u>	<u>(1,896,310)</u>	<u>(426,993)</u>
<b>Total Liabilities, Deferred Inflows of Resources and Net Position</b>	<u>\$ 1,403,240</u>	<u>\$ 2,529,392</u>	<u>\$ (1,126,152)</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, 2021

Current Month							Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%	
31,592	17,334	(14,258)	(82.3%)	19,259	(12,334)	(64.0%)	Depreciation	221,783	121,338	(100,445)	(82.8%)	127,113	(94,669)	(74.5%)
<i>Overhead Allocations:</i>														
6,192	2,875	(3,317)	(115.4%)	1,937	(4,254)	(219.6%)	Risk Mgt	19,891	20,124	233	1.2%	13,783	(6,108)	(44.3%)
212,145	206,967	(5,177)	(2.5%)	158,636	(53,508)	(33.7%)	Rev Cycle	1,357,141	1,448,770	91,629	6.3%	834,948	(522,193)	(62.5%)
7,147	3,852	(3,295)	(85.6%)	5,186	(1,961)	(37.8%)	Internal Audit	16,634	26,961	10,327	38.3%	38,006	21,372	56.2%
9,531	19,768	10,238	51.8%	18,588	9,057	48.7%	Home Office Facilities	120,856	138,379	17,523	12.7%	130,887	10,031	7.7%
45,279	33,232	(12,047)	(36.3%)	31,099	(14,181)	(45.6%)	Administration	262,162	232,624	(29,538)	(12.7%)	241,496	(20,667)	(8.6%)
3,301	47,193	43,892	93.0%	39,978	36,676	91.7%	Human Resources	347,050	330,353	(16,697)	(5.1%)	285,718	(61,332)	(21.5%)
38,855	17,241	(21,613)	(125.4%)	12,561	(26,294)	(209.3%)	Legal	136,835	120,689	(16,145)	(13.4%)	111,955	(24,879)	(22.2%)
8,127	8,048	(79)	(1.0%)	7,681	(445)	(5.8%)	Records	52,401	56,338	3,937	7.0%	48,137	(4,264)	(8.9%)
(1,922)	6,886	8,808	127.9%	11,124	13,046	117.3%	Compliance	32,573	48,202	15,628	32.4%	68,430	35,856	52.4%
7,424	7,007	(417)	(6.0%)	-	(7,424)	0.0%	Comm Engage Plan	46,542	49,048	2,506	5.1%	-	(46,542)	0.0%
44,072	82,884	38,811	46.8%	-	(44,072)	0.0%	IT Operations	516,612	580,185	63,573	11.0%	-	(516,612)	0.0%
7,228	8,445	1,217	14.4%	-	(7,228)	0.0%	IT Security	51,517	59,117	7,600	12.9%	-	(51,517)	0.0%
93,419	40,421	(52,999)	(131.1%)	-	(93,419)	0.0%	IT Applications	283,469	282,946	(523)	(0.2%)	-	(283,469)	0.0%
46,146	47,251	1,106	2.3%	-	(46,146)	0.0%	Security Services	312,699	330,760	18,061	5.5%	-	(312,699)	0.0%
137,495	121,543	(15,951)	(13.1%)	-	(137,495)	0.0%	IT EPIC	634,766	850,804	216,038	25.4%	-	(634,766)	0.0%
24,055	31,665	7,609	24.0%	30,084	6,029	20.0%	Finance	190,700	221,652	30,952	14.0%	231,167	40,467	17.5%
5,644	10,057	4,413	43.9%	9,064	3,420	37.7%	Public Relations	51,605	70,398	18,793	26.7%	70,876	19,271	27.2%
10,978	8,303	(2,675)	(32.2%)	100,648	89,670	89.1%	Information Technology	71,143	58,119	(13,024)	(22.4%)	618,278	547,135	88.5%
7,863	4,761	(3,102)	(65.1%)	2,175	(5,688)	(261.6%)	Corporate Quality	42,575	33,328	(9,247)	(27.7%)	12,125	(30,450)	(251.1%)
10,778	11,235	457	4.1%	10,972	195	1.8%	Project MGMT Office	63,648	78,646	14,998	19.1%	47,421	(16,228)	(34.2%)
3	1,328	1,325	99.8%	1,975	1,972	99.9%	Managed Care Contract	6,415	9,298	2,883	31.0%	18,360	11,945	65.1%
723,759	720,963	(2,796)	(0.4%)	441,707	(282,052)	(63.9%)	Total Overhead Allocations	4,617,235	5,046,742	429,507	8.5%	2,771,587	(1,845,648)	(66.6%)
<b>3,395,083</b>	<b>3,121,492</b>	<b>(273,591)</b>	<b>(8.8%)</b>	<b>2,806,792</b>	<b>(588,292)</b>	<b>(21.0%)</b>	<b>Total Expenses</b>	<b>20,759,167</b>	<b>21,556,505</b>	<b>797,338</b>	<b>3.7%</b>	<b>18,299,807</b>	<b>(2,459,360)</b>	<b>(13.4%)</b>
<b>\$ (426,994)</b>	<b>\$ (902,438)</b>	<b>\$ 475,445</b>	<b>(52.7%)</b>	<b>\$ (1,133,804)</b>	<b>\$ 706,810</b>	<b>(62.3%)</b>	<b>Net Margin</b>	<b>\$ (9,483,593)</b>	<b>\$ (6,857,209)</b>	<b>\$ (2,626,384)</b>	<b>38.3%</b>	<b>\$ (8,449,952)</b>	<b>\$ (1,033,641)</b>	<b>12.2%</b>
-	19,125	19,125	100.0%	(6,663)	(6,663)	100.0%	Capital	-	653,085	653,085	100.0%	2,744	2,744	100.0%
<b>\$ -</b>	<b>\$ 921,000</b>	<b>\$ 921,000</b>	<b>100.0%</b>	<b>\$ 1,107,882</b>	<b>\$ 1,107,882</b>	<b>100.0%</b>	<b>General Fund Support/ Transfer In</b>	<b>\$ 5,970,026</b>	<b>\$ 7,544,000</b>	<b>\$ 1,573,974</b>	<b>20.9%</b>	<b>\$ 8,325,582</b>	<b>\$ 2,355,557</b>	<b>28.3%</b>

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

	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Year to Date
<b>Gross Patient Revenue</b>	<b>1,842,091</b>	<b>1,535,619</b>	<b>1,685,042</b>	<b>1,321,289</b>	<b>1,595,963</b>	<b>1,870,757</b>	<b>2,230,803</b>	-	-	-	-	-	<b>12,081,564</b>
Contractual Allowances	509,972	470,624	453,962	303,580	404,818	543,358	562,148	-	-	-	-	-	3,248,462
Charity Care	158,009	-	1,751,178	434,796	538,927	530,618	809,796	-	-	-	-	-	4,223,323
Bad Debt	788,060	799,873	(860,761)	338,348	289,586	402,163	405,392	-	-	-	-	-	2,162,662
Other Patient Revenue	414,367	286,936	350,651	704,172	439,031	439,031	905,685	-	-	-	-	-	3,539,873
<b>Net Patient Revenue</b>	<b>800,416</b>	<b>552,056</b>	<b>691,315</b>	<b>948,737</b>	<b>801,664</b>	<b>833,649</b>	<b>1,359,153</b>	-	-	-	-	-	<b>5,986,991</b>
Collections %	43.45%	35.95%	41.03%	71.80%	50.23%	44.56%	60.93%	0.00%	0.00%	0.00%	0.00%	0.00%	49.55%
Grant Funds	104,059	-	130,321	2,271,653	(629,521)	974,299	1,566,400	-	-	-	-	-	4,417,210
Other Financial Assistance	-	-	588,890	-	179,158	5,710	27,883	-	-	-	-	-	801,641
Other Revenue	9,732	1,689	3,302	809	26,487	13,061	14,654	-	-	-	-	-	69,732
<b>Total Other Revenues</b>	<b>113,791</b>	<b>1,689</b>	<b>722,512</b>	<b>2,272,462</b>	<b>(423,876)</b>	<b>993,070</b>	<b>1,608,937</b>	-	-	-	-	-	<b>5,288,584</b>
<b>Total Revenues</b>	<b>914,207</b>	<b>553,745</b>	<b>1,413,827</b>	<b>3,221,199</b>	<b>377,788</b>	<b>1,826,719</b>	<b>2,968,090</b>	-	-	-	-	-	<b>11,275,574</b>
<i>Direct Operational Expenses:</i>													
Salaries and Wages	1,612,557	1,177,306	1,310,859	1,482,538	1,423,741	1,551,730	1,629,754	-	-	-	-	-	10,188,483
Benefits	394,482	358,883	404,282	407,085	420,732	406,226	427,189	-	-	-	-	-	2,818,878
Purchased Services	35,150	59,503	33,586	71,484	37,746	151,018	248,133	-	-	-	-	-	636,621
Medical Supplies	19,841	24,253	46,148	84,529	35,626	41,196	28,620	-	-	-	-	-	280,213
Other Supplies	2,686	4,538	8,638	12,332	32,280	4,195	13,176	-	-	-	-	-	77,845
Medical Services	92,709	55,338	56,152	45,535	47,251	80,848	55,468	-	-	-	-	-	433,301
Drugs	82,365	73,242	60,219	55,947	59,708	49,636	62,547	-	-	-	-	-	443,663
Repairs & Maintenance	6,725	4,061	3,703	7,491	3,518	6,010	14,332	-	-	-	-	-	45,841
Lease & Rental	105,605	104,935	96,815	102,475	102,093	106,287	97,843	-	-	-	-	-	716,054
Utilities	5,024	10,320	7,438	6,515	6,285	6,819	7,229	-	-	-	-	-	49,630
Other Expense	26,726	23,914	19,350	30,184	26,817	25,554	52,110	-	-	-	-	-	204,655
Insurance	3,716	3,716	2,892	4,649	3,331	3,331	3,331	-	-	-	-	-	24,966
<b>Total Operational Expenses</b>	<b>2,387,586</b>	<b>1,900,008</b>	<b>2,050,081</b>	<b>2,310,763</b>	<b>2,199,128</b>	<b>2,432,851</b>	<b>2,639,732</b>	-	-	-	-	-	<b>15,920,149</b>
<b>Net Performance before Depreciation &amp; Overhead Allocations</b>	<b>(1,473,379)</b>	<b>(1,346,263)</b>	<b>(636,254)</b>	<b>910,436</b>	<b>(1,821,340)</b>	<b>(606,132)</b>	<b>328,358</b>	-	-	-	-	-	<b>(4,644,575)</b>
Depreciation	20,995	42,335	31,665	31,896	31,706	31,593	31,592	-	-	-	-	-	221,783
<i>Overhead Allocations:</i>													
Risk Mgt	2,012	1,749	1,914	1,899	1,713	4,413	6,192	-	-	-	-	-	19,891
Rev Cycle	215,318	177,247	193,553	191,807	169,849	197,221	212,145	-	-	-	-	-	1,357,141
Internal Audit	261	2,616	2,029	2,200	1,135	1,246	7,147	-	-	-	-	-	16,634
Home Office Facilities	17,338	17,140	20,876	18,248	17,620	20,104	9,531	-	-	-	-	-	120,856
Administration	23,989	26,119	37,026	49,639	36,008	44,102	45,279	-	-	-	-	-	262,162
Human Resources	42,681	36,896	77,803	48,416	60,805	77,147	3,301	-	-	-	-	-	347,050
Legal	10,774	17,493	15,799	13,841	14,400	25,673	38,855	-	-	-	-	-	136,835
Records	7,126	7,518	8,070	7,478	6,020	8,062	8,127	-	-	-	-	-	52,401
Compliance	4,813	5,086	3,125	8,017	5,183	8,271	(1,922)	-	-	-	-	-	32,573
Comm Engage Plan	6,756	6,116	6,940	6,621	6,060	6,624	7,424	-	-	-	-	-	46,542
IT Operations	50,805	70,691	70,850	96,616	74,267	109,310	44,072	-	-	-	-	-	516,612
IT Security	7,989	5,317	9,366	7,739	6,244	7,634	7,228	-	-	-	-	-	51,517
IT Applications	23,045	40,862	27,197	44,176	20,639	34,133	93,419	-	-	-	-	-	283,469
Security Services	42,428	41,825	46,136	46,399	42,607	47,158	46,146	-	-	-	-	-	312,699
IT EPIC	48,185	53,582	65,588	81,914	67,894	180,108	137,495	-	-	-	-	-	634,766
Finance	29,725	28,440	28,580	29,666	24,493	25,741	24,055	-	-	-	-	-	190,700
Public Relations	11,466	8,342	3,617	5,257	7,654	9,625	5,644	-	-	-	-	-	51,605
Information Technology	9,827	8,743	9,357	10,810	11,233	10,196	10,978	-	-	-	-	-	71,143
Corporate Quality	5,104	7,241	4,957	5,242	5,965	6,203	7,863	-	-	-	-	-	42,575
Project MGMT Office	7,800	8,679	9,051	9,313	8,472	9,555	10,778	-	-	-	-	-	63,648
Managed Care Contract	1,205	1,157	1,243	1,204	1,096	508	3	-	-	-	-	-	6,415
<b>Total Overhead Allocations</b>	<b>568,646</b>	<b>572,859</b>	<b>643,078</b>	<b>686,500</b>	<b>589,359</b>	<b>833,035</b>	<b>723,759</b>	-	-	-	-	-	<b>4,617,235</b>
<b>Total Expenses</b>	<b>2,977,227</b>	<b>2,515,202</b>	<b>2,724,824</b>	<b>3,029,159</b>	<b>2,820,193</b>	<b>3,297,479</b>	<b>3,395,083</b>	-	-	-	-	-	<b>20,759,167</b>
<b>Net Margin</b>	<b>\$ (2,063,020)</b>	<b>\$ (1,961,457)</b>	<b>\$ (1,310,997)</b>	<b>\$ 192,040</b>	<b>\$ (2,442,405)</b>	<b>\$ (1,470,760)</b>	<b>\$ (426,994)</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ (9,483,593)</b>



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

FOR THE SEVENTH MONTH ENDED APRIL 30, 2021

	Clinic Administration	West Palm Beach Clinic	Lantana Clinic	Delray Clinic	Belle Glade Clinic	Lewis Center	Lake Worth Clinic	Jupiter Clinic	West Boca Clinic	Subxone Clinic	Mobile Van 1	Mobile Van Scout	Mobile Van Hero	Total
<b>Gross Patient Revenue</b>	-	1,294,357	2,018,558	1,064,040	758,597	968,110	1,456,739	688,339	958,659	617,956	5,656	-	-	<b>9,831,011.70</b>
Contractual Allowances	-	371,780	599,722	222,554	146,345	142,028	371,893	196,612	370,587	111,671	(9,356)	-	-	2,523,836
Charity Care	-	420,596	613,828	374,920	374,920	407,683	619,346	201,327	180,960	206,238	3,761	-	-	3,232,442
Bad Debt	-	266,302	308,079	198,032	156,371	355,070	124,316	82,839	75,254	290,348	16,152	-	-	1,872,763
Total Contractual Allowances and Bad Debt	-	1,058,678	1,521,629	795,507	506,500	904,780	1,115,554	480,778	626,801	608,257	10,557	-	-	7,629,041
Other Patient Revenue	-	480,647	511,275	315,144	168,235	228,871	311,796	131,747	159,140	135,740	49,852	-	-	2,492,448
<b>Net Patient Revenue</b>	-	<b>716,327</b>	<b>1,008,204</b>	<b>583,677</b>	<b>420,332</b>	<b>292,201</b>	<b>652,982</b>	<b>339,307</b>	<b>490,998</b>	<b>145,439</b>	<b>44,952</b>	-	-	<b>4,694,420</b>
Collection %	0.00%	55.34%	49.95%	54.85%	55.41%	30.18%	44.82%	49.29%	51.22%	23.54%	794.75%	0.00%	0.00%	47.75%
Grant Funds	1,026,374	409,927	539,332	255,788	271,719	110,888	359,675	163,338	169,684	325,034	89,473	9,044	20,958	3,751,234
Other Financial Assistance	335,818	3,476	130,468	278	(8,230)	6,440	(24,896)	12,177	(5,096)	(23,612)	31,073	131,246	138,230	727,373
Other Revenue	8,547	10,709	7,038	12,141	10,954	58	6,687	3,236	10,334	13	-	15	-	69,732
Total Other Revenues	1,370,738	424,113	676,838	268,207	274,443	117,385	341,467	178,750	174,923	301,436	120,546	140,305	159,189	4,548,339
<b>Total Revenues</b>	<b>1,370,738</b>	<b>1,140,440</b>	<b>1,685,041</b>	<b>851,884</b>	<b>694,775</b>	<b>409,586</b>	<b>994,448</b>	<b>518,057</b>	<b>665,921</b>	<b>446,875</b>	<b>165,498</b>	<b>140,305</b>	<b>159,189</b>	<b>9,242,759</b>
<i>Direct Operational Expenses:</i>														
Salaries and Wages	2,366,993	987,256	1,245,621	647,864	573,457	240,115	984,418	388,416	405,387	553,979	159,020	30,196	15,496	8,598,218
Benefits	594,566	278,689	349,552	192,084	166,566	69,349	289,185	101,327	119,190	154,444	56,555	6,389	4,983	2,382,879
Purchased Services	385,703	25,522	58,872	21,821	27,609	10,155	33,076	16,939	21,977	13,972	1,710	1,710	1,710	620,774
Medical Supplies	72,450	21,561	19,010	15,692	14,207	25,748	19,191	9,088	6,420	21,284	2,458	1,164	327	228,600
Other Supplies	44,129	1,470	7,480	1,297	3,198	2,273	2,285	879	2,724	4,745	1,053	2,204	2,561	76,298
Medical Services	24,050	47,064	98,215	46,909	32,430	18,043	83,781	27,011	43,561	12,235	-	-	-	433,301
Drugs	-	201,110	132,318	56,657	35,030	-	8,352	1,654	6,646	586	1,302	-	-	443,654
Repairs & Maintenance	-	1,054	1,236	1,704	2,570	917	18,588	1,111	3,792	2,310	5,542	2,245	862	41,931
Lease & Rental	-	75,248	101,463	51,857	48,161	170	138,266	47,146	69,075	27,508	130	45	130	559,199
Utilities	-	2,619	2,422	798	11,794	1,360	7,542	4,702	3,912	2,719	-	-	-	37,868
Other Expense	95,603	11,744	20,530	6,830	4,607	3,845	10,869	3,118	6,588	7,040	3,789	3,686	1,007	179,255
Insurance	-	3,761	2,870	2,859	1,592	-	1,901	1,002	1,161	518	4,293	1,649	3,076	24,681
Total Operational Expenses	3,583,494	1,657,098	2,039,589	1,046,373	921,221	371,976	1,597,453	602,391	690,432	801,340	235,852	49,287	30,151	13,626,657
<b>Net Performance before Depreciation &amp; Overhead Allocations</b>	<b>(2,212,756)</b>	<b>(516,659)</b>	<b>(354,547)</b>	<b>(194,489)</b>	<b>(226,446)</b>	<b>37,611</b>	<b>(603,004)</b>	<b>(84,334)</b>	<b>(24,512)</b>	<b>(354,465)</b>	<b>(70,353)</b>	<b>91,018</b>	<b>129,038</b>	<b>(4,383,899)</b>
Depreciation	3,619	8,406	8,700	1,048	40,022	190	2,591	1,600	2,797	1,074	43,750	8,099	48,724	170,620
<i>Overhead Allocations:</i>														
Risk Mgt	3,321	1,848	3,199	1,384	1,128	504	2,018	709	883	1,205	362	249	254	17,063
Rev Cycle	-	154,076	266,774	115,421	94,019	41,999	168,251	59,080	73,630	100,444	30,156	20,787	21,165	1,145,803
Internal Audit	2,777	1,545	2,676	1,158	943	421	1,687	593	738	1,007	302	208	212	14,269
Home Office Facilities	108,823	-	-	-	-	-	-	-	-	-	-	-	-	108,823
Administration	43,772	24,354	42,168	18,244	14,861	6,639	26,595	9,339	11,638	15,877	4,767	3,286	3,346	224,887
Human Resources	78,893	36,703	41,928	23,511	19,593	9,143	32,785	10,449	13,062	21,029	5,225	3,919	3,919	300,158
Legal	22,847	12,712	22,010	9,523	7,757	3,465	13,881	4,874	6,075	8,287	2,488	1,715	1,746	117,379
Records	8,749	4,868	8,429	3,647	2,970	1,327	5,316	1,867	2,326	3,173	953	657	669	44,950
Compliance	5,439	3,026	5,239	2,267	1,846	825	3,304	1,160	1,446	1,973	592	408	416	27,942
Comm Engage Plan	7,771	4,324	7,486	3,239	2,638	1,179	4,721	1,658	2,066	2,819	846	583	594	39,924
IT Operations	86,257	47,992	83,096	35,952	29,285	13,082	52,408	18,403	22,935	31,287	9,393	6,475	6,593	443,157
IT Security	8,602	4,786	8,286	3,585	2,920	1,305	5,226	1,835	2,287	3,120	937	646	657	44,192
IT Applications	47,330	26,334	45,595	19,727	16,069	7,178	28,757	10,098	12,584	17,167	5,154	3,553	3,617	243,164
Security Services	12,285	34,106	59,053	25,549	20,812	9,297	37,244	13,078	16,299	22,234	6,675	4,601	4,685	265,918
IT EPIC	105,985	58,969	102,101	44,174	35,983	16,074	64,394	22,611	28,180	38,443	11,541	7,956	8,101	544,511
Finance	31,841	17,716	30,674	13,271	10,810	4,829	19,346	6,793	8,466	11,549	3,467	2,390	2,434	163,585
Public Relations	8,616	4,794	8,301	3,591	2,925	1,307	5,235	1,838	2,291	3,125	938	647	659	44,268
Information Technology	11,879	6,609	11,443	4,951	4,033	1,802	7,217	2,534	3,158	4,309	1,294	892	908	61,027
Corporate Quality	7,109	3,955	6,848	2,963	2,413	1,078	4,319	1,517	1,890	2,578	774	534	543	36,522
Project MGMT Office	10,627	5,913	10,238	4,429	3,608	1,612	6,457	2,267	2,826	3,855	1,157	798	812	54,599
Managed Care Contract	-	728	1,261	546	444	199	795	279	348	475	143	98	100	5,416
Total Overhead Allocations	612,921	455,358	766,804	337,133	275,059	123,263	489,956	170,982	213,128	293,956	87,165	60,400	61,429	3,947,554
<b>Total Expenses</b>	<b>4,200,034</b>	<b>2,120,862</b>	<b>2,815,093</b>	<b>1,384,554</b>	<b>1,236,302</b>	<b>495,429</b>	<b>2,090,000</b>	<b>774,973</b>	<b>906,358</b>	<b>1,096,371</b>	<b>366,766</b>	<b>117,786</b>	<b>140,304</b>	<b>17,744,831</b>
<b>Net Margin</b>	<b>\$ (2,829,296)</b>	<b>\$ (980,422)</b>	<b>\$ (1,130,051)</b>	<b>\$ (532,670)</b>	<b>\$ (541,527)</b>	<b>\$ (85,843)</b>	<b>\$ (1,095,552)</b>	<b>\$ (256,916)</b>	<b>\$ (240,437)</b>	<b>\$ (649,495)</b>	<b>\$ (201,268)</b>	<b>\$ 22,519</b>	<b>\$ 18,885</b>	<b>\$ (8,502,073)</b>
<b>Capital</b>	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<b>General Fund Support/ Transfer In</b>	<b>\$ 4,856,903</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 4,856,903</b>



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

FOR THE SEVENTH MONTH ENDED APRIL 30, 2021

Current Month							Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%	
24,250	12,917	(11,333)	(87.7%)	14,074	(10,177)	(72.3%)	Depreciation	170,620	90,419	(80,201)	(88.7%)	94,003	(76,617)	(81.5%)
<i>Overhead Allocations:</i>														
5,311	2,464	(2,848)	(115.6%)	1,593	(3,718)	(233.4%)	Risk Mgt	17,063	17,245	182	1.1%	11,335	(5,728)	(50.5%)
179,109	174,743	(4,365)	(2.5%)	128,861	(50,248)	(39.0%)	Rev Cycle	1,145,803	1,223,203	77,400	6.3%	678,233	(467,569)	(68.9%)
6,131	3,301	(2,830)	(85.7%)	4,265	(1,866)	(43.8%)	Internal Audit	14,269	23,104	8,835	38.2%	31,255	16,987	54.3%
8,582	17,713	9,131	51.6%	16,612	8,030	48.3%	Home Office Facilities	108,823	123,992	15,169	12.2%	116,977	8,154	7.0%
38,841	28,478	(10,363)	(36.4%)	25,575	(13,266)	(51.9%)	Administration	224,887	199,346	(25,540)	(12.8%)	198,602	(26,285)	(13.2%)
2,855	40,768	37,913	93.0%	32,727	29,871	91.3%	Human Resources	300,158	285,379	(14,779)	(5.2%)	233,897	(66,262)	(28.3%)
33,330	14,775	(18,555)	(125.6%)	10,330	(23,000)	(222.7%)	Legal	117,379	103,424	(13,954)	(13.5%)	92,070	(25,309)	(27.5%)
6,971	6,897	(74)	(1.1%)	6,317	(654)	(10.4%)	Records	44,950	48,278	3,328	6.9%	39,587	(5,363)	(13.5%)
(1,648)	5,901	7,549	127.9%	9,148	10,797	118.0%	Compliance	27,942	41,306	13,364	32.4%	56,275	28,333	50.3%
6,368	6,005	(364)	(6.1%)	-	(6,368)	0.0%	Comm Engage Plan	39,924	42,032	2,107	5.0%	-	(39,924)	0.0%
37,806	71,027	33,221	46.8%	-	(37,806)	0.0%	IT Operations	443,157	497,186	54,030	10.9%	-	(443,157)	0.0%
6,200	7,237	1,037	14.3%	-	(6,200)	0.0%	IT Security	44,192	50,660	6,468	12.8%	-	(44,192)	0.0%
80,136	34,638	(45,498)	(131.4%)	-	(80,136)	0.0%	IT Applications	243,164	242,469	(694)	(0.3%)	-	(243,164)	0.0%
39,242	40,184	942	2.3%	-	(39,242)	0.0%	Security Services	265,918	281,288	15,371	5.5%	-	(265,918)	0.0%
117,945	104,156	(13,789)	(13.2%)	-	(117,945)	0.0%	IT EPIC	544,511	729,092	184,581	25.3%	-	(544,511)	0.0%
20,635	27,135	6,500	24.0%	24,741	4,106	16.6%	Finance	163,585	189,944	26,359	13.9%	190,108	26,522	14.0%
4,842	8,618	3,776	43.8%	7,454	2,612	35.0%	Public Relations	44,268	60,328	16,060	26.6%	58,287	14,020	24.1%
9,417	7,115	(2,302)	(32.4%)	82,771	73,354	88.6%	Information Technology	61,027	49,805	(11,222)	(22.5%)	508,460	447,433	88.0%
6,745	4,080	(2,665)	(65.3%)	1,788	(4,956)	(277.2%)	Corporate Quality	36,522	28,560	(7,961)	(27.9%)	9,972	(26,550)	(266.3%)
9,245	9,628	383	4.0%	9,023	(222)	(2.5%)	Project MGMT Office	54,599	67,396	12,797	19.0%	38,998	(15,601)	(40.0%)
2	1,122	1,119	99.8%	1,604	1,602	99.9%	Managed Care Contract	5,416	7,851	2,434	31.0%	14,914	9,498	63.7%
618,066	615,984	(2,081)	(0.3%)	362,810	(255,256)	(70.4%)	Total Overhead Allocations	3,947,554	4,311,889	364,335	8.4%	2,278,969	(1,668,585)	(73.2%)
<b>2,948,498</b>	<b>2,676,315</b>	<b>(272,182)</b>	<b>(10.2%)</b>	<b>2,352,866</b>	<b>(595,632)</b>	<b>(25.3%)</b>	<b>Total Expenses</b>	<b>17,745,357</b>	<b>18,451,952</b>	<b>706,595</b>	<b>3.8%</b>	<b>15,247,188</b>	<b>(2,498,170)</b>	<b>(16.4%)</b>
<b>\$ (635,024)</b>	<b>\$ (822,572)</b>	<b>\$ 187,548</b>	<b>(22.8%)</b>	<b>\$ (1,034,288)</b>	<b>\$ 399,264</b>	<b>(38.6%)</b>	<b>Net Margin</b>	<b>\$ (8,502,599)</b>	<b>\$ (5,709,977)</b>	<b>\$ (2,792,622)</b>	<b>48.9%</b>	<b>\$ (7,355,940)</b>	<b>\$ (1,146,659)</b>	<b>15.6%</b>
-	19,125	19,125	100.0%	(6,663)	(6,663)	100.0%	Capital	-	653,085	653,085	100.0%	2,744	2,744	100.0%
<b>\$ -</b>	<b>\$ 845,000</b>	<b>\$ 845,000</b>	<b>100.0%</b>	<b>\$ 1,013,551</b>	<b>\$ 1,013,551</b>	<b>100.0%</b>	<b>General Fund Support/ Transfer In</b>	<b>\$ 4,856,903</b>	<b>\$ 6,420,000</b>	<b>\$ 1,563,097</b>	<b>24.3%</b>	<b>\$ 7,264,680</b>	<b>\$ 2,407,777</b>	<b>33.1%</b>

