



C. L. Brumback

Primary Care Clinics

Health Care District Palm Beach County

BOARD OF DIRECTORS

July 25, 2018

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
July 25, 2018
1515 N. Flagler Drive
West Palm Beach, FL 33401**

1. Call to Order – Bessie Brown, 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. Introduce Joan Roude

4. Disclosure of Voting Conflict

5. Public Comment

6. Meeting Minutes

- A. **Staff recommends a MOTION TO APPROVE:**
Board Meeting Minutes of May 23, 2018. [Pages 1-15]

7. Consent Agenda – Motion to Approve Consent Agenda Items

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

A. ADMINISTRATION

7A-1 RECEIVE AND FILE:

July 2018 Internet Posting of District Public Meeting.
<http://www.hcdpbc.org/index.aspx?recordid=2597&page=15>

7A-2 RECEIVE AND FILE:

Attendance tracking.
[Pages 16]

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

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

Clinic Meeting Schedule.
[Pages 17-18]

B. **FINANCE**

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

C. L. Brumback Primary Care Clinics Finance Report June 2018.
[Pages 19-37]

C. **POLICIES**

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

Adopt Health Care District (HCD) – Policies and Procedures Human Resources &
Retire C. L. Brumback Primary Care Clinic – Policies and Procedures Human
Resources.
[Pages 38-41]

7C-2 **Staff Recommends a MOTION TO APPROVE:**

Hand Hygiene Policy.
[Pages 42-45]

D. **RISK**

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

Risk Management Plan.
[Pages 46-64]

7D-2 **Staff Recommends a MOTION TO APPROVE:**

Emergency Preparedness and Management Plan.
[Pages 65-113]

8. **Regular Agenda**

A. **EXECUTIVE**

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

Executive Director Informational Update.
(Belma Andric) [Pages 114-115]

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

Change In Scope – MAT Clinic.
(Belma Andric) [Pages 116-117]

8. Regular Agenda (continued)

- 8A-3 **Staff Recommends a MOTION TO APPROVE:**
2018 Service Area Competition (SAC) Grant Abstract
(Belma Andric) [Pages 118-120]

B. ADMINISTRATION

- 8B-1 **RECEIVE AND FILE:**
Board Officer Vacancies.
(Thomas Cleare) [Pages 121-122]

C. OPERATIONS

- 8C-1 **Staff Recommends a MOTION TO APPROVE:**
Operations Reports – June 2018.
(Terry Megiveron) [Pages 123-141]

D. CREDENTIALING AND PRIVILEGING

- 8D-1 **Staff Recommends a MOTION TO APPROVE:**
Licensed Independent Practitioner (LIP) Initial Credentialing and Privileging -
Medical: Daniel Perez, MD and Ana Ferwerda, MD.
(Dr. Noelle Stewart) [Pages 142-143]

E. QUALITY

- 8E-1 **Staff Recommends a MOTION TO APPROVE:**
Quality Council Reports – June 2018
(Dr. Noelle Stewart) [Pages 144-163]

9. VP and Executive Director of Clinic Services Comments

10. Board Member Comments

11. Establishment of Upcoming Meetings

August 22, 2018 (HCD Board Room)

12:45pm Board of Directors

September 26, 2018 (HCD Board Room)

12:45pm Board of Directors

October 24, 2018 (HCD Board Room)

12:45pm Board of Directors

November 28, 2018 (HCD Board Room)

12:45pm Board of Directors

December 19, 2018 (HCD Board Room)

12:45pm Board of Directors

12. Motion to Adjourn

**District Clinic Holdings, Inc.
d.b.a. C.L. Brumback Primary Care Clinics
Board of Directors Meeting
Summary Minutes
05/23/2018**

Present: Bessie Brown, Chairperson; James Elder, Vice Chairperson; Frances Navarro, Treasurer, David Kendle (Secretary), John Casey Mullen, Shanti Howard.
Absent: Cory Neering (excused)
Minutes Transcribed By: Sandra Jaime
Meeting Scheduled For 2:45 PM
Meeting Began at 2:56 PM

AGENDA ITEM	DISCUSSION	ACTION
1. Call to Order 1A. Roll Call 1B. Affirmation of Mission	<p>Mrs. Bessie Brown called the meeting to order.</p> <p>Roll call was taken. Mr. Cory Neering was excused</p> <p>Mrs. Bessie Brown read the Affirmation of Mission</p>	The meeting was called to order at 2:56pm.
2A. Additions/Deletions/ Substitutions 2B. Motion to Approve Agenda Items	<p>Mr. Kendle requested the addition of item 8A-5 regarding Dr. Belma Andric's appointment to the C. L. Brumback Clinic as temporary to permanent Executive Director added to agenda.</p>	VOTE TAKEN: Mr. Elder made a motion to approve the agenda as presented with addition. Mrs. Navarro duly seconded the motion. A vote was called, and the motion passed unanimously.
3. Awards, Introductions and Presentations 3A. Sunshine Requirements	<p>Mrs. Valerie Shahriari, HCD Legal Counsel wanted an opportunity to educate and discuss the statute of the Sunshine requirement. We are a special taxing district and clinics is an entity of the Healthcare District, lawful into public record & Sunshine Law. All our documentation and contact information is available for public record request. More importantly, how to conduct business is dictated by statutes. Anytime, when you are together and discuss any</p>	No action necessary.

<p>3B. Employee Engagement Survey 2017</p>	<p>items business of the clinics that would be a Sunshine violation.</p> <p>Tara Kraber, Director of Human Resources discuss the results of the Health Care District (HCD) employee engagement survey conducted by Quantum on behalf of South Florida Business Journal Best Places to Work for 2017 in comparison to 2016.</p> <p>The 2017 average score was 81.90 which was slightly higher than 2016 score of 81.52. The average score of all other participants including healthcare related organizations was 89.</p> <p>Employee engagement improved from last year by 50 points whereas disengagement declined one point from 24 to 23. Survey questions ranged from asking how employees felt about access to opportunities, biggest challenges, and feeling valued. Highlights of the survey indicated employees feel more engaged due to the visibility and increased communication of the leadership team. Key areas of improvement were primarily focused on increasing internal career advancement opportunities. The executive team has reviewed the results and will work with Human Resources and the rest of the organization's leadership team to develop action plans in the hopes of continuing to improve total employee engagement at HCD.</p> <p>Mr. David Kendle used this opportunity to ask the HR Director why only one board member is invited to the Reward/Recognition Banquet and they would like to have this reviewed? Val Sharhiari explained Sunshine Laws again. Tara Kraber agreed we could look into inviting other board member to the annual HCD Christmas party.</p>	<p>No action necessary.</p>
<p>4. Disclosure of Voting Conflict</p>	<p>None.</p>	<p>No action necessary.</p>
<p>5. Public Comment</p>	<p>None.</p>	<p>No action necessary.</p>

<p>6. Meeting Minutes</p> <p>6A-1 Staff Recommends a Motion to Approve: Board Meeting Minutes of April 25, 2018</p>	<p>Ms. Bessie Brown suggested corrections to minutes from April 25, 2018 in the following sections:</p> <ul style="list-style-type: none"> • 6A-1 & 6A-2 on the vote taken side change dates from February 28, 2018 to March 21, 2018 • 8C-1 on the vote taken side changed from Permanent to Interim. 	<p>VOTE TAKEN: Mr. Kendle made a motion to approve the minutes of April 25, 2018 as presented with suggested corrections. Mr. Elder duly seconded the motion. A vote was called, and the motion passed unanimously.</p>
<p>7. Consent Agenda – Motion to Approve Consent Agenda Items</p>		<p>VOTE TAKEN: Mr. Elder made a motion to amend the Consent Agenda items with the update of Mr. Neering attendance to be zero moving forward. Mr. Kendle duly seconded the motion. A vote was called, and the motion passed unanimously.</p>
<p>7A. ADMINISTRATION</p>		
<p>7A-1 Receive and file: May 2018 Internet Posting of District Public Meeting</p>	<p>The meeting notice was posted.</p>	<p>The Board approved the Consent Agenda items.</p>
<p>7A-2 Received and File: Attendance Tracking</p>	<p>Mrs. Darcy Davis, HCD CEO noticed that Mr. Neering's attendance for January 2018 was marked absent, but would like to request to the board to consider changing Mr. Neering's attendance from absent to excused.</p> <p>Ms. Davis informed the Board that Mr. Neering did give her a call to let her know he was not able to make the meeting. Ms. Davis thought the clinics was aware and she did not pass the message onto the board and would like the Board to consider an excuse instead of an absent. since she received notification that he was unable to attend.</p>	<p>The Board approved the Consent Agenda items.</p>

<p>7A-3 Received and File: Health Care District Committee Charters</p>	<p>Thomas Cleare, HCD VP of Strategy presented to the Board the Health Care District Committee Charters. The Health Care District is updating the Committee charter for the Finance and Audit Committee and the Quality, Patient Safety, and Compliance Committee to require those committee to have a District Clinic Holdings, Inc. Board Member as a member of those respective committee. The reason these changes are made is to help increase awareness of what actions are taking place on various boards and committee.</p>	<p>The Board approved the Consent Agenda items.</p>
<p>7A-4 Received and File: Terminated Board Membership</p>	<p>Thomas Cleare, HCD VP of Strategy presented to the Board under Section 9.3 of the District Clinics Holdings, Inc. Bylaws contains language related to Board Member attendance. This includes the termination of Board Membership by resignation of a member or by resolution of the Board after any member has three (3) unexcused absences. At the April 25, 2018 Board Meeting, the Board directed staff to follow the requirements of the Bylaws and notified Mara Martinez that she was being relieved of her Board Membership. Attached to this agenda item is a copy of the letter that was mailed to Ms. Martinez.</p>	<p>The Board approved the Consent Agenda items.</p>
<p>7A-5 Received and File: Updated Organization Chart</p>	<p>Thomas Cleare, HCD VP of Strategy presented to the Board that the CLBPC and HCD organizational charts have been updated to reflect the expected budget changes for FY 2019.</p>	<p>The Board approved the Consent Agenda items.</p>
<p>8A. ADMINISTRATION</p>		
<p>8A-1. Staff Recommends a Motion to Approve: Bylaws Revisions</p>	<p>Thomas Cleare, HCD VP of Strategy addressed the Board and discussed the revised Bylaws to reflect. The New address for the principal office location in West Palm Beach, In Section 8.2 the minimum number of Board Members to be 9, In Section 10.1 update to May of each</p>	<p>VOTE TAKEN: Mr. Kendle made a motion to approve the bylaws revisions as presented. The motion was duly seconded by Mr. Elder. A vote was called, and the motion passed unanimously.</p>

	<p>year with the officers 1- year term running from May to April of following year. This change would align the annual meeting date of the C. L. Brumback Primary Care Clinic with the HCD Board annual meeting date and Lakeside Advisory Meeting, One Board Member serve on the Finance and Audit Committee of the District's Governing Board and one Board Member on the Quality, Patient and Compliance of the District's Governing Board and Clean up edits on the by-laws.</p>	
<p>8A-2. Staff Recommends a Motion to Approve: Election of Board Secretary</p>	<p>Thomas Cleare, HCD VP of Strategy requested a nomination to fill the Board secretary position that is being held temporary by Mr. David Kendle.</p> <p>Mr. Kendle nominated Mr. Mullen as Board Secretary, Mr. Mullen accepted the nomination.</p>	<p>VOTE TAKEN: Mr. Kendle made a motion to approve the nomination as presented. The motion was duly seconded by Mr. Elder and Mrs. Navarro. A vote was called, and the motion passed unanimously.</p>
<p>8A-3. Staff Recommends a Motion to Approve: Nomination of Joan Roude to the Clinic Board</p>	<p>Thomas Cleare, HCD VP of Strategy presented to the board Joan Roude Application for Board or Committee Appointment. Joan Roude has submitted an application for consideration for appointment to the District Clinic Holdings, Inc. Board of Directors. Ms. Roude currently serves on the Health Care District's Finance and Audit Committee. The appointment of Ms. Roude to the Clinic Board would create a valuable link between the Clinics Board and the Health Care District's Finance and Audit Committee.</p> <p>The board discussed the need to recruit more board members. Andrea Steele provided applications for their distribution.</p>	<p>VOTE TAKEN: Mr. Kendle made a motion to approve the nomination as presented. The motion was duly seconded by Mrs. Figueroa. A vote was called, and the motion passed unanimously.</p>
<p>8A-4. Staff Recommends a Motion to Approve: Annual Election of Officers</p>	<p>Thomas Cleare, HCD VP of Strategy presented the Annual Election of Officers and Committee Membership/Designations. In a prior agenda item, the Board considered the proposal to align the Annual Election of Officer with the same time period used by the Health Care District Board and the Lakeside Health Advisory Board. If the Board approved that Bylaw change on the</p>	<p>VOTE TAKEN: Mr. Kendle made a motion to approve the Annual Election of Officers from May to April 2019. Mr. Mullen duly seconded the motion. A vote was called, and the motion passed unanimously.</p>

	prior agenda item, then the Officer terms are now a 1-year term running from May through April of the following year.	
8A-5. Staff Recommends a Motion to Approve: Permanent appointment for Dr. Belma Andric to Executive Director of Clinic.	<p>Mr. Kendle suggested to the board that Dr. Belma Andric, who was made the interim Executive Director at the April Board meeting, as permanent VP and Executive Director of the Clinics.</p> <p>Mr. Elder and Mr. Mullen expressed agreement with this suggestion and both said they felt Dr. Andric is a good fit for permanent Executive Director.</p> <p>Ms. Brown agreed with Mr. Elder and Mr. Mullen, but questioned whether we needed make her permanent prior to her interim appointment expiring.</p> <p>Mr. Kendle expressed that he felt it was important to make this change now for continuity of clinic operations.</p>	VOTE TAKEN: Mr. Kendle made a motion to approve Dr. Belma Andric has the permanent Executive Director of the C.L Brumback Primary Clinic. Mr. Mullen and Mrs Navarro duly seconded the motion. A vote was called, and the motion passed unanimously.
8B. FINANCE		
8B-1. Received and Filed: C.L. Brumback Primary Care Clinics Finance Report for April 2018	Dawn Richards, HCD Chief Financial Officer provided the following summary of the YTD April 2018 C. L. Brumback Financial Statements Volume Analysis: YTD Clinic volumes (both medical and dental combined), are below budget by 4.0% or 3,302 visits. Suboxone clinic visits YTD of 1,941 were below budget of 8,977 by 7,036 or 78.4% due to unanticipated changes to the MAT strategy. All other medical clinics combined (net of suboxone) were above budget volume by 5,153 visits. Total revenue, year to date, are over budget by 4.0 % or 498k due to volume variance in medical clinics. Total operating expenses are under budget by 6.8%, or 957k due to unimplemented strategies. Net operating margin is a loss of \$2.2M compared to a budgeted loss of \$4.1M. YTD the Health Care District has subsidized the Primary Care Clinics with 2.1M.	Received and filed.
8C. EXECUTIVE		

<p>8C-1. Staff Recommends a Motion to Approve: Change in Scope: Jerome Golden Center</p>	<p>Dr. Belma Andric, VP & HCD CMO is requesting approval to proceed with a Change in Scope application with the Health Resources and Services Administration to remove our Golden Center Clinic health center site located at 1041 45th Street, West Palm Beach, Florida. This is one of our smaller sites with 1 ARNP and would become a duplication of efforts once the Mobile Clinic launches in July 2018. We anticipate we will serve patients at our Lewis Center Clinic, West Palm Beach Clinic, or on the Mobile Van. Signage will be posted notifying patients of the closure effective 7/22/2018.</p>	<p>VOTE TAKEN: Mr. Mullen made a motion to approve the change in scope, Jerome Golden Center. Mr. Elder duly seconded the motion. A vote was called, and the motion passed unanimously.</p>
<p>8C-3. Staff Recommends a Motion to Approve: Executive Director Informational Update</p>	<p>Dr. Belma Andric, VP & HCD CMO presented to the board monthly administrative report: We expect our Mobile Clinic to be delivered by a Farber driver/trainer the week of June 11, 2018, We had our Go-Live with Athena on May 15th, 2018. Clinics are now operational and our overall impression is that the clinics will run more smoothly, Although the expansion was planned for this budget year, due to rightsizing we will be putting the Boca Raton Clinic expansion on hold, Lakeside Medical Center Clinic (Belle Glade) As of today, this project is moving forward with the RFP process to hire a construction company, the Lake Worth Dental/Pharmacy as of today, this project has been put on hold, the Lake Worth Medical as of today, this project has been put on hold.</p>	<p>VOTE TAKEN: Mr. Elder made a motion to approve the Executive Director's Update. Mr duly seconded the motion. Kendle. A vote was called, and the motion passed unanimously.</p>
<p>8D. OPERATIONS</p>		
<p>8D-1. Staff Recommends a Motion to Approve: Productivity Report – April 2018</p>	<p>Terry Megiveron, Director of Practice Operations presented the overall and individual clinic productivity reports for April 2018. Dr. Alonso suggested making changes on the Target Numbers, which are too high. Lantana Clinic has Adult totals 952 for the month, target is 913, Pediatric totals 421 for the month, target is 486 and Total for the clinic is 1399 for the month, target 1373 Delray Clinic has Adult totals 1195 for the month, target is 1325, Pediatric total is 246 for the month, target is 342 and</p>	<p>VOTE TAKEN: Mr. Elder made a motion to approve the Operations Report. Mr. Mullen duly seconded the motion. A vote was called, and the motion passed unanimously.</p>

	<p>Total for the clinic is 1441 for the month, target 1667</p> <p>Belle Glade Clinic has Adult totals 865 for the month, target 859, Pediatric total is 55 for the month, target 72 and Total for the clinic is 920 for the month, target 931.</p> <p>West Palm Beach Clinic has Adult totals 1286 for the month, target 1384, Pediatric total is 395 for the month, target 433 and Total for the clinic is 1681 for the month, target 1817.</p> <p>Lake Worth Clinic has Adult totals 1025 for the month, target 1116, Pediatric total 262 for the month, target 351 and Total for the clinic is 1287 for the month, target 1467.</p> <p>Women's Health Care has Women's Health Care total 270 for the month, target 297. Lake Worth & Women's Health Care total for the month is 1557. Boca Raton Clinic has Adult total 767 for the month, target 1011, Pediatric total 92 for the month, target 270 and Total for the clinic is 859 for the month, target 1281, Golden Center has Total for the clinic is 310 for the month, target 320. Lewis Center has a total for the clinic is 218 for the month, target 313.</p>	
<p>8D-2. Staff Recommends a Motion to Approve: Annual Nominal Fee Survey</p>	<p>Terry Megiveron, Director of Practice Operations presented the Annual Nominal fee survey. The survey conducted in April 2018.</p> <p>Patients were asked if they experience any challenge with a nominal fee of \$20.00. 82% of patient, who completed survey, felt the minimum sliding fee of \$20.00 is acceptable. This was an increase in satisfaction when compared to last year.</p>	<p>VOTE TAKEN: Mr. Mullen made a motion to approve the Annual Nominal Fee Survey. Mr. Elder duly seconded the motion. A vote was called, and the motion passed unanimously.</p>
<p>8E. CREDENTIALING AND PRIVILEGING</p>		
<p>8E-1. Staff Recommends a Motion to Approve: Medical:</p>	<p>Dr. Noelle Stewart, Medical Director recommend to the board to approved Rodlyne Francois- Johnson, Pediatric ARNP who is a per diem provider and Eleonore Millien Pediatric ARNP who will be a full time provider in West Palm Beach location.</p>	<p>VOTE TAKEN: Mr. Kendle made a motion to approve the re -credentialing and privileging of licensed independent practitioner Rodlyne Francois-Johnson, ARNP and Eleonore Millien, ARNP. Mr. Elder duly seconded the motion. A vote</p>

<ul style="list-style-type: none"> Rodlyne Francois-Johnson, ARNP Eleonore Millien, ARNP 	<p>The LIPs satisfactorily completed the credentialing and privileging process and met the standards set forth within the approved Credentialing and Privileging Policy.</p>	<p>was called, and the motion passed unanimously.</p>
<p>8E-1. Staff Recommends a Motion to Approve:</p> <p>Dental: Yasmine Zangeneh, DDS</p>	<p>Dr. Tamara Tibby, Director of Dental Services recommended to the board to approve Yasmine Zangeneh, DDS with Lantana Clinic.</p> <p>The LIPs satisfactorily completed the credentialing and privileging process and met the standards set forth within the approved Credentialing and Privileging Policy.</p>	<p>VOTE TAKEN: Mr. Kendle made a motion to approve the re -credentialing and privileging of licensed independent practitioner Yasmine Zangeneh. Mr. Muller duly seconded the motion. A vote was called, and the motion passed unanimously.</p>
<p>8F. QUALITY</p>		
<p>8F-1. Staff Recommends a Motion to Approve: Quality Council Meeting Summary April 13, 2018 & May 11, 2018</p>	<p>Dr. Noelle Stewart presented the summary for the Quality Council meeting on April 13, 2018. The Compliance & Grievances for March 2018, there were 3 Complaints & 10 Grievances. Compliments there were 26 across 6 locations. Quality Events has a total of 6 “transfer to higher level of care” events. Medical Reports of the 14 UDS Measures: 4 Exceeded Goal, 3 met Goal, 6 short of Goal, 1 not reported & awaiting data refresh. 2017 UDS summary report was presented. Peer Review Summaries for Quarters 2, 3, and 4 of 2017 presented, total of 91 charts reviewed. Behavioral Health Integration scheduled for May 1st for adults and June 4th for Pediatrics. Provider 48-hour metrics reported with improvement across all measures. HPV Report was presented. 42 % started the series and 28% completed the series in 2018 with a goal of 60% completing the series by the end of 2018. There were 38 smoking cessation intervention referrals in March. There are a total of 103 active patient in the Target BP program of which 41 graduated and 81 seen in March. There are a total of 95 patients in the Diabetes Program of which 2 graduated and 39 patients seen in March. Nursing Reports for March, there were 661 Nurse Triages and 569 scheduled nurse visits. Dental Report for March 2018 charts reviews presented and 43% of providers and 33% of Dental Hygienists scored below the expected</p>	<p>VOTE TAKEN: Mr. Mullen made a motion to approve the Quality Council Meeting Summary of April 13, 2018 & May 11, 2018. Mr. Kendle duly seconded the motion. A vote was called, and the motion passed unanimously.</p>

threshold. Retraining will be provided to Dental staff. Opportunities for improvement were identified including Radiographic Quality, Periodontal Protocol, and Documentation. Clinic Quality Site Visit Reports for March 2018 were completed. Opportunities for improvement are Instadose reporting, Sterilization room management, Infection Control Practices, and QI log management. The Oral Health Improvement Collaborative Metrics were presented for March and include: Oral Health Education, Carries Risk Assessments Sealants, and Self-management Goals. Dental Quality Workgroups and action items were presented.

Behavioral Health Report for March 2018, There were 159 Warm Hand Offs and 126 In house behavioral health referrals. Total Group therapy session were 19 across 5 clinic sites. There were 3 Baker Acts in March which is a decrease from the prior month.

Substance Abuse Report Patient Census are 63 active, # of Intakes completed were 5. Department of Children & Families (DCF) application is being completed online and policies, procedures, and documents are being sent to DCF for review. Action items from Quality workgroups presented: 2 completed, 3 in process. Women's Health Report were 103 pregnant patients, 0 emergency deliveries, 7 patient deliveries, and no referrals to the Regional Perinatal Intensive Care Center Referrals Program. Quarter 4 2017 Peer review Summary presented and a total of 14 charts were reviewed. An Ad Hoc Committee was held to review and revise Infection Control measures and workflows. Quality Report for the Spring 2018 Patient Satisfaction Survey is in process at all clinic sites. The Quarter 1, 2018 Peer Reviews have been distributed to providers. the Clinic Operations Report and the Patient Cycle times reported for all clinics. All cycle times are improving. March appointment analysis reported for all clinic sites. The Human Resource Report for March 2018

has 2 new hires (Dentist and Registration Specialist) and 0 workman's comp, and 0 employee turnover.

Dr. Noelle Stewart also presented the summary for the Quality Council meeting on May 11, 2018. The Complaints & Grievances for April 2018 data reported that there were a total of 2 Complaints & 2 Grievances. The Compliments for April 2018 data was presented. There were a total of 22 across 7 locations. The Quality Events for April 2018. Total of 7 "transfer to higher level of care" events. The Quality Review Reports for April 2018. Is 13 Environment of Care Inspections were completed. The Medical Reports, the UDS data presented. The 14 UDS Measures: 3 Exceeded Goal, 2 met Goal, 6 short of Goal, 7 not reported & awaiting data refresh. Behavioral Health Integration was postponed until Athena Go-Live is completed. Provider 48-hour metrics reported with continued improvement across all measures.

The Nursing Reports for Clinical support staff 48-hour metrics reported with improvement across all measures. For April, there were a total of 620 Nurse Triages with the busiest days on Monday, Wednesday, and Friday. There were a total of 453 scheduled nurse visits for April. The Dental Report for April 2018 charts reviews presented and 50% of providers and 17% of Dental Hygienists scored below the expected threshold. Retraining will be provided to Dental staff. Opportunities for improvement were identified including Radiographic Quality, Periodontal Protocol, and Documentation. Clinic Quality Site Visit Reports for April 2018 were completed. Opportunities for improvement are: Operatory & Sterilization room

management, Infection Control Practices, Sharp Container Maintenance and QI log management. The National Network for Oral Health Improvement Collaborative Metrics were presented for April and include: Carries Risk Assessments, Assessments at Recall, and Dental Sealants for 6 to 9 year olds and for 10 to 14 year olds. The Behavioral Health Report were 143 Warm Hand Offs for April 2018. The plan for future reporting on PHQ's presented. There is continued improvements in the closing of Behavioral Health referrals. There were a total of 18 Group therapy sessions across 5 clinic sites. There were 4 Baker Acts in April of which 25% had follow up with a medical provider and 50% had follow up with a Behavioral Health Provider. Substance Abuse Report for April 2018: Patient Census – 77 active patients, # of Intakes completed – 13. Department of Children & Families (DCF) application submitted and a Provisional license was granted pending DCF site visit of program which is to be scheduled. Vivitrol license is in process. Women's Health Report for April data presented. Quarter 4 2017 Peer review Summary presented and a total of 14 charts were reviewed. An Ad Hoc Committee was held to review and revise Infection Control measures and workflows. The Quality Report: The 2018 Spring Patient Satisfaction Survey results were presented to the Council along with significant findings and successes. The 2018 Nominal Fee Survey was presented and results indicated that patients continued to be satisfied with the nominal fee for medical services. The results of the 2017 Employee Engagement Survey results and opportunities for improvement

	were presented to the committee. In House Emergency Room referrals were reported for April.	
8F-1. Staff Recommends a Motion to Approve: Quality Council Meeting Minutes April 13, 2018 & May 11, 2018	Dr. Noelle Stewart presented the minutes for the Quality Council on April 13, 2018 and May 11, 2018. The Board requested that the summary and minutes be presented together as one agenda item rather than two. Minutes and Summary will be presented together for next Board Meeting.	VOTE TAKEN: Mr. Mullen made a motion to approve the Quality Council Meeting Minutes of April 13, 2018 & May 11, 2018. Mr. Kendle duly seconded the motion. A vote was called, and the motion passed unanimously.
8F-2. Staff Recommends a Motion to Approve: Annual Patient Satisfactory Survey	Dr. Noelle Stewart, Medical Director presented the Annual Patient Satisfaction Survey. The Patient Satisfaction survey was distributed March-April 2018. The survey was completed with a total of 667 responses. Adult appointment type were 52.1% and the adult Dental was 21.7%. Majority of the patient have been going to the clinics between 1 and 3 years at 27.8% and less than 6 month at 25.2%. Wait time at 35.8% for 6-15 minutes. How many would you recommend this practice to others? 68.6% would recommend. Reason for visit at 21.4% wellness/annual visit, follow up for an existing condition at 47.2% and walk in at 6.6%.	VOTE TAKEN: Mr. Kendle made a motion to approve Annual patient Satisfactory Survey. Mr. Mullen duly seconded the motion. A vote was called, and the motion passed unanimously.
8F-4. Staff Recommends a Motion to Approve: UDS Reports 2018	Dr. Noelle Stewart presented the UDS Reports for January through April 2018. The following is Childhood Immunization at 60%, Cervical Cancer Screening at 60%, Weight assessment for children and adolescent at 81%, Adult weight screening and follow up at 95%, Tobacco use screening and cessation at 86%, Coronary artery disease (CAD) at 78%, Ischemic Vascular disease (IVD) at 83%, Colorectal cancer screening at 45%, Patient screen for depression and follow up at 69%, Dental sealant at 82% Hypertension at 65% and Diabetes at 64%	VOTE TAKEN: Mr. Kendle made a motion to approve UDS January to April 2018. Ms. Figueroa duly seconded the motion. A vote was called, and the motion passed unanimously.
8G. RISK MANAGEMENT		
8G-1. Staff Recommends a Motion to Approve: Enterprise Risk Management Objective and Goal Action Plan	Valerie Shahriari, HCD Legal Counsel presented the Enterprise Risk Management Objective and Goal Action Plan. It outlines all risk assessment that are being done at the clinics and action plan because of assessment. All HIPAA forms will be up to date- Reeducate registration Clerks and Provide HIPAA information to	VOTE TAKEN: Mr. Kendle made a motion to approve risk management objective and goal action plan. Mr. Mullen duly seconded the motion. A vote was called, and the motion passed unanimously.

	<p>patients, To reduce adverse outcome of behavioral outburst and provide staff with the skills and defusing disruptive behavior- Monthly Crisis Prevention training leading to CPI certification, Prevent unnecessary transfer to Emergency Dept.- Review all ER transfer documented in Risk Qua. Review ER transfer procedure and necessity with all clinical staff, To ensure adherence to meds along with early detection, treatment and monitoring of patients with positive PPD reading- Review all PPD Orders, Ensure all PPD are ordered and documented correctly, Monitor screening of patient with positive PPD, follow up with DOH TB clinic for all positive PPD patient, Ensure follow up post DOH appointment.</p>	
9. CMO, VP and Executive Director of Clinical Services Comments	None.	No action necessary.
10. Board Member Comments	None.	No action necessary.
11. Establishment of Upcoming Meetings	<p>At this time Dr. Belma Andric, VP & HCD CMO of primary care clinics addressed the Board:</p> <p>New contact for the next Board meeting is Sandra Jaime.</p> <p>During the month of June, several attendees will be on vacation. Dr. Andric asked the Board if we should cancel the June 27, 2018 BOD and resume July 25, 2018 at Noon instead of 2:45pm. The Board unanimously agreed.</p> <p>Darcy Davis, HCD CMO also suggested changing the time to Noon for a lunch meeting. Finance Committee would begin at 12:15pm and the Board would meet at 12:45pm. The Board unanimously agreed.</p> <p>Remaining meetings are as follows:</p>	VOTE TAKEN: Mr. Kendle made a motion to approve cancellation of June 27, 2018 meeting and to start at 12:00pm. Mr. Mullen duly seconded the motion. A vote was called, and the motion passed unanimously.

	<p>June 27, 2018 (HCD Board Room) - Cancelled</p> <ul style="list-style-type: none"> • 12:45p.m. Board of Directors <p>July 25, 2018 (HCD Board Room)</p> <ul style="list-style-type: none"> • 12:45 p.m. Board of Directors <p>August 22, 2018 (HCD Board Room)</p> <ul style="list-style-type: none"> • 12:45 p.m. Board of Directors <p>September 26, 2018 (HCD Board Room)</p> <ul style="list-style-type: none"> • 12:45 p.m. Board of Directors <p>October 24, 2018 (HCD Board Room)</p> <ul style="list-style-type: none"> • 12:45 p.m. Board of Directors <p>November 28, 2018 (HCD Board Room)</p> <ul style="list-style-type: none"> • 12:45 p.m. Board of Directors <p>December 19, 2018 (HCD Board Room)</p> <ul style="list-style-type: none"> • 12:45 p.m. Board of Directors 	
12. Motion to Adjourn	There being no further business, the meeting was adjourned.	<p>VOTE TAKEN: Mrs. Brown made a motion to adjourn. Mrs Navarro duly seconded the motion. A vote was called, and the motion passed unanimously.</p> <p>The meeting was adjourned at 5:29 p.m.</p>

Minutes Submitted by: _____
Signature Date

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

Attendance Tracking

	1/24/18	2/28/18	3/27/18	4/25/2018	5/23/18	6/27/18	7/25/18	8/22/18	9/26/18	10/24/18	11/28/18	12/1918
Bessie Brown	X	X	X	X	X	C						
James Elder	X	X	X	X	X	C						
Frances Navarro	X	X	X	X	X	C						
David Kendle	X	X	X	X	X	C						
Irene Figueroa	X	X	X	E	X	C						
John Casey Mullen	X	X	E	X	X	C						
Mara Martinez	E	E	E	E	Termination							
Shanti Howard	X	E	X	E	X	C						
Cory M. Neering	E	X	X	A	E	C						
Joan Roude												

X= Present

C= Cancel

E= Excused

A= Absent

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
July 25, 2018

1. Description: Clinic Meeting Schedule

2. Summary:

Staff followed up with a lawyer that specializes in Health Law for FQHC's about the request to move our monthly Board meetings to every other month, consistent with HCD Board of Commissioners and to accommodate difficult travel schedules for clinic Board members.

3. Substantive Analysis:

Bill Dillon of Gunster Law Firm replied to our inquiry about our FQHC Board meeting schedule:

“Unfortunately, the ‘at least monthly’ meeting requirement is in the authorizing statute and the federal regulations (not to mention the Compliance Manual). Years ago HRSA would occasionally let some centers (normally those with a migrant grant in which some of the Board were migrants) skip meetings in the summer. A request could always be made to your Project Officer but I would be greatly surprised if it was allowed as it is contrary to the statutory language.

I understand your travel concern issue for your Board members and I have seen other centers have to deal with this issue. One of the centers I work with is rural and has sites spread out over 6 or 7 counties. They, I believe, will rotate meeting locations. Other centers will allow members to call in and/or attend via video conference.”

Based upon feedback from Mr. Dillon, management suggests that we maintain the monthly schedule of Board meetings.

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

Dawn Richards
VP & Chief Financial Officer

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
July 25, 2018

5. Reviewed/Approved by Committee:

N/A

Committee Name

Date Approved

6. Recommendation:

Staff recommends the Board receive and file the information and discuss other options to facilitate Board member attendance, including the possibility of allowing members to call in for meetings.

Approved for Legal sufficiency:



Valerie Shahriari
VP & General Counsel



Thomas W. Cleare, PhD, MBA
VP of Strategy



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

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
July 25, 2018

1. **Description:** C. L. Brumback Primary Care Clinics Financial Report June 2018

2. **Summary:**

The YTD June 2018 financial statements for the C.L. Brumback Primary Care Clinics are presented for your information.


3. **Substantive Analysis:**

Management has provided the income statements for C.L. Brumback Primary Care Clinics. Additional Management discussion and analysis is incorporated into the financial statements presentation.

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

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

Reviewed for financial accuracy and compliance with purchasing procedure:


 Dawn Richards
 VP & Chief Financial Officer

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

N/A

 Committee Name

 Date Approved

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
July 25, 2018


6. Recommendation:

Staff recommends the Board receive and file the June 2018 financials.

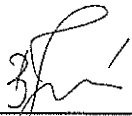
Approved for Legal sufficiency:



Valene Shahriari
VP & General Counsel



Dawn Richards
VP & Chief Financial Officer



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

MEMO

To: Finance Committee
From: Dawn L. Richards
Chief Financial Officer
Date: July 12, 2018

Subject: Management Discussion and Analysis of YTD June 2018 C.L. Brumback Primary Care Clinic Financial Statements

The June statements represent the financial performance for the nine months of the 2018 fiscal year for C.L. Brumback. Included below are year-to-date (YTD) explanations of volume, revenue and expense variances.

Summary

YTD Clinic volumes (both medical and dental combined), are below budget by 8.1% or 8,748 visits. Suboxone clinic visits YTD of 2,649 were below budget of 11,543 by 8,894 or 77.1% due to unanticipated changes to the MAT strategy. All other medical clinics combined (net of suboxone) were above budgeted volume by 3,480 visits or 5.0%. Total revenues, year to date, are over budget by 9.9% or \$1.6M due to volume variance in medical clinics. Total operating expenses are under budget by 7.0%, or \$1.3M due to unimplemented strategies. Net operating margin is a loss of \$1.7M compared to a budgeted loss of \$5.3M. YTD the Health Care District has subsidized the Primary Care Clinics with \$2.2M.

Volume Analysis

Total medical clinic visits YTD in all adult and pediatric clinics of 76,269 were under budget of 81,683 by 5,414 or 6.6% but are over prior year of 65,251 by 11,018 or 16.9%. Dental visits YTD of 23,371 were under budget of 26,705 by 3,334 or 12.5% and below prior year of 25,510 by 2,139 or 8.4%. Suboxone clinic visits YTD of 2,649 were below budget of 11,543 by 8,894 or 77.1% due to unanticipated changes to the MAT strategy. All other medical clinics combined (net of Suboxone) were above budgeted volume by 3,480 visits or 5.0%.

Net Revenue

Clinic net patient revenue YTD of \$12.1M exceeded budget of \$10.0M by \$2.0M or 20.3% and above of prior year of \$9.3M by \$2.7M or 29.1%. Clinics received a LIP payment in April 2018 of \$1.2M, this was unbudgeted. Grant revenue YTD of \$5.9M was below budget of \$6.4M by \$492k or 7.7% and exceeded prior year of \$4.9M by \$1.0M or 20.6%. Current year grants for mobile van and MAT program have not been realized.



Expenses

Clinic operating expenses YTD of \$17.2M were under budget of \$18.5M by \$1.3M or 7.0% and above prior year of \$14.4M by \$2.8M or 19.2%. Most of this positive variance related to salaries, benefits, and software costs. Salaries and benefits were under budget due to unimplemented strategies in West Boca, Lake Worth and Lantana (Suboxone).

DISTRICT CLINIC HOLDINGS, INC.
COMPARATIVE STATEMENT OF NET POSITION

	<u>Jun 30, 2018</u>	<u>May 31, 2018</u>	<u>Increase (Decrease)</u>
Assets			
Cash and Cash Equivalents	(1,324,404)	280,955	\$ (1,605,359)
Accounts Receivable, net	1,210,309	1,056,308	154,001
Due From Other Funds	-	-	-
Due from Other Governments	3,791,208	2,997,474	793,734
Other Current Assets	273,033	306,386	(33,353)
Net Investment in Capital Assets	477,520	494,242	(16,722)
Total Assets	<u>\$ 4,427,666</u>	<u>\$ 5,135,365</u>	<u>\$ (707,699)</u>
Liabilities			
Accounts Payable	186,662	155,404	31,259
Due To Other Governments	-	(72,123)	72,123
Deferred Revenue	22,123	27,632	(5,509)
Other Current Liabilities	616,604	1,213,910	(597,305)
Non-Current Liabilities	729,254	729,254	-
Total Liabilities	<u>1,554,644</u>	<u>2,054,077</u>	<u>(499,433)</u>
Net Position			
Net Investment in Capital Assets	477,520	494,242	(16,722)
Unrestricted	2,395,501	2,587,046	(191,545)
Total Net Position	<u>2,873,022</u>	<u>3,081,288</u>	<u>(208,267)</u>
Total Liabilities and Net Position	<u>\$ 4,427,666</u>	<u>\$ 5,135,365</u>	<u>\$ (707,699)</u>

Note: Amounts may not foot due to rounding.

District Clinics Holdings, Inc. Statement of Revenues and Expenses

FOR THE NINE MONTHS ENDED JUNE 30, 2018

Current Month							Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%	
1,801,509	2,008,432	(206,923)	(10.3%)	1,731,452	70,057	4.0%	Gross Patient Revenue	16,620,718	16,734,693	(113,974)	(0.7%)	14,407,480	2,213,239	15.4%
196,239	577,512	381,274	66.0%	462,470	266,231	57.6%	Contractual Allowances	2,618,906	4,820,311	2,201,405	45.7%	3,546,214	927,308	26.1%
58,983	189,212	130,228	68.8%	56,145	(2,838)	(5.1%)	Charity Care	515,199	1,546,110	1,030,911	66.7%	588,981	73,782	12.5%
248,396	38,115	(210,281)	(551.7%)	65,097	(183,299)	(281.6%)	Bad Debt	1,417,840	335,614	(1,082,227)	(322.5%)	926,775	(491,065)	(53.0%)
503,618	804,838	301,220	37.4%	583,713	80,095	13.7%	Total Contractuals and Bad Debts	4,551,946	6,702,035	2,150,090	32.1%	5,061,970	510,025	10.1%
1,297,891	1,203,594	94,297	7.8%	1,147,739	150,152	13.1%	Net Patient Revenue	12,068,773	10,032,657	2,036,115	20.3%	9,345,510	2,723,263	29.1%
72.04%	59.93%			66.29%			Collection %	72.61%	59.95%		64.87%			
612,112	761,512	(149,400)	(19.6%)	619,667	(7,555)	(1.2%)	Grant Funds	5,896,691	6,388,978	(492,287)	(7.7%)	4,889,893	1,006,799	20.6%
3,771	16,225	(12,454)	(76.8%)	2,389	1,382	57.8%	Other Revenue	236,606	146,025	90,581	62.0%	51,872	184,735	356.1%
615,883	777,737	(161,854)	(20.8%)	622,056	(6,173)	(1.0%)	Total Other Revenues	6,133,298	6,535,003	(401,705)	(6.1%)	4,941,764	1,191,533	24.1%
1,913,774	1,981,331	(67,557)	(3.4%)	1,769,795	143,979	8.1%	Total Revenues	18,202,070	16,567,660	1,634,410	9.9%	14,287,274	3,914,796	27.4%
<i>Direct Operational Expenses:</i>														
1,174,280	1,306,077	131,797	10.1%	1,067,285	(106,995)	(10.0%)	Salaries and Wages	11,030,303	11,608,341	578,038	5.0%	9,183,276	(1,847,027)	(20.1%)
345,001	360,092	15,092	4.2%	297,090	(47,911)	(16.1%)	Benefits	2,982,430	3,119,576	137,147	4.4%	2,491,348	(491,082)	(19.7%)
102,800	59,582	(43,218)	(72.5%)	56,655	(46,145)	(81.4%)	Purchased Services	570,363	515,788	(54,575)	(10.6%)	458,191	(112,173)	(24.5%)
36,607	51,659	15,051	29.1%	35,679	(928)	(2.6%)	Medical Supplies	365,130	409,693	44,563	10.9%	276,340	(88,790)	(32.1%)
16,237	16,276	39	0.2%	43,970	27,733	63.1%	Other Supplies	125,044	117,348	(7,696)	(6.6%)	268,523	143,479	53.4%
-	-	-	0.0%	-	-	0.0%	Contracted Physician Expense	15,355	-	(15,355)	0.0%	-	(15,355)	0.0%
-	-	-	0.0%	-	-	0.0%	Medical Services	-	-	-	0.0%	-	-	0.0%
26,793	58,036	31,243	53.8%	52,784	25,991	49.2%	Drugs	409,180	485,742	76,563	15.8%	365,605	(43,575)	(11.9%)
23,703	108,467	84,764	78.1%	33,484	9,780	29.2%	Repairs & Maintenance	378,186	935,996	557,810	59.6%	314,469	(63,718)	(20.3%)
95,932	115,600	19,668	17.0%	108,659	12,728	11.7%	Lease & Rental	1,069,193	1,027,791	(41,402)	(4.0%)	912,331	(156,862)	(17.2%)
5,547	8,025	2,478	30.9%	6,749	1,202	17.8%	Utilities	56,298	66,955	10,657	15.9%	29,129	(27,169)	(93.3%)
21,355	21,890	535	2.4%	26,687	5,332	20.0%	Other Expense	204,092	209,681	5,589	2.7%	132,131	(71,961)	(54.5%)
2,417	2,690	273	10.1%	1,826	(591)	(32.3%)	Insurance	14,938	19,885	4,947	24.9%	16,436	1,498	9.1%
1,850,671	2,108,393	257,723	12.2%	1,730,868	(119,803)	(6.9%)	Total Operational Expenses	17,220,512	18,516,797	1,296,285	7.0%	14,447,778	(2,772,735)	(19.2%)
63,104	(127,062)	190,165	(149.7%)	38,927	24,176	62.1%	Net Performance before Depreciation & Overhead Allocations	981,558	(1,949,136)	2,930,695	(150.4%)	(160,504)	1,142,062	(711.5%)

District Clinics Holdings, Inc. Statement of Revenues and Expenses

FOR THE NINE MONTHS ENDED JUNE 30, 2018

Current Month							Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%
16,722	26,945	10,222	37.9%	18,017	1,295	7.2%	153,186	242,501	89,315	36.8%	147,712	(5,474)	(3.7%)
<i>Overhead Allocations:</i>													
13,092	12,912	(180)	(1.4%)	5,422	(7,670)	(141.5%)	90,608	109,587	18,979	17.3%	48,037	(42,572)	(88.6%)
35,835	57,005	21,171	37.1%	18,519	(17,315)	(93.5%)	377,331	480,136	102,805	21.4%	144,288	(233,043)	(161.5%)
5,328	5,460	131	2.4%	7,381	2,052	27.8%	24,444	46,339	21,895	47.3%	45,568	21,125	46.4%
19,871	32,462	12,591	38.8%	-	(19,871)	0.0%	223,790	292,161	68,371	23.4%	-	(223,790)	0.0%
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	-	-	0.0%
22,096	26,593	4,497	16.9%	18,941	(3,155)	(16.7%)	223,497	225,699	2,201	1.0%	168,944	(54,553)	(32.3%)
29,915	35,298	5,384	15.3%	23,943	(5,971)	(24.9%)	261,363	286,634	25,271	8.8%	213,987	(47,376)	(22.1%)
12,734	13,480	746	5.5%	3,910	(8,824)	(225.7%)	94,337	114,407	20,070	17.5%	72,142	(22,194)	(30.8%)
5,944	6,255	311	5.0%	1,836	(4,108)	(223.8%)	60,302	53,089	(7,213)	(13.6%)	27,583	(32,719)	(118.6%)
5,513	8,691	3,177	36.6%	4,498	(1,015)	(22.6%)	53,153	73,758	20,605	27.9%	35,266	(17,887)	(50.7%)
1,093	1,530	437	28.6%	-	(1,093)	0.0%	15,673	12,983	(2,690)	(20.7%)	-	(15,673)	0.0%
24,580	29,176	4,595	15.7%	8,797	(15,784)	(179.4%)	247,885	247,618	(266)	(0.1%)	178,300	(69,585)	(39.0%)
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	-	-	0.0%
7,531	19,548	12,018	61.5%	5,555	(1,976)	(35.6%)	64,502	165,910	101,408	61.1%	55,785	(8,718)	(15.6%)
65,435	94,872	29,437	31.0%	64,153	(1,282)	(2.0%)	720,729	805,192	84,463	10.5%	531,565	(189,163)	(35.6%)
-	3,652	3,652	100.0%	4,211	4,211	100.0%	13,118	30,998	17,880	57.7%	30,170	17,052	56.5%
3,675	3,077	(598)	(19.4%)	-	(3,945)	0.0%	31,190	26,119	(5,011)	(19.2%)	-	(27,454)	0.0%
2,006	11,123	9,118	82.0%	-	(7,962)	0.0%	48,543	93,688	45,146	48.2%	-	(46,537)	0.0%
254,648	361,134	106,486	29.5%	167,165	(93,709)	(56.1%)	2,550,405	3,064,318	513,913	16.8%	1,551,636	(993,088)	(64.0%)
2,122,041	2,496,472	374,431	15.0%	1,916,050	(212,217)	(11.1%)	19,924,103	21,823,615	1,899,512	8.7%	16,147,125	(3,776,977)	(23.4%)
\$ (208,267)	\$ (515,140)	\$ 306,874	(59.6%)	\$ (146,255)	\$ (68,238)	46.7%	\$ (1,722,032)	\$ (5,255,955)	\$ 3,533,922	(67.2%)	\$ (1,859,851)	\$ 137,819	(7.4%)
-	195,350	195,350	100.0%	318	318	100.0%	-	2,722,697	2,722,697	100.0%	318	318	100.0%
\$ -	\$ 800,000	\$ 800,000	100.0%	\$ -	\$ -	0.0%	\$ 2,170,000	\$ 7,200,000	\$ 5,030,000	69.9%	\$ -	\$ (2,170,000)	0.0%

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

	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Year to Date
Gross Patient Revenue	1,932,348	1,614,292	1,726,128	1,887,183	1,901,243	2,159,234	1,858,934	1,729,846	1,801,509	-	-	-	16,620,718
Contractual Allowances	487,323	359,412	337,720	278,529	555,200	399,431	622,918	(617,866)	196,239	-	-	-	2,618,906
Charity Care	30,732	27,330	167,151	218,711	2,463	65,773	7,573	(63,519)	58,983	-	-	-	516,199
Bad Debt	213,806	165,082	190,754	153,100	156,052	249,996	17,792	27,862	248,396	-	-	-	1,417,840
Net Patient Revenue	1,200,487	1,062,467	1,030,503	1,235,843	1,187,529	1,454,034	1,210,650	2,388,369	1,297,891	-	-	-	12,068,773
Collections %	62.13%	65.82%	59.70%	65.54%	62.46%	67.03%	65.13%	138.07%	72.04%	n/DIV/OI	n/DIV/OI	n/DIV/OI	72.61%
Grant Funds	581,399	570,025	610,755	847,450	668,265	623,345	655,083	728,259	612,112	-	-	-	5,896,691
Other Revenue	2,856	1,864	109,616	3,012	2,486	(33,940)	(3,062)	64,999	3,771	-	-	-	236,606
Total Other Revenues	584,255	571,889	720,371	850,462	670,751	667,285	659,145	793,257	615,883	-	-	-	6,133,298
Total Revenues	1,784,741	1,634,356	1,750,874	2,087,305	1,858,280	2,121,319	1,869,795	3,181,626	1,913,774	-	-	-	18,202,070
Direct Operational Expenses													
Salaries and Wages	1,216,848	1,147,815	1,156,021	1,157,040	1,203,702	1,316,763	1,241,980	1,415,855	1,174,280	-	-	-	11,030,303
Benefits	302,737	307,341	306,130	339,069	334,301	350,911	339,579	357,361	345,001	-	-	-	2,982,430
Purchased Services	36,818	31,240	55,668	56,008	40,481	92,475	101,864	53,008	102,800	-	-	-	570,363
Medical Supplies	25,047	34,241	41,871	45,383	65,137	41,037	(40,647)	35,160	36,607	-	-	-	365,130
Other Supplies	5,129	8,001	5,444	8,044	14,369	10,848	12,495	44,476	16,237	-	-	-	125,044
Contracted Physician Expense	17,703	2,652	-	-	-	-	-	-	15,355	-	-	-	15,355
Medical Services	-	-	-	-	-	-	-	-	-	-	-	-	-
Drugs	39,087	60,113	48,821	50,181	48,344	52,837	42,549	40,454	26,793	-	-	-	409,180
Repairs & Maintenance	28,999	49,299	58,740	12,935	48,891	41,387	21,609	92,624	23,703	-	-	-	378,186
Lease & Rental	111,395	109,108	90,150	129,097	117,865	127,337	165,851	122,460	95,932	-	-	-	1,069,193
Utilities	2,097	8,470	8,236	5,588	5,756	4,661	6,556	9,388	5,547	-	-	-	56,298
Other Expense	29,001	31,159	9,617	20,430	21,501	28,827	29,722	11,680	21,355	-	-	-	204,092
Insurance	1,778	1,778	1,416	1,417	1,417	1,417	1,417	1,883	2,417	-	-	-	14,938
Total Operational Expenses	1,811,638	1,791,217	1,782,114	1,825,192	1,902,763	2,068,299	2,004,269	2,184,349	1,850,671	-	-	-	17,220,512
Net Performance before Depreciation & Overhead Allocations	(26,897)	(156,860)	(31,240)	262,113	(44,484)	51,020	(134,474)	997,277	63,104	-	-	-	981,558
Depreciation	17,505	16,479	16,992	16,992	16,992	16,992	17,540	16,972	16,722	-	-	-	153,186
Overhead Allocations													
Risk Mgt	7,453	8,836	13,641	8,777	9,774	10,231	8,967	9,838	13,092	-	-	-	90,608
Rev Cycle	48,556	47,099	34,355	59,652	49,552	37,122	48,655	16,506	35,835	-	-	-	377,331
Internal Audit	5	-	-	580	1,967	5,809	5,377	5,377	5,338	-	-	-	24,444
Palm Springs Facility	20,677	21,156	20,813	20,281	41,731	15,176	27,667	36,418	19,871	-	-	-	273,790
Legislative Affairs	-	-	-	-	-	-	-	-	-	-	-	-	-
Administration	25,875	24,692	26,547	27,033	30,666	20,796	27,963	17,828	22,096	-	-	-	223,497
Human Resources	29,597	13,464	33,802	21,072	21,563	28,368	49,058	34,524	29,915	-	-	-	261,363
Legal	5,569	7,477	13,345	8,693	13,576	9,757	8,811	14,375	12,734	-	-	-	94,337
Records	4,860	4,152	3,063	4,751	10,058	6,612	9,240	10,701	5,944	-	-	-	60,302
Compliance	5,184	6,493	6,603	8,310	6,895	7,066	1,786	5,203	5,513	-	-	-	53,153
Planning/Research	1,666	1,204	1,163	1,248	1,111	1,207	5,733	1,250	1,093	-	-	-	15,673
Finance	26,706	21,729	22,431	24,220	24,201	43,417	29,974	30,126	24,580	-	-	-	247,885
Communications	-	-	-	-	-	-	-	-	-	-	-	-	-
Public Relations	5,778	7,688	7,362	5,198	13,328	3,213	6,360	8,045	7,531	-	-	-	64,502
Information Technology	68,942	137,660	80,805	37,467	76,905	67,776	75,088	110,642	65,435	-	-	-	720,729
Budget & Decision Support	2,141	2,508	2,397	2,616	84	(231)	3,602	-	-	-	-	-	13,118
Corporate Quality	4,089	3,976	1,372	3,565	2,776	4,069	3,662	3,945	3,675	-	-	-	31,130
Managed Care Contract	4,149	4,604	4,302	5,502	15,408	(1,070)	5,381	7,962	2,006	-	-	-	48,543
Total Overhead Allocations	261,549	312,747	272,899	239,466	319,593	259,338	317,325	312,840	251,648	-	-	-	2,560,405
Total Expenses	2,090,692	2,120,442	2,072,005	2,081,650	2,239,348	2,344,629	2,339,134	2,514,161	2,122,041	-	-	-	19,924,103
Net Margin	\$ (305,951)	\$ (486,086)	\$ (321,131)	\$ 5,655	\$ (381,068)	\$ (223,310)	\$ (469,339)	\$ 667,465	\$ (208,267)	\$ -	\$ -	\$ -	\$ (1,722,032)
Capital	-	10,221	(10,221)	-	-	-	40,825	(40,825)	-	-	-	-	-
General Fund Support/ Transfer In	-	-	-	-	-	2,000,000	70,000	100,000	-	-	-	-	\$ 2,170,000

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

FOR THE NINE MONTHS ENDED JUNE 30, 2018

Current Month							Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%
1,476,579	1,578,830	(102,231)	(6.5%)	1,365,711	110,869	8.1%	13,661,154	13,333,152	328,003	2.5%	11,184,299	2,476,856	22.1%
238,450	525,451	287,002	54.6%	459,940	221,491	48.2%	3,221,489	4,415,298	1,193,809	27.0%	3,242,183	20,694	0.6%
38,957	163,378	124,422	76.2%	41,977	3,021	7.2%	419,291	1,338,671	919,381	68.7%	456,316	37,026	8.1%
239,438	34,945	(204,492)	(585.2%)	77,130	(162,308)	(210.4%)	1,446,361	311,829	(1,134,533)	(363.8%)	818,516	(627,845)	(76.7%)
516,844	723,775	206,931	28.6%	579,047	62,203	10.7%	5,087,141	6,065,797	978,657	16.1%	4,517,015	(570,125)	(12.6%)
959,735	855,035	104,700	12.2%	786,664	173,072	22.0%	8,574,014	7,267,354	1,306,659	18.0%	6,667,283	1,906,730	28.6%
65.00%	54.16%			57.60%			62.76%	54.51%		59.61%			
501,737	505,781	(4,044)	(0.8%)	491,420	10,317	2.1%	4,819,763	4,580,027	239,736	5.2%	3,754,099	1,065,664	28.4%
3,771	7,725	(3,954)	(51.2%)	2,389	1,382	57.8%	202,606	69,525	133,081	191.4%	51,871	150,736	290.6%
505,508	513,506	(7,998)	(1.6%)	493,809	11,699	2.4%	5,022,370	4,649,552	372,818	8.0%	3,805,970	1,216,400	32.0%
1,465,243	1,368,541	96,702	7.1%	1,280,473	184,770	14.4%	13,596,383	11,916,906	1,679,477	14.1%	10,473,253	3,123,130	29.8%
							<i>Direct Operational Expenses:</i>						
977,759	1,014,559	36,801	3.6%	845,043	(132,715)	(15.7%)	9,065,945	9,311,557	245,612	2.6%	7,244,705	(1,821,240)	(25.1%)
279,156	271,963	(7,193)	(2.6%)	233,911	(45,245)	(19.3%)	2,402,599	2,444,512	41,913	1.7%	1,961,790	(440,809)	(22.5%)
92,551	47,839	(44,712)	(93.5%)	46,356	(46,196)	(99.7%)	483,751	429,267	(54,484)	(12.7%)	374,539	(109,212)	(29.2%)
14,653	20,157	5,504	27.3%	14,791	138	0.9%	121,934	172,683	50,749	29.4%	109,426	(12,508)	(11.4%)
8,415	9,713	1,298	13.4%	39,593	31,179	78.7%	97,306	86,037	(11,269)	(13.1%)	248,768	151,462	60.9%
-	-	-	0.0%	-	-	0.0%	15,355	-	(15,355)	0.0%	-	(15,355)	0.0%
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	-	-	0.0%
26,789	55,427	28,639	51.7%	50,840	24,052	47.3%	398,249	470,897	72,649	15.4%	352,608	(45,640)	(12.9%)
22,464	95,620	73,156	76.5%	32,334	9,870	30.5%	331,187	848,078	516,892	60.9%	272,906	(58,281)	(21.4%)
62,658	83,814	21,157	25.2%	81,620	18,963	23.2%	768,042	754,330	(13,712)	(1.8%)	669,227	(98,815)	(14.8%)
4,813	6,231	1,418	22.8%	6,749	1,936	28.7%	48,893	56,077	7,185	12.8%	29,129	(19,763)	(67.8%)
20,067	20,583	516	2.5%	23,174	3,107	13.4%	176,348	183,350	7,002	3.8%	114,775	(61,573)	(53.6%)
2,342	2,318	(24)	(1.0%)	1,715	(627)	(36.5%)	14,143	16,691	2,548	15.3%	15,436	1,292	8.4%
1,511,666	1,628,224	116,559	7.2%	1,376,126	(135,539)	(9.8%)	13,923,751	14,773,481	849,730	5.8%	11,393,309	(2,530,442)	(22.2%)
							<i>Net Performance before</i>						
(46,423)	(259,684)	213,261	(82.1%)	(95,654)	49,231	(51.5%)	(327,368)	(2,856,574)	2,529,207	(88.5%)	(920,056)	592,688	(64.4%)

District Clinic Holdings, Inc.- Medical Statement of Revenue and Expenses
FOR THE NINE MONTHS ENDED JUNE 30, 2018

Current Month							Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%
4,125	8,105	3,980	49.1%	5,575	1,450	26.0%	40,054	72,942	32,888	45.1%	35,727	(4,327)	(12.1%)
<i>Depreciation</i>							<i>Depreciation</i>						
<i>Overhead Allocations:</i>							<i>Overhead Allocations:</i>						
10,271	9,783	(488)	(5.0%)	4,383	(5,888)	(134.3%)	71,083	86,874	15,792	18.2%	38,415	(32,668)	(85.0%)
27,774	42,483	14,710	34.6%	14,764	(13,009)	(88.1%)	292,452	376,540	84,088	22.3%	113,565	(178,885)	(157.5%)
4,180	4,137	(44)	(1.1%)	5,958	1,777	29.8%	19,176	36,735	17,558	47.8%	36,441	17,265	47.4%
17,010	27,789	10,778	38.8%	-	(17,010)	0.0%	191,570	250,097	58,527	23.4%	-	(191,570)	0.0%
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	-	-	0.0%
17,335	20,148	2,813	14.0%	15,312	(2,023)	(13.2%)	174,183	178,920	4,737	2.6%	134,948	(39,235)	(29.1%)
22,575	25,138	2,563	10.2%	19,266	(3,309)	(17.2%)	199,650	220,144	20,494	9.3%	170,259	(29,391)	(17.3%)
9,990	10,213	223	2.2%	3,156	(6,834)	(216.5%)	74,295	90,695	16,400	18.1%	57,460	(16,835)	(29.3%)
4,663	4,739	76	1.6%	1,550	(3,114)	(201.0%)	47,284	42,086	(5,198)	(12.4%)	22,095	(25,188)	(114.0%)
4,325	6,584	2,259	34.3%	3,608	(717)	(19.9%)	42,244	58,471	16,227	27.8%	28,176	(14,068)	(49.9%)
857	1,159	302	26.0%	-	(857)	0.0%	9,472	10,292	821	8.0%	-	(9,472)	0.0%
19,284	22,104	2,821	12.8%	7,061	(12,223)	(173.1%)	196,764	196,297	(467)	(0.2%)	142,342	(54,422)	(38.2%)
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	-	-	0.0%
5,908	14,810	8,902	60.1%	4,484	(1,424)	(31.8%)	51,164	131,524	80,359	61.1%	44,599	(6,566)	(14.7%)
51,335	71,878	20,543	28.6%	51,823	489	0.9%	565,422	638,308	72,886	11.4%	424,623	(140,799)	(33.2%)
-	2,767	2,767	100.0%	3,399	3,399	100.0%	8,068	24,573	16,505	67.2%	24,073	16,005	66.5%
2,883	2,332	(552)	(23.7%)	-	(2,883)	0.0%	24,422	20,705	(3,716)	(17.9%)	-	(24,422)	0.0%
1,555	8,290	6,735	81.2%	-	(1,555)	0.0%	37,623	73,474	35,850	48.8%	-	(37,623)	0.0%
<i>Managed Care Contract</i>							<i>Managed Care Contract</i>						
199,945	274,353	74,408	27.1%	134,763	(65,182)	(48.4%)	2,004,872	2,435,735	430,863	17.7%	1,236,999	(767,873)	(62.1%)
<i>Total Overhead Allocations</i>							<i>Total Overhead Allocations</i>						
1,715,735	1,910,682	194,947	10.2%	1,516,464	(199,271)	(13.1%)	15,968,677	17,282,158	1,313,481	7.6%	12,666,035	(3,302,642)	(26.1%)
<i>Total Expenses</i>							<i>Total Expenses</i>						
\$ (250,492)	\$ (542,141)	\$ 291,649	(53.8%)	\$ (235,991)	\$ (14,501)	6.1%	\$ (2,372,294)	\$ (5,365,251)	\$ 2,992,958	(55.8%)	\$ (2,192,781)	\$ (179,512)	8.2%
<i>Net Margin</i>							<i>Net Margin</i>						
-	52,700	52,700	100.0%	318	318	100.0%	-	712,300	712,300	100.0%	318	318	100.0%
<i>Capital</i>							<i>Capital</i>						
\$ -	\$ 800,000	\$ 800,000	100.0%	\$ -	\$ -	0.0%	\$ 2,170,000	\$ 7,200,000	\$ 5,030,000	69.9%	\$ -	\$ (2,170,000)	0.0%
<i>General Fund Support/ Transfer In</i>							<i>General Fund Support/ Transfer In</i>						