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

FOR THE SEVENTH MONTH ENDED APRIL 30, 2021

	Dental Clinic Administration	West Palm Beach Dental Clinic	Lantana Dental Clinic	Delray Dental Clinic	Belle Glade Dental Clinic	Total
<b>Gross Patient Revenue</b>	-	<b>888,626</b>	<b>1,145,235</b>	<b>130,522</b>	<b>86,169</b>	<b>2,250,553</b>
Contractual Allowances	-	212,762	463,108	18,382	30,374	724,626
Charity Care	-	509,478	372,482	81,270	27,653	990,882
Bad Debt	-	61,528	206,197	13,728	8,445	289,899
Total Contractual Allowances and Bad Debt	-	783,768	1,041,787	113,380	66,471	2,005,407
Other Patient Revenue	-	486,460	218,305	141,704	200,956	1,047,425
<b>Net Patient Revenue</b>	-	<b>591,317</b>	<b>321,753</b>	<b>158,846</b>	<b>220,655</b>	<b>1,292,571</b>
Collection %	-	66.54%	28.09%	0.00%	0.00%	57.43%
Grant Funds	69,443	254,589	139,457	149,647	52,840	665,976
Other Financial Assistance	(4,234)	62,714	(8,558)	11,420	12,928	74,269
Other Revenue	-	-	-	-	-	-
Total Other Revenues	65,209	317,303	130,899	161,067	65,768	740,245
<b>Total Revenues</b>	<b>65,209</b>	<b>908,620</b>	<b>452,652</b>	<b>319,913</b>	<b>286,422</b>	<b>2,032,816</b>
<i>Direct Operational Expenses:</i>						
Salaries and Wages	214,925	562,801	295,658	366,083	150,799	1,590,265
Benefits	54,460	160,402	80,127	96,107	44,903	436,000
Purchased Services	-	3,586	4,933	2,895	4,432	15,847
Medical Supplies	-	20,261	24,126	4,421	2,803	51,612
Other Supplies	294	545	481	209	18	1,547
Drugs	-	-	7	2	-	9
Repairs & Maintenance	-	1,215	931	626	1,138	3,910
Lease & Rental	-	64,342	38,063	35,715	18,735	156,855
Utilities	-	2,578	2,578	954	5,652	11,762
Other Expense	87	10,392	5,987	5,855	2,554	24,874
Insurance	-	-	-	-	284	284
Total Operational Expenses	269,765	826,122	452,892	512,869	231,318	2,292,966
<b>Net Performance before Depreciation &amp; Overhead Allocations</b>	<b>(204,557)</b>	<b>82,498</b>	<b>(240)</b>	<b>(192,956)</b>	<b>55,105</b>	<b>(260,150)</b>
Depreciation	-	13,628	6,508	5,880	25,148	51,163
<i>Overhead Allocations:</i>						
Risk Mgt	294	994	630	614	297	2,828
Rev Cycle	-	82,869	52,557	51,156	24,757	211,338
Internal Audit	246	831	527	513	248	2,365
Home Office Facilities	12,033	-	-	-	-	12,033
Administration	3,870	13,099	8,307	8,086	3,913	37,276
Human Resources	3,919	17,503	9,796	11,756	3,919	46,892
Legal	2,020	6,837	4,336	4,220	2,043	19,456
Records	774	2,618	1,660	1,616	782	7,451
Compliance	481	1,628	1,032	1,005	486	4,631
Comm Engage Plan	687	2,325	1,475	1,436	695	6,618
IT Operations	7,627	25,812	16,371	15,934	7,711	73,455
IT Security	761	2,574	1,632	1,589	769	7,325
IT Applications	4,185	14,164	8,983	8,743	4,231	40,305
Security Services	-	18,344	11,634	11,324	5,480	46,782
IT EPIC	9,371	31,716	20,115	19,579	9,475	90,255
Finance	2,815	9,528	6,043	5,882	2,847	27,115
Public Relations	762	2,578	1,635	1,592	770	7,338
Information Technology	1,050	3,555	2,254	2,194	1,062	10,116
Corporate Quality	629	2,127	1,349	1,313	636	6,054
Project MGMT Office	940	3,180	2,017	1,963	950	9,050
Managed Care Contract	-	392	248	242	117	999
Total Overhead Allocations	52,461	242,674	152,603	150,756	71,187	669,681
<b>Total Expenses</b>	<b>322,227</b>	<b>1,082,423</b>	<b>612,003</b>	<b>669,505</b>	<b>327,653</b>	<b>3,013,810</b>
<b>Net Margin</b>	<b>\$ (257,018)</b>	<b>\$ (173,803)</b>	<b>\$ (159,351)</b>	<b>\$ (349,592)</b>	<b>\$ (41,230)</b>	<b>\$ (980,994)</b>
<b>Capital</b>	-	-	-	-	-	-
<b>General Fund Support/ Transfer In</b>	<b>\$ 1,113,123</b>	-	-	-	-	<b>1,113,123</b>

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

FOR THE SEVENTH MONTH ENDED APRIL 30, 2021

Current Month							Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%	
<b>673,401</b>	<b>276,290</b>	<b>397,111</b>	<b>143.7%</b>	<b>29,853</b>	<b>643,549</b>	<b>2,155.8%</b>	<b>Gross Patient Revenue</b>	<b>2,250,553</b>	<b>1,917,390</b>	<b>333,163</b>	<b>17.4%</b>	<b>2,299,640</b>	<b>(49,088)</b>	<b>(2.1%)</b>
169,589	45,603	(123,986)	(271.9%)	5,096	(164,492)	(3,227.7%)	Contractual Allowances	724,626	313,621	(411,005)	(131.1%)	383,589	(341,037)	(88.9%)
282,800	158,177	(124,623)	(78.8%)	19,207	(263,592)	(1,372.4%)	Charity Care	990,882	1,102,254	111,372	10.1%	1,323,259	332,377	25.1%
102,112	17,555	(84,557)	(481.7%)	16,866	(85,246)	(505.4%)	Bad Debt	289,899	122,148	(167,751)	(137.3%)	125,973	(163,926)	(130.1%)
554,501	221,335	(333,166)	(150.5%)	41,170	(513,331)	(1,246.9%)	Total Contractuals and Bad Debts	2,005,407	1,538,023	(467,384)	(30.4%)	1,832,821	(172,586)	(9.4%)
333,309	100,753	232,556	230.8%	113,661	219,649	193.2%	Other Patient Revenue	1,047,425	698,767	348,658	49.9%	773,089	274,336	35.5%
<b>452,210</b>	<b>155,708</b>	<b>296,502</b>	<b>190.4%</b>	<b>102,344</b>	<b>349,867</b>	<b>341.9%</b>	<b>Net Patient Revenue</b>	<b>1,292,571</b>	<b>1,078,134</b>	<b>214,437</b>	<b>19.9%</b>	<b>1,239,909</b>	<b>52,662</b>	<b>4.2%</b>
67.15%	56.36%			342.83%			Collection %	57.43%	56.23%		53.92%			
202,267	209,603	(7,336)	(3.5%)	252,066	(49,799)	(19.8%)	Grant Funds	665,976	879,187	(213,211)	(24.3%)	718,698	(52,722)	(7.3%)
139	-	139	0.0%	-	139	0.0%	Other Financial Assistance	74,269	-	74,269	0.0%	-	74,269	0.0%
-	-	-	0.0%	-	-	0.0%	Other Revenue	-	-	-	0.0%	-	-	0.0%
202,406	209,603	(7,197)	(3.4%)	252,066	(49,660)	(19.7%)	Total Other Revenues	740,245	879,187	(138,942)	(15.8%)	718,698	21,547	3.0%
<b>654,616</b>	<b>365,311</b>	<b>289,305</b>	<b>79.2%</b>	<b>354,409</b>	<b>300,207</b>	<b>84.7%</b>	<b>Total Revenues</b>	<b>2,032,816</b>	<b>1,957,321</b>	<b>75,495</b>	<b>3.9%</b>	<b>1,958,607</b>	<b>74,209</b>	<b>3.8%</b>
							<i>Direct Operational Expenses:</i>							
234,731	224,846	(9,885)	(4.4%)	254,259	19,528	7.7%	Salaries and Wages	1,590,265	1,553,621	(36,644)	(2.4%)	1,672,309	82,044	4.9%
58,849	56,633	(2,216)	(3.9%)	67,014	8,165	12.2%	Benefits	436,000	393,905	(42,095)	(10.7%)	434,997	(1,002)	(0.2%)
1,884	3,190	1,306	40.9%	11,606	9,722	83.8%	Purchased Services	15,847	22,265	6,418	28.8%	68,314	52,467	76.8%
6,480	13,116	6,636	50.6%	3,567	(2,912)	(81.6%)	Medical Supplies	51,612	90,944	39,332	43.2%	114,654	63,042	55.0%
606	7,425	6,819	91.8%	160	(446)	(278.4%)	Other Supplies	1,547	52,075	50,528	97.0%	6,919	5,372	77.6%
-	-	-	0.0%	-	-	0.0%	Medical Services	-	-	-	0.0%	-	-	0.0%
9	68	59	86.6%	-	(9)	0.0%	Drugs	9	464	455	98.0%	150	141	93.9%
46	2,321	2,276	98.0%	2,883	2,837	98.4%	Repairs & Maintenance	3,910	16,247	12,337	75.9%	25,600	21,690	84.7%
22,435	21,165	(1,270)	(6.0%)	24,843	2,408	9.7%	Lease & Rental	156,855	160,036	3,181	2.0%	176,623	19,768	11.2%
1,380	1,333	(47)	(3.5%)	1,217	(163)	(13.4%)	Utilities	11,762	9,331	(2,431)	(26.0%)	6,927	(4,835)	(69.8%)
7,090	5,643	(1,447)	(25.6%)	4,262	(2,828)	(66.3%)	Other Expense	24,874	39,606	14,732	37.2%	20,181	(4,693)	(23.3%)
41	41	0	0.9%	31	(10)	(31.2%)	Insurance	284	287	3	0.9%	217	(68)	(31.2%)
333,550	335,781	2,231	0.7%	369,843	36,293	9.8%	Total Operational Expenses	2,292,966	2,338,781	45,815	2.0%	2,526,891	233,925	9.3%
							<b>Net Performance before</b>							
<b>321,066</b>	<b>29,530</b>	<b>291,536</b>	<b>987.3%</b>	<b>(15,434)</b>	<b>336,500</b>	<b>(2,180.3%)</b>	<b>Depreciation &amp; Overhead Allocations</b>	<b>(260,150)</b>	<b>(381,460)</b>	<b>121,310</b>	<b>(31.8%)</b>	<b>(568,284)</b>	<b>308,134</b>	<b>(54.2%)</b>

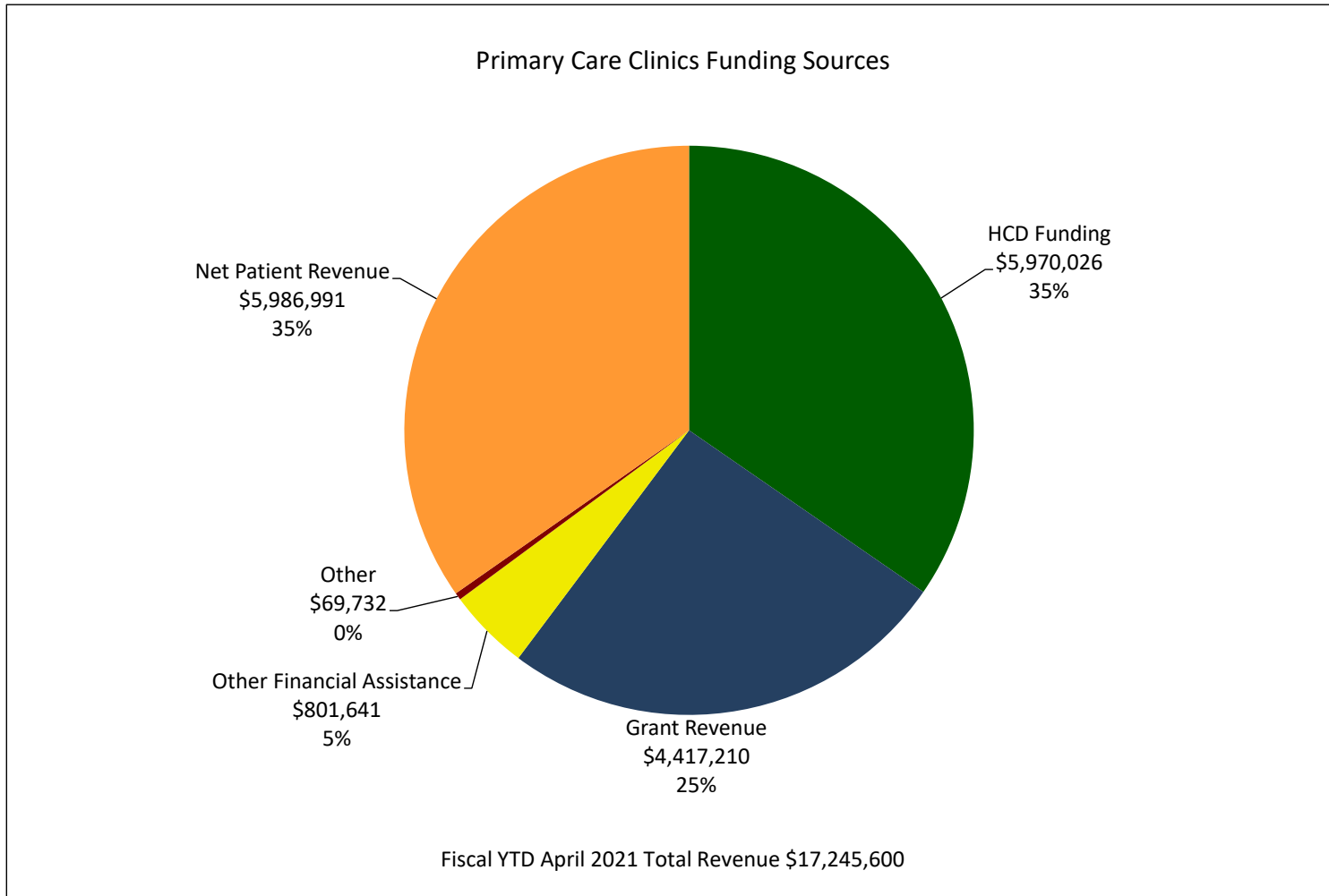
**District Clinics Holdings, Inc. - Dental Statement of Revenues and Expenses**

FOR THE SEVENTH MONTH ENDED APRIL 30, 2021

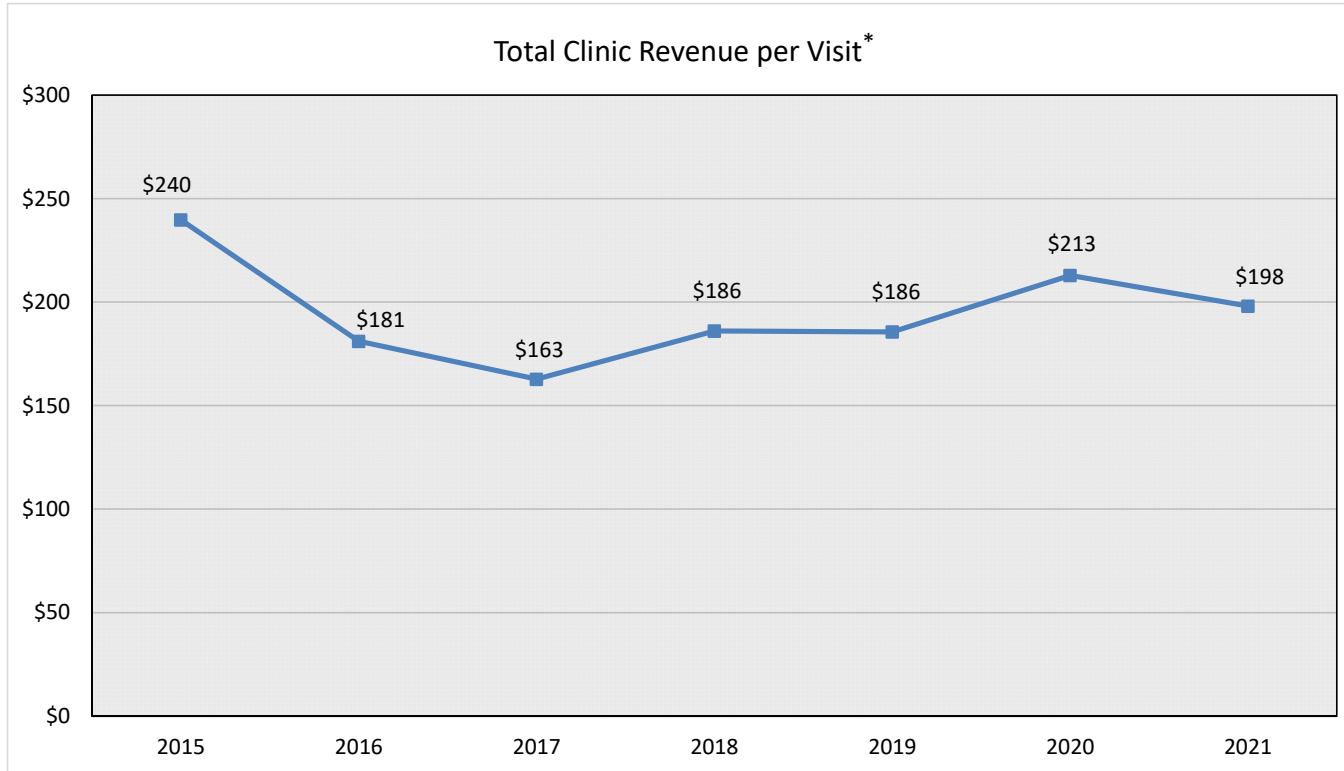
Current Month							Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%
7,342	4,417	(2,925)	(66.2%)	5,185	(2,157)	(41.6%)	51,163	30,919	(20,244)	(65.5%)	33,110	(18,053)	(54.5%)
<i>Overhead Allocations:</i>													
880	411	(469)	(114.1%)	344	(536)	(155.9%)	2,828	2,879	51	1.8%	2,448	(380)	(15.5%)
33,036	32,224	(812)	(2.5%)	29,775	(3,261)	(11.0%)	211,338	225,567	14,228	6.3%	156,715	(54,623)	(34.9%)
1,016	551	(465)	(84.4%)	921	(95)	(10.3%)	2,365	3,857	1,492	38.7%	6,751	4,385	65.0%
949	2,055	1,106	53.8%	1,975	1,027	52.0%	12,033	14,387	2,354	16.4%	13,911	1,877	13.5%
6,438	4,754	(1,684)	(35.4%)	5,524	(914)	(16.6%)	37,276	33,278	(3,998)	(12.0%)	42,894	5,618	13.1%
446	6,425	5,979	93.1%	7,251	6,805	93.8%	46,892	44,974	(1,917)	(4.3%)	51,821	4,929	9.5%
5,525	2,466	(3,058)	(124.0%)	2,231	(3,294)	(147.6%)	19,456	17,265	(2,191)	(12.7%)	19,885	429	2.2%
1,156	1,151	(4)	(0.4%)	1,364	209	15.3%	7,451	8,059	609	7.6%	8,550	1,099	12.9%
(273)	985	1,258	127.7%	1,976	2,249	113.8%	4,631	6,895	2,264	32.8%	12,154	7,523	61.9%
1,056	1,002	(53)	(5.3%)	-	(1,056)	0.0%	6,618	7,017	399	5.7%	-	(6,618)	0.0%
6,266	11,857	5,590	47.1%	-	(6,266)	0.0%	73,455	82,998	9,543	11.5%	-	(73,455)	0.0%
1,028	1,208	180	14.9%	-	(1,028)	0.0%	7,325	8,457	1,132	13.4%	-	(7,325)	0.0%
13,283	5,782	(7,501)	(129.7%)	-	(13,283)	0.0%	40,305	40,477	171	0.4%	-	(40,305)	0.0%
6,904	7,067	164	2.3%	-	(6,904)	0.0%	46,782	49,472	2,690	5.4%	-	(46,782)	0.0%
19,550	17,387	(2,162)	(12.4%)	-	(19,550)	0.0%	90,255	121,712	31,456	25.8%	-	(90,255)	0.0%
3,420	4,530	1,109	24.5%	5,344	1,923	36.0%	27,115	31,708	4,593	14.5%	41,060	13,945	34.0%
803	1,439	636	44.2%	1,610	807	50.2%	7,338	10,071	2,733	27.1%	12,589	5,251	41.7%
1,561	1,188	(373)	(31.4%)	17,877	16,316	91.3%	10,116	8,314	(1,801)	(21.7%)	109,818	99,702	90.8%
1,118	681	(437)	(64.1%)	386	(732)	(189.5%)	6,054	4,768	(1,286)	(27.0%)	2,154	(3,900)	(181.1%)
1,532	1,607	75	4.7%	1,949	416	21.4%	9,050	11,251	2,201	19.6%	8,423	(627)	(7.4%)
0	207	206	99.8%	371	370	99.9%	999	1,448	449	31.0%	3,446	2,447	71.0%
105,693	104,979	(714)	(0.7%)	78,898	(26,796)	(34.0%)	669,681	734,853	65,172	8.9%	492,618	(177,063)	(35.9%)
<b>446,586</b>	<b>445,177</b>	<b>(1,409)</b>	<b>(0.3%)</b>	<b>453,926</b>	<b>7,340</b>	<b>1.6%</b>	<b>3,013,810</b>	<b>3,104,553</b>	<b>90,743</b>	<b>2.9%</b>	<b>3,052,619</b>	<b>38,809</b>	<b>1.3%</b>
<b>\$ 208,031</b>	<b>\$ (79,866)</b>	<b>\$ 287,897</b>	<b>(360.5%)</b>	<b>\$ (99,516)</b>	<b>\$ 307,547</b>	<b>(309.0%)</b>	<b>\$ (980,994)</b>	<b>\$ (1,147,232)</b>	<b>\$ 166,238</b>	<b>(14.5%)</b>	<b>\$ (1,094,012)</b>	<b>\$ 113,018</b>	<b>(10.3%)</b>
<b>\$ -</b>	<b>\$ 76,000</b>	<b>\$ 76,000</b>	<b>100.0%</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.0%</b>	<b>\$ 1,113,123</b>	<b>\$ 1,124,000</b>	<b>\$ 10,877</b>	<b>1.0%</b>	<b>\$ 1,060,902</b>	<b>\$ (52,221)</b>	<b>(4.9%)</b>



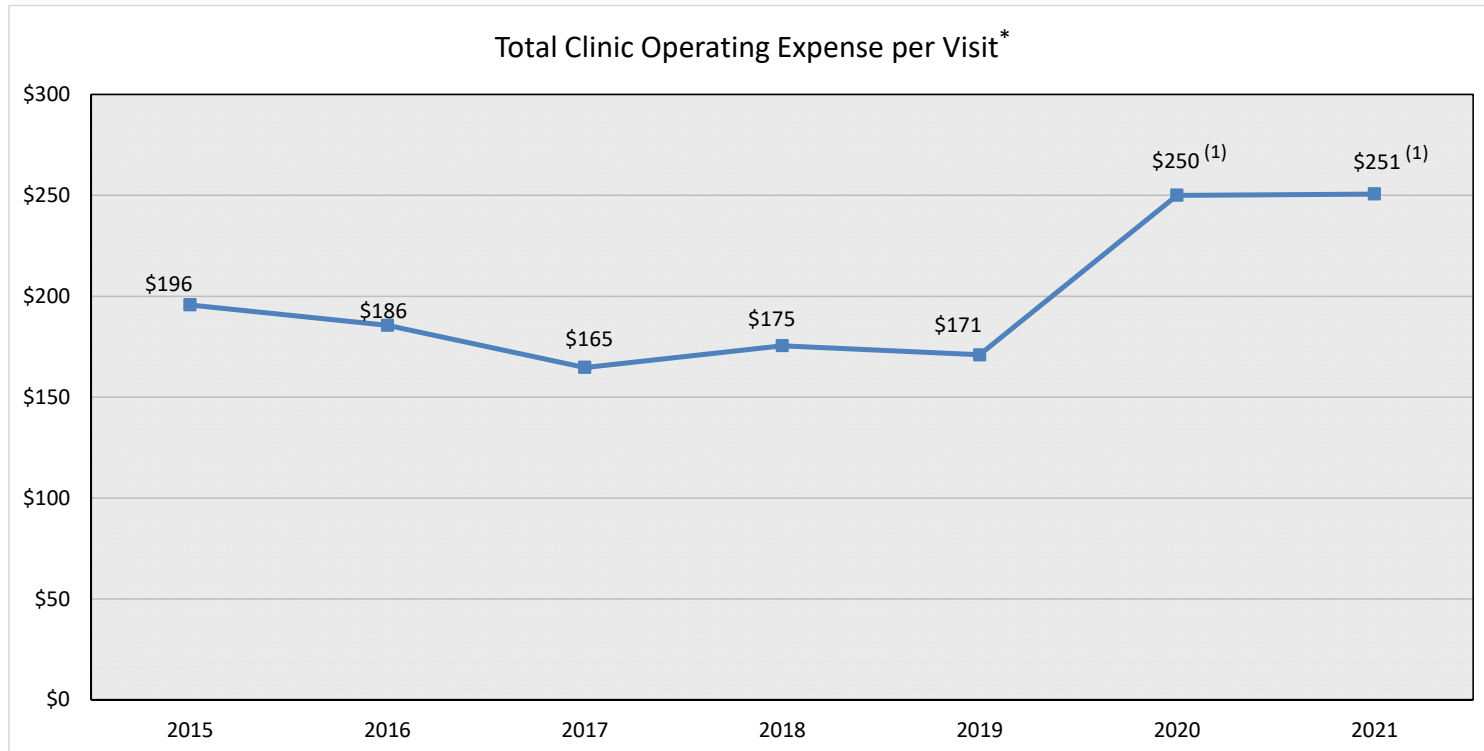
Clinic Visits - Adults and Pediatrics	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Current Year Total	Current YTD Budget	%Var to Budget	Prior Year Total
	West Palm Beach	1,227	929	1,068	836	879	1,119	1,138						7,196	3,939	82.7%
Delray	1,061	883	989	776	582	723	600						5,614	4,353	29.0%	6,092
Lantana	1,738	1,282	1,379	1,374	1,480	1,638	1,799						10,690	11,118	(3.8%)	10,726
Belle Glade	616	395	661	451	555	656	622						3,956	2,942	34.5%	4,711
Lewis Center	786	695	807	662	696	685	584						4,915	1,128	335.7%	1,440
Lake Worth & Women's Health Care	1,153	979	958	907	953	1,339	1,206						7,495	4,750	57.8%	7,600
Jupiter Clinic	602	407	468	450	527	656	501						3,611	2,610	38.4%	2,662
West Boca & Women's Health Care	786	679	730	641	666	798	741						5,041	2,764	82.4%	4,436
Mobile Van	16	-	-	1	-	-	-						17	87	(80.5%)	1,081
Mobile 2 Clinic	-	-	-	-	-	-	-						-	87	(100.0%)	-
Mobile 3 Hero	-	-	-	-	-	-	-						-	87	(100.0%)	-
Mangonia Park	259	203	198	224	261	447	508						2,100	739		539
Mangonia Park-Substance	-	-	-	-	-	-	-						-	978	(100.0%)	2,338
<b>Total Clinic Visits</b>	<b>8244</b>	<b>6,452</b>	<b>7,258</b>	<b>6,322</b>	<b>6,599</b>	<b>8,061</b>	<b>7,699</b>	-	-	-	-	-	<b>50,635</b>	<b>35,582</b>	<b>42.3%</b>	<b>51,103</b>
<b>Dental Visits</b>																
West Palm Beach	467	334	427	172	159	179	693						2,431	2,979	(18.4%)	4,768
Lantana	447	358	473	466	495	558	553						3,350	4,341	(22.8%)	3,009
Delray	-	-	-	-	-	-	306						306	2,130	(85.6%)	3,171
Belle Glade	-	-	-	2	-	-	201						203	1,132	(82.1%)	1,889
<b>Total Dental Visits</b>	<b>914</b>	<b>692</b>	<b>900</b>	<b>640</b>	<b>654</b>	<b>737</b>	<b>1,753</b>	-	-	-	-	-	<b>6,290</b>	<b>10,582</b>	<b>(40.6%)</b>	<b>12,837</b>
<b>Total Medical and Dental Visits</b>	<b>9158</b>	<b>7,144</b>	<b>8,158</b>	<b>6,962</b>	<b>7,253</b>	<b>8,798</b>	<b>9,452</b>	-	-	-	-	-	<b>56,925</b>	<b>46,164</b>	<b>23.3%</b>	<b>63,940</b>
<b>Key Ratios</b>																
Collection Ratio													16%			
Bad debt write off as a percentage of total billing													2%			
Collections per visit													28			
Charges Per Visit													175			
Percentage of A/R less than 120 days													67%			
Days in AR													46			
<b>Mental Health Counselors (non-billable)</b>																
West Palm Beach	-	2	-	1	-	-	-						3	481	(99.4%)	969
Delray	60	41	22	1	3	2	-						129	404	(68.1%)	540
Lantana	-	36	2	-	1	-	-						39	1,506	(97.4%)	3,225
Belle Glade	26	18	41	21	14	21	18						159	200	(20.5%)	575
Mangonia Park	458	205	225	214	205	311	441						2,059	661	211.5%	1,360
Lewis Center	308	381	544	678	709	838	729						4,187	703	495.6%	983
Lake Worth	12	-	1	-	-	-	-						13	496	(97.4%)	935
Jupiter	-	-	-	-	-	-	-						-	-	0.0%	1
West Boca	-	-	-	-	-	-	-						-	-	0.0%	10
Mobile Van	-	-	-	-	-	-	-						-	269	(100.0%)	362
<b>Total Mental Health Screenings</b>	<b>864</b>	<b>683</b>	<b>835</b>	<b>915</b>	<b>932</b>	<b>1,172</b>	<b>1,188</b>	-	-	-	-	-	<b>6,589</b>	<b>4,720</b>	<b>39.6%</b>	<b>8,960</b>