District Clinics Holdings, Inc.- Dental Statement of Revenues and Expenses
FOR THE NINE MONTHS ENDED JUNE 30, 2018

Current Month							Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%
324,930	429,622	(104,693)	(24.4%)	365,741	(40,812)	(11.2%)	2,959,564	3,401,541	(441,977)	(13.0%)	3,223,181	(263,617)	(8.2%)
(42,211)	52,061	94,272	181.1%	2,529	44,741	1,768.8%	(602,583)	405,013	1,007,596	248.8%	304,031	906,614	298.2%
20,027	25,833	5,807	22.5%	14,168	(5,859)	(41.4%)	95,908	207,439	111,531	53.8%	132,665	36,756	27.7%
8,958	3,169	(5,789)	(182.7%)	(12,032)	(20,990)	(174.5%)	(28,521)	23,785	52,306	219.9%	108,259	136,780	126.3%
(13,226)	81,063	94,290	116.3%	4,665	17,892	383.5%	(535,195)	636,238	1,171,433	184.1%	544,955	1,080,150	198.2%
338,156	348,559	(10,403)	(3.0%)	361,076	(22,920)	(6.3%)	3,494,759	2,765,303	729,456	26.4%	2,678,226	816,533	30.5%
104.07%	81.13%			98.72%			118.08%	81.30%		83.09%			
110,375	255,732	(145,356)	(56.8%)	128,247	(17,872)	(13.9%)	1,076,928	1,808,951	(732,023)	(40.5%)	1,135,793	(58,865)	(5.2%)
-	8,500	(8,500)	(100.0%)	-	-	0.0%	34,000	76,500	(42,500)	(55.6%)	1	33,999	3,207,447.2%
110,375	264,232	(153,856)	(58.2%)	128,247	(17,872)	(13.9%)	1,110,928	1,885,451	(774,523)	(41.1%)	1,135,794	(24,866)	(2.2%)
448,531	612,791	(164,259)	(26.8%)	489,323	(40,791)	(8.3%)	4,605,687	4,650,754	(45,067)	(1.0%)	3,814,021	791,666	20.8%
<i>Direct Operational Expenses:</i>													
196,521	291,518	94,997	32.6%	222,242	25,721	11.6%	1,964,358	2,296,784	332,426	14.5%	1,938,570	(25,787)	(1.3%)
65,845	88,129	22,284	25.3%	63,179	(2,666)	(4.2%)	579,831	675,064	95,234	14.1%	529,558	(50,273)	(9.5%)
10,249	11,743	1,494	12.7%	10,300	51	0.5%	86,613	86,521	(91)	(0.1%)	83,652	(2,961)	(3.5%)
21,954	31,501	9,548	30.3%	20,888	(1,066)	(5.1%)	243,196	237,011	(6,186)	(2.6%)	166,914	(76,282)	(45.7%)
7,822	6,563	(1,259)	(19.2%)	4,376	(3,445)	(78.7%)	27,738	31,311	3,573	11.4%	19,755	(7,983)	(40.4%)
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	-	-	0.0%
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	-	-	0.0%
4	2,608	2,604	99.8%	1,944	1,939	99.8%	10,931	14,845	3,914	26.4%	12,997	2,066	15.9%
1,240	12,847	11,608	90.4%	1,150	(90)	(7.8%)	47,000	87,918	40,918	46.5%	41,563	(5,437)	(13.1%)
33,274	31,786	(1,488)	(4.7%)	27,039	(6,235)	(23.1%)	301,151	273,462	(27,690)	(10.1%)	243,104	(58,047)	(23.9%)
734	1,794	1,061	59.1%	-	(734)	0.0%	7,405	10,877	3,472	31.9%	-	(7,405)	0.0%
1,288	1,306	19	1.4%	3,513	2,225	63.3%	27,744	26,331	(1,413)	(5.4%)	17,356	(10,388)	(59.9%)
75	372	297	79.8%	111	36	32.5%	795	3,193	2,399	75.1%	1,000	206	20.6%
339,005	480,169	141,164	29.4%	354,742	15,737	4.4%	3,296,761	3,743,316	446,555	11.9%	3,054,468	(242,293)	(7.9%)
Net Performance before Depreciation & Overhead Allocations													
109,526	132,622	(23,096)	(17.4%)	134,581	(25,055)	(18.6%)	1,308,926	907,438	401,488	44.2%	759,552	549,374	72.3%

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

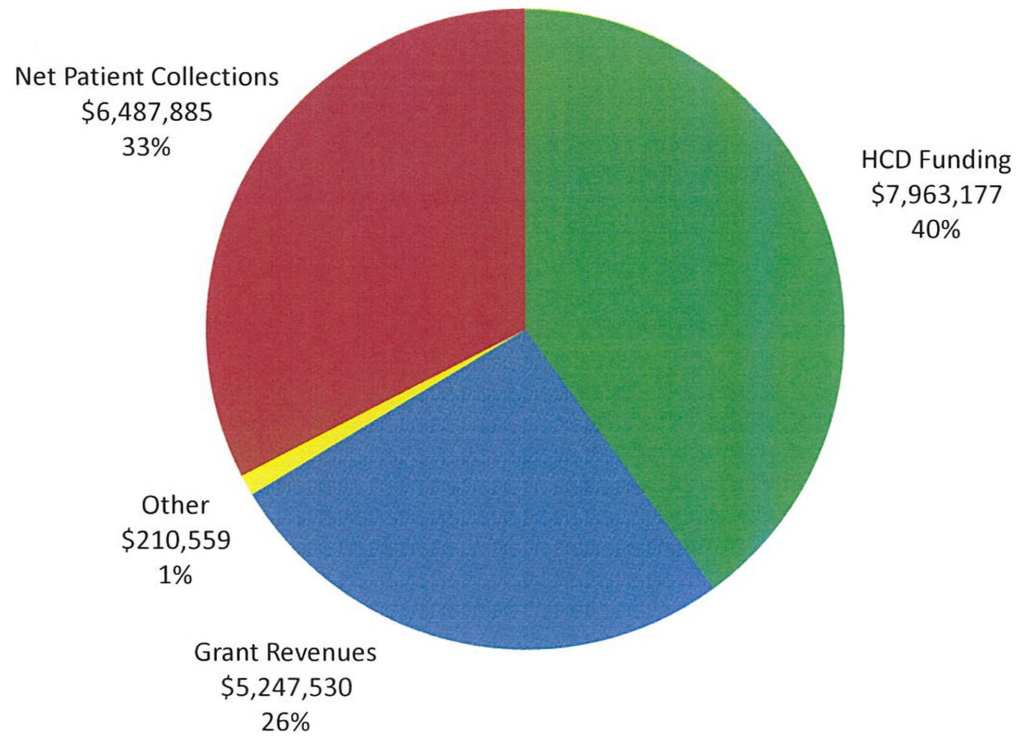
FOR THE NINE MONTHS ENDED JUNE 30, 2018

Current Month								Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%		Actual	Budget	Variance	%	Prior Year	Variance	%	
12,597	18,840	6,242	33.1%	12,443	(155)	(1.2%)	Depreciation	113,131	169,558	56,427	33.3%	111,985	(1,147)	(1.0%)	
<i>Overhead Allocations:</i>															
2,821	3,129	308	9.9%	1,039	(1,782)	(171.6%)	Risk Mgt	19,526	22,713	3,187	14.0%	9,622	(9,904)	(102.9%)	
8,061	14,522	6,461	44.5%	3,755	(4,306)	(114.7%)	Rev Cycle	84,879	103,596	18,717	18.1%	30,722	(54,157)	(176.3%)	
1,148	1,323	175	13.2%	1,423	275	19.3%	Internal Audit	5,267	9,604	4,337	45.2%	9,127	3,860	42.3%	
2,861	4,674	1,813	38.8%	-	(2,861)	0.0%	Palm Springs Facility	32,220	42,064	9,844	23.4%	-	(32,220)	0.0%	
-	-	-	0.0%	-	-	0.0%	Legislative Affairs	-	-	-	0.0%	-	-	0.0%	
4,761	6,445	1,684	26.1%	3,629	(1,132)	(31.2%)	Administration	49,314	46,778	(2,536)	(5.4%)	33,996	(15,318)	(45.1%)	
7,339	10,160	2,821	27.8%	4,677	(2,662)	(56.9%)	Human Resources	61,712	66,490	4,777	7.2%	43,727	(17,985)	(41.1%)	
2,744	3,267	523	16.0%	754	(1,990)	(264.0%)	Legal	20,042	23,712	3,670	15.5%	14,682	(5,359)	(36.5%)	
1,281	1,516	235	15.5%	286	(995)	(347.3%)	Records	13,018	11,003	(2,015)	(18.3%)	5,488	(7,531)	(137.2%)	
1,188	2,106	918	43.6%	890	(298)	(33.5%)	Compliance	10,909	15,287	4,378	28.6%	7,090	(3,819)	(53.9%)	
235	371	135	36.5%	-	(235)	0.0%	Planning/Research	6,202	2,691	(3,511)	(130.5%)	-	(6,202)	0.0%	
5,297	7,071	1,774	25.1%	1,736	(3,561)	(205.2%)	Finance	51,120	51,321	201	0.4%	35,958	(15,163)	(42.2%)	
-	-	-	0.0%	-	-	0.0%	Communications	-	-	-	0.0%	-	-	0.0%	
1,623	4,738	3,115	65.7%	1,071	(552)	(51.5%)	Public Relations	13,338	34,386	21,048	61.2%	11,186	(2,152)	(19.2%)	
14,100	22,994	8,893	38.7%	12,330	(1,771)	(14.4%)	Information Technology	155,306	166,884	11,577	6.9%	106,942	(48,365)	(45.2%)	
-	885	885	100.0%	812	812	100.0%	Budget & Decision Support	5,050	6,425	1,374	21.4%	6,097	1,047	17.2%	
792	746	(46)	(6.2%)	-	(792)	0.0%	Corporate Quality	6,708	5,413	(1,295)	(23.9%)	-	(6,708)	0.0%	
451	2,834	2,382	84.1%	-	(451)	0.0%	Managed Care Contract	10,919	20,215	9,295	46.0%	-	(10,919)	0.0%	
54,703	86,781	32,078	37.0%	32,402	(22,301)	(68.8%)	Total Overhead Allocations	545,533	628,583	83,050	13.2%	314,637	(230,895)	(73.4%)	
406,306	585,790	179,484	30.6%	399,586	(6,720)	(1.7%)	Total Expenses	3,955,426	4,541,457	586,032	12.9%	3,481,090	(474,335)	(13.6%)	
\$ 42,225	\$ 27,001	\$ 15,225	56.4%	\$ 89,736	\$ (47,511)	(52.9%)	Net Margin	\$ 650,262	\$ 109,297	\$ 540,965	495.0%	\$ 332,930	\$ 317,331	95.3%	
-	142,650	142,650	100.0%	-	-	0.0%	Capital	-	2,010,397	2,010,397	100.0%	-	-	0.0%	
\$ -	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%	General Fund Support/ Transfer In	\$ -	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%	



	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Current Year Total	Current YTD Budget	Prior Year Total
Clinic Visits - Adults and Pediatrics															
West Palm Beach	1,678	1,467	1,614	1,583	1,648	1,561	1,681	1,300	1,579				14,111	12,933	13,638
Delray	1,590	1,367	1,429	1,307	1,439	1,420	1,441	1,021	1,240				12,254	12,362	13,243
Lantana	1,448	1,214	1,212	1,304	1,312	1,399	1,373	1,036	1,303				11,601	11,478	11,450
Belle Glade	836	904	805	855	947	988	920	871	832				7,959	7,190	7,547
Jerome Golden Center	294	214	238	206	239	278	310	235	246				2,260	2,441	2,621
Lewis Center	197	169	205	166	203	212	218	191	257				1,818	1,773	1,822
Lake Worth & Women's Health Care	1,540	1,431	1,497	1,527	1,554	1,660	1,557	1,251	1,520				13,537	12,384	12,198
Jupiter Clinic	479	406	485	495	552	592	552	340	515				4,416	4,445	1,359
West Boca	407	353	438	510	702	812	859	809	774				5,664	4,484	690
Mobile Van	-	-	-	-	-	-	-	-	-				-	750	-
Suboxone	199	269	216	214	308	352	383	384	324				2,649	11,543	673
Total Clinic Visits	8,668	7,794	8,139	8,168	8,904	9,274	9,294	7,438	8,590				76,268	81,683	65,251
Total Budget Visits															
Dental Visits															
West Palm Beach	1,085	816	926	870	803	858	987	897	754				7,996	8,397	8,602
Lantana	833	711	699	697	671	754	749	709	623				6,446	6,711	6,581
Delray	824	651	649	627	609	602	592	516	504				5,574	6,892	6,813
Belle Glade	423	334	346	390	313	442	358	386	363				3,355	3,511	3,514
Lake Worth	-	-	-	-	-	-	-	-	-				-	994	-
West Boca	-	-	-	-	-	-	-	-	-				-	200	-
Total Dental Visits	3,165	2,512	2,620	2,584	2,396	2,656	2,686	2,508	2,244				23,371	26,705	25,510
Total Budget Visits															
Total Medical and Dental Visits	11,833	10,306	10,759	10,752	11,300	11,930	11,980	9,946	10,834				99,640	108,388	90,761
Mental Health Counselors (non-billable)															
West Palm Beach	80	61	63	94	105	110	111	97	150				871	-	720
Delray	84	94	95	86	78	71	90	79	138				815	-	846
Lantana	235	126	149	63	158	136	150	146	222				1,385	-	900
Belle Glade	17	7	21	7	17	15	16	15	18				133	-	168
Lewis Center	61	49	74	105	137	158	189	172	195				1,140	-	486
Lake Worth	112	105	65	114	145	183	177	195	166				1,262	-	768
Jupiter	23	24	21	34	36	38	42	23	27				268	-	30
West Boca	7	14	23	24	23	27	34	19	30				201	-	16
Total Mental Health Screenings	619	480	511	527	699	738	809	746	946				6,075	-	3,934

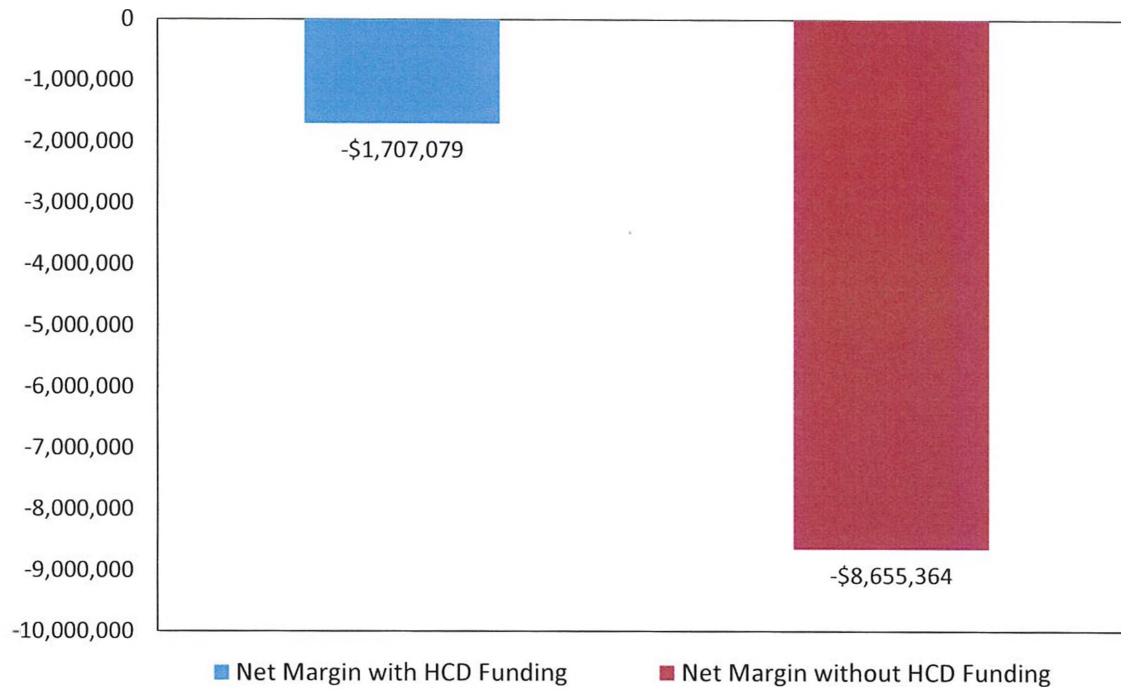
Primary Care Clinics Funding Sources



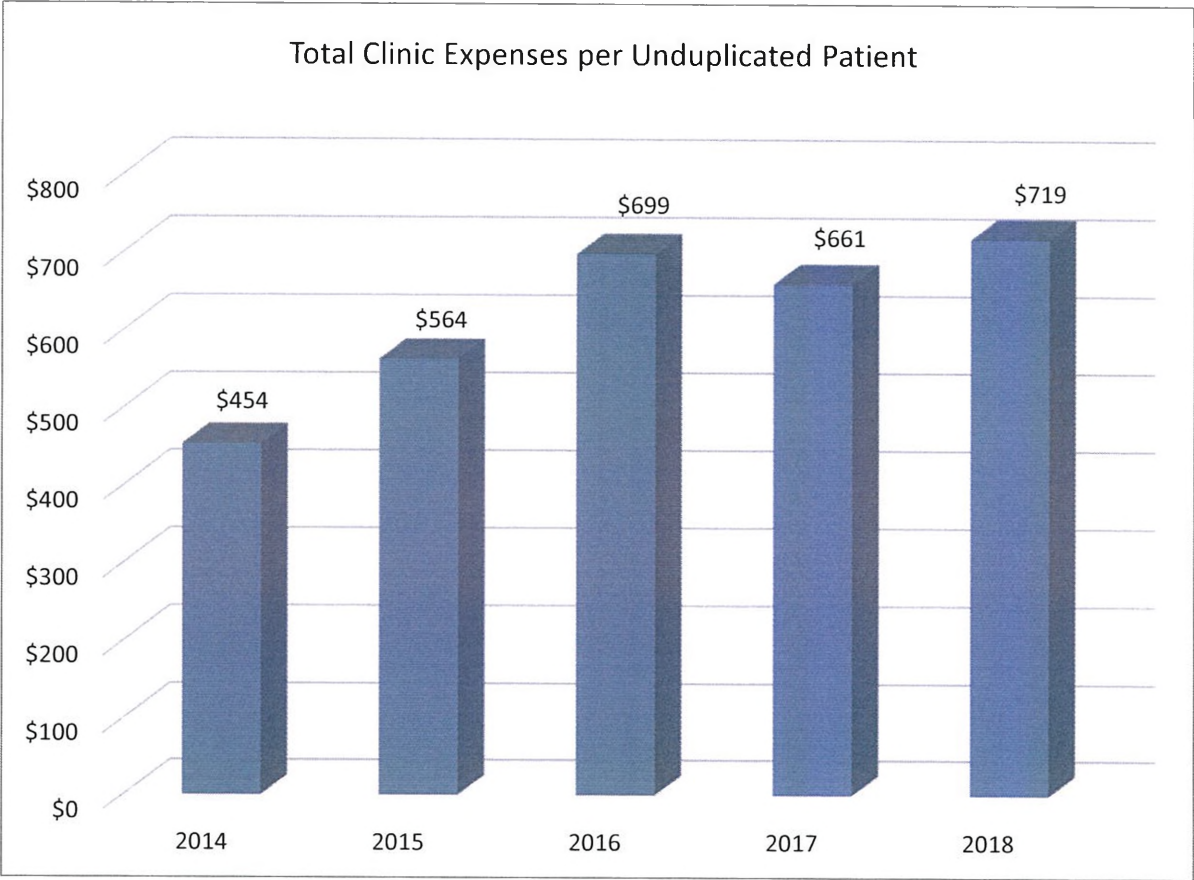
YTD June 2018 Total Expenses \$19,905,150

*Total expenses include overhead allocations and capital, and excludes depreciation.

Net Margin

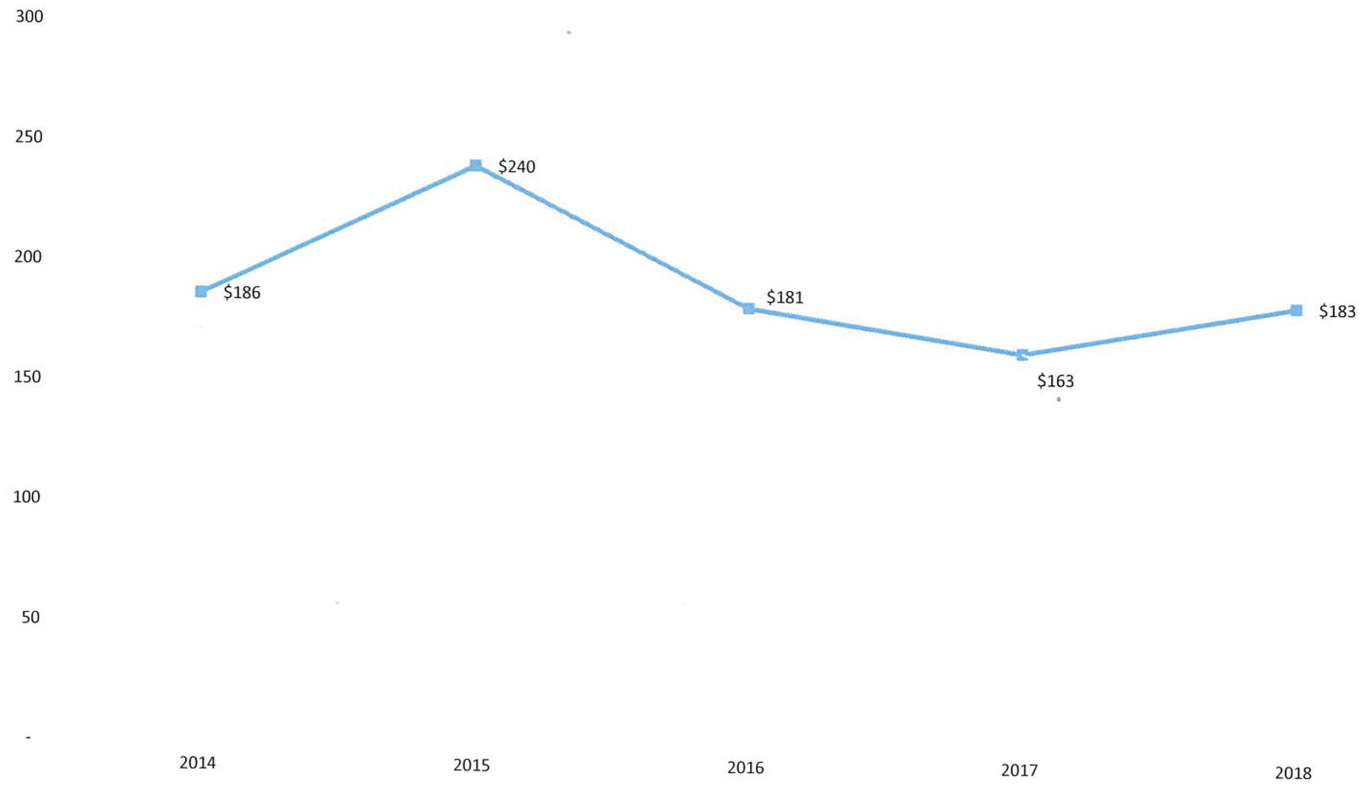


* Net Margin includes overhead allocations and capital, and excludes depreciation.



- 2018 data reflects fiscal year-to-date June expenses annualized

Total Clinic Revenue per Visit



DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
July 25, 2018

1. Description: Adopt Health Care District (HCD) – Policies and Procedures Human Resources & Retire C. L. Brumback Primary Care Clinic – Policies and Procedures Human Resources.

2. Summary:

All HCD Policies & Procedures developed by Human Resources to be adopted by the FQHC Board:

ADOPT: Administrative Pay Corrections
ADOPT: Anti-Discrimination and Anti-Harassment
ADOPT: Attendance
ADOPT: Background Screening
ADOPT: Compassionate Leave
ADOPT: Compensation Administration
ADOPT: Definition of Employee Status
ADOPT: Definition of Retiree
ADOPT: District Property Usage
ADOPT: Domestic Violence Leave
ADOPT: Dress Code
ADOPT: Drug Free Workplace
ADOPT: Education Assistance Program
ADOPT: Emergency Disaster Pay and Assignment
ADOPT: Employee Benefits Program Policy
ADOPT: Employee Incident and Analysis Report
ADOPT: Employee Recognition
ADOPT: Employees and Applicants with Disabilities
ADOPT: Employment of Relatives
ADOPT: Employment Relocation
ADOPT: Exit Interview
ADOPT: Fair Treatment
ADOPT: Family Medical Leave
ADOPT: First Aid and Cardiopulmonary Resuscitation Training
ADOPT: Initial Orientation Period New Employees
ADOPT: Internal Employee Communications
ADOPT: Joint Employment
ADOPT: Jury Legal Duty Leave
ADOPT: Medical Certification WH 380 Form
ADOPT: Medical Leave Occupational and Non Occupational
ADOPT: Merit Pay Procedure
ADOPT: Military Leave Request Form
ADOPT: Military Leave
ADOPT: Off-Duty Access
ADOPT: Paid Time Off

DISTRICT CLINIC HOLDINGS, INC.
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ADOPT: Performance Evaluation and Management
ADOPT: Performance Management
ADOPT: Personal Leave
ADOPT: Personnel Change Notice
ADOPT: Personnel Records
ADOPT: Professional Fees and Development
ADOPT: Public Records 119 Form
ADOPT: Recruitment and Selection Chief Compliance and Privacy Officer and
Senior Internal Auditor
ADOPT: Recruitment and Selection
ADOPT: Reduction in Force
ADOPT: Re-Employment
ADOPT: Retirement Plans
ADOPT: Safety Guidelines
ADOPT: Safety-Emergency Procedures
ADOPT: Separation of Employment
ADOPT: Sick Time Off
ADOPT: Smoke-Free Workplace
ADOPT: Solicitation and Distribution of Literature
ADOPT: Telecommuting
ADOPT: Temporary Personnel
ADOPT: Transfers Promotions Demotions
ADOPT: Transitional Duty
ADOPT: Verification of Licensure, Certifications and Educational Requirements
ADOPT: Work Schedules, Meal Rest Periods and Travel
ADOPT: Workers' Compensation

All CLBPCC Human Resources Policies to be retired by the FQHC Board:

RETIRE: 300-13 Anti-Discrimination and Anti-Harassment Policy and Procedure
RETIRE: 301-13 Attendance Policy and Procedure
RETIRE: 302-13 Compassionate Leave Policy and Procedure
RETIRE: 303-13 Compensation Administration Policy and Procedure
RETIRE: 304-13 Definition of employment status Policy and Procedure
RETIRE: 305-13 Definition of Retiree Policy and Procedure
RETIRE: 306-13 Domestic Violence Policy and Procedure
RETIRE: 307-13 Dress Code Policy and Procedure
RETIRE: 308-13 Drug Free Workplace Policy and Procedure
RETIRE: 309-13 Education Assistance Policy and Procedure
RETIRE: 310-13 Emergency Pay Policy and Procedure
RETIRE: 311-13 Employee Benefits Policy and Procedure
RETIRE: 312-13 Employee Disability Policy and Procedure
RETIRE: 313-13 Employee Relatives Policy and Procedure
RETIRE: 314-13 Employee Relocation Policy and Procedure
RETIRE: 315-13 Exempt Employee Pay Policy and Procedure

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

July 25, 2018

- RETIRE: 316-13 Exit Interview Policy and Procedure
- RETIRE: 317-13 Fair Treatment Policy and Procedure
- RETIRE: 318-13 Family Medical Leave Policy and Procedure
- RETIRE: 319-13 First Aid Policy and Procedure
- RETIRE: 320-13 Administrative Pay Policy and Procedure
- RETIRE: 321-13 Internal Communication Policy and Procedure
- RETIRE: 322-13 Joint Employment Policy and Procedure
- RETIRE: 323-13 Jury Legal Duty Policy and Procedure
- RETIRE: 324-13 Medical leave Policy and Procedure
- RETIRE: 325-13 Merit Pay Policy and Procedure
- RETIRE: 326-13 New Hire Orientation Policy and Procedure
- RETIRE: 327-13 Non Exempt Employee Policy and Procedure
- RETIRE: 328-13 Off Duty Access Policy and Procedure
- RETIRE: 329-13 Paid Time off Policy and Procedure
- RETIRE: 330-14 Worker's Compensation Policy and Procedure
- RETIRE: 331-14 Smoke Free Workplace Policy and Procedure

3. Substantive Analysis:

As a requirement of the Health Resources and Services Administration (HRSA), the FQHC Board needs to adopt any/all policies and procedures from the Health Care District Palm Beach County (co-applicant).

Please refer to the policies mailed out previously.

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

Dawn Richards
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

Committee Name

Date Approved

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
July 25, 2018

6. Recommendation:

Staff recommends the Board approve the adoption of the new HCD Human Resources Policies and retirement of the old CLBPCC Human Resources Policies.

Approved for Legal sufficiency:



Valerie Shahriari
VP & General Counsel



on behalf of Tara Kraber
Tara Kraber
Director of Human Resources



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

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
July 25, 2018

1. **Description:** Hand Hygiene Policy

2. **Summary:**

The Hand Hygiene Policy provides guidance in preventing Healthcare Acquired Infections (HAI) in the Clinic Health Care setting. This policy provides the basic standards to prevent the spread and transmission of disease to patients, staff and visitors by washing their hands or using hand sanitizer.

3. **Substantive Analysis:**

Risk will train all Primary Health Care and Dental Clinic staff on this policy if approved. Please see attached policy for your review.

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

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

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

Dawn Richards
VP & Chief Financial Officer

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

N/A

Committee Name

Date Approved

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
July 25, 2018

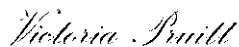
6. Recommendation:

Staff recommends the Board approve the Hand Hygiene Policy.

Approved for Legal sufficiency:



Valerie Shahriari
VP & General Counsel



Victoria Pruitt RN MS
Director Corporate Risk Management



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

POLICY

Policy Title: **Hand Hygiene**

Effective Date: 7/25/2018

Department: **Clinical**

Policy Number: 703-18

POLICY

It is the policy of C. L. Brumback Primary Care clinics to ensure all members of a patient's healthcare team comply with current Centers for Disease Control and Prevention (CDC) hand hygiene guidelines.

All staff should follow the following hand Hygiene guidelines:

1. Before patient contact
2. Before an aseptic task
3. After a procedure or body fluid exposure risk
4. After patient contact
5. After contact with patient surroundings

It is the policy of C. L. Brumback Primary Care clinics to ensure effective hand hygiene practices that reduces the incidence of healthcare-associated infections.

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

POLICY

Policy Title: Hand Hygiene	Effective Date: 7/25/2018
Department: Clinical	Policy Number: 703-18

POLICY REVISION HISTORY

Original Policy Date	Revisions	
9/3/2013	07/25/2018	"[Next Revised Policy Date]"
	"[Next Revised Policy Date]"	"[Next Revised Policy Date]"
	"[Next Revised Policy Date]"	"[Next Revised Policy Date]"
	"[Next Revised Policy Date]"	"[Next Revised Policy Date]"

Reference:

CDC, Center for Disease Control 2018: [Handwashing: Clean Hands Saves Lives](#)

World Health Organization 2018: [Five Moments of Hand Washing](#)

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
July 25, 2018

1. Description: Risk Management Plan

2. Summary:

The Risk Management plan is designed to support the mission and vision of C. L. Brumback Primary Care Clinics as it pertains to clinical risk and patient, visitor, and employee safety. This Enterprise Risk Management plan also address potential business, operational and property risk.

3. Substantive Analysis:

This plan supports the idea that everyone is a risk manager and communication and teamwork is essential to preventing risk. Additional, this plan supports a Just and Accountable Culture.

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

Dawn Richards
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

Committee Name

Date Approved

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
July 25, 2018

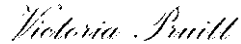
6. Recommendation:

Staff recommends the Board approve the Risk Management Plan.

Approved for Legal sufficiency:



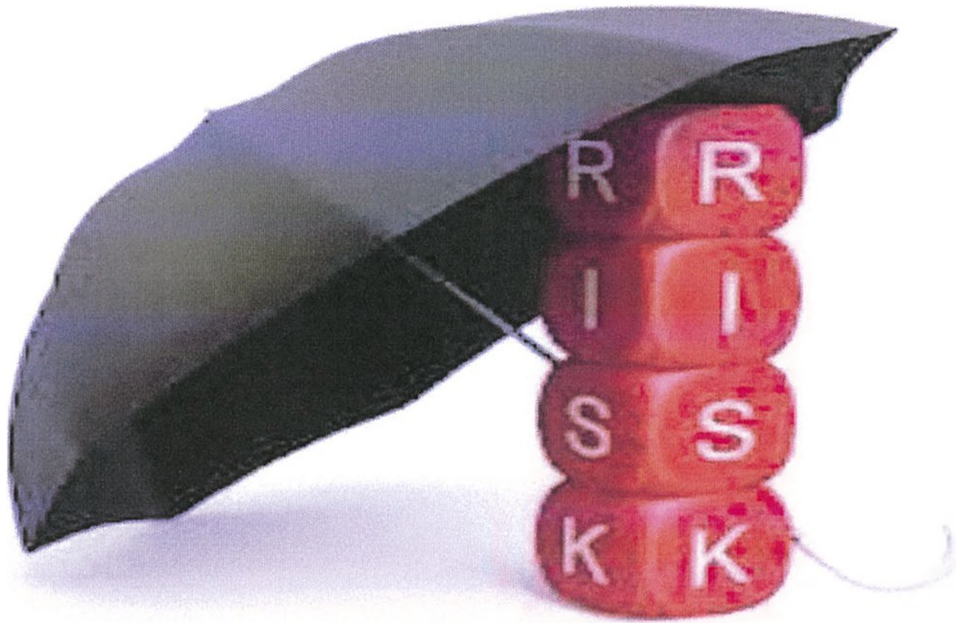
Valerie Shahriari
VP & General Counsel



Victoria Pruitt RN MS
Director Corporate Risk Management



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



RISK MANAGEMENT PLAN

RISK MANAGEMENT PLAN

TABLE OF CONTENTS

- 1.0 Purpose
- 2.0 Authority
- 3.0 Goals and Objectives
- 4.0 Scope
- 5.0 Program Elements
- 6.0 Program Functions
- 7.0 Administrative and Committee Structure
- 8.0 Evaluation of the Risk Management Program
- 9.0 Confidentiality
- 10.0 Appendix A Definitions
- 11.0 Appendix B Education Plan

Purpose

It is the intent of the C.L. Brumback Primary Care Clinics (“CLBPCC”) to provide and promote the provision of healthcare within acceptable standards of the Health Care District of Palm Beach County and to provide medical/professional practice in a safe environment for patients, staff, visitors, and other third parties. It is CLBPCC’s intent to minimize its business risk by consistently applying ethical decisions and actions. The design of the Enterprise Risk Management Program is to protect the assets of the organization against the adverse effects of accidental losses, to effectively managing losses that may occur, and to enhance continuous improvement of patient care services in a safe health care environment.

CLBPCC supports the establishment of a just accountable culture that emphasizes implementing evidence-based best practices, learning from incident analysis, and providing constructive feedback, rather than blame and punishment. Proactively assessing and identifying unsafe conditions, reporting occurrences and risk management education are also components of a just culture.

Authority

CLBPCC is governed by FQHC Board of Directors who is responsible for providing oversight and direction relative to care and services provided by this organization, inclusive of the Risk Management function. The FQHC Executive Director, in conjunction with the Health Care District of Palm Beach County Corporate Director of Risk Management, is delegated the overall responsibility for risk management and is responsible for ensuring that the Risk Management Plan is in place and functioning effectively.

Risk related activities are addressed on a monthly basis as a separate agenda item during the Risk Management/ Patient Safety/ Quality Committee meeting (the Committee). Risk Management agenda is discussed in a closed meeting. All risk items are listed individually, discussed by the Risk Manager and addressed within appropriate actions or reporting process in accordance with all municipal, state and federal laws and regulations.

The Committee, chaired by the FQHC Medical Director, includes Clinics Quality Coordinator/ Risk Manager, Senior Management (FQHC Executive Director and Operations Director), Board member representative, Practice Managers, Clinical Staff, and Corporate Risk Management. Other department representatives may be called to participate (ad hoc committee members) based on project needs. The composition of the Committee is designed to facilitate the sharing of risk management, quality and safety knowledge and practices across multiple disciplines and to also optimize the use of key findings in making recommendations to reduce the overall likelihood of adverse events and improve patient, staff and visitor safety. The Committee's collaborative activities are an integral part of CLBPC's patient safety, risk management, quality improvement program.

Goals and Objectives

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

- Minimize and/or prevent the occurrence of errors, events, and system breakdowns that could result in harm to patients, staff and visitors.
- Minimize losses to the organization by proactively identifying, analyzing, preventing controlling potential clinical, business and operational risks.
- Avoid personal liability of CLBPCC directors, officers, clinicians and staff.
- Minimize the risk of loss of property.
- Minimize the risk of loss of financial assets.
- Facilitate compliance with regulatory, legal, and accrediting agency requirements.
- Educate staff upon hire and annually about risk management and safety principles.
- Conduct monthly risk assessments
- Report risk management activities quarterly to the board
- Conduct a Patient Safety Survey every two years.
- Review the Risk Management Program annually for revisions.

Scope

All CLBPCC sites participate in the annual risk assessment and monitoring to review “High Risk” areas and activities such as prenatal care, pediatrics, behavioral management and infection prevention. Additionally physical safety and hazards are part of the assessment and monitoring process. Risk management and quality collaborate to develop indicators that monitor high-risk and benchmarked performance levels weekly and monthly. CLBPCC reports performance metrics to the quality committee monthly and to the Board every other month.

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

Risk Management and Quality work in partnership to perform periodic audits that assure adherence to the established protocols and for completeness of documentation with the patient’s medical record. The Quality and Safety Committee receive risk, safety and quality data for review.

Program Elements

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

1. Risk Identification: Risk Identification is the process by which the perception of a potential problem is translated into recorded information containing sufficient detail to enable effective assessment of the risk to support subsequent management decisions.
2. Risk Assessment and Analysis: Qualitative risk assessment is carried on every risk to estimate the probability of a Risk Event occurring and the potential impact of the risk on the CLBPC Program.

3.

4. RISK MATRIX

RISK = PROBABILITY x IMPACT

		RISK SCORING					The risk scores are not intended to be precise mathematical measures of risk, but they are useful when prioritizing control measures for the treatment of different risks.
IMPACT	Catastrophic	2	3	4	4	4	Low Risk (Green)
	Major	2	3	3	4	4	
	Moderate	1	2	3	3	4	Moderate Risk (Yellow)
	Minor	1	2	2	3	3	
	Negligible	1	1	1	2	2	High Risk (Orange)
FREQUENCY	Rare	Unlikely	Possible	Likely	Almost Certain		
		Can't believe that this will ever happen or recur	Do not expect it to happen or recur but it is possible	Might happen or recur occasionally	Will probably happen or recur but it is not a persistent issue	Will undoubtedly happen or recur, possibly frequently	Extreme Risk (Red)
						Requires urgent action. The Board of Commissioners is made aware and it implements immediate corrective action.	

3. Risk Containment: Risks are managed effectively by committing responsible parties to positive actions geared to the risk containment strategy. Efficient Risk Management means optimizing the degree of containment against the probability and impact of the risk. All identified risk are analyzed by the Risk Owner to establish the appropriate containment strategy, even if no action is required immediately.
4. Risk Control and Monitoring: Once a risk has been agreed upon, the Risk manager reviews it every month with the Risk Owner, so that it can be reassessed, taking account of changing project circumstances and the changing nature of the Risk Actions and / or the qualitative and quantitative assessment. The control process continues up to the time when the risk is managed to an acceptable level and can thus be closed.

Program Functions

The CLBPCC Risk Management Program functional responsibilities include, but are not necessarily limited to:

1. **Risk Identification: the areas assessed to be of highest risk are: prenatal processes, behavior health, pediatric care with emphasis on vaccination, timely review of lab reports and infection prevention.** Qualitative risk assessments are and documentation review is conducted monthly to estimate the probability of a risk event occurring and the potential impact of the risk on the healthcare clinic risk program.

Risk Identification is the process by which the perception of a potential problem is translated into recorded information containing sufficient detail to enable effective assessment of the risk to support subsequent management decisions. The SWOT is also used to determine the clinic opportunities and strengths in proactively preventing adverse outcomes.

2. **Risk containment and mitigation is accomplished through; education and training, the use of clear protocols and instruction, medical staff supervision and a “Just Accountable Culture” committed to provide safe quality care.** Protocols and clear instructions are provided to staff in providing care and in the performance of their daily duties. Medical staff are available on site for clarification and guidance when treatment options are in question. Staff on all levels are encouraged to report unsafe activity and to seek assistance and guidance in performing their duties. Administration provide time for staff to attend education and training as well as time to participate in drills and emergency preparation training. All staff are trained that everyone is a risk manager and to report incidents and to speak up if an unsafe situation is identified. (See Appendix B, Education Plan)
3. **Risk Control and Monitoring:** The Risk Manager conducts weekly rounds to monitor high risk indicators on the clinic’s action plan. Life Safety Officers conduct weekly rounds and report findings to risk management for review and analysis. Incident/Occurrence reports are reviewed daily and Risk Management is notified by Quality of any adverse complaint or grievance. All staff are trained to recognized and report “Near Miss” occurrences as well as actual occurrences. Clinical records are audited periodically for the following and reported in the Quality Committee:

- Clinic wait times
- Lab report flow from order to results, provider and patient

- Medication management
 - Review for delay in treatment
 - Monitor PSQ-9 documentation and patient flow
 - Emergency room referral directly from the clinic
4. Risk indicators are determined by regulatory and healthcare community standards, the vision and mission of the Health Care District, survey performance outcomes, occurrence/incident reports, Patient Satisfaction ratings as well as the audited performance of the clinic staff. All indicators on the risk management action plan are benched mark to determine compliance and the need for plan revision. The risk management action plan is revised as needed but no less than annually. The outcome of the action plan is reported to the BOARD and management staff.

Administrative and Committee Structure

CLBPCC is governed by FQHC Board of Directors who is responsible for providing oversight and direction relative to care and services provided by this organization, inclusive of the Risk Management function. The FQHC Executive Director, in conjunction with the Corporate Director of Risk Management, is delegated the overall responsibility for risk management and is responsible for ensuring that the Risk Management Plan is in place and functioning effectively. Risk related activities are addressed on a monthly basis as a separate agenda item during the Risk Management/ Patient Safety/ Quality Committee meeting (the Committee). Risk Management agenda is discussed in a closed meeting.

All risk items are listed individually, discussed by the Risk Manager and addressed within appropriate actions or reporting process in accordance with all municipal, state and federal laws and regulations.

The Committee, chaired by the FQHC Medical Director, includes Clinics Quality Coordinator/ Risk Manager, Senior Management (FQHC Executive Director and Operations Director), Board member representative, Practice Managers, Clinical Staff, and Corporate Risk Management. Other department representatives may be called to participate (ad hoc committee members) based on project needs. The composition of the Committee is designed to facilitate the sharing of risk management, quality and safety knowledge and practices across multiple disciplines and to also optimize the use of key findings in making recommendations to reduce the overall likelihood of adverse events and improve patient, staff and visitor safety. The Committee's collaborative activities are an integral part of CLBPCC's patient safety, risk management, quality improvement program.

Evaluation of the Risk Management Program

The Risk Management Program and CLBPC's progress toward achieving goals and objectives listed in the plan are presented to the management staff and Governing Body of C.L. Brumback Primary Care Clinic for review annually.

Confidentiality

Risk management documents and records include information which relate to sensitive patient and provider information. It is the intent of this Risk Management Program to apply all existing legal standards and state or federal statutes to provide protection to the documents, proceedings and individuals involved in the program.

Any and all documents and records that are part of the internal Risk Management Program as well as the proceedings, reports and records from any of the involved committees, shall be maintained in a confidential manner. Disclosure to any judicial or administrative proceeding will occur only under a court order or legal mandate.

APPENDIX A

DEFINITIONS:

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

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

Corporate Risk Management: The methods and processes used by organizations to manage risks and seize opportunities related to the achievement of their strategic objectives. By identifying and proactively addressing risks and opportunities, business enterprises protect and create value for their stakeholders. Corporate Risk Management provides a framework for traditional risk management.

Enterprise Risk Management: An ongoing business decision making process instituted and supported by a healthcare organization's board of directors, executive administration and medical staff leadership. ERM recognizes the synergistic effect of risk across continuum of care and aims to assist an organization to reduce uncertainty and process variability, promote patient safety, maximize the return on investment through asset preservation and the recognition of actionable risk opportunities. AHLA/ASHRM 2013*

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

Federal Torts Claims Act (FTCA): Federal Tort Claims Act (FTCA) coverage for eligible Health Center Program grantees was established through the Federally Supported Health Centers

Assistance Act (FSHCAA) of 1992. The eligible entities ("health centers") are organizations receiving funding under the Health Center Program (Community Health Centers, Migrant Health Centers, Health Care for the Homeless Centers, and Public Housing Primary Care Centers). Health centers are required to reapply each year for deeming and associated medical malpractice coverage.

Fishbone Diagram: Also called a cause and effect diagram, is a visualization tool for categorizing the potential causes of a problem in order to identify its root causes.

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

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

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

Plan Do Check ACT (PDCA): is an iterative four-step management method used in business for the control and continual improvement of processes and products.

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

Risk Analysis: A systematic process of identifying and evaluating the levels of risks involved in a situation, their comparison against standards, regulations and/or benchmarks, and the

determination of an acceptable level of risk. This process also helps to define preventative measures to reduce the probability of these factors or risks from occurring.

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

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

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

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

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

APPENDIX B

ANNUAL STAFF EDUCATION/TRAINING PLAN

Risk Management/Malpractice Education

FQHC Claims/ Malpractice Education	Providers, Clinical Staff & Management	Legal Staff	Annually	In-Service Logs	Course Outline and Objectives
Risk Management Education	All Staff	Risk Management Staff	Annually	In- Service Logs	Competency Test
Medical Record Documentation	Clinical Staff	Consultant	Annually 3rd st Qtr. 2018	In-Service Logs	Course Outline and Objectives
Compliance & HIPAA Training	All Staff	HCD Corporate Compliance Department	Annually	Electronic Tracking	Certificate of Completion
Periodontal Disease is a system wide risk	Dental Providers and Staff	CE Direct	Annually	Electronic Tracking	Certificate of Completion
Perinatal Infections	Providers and Clinical staff	On –Line CE Direct	Annually	Electronic Tracking	Certificate of Completion
Risk Qual Incident Reporting	All Staff	Risk Qual	Annually	In-Service Logs	Course Outline and Objectives
SWOT and FMEA	Providers & Management Staff	Risk Management	1 st Qtr. 2019	In-Service Logs	Competency Test
CP / Conflict Management	All Staff	CPI Instructor	Monthly	In-Service Logs	Course Outline and Objectives
Work Place Violence	All Staff	Risk Management	4 th Qtr. 2018	In-Service Logs	Course Outline and Objectives
Medication Reconciliation: Avoiding Dangerous Errors	Providers	On- Line CE- Direct	2 nd Qtr. 2019	Electronic Tracking	Certificate of Completion
Medication Avoiding Dangerous Errors	Licensed Clinical Staff	On- Line CE- Direct	3 rd Qtr. 2018	Electronic Tracking	Certificate of Completion

OSHA/Safety Education*:

Topic	Audience	Method	Frequency	Tracking	Assessment
Annual OSHA and Safety Training	All Staff	On-Line	Annually	Electronic Tracking	Competency Test
Infection Control for Healthcare Professionals	Providers and Clinical Staff	On – Line CE Di	Annually	Electronic Tracking	Competency Test
Evacuation Plan/ Disaster Preparedness	All Staff	Practice Managers	Annually	Electronic Tracking	Competency Test
Workplace Violence Prevention/Active Shooter	All Staff	Risk Management	Annually	In-Service Logs	Course Outline and Objectives

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

STAFF CONTINUING EDUCATION PLAN

All physician, nurse and allied health professional staff that require continuing education to maintain their licensure are provided the following resources:

Access to a CE Direct membership, which includes the following benefits:

- Personalized ID card with login and password;
- Access to 1,500+ hours of nursing CE and test prep content for all of the top nursing certification exams;
- 1,200+ CE courses for dozens of allied health disciplines;
- 260+ physician peer-reviewed CME courses;
- 580+ topic digital clinical textbook;
- 190+ recorded webinars on a variety of healthcare topics; and
- Tracking capability for courses completed via CE Direct.
- The Health Care District of Palm Beach County hosts monthly Continuing Medical Education (CME) courses that are offered to all staff of the Primary Care Clinics.
 - All courses are uploaded into CE Broker, which is affiliated with CE Direct, and can be tracked by employees for compliance with licensure requirements.

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
July 25, 2018

1. Description: Emergency Preparedness and Management Plan

2. Summary:

Attached you will find a document describing the comprehensive system of principles, policies, procedures, methods, and activities to be applied in response to natural and manmade disasters to ensure patient and employee safety, to mobilize resources, to maintain health center business operations, and to assist in providing mutual aid in a community-wide response requiring medical services.

3. Substantive Analysis:

Per PIN 2007-15: Health Center Emergency Management Program Expectations referred to in the HRSA Compliance Manual the emergency management expectations for health centers addressed in this guidance are as follows:

A. Emergency management planning- health centers should be engaged in an ongoing, continuous process to ensure that emergency management plans (EMP) are appropriate.

B. Linkages and collaborations- health centers should maximize their linkages and collaborations.

C. Communications and information sharing- health centers should have policies and procedures for communicating and sharing information with internal and external stakeholders.

D. Maintaining financial and operational stability- health centers' business plans should address financial viability in the event of an emergency.

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

Dawn Richards
VP & Chief Financial Officer

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
July 25, 2018

5. Reviewed/Approved by Committee:

N/A

Committee Name

Date Approved

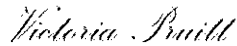
6. Recommendation:

Staff recommends the Board approve the HCD Emergency Preparedness and Management Plan.

Approved for Legal sufficiency:



Valerie Shahriari
VP & General Counsel



Victoria Pruitt RN MS
Director Corporate Risk Management



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

2018

Health Care District Emergency Procedures Manual



Health Care District of Palm Beach County

7/9/2018

Corporate Office Emergency Procedures Manual

Office Safety

- Be sure the pathway is clear before you walk.
- Close drawers completely after every use.
- Avoid excessive bending, twisting, and leaning backward while seated.
- Secure electrical cords and wires away from walkways.
- Always use a stepladder for overhead reaching. **Never use chairs as ladders.**
- Clean up or report spills immediately.
- Pick up objects co-workers may have left on the floor.
- Report loose or damaged flooring.
- Never carry anything that obscures your vision.
- Wear stable shoes with non-slip soles.
- Wash hands or use alcohol sanitizer
- Label and date food in the refrigerator
- Report electrical, lighting and plumbing malfunctions immediately to your manager or Facility Dude located in “Web Applications” on the HCD website.
- Report unsafe acts and near misses immediately. This will help keep the workplace safe.

At Your Desk

- Use good posture. Sit up straight, feet on the floor; if you are using a keyboard, keep your wrists straight.
- Keep files, drawers, and cabinets clean, organized, and closed to prevent tripping.
- Store heavy supplies on lower drawers or at ground level, and secure items in cabinets that close securely.
- Take care when eating or drinking at your computer, crumbs or spills might cause serious malfunctions to the equipment.
- Secure sharp objects (cutting knives, scissors, paper cutter blades) when not in use; never leave these misplaced and unattended.

Live healthfully in the workplace:

- Stay hydrated.
- Do not skip lunch; make sure you get your nutrients and minerals.
- If your job is sedentary, be sure to take frequent breaks to walk around and stretch.
- Remember to report any injuries, unusual occurrences or equipment malfunctions to your supervisor immediately so that it is placed into RiskQual.
- Stay hydrated, get eight hours sleep, eat healthy and have fun.

Corporate Office Emergency Procedures Manual

General Information Introduction

Often workers mistakenly think that the office environment is the safest workplace but in reality, a safe workplace requires hazard control, good housekeeping and safe work practices.

Health Care District (HCD) of Palm Beach County is committed to providing employees with a safe and healthful workplace. It is the policy of HCD that employees report unsafe conditions and do not perform work if the work is considered unsafe. Employees must report all occurrences, injuries and unsafe conditions to their supervisors. HCD practice a proactive “Just and Accountable Culture” therefore no such report will result in retaliation, penalty, or other disincentive.

Throughout the Emergency Procedures Manual, we will refer to the Life Safety Wardens, Assistant Life Safety Wardens, Stairwell Monitors, Searchers, Elevator Monitors and Special Assistants to assist the partially able-bodied. These people are employees whom have volunteered to perform specific duties and assist fellow employees and other building occupants during an emergency. Please refer to the Evacuation portion of this manual for more information on the responsibilities of each of these positions.

Lastly, this Emergency Procedures Manual is meant to be simply a guide to use in responding to emergencies. This is a guide to life safety situations that may arise at the office; we cannot warrant the effectiveness of this information for all situations that may occur. New employees will be oriented to the emergency plan and each HCD office employee must have an annual review of these procedures in line with their annual performance evaluation.

Emergency Contact Numbers

All emergencies Police/Fire Department:	911
Non-emergency Police Number for West Palm Beach:	1-561-822-1900
Florida Power & Light (Electric):	1-800-375-2432
Property Management Office:	1-561-881-5417
Health Care District of Palm Beach (Main):	1-561-881-1233
Employee Information Hotline:	1-561-659-4006

Emergency Team Members & Responsibilities

The Emergency Team consists of staff volunteers and HCD Evacuation Team Members (Health Care District of Palm Beach County employees).

Each member of the Emergency Team must read and understand the responsibilities of their assigned position as outlined below.

Corporate Office Emergency Procedures Manual

HCD Employees

Each HCD employee should be prepared with the following general knowledge and training:

1. Study all of the material covered in this manual.
2. Ensure self-knowledge of the emergency evacuation/relocation procedures.
3. Become familiar with the location of fire extinguisher(s). Look for wall signs that indicate the location of each fire extinguisher.
4. Participate in First Aid/CPR/AED/Stop the Bleed and Run, Hide Fight training.
5. Know stairwell exit routes and ensure office and stairwell doors are never blocked.
6. Wear ID badges at all times while in the building, question wondering visitors and assist them to their destination.
7. Fire arms and any device carried with intent to inflict damage or bodily harm are not permitted in the building.
8. The office closes at 7pm Monday through Friday. Notify your supervisor if staying beyond office hours or working on the weekends. The building is closed Sundays and Holidays.

HCD Office Life Safety Team Members

Life Safety Warden

1. Reports any potential or actual emergency conditions to Facility Dude.
2. Directs the floor's entire Evacuation Team, making sure that all Emergency Organization Members are performing their assigned functions.
3. Maintains a current emergency evacuation plan.
4. Conducts Annual Employee Awareness and Internal Aid Response Team Checklist.

Assistant Life Safety Warden

The Assistant P & S Life Safety Warden will assist the Life Safety Warden in all areas of responsibility and assume the leadership role in his/her absence.

Searchers

1. Ensure the evacuation of personnel from their office space.
2. Assist in the evacuation of common area washrooms, storage rooms, etc.
3. Completely inspect the premises, room by room, to ensure everyone has evacuated and that all interior doors are closed.
4. Once a room has been checked and the door is closed, a self-sticking note sheet (yellow "Post-It") should be placed on the door.

Corporate Office Emergency Procedures Manual

Elevator Monitors / Stairwell Monitors

1. Ensures that everyone evacuates using the designated stairwells and makes sure that no one uses the elevators.
2. Direct the orderly and safe evacuation in the stairwells of all personnel located on their floor (there should be a stairwell monitor at each stairwell exit).

Assistants to Individuals Requesting Assistance

1. Ensure that all personnel with requiring assistance are safely evacuated from their floor.
2. During an evacuation of the building, ensure these persons are safely evacuated or is escorted to the floor designated Area of Refuge to await transport to the ground floor by the Fire Department.

HCD Healthcare Evacuation Alternates

1. Assume the responsibility of a missing team member during his or her absence. Assist in the evacuation of personnel to safe areas.
2. Cross training should be provided for all HCD Team Members to enable them to share duties and avoid overburdening a single individual during an emergency situation.

Persons with Disabilities

Persons with disabilities should be identified and considered prior to any emergency evacuation. The HCD Life Safety Warden and Human Resources must maintain a list. Update the list as needed.

Person's not requiring or providing assistance will evacuate first. The assisted persons can then evacuate without being bumped or pushed down, thus speeding evacuation and avoiding injury.

If there is evidence of fire, persons with disabilities should be positioned near the fire exit stairs located farthest away from the fire and wait for special assistance from the fire department. If fire conditions pose a personal threat, the evacuation brigade may assist in evacuating the persons with disabilities if danger is imminent and the fire department has not yet arrived.

Corporate Office Emergency Procedures Manual

Annual Employee Awareness Emergency Checklist

Are emergency plans and procedures part of your company employee training program?	Yes	No
Are staff aware of the placement of all floor plans displaying the exit routes and stairwells?	Yes	No
Are employees aware of PASS and RACE?	Yes	No
Have you developed a list of your company's emergency response training requirements (e.g. first aid, building damage assessment, light rescue, survival, and fire extinguisher usage)?	Yes	No
Do all employees understand their duties and responsibilities during an emergency or disaster?	Yes	No
Are personnel familiar with emergency shutdown procedures and controls in their work area?	Yes	No
Are all employees fully aware of the meaning of different audible and/or visual alarm devices?	Yes	No

Internal Aid and Response Team Checklist

Do you have an employee Emergency Team to deal with all emergency situations?	Yes	No
Have Emergency Team members been trained in their duties, such as site security, and making assignments, determining if stairs are safe, directing evacuation and maintaining records of emergency supplies?	Yes	No
Have Emergency Team members been given the responsibility and training for Building Damage Assessment and basic search and rescue following an emergency because help may not be readily available)?	Yes	No
Have Life Safety Wardens and their Emergency Team Members been designated to organize employees, customers, and co-ordinate their activities after an incident?	Yes	No
Have Life Safety Wardens and their Emergency Team Members been instructed in their responsibilities with respect to building management, city officials and other key emergency services personnel? Have Life Safety Wardens been instructed to inspect each work area to determine what equipment and furnishing might potentially injure employees?	Yes	No
Are employees trained in first aid and cardiopulmonary resuscitation (CPR), AED Stop the Bleed?	Yes	No
Has HCD scheduled drills to verify that procedures are sound and that important components have not been overlooked?	Yes	No

Corporate Office Emergency Procedures Manual

Evacuation Drills

HCD staff should be well prepared in an event of an emergency. Because it is difficult and disruptive to business operation to perform drills, HCD will participate in building evacuations as well as conduct internal evacuation drills, at least 2 times a year. Any fire alarm that constitute evacuation will count as a drill.

Evacuation Procedures

General

In an emergency evacuation, the ability to respond quickly and to operate in a coordinated team effort is vital to the reduction or elimination of personal injury and property damage. If an evacuation ever becomes necessary, the information listed in this manual should be strictly followed. Therefore, all personnel must be informed of these procedures.

The building must be evacuated when a **fire alarm signal is sounded** and there has been no previous notice provided by the Property Management Office of routine alarm testing.

During a general evacuation, all employees will immediately proceed out of the building using their primary evacuation route unless otherwise directed. Employees must evacuate the building completely and proceed to the Evacuation Assembly Point and await further instructions. **Never return to the floor or building, wait for the "All Clear" signal** is given.

FIRE:



In case of fire, before opening any door, feel it with the back of your hand. If the door is hot, there is probably a fire on the other side. If this is the case, leave the door closed and use an alternate escape route. If the door feels normal, brace your body against the door and open it slightly. If heat or smoke escapes, immediately close it. Remember to close all doors behind you. Most fires can be contained by simply closing doors and minimizing drafts.

The following steps should be followed immediately if fire or smoke is discovered within the building:

1. Pull the fire alarm.
2. Dial 911 and notify the fire department.
3. Alert the others in the area by Dialing #88 and shouting, "CODE RED, CODE RED"
4. Attempt to put out the fire by using available fire extinguishers, ONLY if this can be done without endangering your safety.
5. Be prepared to evacuate to the nearest exit.

Keep in mind that your escape may take place through a darkened or smoke filled corridor where you cannot read the names on the doors or find the building's exit and stairwell signs. If you are breathing smoke, make sure to get down low where the air is cleaner and take short breaths through your nose.