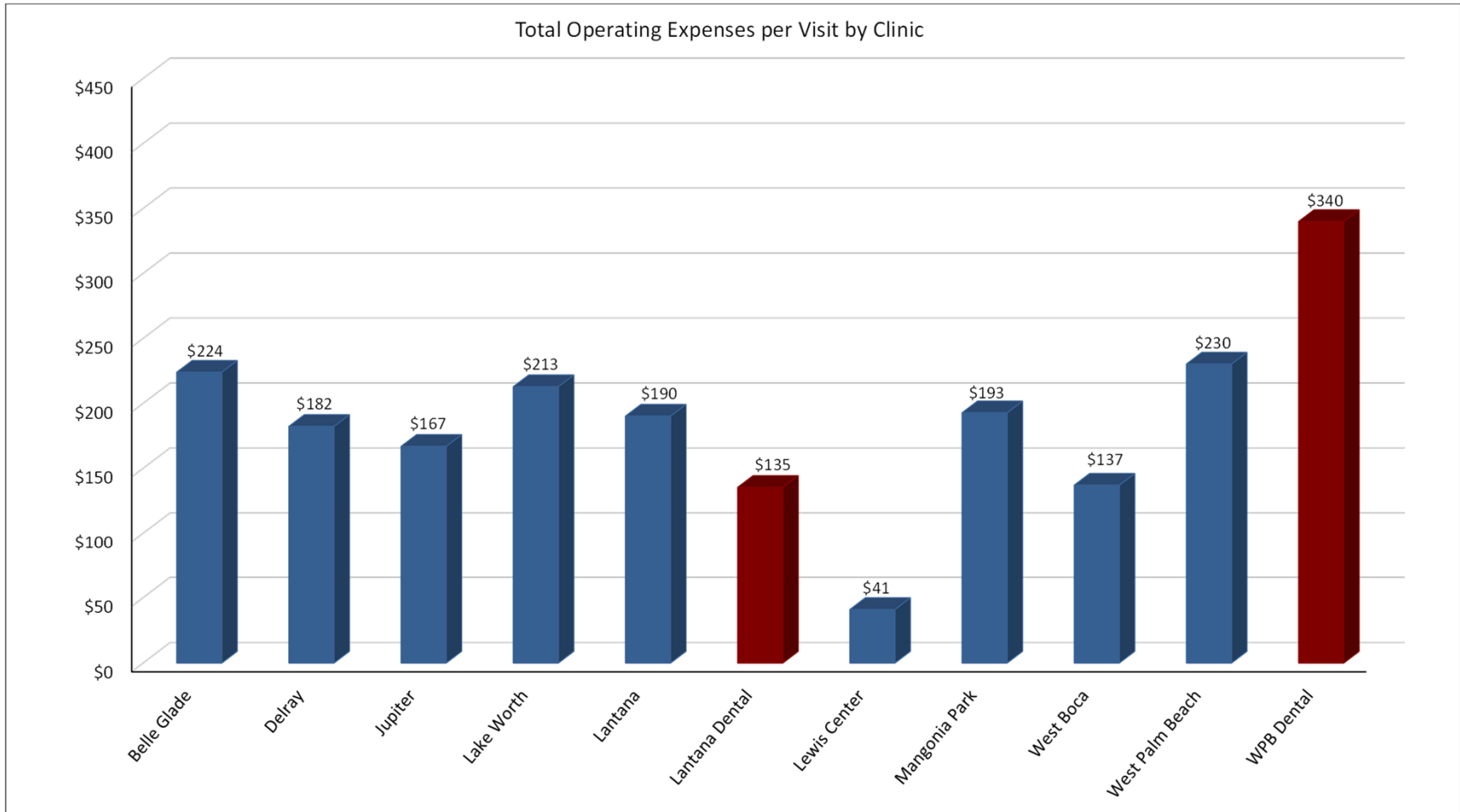


\* Based on total medical and dental visits



(1) Increase in expense per visit is due to lower visits in fiscal years 2020 and 2021 related to operational changes during Covid-19

\* Based on total medical, dental, and mental health visits



\* Based on Fiscal Year-to-Date April 2021 total operating expenses

\*\* Visits for the medical clinics include medical and mental health visits

**DISTRICT CLINIC HOLDINGS, INC.**  
**BOARD OF DIRECTORS**  
**June 23, 2021**

**1. Description: Grant Application Updates**

**2. Summary:**

Update on Fiscal Year (FY) 2021 American Rescue Plan – Health Center Construction and Capital Improvements (ARP-Capital) grant submission

**3. Substantive Analysis:**

The Fiscal Year (FY) 2021 American Rescue Plan – Health Center Construction and Capital Improvements (ARP-Capital) makes available one-time supplemental funding for health centers to support construction, expansion, alteration, renovation, and other capital improvements to modify, enhance, and expand health care infrastructure. The amount of funding available for each health center is based on the following formula:

- \$500,000 base amount, plus
- \$11 per patient as reported in 2019 UDS

The grant application is due June 24, 2021. Our expected award is \$1,010,224. The plan is to use these funds primarily to purchase equipment for our new locations.

**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	\$1,010,224.00	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Annual Expenditures	N/A	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Reviewed for financial accuracy and compliance with purchasing procedure:

*Darcy Davis*

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Darcy Davis  
Interim Chief Financial Officer



### **Project Abstract**

Under current circumstances and for many months or years going forward, it will be necessary to diffuse the density of the patient and staff population in the clinic locations. There are two key ways to do this; a reduction in patients per day which limits patient access and revenue, or an increase in the square footage to spread the existing patient volume among more space.

A new location in Atlantis has identified by staff offers approximately 26,000 sq. ft. versus the existing Lantana location of 9,700 sq. ft. Additionally, a second new location in Delray Beach has been identified by staff which offers almost 12,000 sq. ft. versus the existing 9,000 sq. ft. at the current Delray Beach Clinic. This additional square footage will accommodate a centralized registration process which is not currently possible in the existing spaces.

Staff have identified a building which still falls within the HRSA-identified, underserved area which would allow for an increase in square footage and additional efficiencies in the delivery of care to patients. The new location is unfinished and could be designed to maximize patient flow in a socially distant manner. Patient treatment rooms could be increased from 24 to 50 and telehealth rooms could be incorporated into the new design as well.

Other qualitative benefits to the new location include convenient access to JFK Medical Center and John Prince Park, where many of our existing patients live. There is also convenient access to a public bus stop and sufficient parking for patient and staff volume, including the possibility of parking one of the mobile units there after hours. The new Delray Beach site is directly across the street from the existing clinic.

After the leases are executed, the construction work would begin to renovate three floors in Atlantis and one floor in Delray to be exactly what we need. We anticipate this work will take twelve to eighteen months, but the grant allows for up to three years to complete the project.

For the purposes of this grant opportunity, we will utilize monies for equipment only.

Grantee Name:	Health Care District of Palm Beach County	Project Number:	191061
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OMB Approval No. 0348-0041

**BUDGET INFORMATION -  
Construction Programs**

*NOTE: Certain Federal assistance programs require additional computations to arrive at the Federal share of project costs eligible for participation. If such is the case, you will be notified.*

COST CLASSIFICATION	a. Total Cost	b. Costs Not Allowable for Participation	c. Total Allowable Costs (Columns a-b)
1 Administrative and legal expenses	\$0.00	\$0.00	\$0.00
2 Land, structures, rights-of-way, appraisals, etc.	\$0.00	\$0.00	\$0.00
3 Relocation expenses and payments	\$0.00	\$0.00	\$0.00
4 Architectural and engineering fees	\$0.00	\$0.00	\$0.00
5 Other architectural and engineering fees	\$0.00	\$0.00	\$0.00
6 Project inspection fees	\$0.00	\$0.00	\$0.00
7 Site work	\$0.00	\$0.00	\$0.00
8 Demolition and removal	\$0.00	\$0.00	\$0.00
9 Construction	\$0.00	\$0.00	\$0.00
10 Equipment	\$1,124,350.00	\$114,126.00	\$1,010,224.00
11 Miscellaneous	\$0.00	\$0.00	\$0.00
12 SUBTOTAL	\$1,124,350.00	\$114,126.00	\$1,010,224.00
13 Contingencies	\$0.00	\$0.00	\$0.00
14 SUBTOTAL	\$1,124,350.00	\$114,126.00	\$1,010,224.00
15 Project (program) income <b>(NOT APPLICABLE)</b>	\$0.00	\$0.00	\$0.00
16 TOTAL PROJECT COSTS <i>(subtract #15 from #14)</i>	\$1,124,350.00	\$114,126.00	\$1,010,224.00
FEDERAL FUNDING			
17 Federal Assistance Requested	Federal percentage share (automatically calculated 17c / 16c):	100%	\$1,010,224.00

**DISTRICT CLINIC HOLDINGS, INC.**  
**BOARD OF DIRECTORS**  
**June 23, 2021**

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

**2. Summary:**

We respectfully request the authorization to add a new site to Form 5B: C. L. Brumback Primary Care Clinics – Atlantis located at 4801 S Congress Avenue, Suite 101, Lake Worth, FL 33461.

**3. Substantive Analysis:**

If awarded the C8E grant opportunity, staff are respectfully requesting a permanent Change In Scope to add a new site with over 26,000 square feet located near JFK Medical Center. Once improvements are completed in approximately twelve to eighteen months or so, we would move the majority of our Lantana Clinic services to this new location.

Although this would be a cost increase proportional with increased space, we would be better positioned to ensure the clinic could accommodate social distancing and can incorporate a COVID-19 testing room.

Other qualitative benefits of the new location include convenient access to JFK Medical Center and John Prince Park, where many of our existing patients live. There is also convenient access to a public bus stop and sufficient parking for patient and staff volume, including the possibility of parking one of the mobile units there after hours.

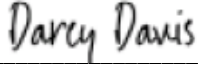
**4. Fiscal Analysis & Economic Impact Statement:**

	<b>Amount</b>	<b>Budget</b>
Capital Requirements	\$824,150	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Annual Net Revenue	\$729,354	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Annual Expenditures	\$1,301,000	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>



**DISTRICT CLINIC HOLDINGS, INC.**  
**BOARD OF DIRECTORS**  
**June 23, 2021**

Reviewed for financial accuracy and compliance with purchasing procedure:



\_\_\_\_\_  
Darcy Davis  
Chief Executive Officer

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

N/A

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

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

**6. Recommendation:**

Staff recommends the Board approve the request for a permanent Change in Scope to add a new site to Form 5B: C. L. Brumback Primary Care Clinics – Atlantis.

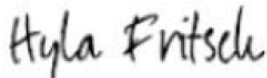
Approved for Legal sufficiency:

DocuSigned by:



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\_\_\_\_\_  
Christy Goddeau  
Interim General Counsel



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

**DISTRICT CLINIC HOLDINGS, INC.**  
**BOARD OF DIRECTORS**  
**June 23, 2021**

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

**2. Summary:**

We respectfully request the authorization to add a new site to Form 5B: C. L. Brumback Primary Care Clinics – West Boca by moving the current clinic to 9960 S Central Park Blvd, Suite 450, Boca Raton, FL 33428.

**3. Substantive Analysis:**

Staff are respectfully requesting a permanent Change In Scope to move the West Boca Clinic to a new site with over 4,671 square feet at located two miles from our existing clinic. Once improvements are completed in approximately six months or so, we would move our current West Boca Clinic services to this new location.

Although this would be a cost increase proportional with increased space, we would be better positioned to ensure the clinic could accommodate social distancing.

Other qualitative benefits of the new location include convenient access to West Boca Medical Clinic, where many of our existing patients live.

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

	<b>Amount</b>	<b>Budget</b>
Capital Requirements	\$45,000	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Annual Net Revenue		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Annual Expenditures	\$55,524	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Reviewed for financial accuracy and compliance with purchasing procedure:

*Darcy Davis*

\_\_\_\_\_  
Darcy Davis  
Chief Executive Officer

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

**DISTRICT CLINIC HOLDINGS, INC.  
BOARD OF DIRECTORS  
June 23, 2021**

N/A

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

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

**6. Recommendation:**

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

Approved for Legal sufficiency:

DocuSigned by:  
  
A209254D911F48F

\_\_\_\_\_  
Christy Goddeau  
Interim General Counsel



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

**DISTRICT CLINIC HOLDINGS, INC.**  
**BOARD OF DIRECTORS**  
**June 23, 2021**

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

**2. Summary:**

- Clinic relocations and new sites
- Compliance Resolution Opportunity (CRO) submitted
- Federal Tort Claims Act (FTCA) deeming application submitted

**3. Substantive Analysis:**

Clinic relocations and new sites

Upcoming clinic relocations are moving along. In summary, we are relocating the Boca, Delray and Mangonia clinics and we are opening new clinics in Atlantis and eventually in West Palm (RISE project).

The Boca clinic's current lease is ending at the end of this year and will be moving before the lease ends. The clinic has outgrown its current space and a new location nearby has been identified. We are working with the owner's representative to draw up floor plan proposals for the architect and the draft lease is being worked on.

The Delray clinic, located inside the Department of Health building, will be vacating the current location and hopefully moving into a new building located across the street. We are also working with the owner's representative to draw up floor plan proposals for the architect and the draft lease is being worked on.

The Mangonia clinic, home to our Addiction Stabilization Unit warm hand-off (WHO) program, will be relocating into the building next door on the north campus of JFK North hospital. The current space is too small for the growth of this clinic and the new space is much bigger. The larger space will also allow for an onsite pharmacy. We are also working with the owner's representative to draw up floor plan proposals for the architect and the draft lease is being worked on.

The Atlantis clinic, which will be located on Congress Avenue near JFK hospital, will be a new location for our patients. The Lantana clinic presence will be greatly scaled down and the Atlantis clinic will become the flagship site for our patient population. We are also working with the owner's representative to draw up floor plan proposals for the architect and the draft lease is being worked on.

The West Palm clinic will be relocating in the future as part of the RISE project.

**DISTRICT CLINIC HOLDINGS, INC.  
BOARD OF DIRECTORS  
June 23, 2021**

Compliance Resolution Opportunity (CRO) submitted

During our vOSV with HRSA, there were findings related to contracts that could not be corrected during the audit. Post audit, we are allowed a Compliance Resolution

Opportunity (CRO) during which time corrections could be made and, if accepted, then no conditions would be placed on the HRSA grant. We have successfully submitted our CRO corrections which were all accepted and all findings have been resolved.

Federal Tort Claims Act (FTCA) submitted

We have successfully submitted our Federal Tort Claims Act (FTCA) medical malpractice coverage deeming application to HRSA.

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

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

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

\_\_\_\_\_  
Darcy J Davis  
Chief Executive Officer

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

N/A

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

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

**6. Recommendation:**

Staff recommends the Board **Receive & File** the Executive Director Informational Update.

**DISTRICT CLINIC HOLDINGS, INC.**  
**BOARD OF DIRECTORS**  
**June 23, 2021**

Approved for Legal sufficiency:

DocuSigned by:

*Christy Goddeau*

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Christy Goddeau  
Interim General Counsel

*Hyla Fritsch*

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

**DISTRICT CLINIC HOLDINGS, INC.**  
**BOARD OF DIRECTORS**  
**June 23, 2021**

**1. Description: Operations Reports – April 2021**

**2. Summary:**

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

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

**3. Substantive Analysis:**

In April, we had 10,163 visits, which is both an increase from the month prior and from April 2020. Due to COVID's impact, it is expected to see a lower number of visits in 2020. Regarding individual clinics visits, all clinics exceeded their 2020 totals. Dental clinics did not reopen fully until the end of April this year. Our payer mix for the year-to-date reflects a slightly higher percent of uninsured patients at 58%.

By visit category, Substance Use exceeded their productivity targets for in person again this month. Telehealth visits decreased to 7% of all visits, which is down from 11% last month.

Productivity targets for in-person visits were again met for adults in Boca Raton and for pediatrics in West Palm Beach. In-person visit productivity targets also met goal for Substance Abuse in Mangonia as well as Lewis Center. Telehealth goals were met for adults in Boca.

The No Show rate in April remains relatively leveled at 28.3%. Telehealth No Show rates remain low compared to in-person visits. In comparison, the year-to-date No Show rate is approximately 25%, of which in-person visits make up 78%.

**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"/>

**DISTRICT CLINIC HOLDINGS, INC.**  
**BOARD OF DIRECTORS**  
**June 23, 2021**

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A  
\_\_\_\_\_  
Darcy J. Davis  
Chief Executive Officer


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

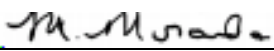
N/A  
\_\_\_\_\_  
Committee Name  
\_\_\_\_\_  
Date Approved

**6. Recommendation:**

Staff recommends the Board Approve the Operations Reports for April 2021.

Approved for Legal sufficiency:

DocuSigned by:  
  
A209254D911E48F  
\_\_\_\_\_  
Christy Goddeau  
Interim General Counsel

  
\_\_\_\_\_  
Marisol Miranda  
Director of Clinic Operations

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



## 2021 Visits

34,955

Service Date

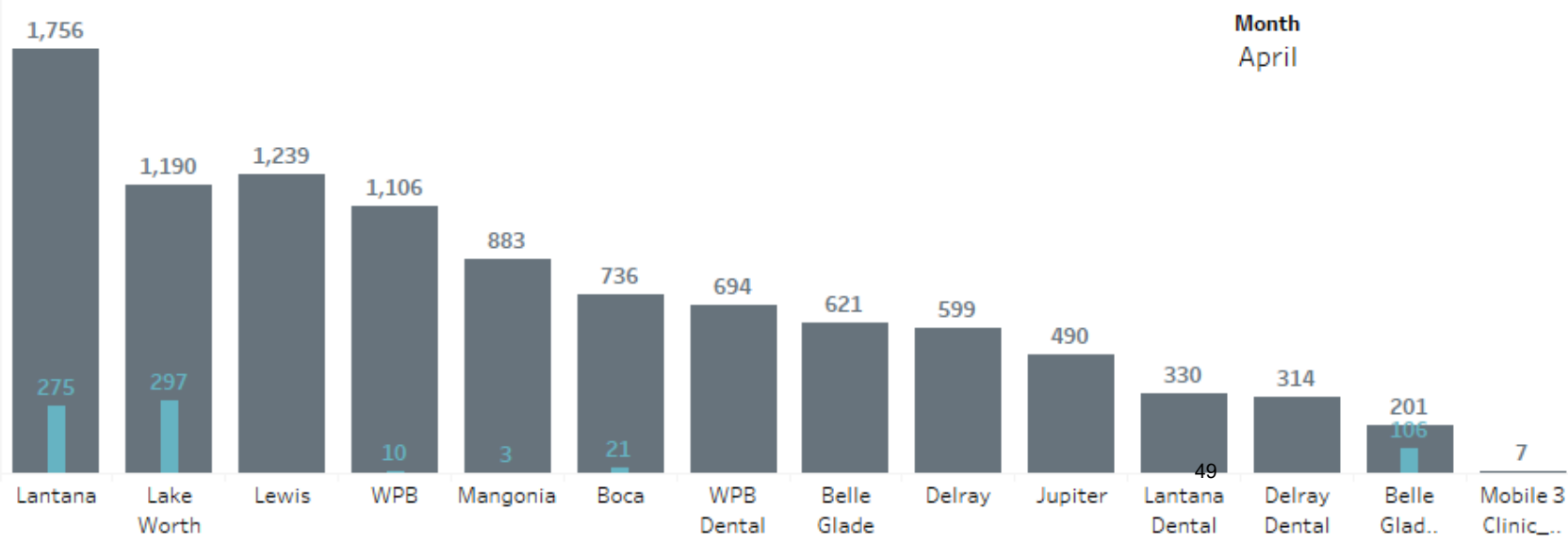
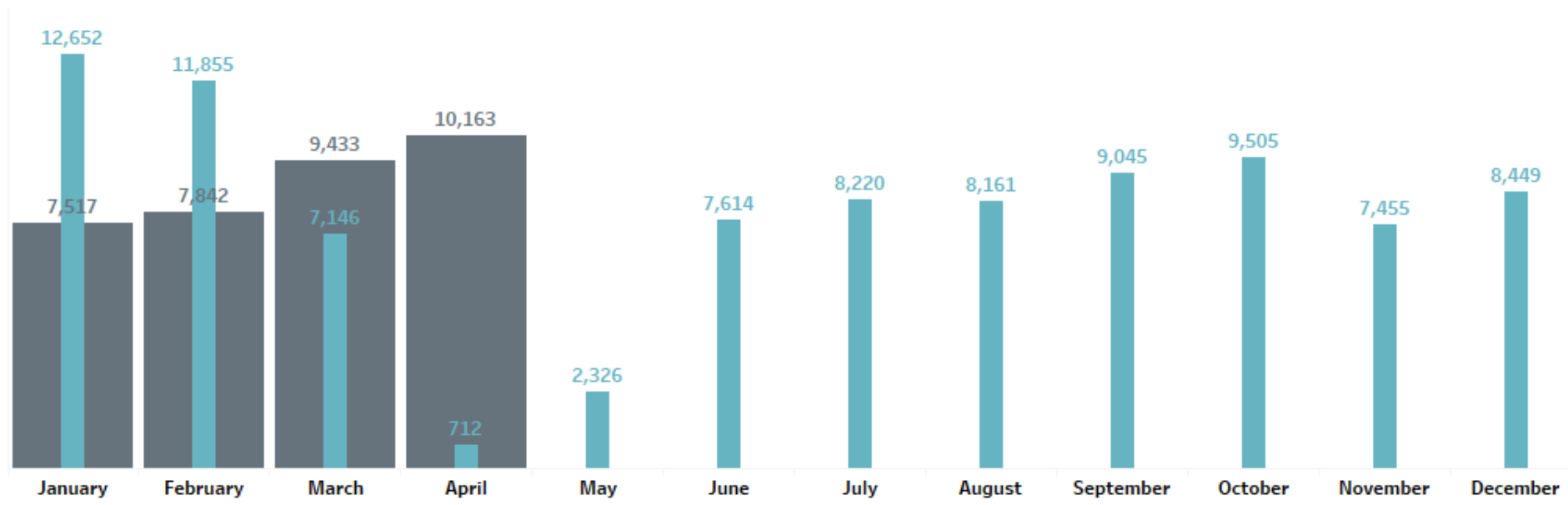
1/1/2020 to 4/30/2021

2020 2021

- In Person
- Tele Health

- Adult
- Adult/Peds
- Behavioral Health
- Dental
- OB/GYN
- Pediatric
- Substance Abuse

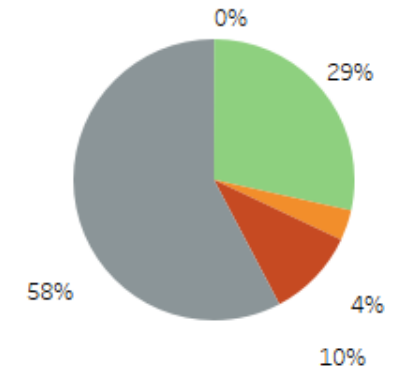
Adult/Peds = Residents



## Payer Mix

- HCD
- Medicaid
- Medicare
- Private
- Uninsured

Year 2021



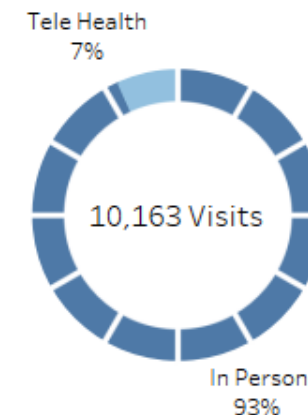
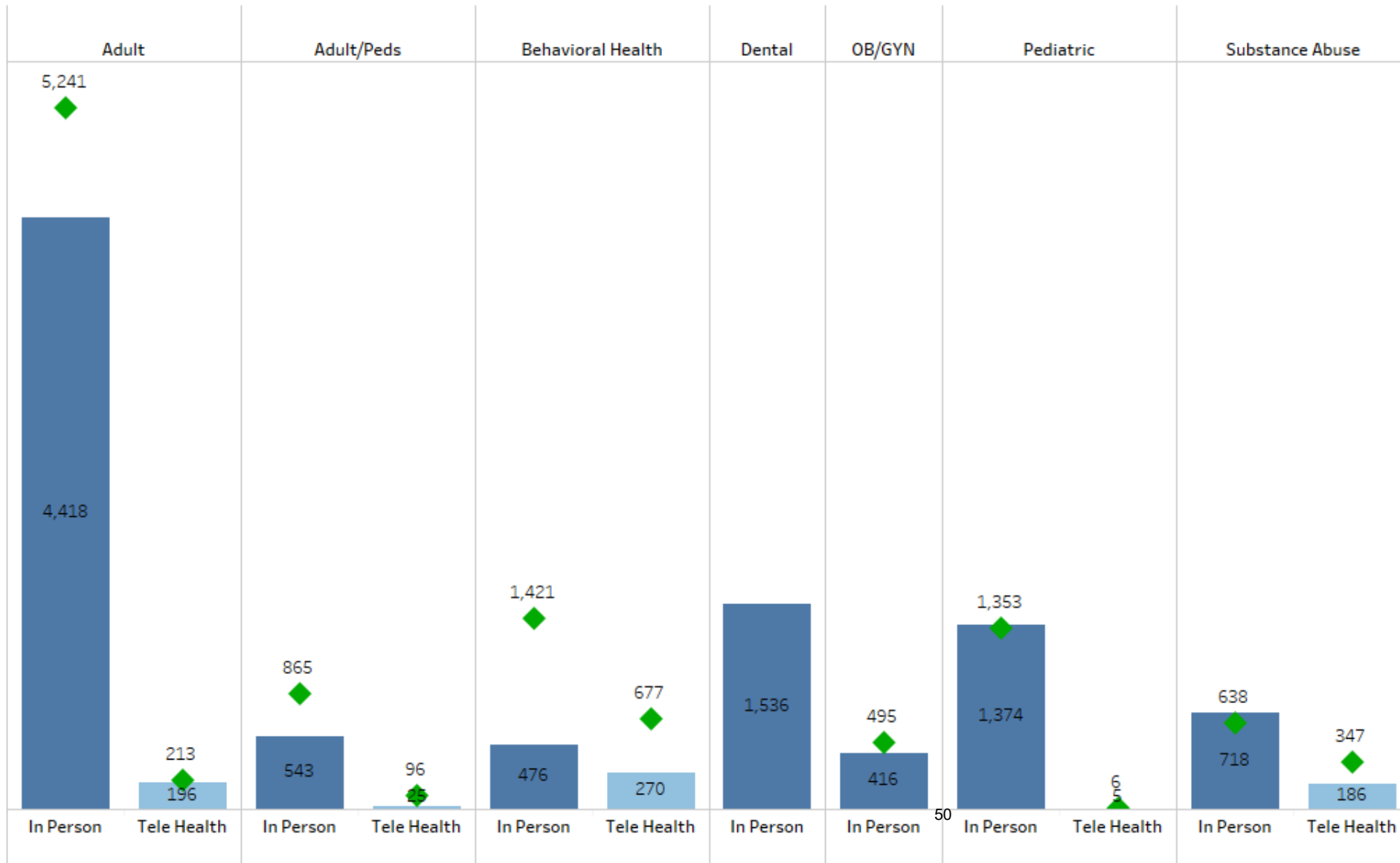
# All Clinics Productivity April 2021