Corporate Office Emergency Procedures Manual

While personnel are evacuating their assigned area, the Life Safety Warden and assistants will be engaged in varied duties to assist you in the evacuation and will inform you of current conditions and possible change of plans.

The Evacuation Plan

1. **Life Safety Warden/ Assistant Life Safety Warden:** Assign each Emergency Team Member to a specific task as detailed below, and nominate replacements if appointed people are not present. Ensure that all individuals on the floor follow direction provided by this manual, Safety Warden or the Fire Department. Report the status of floor/suit to Property Management after evacuation e.g., all clear, any individuals remaining on floor landing waiting for rescue, status of search, etc. Life Safety Wardens are responsible for performing routine checks for fire hazards and checking emergency equipment. Specifically, they should do the following Monthly:
 - a. Ensure that evacuation routes are unobstructed.
 - b. Check for fire hazards such as accumulations of garbage or paper, improperly stored flammable or combustible liquids, worn electrical cords, overloaded electrical outlets, extension cords, unauthorized heaters, fans etc.
 - c. Ensure that exit doors are functional, i.e., open readily and close automatically. Doors must not be **wedged open or locked in the direction of exit**.
 - d. Check that exit lights are illuminated and undamaged.
 - e. Ensure that fire hoses and extinguishers are present in each fire hose cabinet in their area and that cabinets are not obstructed.
 - f. Report any deficiencies or hazards to Facility Dude.

2. **Searchers:** One Searcher should be appointed for each quadrant of the floor. After each room is searched, doors must be closed and the door should be marked with a "post-it" note indicating the completion of the search. (Please note: the "post-it" note should be affixed to the door or wall at a level no higher than one or two feet from the ground in the event that there is thick smoke in the air.) Searchers must physically search all areas of their floor including restrooms. Upon completion, report the clearing of your area to the Life Safety Warden.

3. **Stairwell/Elevator Monitors:** In the event of a Fire Alarm and Evacuation, the elevators will immediately return to the ground floor and remain out of regular service until the alarm is reset. Two persons must be stationed at each stairwell, one to direct people into the stairwell and the other stationed at the first landing below directing individuals to walk on the right side of the stairwell. As each floor is evacuated and the last person evacuates the floor, the Stairwell Monitors make sure all stairway doors are closed.

4. **Assistants for Individuals Requesting Special Assistance:** Immediately report to your assigned person and assist that person to the stairway exit. During an evacuation of the building, ensure these persons are safely evacuated or within your floor designated Area of Refuge to await transport to the ground floor by the Fire Department.

Corporate Office Emergency Procedures Manual

5. Evacuees Requesting Special Assistance: Persons not requiring or providing assistance will evacuate first. Individuals requesting special assistance can then evacuate without being bumped or pushed down, thus speeding evacuation and avoiding injury. If there is evidence of fire, persons requesting special assistance should be positioned farthest away from the fire. If fire conditions pose a personal threat, the Assistants will enter the exit stairwell accompanying the person and wait for assistance from the Fire Department. If danger is imminent the Fire Department has not yet arrived, the evacuation team should assist in evacuating the persons.

When the "all clear" is announced the Life Safety Warden direct employees, in an orderly fashion, back to their work places. If available, elevators will be back in service. The Emergency Team coordinates the loading of the elevator cars to prevent over-crowding.

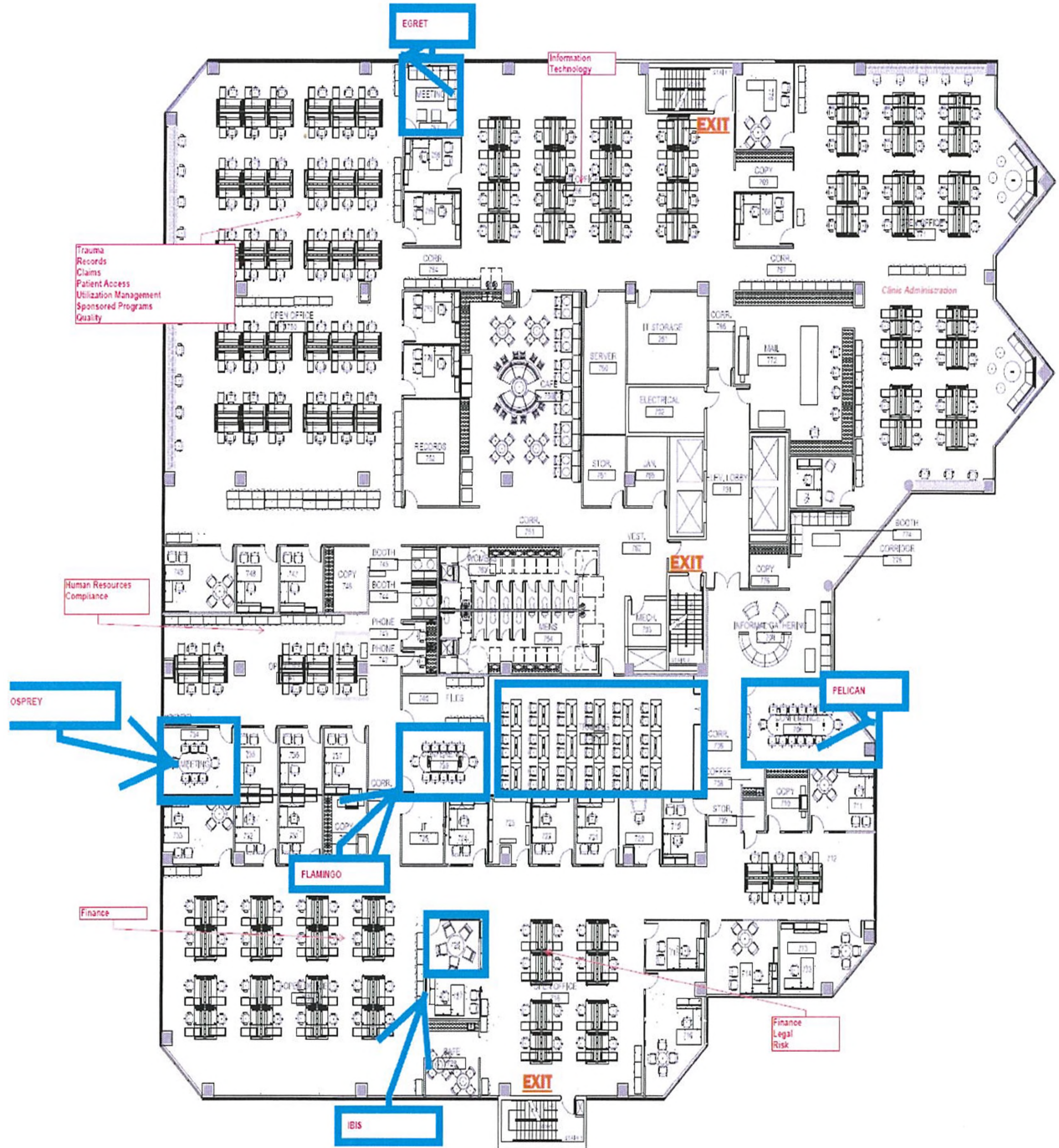
Evacuation Assembly Point (EAP)

In the event of a general evacuation of the building, your Life Safety Wardens will direct you to exit the stairwells on the Main (Ground) Floor. All persons should then proceed in an orderly fashion out of the building to their Evacuation Assembly Point. Once there, all employees are to await further instructions or wait until the ALL CLEAR signal is given. The Assistant Life Safety Warden will take an account of all employees and visitors whom have left HCD offices.

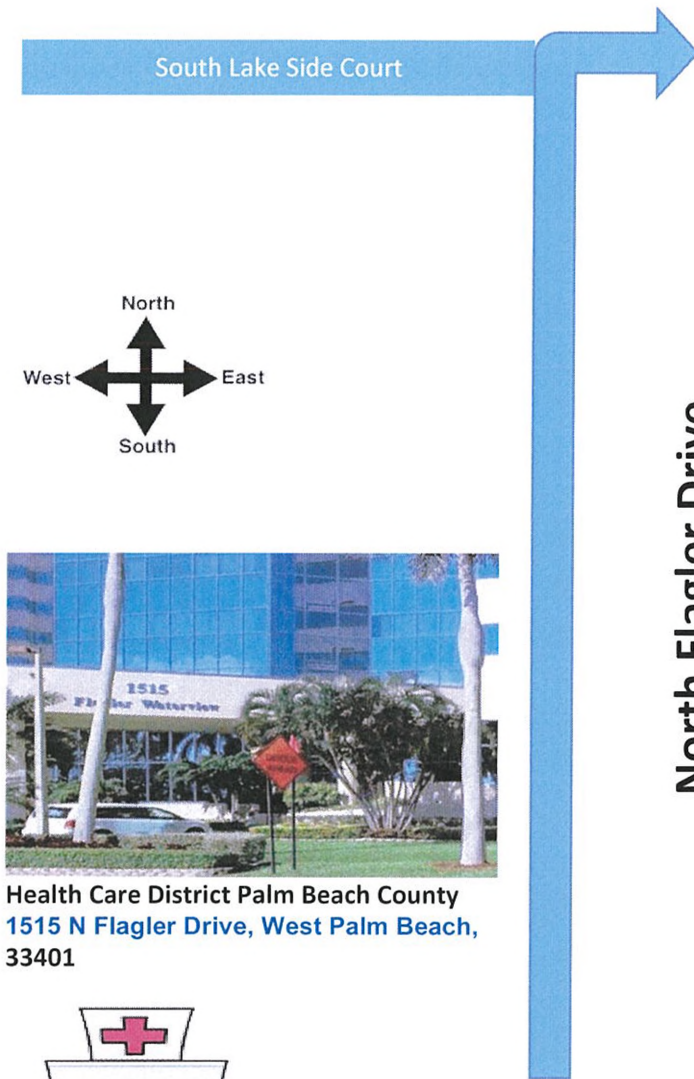
Should the Evacuation Assembly Point be unavailable, you will be directed to a separate waiting area by someone from the Life Safety Team.

Pictures of Floor Layout to follow

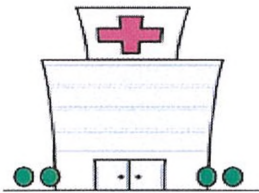
Corporate Office Emergency Procedures Manual



Corporate Office Emergency Procedures Manual



Health Care District Palm Beach County
1515 N Flagler Drive, West Palm Beach,
33401

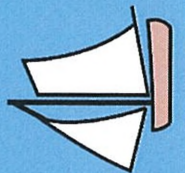
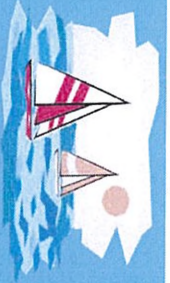


Good Samaritan Hospital

Evacuation Assembly Point Directions



MEET HERE



Corporate Office Emergency Procedures Manual



FIRE

The proper response to fire or smoke is RACE:

R = Rescue patient immediately from fire or smoke area.

A = Pull fire alarm station, call emergency number and give exact location.

C = Contain the smoke or fire by closing all doors to rooms and corridors.

E = Extinguish the fire (when safe to do so).

Fire Suppression

A fire extinguisher is a pressurized canister device that releases either water or chemicals to put out a fire. *NOTE: All Fire Extinguishers mounted in the Building are Class ABC Dry Chemical.* The type of extinguisher used must fit the class of fire. The definition of the four (4) fire classifications and the type of extinguisher to use in each class is described below.

Fire Extinguishers



Class A Fires -Ordinary Combustibles (Green Label Symbol)

Wood, cloth, paper, rubber, plastics, and any other common materials that burn easily

Corporate Office Emergency Procedures Manual

Class B Fires -Flammable Liquids (Red Label Symbol)

Gasoline and other flammable liquids, oil, grease, tar, oil-based paint, lacquer and flammable gas

Class C Fires -Electrical Equipment (Blue Label Symbol)

Energized electrical equipment, including; wiring, fuse boxes, circuit breakers, machinery and appliances

Class D Fires Combustible Metals (Yellow Label Symbol) none found at this property.

In the event of a minor fire, a portable fire extinguisher may be used.

A pressurized water extinguisher is good for Class A Fires only.

A multi-purpose, dry-chemical extinguisher is good for Class A, Class B, and Class C Fires. All fire extinguishers at the property provided and maintained by the Property Management office are this type of product.

Using an extinguisher that is not rated for the fire you are fighting may make the fire worse! It is particularly *dangerous* to use water or a *Type A extinguisher on a grease or electrical fire.*

When to Use a Fire Extinguisher

It is vitally important to know when to use a fire extinguisher and to do this effectively you must ask the following questions:

- Is the fire small enough to be dealt with effectively?
- Do I have the right fire extinguisher?
- Can I use it properly?

To ensure that you can effectively use the extinguisher and do so in a safe manner you should have the following answers to those questions:

- a. If you believe, you cannot safely contain the fire with an extinguisher, clear the area and raise the alarm.
- b. Multi-purpose fire extinguishers are capable of putting out any small fires you may encounter in your work area.
- c. Remember to use P.A.S.S. for the fire extinguisher when fighting a fire.

How to use an Extinguisher

Once you have determined that you can safely and effectively use the fire extinguisher, remember the following acronym:

P - Pull the pin at the top of the extinguisher.

A-Aim the nozzle toward the base of the fire.

S - Squeeze the handle to discharge the agent.

S - Sweep the nozzle from side to side at the base of the flames.

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Remember: Only use a fire extinguisher when it is safe to do so. Always ensure that you have a safe escape route. If smoke obstructs your vision, or obscures your escape route, evacuate immediately and raise the alarm.

Even if employees take the responsibility of successfully extinguishing a small fire, the Property Management Office must be notified.

You should not attempt to fight even a small fire until people have begun evacuating the area and the Fire Department has been notified.

Never attempt to fight a fire if any of the following is true:

- You are uncertain about how to use the extinguisher.
- The fire is spreading beyond the immediate area where it started.
- The fire could possibly block your escape route.

Hand held fire extinguishers are ineffective on major fires and should not be used. Never attempt to extinguish a fire alone. Keep in mind that a fire can double in size each minute that it exists.

Fire Prevention

Listed below are 10 recommendations to help protect against a fire occurring.

- a. There is no smoking permitted inside any area of the building but at designated locations outdoors only. Smoke only where permitted.
- b. Be alert around electrical equipment. If electrical equipment is not working properly, disconnect and tag the equipment and call the appropriate company or department for repair.
- c. Often the first sign of an electrical problem is the emission of an unusual odor.
- d. Promptly replace any electrical cord that is cracked or has a broken connection.
- e. The use of extension cords in office buildings is not permitted by Fire Code.
- f. Keep all heat producing appliances away from the wall. Leave plenty of space for air to circulate around copy machines, printers, and other equipment that normally gives off heat.
- g. Make sure that all appliances in your work area, such as coffee makers, microwaves, toaster ovens and hot plates, are turned off at the end of each day. It is best if responsibility for this daily check is assigned to one person.
- h. Do not use space heaters. Space heaters are not permitted and are in violation of Fire Codes.
- i. No storage is permitted in stairway landings, freight vestibules, and other out of the way locations. The mentioned areas must be kept free of waste paper, empty cartons, dirty rags, or other material that could fuel a fire, or cause obstruction to access or egress.
- j. Keep Security informed of any suspicious or unauthorized persons on your floor. This will help prevent both theft and fire.
- k. Do not use door stops to prop open doors.

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Elevator Emergency

In the event of an elevator malfunctioning while you are a passenger, the first thing to remember is do not panic.

Elevators transport more passengers than any other public conveyance and they are also the safest mode of transportation

If the elevator has not moved since you entered, it may be possible to exit by pushing the “door open” button. If you find that you are stranded between floors, use the “push to call” button in the elevator. This will automatically connect you with someone who will dispatch assistance. Your elevator may be equipped with a “call button” vs. a phone cabinet. Please activate it by pushing the button which will connect you to someone.

Do not attempt to climb out of an elevator that is stalled between two floors unless assisted by an elevator maintenance technician or the Fire Department. If you notice an elevator that is malfunctioning, please notify the Management Office at 561- 881-5417.

Medical Emergency

General Information

Time is extremely important in the case of a medical emergency. Keep a First Aid Kit unlocked and fully stocked in the Main kitchen area and first floor Board Room.

Place the AED in the main kitchen and first floor Board Room and monitor daily for battery activity.

The person who discovers the emergency should follow the instructions listed below:

1. Ascertain as much information about the injury as possible, from either the victim or witnesses.
2. Remain with the victim and call out for assistance.
3. If it is a cardiac, emergency call out **Code Blue** and use, the AED equipment while someone else calls 911.
4. Make the victim as comfortable as possible. Do not attempt to move the individual if there is no immediate danger. Call 911
 - State the nature of the emergency
 - State the building's street address
 - State the company and floor
 - Answer all questions of the 911 operator
 - Do not hang up until the operator releases you.

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5. If it is a bleeding situation, use the Stop the Bleed Tourniquet if applicable.
6. Send someone to the first floor receptionist area. Inform the receptionist and security guard that 911 was called. Remain on the first floor until the Emergency Medical team arrives, then escort them to the seventh floor to the site of the emergency.

Power and Utility Failure

General Information

A power outage is not considered a natural disaster; however, it may be caused as a result of one. The stairwell emergency lighting, life safety equipment and elevators, where applicable, are powered by the Emergency Generator which will operate in the short term. No HVAC equipment, lights, receptacles, non-emergency elevators and most telephone equipment will be operational.


Procedure

1. Emergency Lighting will illuminate the stairwell landings.
2. IT contacts the electric company to find out the duration of the power outage.
3. If evacuation becomes necessary, use the stairs *not the elevator*.
4. While evacuating travel in pairs or large groups. You will be safer if you stay together.
5. Turn off lights and office equipment to prevent a power surge when the electricity returns.
6. Life Safety Wardens should check the elevators closest to them to see if people are trapped inside. If there are people trapped, the elevator monitor will ask them to remain calm and then notify Property Management of their location. However, the elevators are on emergency generator.
7. Elevator monitors should report to the lobby to assist the Life Safety Warden in assessing the elevator situation. If people are stuck, the Elevator Monitor will stay in contact with these people and not leave the elevator lobby.
8. Stairway Monitors report to the elevator lobby on their respective floor. Life Safety Warden will inform staff if there is need to evacuate according to the fire procedure.
9. If the power is not restored after 15 minutes, Life Safety Warden will proceed to main floor lobby.

NOTE:

If the electric company does not know how long the power will be out, or if power will be out for longer than one hour, the building may need to be totally evacuated.

If total evacuation is necessary, it is conducted according to the fire procedure.

(For greater detail on the fire procedure, refer to the  Fire section of this manual.)

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Natural Disasters

Hurricane Procedures



When the National Hurricane Center in Miami announces a Hurricane Warning, the building will close to the public and all tenants will be requested to secure their offices and leave the premises within one day after the Warning. A hurricane warning is:

A Warning indicates that a Hurricane with winds of 74 MPH and higher, or a combination of dangerously high water and very rough seas are expected in a specific coastal area. When a hurricane warning is announced, hurricane conditions are considered imminent and may begin within the next 12 to 24 hours. It is of utmost importance that ALL precautionary measures and actions be instituted immediately for the protection of life and property.

The building will be evacuated upon announcement of a Hurricane Warning. **No one** will be permitted to remain in the building.

1. Prior to leaving the building, lock all doors, all electrical power and/or breakers in the building will be turned off. Unplug all electrical equipment from outlets. Only the emergency electrical panel should be energized if applicable. If a storm is imminent to the area, the local power supplier may turn off the main electrical grid power for safety reasons to the public.

An important note with regard to electrical equipment: Most damage caused to electronic equipment in commercial buildings occur after the local power company turns on the main electrical grid. When the main electricity is turned on, it is unstable and prone to extreme power surges. Take extreme caution when turning on electrical equipment after the power has been restored. It is recommended that until the main electrical grid is stable, that all electrical equipment should not be turned on. The local power supplier will notify the general public when the grid is stable and it is safe to turn on electrical equipment.

2. When the power is turned off, the floors where electronic locks are installed will need to manually lock their main entrance and secondary doors. These doors electronically open and close, but in times of hurricane, no power will be available to secure these doors. You should have manual deadbolts installed as backup to your electronic locks, for use only during power interruptions.
3. Restroom doors should be propped open with a door prop to allow for proper depressurization of the building.
4. All blinds curtains and drapes are to be drawn in all spaces. All objects in perimeter offices that may become airborne are to be placed in the interior offices of each suite.
5. All perimeter office doors are to be closed so that when or if a window breaks, water damage will not go further than that one office.

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6. If the warning is canceled, or the storm has passed, staff should call the Employee Information Hotline, for information regarding when the building will open for business.

IMPORTANT

After storms, power and computers are typically not available. Do not rely on email as your primary source of communication. Use the telephone first to communicate and obtain Healthcare District Information. Call the Employee Information Hotline 561-659-4006.

STORM/DISASTER COMMUNICATIONS

Place Emergency Numbers Here:

Name	Phone Number	Email

Additional Hurricane Preparedness information can be found on the District's SharePoint, see link below:

<https://hcd-vms-sp2013.hcdpbc.org/news/SitePages/Hurricane%20Preparedness.aspx>

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Tornado and Other Severe Weather

The U.S. Weather Service reports the movement of severe weather that may present a threat to the South Florida area. If a tornado warning has been issued National Weather Service may sound the tornado siren. If the U.S. Weather Service gives an early alert, certain steps can be taken to prepare for the severe weather if the decision is to remain. Keep abreast of weather conditions via radio or television.

HCD Responsibilities

Maintain the following inventory of emergency equipment to be used during severe weather:

1. Flashlights and fresh batteries
2. First aid kits to treat minor injuries
3. Portable radios -to keeping abreast of severe weather conditions.

If informed by the U.S. Weather Service that severe weather is imminent, you may follow the steps below: Call a **CODE GREEN**

- a. DO NOT PANIC!
- b. Clear desks, tables and window sills of books, papers or other items and secure them in boxes or drawers.
- c. Move easily-moveable furniture away from windows.
- d. Store all easily-moveable office equipment within the inner offices.
- e. Move all personnel away from exterior window lines to public corridors, stairwells, washrooms, etc. Suggested shelter areas inside the building are shown on the Area of Refuge drawings shown above in this Emergency Procedures Manual.

In the event you cannot reach one of these areas, get on the floor on your hands and knees in a fetal position and cover your head and chest. If possible, crawl under a heavy desk.

P & S Life Safety Wardens

1. Move all occupants to the core areas of the building corridors and elevator lobbies, as shown on the Area of Refuge drawings.
2. The stairways are the only means of shelter to be used during severe weather.
3. Report to the Property Management that HCD has totally evacuated its space and the building.
4. Notify the Property Management of all severe leaks, fires, and structural or other damage during or after the storm.
5. When the "all clear" is announced, the evacuation team signals the Life Safety Warden to direct employees in an orderly fashion back to their work places.

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Flooding

In the event of a flood:

1. The most important consideration is to eliminate, if possible, all sources of electricity from the flooded area. If the power switch is accessible and AWAY FROM THE WATER, switch it off.
2. If possible, remove all documents and portable equipment from the premises or relocate it to a higher location. Close file drawers to limit damage.
3. Evacuate the immediate area.



Office Closure

When a situation requiring evacuation of the building occurs from threatened or affected areas, safety of lives is our primary concern. Property Management will make the decision to evacuate and close the building.

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1) **Emergency Contacts for Property Management Company**

Provide the names of two (2) individuals who will be the Emergency Contacts and responsible for emergency evacuation procedures for HCD, to ensure that all occupants of the building can safely be evacuated from the building in case of an emergency. These individuals should be able to lead all personnel safely from the building.

Company: Health Care District Palm Beach County

Suite: 700

Building Address:

Name of person completing form: _____ Phone: _____

E-Mail: _____ Number of Persons Working in Suite: _____

Life Safety Team Members: *at a minimum, HCD shall provide a Life Safety Warden and an assistant. Tenant Life Safety Warden to be responsible for ensuring the individuals under their control have safely evacuated the premises and to relay information to Property Management.*

Tenant Life Safety Warden	Phone	E-Mail	Cell	Home
Asst. Tenant L/S Warden				

Communication

During an immediate situation, communication shall be face-to-face, text, email or telephone. During interruption of business, communication will continue through email, texting, group conferencing, telephone and telephone conferencing.

In the event the office is closed due to, a hazardous situation and staff must be informed not to report to the office the departmental phone tree shall be used as a form of communication.

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Office Emergency Management Team

POSITION	NAME	DEPARTMENT	COMMENTS
Life Safety Warden			
Asst. Life Safety Warden			
Elevator Monitor			
Stairwell Monitors			
Searchers			
Assistant to people needing assistance evacuating			
Alternate Volunteers			

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2) Bomb Threats and Suspicious Packages

General Information

Fortunately, the vast majority of bomb threats are false alarms. Unfortunately, it is difficult to differentiate false alarm from a genuine threat, therefore, any bomb threat must always be taken very seriously. Since the objective of the caller is usually to disrupt normal business functions by causing the building to be evacuated, as little publicity as possible should be given to the incident.

The success of the preventive strategy requires full cooperation from all. Any suspicious individuals or situations are reported at once Call a CODE BLACK!

Bomb threats are a different kind of emergency than fires or fire alarms and subsequently, have different procedures.

For many reasons, it is imperative that HCD staff be knowledgeable about bomb threat procedures.

There are six to seven basic considerations when dealing with bomb threats.

1. Receipt of the threat - Calls or Parcels
2. Evaluation of the threat -Non-Descriptive vs. Specific
3. Notification of concerned personnel
4. Decision Time
5. Search the Facility
6. Evacuation (if necessary)
7. RE-Entry (if necessary)

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Step 1: Receipt of Threat

Bomb Threat Calls

Immediately notify the local authorities and building security 804-5600 or 659-1270
You may be asked to press 0 or stay on the line.

The most common threats are made by direct telephone calls to a company or the police department. However, some calls are made to third parties such as television stations or newspaper offices.

There are two logical explanations for a caller to report that a bomb is to go off at a particular location:

1. The caller is made aware that an explosive or incendiary bomb has been or will be placed and they want to minimize personal injury or property damage.
2. The caller is the person who placed or purports to have placed the device in order to create an atmosphere of anxiety and panic that will, in turn, result in a disruption of the normal activities at the facility.

It is important to accurately record bomb threats. All employees who answer incoming calls should be given Bomb Threat Report Forms (to follow) which should be kept near the telephone at all times. It is recommended that Bomb Threat Report Forms be kept at telephone operator/receptionist desk locations where most of the incoming phone calls are received.

If you receive a bomb threat, the most important thing to remember is to remain calm. Try to ask the questions that are listed on the Bomb Threat Report form. Some callers will give considerable information if asked the proper questions. Encourage the caller to keep talking by being friendly, and using words such as "okay", "yes", and "I understand", etc.

During the call:

1. Do not interrupt the caller while he/she is talking.
2. In general, do not argue or be antagonistic.
3. Note the caller's exact wording
4. If told that the building is occupied or cannot be evacuated in time, the caller may be willing to give more specific information on the bomb's location, components or method of initiation.
5. Listen for background noises.
6. Try to get the caller's name, location of bomb and time of explosion.

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Two-way radios and cellular telephones may detonate some explosive devices. Once you are notified of a bomb threat, discontinue the use of all two-way radios and cellular telephones immediately.

a. Letter or Parcel Bombs

Threats against a HCD and its personnel can come through delivered mail or parcels. All employees should be alert to this type of threat and take precautionary measures to detect such dangers.

When a written threat is received, save all materials, including any envelope or container. Once the message is recognized as a bomb threat, any further handling should be avoided. Every possible effort must be made to retain evidence such as finger prints, handwriting or typewriting, paper and postal marks. This information will prove essential in tracing the threat and identifying the writer.

The most common indications that a letter or parcel might contain explosives are:

- Unusual bulk or weight
- Chemical or oily stains
- No return address
- Foreign postmarks
- Protruding wire or metal foil
- Appearance or feel that isn't ordinary
- Bares restricted endorsements
- Address prepared with homemade labels
- Emits a peculiar odor
- Excessive postage affixed

If you have any reason to believe that a letter or parcel is suspicious, do not take a chance or worry about possible embarrassment if the item turns out to be innocent. It is not worth the risk.

If an item is located that is suspected of containing explosives:

- Keep employees clear of package
- Do not handle the item
- Do not attempt to open the item
- Do not place the item in water
- Do not remove any binding material
- Do not pull or cut any material that protrudes
- Do not place the item in a confined space

See Policy and Procedure: "Suspicious Mail" attached

FBI Advisory

If you receive a suspicious letter or package

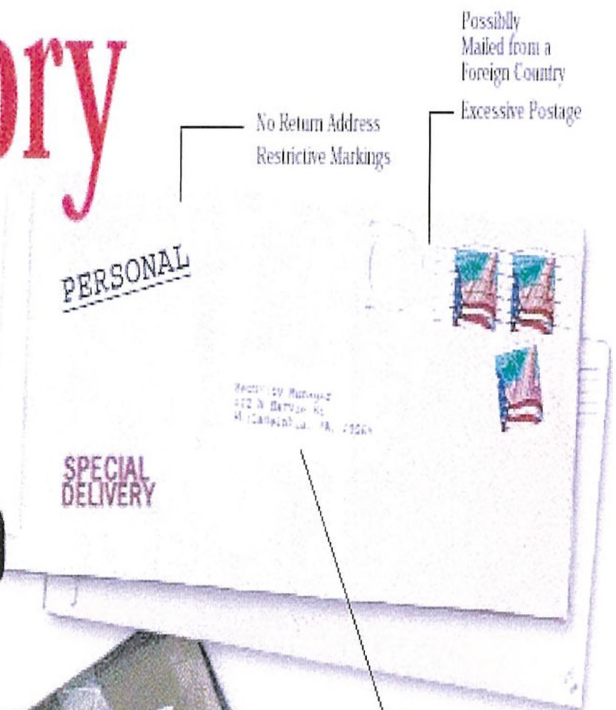
What should you do?

1 Handle with care
Don't shake or bump

2 Isolate and look
for indicators

3 Don't Open, Smell
or Taste

4 Treat it as Suspect!
Call 911



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b. Step 2: Evaluation of the Threat

The vast majority of bomb threats are found to be false. The perpetrator of a hoax bomb threat call could be a disgruntled employee, a person with a real or imagined grievance, organized groups, psychotic individuals, pranksters, or people influenced by alcohol or drugs. A bomb threat is often made to disrupt daily activities and interfere with the legitimate business interests of the facility owner. However, it is imperative that all cases of bomb threats be treated seriously and should be assumed authentic until proven otherwise. The decision on an appropriate course of action by HCD and members of the Police must be only made following careful consideration of all available information including:

- Information from the recipient as to the precise nature and character of the threat and subsequent analysis of the original bomb threat call
- Consultation with HCD Administration recent events which may be connected to the threat, i.e. staffing issues (labor disputes, recently dismissed employees, etc.) client/customer dissatisfaction, unhappy customer, etc. or other considerations (facility staff member with family conflicts, etc.)
- Consultation with the local Police Department for information on the character and pattern of recent bomb threats in the area
- The importance of maintaining order and the dangers inherent in immediate evacuation since bombs placed in and around buildings are often positioned along evacuation routes such as corridors, stairwells and perimeter areas.

c. Non-descriptive general threat

If a non-descriptive general bomb threat is received, i.e., no description of bomb, no detonation time, no location, etc., the building will remain open. The decision to evacuate is then the responsibility of Property Management and HCD.