4/1/2021 to 4/30/2021



## Productivity by Category

■ In Person   ■ Tele Health   ◆ Target

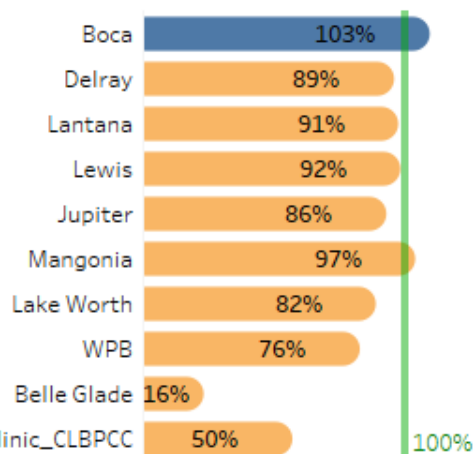


	In Person	Tele Health	Grand Total
Adult	4,418	196	4,614
Adult/Peds	543	25	568
Behavioral Health	476	270	746
Dental	1,536	0	1,536
OB/GYN	416	50	416
Pediatric	1,374	5	1,379
Substance Abuse	718	186	904
<b>Total Visits</b>	<b>9,481</b>	<b>682</b>	<b>10,163</b>

■ Target met ■ Target not met

**In Person Encounters**

**Adult**



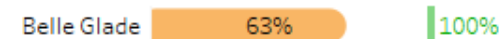
**Women's Health**



**Behavioral Health**



**Adult/Peds (Residents)**



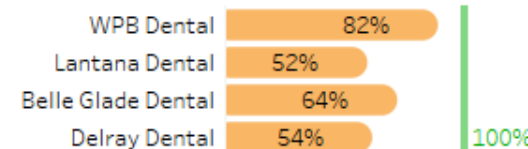
**Pediatric**



**Substance Abuse**

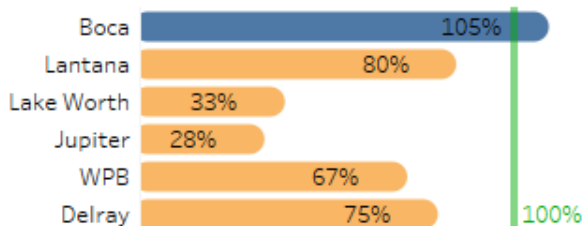


**Dental**



**Tele Health Encounters**

**Adult**

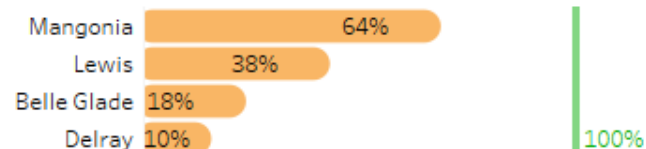


**Women's Health**

**Pediatric**



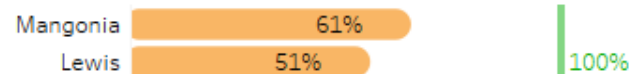
**Behavioral Health**



**Adult/Peds (Residents)**



**Substance Abuse**



# No Show appointments analysis

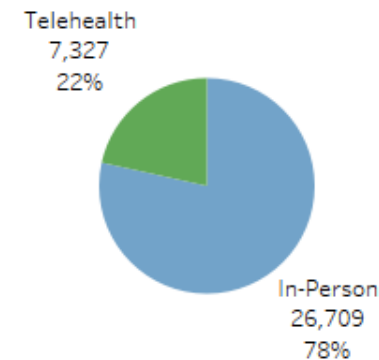
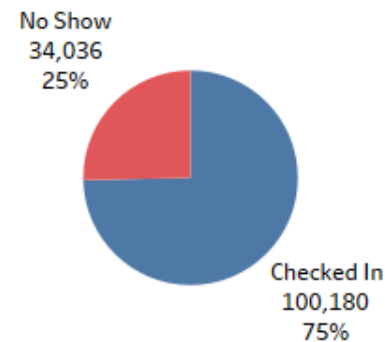
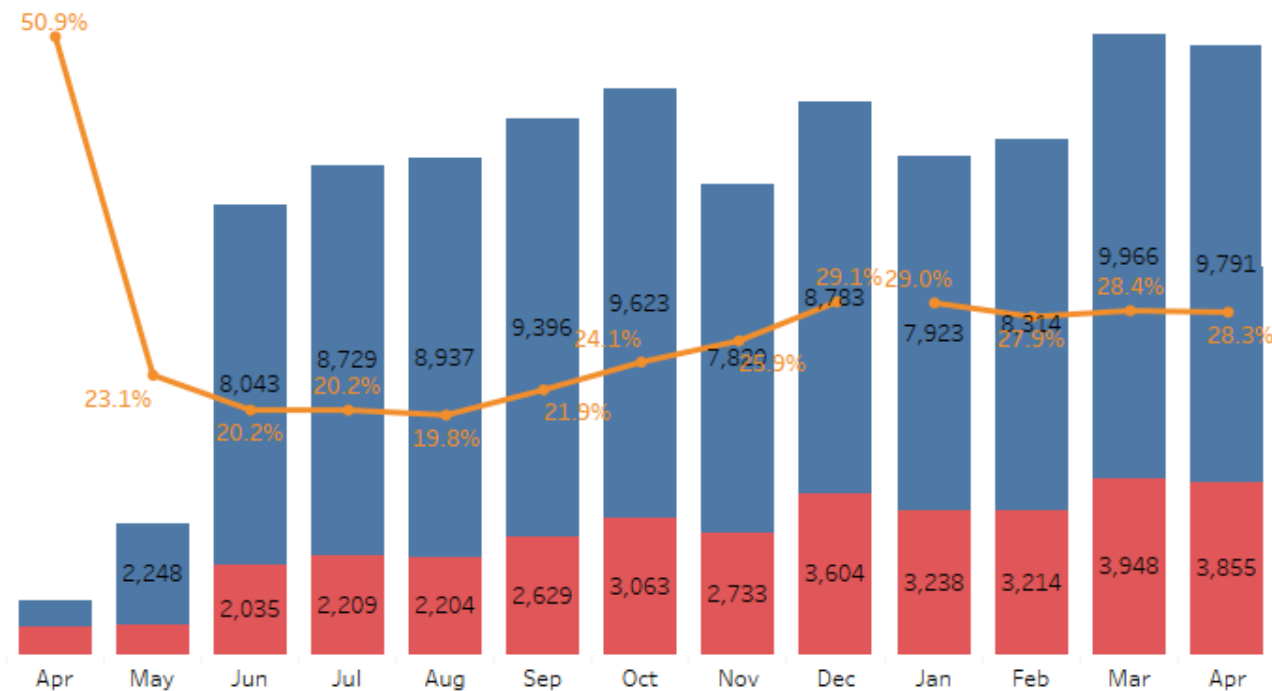
Schedule Resource Type  
Multiple values

Start Date  
4/1/2020

End Date  
4/30/2021

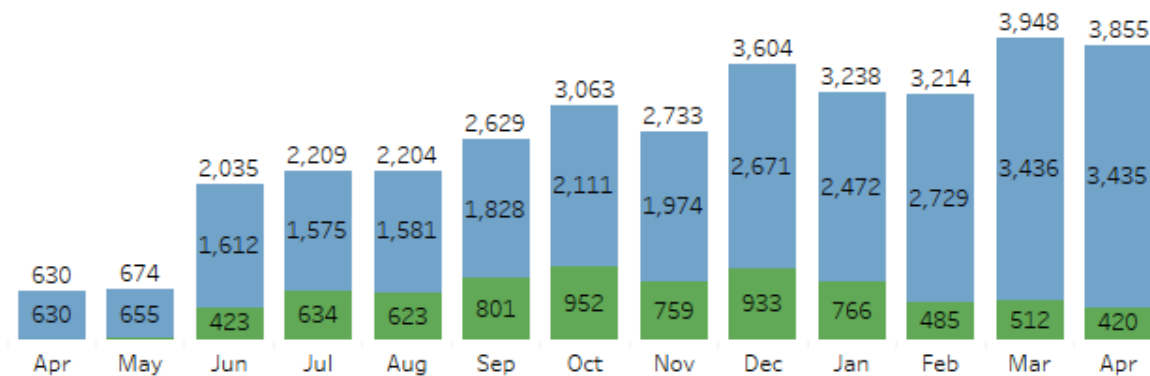
No Show VS Checked in appointments

Checked In No Show Percent no show



Telehealth VS In Person No-Shows

In-Person Telehealth



**DISTRICT CLINIC HOLDINGS, INC.**  
**BOARD OF DIRECTORS**  
**June 23, 2021**

**1. Description: Quality Report**

**2. Summary:**

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

- Quality Council Meeting Minutes June 2021
- UDS Report – YTD April
- Provider Productivity – April 2021

**3. Substantive Analysis:**

PATIENT SAFETY & ADVERSE EVENTS

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

PATIENT SATISFACTION AND GRIEVANCES

Patient relations to be presented as separate agenda item.

QUALITY ASSURANCE & IMPROVEMENT

In April, we saw our UDS Diabetes measure improve. We are now currently meeting our goal with 67% of our patient being controlled, while 24% remain uncontrolled and 9% of patients still need data. This increase was primarily due to a decrease in the number of patients needing data, which went from 13% to 9%. This is an effect of our outbound campaign where the call center contacted patients who were missing data to schedule in-person appointments. POC HgbA1c testing was implemented to increase patient compliance. There were 1745 POC A1Cs (68% of Diabetic Patients). The majority of controlled (71%) and uncontrolled (87%) diabetic patients had the A1c done at POC vs. lab.

UTILIZATION OF HEALTH CENTER SERVICES

Individual monthly provider productivity stratified by clinic.

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

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

**DISTRICT CLINIC HOLDINGS, INC.  
BOARD OF DIRECTORS  
June 23, 2021**

Reviewed for financial accuracy and compliance with purchasing procedure:

*Darcy Davis*

\_\_\_\_\_  
Darcy J. Davis  
Chief Executive Officer

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

N/A

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

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

**6. Recommendation:**

Staff recommends the Board Approve the updated Quality Report.

Approved for Legal sufficiency:

DocuSigned by:

*Christy Goddeau*

\_\_\_\_\_  
A209254D911E48F...  
Christy Goddeau  
Interim General Counsel

*lh Dr 10*

\_\_\_\_\_  
Dr. Charmaine Chibar  
FQHC Medical Director

*Hyla Fritsch*

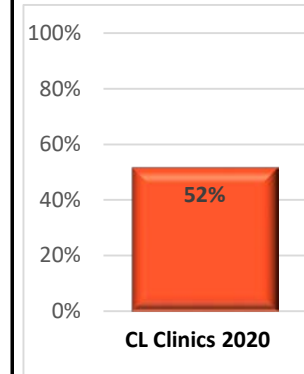
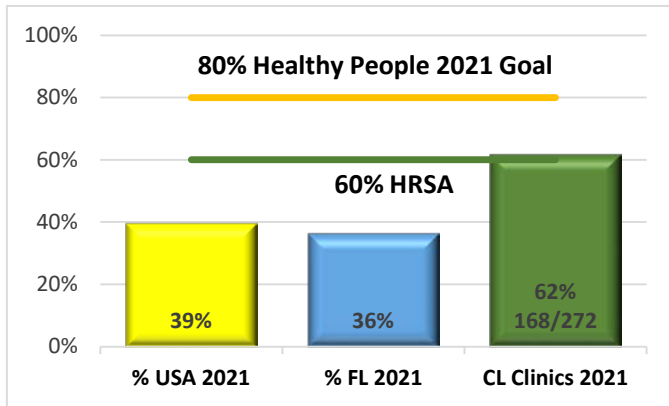
\_\_\_\_\_  
Dr. Hyla Fritsch  
AVP & Executive Director of Clinic and  
Pharmacy Services



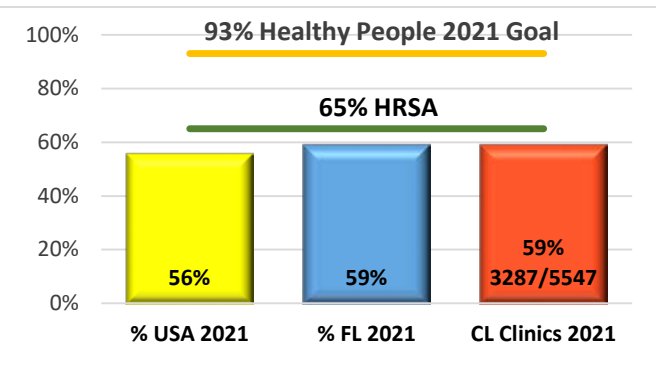
## C. L. BRUMBACK PRIMARY CARE CLINICS

YTD April 2021

### CHILDHOOD IMMUNIZATION

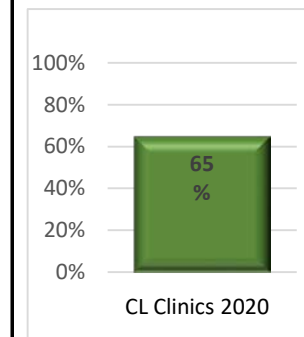


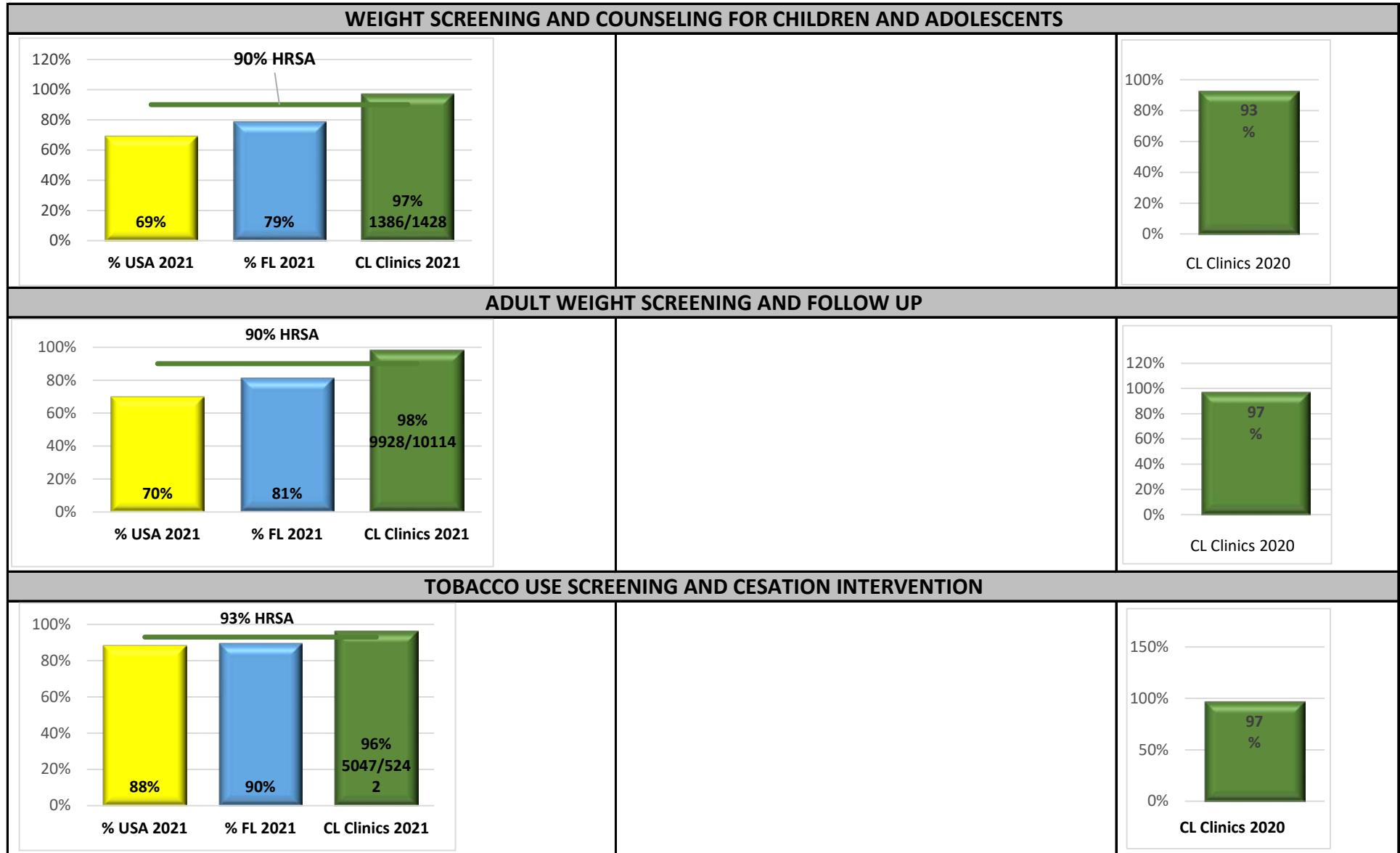
### CERVICAL CANCER SCREENING



**Findings:** 1. Compared to March the score decreased by 2%. 2. The QMR report is not capturing PAP smears done with HPV co-testing.

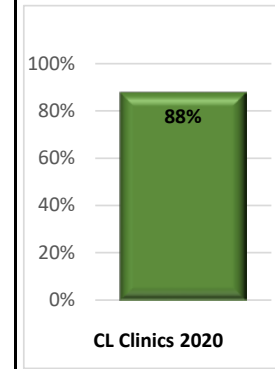
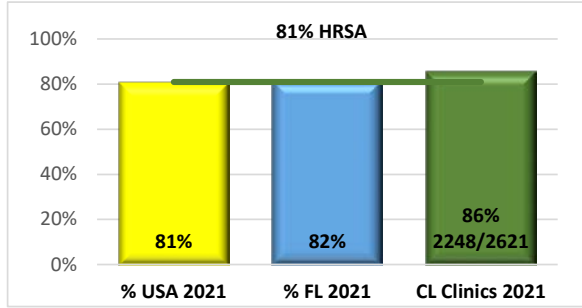
**Interventions:** 1. List of patients with missing cervical cancer screenings was stratified by clinic the list was provided to clinic supervisors to follow with MAs and providers on the day of patient's appointment to close the gap. 2. Patient's with no scheduled appointments and missing the metric are been scheduled by the call center.



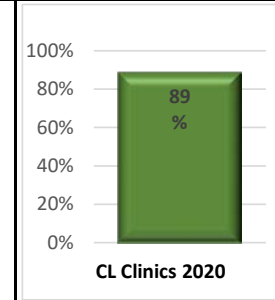
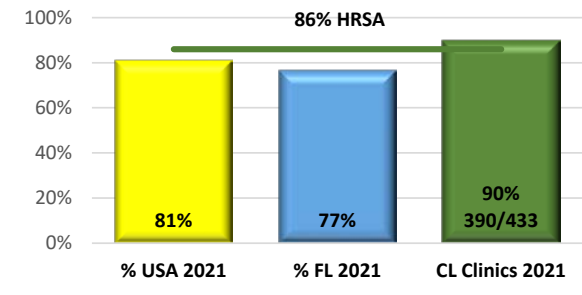




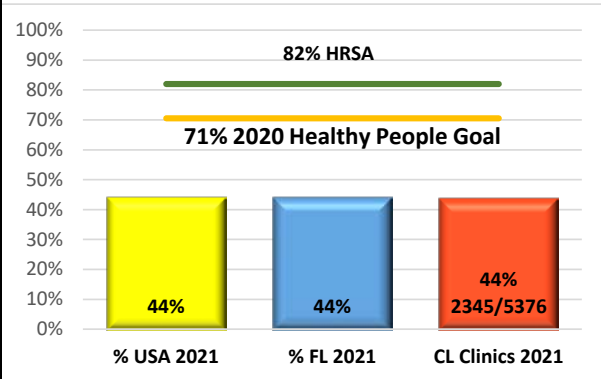
**CORONARY ARTERY DISEASE (CAD): LIPID THERAPY**



**ISCHEMIC VASCULAR DISEASE (IVD): Antiplatelet Therapy**

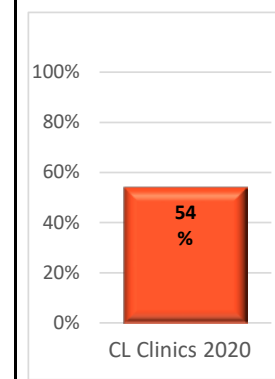


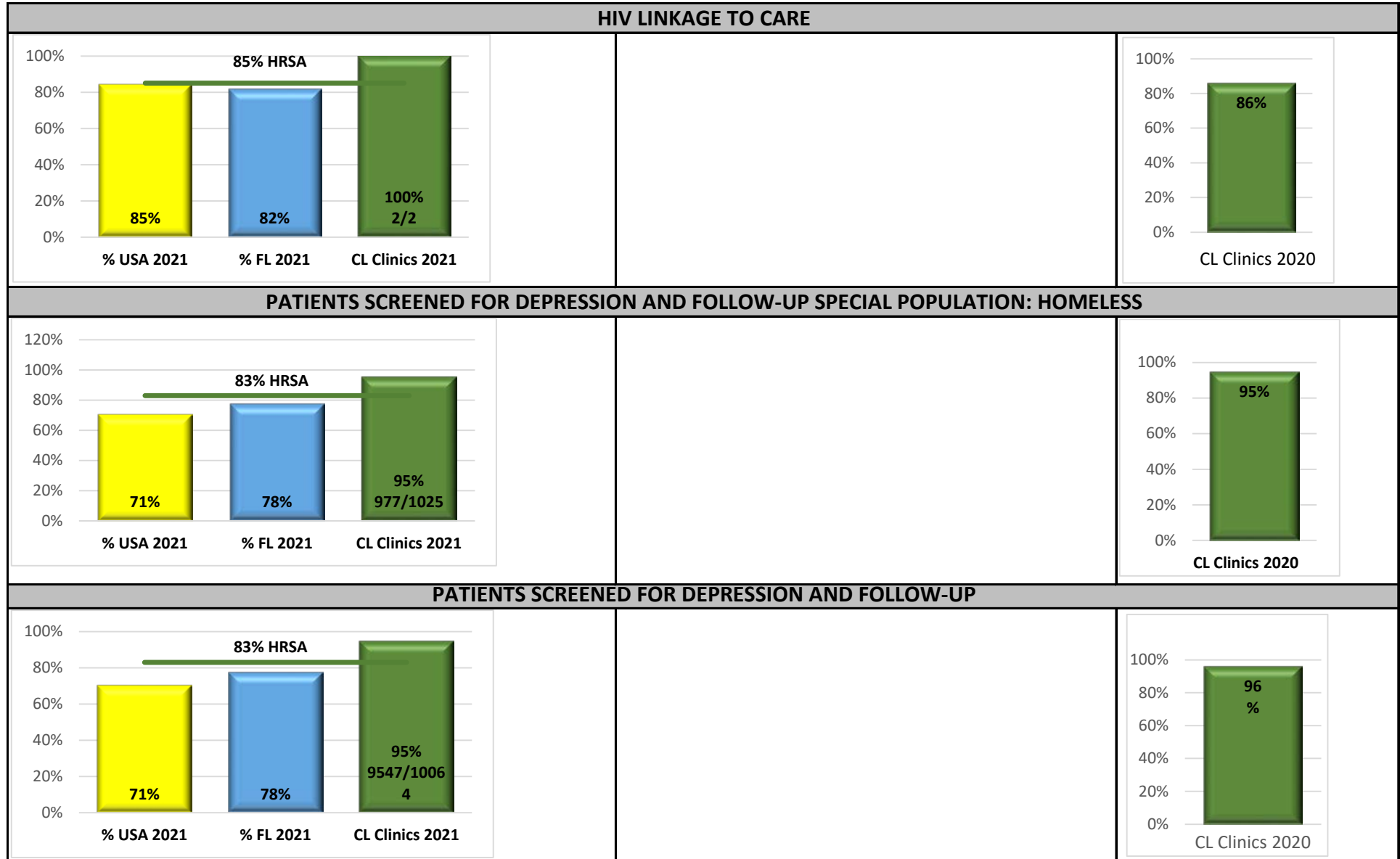
**COLORECTAL CANCER SCREENING**



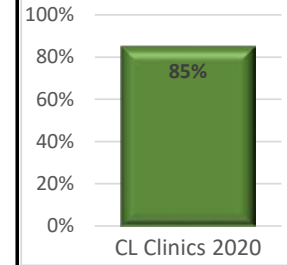
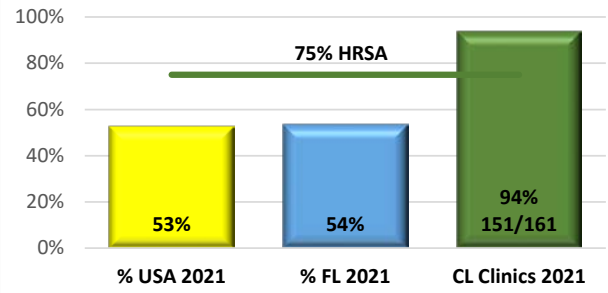
**Findings:** 1. Difficulty in getting FIT test returned from patient. 2. Some patients may have colonoscopies in Allscripts that have not been updated in Athena.

**Interventions:** 1. Encourage POD. 2. More robust patient follow up through phone call reminders. 3. Custom report developed and dashboard created. 4. Work on importing colonoscopy quality data into Athena.

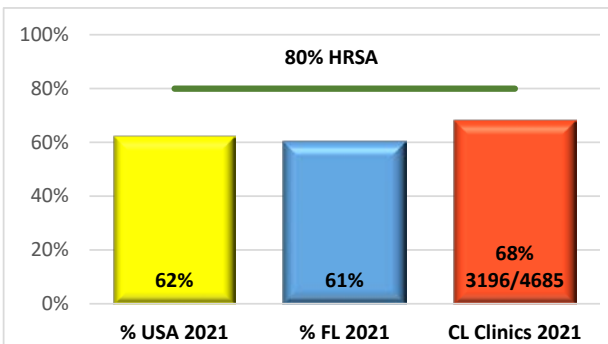




### DENTAL SEALANTS

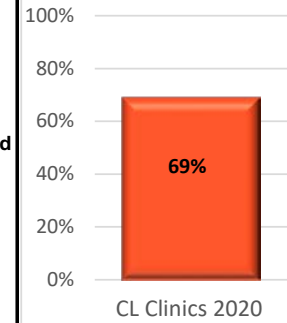


### HYPERTENSION

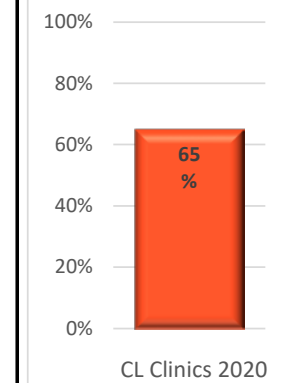
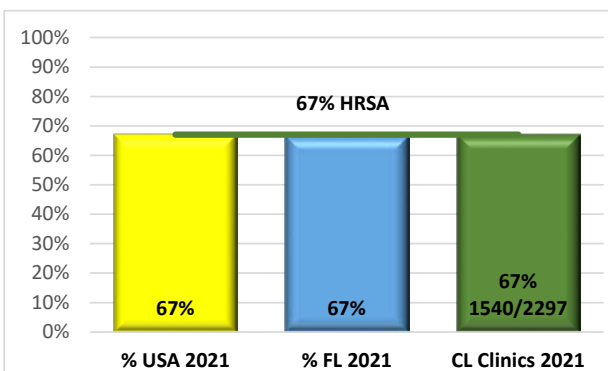


**Findings:** 1. the metric improved by 3% when comparing to the month of March.

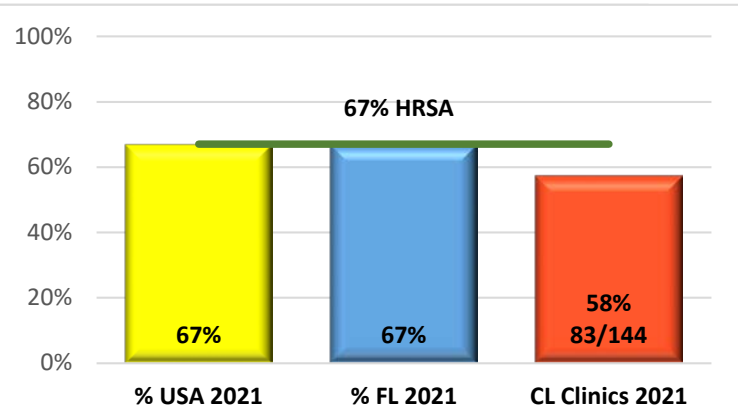
**Interventions:** 1. The SOP for BP cuff from the AHA is finalized and training was done in May with the clinic nurses. 2. The call center will receive the monthly list of patients that are uncontrolled, needs data and do not have an appointment to schedule appointments. 4. The hypertension guidelines for C L Brumback are in the final steps of revision and updating. Future training for medical providers will be planned.