HCD will decide whether to evacuate the building or to remain.

If the decide is to evacuate the building or remain, the Life Safety Warden may assemble the emergency team to commence a search of the leased HCD space. The Building Management Team or Local Authorities will not be able to spot anything out of the ordinary because they are not familiar with the suite.

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3) **Specific Threat**

Total evacuation may be necessary when it is ordered by the Local Authorities, the threat is specific in nature, the call cannot be resolved as a hoax, or a suspicious object is located. If total evacuation is necessary, the Emergency Team will be called to action by the Life Safety Warden or local authorities.

The Emergency Team should report immediately for direction from the Life Safety Warden and proceed with evacuation.

Step 3: Notification of Key Personnel

As stated above, after receiving any type of bomb threat, immediately notify the Police via a 911 emergency and then call the Security Guard located on the first floor _____.

Step 4: Decision Time

Essentially, there are three alternatives when faced with a bomb threat.

- 1) Ignore the threat.
 - a. While a statistical argument can be made that very few bomb threats are real, it cannot be overlooked that bombs have been located in connection with threats.
 - b. If employees learn that bomb threats have been received and ignored, it could result in long term adverse effects.
 - c. There is the possibility that if the bomb threat caller feels that they are being ignored, they may go beyond the threat and actually plant a bomb.
2. Evacuate the area immediately.
 - a. Evacuating immediately on every bomb threat will cause a disruptive effect.
 - b. If the bomb threat caller knows that building policy is to evacuate each time a call is made, he or she may call continually to create chaos.
3. Search and evacuate, if warranted.
 - a. Initiating a search after a threat is received and evacuating the building after a suspicious package is found is the desired approach.
 - b. It is certainly not as disruptive as an immediate evacuation and will satisfy the requirement to do something when a threat is received.
 - c. If a device is located, the evacuation can be accomplished expeditiously while avoiding the potential danger areas of the bomb.

Step 5: Search Floor

The decision as to who should conduct searches lies with the Life Safety Officer, Administration and local law enforcement.

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If a suspicious article (i.e., package, briefcase, sealed box, etc.) is found, immediately report its location and description to the police department. **DO NOT TOUCH THE ARTICLE.** Under no circumstances should anyone open, move, jar or touch a suspicious object or anything attached to it. Furthermore, never place a suspected bomb in water or confined space (i.e., desk drawer, file cabinet, etc.).

Upon arrival, the police department will determine if the bomb squad should be notified, they will initiate further evacuation or relocation procedures when necessary. When the bomb squad arrives, they will make all decisions pertaining to the emergency.

Step 6: Evacuation (If Necessary)

If a decision to evacuate is made the Emergency Team, should immediately step into action and follow the steps outlined in the fire evacuation procedures of this manual.

Step 7: Re-Entry (If Necessary)

If the building is evacuated re-entry to the building may only be allowed after the local authorities have issued an "all-clear" announcement. At that time the Life Safety Warden should direct employees to go back to their work places in an orderly fashion. If available, elevators will be back in service. The Emergency Team coordinates the loading of the elevator cars to prevent over-crowding.

Preventative Measures

1. Conduct regular inspections in every suite for suspicious objects. Neat offices that are free from debris and boxes can make a foreign object easier to detect.
2. Encourage all employees to report any suspicious persons wandering about the offices, corridors and restrooms to Security.
3. Monitor all delivery people and repair people working in your office. Do not leave your office unattended and unlocked for any reason. All drawers, cabinets, compartments or closets fitted with locks should be kept locked.
4. All employees shall comply with the building security access control measures.

Please be sure that all employees who answer incoming calls are given a copy of the Bomb Threat Checklist located in the Appendix to this Emergency Procedures Manual. This form should also be kept at telephone operator/receptionist desk locations where most of the incoming phone calls are received.

4) Bomb Threat Call Checklist

PROCEDURE: In the event of a bomb threat against the building, either through a telephone call or by other means, the following procedure should be followed:

If you receive a call by telephone, you should endeavor to attract someone's attention in the office discreetly and quietly, while listening to the caller. That co-worker should call 9-1-1 and alert Administration. Try to keep the caller talking as long as possible. Ask the person to repeat parts of this message. **Remain calm.** Write down the message and obtain as much relevant information as possible.

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5) Bomb Threat Call Checklist

This quick reference checklist is designed to help employees, decision makers of commercial facilities, schools, etc. respond to a bomb threat in an orderly, and controlled manner with the first responders and other stakeholders.

DATE:

TIME:

Most bomb threats are received by phone. Bomb threats are serious until proven otherwise. Act quickly, but remain calm and obtain information with the checklist on the reverse of this card.

If a bomb threat is received by phone:

1. Remain calm. Keep the caller on the line for as long as possible. **DO NOT HANG UP**, even if the caller does.
2. Listen carefully. Be polite and show interest.
3. Try to keep the caller talking to learn more information.
4. If possible, write a note to a colleague to call the authorities or, as soon as the caller hangs up, immediately notify them yourself.
5. If your phone has a display, copy the number and/or letters on the window display.
6. Complete the Bomb Threat Checklist immediately. Write down as much detail as you can remember. Try to get exact words.



TIME CALLER HUNG UP:

• Where is the bomb located? (Building, floor, room, etc.)

• When will it go off?

• What does it look like?

• What kind of bomb is it?

• What will make it explode?

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PHONE NUMBER WHERE CALL RECEIVED:

7. Immediately upon termination of call, DO NOT HANG UP, but from a different phone, contact authorities immediately with information and await instructions.

If a bomb threat is received by handwritten note:

- Call
- Handle note as minimally as possible.

If a bomb threat is received by e-mail:

- Call

-
- Do not delete the message.

-
- Did you place the bomb? Yes No

-
- Why?

- What is your name?
-
-

Signs of a suspicious package:

- No return address
- Excessive postage
- Stains
- Strange odor
- Strange sounds
- Poorly handwritten
- Misspelled words
- Incorrect titles
- Foreign postage

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- Restrictive notes
 - Where is the caller located? (background/level of noise)

- Estimated age:
- Is voice familiar? If so, who does it sound like?
- Other points:

Caller's Voice

Female Male Accent Angry Calm
Clearing throat Coughing Cracking voice Crying
Deep
Deep breathing Disguised Distinct

Excited Laughter Lisp Loud Nasal Normal Ragged Rapid Raspy Slow Slurred Soft
Stutter

Background Sounds

Animal noises House noises Kitchen noises Street noises Booth
PA system Conversation Music
Motor Clear Static
Office machinery Factory machinery Local
Long Distance

Other Information:

Threat Language

Incoherent Message read Taped message Irrational Profane
Well-spoken



Homeland
Security

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Suspicious Persons

If you see suspicious persons in the building or within your leased space, report them immediately to Security. You should provide a complete description of the person, what he or she was doing, his or her last known location, and his or her direction of travel (if known). The Suspicious Persons checklist located in the Emergency Procedures Manual may be used to assist in describing any suspicious person. If circumstances warrant, Security will remove unauthorized persons from the premises, issue them trespass warnings, or notify the police. All persons in the building, including vendors and delivery persons, must have proper identification.

If you HEAR OR SEE Something SAY Something”

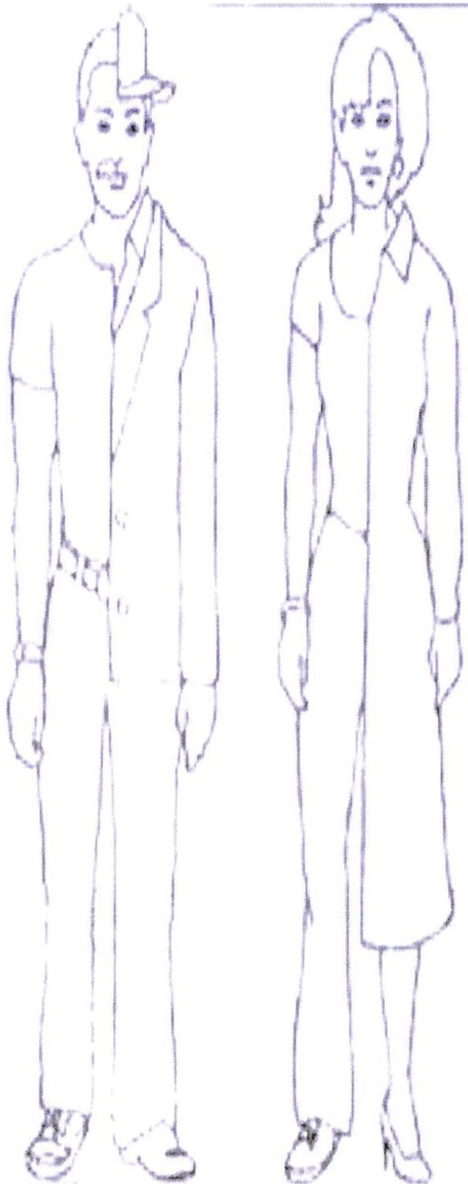
Other related Codes:

Code Purple – Emergency Lockdown

Dr. Armstrong - Hostile situation, needs security

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Suspicious Person Check list



Gender (male, female) Height _____ Weight _____

Hair (color, condition, style) _____

Eyes (color, small or large, close or far apart) _____

Ears (small or large, close to the head or extended) _____

Nose (small, large, broad, narrow, long, short) _____

Chin (square, broad, long, narrow) _____

Race Complexion (Caucasian, Black, Hispanic, light, dark, ruddy, pale, etc) _____

Shirt (color, logos, sleeve length, etc.,) _____

Tie or Scarf (color, fabric) _____

Pant (jeans, khakis, trousers, color, shorts) _____

Coat or Jacket (color, type, logo, hood) _____

Dress or Skirt (color, length, type, style) _____

Gloves (color, fabric, full finger or short) _____

Socks or Hose (color, fabric, length) _____

Shoes (Sports, boots, colors, heels, flats, loafers, sandals) _____

Physical Characteristics (slight or heavy built, scars marks /tattoos, right or left hand, manner of walking, facile hair, nervous, calm) _____

Weapons and Equipment (semi-automatic, revolver, rifle or shotgun, knife) _____

Remarks and Comments:

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Violent Incident

Responding to a Violent Incident

In the event a violent incident should occur, use the highest practical level of physical security in responding to the situation. Do not approach the suspect or prevent their departure from the premises – use extreme caution if necessary. Do not try to become involved with the violent person.

Call 9-1-1 immediately. If the person is believed to have a weapon, immediately evacuate your area using the Run Hide Fight process. It is important to get people away from the scene as quickly as possible. If evacuation is not an available option, employees and visitors should seek safety preferably within a secure area out of sight of the suspect. If the suspect has left the area, secure the location if possible to preserve the crime scene for later investigation.

Most importantly, **STAY CALM**. Try to remember details of the event and a description of the suspect if possible (the checklist on the preceding page may be used to assist in providing a description of the suspect).

Code Silver – Armed Assailant

1. Code Silver Alert you should:

- a) **Run** - Warn others of the situation and evacuate to the nearest exit. Leave your belonging behind, do not attempt to move the wounded, keep your hands visible and prevent others from entering the area.
- b) **Hide** - Seek cover/protection out of the shooters view. Lock and barricade door, turn out lights silence cell phones including vibration mode and remain quite.
- c) **Fight** - if you have no other alternative, find a weapon and fight for your life. Attempt to incapacitate the shooter. Commit to your action your life depends on it.

2. Victims are selected at random

3. Event is unpredictable and evolves quickly

4. Knowing what to do can save lives

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Wait for the ALL CLEAR

- a) The Life Safety Warden and CEO after consultation with law enforcement shall issue an “all clear” notification to the staff to indicate the termination of response operations.
- b) The receptionist or security shall announce “Code Silver, all clear” three (3) times via the overhead paging system.
- c) All employees are to return to normal operations if possible.
- d) Employee debriefing and after-action-reporting may be conducted by law enforcement.

Safe Travel

1. Stay Connected, keep communication devices charged, Smartphones with GPS or maps are a good option for drivers.
2. Keep others apprised of your daily Itinerary.
3. Store your computer in the trunk if you should leave your car.
4. Make sure your car is in good working order and have emergency phone numbers available.
5. If you are in an accident or have an injury, inform your supervisor as soon as possible. A Risk Qual Occurrence report is required.
6. Remember to lock the car door when you are in or out the car.
7. Always park away from bushy areas, at night make sure the area is well lit.
8. If you are staying at a hotel, know the exits near your room.

DEPARTMENTAL POLICY AND PROCEDURE

Policy Title:	Suspicious Mail	Effective Date:	June 15, 2018
Department:	District Printing and Mailing Services	Policy Number:	N/A

POLICY

N/A

APPLICABILITY

All District Printing and Mailing Services Employees

DEFINITIONS

To define the procedure for incoming mail that may be determined to be harmful and to recognize the characteristics of a suspicious mail piece.

PROCEDURE

District Printing and Mailing employees will follow the United States Postal Service (U.S.P.S.) guidelines for suspicious mail as outlined below. All District Printing and Mailing employees will participate in quarterly trainings to review and identify the characteristics of suspicious mail: excessive postage, no return address, unusual amount of tape, strange odor or stain, powdery substance, rigid or bulky package with protruding wires.

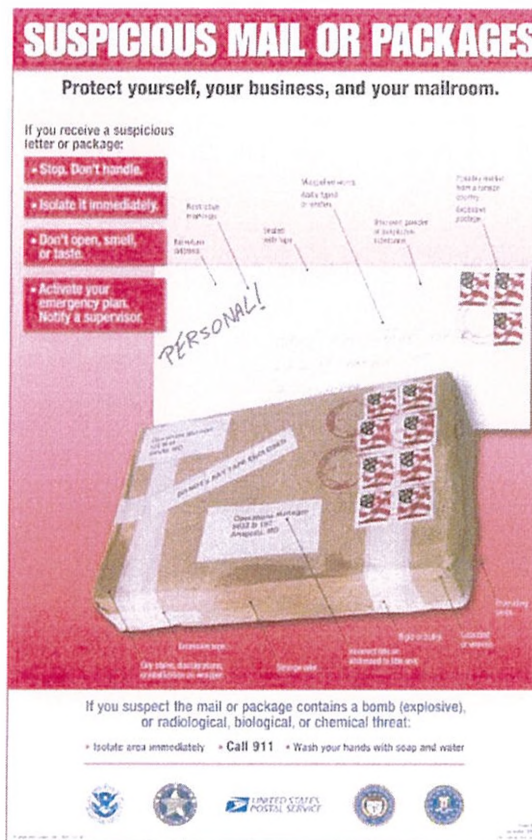
U.S.P.S recommendation for suspicious letters and packages:

- First, if there is a known medical emergency or chemical reaction with the mail piece, call 911.
- If you are unable to verify mail contents with the addressee or sender:
- Do not open it.
- Treat it as suspect.
- Isolate it—don't handle.
- Contact building security, if available.
- Call Postal Inspectors at 877-876-2455 (press 2) if the item was received in the U.S. Mail.
- Keep the envelope or package where you found it. Do not bring it throughout the office.
- Wash hands immediately with soap and water.
- Notify the Mailroom Manager and Director of Patient Access Management.

DEPARTMENTAL POLICY AND PROCEDURE

Policy Title:	Suspicious Mail	Effective Date:	June 15, 2018
Department:	District Printing and Mailing Services	Policy Number:	N/A

- **Reception Area: Bomb threats received by phone:**
Phone threats offer an opportunity to obtain more detailed information, perhaps even the caller's identity. The bomber's intentions may be to damage property, not to injure or kill anyone. If so, the person receiving the call may be able to obtain useful information before the caller ends the conversation.
- Keep the caller on the line, ask him or her to repeat the message several times, and gather more information, such as caller ID.
- If possible, write down the threat verbatim, using the caller's own words, and record any other information.
- Don't hang up under any circumstances!
- Ask corporate and security management to decide on the proper response, such as evacuation.
- Notify police and the fire department immediately.



DEPARTMENTAL POLICY AND PROCEDURE

Policy Title: **Suspicious Mail** Effective Date: June 15, 2018

Department: **District Printing and Mailing Services** Policy Number: N/A

RESPONSIBILITY

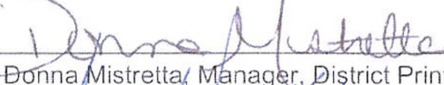
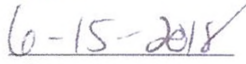
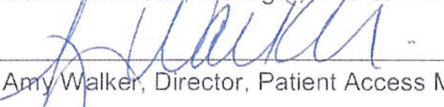
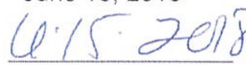
All District Printing and Mailing Employees

CROSS-REFERENCES

N/A

ADDENDA

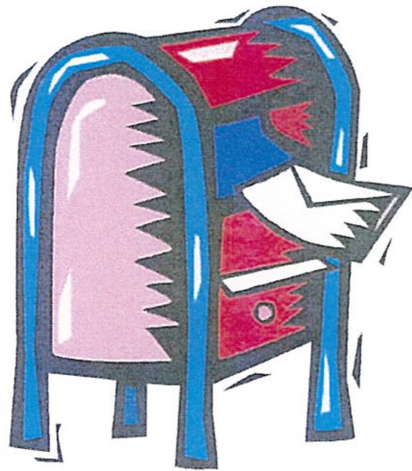
Mail Security Training Document

APPROVED BY	DATE
 Donna Mistretta, Manager, District Printing and Mailing Services	 June 15, 2018
 Amy Walker, Director, Patient Access Management	 June 15, 2018

PROCEDURE REVISION HISTORY

Original Procedure Date	Revisions	
January 5, 2009	June 15, 2018	

..... MAIL SECURITY





OVERVIEW

The training will review the process for actions and precautions that are to be taken upon the discovery of suspicious mail and unknown powder or substance by the mailroom or any other member of the Patient Access Management Department. We will discuss the identification of suspicious mail or unknown powder or substance and the appropriate procedure to follow.

All discoveries of suspicious mail and unknown powders or substances are serious until determined otherwise. The person finding the suspicious mail or unknown powder or substance should take immediate action.

INTRODUCTION

- ✓ SUSPICIOUS LETTERS OR PARCELS
- ✓ HOW TO IDENTIFY SUSPICIOUS MAIL
- ✓ PROPER HANDLING OF SUSPICIOUS MAIL

HOW TO IDENTIFY SUSPICIOUS MAIL



SUSPICIOUS MAIL OR PACKAGES

Protect yourself, your business, and your mailroom.

If you receive a suspicious letter or package:

- Stop. Don't handle.
- Isolate it immediately.
- Don't open, smell, or taste.
- Activate your emergency plan. Notify a supervisor.



If you suspect the mail or package contains a bomb (explosive), or radiological, biological, or chemical threat:

- Isolate area immediately
- Call 911
- Wash your hands with soap and water



WHAT CONSTITUTES A SUSPICIOUS LETTER OR PARCEL?

A package or letter is suspicious if it has the following characteristics:

- Has a powdery substance on the outside.
- Is unexpected or from someone unfamiliar to you.
- Has excessive postage, handwritten or poorly typed address, incorrect titles or titles with no name, or misspellings of common words.
- Is addressed to someone no longer with the organization.
- Has no return address, or one that can't be verified as legitimate.
- Is of unusual weight, given their size, or are lopsided or oddly shaped.
- Has an unusual amount of tape.
- Is marked with restrictive endorsements, such as "Personal" or "Confidential."
- Has strange odors or stains.



WHAT SHOULD YOU DO?

- **Do not panic.**
- Leave the mail piece or parcel where it was found. Do not disturb or handle the mail piece or package suspected of contamination.
- Clear the immediate area of employees where the mail piece is located and prevent others from entering the area.
- Notify your supervisor immediately. Your supervisor will contact appropriate authorities.
- Ensure that all persons who have touched the mail piece wash their hands with soap and water.

CONCLUSION



- The mail is safe!
- The simple act of paying attention to incoming mail will go a long way in keeping it safe.





EMERGENCY PHONE NUMBERS

- 911
- POSTAL INSPECTION SERVICE (877) 876-2455

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
July 25, 2018

1. Description: Executive Director Informational Update

2. Summary:

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

- SAC Grant
- Mobile Clinic
- Lakeside Medical Center Clinic (Belle Glade)
- Lantana Pediatrics
- MAT Clinic
- Addiction Stabilization Center

3. Substantive Analysis:

HRSA Service Area Competition (SAC) Grant Continuation

Betterworld and staff are working diligently to complete this required grant to ensure continuation of HRSA funding for our FQHC clinics.

Mobile Clinic for the Homeless

Our Mobile Clinic was delivered by a Farber driver/trainer the week of June 18th, 2018. We are planning our soft go-live on 8/1/2018 and anticipate being fully operational by 9/1/2018. A grant was submitted to Farris Foundation on 7/20/2018 requesting \$200,000 over the next two years to support a Licensed Clinical Social Worker (LCSW) on the Mobile Clinic.

Lakeside Medical Center Clinic (Belle Glade)

As of today, this project is moving forward with the RFQ process to hire a construction manager.

Lantana Pediatrics

Pediatrics will move to the second floor of Lantana clinic, therefore increasing our overall capacity for both pediatric and adult medicine.

MAT Clinic

A grant to expand behavioral health services was submitted to HRSA on 7/16/2018. If we receive this award, we will utilize the monies for minor renovations/alterations to a new clinic space at JFK North Campus and hire two more full-time LCSW's and an ARNP.

Addiction Stabilization Center

Efforts continue to move forward to develop space at JFK North Campus in partnership with HCA, the County, and HCD. Target start date of 10/1/2018.

NACHC

Two Board members are invited to attend this year in Orlando, FL.

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
July 25, 2018

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

Dawn Richards
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

Committee Name

Date Approved

6. Recommendation:

Staff recommends Board receive and file the Executive Informational Update.

Approved for Legal sufficiency:



Valerie Shahriari
VP & General Counsel



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



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

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
July 25, 2018

1. Description: Change In Scope – MAT Clinic

2. Summary:

On July 16, 2018, the CLBPC administration submitted a grant to HRSA requesting funding for Substance Abuse Disorder and Mental Health Services assistance in the amount of \$407,500 to begin September 1, 2018. We would utilize these monies to move the Lantana MAT Clinic to a new larger location next door to the JFK North Emergency Room (ER).

3. Substantive Analysis:

The C. L. Brumback Primary Care Clinics is respectfully requesting approval to proceed with a Change in Scope application with the Health Resources and Services Administration to add a new health center site. The proposed site will be located at 2151 N Congress, Ste. 102, West Palm Beach, Florida. This site is a stand-alone clinic that will house our existing, and expanded, Medication Assisted Treatment Program. In addition, we will have an ARNP located at this site to assist patients with their primary medical needs.

4. Fiscal Analysis & Economic Impact Statement:

	Amount	Budget
Capital Requirements	N/A	Yes <input type="checkbox"/> No <input type="checkbox"/>
Annual Net Revenue	\$407,500	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Annual Expenditures	N/A	Yes <input type="checkbox"/> No <input type="checkbox"/>

Reviewed for financial accuracy and compliance with purchasing procedure:



 Dawn Richards
 VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

 Committee Name

 Date Approved

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
July 25, 2018

6. Recommendation:

Staff recommends the Board approve the request for Change in Scope to add a new MAT Clinic site.

Approved for Legal sufficiency:



Valerie Shahriari
VP & General Counsel



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



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

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
July 25, 2018

1. Description: 2018 Service Area Competition (SAC) Grant Abstract

2. Summary:

Total Funding for Lake Worth, FL: \$6,972,813

- Community Health Center (CHC) Amount: \$2,907,526
- Migrant Health Care (MHC) Amount: \$3,327,785
- Health Care for the Homeless (HCH) Amount: \$737,772

3. Substantive Analysis:


HRSA uses a two-tier submission process for SAC applications via Grants.gov and HRSA Electronic Handbooks (EHB).

- Phase 1 - Grants.gov due August 6, 2018: The Grants.gov application must be completed, submitted, and assigned a HRSA tracking number before the applicant is allowed to access the phase two application. Once phase one is successfully processed, applicants receive a series of emails confirming this and that they have been given access to phase two. Typically, this takes a few hours but it may take up to 48 hours during peak volumes. You will receive four emails from Grants.gov.
- Phase 2 - HRSA EHB due August 21, 2018: After phase one is successfully process, the phase two application will show up as a new project in your EHB profile with the appropriate due date.

4. Fiscal Analysis & Economic Impact Statement:

	Amount	Budget
Capital Requirements	N/A	Yes <input type="checkbox"/> No <input type="checkbox"/>
Annual Net Revenue	\$6,972,813	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Annual Expenditures	N/A	Yes <input type="checkbox"/> No <input type="checkbox"/>

Reviewed for financial accuracy and compliance with purchasing procedure:


 Dawn Richards
 VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

 Committee Name

 Date Approved

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
July 25, 2018

6. Recommendation:

Staff recommends the Board approve our Service Area Competition Grant application submission.

Approved for Legal sufficiency:



Valerie Shahriari
VP & General Counsel



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



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

Project Title: Service Area Competition

Applicant Name: Health Care District of Palm Beach County

Address: 1515 N Flagler Drive, West Palm Beach, FL 33401; <http://www.hcdpbc.org/>

Project Director: Belma Andrić, MD, MPH; T: 561-804-5964 E: BAndric@hcdpbc.org

Funding Requested: \$6,972,813 (CHC \$2,907,256; MHC \$3,327,785; HCH \$737,772)

Priority Funding: Program Compliance and Patient Trend

PROJECT ABSTRACT: Established in 1988, the Health Care District of Palm Beach County (the “District”) is a local government, ad valorem tax supported safety net health care system. From the glades to the beach, the District's robust health care network reaches all corners of Palm Beach County. It includes a public hospital, a skilled nursing facility, a school health program in 170 schools, nine Federally Qualified Health Centers (FQHCs), and a nationally recognized rapid air emergency transport and care unit. The District is led by a seven-member governing Board appointed by Florida's Governor, the Palm Beach County Board of Commissioners, and the State Department of Health and manages it's \$239.5 million budget in a fiscally responsible manner, allocating 91.8% to the provision and management of health care services. The District was first awarded 330 (e)(g)(h) funding in 2013 to support four FQHCs providing primary and preventative medical care. To ensure compliance with organizational governance requirements, the District created District Clinic Holdings, Inc. as a wholly owned subsidiary to manage clinic operations and selected the name C. L. Brumback Clinics in honor of the doctor who served as the County's first Health Department Director. Based on evidenced community need, the program has expanded to now include six additional FQHC locations providing dental, mental health, substance abuse, women's health, and primary and preventative medical care. In FY 2017, 42,083 patients were served over 141,090 annual visits. This proposal is a request for support to continue the operations of these important health centers that target the generally underserved, persons experiencing homelessness, and migrant and seasonal farmworkers and their families. The proposed service area, ID 027 Lake Worth, FL, includes the 44 Palm Beach County ZIP codes currently in our scope of project and covers twelve Health Professional Shortage Areas and eight Medically Underserved Population areas. The residents of the service area have persistent medical needs including high rates of diabetes, obesity, heart disease, TB, HIV, and STDs. The proposed project will serve those most in need, including those with economic, cultural, and linguistic barriers to healthcare, while also maintaining access for all persons seeking care. The clinics provide services on a sliding fee discount basis regardless of ability to pay, and also serves those insured through Medicaid, Medicare, Coordinated Care programs, Kid Care (SHIP), and private insurance. By FY 2020, the proposed program will serve 46,403 annual unduplicated patients during 155,552 annual visits. It will continue the employment of 235.6 FTE staff and provide services at ten existing FQHC sites. The objective of this proposal is to meet the health care needs of the community, by providing seamless integrated care across an established, trusted network of health centers. Services to be provided directly include primary medical, gynecology, well child, pharmacy, substance abuse, mental health (including psychiatry), case management, eligibility, education, outreach, translation, dental (including oral surgery), laboratory, screenings, voluntary family planning, immunizations, medically assisted treatment, mobile health services, and coverage for emergencies during and after hours. Services to be provided through our vast network of collaborative partners include diagnostic radiology, intrapartum care, transportation, optometry, recuperative care, environmental health, occupational therapy, physical therapy, speech-language pathology/therapy, nutrition, complementary and alternative medicine, additional enabling /supportive services, and podiatry. The District aims to reduce and eliminate the health disparities of our community's most underserved and vulnerable populations. Awarding this proposal will take great strides towards achieving that goal, by ensuring the continuation of these affordable, quality health services, available to all, across Palm Beach County.

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
July 25, 2018

1. Description: Board Officer Vacancies

2. Summary:

This agenda item presents information on how the Board can fill vacant Board Officer positions.

3. Substantive Analysis:

The Board Officer positions include the Chair, Vice-Chair, Treasurer, and Secretary. When there are vacancies for any of these Board Officer positions, the Bylaws outline the process for filling the vacancy.

Section 10.3 of the Bylaws presented below identify how Board Officer vacancies can be filled:

10.3 Vacancies. Any time there is a vacant officer position, the Board may elect a replacement officer at its next regular meeting to serve out the remainder of the term of office, and any person so elected shall not have the remaining term count for purposes of calculating the 'two consecutive one-year terms' referenced in Section 10.1.

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

Dawn Richards
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

Committee Name

Date Approved

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
July 25, 2018

6. Recommendation:

Staff recommends the Board Receive and File the information on how the Board can fill vacant Board Officer positions.

Approved for Legal sufficiency:



Valerie Shahriari
VP & General Counsel



Thomas W. Cleare, PhD, MBA
VP of Strategy



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

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
July 25, 2018

1. Description: Operations Reports – June 2018

2. Summary:

This agenda item provides the following operations reports for June 2018:

- Productivity Summary Report

3. Substantive Analysis:

See attached reports.

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

Dawn Richards
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

Committee Name

Date Approved

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
July 25, 2018

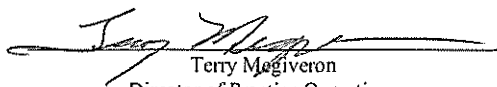
6. **Recommendation:**

Staff recommends the Board Approve the Operations Reports for June 2018.

Approved for Legal sufficiency:



Valerie Shahriari
VP & General Counsel



Terry Megiveron
Director of Practice Operations

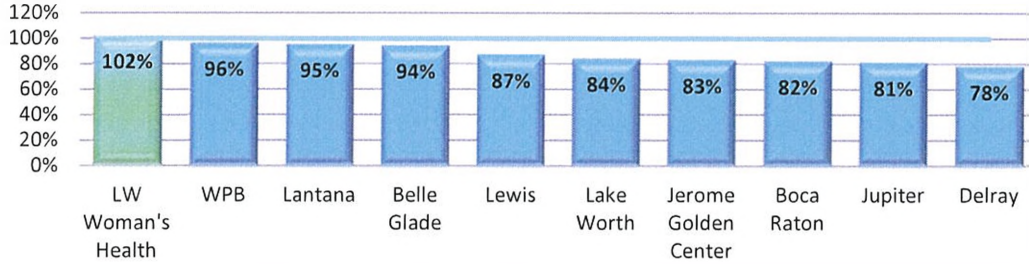


Dr. Belma Andric
Chief Medical Officer, VP & Executive Director
of Clinic Services

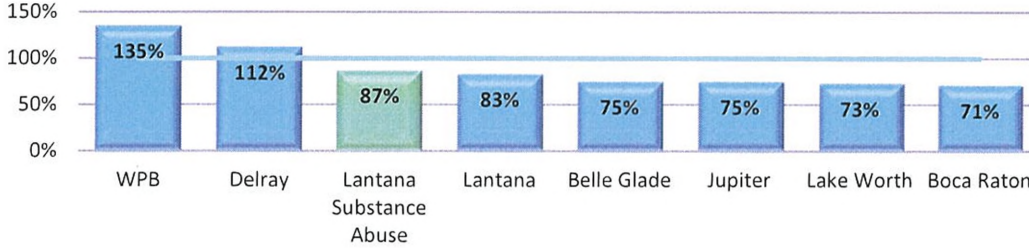
ALL CLINICS PRODUCTIVITY

	TARGET	TOTAL SEEN	% TARGET ACHIEVED	DAILY AVERAGE
ADULT + PEDIATRICS + WOMEN'S HEALTH	9,575	8266	86%	14.8
MENTAL HEALTH	1,146	946	83%	5.1
DENTAL	2,812	2244	80%	11.0

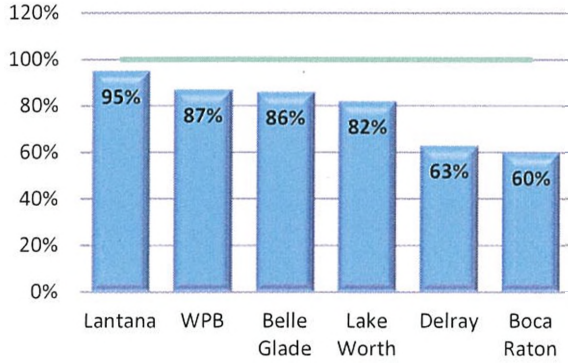
Adult Care



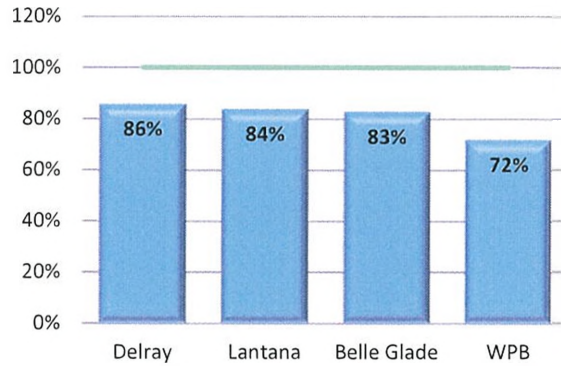
Mental Health



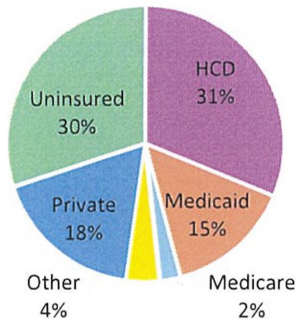
Pediatric care



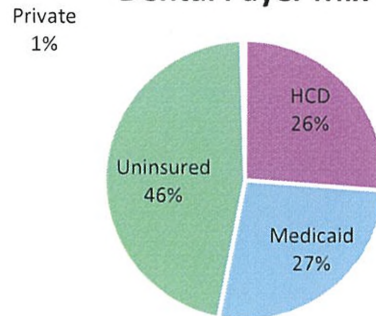
Dental



Medical Payer Mix YTD



Dental Payer Mix YTD

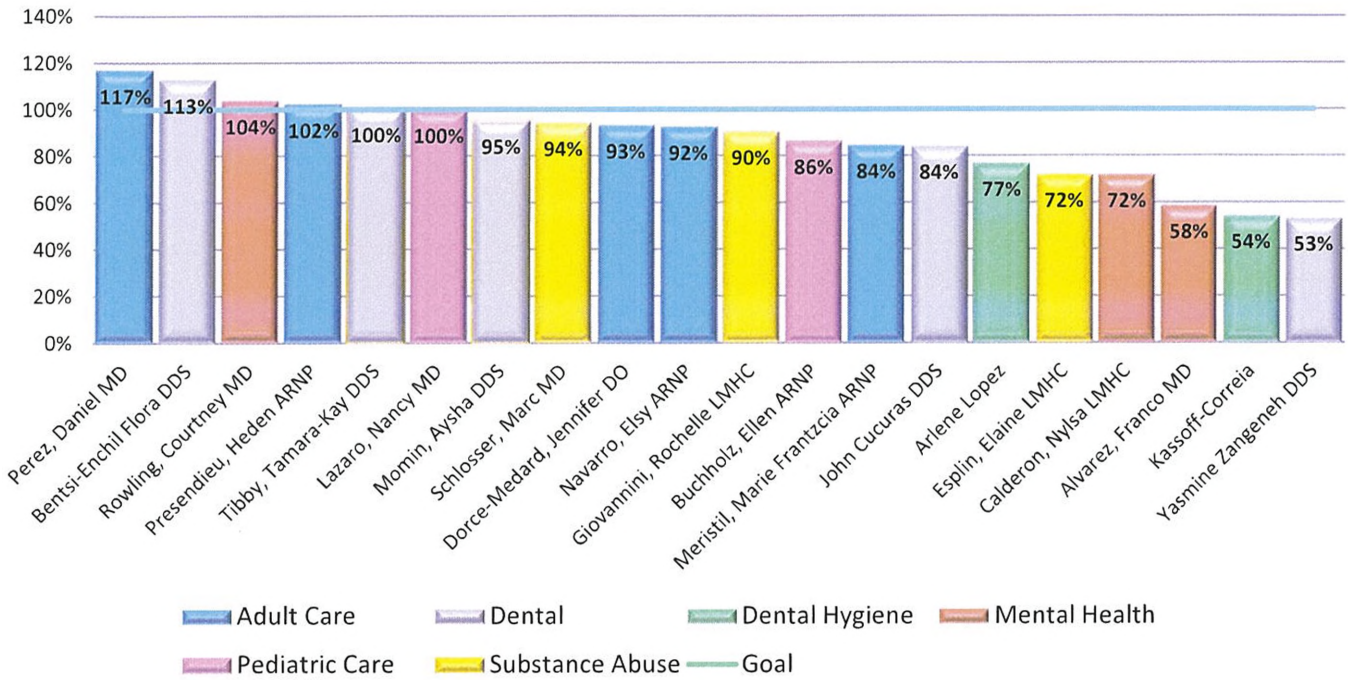


LANTANA CLINIC TOTALS FOR JUNE 2018

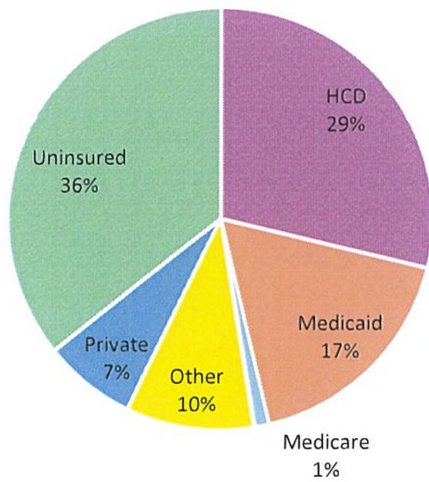
	Daily Target	Days worked	Target for the month	Total for Month seen	% Monthly Target Achieved	Daily Average
ADULT CARE						
Dorce-Medard, Jennifer DO	18	19.3	347	322	93%	16.7
Meristil, Marie Frantzcia ARNP	16	4.0	64	54	84%	13.5
Navarro, Elsy ARNP	16	17.8	284	262	92%	14.8
Perez, Daniel MD	18	1.0	18	21	117%	21.0
Presendieu, Heden ARNP	16	15.5	248	253	102%	16.3
LANTANA ADULT CARE TOTALS		57.5	961	912	95%	15.9
PEDIATRIC CARE						
Buchholz, Ellen ARNP	16	9.5	152	131	86%	13.8
Lazaro, Nancy MD	18	14.5	261	260	100%	17.9
LANTANA PEDIATRIC CARE TOTALS		24.0	413	391	95%	16.3
MENTAL HEALTH						
Alvarez, Franco MD	13	5.0	65	38	58%	7.6
Calderon, Nylsa LMHC	6	13.0	78	56	72%	4.3
Rowling, Courtney MD	13	9.5	124	128	104%	13.5
LANTANA MENTAL HEALTH TOTALS		27.5	267	222	83%	8.1
SUBSTANCE ABUSE						
Esplin, Elaine LMHC	6	16.0	96	69	72%	4.3
Giovannini, Rochelle LMHC	6	20.5	123	111	90%	5.4
Schlosser, Marc MD	18	8.5	153	144	94%	16.9
LANTANA SUBSTANCE ABUSE TOTALS		45.0	372	324	87%	7.2
DENTAL						
Tibby, Tamara-Kay DDS	16	0.8	12	12	100%	16.0
Bentsi-Enchil Flora DDS	16	1.5	24	27	113%	
Momin, Aysha DDS	16	20.0	320	304	95%	
John Cucuras DDS	16	9.0	144	121	84%	13.4
Yasmine Zangeneh DDS	16	6.0	96	51	53%	8.5
LANTANA DENTISTRY TOTALS		37.3	596	515	86%	13.8
Arlene Lopez	8	15.5	124	95	77%	6.1
Kassoff-Correia	8	3.0	24	13	54%	4.3
LANTANA DENTAL HYGIENE TOTALS		18.5	148	108	73%	5.8
LANTANA DENTAL TOTALS		55.8	744	623	84%	11.2
LANTANA CLINIC TOTALS		209.8	2756	2472	90%	11.8

LANTANA CLINIC TOTALS FOR JUNE 2018

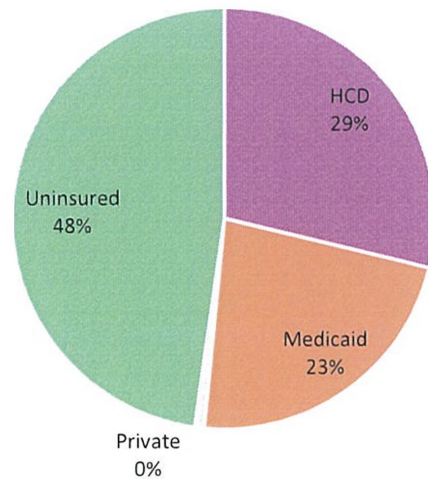
Lantana Physician Productivity



Medical Payer Mix YTD



Dental Payer Mix YTD

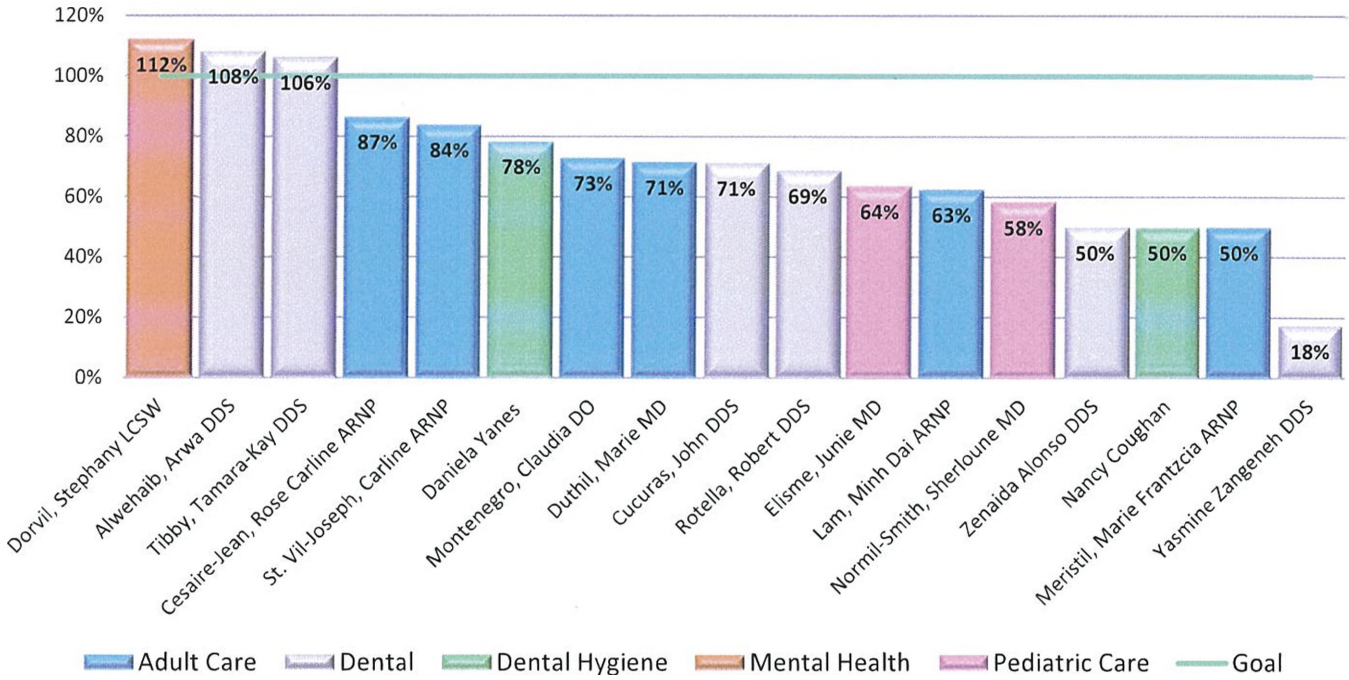


DELRAY CLINIC TOTALS FOR JUNE 2018

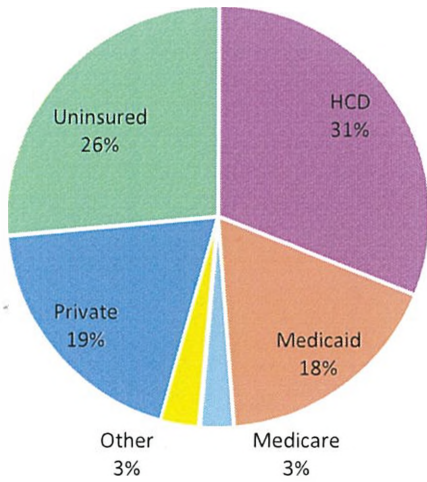
	Daily Target	Days worked	Target for the month	Total for Month seen	% Monthly Target Achieved	Daily Average
ADULT CARE						
Cesaire-Jean, Rose Carline ARNP	16	19.0	304	263	87%	13.8
Duthil, Marie MD	18	18.5	333	238	71%	12.9
Lam, Minh Dai ARNP	16	1.0	16	10	63%	10.0
Meristil, Marie Frantzcia ARNP	16	1.0	16	8	50%	8.0
Montenegro, Claudia DO	18	19.5	351	256	73%	13.1
St. Vil-Joseph, Carline ARNP	16	19.0	304	255	84%	13.4
DELRAY ADULT CARE TOTALS		78.0	1324	1030	78%	13.2
PEDIATRIC CARE						
Elisme, Junie MD	18	16.5	297	189	64%	11.5
Normil-Smith, Sherloune MD	18	2.0	36	21	58%	10.5
DELRAY PEDIATRIC CARE TOTALS		18.5	333	210	63%	11.4
MENTAL HEALTH						
Dorvil, Stephany LCSW	6	20.5	123	138	112%	6.7
DELRAY MENTAL HEALTH TOTALS		20.5	123	138	112%	6.7
DENTAL						
Alwehaib, Arwa DDS	16	16.5	264	286	108%	17.3
Cucuras, John DDS	16	5.0	80	57	71%	
Tibby, Tamara-Kay DDS	16	1.0	16	17	106%	
Zenaida Alonso DDS	16	1.0	16	8	50%	
Rotella, Robert DDS	16	1.0	16	11	69%	11.0
Yasmine Zangeneh DDS	16	2.5	40	7	18%	2.8
DELRAY DENTISTRY TOTALS		27.0	432	386	89%	14.3
Nancy Coughan	8	0.5	4	2	50%	4.0
Daniela Yanes	8	18.5	148	116	78%	6.3
DELRAY DENTAL HYGIENE TOTALS		19.0	152	118	78%	6.2
DELRAY DENTAL TOTALS		46.0	584	504	86%	11.0
DELRAY CLINIC TOTALS		163.0	2364	1882	80%	11.5

DELAY CLINIC TOTALS FOR JUNE 2018

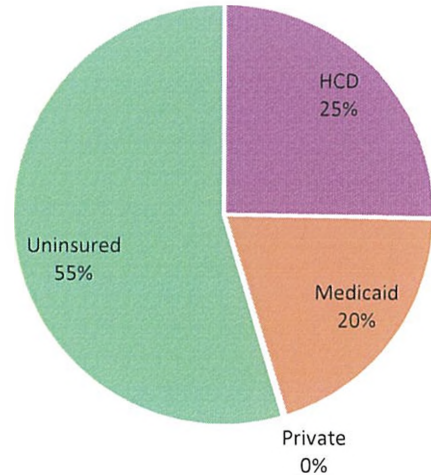
Delray Physician Productivity



Medical Payer Mix YTD



Dental Payer Mix YTD



BELLE GLADE CLINIC TOTALS FOR JUNE 2018

	Daily Target	Days worked	Target for the month	Total for Month seen	% Monthly Target Achieved	Daily Average
ADULT CARE						
Fonji, Desmond DO	18	19.9	358	326	91%	16.4
Geneve, Nikerson DO	18	10.0	180	192	107%	19.2
Philistin, Ketely ARNP	16	19.9	318	283	89%	14.2
BELLE GLADE ADULT CARE TOTALS		49.8	856	801	94%	16.1

PEDIATRIC CARE						
Normil-Smith, Sherlounne MD	18	2.0	36	31	86%	15.5
BELLE GLADE PEDIATRIC CARE TOTALS		2.0	36	31	86%	15.5

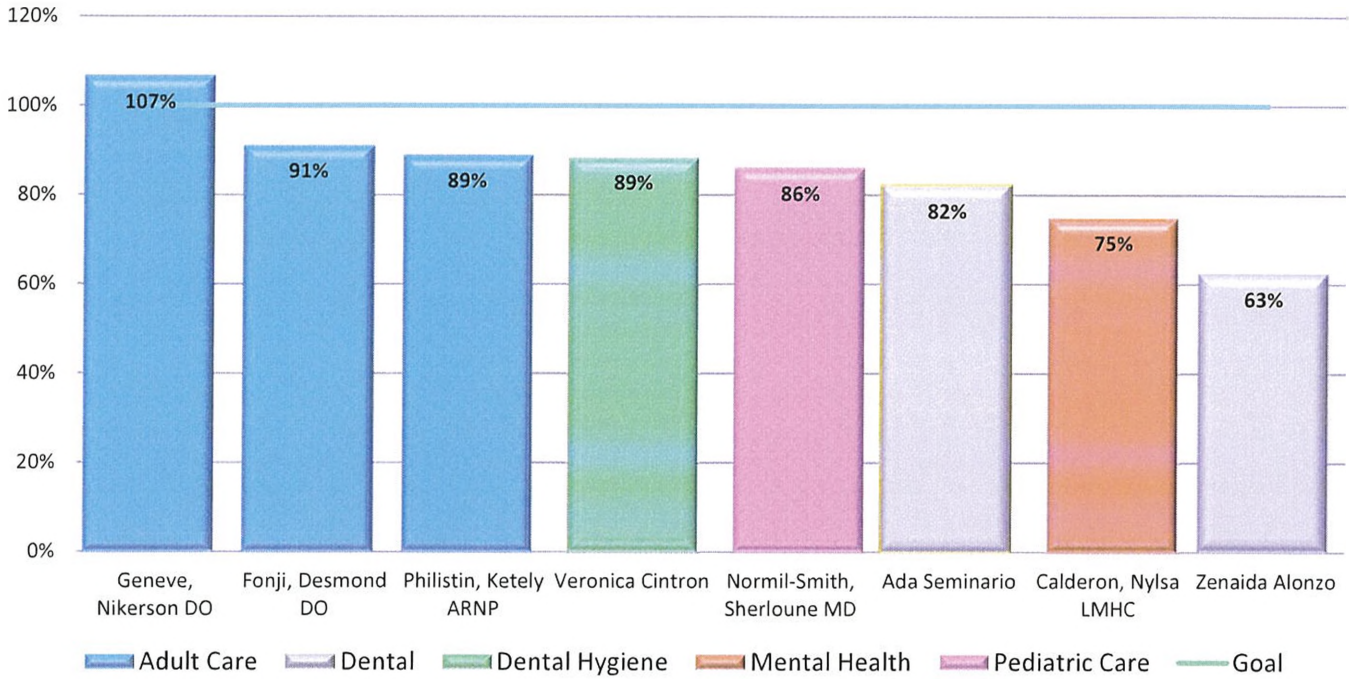
MENTAL HEALTH						
Calderon, Nylsa LMHC	6	4.0	24	18	75%	4.5
BELLE GLADE MENTAL HEALTH TOTALS		4.0	24	18	75%	4.5

DENTAL						
Ada Seminario	16	20.4	326	268	82%	13.2
Zenaida Alonzo	16	1.0	16	10	63%	10.0
BELLE GLADE DENTISTRY TOTALS		21.4	342	278	81%	13.0
Veronica Cintron	8	12.0	96	85	89%	7.1
BELLE GLADE DENTAL HYGIENE TOTALS		12.0	96	85	89%	7.1
BELLE GLADE DENTAL TOTALS		33.4	438	363	83%	10.9

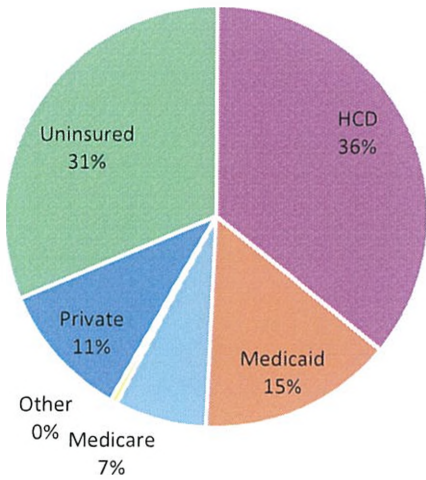
BELLE GLADE CLINIC TOTALS		89.1	1354	1213	90%	13.6
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BELLE GLADE CLINIC TOTALS FOR JUNE 2018

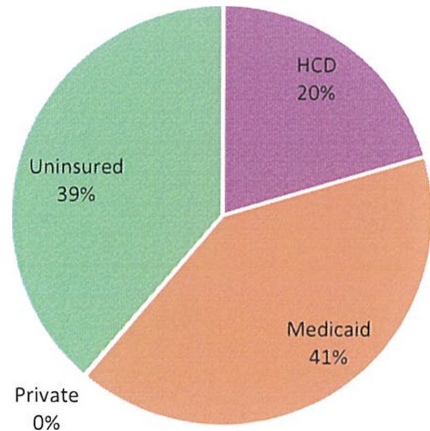
Belle Glade Physician Productivity



Medical Payer Mix YTD



Dental Payer Mix YTD



WEST PALM BEACH CLINIC TOTALS FOR JUNE 2018

	Daily Target	Days worked	Target for the month	Total for Month seen	% Monthly Target Achieved	Daily Average
ADULT CARE						
Alfonso-Puentes, Ramiro MD	18	19.8	356	325	91%	16.5
Celin-Metellus, Jourdine ARNP	16	15.8	252	255	101%	16.2
Florez, Gloria MD	18	18.5	333	313	94%	16.9
Meristil, Marie Frantzcia ARNP	16	1.0	16	10	63%	
Petit, Jesula ARNP	16	19.0	304	308	101%	16.2
Preston-Erie, Margareth ARNP	16	0.5	8	6	75%	12.0
WEST PALM BEACH ADULT CARE TOTALS		74.5	1269	1217	96%	16.3

PEDIATRIC CARE						
Buchholz, Ellen ARNP	16	2.0	32	26	81%	13.0
Clarke-Aaron, Noella MD	18	20.5	369	333	90%	
Millien, Eleonore ARNP	16	1.0	16	3	19%	3.0
WEST PALM BEACH PEDIATRIC CARE TOTALS		23.5	417	362	87%	15.4

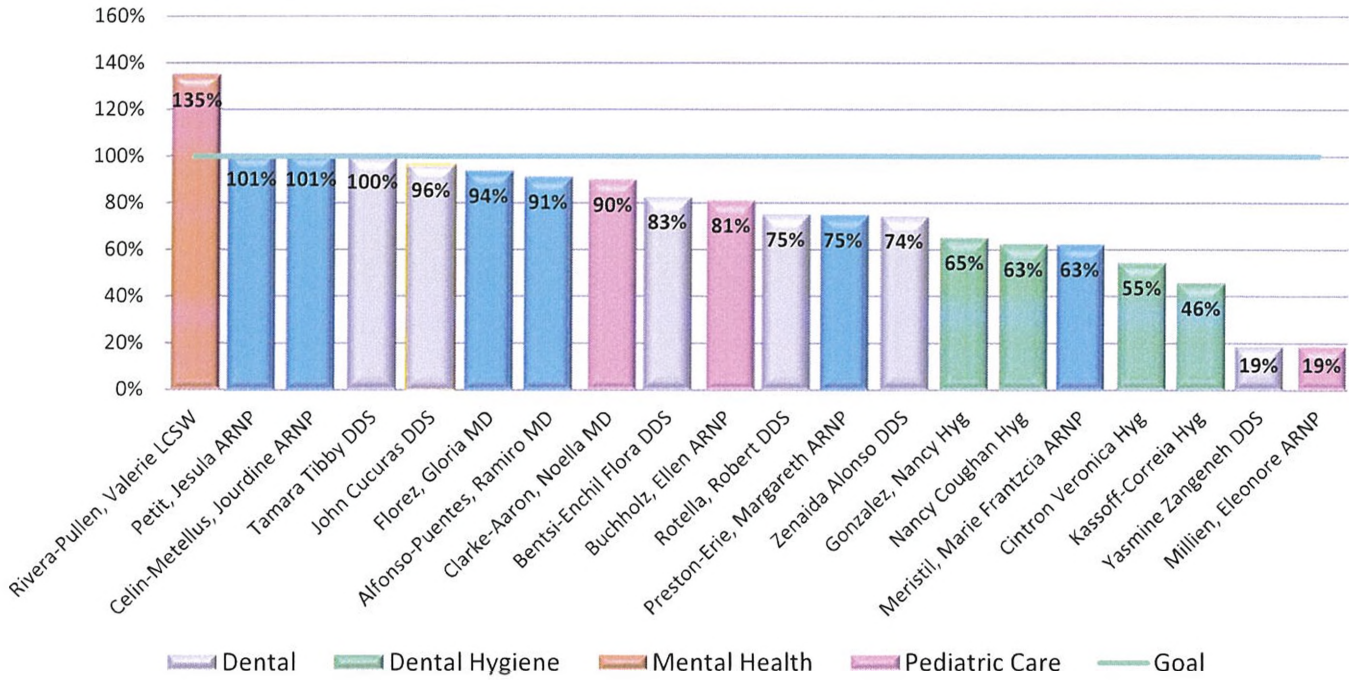
MENTAL HEALTH						
Rivera-Pullen, Valerie LCSW	6	18.5	111	150	135%	8.1
WEST PALM BEACH MENTAL HEALTH TOTALS		18.5	111	150	135%	8.1

DENTAL						
Zenaida Alonso DDS	16	12.0	192	143	74%	11.9
Tamara Tibby DDS	16	1.0	16	16	100%	16.0
John Cucuras DDS	16	1.9	30	29	96%	15.4
Bentsi-Enchil Flora DDS	16	14.5	232	192	83%	13.2
Yasmine Zangeneh DDS	16	3.0	48	9	19%	3.0
Rotella, Robert DDS	16	19.0	304	229	75%	12.1
WEST PALM BEACH DENTISTRY TOTALS		51.4	822	618	75%	12.0
Cintron Veronica Hyg	8	5.5	44	24	55%	4.4
Kassoff-Correia Hyg	8	3.0	24	11	46%	3.7
Nancy Coughan Hyg	8	4.0	32	20	63%	5.0
Gonzalez, Nancy Hyg	8	15.5	124	81	65%	5.2
WEST PALM BEACH DENTAL HYGIENE TOTALS		28.0	224.0	136	61%	4.9
WEST PALM BEACH DENTAL TOTALS		79.4	1046.1	754	72%	9.5

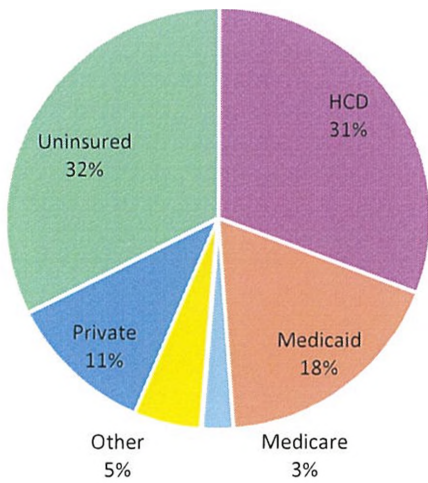
WEST PALM BEACH CLINIC TOTALS		195.9	2842.6	2483	87%	12.7
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WEST PALM BEACH CLINIC TOTALS FOR JUNE 2018

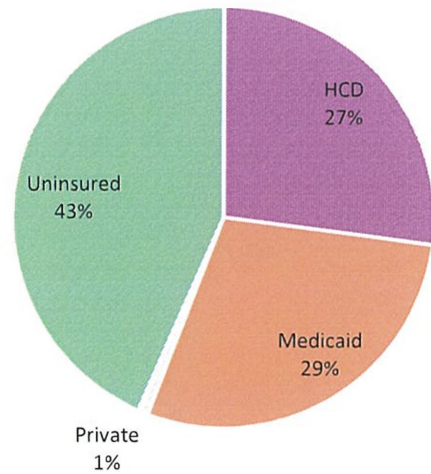
West Palm Beach Physician Productivity



Medical Payer Mix YTD



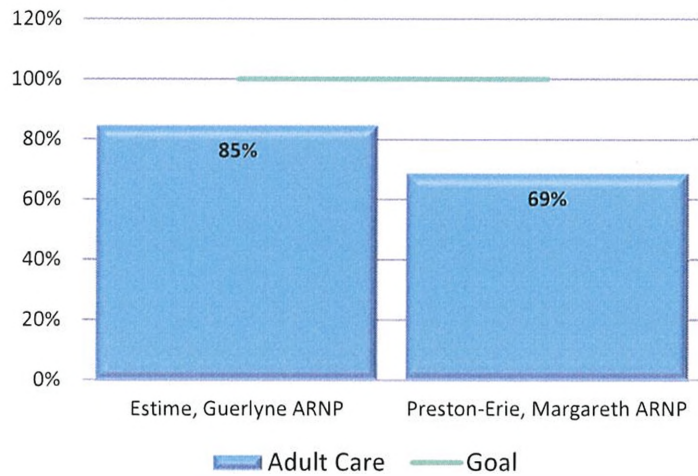
Dental Payer Mix YTD



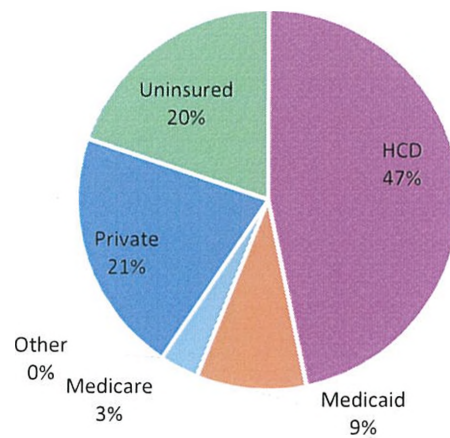
JEROME GOLDEN CENTER CLINIC TOTALS FOR JUNE 2018

	Daily Target	Days worked	Target for the month	Total for Month seen	% Monthly Target Achieved	Daily Average
ADULT CARE						
Estime, Guerlyne ARNP	16	16.5	264	224	85%	13.6
Preston-Erie, Margareth ARNP	16	2.0	32	22	69%	11.0
GOLDEN CENTER ADULT CARE TOTALS		18.5	296	246	83%	13.3
GOLDEN CENTER CLINIC TOTALS		18.5	296	246	83%	13.3