### DIABETES

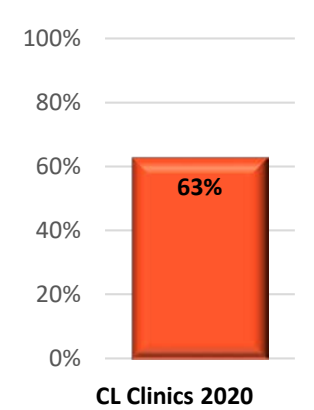


### DIABETES FOR SPECIAL POPULATIONS: MIGRANT

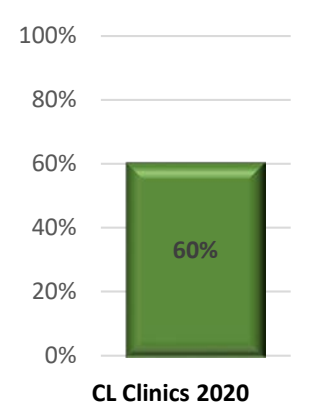
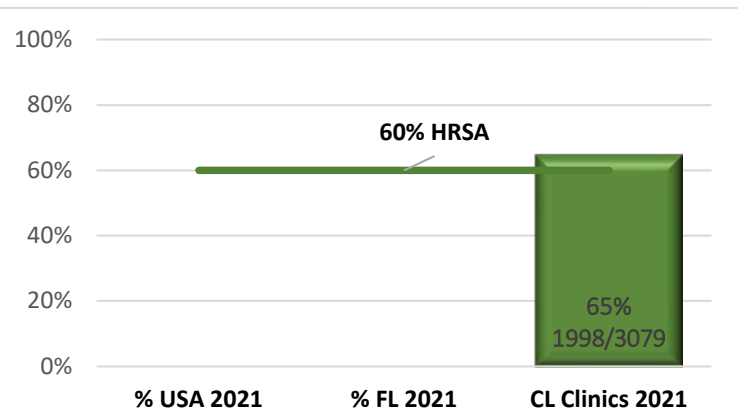


**Findings:** Compared with the general diabetic population there is a lower number of uncontrolled diabetics among this population.

**Interventions:** POC HbA1c POC initiative will continue and reaching to set appointments for the patients with missing data or uncontrolled.



### BREAST CANCER SCREENING



## PRODUCTIVITY APRIL 2021

## ALL PROVIDERS

AS 04/30/2021 Based on Checked-In App

&lt;51%

&gt;=51% and &lt; 80%

&gt;= 80% and &lt;100%

&gt;= 100%

ADULT CARE												
Provider	Daily Target	Days Worked	Target for the Month			Total for the Month Seen				% Monthly Target Achieved		Daily Average
			In-Person	Telehealth	Total	In-Person	Telehealth	Total	Total	Total		
Alfonso_Puentes_Rami	18	22	366	3	369	310	85%	2	67%	312	85%	14.2
Cesaire_Jean_Rose_Ca	16	19	279	9	288	227	81%	5	56%	232	81%	12.2
Dabu_Viray_Dabu	18	14	238	14	252	209	88%	4	29%	213	85%	15.2
Estime_Guerlyne	14	21	280	0	280	273	98%	0		273	98%	13.0
Florez_Gloria	18	18	323	1	324	264	82%	1	100%	265	82%	14.7
Harberger_Seneca & Residents	18	7	117	0	117	190	162%	0		190	162%	27.1
Inacio_Vanessa	18	20	306	45	351	318	104%	47	104%	365	104%	18.3
JeanJacques_Fernique	16	21	326	2	328	276	85%	2	100%	278	85%	13.2
Lam_Minh_Dai	16	22	243	101	344	253	104%	114	113%	367	107%	16.7
Montenegro_Claudia	18	20	346	5	351	304	88%	4	80%	308	88%	15.4
Navarro_Elsy	16	20	289	23	312	275	95%	20	87%	295	95%	14.8
Perez_Daniel & Residents	18	20	337	0	337	374	111%	0		374	111%	18.7
Philistin_Ketely	16	21	325	3	328	270	83%	0		270	82%	12.9
Pierre_Louis_Joanne	16	20	312	0	312	250	80%	0		250	80%	12.5
SANCHEZ_MARCO	16	17	256	0	256	225	88%	0		225	88%	13.2
Secin_santana_delvis	18	19	331	2	333	253	76%	1	50%	254	76%	13.4
Shoaf_Noremi	16	21	324	4	328	285	88%	2	50%	287	88%	13.7
St_VilJoseph_Carline	16	13	207	1	208	197	95%	1	100%	198	95%	15.2
Zito_Amalinnette	15	4	36	0	36	27	75%	0		27	75%	6.8
<b>ADULT CARE TOTALS</b>		<b>339</b>	<b>5,241</b>	<b>213</b>	<b>5,454</b>	<b>4,780</b>	<b>91%</b>	<b>203</b>	<b>95%</b>	<b>4983</b>	<b>91%</b>	

PEDIATRIC CARE												
Clarke_Aaron_Noella	18	22	387	0	387	431	111%	0		431	111%	19.6
Dessalines_Duclos	18	17	296	1	297	284	96%	0		284	96%	16.7
Lazaro_Nancy	18	20	337	5	342	376	112%	6	120%	382	112%	19.1
Normil_Smith_Sherlou	18	19	333	0	333	338	102%	0		338	102%	17.8
<b>PEDIATRIC CARE TOTALS</b>		<b>78</b>	<b>1,353</b>	<b>6</b>	<b>1,359</b>	<b>1,429</b>	<b>106%</b>	<b>6</b>	<b>100%</b>	<b>1435</b>	<b>106%</b>	

WOMEN'S HEALTH CARE												
Ferwerda_Ana	18	9	162	0	162	84	52%	0		84	52%	9.3
Casanova_Jennifer	16	22	333	3	336	335	101%	1	33%	336	100%	15.3
<b>WOMEN'S HEALTH CARE TOTALS</b>		<b>31</b>	<b>495</b>	<b>3</b>	<b>498</b>	<b>419</b>	<b>85%</b>	<b>1</b>		<b>336</b>	<b>67%</b>	

BEHAVIORAL HEALTH												
Alicia_Pinto	12	19	119	95	214	116	97%	66	69%	182	85%	9.6
Alvarez_Franco	18	20	158	202	360	163	103%	150	74%	313	87%	15.7
Angela_Mitchell	12	20	115	117	232	121	105%	89	76%	210	91%	10.5
Calderon_Nylsa	12	20	192	42	234	173	90%	36	86%	209	89%	10.5
Dorvil_Stephany	12	22	249	9	258	265	106%	4	44%	269	104%	12.2
Hirsch_Karen	12	19	174	48	222	173	99%	43	90%	216	97%	11.4
JONES_KIARA	12	17	169	29	198	175	104%	30	103%	205	104%	12.1
Morant_Alicia	11	22	173	78	251	166	96%	61	78%	227	90%	10.3
Ziembra_Adriana	8	19	72	57	129	52	72%	48	84%	100	78%	5.3
<b>BEHAVIORAL HEALTH TOTALS</b>		<b>178</b>	<b>1,421</b>	<b>677</b>	<b>2,098</b>	<b>1,404</b>	<b>99%</b>	<b>527</b>	<b>78%</b>	<b>1931</b>	<b>92%</b>	

SUBSTANCE ABUSE												
Bell_Emily	16	20	296	16	312	253	85%	11	69%	264	85%	13.2
FARAH_CRISTINA	11	21	127	105	232	96	76%	47	45%	143	62%	6.8
Rexach_Claudia	11	21	129	107	236	152	118%	98	92%	250	106%	11.9
Romain_Reynette	10	21	86	119	205	110	128%	117	98%	227	111%	10.8
<b>SUBSTANCE ABUSE TOTALS</b>		<b>83</b>	<b>638</b>	<b>347</b>	<b>985</b>	<b>611</b>	<b>96%</b>	<b>273</b>	<b>79%</b>	<b>884</b>	<b>90%</b>	

DENTAL												
Alonso_Zenaida	16	20	200		200	222	111%			222	111%	11.1
Alwehaib_Arwa	16	20	304		304	188	62%			188	62%	9.4
Cucuras_John	16	4	40		40	71	178%			71	178%	17.8
Dental_MDI-LAN	16	20	312		312	358	115%			358	115%	17.9
Oliveira_Paulo	16	20	320		320	167	52%			167	52%	8.4
Rotella_Robert	16	22	344		344	257	75%			257	75%	11.7
Seminario_Ada	16	20	296		296	195	66%			195	66%	9.8
Silva_Michelle	16	20	320		320	213	67%			213	67%	10.7
Zangeneh_Yasmine	16	16	248		248	202	81%			202	81%	12.6
<b>DENTAL TOTALS</b>		<b>162</b>	<b>2,384</b>		<b>2,384</b>	<b>1,873</b>	<b>79%</b>			<b>1,873</b>	<b>79%</b>	

<b>GRAND TOTAL</b>		<b>871</b>	<b>11,532</b>	<b>1,246</b>	<b>12,778</b>	<b>10,516</b>	<b>91%</b>	<b>1,010</b>	<b>81%</b>	<b>11,442</b>	<b>90%</b>	
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**PRODUCTIVITY APRIL 2021**

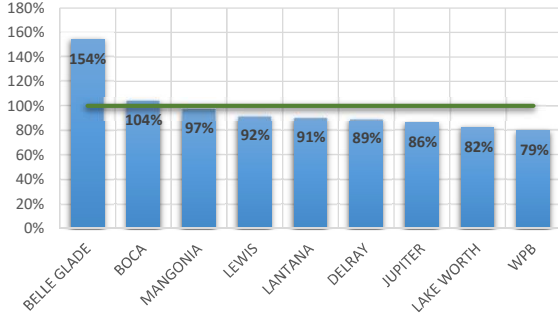
**ALL CLINICS**

AS 04/30/2021 Based on Checked-In App

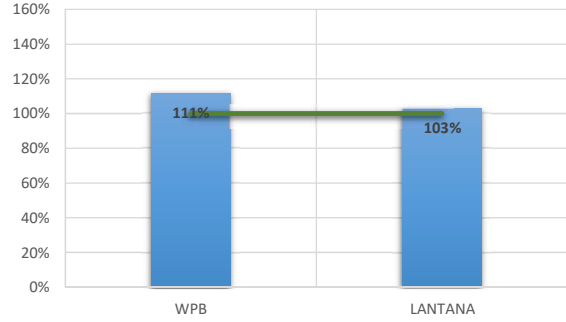


Category	Target for the Month			Total for the Month Seen			% Monthly Target Achieved		
	AS 04/30/2021	In-Person	Telehealth	Total	In-Person	Telehealth		Total	
ADULT CARE	5,241	213	5,454	4,780	91%	203	95%	4,983	91%
PEDIATRIC CARE	1,353	6	1,359	1,429	106%	6	100%	1,435	106%
WOMEN'S HEALTH CARE	495	3	498	419	85%	1		336	67%
BEHAVIORAL HEALTH	1,421	677	2,098	1,404	99%	527	78%	1,931	92%
SUBSTANCE ABUSE	638	347	985	611	96%	273	79%	884	90%
DENTAL	2,384	0	2,384	1,873	79%	0		1,873	79%
<b>Grand Total</b>	<b>11,532</b>	<b>1,246</b>	<b>12,778</b>	<b>10,516</b>	<b>91%</b>	<b>1,010</b>	<b>81%</b>	<b>11,442</b>	<b>90%</b>

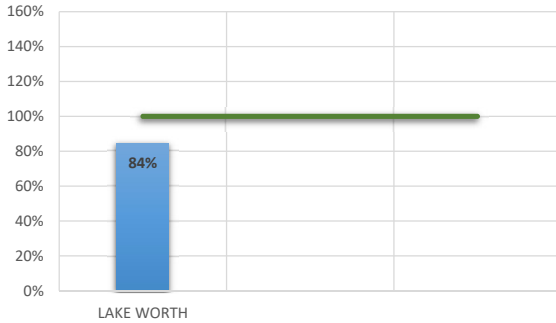
**Adult Care**



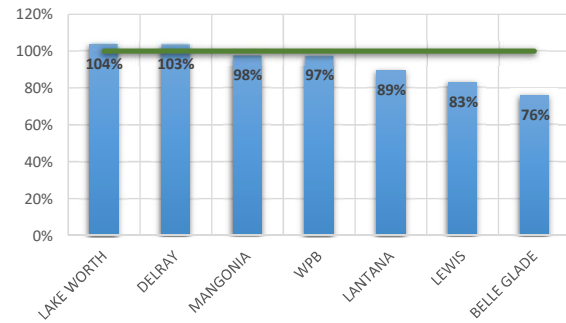
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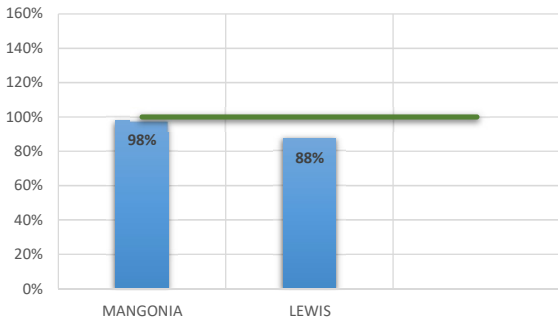
**Women's Health Care**



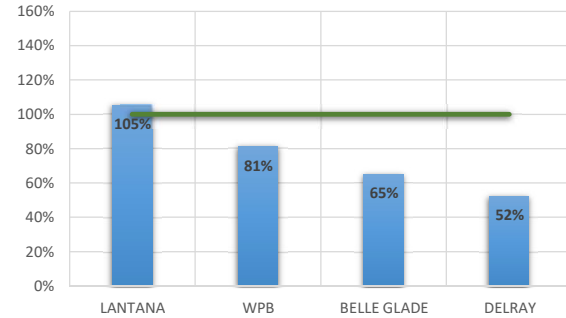
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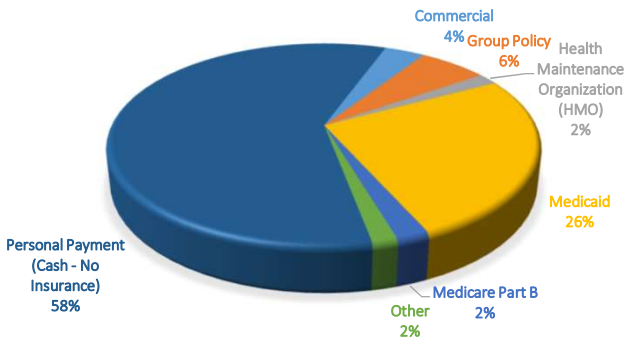
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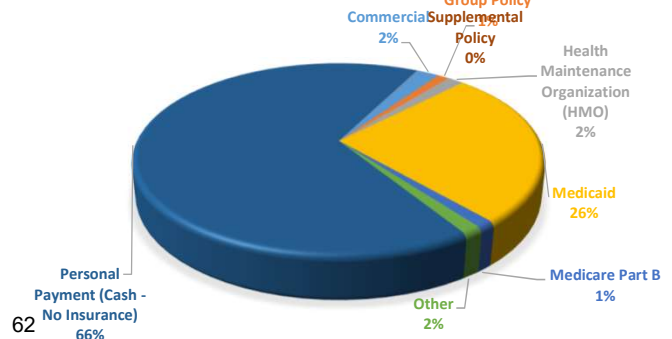
**Dental**



**MEDICAL PAYER MIX**



**DENTAL PAYER MIX**



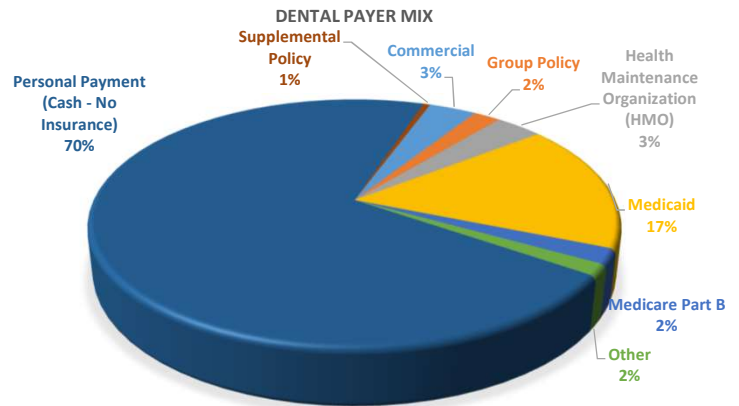
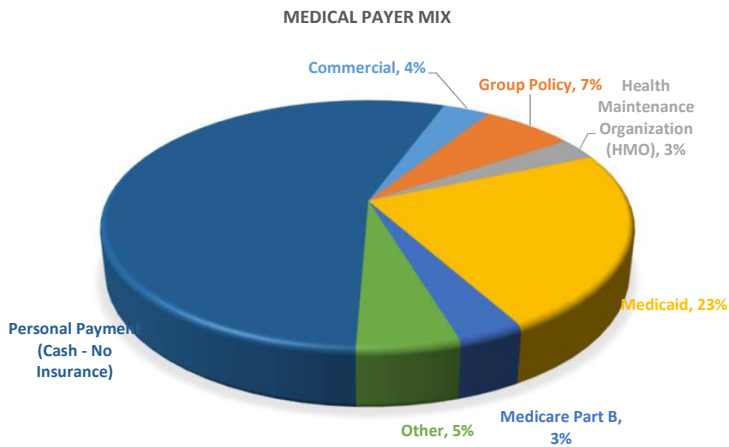
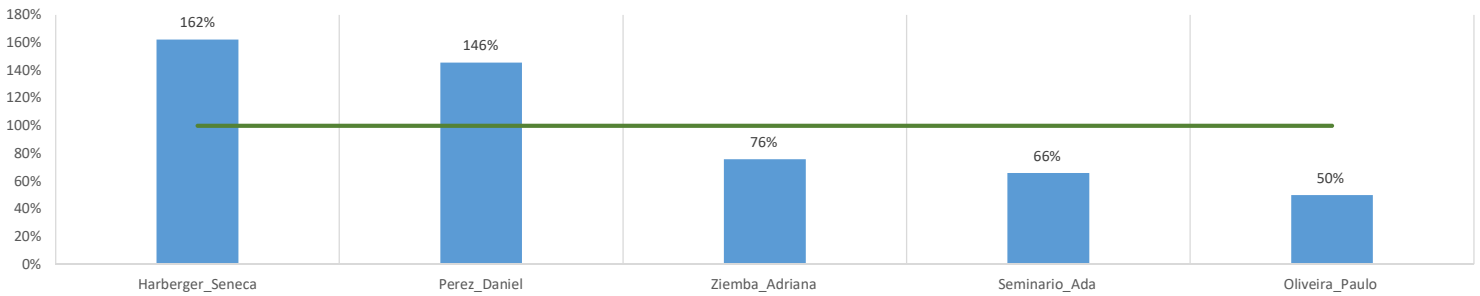
AS 04/30/2021 Based on Checked-In App

ADULT CARE										
Provider	Daily Target	Days Worked	Target for the Month			Total for the Month Seen			% Monthly Target Achieved	Daily Average
			In-Person	Telehealth	Total	In-Person	Telehealth	Total		
Harberger_Seneca & Residents	17	7	117	0	117	190	0	190	162%	27.1
Perez_Daniel & Residents	16	7	112	0	112	163	0	163	146%	23.3
<b>ADULT CARE TOTALS</b>		<b>14</b>	<b>229</b>	<b>0</b>	<b>229</b>	<b>353</b>	<b>0</b>	<b>353</b>	<b>154%</b>	

BEHAVIORAL HEALTH										
Ziemba_Adriana	8	16	61	55	116	43	45	88	76%	5.5
<b>BEHAVIORAL HEALTH TOTALS</b>		<b>16</b>	<b>61</b>	<b>55</b>	<b>116</b>	<b>43</b>	<b>45</b>	<b>88</b>	<b>76%</b>	

DENTAL										
Seminario_Ada	16	20	296	0	296	195		195	66%	9.8
Oliveira_Paulo	16	1	16	0	16	8		8	50%	8.0
<b>DENTAL TOTALS</b>		<b>21</b>	<b>312</b>	<b>0</b>	<b>312</b>	<b>203</b>	<b>0</b>	<b>203</b>	<b>65%</b>	

GRAND TOTAL										
		<b>51</b>	<b>602</b>	<b>55</b>	<b>657</b>	<b>599</b>	<b>45</b>	<b>644</b>	<b>98%</b>	



**BOCA PRODUCTIVITY APRIL 2021**

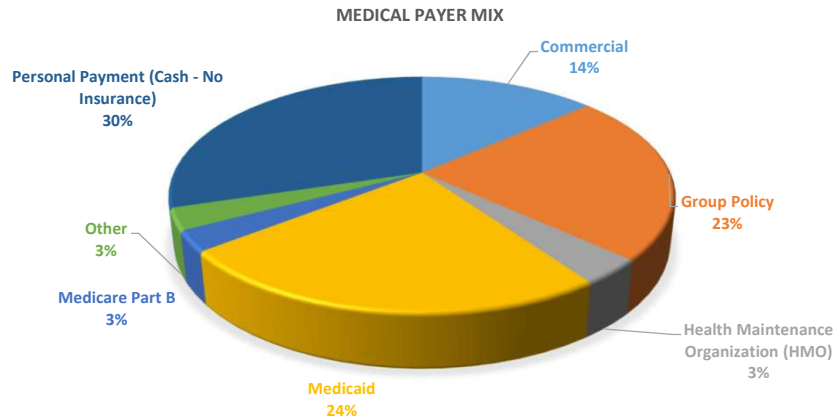
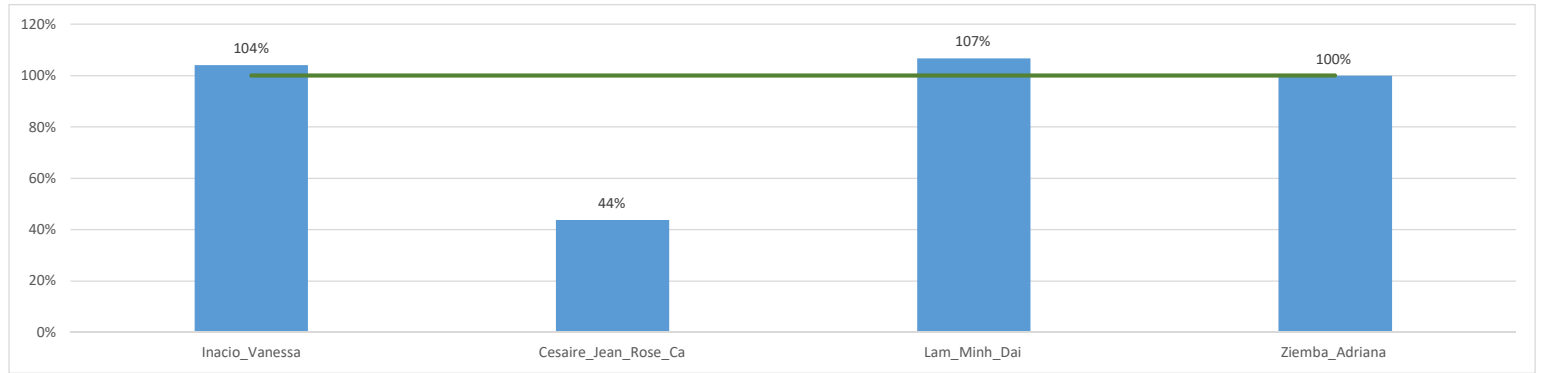


AS 04/30/2021 Based on Checked-In App

ADULT CARE										
Provider	Daily Target	Days Worked	Target for the Month			Total for the Month Seen			% Monthly Target Achieved	Daily Average
			In-Person	Telehealth	Total	In-Person	Telehealth	Total		
Inacio_Vanessa	18	20	306	45	351	318	47	365	104%	18.3
Cesaire_Jean_Rose_Ca	16	1	9	7	16	3	4	7	44%	7.0
Lam_Minh_Dai	16	22	243	101	344	253	114	367	107%	16.7
<b>ADULT CARE TOTALS</b>		<b>43</b>	<b>558</b>	<b>153</b>	<b>711</b>	<b>574</b>	<b>165</b>	<b>739</b>	<b>104%</b>	

BEHAVIORAL HEALTH										
Ziemba_Adriana	8	1	0	1	1		1	1	100%	1.0
<b>BEHAVIORAL HEALTH TOTALS</b>		<b>1</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>100%</b>	

GRAND TOTAL										
		<b>44</b>	<b>558</b>	<b>154</b>	<b>712</b>	<b>574</b>	<b>166</b>	<b>740</b>	<b>104%</b>	





**DELRAY BEACH PRODUCTIVITY APRIL 2021**



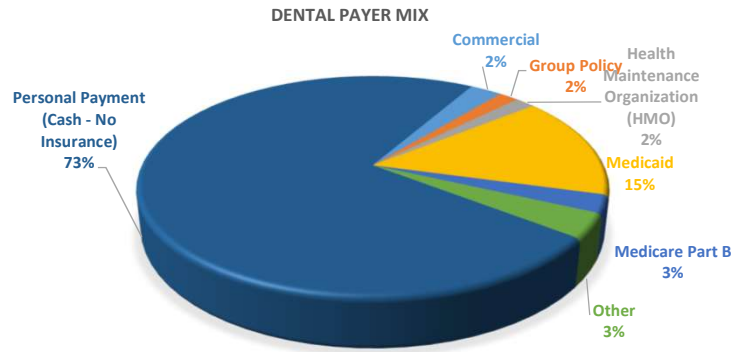
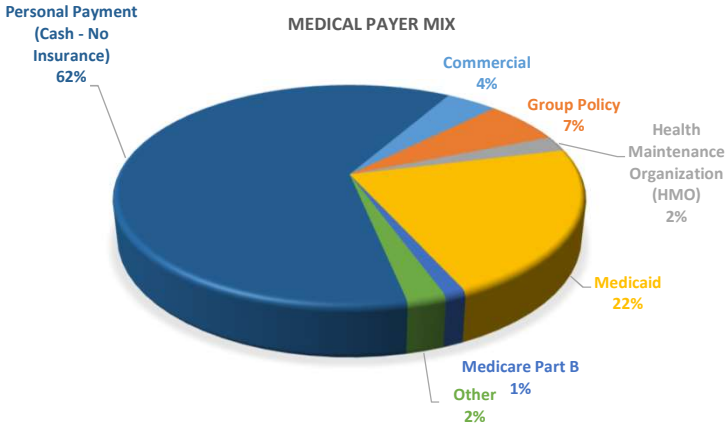
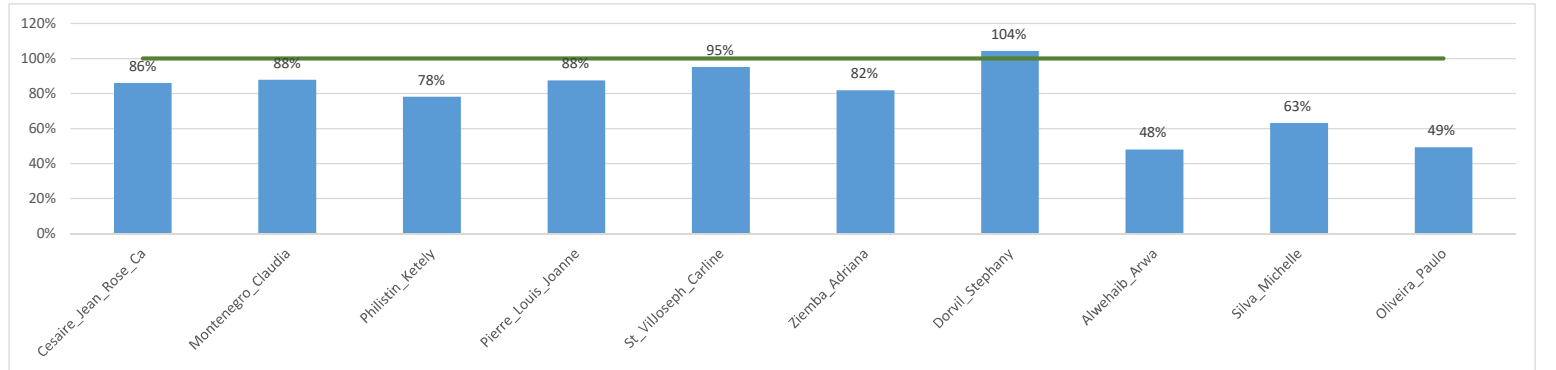
AS 04/30/2021 Based on Checked-In App

ADULT CARE										
Provider	Daily Target	Days Worked	Target for the Month			Total for the Month Seen			% Monthly Target Achieved	Daily Average
			In-Person	Telehealth	Total	In-Person	Telehealth	Total		
Cesaire_Jean_Rose_Ca	16	4	62	2	64	54	1	55	86%	13.8
Montenegro_Claudia	18	20	346	5	351	304	4	308	88%	15.4
Philistin_Ketely	16	2	32	0	32	25	0	25	78%	12.5
Pierre_Louis_Joanne	16	1	16	0	16	14	0	14	88%	14.0
St_VilJoseph_Carline	16	13	207	1	208	197	1	198	95%	15.2
<b>ADULT CARE TOTALS</b>		<b>24</b>	<b>663</b>	<b>8</b>	<b>671</b>	<b>594</b>	<b>6</b>	<b>600</b>	<b>89%</b>	

BEHAVIORAL HEALTH										
Ziemba_Adriana	8	2	10	1	11	7	2	9	82%	4.5
Dorvil_Stephany	12	22	249	9	258	265	4	269	104%	12.2
<b>BEHAVIORAL HEALTH TOTALS</b>		<b>24</b>	<b>259</b>	<b>10</b>	<b>269</b>	<b>272</b>	<b>6</b>	<b>278</b>	<b>103%</b>	

DENTAL										
Alwehaib_Arwa	15	10	152	0	152	73		73	48%	7.3
Silva_Michelle	16	9	144	0	144	91		91	63%	10.1
Oliveira_Paulo	16	18	288	0	288	142		142	49%	7.9
<b>DENTAL TOTALS</b>		<b>37</b>	<b>584</b>	<b>0</b>	<b>584</b>	<b>306</b>	<b>0</b>	<b>306</b>	<b>52%</b>	

GRAND TOTAL										
		<b>85</b>	<b>1,506</b>	<b>18</b>	<b>1,524</b>	<b>1,172</b>	<b>12</b>	<b>1,184</b>	<b>78%</b>	



**JUPITER PRODUCTIVITY APRIL 2021**

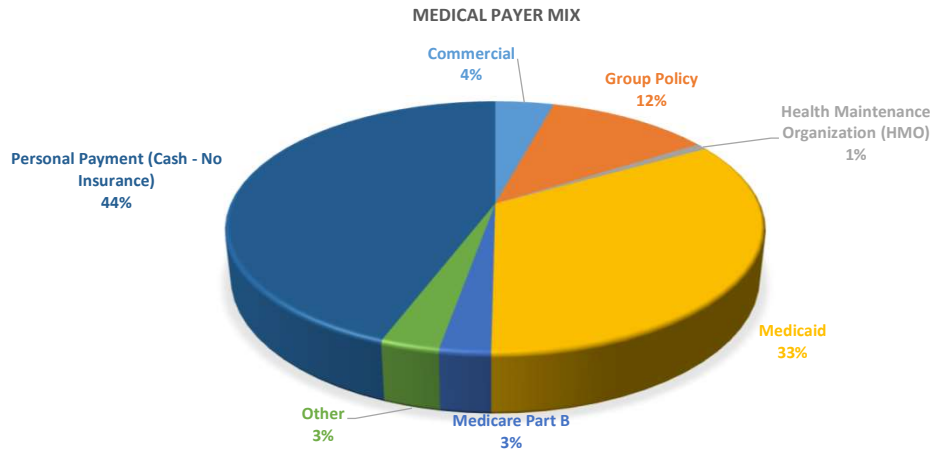
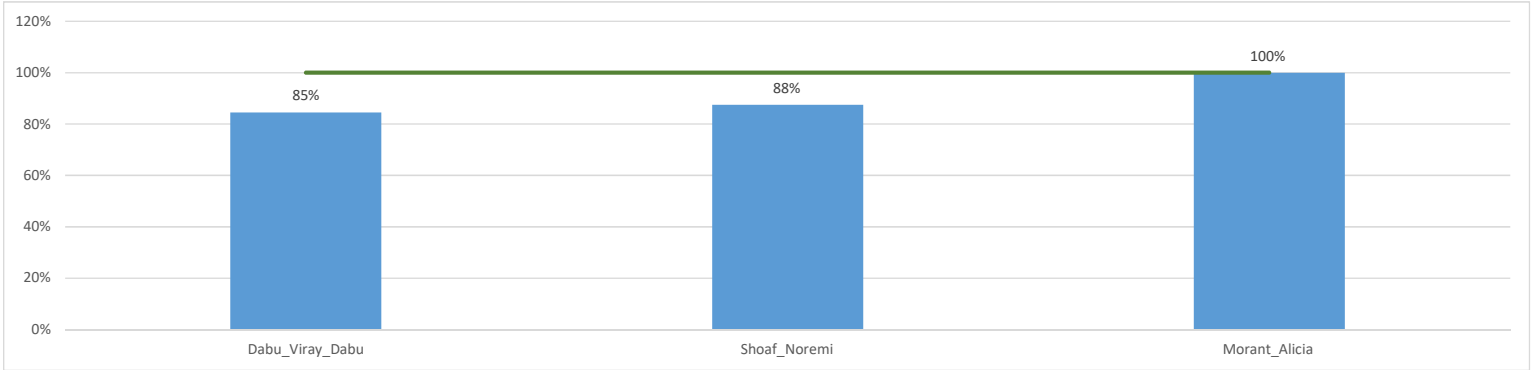


AS 04/30/2021 Based on Checked-In App

ADULT CARE										
Provider	Daily Target	Days Worked	Target for the Month			Total for the Month Seen			% Monthly Target Achieved	Daily Average
			In-Person	Telehealth	Total	In-Person	Telehealth	Total		
Dabu_Viray_Dabu	18	14	238	14	252	209	4	213	85%	15.2
Shoaf_Noremi	16	21	324	4	328	285	2	287	88%	13.7
<b>ADULT CARE TOTALS</b>		<b>35</b>	<b>562</b>	<b>18</b>	<b>580</b>	<b>494</b>	<b>6</b>	<b>500</b>	<b>86%</b>	

BEHAVIORAL HEALTH										
Morant_Alicia	12	2	2	0	2		2	2	100%	1.0
<b>BEHAVIORAL HEALTH TOTALS</b>		<b>2</b>	<b>2</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>2</b>	<b>2</b>	<b>100%</b>	

<b>GRAND TOTAL</b>		<b>37</b>	<b>564</b>	<b>18</b>	<b>582</b>	<b>494</b>	<b>8</b>	<b>502</b>	<b>86%</b>	
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**LAKE WORTH PRODUCTIVITY APRIL 2021**



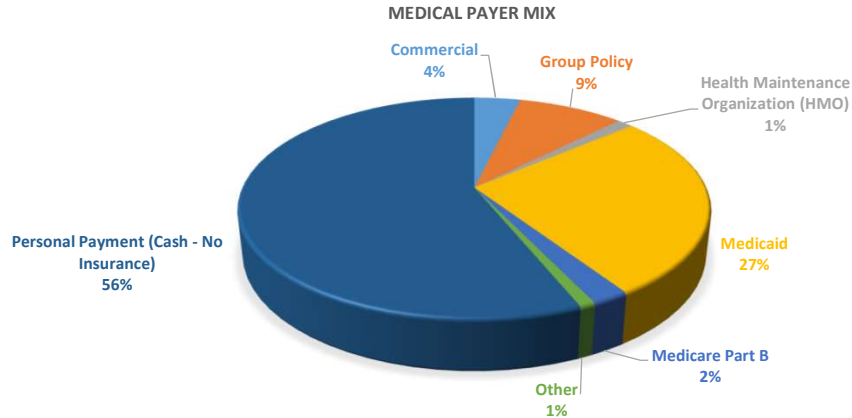
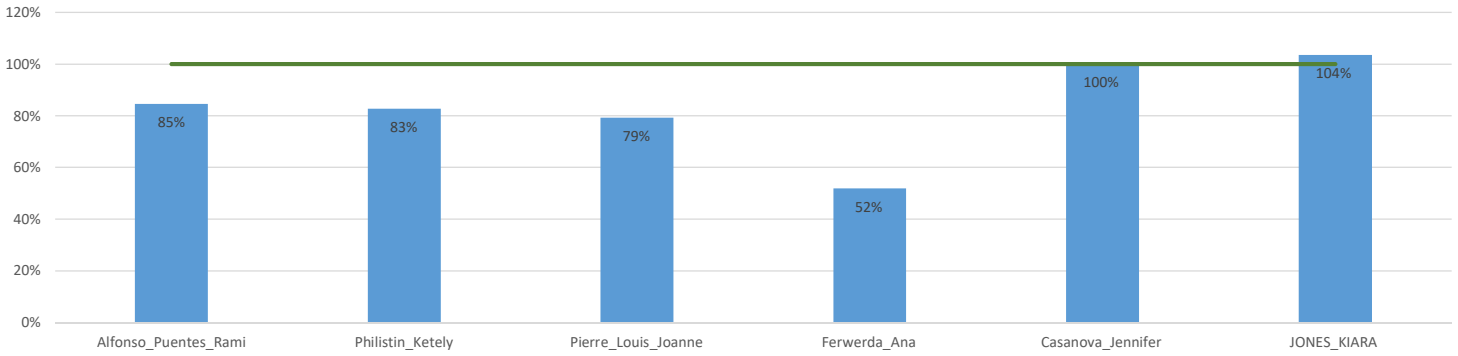
AS 04/30/2021 Based on Checked-In App

ADULT CARE										
Provider	Daily Target	Days Worked	Target for the Month			Total for the Month Seen			% Monthly Target Achieved	Daily Average
			In-Person	Telehealth	Total	In-Person	Telehealth	Total		
Alfonso_Puentes_Rami	18	22	366	3	369	310	2	312	85%	14.2
Philistin_Ketely	16	19	293	3	296	245	0	245	83%	12.9
Pierre_Louis_Joanne	16	18	280	0	280	222	0	222	79%	12.3
<b>ADULT CARE TOTALS</b>		<b>59</b>	<b>939</b>	<b>6</b>	<b>945</b>	<b>777</b>	<b>2</b>	<b>779</b>	<b>82%</b>	

WOMEN'S HEALTH CARE										
Ferwerda_Ana	18	9	162	0	162	84	0	84	52%	9.3
Casanova_Jennifer	16	22	333	3	336	335	1	336	100%	15.3
<b>WOMEN'S HEALTH CARE TOTALS</b>		<b>31</b>	<b>495</b>	<b>3</b>	<b>498</b>	<b>419</b>	<b>1</b>	<b>420</b>	<b>84%</b>	

BEHAVIORAL HEALTH										
JONES_KIARA	12	17	169	29	198	175	30	205	104%	12.1
<b>BEHAVIORAL HEALTH TOTALS</b>		<b>17</b>	<b>169</b>	<b>29</b>	<b>198</b>	<b>175</b>	<b>30</b>	<b>205</b>	<b>104%</b>	

GRAND TOTAL										
		<b>107</b>	<b>1,603</b>	<b>38</b>	<b>1,641</b>	<b>1,371</b>	<b>33</b>	<b>1,404</b>	<b>86%</b>	



**LANTANA PRODUCTIVITY APRIL 2021**

AS 04/30/2021 Based on Checked-In App



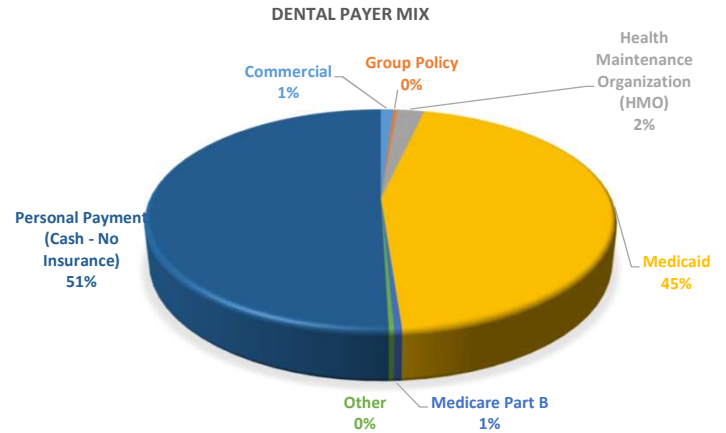
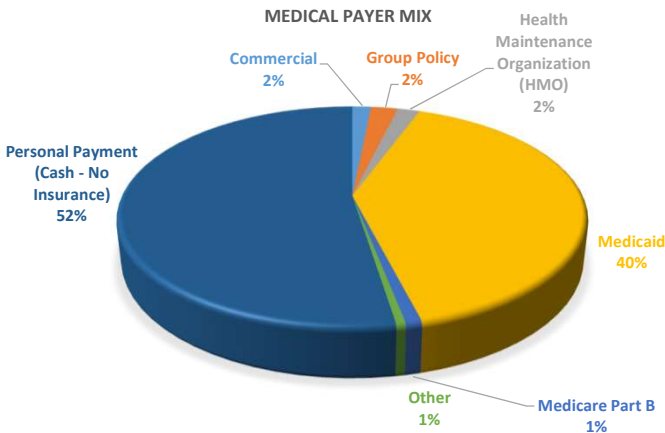
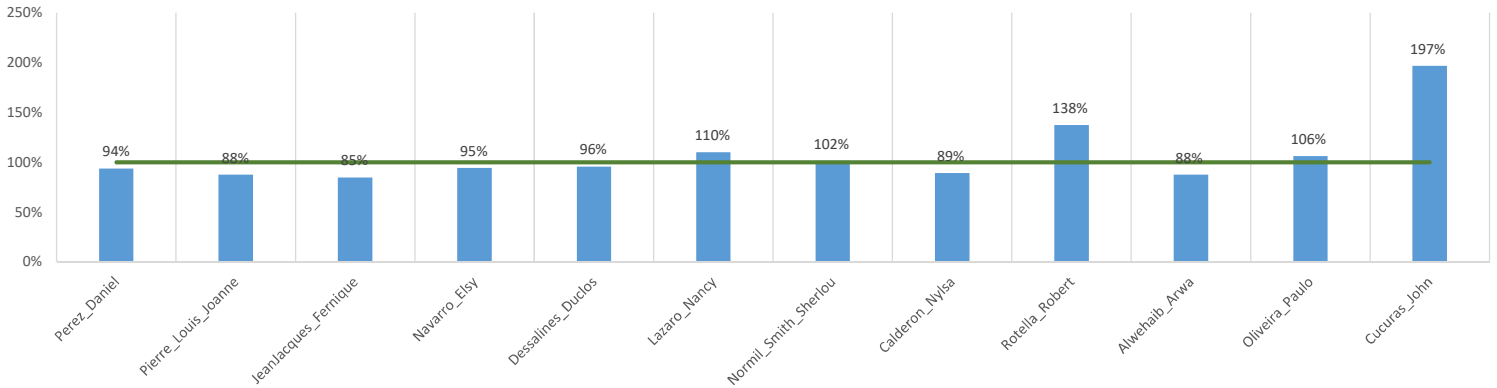
ADULT CARE										
Provider	Daily Target	Days Worked	Target for the Month			Total for the Month Seen			% Monthly Target Achieved	Daily Average
			In-Person	Telehealth	Total	In-Person	Telehealth	Total		
Perez_Daniel	18	13	225	0	225	211	0	211	94%	16.2
Pierre_Louis_Joanne	16	1	16	0	16	14	0	14	88%	14.0
JeanJacques_Fernique	16	21	326	2	328	276	2	278	85%	13.2
Navarro_Elsy	16	20	289	23	312	275	20	295	95%	14.8
<b>ADULT CARE TOTALS</b>		<b>55</b>	<b>856</b>	<b>25</b>	<b>881</b>	<b>776</b>	<b>22</b>	<b>798</b>	<b>91%</b>	

PEDIATRIC CARE										
Dessalines_Duclos	18	17	296	1	297	284		284	96%	16.7
Lazaro_Nancy	18	20	337	5	342	376		376	110%	18.8
Normil_Smith_Sherlou	18	19	333	0	333	338		338	102%	17.8
<b>PEDIATRIC CARE TOTALS</b>		<b>56</b>	<b>966</b>	<b>6</b>	<b>972</b>	<b>998</b>		<b>998</b>	<b>103%</b>	

BEHAVIORAL HEALTH										
Calderon_Nylsa	12	20	192	42	234	173	36	209	89%	10.5
<b>BEHAVIORAL HEALTH TOTALS</b>		<b>20</b>	<b>192</b>	<b>42</b>	<b>234</b>	<b>173</b>	<b>36</b>	<b>209</b>	<b>89%</b>	

DENTAL										
Rotella_Robert	16	1	16	0	16	22		22	138%	22.0
Alwehaib_Arwa	16	1	16	0	16	14		14	88%	14.0
Oliveira_Paulo	16	1	16	0	16	17		17	106%	17.0
Cucuras_John	16	3	30	0	30	59		59	197%	19.7
Zangeneh_Yasmine	16	16	248	0	248	202		202	81%	12.6
Dental_MDI-LAN	16	20	312	0	312	358		358	115%	17.9
<b>DENTAL TOTALS</b>		<b>42</b>	<b>638</b>	<b>0</b>	<b>638</b>	<b>672</b>		<b>672</b>	<b>105%</b>	

GRAND TOTAL										
		<b>173</b>	<b>2,652</b>	<b>73</b>	<b>2,725</b>	<b>2,619</b>	<b>58</b>	<b>2,677</b>	<b>98%</b>	



**LEWIS PRODUCTIVITY APRIL 2021**



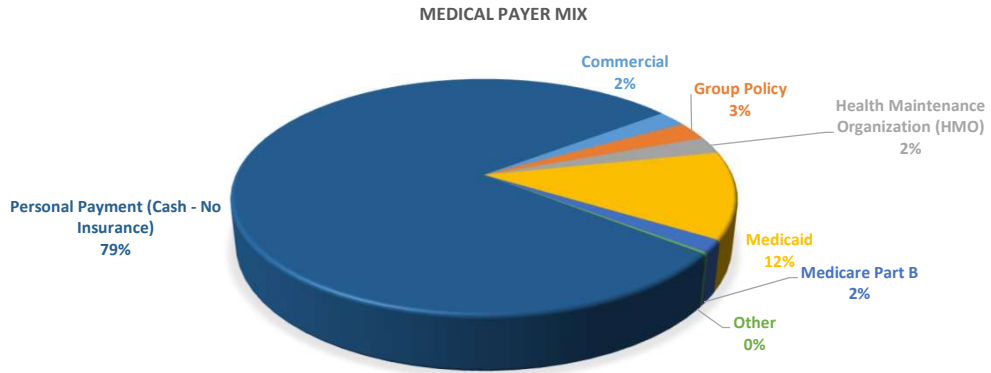
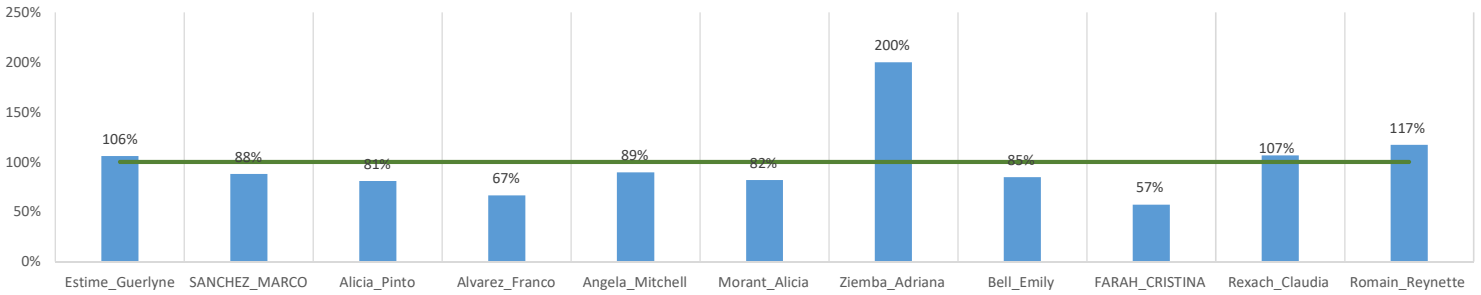
AS 04/30/2021 Based on Checked-In App

ADULT CARE										
Provider	Daily Target	Days Worked	Target for the Month			Total for the Month Seen			% Monthly Target Achieved	Daily Average
			In-Person	Telehealth	Total	In-Person	Telehealth	Total		
Estime_Guerlyne	14	5	70	0	70	74	0	74	106%	14.8
SANCHEZ_MARCO	16	17	256	0	256	225	0	225	88%	13.2
<b>ADULT CARE TOTALS</b>		<b>22</b>	<b>326</b>	<b>0</b>	<b>326</b>	<b>299</b>	<b>0</b>	<b>299</b>	<b>92%</b>	

BEHAVIORAL HEALTH										
Alicia_Pinto	12	13	74	68	142	73	42	115	81%	8.8
Alvarez_Franco	18	2	15	21	36	10	14	24	67%	12.0
Angela_Mitchell	12	12	64	78	142	68	59	127	89%	10.6
Morant_Alicia	12	13	105	49	154	87	39	126	82%	9.7
Ziemba_Adriana	8	2	1	0	1	2	0	2	200%	1.0
<b>BEHAVIORAL HEALTH TOTALS</b>		<b>42</b>	<b>259</b>	<b>216</b>	<b>475</b>	<b>240</b>	<b>154</b>	<b>394</b>	<b>83%</b>	

SUBSTANCE ABUSE										
Bell_Emily	16	20	296	16	312	253	11	264	85%	13.2
FARAH_CRISTINA	12	17	85	100	185	63	43	106	57%	6.2
Rexach_Claudia	12	13	77	73	150	95	65	160	107%	12.3
Romain_Reynette	10	13	60	64	124	77	68	145	117%	11.2
<b>SUBSTANCE ABUSE TOTALS</b>		<b>63</b>	<b>518</b>	<b>253</b>	<b>771</b>	<b>488</b>	<b>187</b>	<b>675</b>	<b>88%</b>	

<b>GRAND TOTAL</b>		<b>127</b>	<b>1,103</b>	<b>469</b>	<b>1,572</b>	<b>1,027</b>	<b>341</b>	<b>1,368</b>	<b>87%</b>	
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**MANGONIA PRODUCTIVITY APRIL 2021**

AS 04/30/2021 Based on Checked-In App

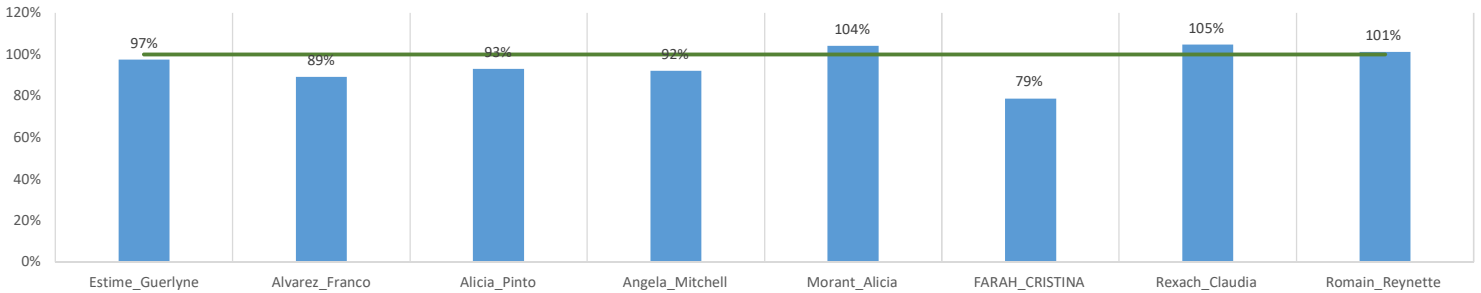


ADULT CARE										
Provider	Daily Target	Days Worked	Target for the Month			Total for the Month Seen			% Monthly Target Achieved	Daily Average
			In-Person	Telehealth	Total	In-Person	Telehealth	Total		
Estime_Guerlyne	0	15	196	0	196	191	0	191	97%	12.7
<b>ADULT CARE TOTALS</b>		<b>15</b>	<b>196</b>	<b>0</b>	<b>196</b>	<b>191</b>	<b>0</b>	<b>191</b>	<b>97%</b>	

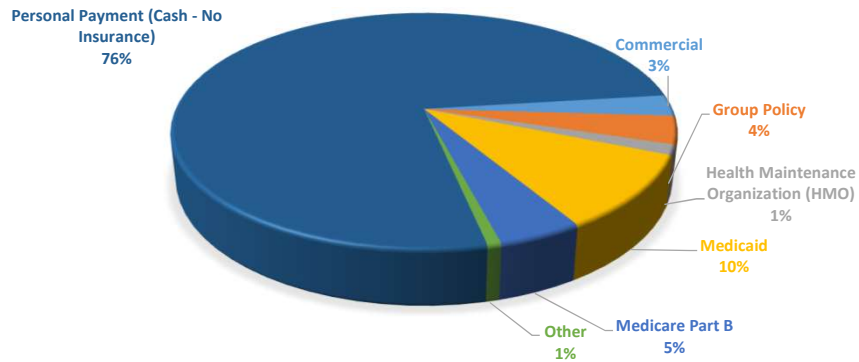
BEHAVIORAL HEALTH										
Alvarez_Franco	0	18	143	181	324	153	136	289	89%	16.1
Alicia_Pinto	0	7	45	27	72	43	24	67	93%	9.6
Angela_Mitchell	0	8	51	39	90	53	30	83	92%	10.4
Morant_Alicia	0	9	66	29	95	77	22	99	104%	11.0
<b>BEHAVIORAL HEALTH TOTALS</b>		<b>42</b>	<b>305</b>	<b>276</b>	<b>581</b>	<b>326</b>	<b>212</b>	<b>538</b>	<b>93%</b>	

SUBSTANCE ABUSE										
FARAH_CRISTINA	0	5	42	5	47	33	4	37	79%	7.4
Rexach_Claudia	0	8	52	34	86	57	33	90	105%	11.3
Romain_Reynette	0	8	25	55	80	32	49	81	101%	10.1
<b>SUBSTANCE ABUSE TOTALS</b>		<b>21</b>	<b>119</b>	<b>94</b>	<b>213</b>	<b>122</b>	<b>86</b>	<b>208</b>	<b>98%</b>	

GRAND TOTAL										
		<b>78</b>	<b>620</b>	<b>370</b>	<b>990</b>	<b>639</b>	<b>298</b>	<b>937</b>	<b>95%</b>	



**MEDICAL PAYER MIX**

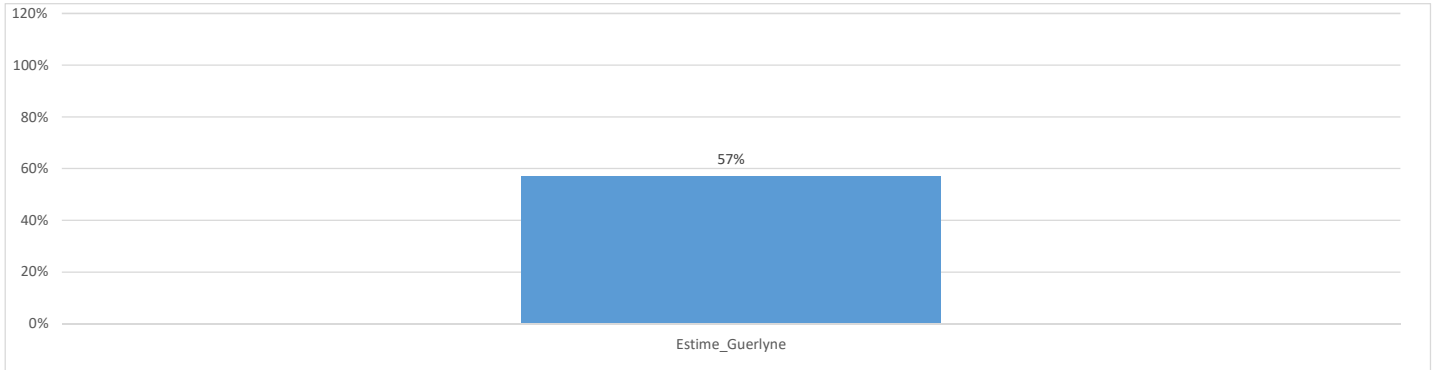


**MOBILE PRODUCTIVITY APRIL 2021**

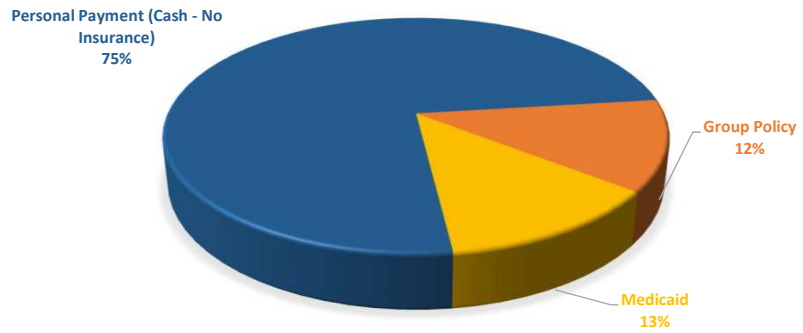


AS 04/30/2021 Based on Checked-In App

ADULT CARE										
Provider	Daily Target	Days Worked	Target for the Month			Total for the Month Seen			% Monthly Target Achieved	Daily Average
			In-Person	Telehealth	Total	In-Person	Telehealth	Total		
Estime_Guerlyne	0	1	14	0	14	8	0	8	57%	8.0
<b>ADULT CARE TOTALS</b>		<b>1</b>	<b>14</b>	<b>0</b>	<b>14</b>	<b>8</b>	<b>0</b>	<b>8</b>	<b>57%</b>	



**MEDICAL PAYER MIX**



**WEST PALM BEACH PRODUCTIVITY APRIL 2021**

AS 04/30/2021 Based on Checked-In App



ADULT CARE										
Provider	Daily Target	Days Worked	Target for the Month			Total for the Month Seen			% Monthly Target Achieved	Daily Average
			In-Person	Telehealth	Total	In-Person	Telehealth	Total		
Florez_Gloria	18	18	323	1	324	264	1	265	82%	14.7
Secin_santana_delvis	18	19	331	2	333	253	1	254	76%	13.4
Cesaire_Jean_Rose_Ca	16	14	208	0	208	170	0	170	82%	12.1
Zito_Amalinnette	15	4	36	0	36	27	0	27	75%	6.8
<b>ADULT CARE TOTALS</b>		<b>55</b>	<b>898</b>	<b>3</b>	<b>901</b>	<b>714</b>	<b>2</b>	<b>716</b>	<b>79%</b>	

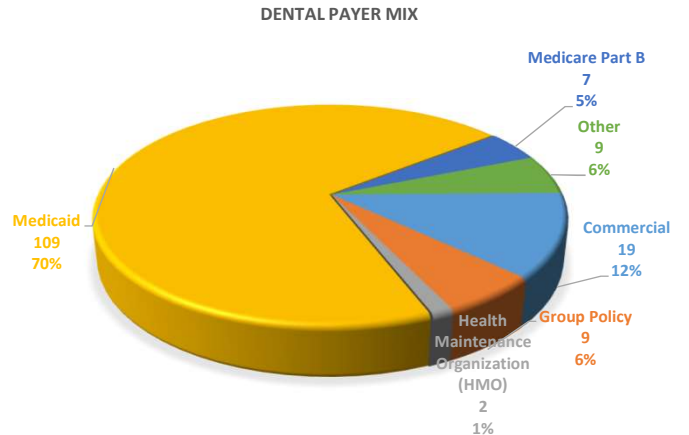
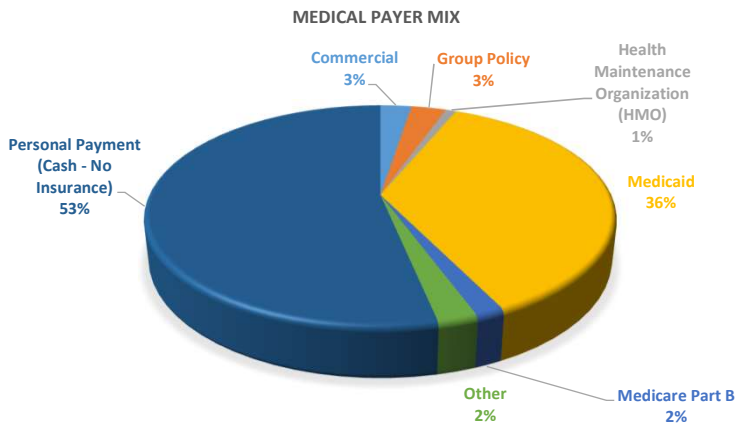
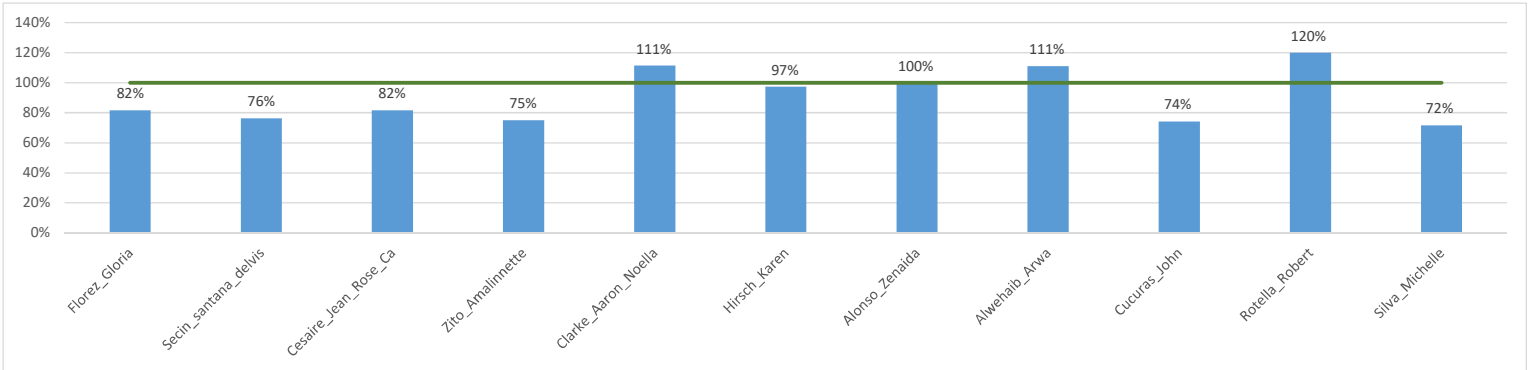
PEDIATRIC CARE										
Clarke_Aaron_Noella	18	22	387	0	387	431	0	431	111%	19.6
<b>PEDIATRIC CARE TOTALS</b>		<b>22</b>	<b>387</b>	<b>0</b>	<b>387</b>	<b>431</b>	<b>0</b>	<b>431</b>	<b>111%</b>	

BEHAVIORAL HEALTH										
Hirsch_Karen	12	19	174	48	222	173	43	216	97%	11.4
<b>BEHAVIORAL HEALTH TOTALS</b>		<b>19</b>	<b>174</b>	<b>48</b>	<b>222</b>	<b>173</b>	<b>43</b>	<b>216</b>	<b>97%</b>	

SUBSTANCE ABUSE										
Romain_Reynette	10	1	1	0	1	1	0	1	100%	1.0
<b>SUBSTANCE ABUSE TOTALS</b>		<b>1</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>100%</b>	

DENTAL										
Alonso_Zenaida	16	20	200	0	200	222		222	111%	11.1
Alwehaib_Arwa	16	9	136	0	136	101		101	74%	11.2
Cucuras_John	16	1	10	0	10	12		12	120%	12.0
Rotella_Robert	16	21	328	0	328	235		235	72%	11.2
Silva_Michelle	16	11	176	0	176	122		122	69%	11.1
<b>DENTAL TOTALS</b>		<b>62</b>	<b>850</b>	<b>0</b>	<b>850</b>	<b>692</b>	<b>0</b>	<b>692</b>	<b>81%</b>	

GRAND TOTAL										
		<b>159</b>	<b>2310</b>	<b>51</b>	<b>2361</b>	<b>2011</b>	<b>45</b>	<b>2,056</b>	<b>87%</b>	







**Quality Council Meeting Minutes**

**Date: June 1, 2021**

**Time: 11:00AM – 5:00PM**

**Attendees:** Dr. Charmaine Chibar –Medical Director; Jonathan Dominique – Clinic Quality Analyst; Andrea Steele – Quality Director; Lisa Hogans –Director of Nursing; Shauniel Brown – Risk Manager; Ivonne Cohen – Corporate Quality Reporting Analyst; Dr. Hyla Fritsch – Executive Director of Clinic Operations & Pharmacy Services; Dr. John Cucuras - Dental Director; David Speciale – Director of Patient Experience; Dominique Domond – Operations Process Manager; Marisol Miranda – Director of Clinic Operations; Alexa Goodwin – Patient Relations Manager; Dr. Belma Andric – Chief Medical Officer; Kara Baker – Diabetes Nurse Educator; Tracey Archambo – Nurse Chart Auditor; Nicole Glasford, Executive Assistant

**Excused:** Dr. Courtney Phillips - Director of Behavioral Health

**Minutes by:** 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>QUALITY AUDITS</b>				
<b>DENTAL</b>	<p><b><u>Dental Encounter Closed Rate</u></b>                      Unlocked dental chart notes for 2021 are as follows:                          January-2                          February – 2                          March – 0                          April - 11</p>	Providers have not been using the brown chair signature check. Providers will be retrained to use this tool.	Dr. Cucuras	7/6/2021
	<p><b><u>Dental Encounters</u></b>   <b><u>April 2021</u></b>                      1. 1401 Patients                      2. 1817 Total Encounters</p>	Dr. Cucuras will reach out to BI team to review Dashboard.	Dr. Cucuras	7/6/2021



<p>Dr. Andric Requested that some measures in the dashboard change in style to allow for easier reading of data.</p>			
<p><b><u>Dental Triage</u></b></p> <p>457 Patients</p> <p><b><u>Same Day Extractions</u></b>      <b><u>NO Same Day Extractions</u></b></p> <p>242 (53 %)                      215 (47 %)</p> <p><b><u>21 Day return</u></b></p> <p>205 Patients Returned within 21 days, of which:</p> <ul style="list-style-type: none"> <li>- 91 were from same day extraction</li> <li>- 114 were from no same-day extraction</li> </ul> <p>37 Patients returned after 21 days, of which:</p> <ul style="list-style-type: none"> <li>- 22 were from same day extraction</li> <li>- 15 was from no same day extraction</li> </ul> <p>Dr. Andric asked if it would be possible to track patients that are not related to same day extraction in the same way. Dr. Cucuras explained that it might be possible via ePrescribe. This way they can see the reason behind the antibiotic prescription.</p> <p>129 of same day extraction didn't return</p> <p>86 of no same day extraction didn't return</p>	<p>Andrea to reach out to Randall and Matthew to add layers in Wisdom/Tableau indicating which are linked to Antibiotics prescribed and the reason extractions were not carried out the same day. Follow up meeting to be scheduled.</p>	<p>Andrea / Jonathan / Dr. Cucuras</p>	<p>7/6/2021</p>



	<ul style="list-style-type: none"> <li>- Triage scheduling template: use Limited exam (as opposed to dummy code).</li> <li>- Triage/Extraction "list": Monthly list of Triage patients.</li> </ul>		
<p><b><u>Dental Sealants</u></b></p> <p>94% for the Month of April.</p>			7/6/2021
<p><b><u>MDI / MDI WHO</u></b></p> <p><b><u>April 2021</u></b></p> <p>644 Unique patients seen in pediatrics</p> <p>161 Sick Patients</p> <p>483 Unique Patients for MDI</p> <ul style="list-style-type: none"> <li>- 353 /483 MDI/Unique for MDI (73 %)</li> <li>- 30 MDI had dental office</li> <li>- 6 No availability</li> <li>- 80 /317 WHO/ MDI (25%) ideal 86 /323 (27 %)</li> <li>- 80 /644 WHO/total pediatrics (12.4%)</li> </ul> <p>Dr. Andric asked if we bring PEDs patients back for hygiene. Dr. Cucuras explained that they do bring back patients for restorative work, recall appointments or both six months after their visit especially when they are new. If a child is progressive, they require new radiographs every month.</p> <p>Recall visits - periodic exam along with hygiene.</p>	<p>Dr. Cucuras to provide codes for Recall exams for PEDs patients in the last 6 months</p>	<p>Dr. Cucuras</p>	<p>7/6/2021</p>



	<p>MDI in West Palm Beach- The Contract is done but currently awaiting permit.</p> <p><b><u>Dexis Imaging:</u></b> 0 lost (regained) radiographs for the month of April</p> <p>Dental Production as of February 2020 82% Dental Production as of March 2021 79% Dental Production as of April 2021 82 %</p>																	
<p><b>WOMEN'S HEALTH</b></p>	<p><b><u>Prenatal Age</u></b></p> <table border="1" data-bbox="558 651 1068 940"> <thead> <tr> <th>Age</th> <th>Number of Patients</th> </tr> </thead> <tbody> <tr> <td>Less than 15 Years</td> <td>0</td> </tr> <tr> <td>Ages 15-19</td> <td>3</td> </tr> <tr> <td>Ages 20-24</td> <td>4</td> </tr> <tr> <td>Ages 25-44</td> <td>13</td> </tr> <tr> <td>Ages 45 and Over</td> <td>0</td> </tr> <tr> <td>Total</td> <td>20</td> </tr> </tbody> </table> <p><b>(Report with graph presented.)</b></p>	Age	Number of Patients	Less than 15 Years	0	Ages 15-19	3	Ages 20-24	4	Ages 25-44	13	Ages 45 and Over	0	Total	20			
Age	Number of Patients																	
Less than 15 Years	0																	
Ages 15-19	3																	
Ages 20-24	4																	
Ages 25-44	13																	
Ages 45 and Over	0																	
Total	20																	
	<p><b><u>Entry into Care</u></b> 23 women entered into care in the month of April.</p> <p>12- Entered into Care in the first trimester 5 - Entered into care in the second trimester 6 - Entered into care in the third trimester</p> <p>20 - Entered into Care with the CL Brumback Primary care Clinics 1 - Had her first visit with another provider 2 - Had initial provider not recorded.</p> <p><b>(Report with graph presented.)</b></p>																	



	<p><b><u>Deliveries &amp; Birthweights</u></b>                  3 Deliveries in the month of April.</p> <ul style="list-style-type: none"> <li>- (&lt;1500 grams) – 0</li> <li>- (1500-2499 grams) –0</li> <li>- (&gt;2500 grams) – 3</li> </ul> <p><b>(Report with graph presented.)</b></p>			
<p><b>MEDICAL</b></p>	<p><b><u>Medical Encounter Close Rate</u></b>                  Majority of providers are now closing documents within 2 days. For the month of April, the outlier was the behavioral health service line. There were 9 providers who averaged more than 2 days to close their encounters (1 pediatrician, 5 BH providers, 1 RN, 2 Community Health worker)</p>			
	<p><b><u>Hemoglobin A1C/Point of Care Testing</u></b>                  The uncontrolled diabetes measure data shows that our patients currently controlled at 67% while 24 % uncontrolled (2558 diabetic patients total) and 9% of patients need data. There were 1745 POC A1Cs (68% of Diabetic Patients). The majority of controlled 71% and uncontrolled 87% of diabetic patients had the A1c done at POC vs. lab.  <b>(Report with graph presented.)</b></p> <p>Boca Clinic (13%), Jupiter Clinic (11%) and Lewis Center (54%) - have highest number of untested patients (needs data) in April. Boca clinic continues to have the lowest number of HbA1c point of care testing during 2021 with 35% compared to more than 54% among all the other clinics. This correlates with the higher number of tele-medicine visit done at that clinic.</p>			



	<p><b><u>HPV Collaborative</u></b></p> <p><b>HPV April 2021</b>  <b>Patient Ages from 11 - 18</b></p> <table border="1" data-bbox="527 412 1100 769"> <thead> <tr> <th colspan="3"><b>Gardasil 9 (PF) 0.5 ML Intra Muscular</b></th> </tr> <tr> <th><b>Department</b></th> <th><b># Vaccines Administered</b></th> <th><b># Unique Patients</b></th> </tr> </thead> <tbody> <tr> <td>Belle Glade</td> <td>6</td> <td>10</td> </tr> <tr> <td>Boca</td> <td>0</td> <td>4</td> </tr> <tr> <td>Jupiter</td> <td>0</td> <td>7</td> </tr> <tr> <td>Lantana</td> <td>64</td> <td>179</td> </tr> <tr> <td>West Palm Beach</td> <td>15</td> <td>46</td> </tr> <tr> <td><b>Grand Total</b></td> <td><b>85</b></td> <td><b>246</b></td> </tr> </tbody> </table> <p>Lantana is the primary user of this program.</p> <p>It remains to be determined how we can track how many patients need 2 vaccine doses vs 3 vaccine doses.</p> <p>Andrea to follow up with BI on possibility of building the Logic and report where any patients that were vaccinated before the age of fifteen fall into the 2-dose category.</p>	<b>Gardasil 9 (PF) 0.5 ML Intra Muscular</b>			<b>Department</b>	<b># Vaccines Administered</b>	<b># Unique Patients</b>	Belle Glade	6	10	Boca	0	4	Jupiter	0	7	Lantana	64	179	West Palm Beach	15	46	<b>Grand Total</b>	<b>85</b>	<b>246</b>			
<b>Gardasil 9 (PF) 0.5 ML Intra Muscular</b>																												
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Boca	0	4																										
Jupiter	0	7																										
Lantana	64	179																										
West Palm Beach	15	46																										
<b>Grand Total</b>	<b>85</b>	<b>246</b>																										
	<p><b><u>Referrals Per Patient Per Visit</u></b>                  All providers averaged &lt; 3 referrals per patient and per visit</p>																											
	<p><b><u>Diabetes Distress Scale</u></b>                  Pilot project is on hold until EPIC implementation.</p>																											
	<p><b><u>Blood Pressure Cuffs</u></b>                  Project was deployed. Cuffs are being delivered to patients.</p>																											

Staff to be trained on filling in that historical vaccine information

Dr. Ziemba

7/6/2021



<p><b>BEHAVIORAL HEALTH</b></p>	<p><b><u>MAT Census</u></b></p> <p>In MAT, we have 451 total patients enrolled. In April 2021 we enrolled 73 patients. Since reopening in March 2020, we have had an average of ~41 intakes per month, which is higher than pre-COVID intake numbers.</p> <p>Overall Discharges continue to hold at around the same percentage for the past 3 months, with slight decrease to 9.53 %. Currently staying around an average of ~10.98% for the last twelve months. Types of discharges are tracked, and finding that percent lost to follow up has decreased to 6.21%, from last month (March2021) which was at 7.14%.</p> <p>Readmission rate for April 2021 was 3.55%</p> <table border="1" data-bbox="562 732 1066 1032"> <thead> <tr> <th></th> <th>April 2021 (n= 451)</th> </tr> </thead> <tbody> <tr> <td>Phase 1</td> <td>250</td> </tr> <tr> <td>Phase 2</td> <td>36</td> </tr> <tr> <td>Phase 3</td> <td>43</td> </tr> <tr> <td>Phase 4</td> <td>57</td> </tr> <tr> <td>Vivitrol</td> <td>9</td> </tr> <tr> <td>Naltrexone</td> <td>56</td> </tr> </tbody> </table> <ul style="list-style-type: none"> <li>• <b>Deaths in April = 0</b></li> <li>• Transitions: n= 11 ( 7 to higher level, 4 to equivalent) Relocated=1 ; Incarcerated = 0</li> </ul>		April 2021 (n= 451)	Phase 1	250	Phase 2	36	Phase 3	43	Phase 4	57	Vivitrol	9	Naltrexone	56			
	April 2021 (n= 451)																	
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	<p><b><u>ASU transitional Dashboard:</u></b></p> <p>132 Total Patients from 4/1/2021 – 4/30/2021</p> <p>– 113 Walk-ins</p>																	



	<ul style="list-style-type: none"> <li>- 12 West Palm Beach Fire Rescue</li> <li>- 3 Police</li> <li>- 2 AMR/Medics</li> <li>- 2 No info</li> </ul> <ul style="list-style-type: none"> <li>• 23 went to another treatment facility= 23</li> <li>• 26 discharge to home= 26</li> <li>• 15 no discharge listed = 15 (*discrepancy of 5)</li> </ul> <p>Did the patient Make it to HCD?</p> <ul style="list-style-type: none"> <li>- 68 (50%) Yes (n= 68 *discrepancy of 2)</li> <li>- 56 (42%) No</li> <li>- 10 (8%) No Answer</li> </ul> <p>Warm Handoff date</p> <ul style="list-style-type: none"> <li>- 66 (50%) Yes</li> <li>- 66 (50%) No</li> <li>• Discrepancy in the dashboard numbers</li> </ul>	<p>Team is currently working on improving data gathering process</p>	<p>Dr. Ziemba</p>	<p>7/6/2021</p>						
	<p><b>Care Coordinators:</b> No Report</p>									
	<p><b>Cage-Aid:</b> Over 3815 performed in the month of April. Positives (n=168), majority were in Mangonia Park and Lewis Center.</p> <table border="1" data-bbox="420 1274 919 1377"> <thead> <tr> <th>April 2021 Total Score</th> <th># Patients</th> <th>%</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	April 2021 Total Score	# Patients	%						
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<b>Unscored</b>	38	0.99%
<b>Score = 0</b>	3,647	94.65%
<b>Score = 1</b>	20	0.52%
<b>Score = 2</b>	14	0.36%
<b>Score = 3</b>	28	0.73%
<b>Score = 4</b>	106	2.75%

Less than 1% unscored (n=38) which is a decrease from unscored in March 2021 (n= 95). Two highest clinics with unscored.

- Lantana had 12 unscored
- West Palm had 11 unscored

Overall improvement.

Comparing March 2021 and April 2021, there was a decrease in the number of patients with Positive CAGE and no SBIRT: by 19%

60 positive CAGE without an order on file, however Out of the 60, 48 had a BHC encounter within 3 weeks.

Mangonia (n=17- with ALL 17 seen by a BH) and Lewis Center (n=12- with 10/12 seen by a BH) have the highest numbers of NO SBIRT order with a Positive CAGE-AID; however overall improving

**(Report with graph presented.)**

**Monthly trend of + CAGE & NO SBIRT**



	<ul style="list-style-type: none"> <li>• February Positive with NO SBIRT = 43</li> <li>• March Positive with NO SBIRT = 154</li> <li>• April Positive with NO SBIRT = 60</li> </ul>																												
	<p><b>SBIRT:</b></p> <ul style="list-style-type: none"> <li>• Number of SBIRT vs. CAGE-AID positive continue to be discordant, rather than a 1:1</li> </ul> <table border="1" data-bbox="426 529 1203 751"> <thead> <tr> <th>2021</th> <th>Unique Patients</th> <th>%</th> <th>Total # Encounters</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>Jan-21</td> <td>91</td> <td>100%</td> <td>102</td> <td>100%</td> </tr> <tr> <td>Feb-21</td> <td>74</td> <td>45%</td> <td>78</td> <td>43%</td> </tr> <tr> <td>Mar-21</td> <td>168</td> <td>50%</td> <td>204</td> <td>53%</td> </tr> <tr> <td>Apr-21</td> <td>114</td> <td>26%</td> <td>146</td> <td>28%</td> </tr> </tbody> </table> <p>SBIRTS are trending down from March to April 2021 With 114 completed orders. Mangonia and Lewis continue to have highest level as expected; Lake worth having next highest at 16 completed SBIRT orders ( in Athena called Positive CAGE/CRAFFT)</p>	2021	Unique Patients	%	Total # Encounters	%	Jan-21	91	100%	102	100%	Feb-21	74	45%	78	43%	Mar-21	168	50%	204	53%	Apr-21	114	26%	146	28%			7/6/2021
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	<p><b>PRAPARE:</b></p> <p>April had 2, 528 patients complete the PRAPARE. 9% had Positive Social needs, n=829) 14% of those Pts had BH referral on file , n=120 85% did NOT have a Positive PRAPARE referral placed.</p> <p>Comparing April to March, there is an increase in POSITIVE PRAPARE referrals made, from 9% to 28%</p>																												



	<p>Positivity rate for Social needs hovers at around 9 to 10% of patients screened since January 2021</p> <ul style="list-style-type: none"> <li>Starting in EPIC, July 1, 2021, we are moving from PRAPARE to SDoH within EPIC</li> </ul>	<p>Ongoing work on this work flow with Nursing and EPIC teams</p>	<p>Dr. Ziemba</p>	<p>7/6/2021</p>
	<p><b>PHQ 2/9</b></p> <ul style="list-style-type: none"> <li>Total encounters with PHQ2/9: 7,991</li> </ul> <p>Of which, very few were unscored (0.4%) n= 22.</p> <ul style="list-style-type: none"> <li>which is reduction from 0.6% to 0.4% March 2021</li> </ul> <p>9% positive rate based on &gt;10, or 1 or above, (N= 467)</p> <p>Were seen by the BHC 92.75% (n= 433)</p> <p>Only n=37 had positive PHQ9 and NO BH , which is at 7.25%,</p> <p>Positive AND no BH</p> <p>Belle Glade: 2 → 2 have set BH appnt</p> <p>Boca: 1 * NO BH available on site ; → 1 has set BH appnt</p> <p>Del Ray: 2 → 2 have set BH appnt</p> <p>Jupiter: 8 → 7 have set BH appnt **NO BH available on site</p> <p>Lakeworth:4 → 2 have set BH appnt</p> <p>Lantana:5 → 3 have set BH appnt</p> <p>Lewis: 3 → 3 have set BH appnt</p> <p>Mobile 3: 1 → 1 have set BH appnt ** NO BH available on site</p> <p>West Palm:8 → No info about BH appnt</p>			



	<p><b><u>BH Productivity</u></b></p> <p>AOTP: = <b>all licensed clinicians at or above 85%</b>                  Registered Intern: April =62% vs March = 47%</p> <ul style="list-style-type: none"> <li>• continuing to have increasing case load</li> <li>• BHC Provider Claudia Rexach was at 106%</li> <li>• BHC Provider Reynette Romain was at 111%</li> </ul> <p>General BH= <b>all above 89% ( 85% in March)</b></p> <ul style="list-style-type: none"> <li>• BHC Provider Kiara Jones was at 104%</li> <li>• BHC Provider Stephany Bonhometre was at 104%</li> <li>•</li> </ul> <p>Dr Ziemba- BHC Manager at 78% (contributing cause= EPIC meetings)</p>			
	<p><b><u>BH Director Update</u></b></p> <p>EPIC trainings are scheduled.                  Meetings with analyst for EPIC are ongoing to finalize templates and workflow                  Concern regarding BH self-scheduling flow change, and general psychiatry flow change; however being addressed with EPIC teams and Operations Manager / Director has been informed of concerns.</p>			
<p><b>NURSING</b></p>	<p><b><u>Higher Level of Care</u></b></p> <p>86 ER referrals/ 81 patients were sent to the ER in the month of April. There were 4 patients with multiple orders in April. There were 4 patients with multiple orders in April (3 peds and 1 adult). Upon completion of chart review, all patients with multiple orders were all appropriate.</p>	<p>Dr. Chibar was performing chart review on all 21 charts for Dr. Clarke. 2 of the patients that were sent to the ER twice in the</p>	<p>Lisa</p>	<p>7/6/2021</p>



<p>For the month of April, Dr. Clarke in WPB peds was the highest producer of HLC referrals with 21 (24%). 8 Hospital Referral Types were ordered for April. Belle Glade and Lake Worth WH. We spoke to Dr. Ferwerda when she returned and she said they would begin using the ER referral instead, so this should go down in May reports.</p> <p>Patients w/Duplicate referrals – 4 patients with more than one referral</p>	<p>month of April were Dr. Clarke’s patients. Speak to BG providers regarding the 2 that should be used (ER referral and for on-call, Urgent care).</p> <p>Ivonne to provide 10 randomized charts for new provider.</p>		
<p><b><u>FIT Test</u></b> We are at 43% satisfied which is up from 42% in April.</p> <p>Dr. Andric suggested that the team look at what is currently working for retrieving colorectal cancer screening as opposed to actions taken in the past.</p>	<p>There is a discrepancy with the rest of the numbers. We are speaking to Ivonne about it.</p> <p>Outbound campaign to have patients with FIT test order return their POD kits to help address the patients that are out of compliance.</p> <p>Dr. Andric will meet with Dr. Chibar to review how she plans to address these numbers with the</p>	<p>Lisa</p> <p>Lisa / David</p> <p>Dr. Andric / Dr. Chibar</p>	<p>7/6/2021</p> <p>7/6/2021</p> <p>7/6/2021</p>



<p><b>(Report with graph presented)</b></p>	<p>providers in her 1:1 meetings with them.</p>		
<p><b><u>Controlled Substance Report Summary</u></b>                  The Opiates and Benzodiazepines prescriptions were audited for the month April. There were 29 Opiate prescriptions (52% from the Boca clinic. Lam 47% and Dr. Inacio 53%) 45 Benzodiazepine prescriptions (62% from Boca and 11% in Delray. The Delray prescriptions were from the Boca providers when they floated there. 56% Dr. Inacio and 18% Lam).                   Dr. Andric suggested that Ivonne create an Athena report for this measure. This report would include from a list of Prescriptions that we are looking for. To be run by the 'legend of the drug' / 'legend status'.</p>	<p>Dr. Alvarez to speak to the Providers about Prescribing during the Providers' meeting this week.                   Ivonne to look at pulling a report from Athena. Hyla to help with process.                   Tracey to look into how to acquire Administrator access in EFORSCE. Follow up to the process, and Possibly have Darcy endorse her request.                   Lisa to follow up with Benghie on providing Tracey with Special RiskQual Access.</p>	<p>Ivonne / Hyla</p> <p>Tracey</p> <p>Lisa</p>	<p>7/6/2021</p> <p>7/6/2021</p> <p>7/6/2021</p> <p>7/6/2021</p>
<p><b><u>BYMY</u></b>                  No Report.</p>			

**QUALITY METRICS**



**UDS YTD April 2021**

Of the 16 UDS Measures: 11 Exceeded the HRSA Goal and 5 were short of the HRSA Goal (*Clinic Score/ HRSA Goal / Healthy People Goal*).

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

<b>Medical UDS Report</b>	<b>Breast Cancer Screening: (60 % HRSA /65%HCD)</b>			7/6/2021
	<b>Findings:</b>	<b>Interventions:</b>		
	<b>Childhood immunization: (60%HRSA / 62 % HCD)</b>			7/6/2021
	<b>Findings:</b> We are currently at goal for this metric.	<b>Interventions:</b> We will continue the outbound campaign and possibly record which vaccines are needed in the patients' appointment note.	Dr. Chibar	
	<b>Cervical Cancer Screening: (65 %HRSA/59 %HCD)</b>			7/6/2021
	<b>Findings: Findings:</b> 1. Compared to February the score increased by 5%. 2. The QMR report is not capturing PAP smears done with HPV co-testing.	<b>Interventions:</b> 1. of patients with missing cervical cancer screenings will be stratified by clinic and the list will be provided to clinic supervisors to follow with MAs and providers on the day of patient's appointment to close the gap. 2. Patient's with no schedule appointments	Dr. Warren	



	and missing the metric will be scheduled by the call center.		
<b>Weight assessment, Children &amp; Adolescent:</b> (90% HRSA /97 %HCD)  <b>Findings:</b>	<b>Interventions:</b>		7/6/2021
<b>Adult Weight screening and follow up:</b> (90 %HRSA / 98 %HCD)  <b>Findings:</b>	<b>Interventions:</b>		7/6/2021
<b>Tobacco use screening &amp; cessation:</b> (93 %HRSA /96%HCD)  <b>Findings:</b>	<b>Interventions:</b>		7/6/2021
<b>Coronary Artery Disease CAD:</b> (81%HRSA /86%HCD)  <b>Findings:</b>	<b>Interventions:</b>		7/6/2021
<b>Ischemic Vascular Disease (IVD):</b> (86 %HRSA /90 %HCD)  <b>Findings:</b>	<b>Interventions:</b>	Dr. Chibar Dr. Warren	7/6/2021
<b>Colorectal Cancer Screening:</b> (82%HRSA /44 %HCD)  <b>Findings:</b> We are improving in this measure; however, we are well short of our goal.	<b>Interventions:</b> Hopes that the POD champion's return from the vaccine	Dr. Chibar Dr. Warren	7/6/2021





		sites will help boost the number of PODs completed sooner rather than later.		
	<b>HIV linkage: (85 %HRSA / 100 % HCD)</b>  <b>Findings:</b>		<b>Interventions:</b>	7/6/2021
	<b>Depression screening: (83 % HRSA/95 %HCD)</b>  <b>Findings:</b>		<b>Interventions:</b>	7/6/2021
	<b>Depression screening (Homeless): (83 %HRSA /95 %HCD)</b>  <b>Findings:</b>		<b>Interventions:</b>	7/6/2021
	<b>Hypertension: (80 %HRSA / 68 %HCD)</b>  <b>Findings:</b> Findings: the metric improved by 3% when comparing to the month of March.		<b>Interventions:</b> 1. The SOP for BP cuff from the AHA is finalized and training was done in May with the clinic nurses. Patients who qualify for the AHA grant at the clinics are receiving the blood pressure cuffs. 2. The call center is scheduling appointments for patients that are uncontrolled, needs data and do not have an appointment to schedule	Dr. Warren  7/6/2021



	<p>appointments. 3. The hypertension guidelines for C L Brumback are in the final steps of revision and updating. Future training for medical providers will be planned.</p> <p>Ivonne submitted the target BP data for 2020.</p>		
<p><b>Diabetes:</b> (67 %HRSA /67 %HCD)</p> <p><b>Findings:</b> There has been an increase in the number of patients with controlled diabetes 67% vs. 63% in March. The goal for HRSA of 67% was attained this month.</p>	<p><b>Interventions:</b> 1. POC HgbA1c testing implemented has increase patient compliance. 2. The list of 130 patients with uncontrolled diabetes or no A1c during 2021 was provided to the call center to set appointments and 47 appointments were set. 3. The diabetes distress scale pilot project is currently on hold until EPIC implementation is done. 4. The Diabetes Care and Education Specialist is currently finalizing the first 2 modules of the self-education diabetes program.</p>	<p>Dr. Chibar Dr. Warren</p>	<p>7/6/2021</p>



	<p><b>Diabetes (Migrant):</b> (67 %HRSA /58 %HCD)</p> <p><b>Findings:</b> Compared with the general diabetic population there is a lower number of uncontrolled diabetics among this population.</p>	<p><b>Interventions:</b> POC HbA1c POC initiative will continue and reaching to set appointments for the patients with missing data or uncontrolled.</p>	<p>Dr. Chibar Dr. Warren</p>	<p>7/6/2021</p>
EPIC	<p><b>Appointment Conversion:</b> No Report</p>			
	<p><b>Chart Abstraction:</b> project is been implemented. On June1st, 2021. 15 abstractors will be performing the abstraction of information from Athena to EPIC. Training has been completed, guide step by step about what information and the flow for abstraction was created.</p>	<p>Reports are being finalized to monitor productivity and quality of abstraction.</p>		<p>7/6/2021</p>
<b>PATIENT RELATIONS</b>				
CLINIC SERVICE CENTER	<p><b>Call Center Statistics</b> For <b>April 2021</b>, there were 54,492 calls received which is a 25% decrease from the prior month. Of these calls there were 22,372 unique numbers which is a 23% decrease from last month. The highest call volumes were between 10am and 11am, followed by 9am to 10am. Highest call volumes are typically on Monday's however due to increased demand for COVID testing and vaccines, there have been higher call volumes throughout the week. The highest call volumes continue to occur on Monday's, with the highest all volume occurring on 4/12/2021 at 3,544 calls. All voicemails for the month were responded to.</p>			<p>7/6/2021</p>



	<p>End of month voicemailbox report presented and each Departments mailbox activity reported between November 2020 thru April 2021. Due to decreased call volume the Clinic Service Center is tending to the CAC voicemailboxes and providing callers information on the District Cares Voucher program as needed. Evaluation of the current phone tree in process and revisions to reflect current operations are pending. <b>(Report with graphs presented.)</b></p>			
	<p><b><u>CSC Productivity</u></b> For <b>April 2021</b> the Clinic Service Center had 19 agents with one agent reassigned to Vaccine administration sites. Agents continued with outbound call campaigns, Clinic Coverage, and additional coverage at the vaccine administration sites.</p> <ul style="list-style-type: none"> <li>• Total handled calls decreased by less than 1% (0.4%) compared to the prior month             <ul style="list-style-type: none"> <li>▪ Total Calls Handled – Decreased from 27,514 to 27,390</li> <li>▪ Total Calls per Agent - Ranged between 327 calls to 2,437 calls per agent</li> <li>▪ Average Calls Handled per Hour Worked – Ranged between 1.7 and 17.2 calls per hours worked</li> </ul> </li> <li>• Total scheduled appointments schedule has decreased by 1.2%             <ul style="list-style-type: none"> <li>▪ Total # of Appointment Scheduled – decreased from 9,043 to 8937</li> <li>▪ Total Scheduled Appointments - Ranged between 178 and 765 appointments per agent</li> <li>▪ Average Appointments Scheduled per Hour worked – 1.2 to 5.9 appointments per hours worked.</li> </ul> </li> <li>• # of appointment scheduled by appointment type</li> </ul>			



	<ul style="list-style-type: none"> <li>▪ 27% Patient Established Appointment</li> <li>▪ 24% Quick Testing</li> <li>▪ 11% Antigen Card</li> <li>▪ 10% Patient Appointment New</li> <li>▪ 5% Comprehensive Exam Adult (Dental)</li> <li>▪ 5% Physical Exams</li> <li>• Trends over time reported.</li> <li>• CSC Huddles schedule Monday, Wednesday, and Friday's from 8:45am to 9:15am.</li> </ul> <p><b>(Report with graphs presented.)</b></p>			
	<p><b><u>Outbound Campaigns – May 2021</u></b></p> <p><b>Dental Scheduling</b>                  During May 2021, the Clinic Service Center conducted an outbound campaign to get patients back into the dental clinic upon its reopening since COVID. Of the 2,224 patients called, 556 (25%) appointments were scheduled. There were also 223 (11%) that already has or had an appointment.</p> <p><b>Pediatric Immunizations</b>                  During May 2021, the Clinic Service Center conducted an outbound campaign to get pediatric that were missing vaccinations. Agents scheduled appointments to satisfy this UDS measure. Of the 104 patients called, 79 (76%) already had or has an appointment scheduled. There were also 6 new appointments scheduled.</p> <p><b>POC A1c</b>                  During May 2021, the Clinic Service Center conducted an outbound campaign to encourage and schedule diabetic patients for their Point of Care - A1c's. Of the 214 patients called, 111 (52%) already had or has an appointment scheduled. There were also 28 (13%) appointments scheduled.</p>			



	<p><b>Care Plan for Diabetic Patients</b>                  During May 2021, the Clinic Service Center conducted an outbound campaign to get diabetic patients into the clinic for a diabetic care plan to be conducted. Of the 58 patients called, 34 (58%) already had or has an appointment scheduled.</p> <p><b>(Report with graphs presented.)</b></p>			
<p><b>SURVEY RESULTS</b></p>	<p><b>Patient Satisfaction Survey</b>                  In <b>April 2021</b>, there were 430 Patient Satisfaction Surveys completed across all 9 clinics. This is a 36% increase from last month. This brings the total surveys received this year to 1247. Of the 430 surveys, the highest rate of return was received by the by the Lake Worth Clinic with 115 surveys (27% of total). Of the 430 surveys completed, 65% were completed in English, 31% of surveys were completed in Spanish and 4% were completed in Creole. The majority of patients surveyed identified as Female. The majority of surveys were completed for individuals aged 50 to 59 years old. Most surveys were completed following an in-person, adult medical appointment. Patients prefer to be seen Tuesday mornings. Surveys were received by all departments: Adult Medical, Pediatrics, Women’s Health, Substance Abuse Services, Nursing Services, Dental, Behavioral Health, and Psychiatry. Dr. Clarke, Peds provider in West Palm Beach received the most surveys of all providers (54 total).                  Patients are least satisfied with the ability to communicate directly with clinics by phone, ease of scheduling appointments, being informed about delays, and having a comfortable waiting area. Most of these low scores occurred from West Palm Beach Surveys.</p>	<p>Roll-Up report for each clinic presented and will be sent to Clinic Supervisors for display as patient-facing content. Significant findings include:</p>	<p>David</p> <p>David</p>	<p>7/6/2021</p> <p>7/6/2021</p>



	<p><b>TRENDS OVER TIME</b></p> <p><b>Q1 2021</b> – Lake Worth and Lantana are the highest producers of patient Satisfaction Surveys. While English patient complete the most surveys, Creole and Spanish rates of return have increased. Patients aged 41-60 complete the most surveys, while patients over 70 complete the least amount of surveys. For the 1<sup>st</sup> quarter, surveys were completed by all departments except for Dental. Most patients prefer to be seen in the mornings and afternoons and prefer Monday and Wednesday appointments. Patient ratings of Provider, patient Experience, and Patient Satisfaction have been consistent throughout the quarter. Patients appear consistently dissatisfied with “Having a comfortable &amp; pleasant waiting area”, “Ability to communicate with the practice by phone”, and “Being informed about delays”.</p> <p><b>Year to Year Trends – Patient Perception of Wait time</b></p> <p>The patient perception of wait time between their scheduled appointment time and actual time seen by a Provider has been fairly consistent since 2018. The 3+ year average for all clinic are:</p> <ul style="list-style-type: none"> <li>14.4% - wait time of 5 minutes or less</li> <li>35.2% - wait time between 6 and 15 minutes</li> <li>25.9% - wait time between 16 and 30 minutes</li> <li>16.0% - wait time between 31 and 45 minutes</li> <li>8.2% - wait time over 45 minutes</li> </ul> <p><b>(Patient Satisfaction Survey PowerPoint presented.)</b></p>	<p>Corrective actions include providing retraining to the WBP teams on low-scored measures.</p> <p>David to incorporate PSS (access) results to access PDCA. He will also add patient perception of wait time results to the PDCA</p> <p>David will follow up with Dr. Ziemba to determine why the Cycle time for BH is much higher than medical at some sites. There is a possibility that reestablished group therapy numbers could offset this.</p>	<p>David</p> <p>David / Dr. Ziemba</p>	<p>7/6/2021</p> <p>7/6/2021</p>
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	<p><b><u>Voicemails</u></b></p> <p>The Voicemailbox report was presented for the following Departments: Clinic Service Center, Billing, Certified Application Counselor’s, Medical Records, Nursing, Provider Services, Referrals, and Trauma-MCP. All Department heads notified. As of <b>May 2021</b>, the Department mailboxes with high volume include: Billing Dental, CAC Mangonia Park, Nursing West Palm Beach, Nursing Delray Beach, and Referrals Creole. Mailbox report sent to all Department heads along with the Standard Operating Procedure.</p> <p>Delray and West palm Nursing Mailboxes appear to have the highest volume in their respective mailboxes. Lisa will be keeping an eye on these clinics.</p> <p>Creole referral inbox appears to be quite high.</p>	<p>David will be requesting access for his team for the CAC mailboxes to help bring down that Voicemail inbox.</p> <p>David will be reaching out to Dr. Grbic and Marguerite on having his team help out with the creole referral mailbox.</p>	<p>David</p> <p>David</p>	<p>7/6/2021</p> <p>7/6/2021</p>
	<p><b><u>Patient Cycle Time</u></b></p> <p>The overall Clinic Patient Cycle Time (PCT) for continues to decrease. In <b>April 2021</b> the overall clinic, PCT for in person appointments decreased by two minutes and twenty-four seconds (2:24) and Telehealth appointments decreased by one minute and forty-five seconds (1:45) when compared to the previous month.</p> <p>Patient Cycle Time - By Phase of Appointment Cycle ((in Person / Telehealth):</p> <ul style="list-style-type: none"> <li>● Phase 1: Check In - Decreased by 0:14 / <u>Increased by 0:05</u></li> <li>● Wait for Intake - Decreased by 0:14 / <u>Increased by 0:05</u></li> <li>● Phase 2: Intake – Decreased by 1:37 / Decreased by 1:14</li> <li>● Wait for Exam – Decreased by 0:32 / Decreased by 1:17</li> <li>● Phase 3: Exam – Decreased by 0:33 / Decreased by 1:14</li> </ul>		<p>David</p>	<p>7/6/2021</p>





	<ul style="list-style-type: none"> <li>• Phase 4: Check Out – Decreased by 0:14 / <u>Increased by 1:31</u></li> <li>• Total Wait Time – Decreased by 1:21 / Decreased by 1:14</li> <li>• Total Active Time – Decreased by 0:33 / Decreased by 1:00</li> </ul> <p>Patient Cycle Time By Service Type (in Person / Telehealth)</p> <ul style="list-style-type: none"> <li>• Adult – Decreased by 6:24 / Decreased by 0:47</li> <li>• Adult/Peds - Decreased by 6:02/ Decreased by 4:28</li> <li>• Behavioral Health - <u>Increased by 16:36 / Increased by 0:32</u></li> <li>• OB/GYN - Decreased by 8:15 seconds / <u>Increased by 51:05</u> (this is for one appointment)</li> <li>• Pediatric - <u>Increased by 7:58/</u> Decreased by 0:26</li> <li>• Substance Abuse - Decreased by 14:28/ Decreased by 17:06</li> </ul> <p>Patient Cycle Times for all clinics and service types presented including results for April 2021. Patient Satisfaction Survey question regarding “Perceived Wait time between Scheduled Appointment and Actual Time Seen” by Provider was also presented. Graphs to be shared with clinic teams and displayed as Employee-facing content in clinics. <b>(Report with graphs presented)</b></p>			
	<p><b>Next Third Available</b> Next Third Available presented as of 5/28/2021. In this report, COVID appointments were removed in order to focus on Clinic appointments and access. Report presented as a roll up report and by clinic. Longer Next third Available times could be associated with a covering provider of that clinic. A significant finding is that Next third Available for walk-in appointments have increased.</p> <p><b>Clinic Specific Reports</b></p>	<p>Follow up with Clinic Supervisors and the Clinic Service Center on not scheduling appointments in Walk-In slots</p>		<p>7/6/2021</p>



<p><b>Belle Glade</b></p> <ul style="list-style-type: none"> <li>• Medical – Ranges from 19 days to 29 days (6/26/2021).             <ul style="list-style-type: none"> <li>▪ Dr. Dorce Medard works on Saturdays.</li> <li>▪ Dr. Ferwerda schedule in BG (6/17)</li> <li>▪ Walk-Ins range from 12 days to 34 days</li> </ul> </li> <li>• Nursing – Ranges from 34 to 35 days (7/2/2021)</li> <li>• Dental – Ranges from 0 to 7 days (6/4/2021)</li> <li>• Residents – Range from 7 days to 33 days (6/30/2021)</li> </ul> <p><b>Boca Raton</b></p> <ul style="list-style-type: none"> <li>• Medical – Ranges from 31 days to 53 days (7/20/2021) for full time providers             <ul style="list-style-type: none"> <li>▪ Dr. Duthil on leave</li> <li>▪ Increase in Provider Next third Available</li> <li>▪ Walk-Ins – Range from 4 days to 17 days</li> </ul> </li> <li>• Nursing – zero (0) days</li> </ul> <p><b>Delray Beach</b></p> <ul style="list-style-type: none"> <li>• Medical – Ranges from 5 days to 20 days (6/17/2021) for full time staff             <ul style="list-style-type: none"> <li>▪ Lam is a covering provider</li> <li>▪ Walk-ins – Range from 0 to 5 days</li> </ul> </li> <li>• Nursing – Ranges from 50 to 60 days (7/2/2021)</li> <li>• Dental – 14 days for procedures</li> </ul> <p><b>Jupiter</b></p> <ul style="list-style-type: none"> <li>• Medical – Ranges from 12 days to 19 days (6/16/2021)             <ul style="list-style-type: none"> <li>▪ Walk-Ins – Range from 4 to 10 days</li> </ul> </li> <li>• Nursing – zero (0) days</li> </ul> <p><b>Lake Worth</b></p> <ul style="list-style-type: none"> <li>• Medical – Ranges from 26 days to 31 days (6/28/2021) for full time providers             <ul style="list-style-type: none"> <li>▪ Dr. Warren is a covering Provider</li> </ul> </li> </ul>			
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	<ul style="list-style-type: none"> <li>▪ Walk-Ins – all full time providers at zero days</li> <li>• Nursing – zero (0) days</li> <li>• Woman’s Health – Ranges from 12 to 13 days (6/10/2021)</li> </ul> <p><b>Lantana</b></p> <ul style="list-style-type: none"> <li>• Medical – Ranges from 8 days to 46 days (7/13/2021)             <ul style="list-style-type: none"> <li>▪ Walk-Ins – Ranges from zero days to 5 days (6/2/2021)</li> </ul> </li> <li>• Pediatrics - Ranges from 7 days to 18 days (6/15/2021)             <ul style="list-style-type: none"> <li>▪ Much improvement from last month (119 days)</li> <li>▪ Walk-Ins – Ranges from 0 days to 7 days (6/4/2021)</li> </ul> </li> <li>• Nursing – zero (0) days</li> <li>• Dental Adult – zero (0) days</li> <li>• Dental Peds – 20 days (6/17/2021)</li> <li>• Dental MDI – zero (0) days</li> </ul> <p><b>Lewis Center</b></p> <ul style="list-style-type: none"> <li>• Psychiatry – 34 days (7/1/2021)             <ul style="list-style-type: none"> <li>▪ Walk-Ins – 34 days</li> </ul> </li> <li>• Behavioral Health – zero (0) days</li> <li>• Medical – five (5) days</li> </ul> <p><b>Mangonia Park</b></p> <ul style="list-style-type: none"> <li>• Psychiatry – Ranges from 0 days to 6 days (5/6/2021)             <ul style="list-style-type: none"> <li>▪ Walk-Ins – 6 days</li> </ul> </li> <li>• Behavioral Health – Ranges from 0 to 34 days (7/1/2021)</li> <li>• Medical – one (1) day             <ul style="list-style-type: none"> <li>▪ Walk-Ins – 1 day</li> </ul> </li> </ul> <p><b>West Palm Beach</b></p> <ul style="list-style-type: none"> <li>• Medical – Ranges from 15 days to 66 days (8/2/2021)             <ul style="list-style-type: none"> <li>▪ Walk-Ins – Ranges between 0 days and 4 days</li> </ul> </li> <li>• Pediatrics – 20 days (6/17/2021) for full time providers</li> </ul>			
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	<ul style="list-style-type: none"> <li>▪ Dr. Dessalines is a covering provider</li> <li>▪ Walk-Ins – 0 days for full time providers</li> <li>• Nursing – zero (0) days</li> <li>• Dental Adult – 76 days for procedures.</li> </ul> <p>Dr. Harberger appears to be scheduling his walk in slots in advance</p>	<p>David to follow up with Dr. Harberger on his scheduling of his walk-in slots.</p>	<p>David</p>	<p>7/6/2021</p>
	<p><b>QUALITY SITE VISITS (non-clinical)</b></p> <p>Since January 2021, five (5) clinics received a “Non-clinical Quality Site Visit” for Medical Services. This Quality Review consists of an audit on the following measures: Compliance &amp; Regulatory; PHI; Office &amp; Business Equipment; Clinic Equipment &amp; Supplies; Binders; Facilities; Safety &amp; Security; Exam Rooms; Clinic Flow; Staff Knowledge; and Patient Relations. Any items that were not assessed or did not apply to the clinic was scored as NA and the dominator was revised in overall scoring. All identified deficiencies have been completed. Most common deficiencies included: missing required signage, updated phone lists, emergency contacts posted by phones, and security on site.</p> <ul style="list-style-type: none"> <li>• Belle Glade – (1/28/2021) – 97% Compliant – All items completed prior to HRSA audit</li> <li>• Mangonia Park – (2/5/2021) – 91% Complaint - All items completed prior to HRSA audit</li> <li>• Lake Worth – (4/8/2021) – 97% Compliant – All Compliance &amp; Regulatory signage was framed and displayed throughout the clinic after painting was completed</li> <li>• Jupiter – (4/13/2021) – 89% Compliant – All deficiencies corrected</li> </ul>	<p>Revise QSV Non-Clinical Review in RiskQual to reflect current operations and requirements (post EPIC go-live)</p>	<p>David</p>	<p>9/1/2021</p>



	<ul style="list-style-type: none"> <li>Lantana – (4/15/2021) – 98% Compliant – All deficiencies corrected</li> </ul> <p><b><u>QUALITY SITE VISITS (Clinical)</u></b>              87 % of the clinics were compliant with our Current Adult Immunization Schedule visible in the exam rooms, and 12 % were non-compliant.</p> <p>The non-compliant clinic was: Lantana.</p> <p>66% of the clinics were complaint with the “Cover your cough and sneeze” poster, and 33 % were non-compliant.</p> <p>The non-compliant clinics were: West Palm Beach, Lantana, and Belle Glade.</p> <p>All non-compliant clinics were addressed, and posters were posted following the QSV visit.</p>			
<p><b>GRIEVANCES, COMPLAINTS &amp; COMPLIMENTS</b></p>	<p><b><u>Patient Relations Report</u></b>              For April 2021, there were a total of 18 Patient Relations Occurrences that occurred between 6 clinics and Clinic Administration. Of the 18 occurrences, there were 4 Grievances and 14 Complaints. The top 5 categories were Communication, Care &amp; Treatment and Respect Related. The top subcategory with 6 Complaints and Grievances was Poor Communication. There was also a total of 12 compliments received across 3 clinics, South County Civic Center, Fairgrounds and Clinic Administration.</p> <p><i>[PowerPoint presented with roll up of each clinic]</i></p>	<p>Next month, Alexa will present the number of complaints, grievances and Compliments by provider.</p>	<p>Alexa</p>	<p>7/6/2021</p>
<p><b>UTILIZATION</b></p>				



<p><b>OPERATIONS</b></p>	<p><b><u>Productivity (based on checked-in appts)</u></b>                  10,163 visits all clinics.</p> <p>Medical Payer Mix is as follows:                  Uninsured – 58%                  Medicaid – 26%                  HMO – 2%                  Medicare Part B –4%                  Group policy – 6%, Commercial- 4%, Other- 2%</p> <p>Dental Payer Mix is as follows:                  Uninsured – 66%                  Medicaid – 26%                  HMO – 2%                  Medicare Part B –1%                  Group policy – 1%, Commercial- 2%, Other- 2%</p> <table border="1" data-bbox="441 836 1176 1421"> <thead> <tr> <th colspan="2">Service Line</th> <th>Target</th> <th>Actual</th> </tr> </thead> <tbody> <tr> <td rowspan="2">Adult</td> <td>In Person</td> <td>5,241</td> <td>4,418</td> </tr> <tr> <td>Telehealth</td> <td>213</td> <td>196</td> </tr> <tr> <td rowspan="2">Pediatric</td> <td>In Person</td> <td>1,353</td> <td>1374</td> </tr> <tr> <td>Telehealth</td> <td>6</td> <td>5</td> </tr> <tr> <td rowspan="2">Behavioral Health</td> <td>In Person</td> <td>1,421</td> <td>476</td> </tr> <tr> <td>Telehealth</td> <td>677</td> <td>270</td> </tr> <tr> <td>Dental</td> <td>In Person</td> <td>—</td> <td>1,536</td> </tr> <tr> <td rowspan="2">Women’s Health</td> <td>In Person</td> <td>495</td> <td>416</td> </tr> <tr> <td>Telehealth</td> <td>—</td> <td>—</td> </tr> <tr> <td></td> <td>In Person</td> <td>638</td> <td>718</td> </tr> </tbody> </table>	Service Line		Target	Actual	Adult	In Person	5,241	4,418	Telehealth	213	196	Pediatric	In Person	1,353	1374	Telehealth	6	5	Behavioral Health	In Person	1,421	476	Telehealth	677	270	Dental	In Person	—	1,536	Women’s Health	In Person	495	416	Telehealth	—	—		In Person	638	718			
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Substance Abuse	Telehealth	347	186			
<p>Visit Breakdown: n= 10,163</p> <ul style="list-style-type: none"> <li>- 6.7 % Telehealth</li> <li>- 93.3 % In-Person</li> </ul> <p>When comparing numbers to 2019 We see a decrease in visits from March to April. This could be due to many factors, the Pandemic, Decrease in the number of available providers, Saturday hours are just now being reintroduced.</p> <p>West Palm Beach is not meeting 90% or above productivity.</p> <p>There seems to be a concern with the number of Tele visits that still continue to be scheduled in Boca.</p> <p><b><i>(Clinic productivity report with graphs were presented.)</i></b></p>				<p>Marisol / Dominique to spend some time in the WPB clinic to investigate the possible reasons for the providers to not be reaching set productivity goals</p> <p>Andrea to send Productivity Dashboards (showing high use of Tele) to Dr. Chibar for Review with Providers</p>	<p>Marisol / Dominique</p>	<p>7/6/2021</p>



		Tracey to conduct a chart audit for April/May/June appointments to determine purpose for scheduled Tele visit.		
	<p><b><u>No Show Rates</u></b></p> <p>No Show Rate slightly decreased in April to 28.3% which about 0.1% less than March (28.4%).</p> <p><b>(Report with graph presented.)</b></p>			7/6/2021
<b>OUTREACH SUMMARY</b>	<p><b><u>COVID-19 Vaccines: April 2021</u></b></p> <ul style="list-style-type: none"> <li>- 71,466 Total Vaccinations Given</li> <li>- 90,946 Moderna Received</li> <li>- 133,707 Pfizer Received</li> <li>- 30,066 inventory on hand</li> <li>- 54% Female</li> <li>- 46% Male</li> </ul>			7/6/2021
	<p><b><u>COVID-19 Testing: 4/1/2020 – 4/30/2021</u></b></p> <ul style="list-style-type: none"> <li>- 4,807 Tests</li> <li>- Highest Positives                             <ul style="list-style-type: none"> <li>o 30-40: 17%</li> <li>o 40-50: 16%</li> <li>o 50-60: 15%</li> </ul> </li> </ul>			7/6/2021





	<ul style="list-style-type: none"><li>- Positives:<ul style="list-style-type: none"><li>o Male – 53%</li><li>o Female – 47%</li></ul></li><li>- In the Past 30 days the rate of Positivity is at 8% for Palm Beach County</li></ul>			
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**Meeting Adjourned - 2:08 PM**