Jerome Golden Center Physician Productivity



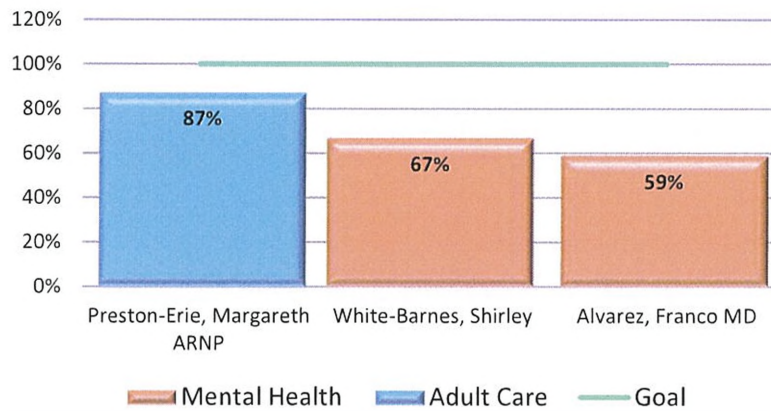
Medical Payer Mix YTD



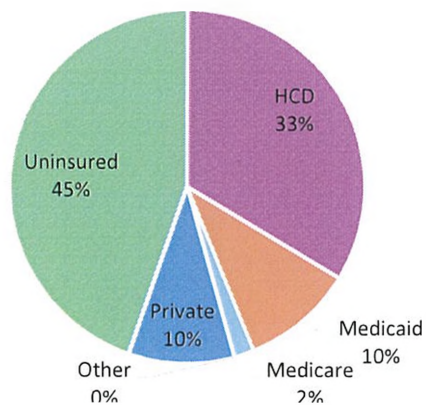
LEWIS CENTER CLINIC TOTALS FOR JUNE 2018

	Daily Target	Days worked	Target for the month	Total for Month seen	% Monthly Target Achieved	Daily Average
ADULT CARE						
Preston-Erie, Margareth ARNP	16	18.5	296	257	87%	13.9
LEWIS CENTER ADULT CARE TOTALS		18.5	296	257	87%	13.9
MENTAL HEALTH						
Alvarez, Franco MD	13	15.3	198	117	59%	7.7
White-Barnes, Shirley	6	19.5	117	78	67%	4.0
LEWIS CENTER MENTAL HEALTH TOTALS		34.8	315	195	62%	5.6
LEWIS CENTER CLINIC TOTALS		53.3	611	452	74%	8.5

Lewis Center Physician Productivity



Medical Payer Mix YTD

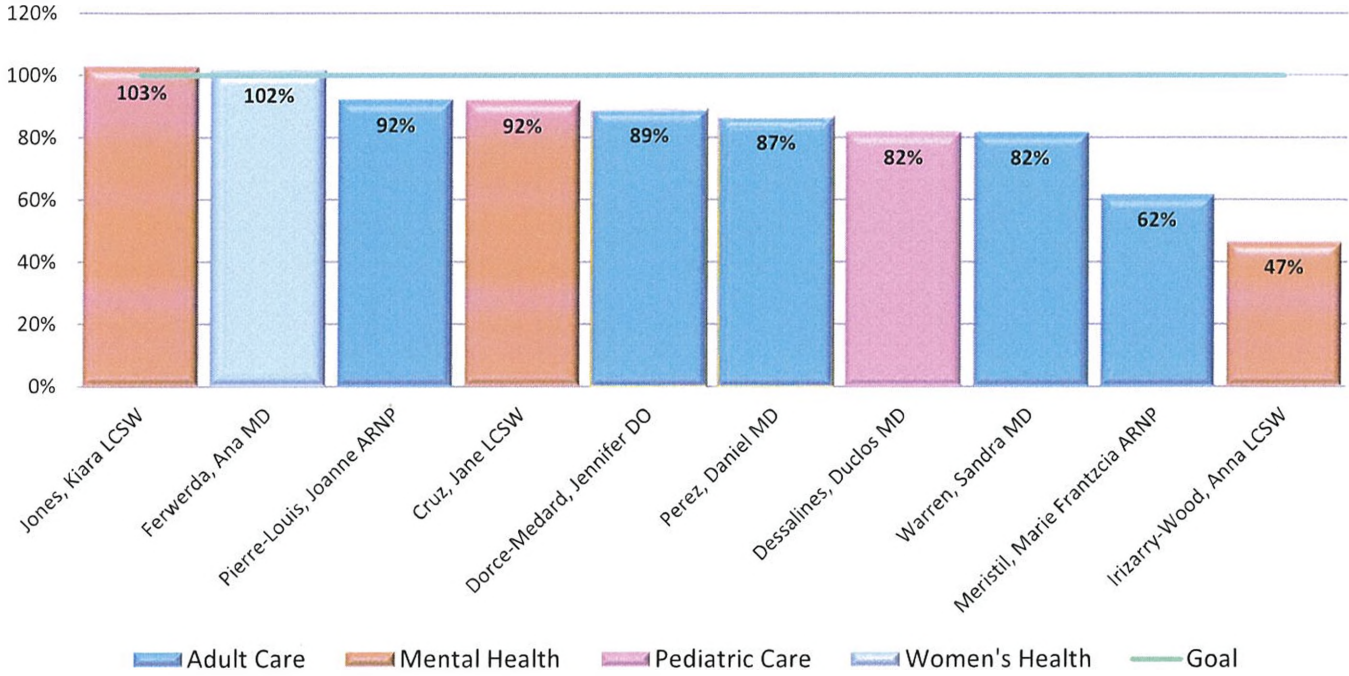


LAKE WORTH CLINIC TOTALS FOR JUNE 2018

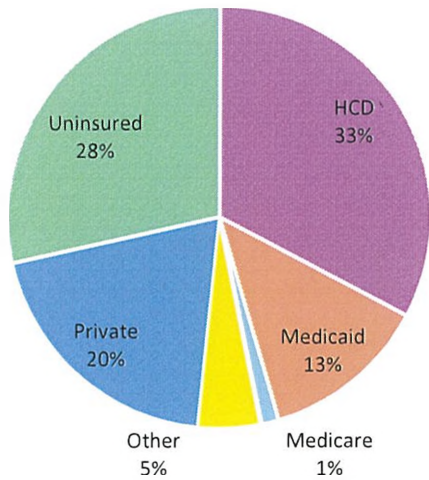
	Daily Target	Days worked	Target for the month	Total for Month seen	% Monthly Target Achieved	Daily Average
ADULT CARE						
Dorce-Medard, Jennifer DO	18	0.5	9	8	89%	16.0
Meristil, Marie Frantzcia ARNP	16	9.5	152	94	62%	9.9
Perez, Daniel MD	18	21.5	387	335	87%	15.6
Pierre-Louis, Joanne ARNP	16	20.0	320	295	92%	
Warren, Sandra MD	18	16.3	293	239	82%	
LAKE WORTH ADULT CARE TOTALS		67.8	1161	971	84%	14.3
PEDIATRIC CARE						
Dessalines, Duclos MD	18	18.0	324	265	82%	14.7
LAKE WORTH PEDIATRIC CARE TOTALS		18.0	324	265	82%	14.7
WOMEN'S HEALTHCARE						
Ferwerda, Ana MD	18	15.5	279	284	102%	18.3
LAKE WORTH MENTAL HEALTH TOTALS		15.5	279	284	102%	18.3
MENTAL HEALTH						
Cruz, Jane LCSW	6	14.5	87	80	92%	5.5
Irizarry-Wood, Anna LCSW	6	17.5	105	49	47%	2.8
Jones, Kiara LCSW	6	6.0	36	37	103%	
LAKE WORTH MENTAL HEALTH TOTALS		38.0	228	166	73%	4.4
LAKE WORTH CLINIC TOTALS		139.3	1992	1686	85%	12.1

LAKE WORTH CLINIC TOTALS FOR JUNE 2018

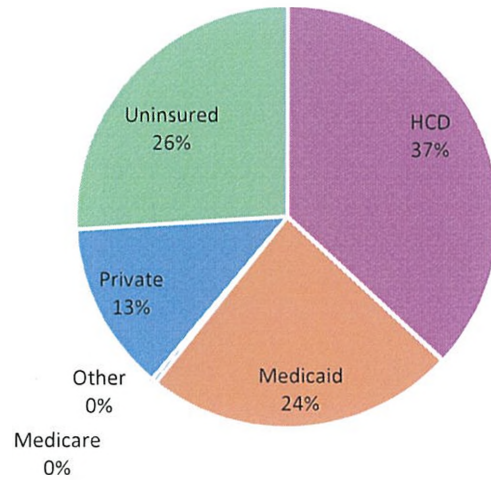
Jupiter Physician Productivity



Medical Payer Mix YTD



Women's Health Payer Mix YTD

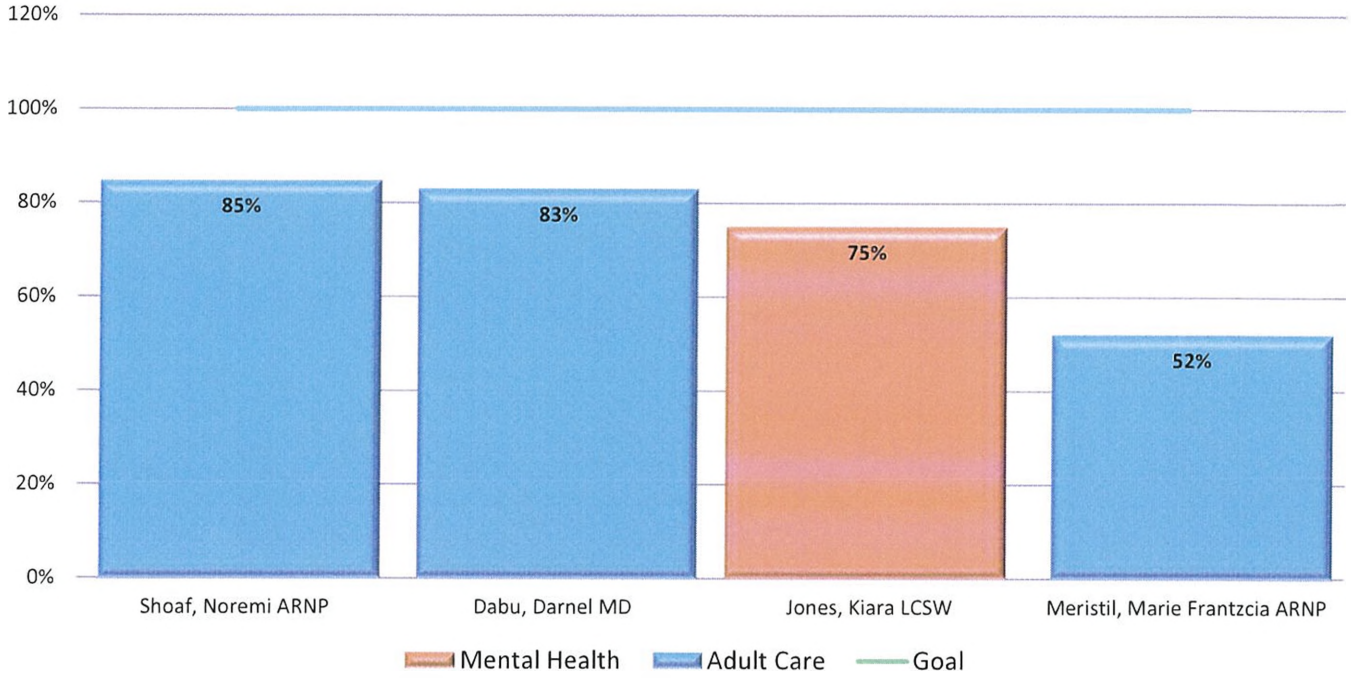


JUPITER CLINIC TOTALS FOR JUNE 2018

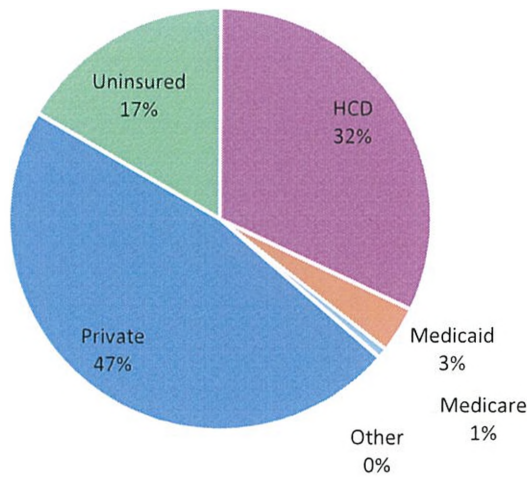
	Daily Target	Days worked	Target for the month	Total for Month seen	% Monthly Target Achieved	Daily Average
ADULT CARE						
Dabu, Darnel MD	18	16.0	288	239	83%	14.9
Meristil, Marie Frantzcia ARNP	16	3.0	48	25	52%	
Shoaf, Noremi ARNP	16	18.5	296	251	85%	
JUPITER ADULT CARE TOTALS		37.5	632	515	81%	13.7
MENTAL HEALTH						
Jones, Kiara LCSW	6	6.0	36	27	75%	4.5
JUPITER MENTAL HEALTH TOTALS		6.0	36	27	75%	4.5
JUPITER CLINIC TOTALS		43.5	668.0	542	81%	12.5

JUPITER CLINIC TOTALS FOR JUNE 2018

Jupiter Physician Productivity



Medical Payer Mix YTD

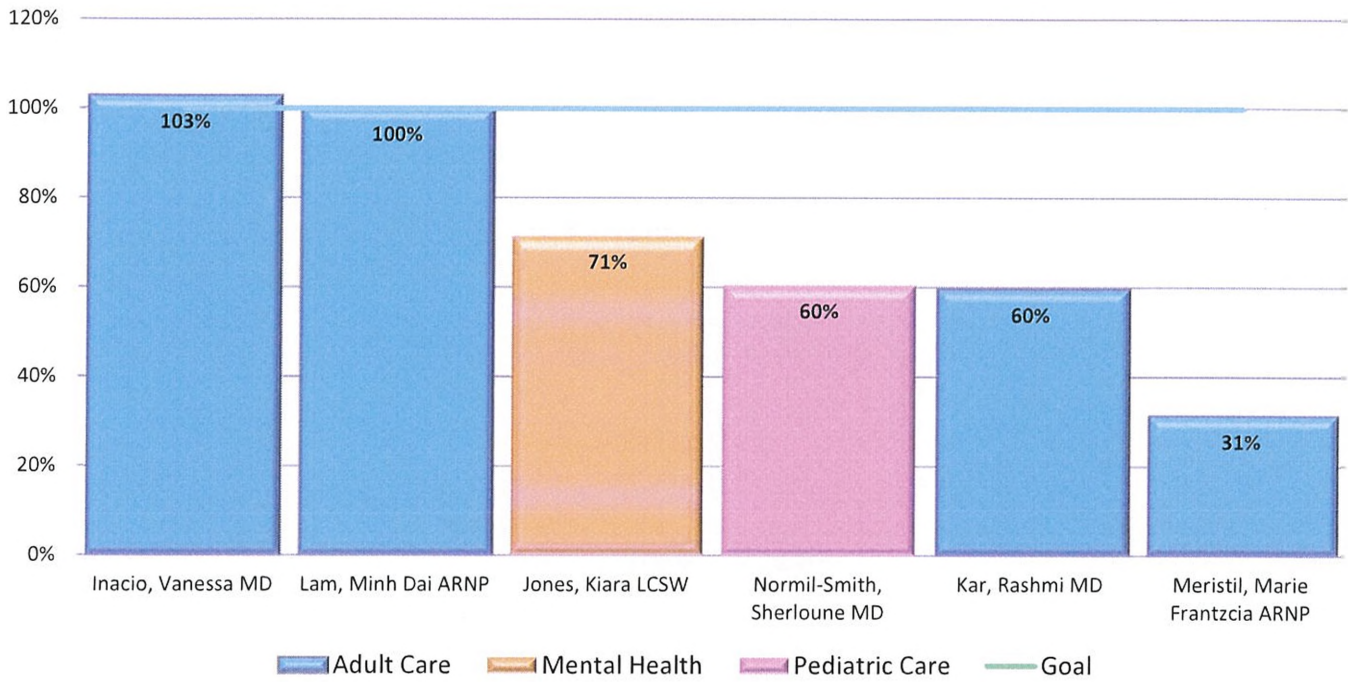


BOCA RATON CLINIC TOTALS FOR JUNE 2018

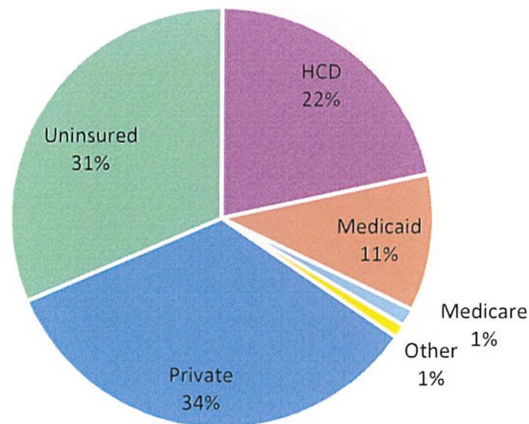
	Daily Target	Days worked	Target for the month	Total for Month seen	% Monthly Target Achieved	Daily Average
ADULT CARE						
Inacio, Vanessa MD	18	8.0	144	148	103%	18.5
Kar, Rashmi MD	18	18.0	324	193	60%	
Lam, Minh Dai ARNP	16	21.0	336	336	100%	16.0
Meristil, Marie Frantzia ARNP	16	2.0	32	10	31%	5.0
BOCA RATON ADULT CARE TOTALS		49.0	836	687	82%	14.0
PEDIATRIC CARE						
Normil-Smith, Sherlounne MD	18	8.0	144	87	60%	10.9
BOCA RATON PEDIATRIC CARE TOTALS		8.0	144	87	60%	10.9
MENTAL HEALTH						
Jones, Kiara LCSW	6	7.0	42	30	71%	4.3
BOCA RATON MENTAL HEALTH TOTALS		7.0	42.0	30	71%	4.3
BOCA RATON CLINIC TOTALS		64.0	1022.0	804	79%	12.6

BOCA RATON CLINIC TOTALS FOR JUNE 2018

Boca Raton Physician Productivity



Medical Payer Mix YTD



DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
July 25, 2018

1. Description: Licensed Independent Practitioner (LIP) Recredentialing and Renewal of Privileges

2. Summary:

The below licensed independent practitioners are recommended for approval by the FQHC Medical Director.

Last Name	First Name	Credentials	Specialty
Perez	Daniel	MD	Family Medicine
Ferwerda	Ana	MD	Obstetrics and Gynecology

3. Substantive Analysis:

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

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

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

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

4. Fiscal Analysis & Economic Impact Statement:

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

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
July 25, 2018

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

Dawn Richards
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

Committee Name

Date Approved

6. Recommendation:

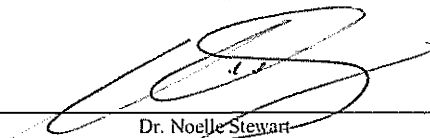
Staff recommends the Board approve the recredentialing and renewal of privileges for Dr. Daniel Perez, Family Medicine.

Staff recommends the Board approve the recredentialing and renewal of privileges for Dr. Ana Ferwerda, Obstetrics and Gynecology.

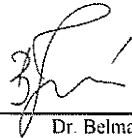
Approved for Legal sufficiency:



Valerie Shahriari
VP & General Counsel



Dr. Noelle Stewart
FQHC Medical Director



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

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
July 25, 2018

1. Description: Quality Council Reports – June 2018

2. Summary:

This agenda item provides the following:

- Quality Council Minutes July 13, 2018
- UDS Report – June 2018

3. Substantive Analysis:

See attached minutes and UDS report.

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

Dawn Richards
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

Committee Name


Date Approved

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
July 25, 2018

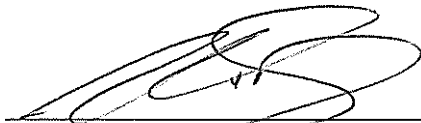
6. Recommendation:

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

Approved for Legal sufficiency:



Valerie Shahriari
VP & General Counsel



Dr. Noelle Stewart
FQHC Medical Director



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

Quality Council Meeting Minutes

Date: July 13, 2018

Time: 1:00pm – 3:45pm

Attendees: Dr. Noelle Stewart – FQHC Medical Director, Dr. Tamara-Kay Tibby - Dental Director, Terry Megiveron - Director of Practice Operations, Maria Chamberlin – Nurse Manager, David Speciale – Quality Manager, Nancy Fox-Goughan, Dental Quality Coordinator, Andrea Steele – Corporate Quality Director, Lisa Hogans - Corporate Quality Manager, Marcia Young – FQHC Director of Operations, Leigh-Ann Vinciguerra – Clinical Applications Analyst, Victoria Pruitt - Director of Corporate Risk Management.

Excused: Francis Navarro – FQHC Board Member, Dr. Ana Ferwerda – FQHC Director of Women’s Health, Dr. Courtney Rowling - Director of Behavioral Health, Jane Cruz - Asst. Director of Behavioral Health, Dr. Belma Andric – Executive Director/Chief Medical Officer

Minutes by: David Speciale – Quality Manager

<u>TOPIC</u>	<u>DISCUSSION / RECOMMENDATIONS</u>	<u>ACTION ITEMS (AI)</u>	<u>RESPONSIBLE PARTY</u>	<u>DATE</u>
REVIEW				
Action Items from Previous Council Meeting (May 11, 2018)	Total Action Items from last meeting: 44 of which 22 items were completed and 22 remain in process as follows (<i>status</i>): 1. Adopt HCD Policies & Procedures (<i>ongoing</i>) 2. System Down P&P (<i>In process</i>) 3. Develop and track Dental Treatment plans in Dentrix (<i>In process</i>) 4. Develop and launch Behavioral Health Integration Program (<i>in process</i>). 5. Finalize tool to audit Group Therapy (<i>In process</i>) 6. Report data and trend BAM data: use, protective factor score, and risk scores (<i>In process</i>) 7. Dental Notebooks for Infection Control (<i>In process</i>) 8. Revise 2018 UDS table (<i>In process</i>) 9. Report Patient Navigators productivity by total # of patient’s seen and total goal for the month. (<i>In process</i>)	Informational		

<u>TOPIC</u>	<u>DISCUSSION / RECOMMENDATIONS</u>	<u>ACTION ITEMS (AI)</u>	<u>RESPONSIBLE PARTY</u>	<u>DATE</u>
	<ol style="list-style-type: none"> 10. WHO Reporting – include patient totals as denominator and report by clinic location. <i>(in process)</i> 11. Add “closing of referrals” to behavioral health competencies. <i>(In process)</i> 12. Review Medical P&P for hospital follow up and develop a process for Baker Act follow up appointment tracking. <i>(In process)</i> 13. Create a “Baker Acts & Patient Follow Up Report” <i>(In process)</i> 14. Report on CAC and Patient Navigator Productivity & Collections <i>(In Process)</i> 15. Report on ER referrals by provider & location <i>(In process)</i> 16. Corporate Risk will monitor Environment of Care reports and provide additional training to Life Safety Officers <i>(In Process)</i> 17. Review Dental Front Line Peer Review form to ensure it addresses all areas including signing of patient consent forms. <i>(In Process)</i> 18. Develop reporting to demonstrate Quality outcomes of the Behavioral Health Program <i>(In Process)</i> 19. Conduct Behavioral Health group audits once per week <i>(In Process)</i> 20. Revise P&P to address follow up with patients that are Baker Acted <i>(In process)</i> 21. Begin training of primary care providers to obtain Suboxone waivers and transition Phase 3&4 patients to primary care. <i>(In process)</i> 			

TOPIC	DISCUSSION / RECOMMENDATIONS	ACTION ITEMS (AI)	RESPONSIBLE PARTY	DATE
	22. Develop Athena "Referral Report" and report total patients that have returned to PCP for hospital follow up <i>(In process)</i> .			
PROBLEM IDENTIFICATION				
Patient Relations	<p>Patient Relations - monthly data & annual trends for all categories presented.</p> <p>May 2018</p> <ul style="list-style-type: none"> • Complaints – Total of 1, of which: <ul style="list-style-type: none"> ○ 1 – Medical Records Request (WPB) • Grievances – Total of 3, of which <ul style="list-style-type: none"> ○ 1 – Physician / Communication (Delray Beach) ○ 1 – Registration / Respect & Attitude (Belle Glade) ○ 1 – Other (WPB) • Compliments – Total of 3 across 3 departments/locations in Primary Care Clinics. <p>June 2018</p> <ul style="list-style-type: none"> • Complaints – Total of 1, of which: <ul style="list-style-type: none"> ○ 1 – Other Medical Records Request (WPB) • Grievances – Total of 2, of which <ul style="list-style-type: none"> ○ 1 – Registration / Respect & Attitude (Belle Glade) ○ 1 – Other (WPB) • Compliments – Total of 4 across 3 departments/locations in Primary Care Clinics. 	Create and Present Patient Relations report by clinic location.	Quality Manager	8/10/2018

TOPIC	DISCUSSION / RECOMMENDATIONS	ACTION ITEMS (AI)	RESPONSIBLE PARTY	DATE
Quality & Risk Reports	<p>Quality Events</p> <p>May 2018</p> <ul style="list-style-type: none"> • Total of 2 Transfers to Higher Level of Care and were all determined appropriate for transfer <ul style="list-style-type: none"> ○ Belle Glade Medical ○ Delray Medical Clinic • Of the 2 occurrences, all had a documented ER referral and a follow up appointment. <p>June 2018</p> <ul style="list-style-type: none"> • Total of 10 occurrences of which: <ul style="list-style-type: none"> ○ 9 = Transfers to Higher Level of Care and were determined appropriate for transfer and all had a follow up appointment. <ul style="list-style-type: none"> ▪ 4 – WPB Medical ▪ 3 – Belle Glade Medical ▪ 1 – Delray Dental ▪ 1 – Jupiter Medical ○ 1 = Policy and Procedure (Visitor/AMA) finding at Delray Dental Registration • Of the 9 occurrences, 8 had a documented ER referral. 	<p>Update the Medical Records Request procedure to include a process by which lead Nurses set reminders to request Hospital records in a timely manner.</p>	<p>Nurse Manager, Quality Manager</p>	<p>8/10/2018</p>
	<p>Quality Review Reports – May & June 2018</p> <ul style="list-style-type: none"> • Environment of Care reports to be reported next meeting 	<p>Corporate Risk to produce EOC reports and findings for May & June 2018</p>	<p>Corporate Risk Manager</p>	<p>8/10/2018</p>

TOPIC	DISCUSSION / RECOMMENDATIONS	ACTION ITEMS (AI)	RESPONSIBLE PARTY	DATE
Medical Report	<p>UDS - Dashboard June 2018</p> <p>For each measure the following data was reported: Data by clinic, by provider, and trends over time. Of the 14 UDS Measures: 6 Exceeded Goal, 1 met Goal, 6 short of Goal, 1 not reported: <i>(Clinic Score/ HRSA Goal)</i></p> <ul style="list-style-type: none"> • Childhood immunization: <i>(59% / 70%)</i> • Cervical Cancer Screening: <i>(52% / 60%)</i> • Weight assessment, Children & Adolescent: <i>(62% / 60%)</i> • Adult Weight screening and follow up: <i>(60% / 60%)</i> • Tobacco use screening & cessation: <i>(98% / 90%)</i> <p><i>Post Meeting Note – PDCA for tobacco cessation in progress</i></p> <ul style="list-style-type: none"> • Asthma Pharmacologic Therapy: <i>(94% / 97%)</i> • Coronary Artery Disease CAD: <i>(90% / 75%)</i> • Ischemic Vascular Disease (IVD): <i>(81% / 75%)</i> • Colorectal Cancer Screening: <i>(45% / 60%)</i> • HIV linkage: <i>(03% / 100%)</i> • Depression screening: <i>(93% / 80%)</i> • Dental Sealant: Not Reported • Hypertension: <i>(68% / 65%)</i> • Diabetes: <i>(41% / 65%)</i> <p>HPV</p> <p>Rates presented from May 15 to July 13, 2018.</p> <ul style="list-style-type: none"> • 11 & 12 year olds: 71% satisfied / 29% unsatisfied (n=106) <ul style="list-style-type: none"> ○ Males: Of 46 eligible patients: 35 satisfied / 11 unsatisfied. ○ Females: Of 60 eligible patients: 40 satisfied / 20 unsatisfied. 	<p>Retrain all clinical staff to utilize the “Quality” tab in the electronic medical record to consistently and accurately records UDS measures.</p> <p>Present UDS dashboards to providers.</p>	<p>Medical Director, Nurse Manager</p> <p>Medical Director</p>	<p>8/10/2018</p> <p>8/18/2018</p>

TOPIC	DISCUSSION / RECOMMENDATIONS	ACTION ITEMS (AI)	RESPONSIBLE PARTY	DATE
	<ul style="list-style-type: none"> • 13 & 14 year olds: 69% satisfied / 31% unsatisfied (n=100) <ul style="list-style-type: none"> ○ Males: Of 46 eligible patients: 32 satisfied / 14 unsatisfied. ○ Females: Of 54 eligible patients: 37 satisfied / 17 unsatisfied. • 15 to 18 year olds: 36% satisfied / 64% unsatisfied (n=100) <ul style="list-style-type: none"> ○ Males: Of 46 eligible patients: 32 satisfied / 14 unsatisfied. ○ Females: Of 54 eligible patients: 37 satisfied / 17 unsatisfied. <p><i>Post Meeting Note – PDCA for HPV in progress</i></p> <p><u>Peer Review Summary</u> Medical Director presented the Medical Peer Review Summary for Quarter 1 which also included trends for quarter 2, 3, 4 from 2017. There were 117 charts peer reviewed of which 91 were evaluated as “within standard of care”, 8 were evaluated as “Medical Provider Self-Identified Remediation”, 18 “Medical Provider Education Required” and 0 “Care Inappropriate”. Peer Review findings and corrective actions presented. Peer Review results and findings shared with providers at the last roundtable.</p> <p><u>Behavioral Health Integration</u> – Lake Worth continues to provide pediatric behavioral health integration with a Pediatrician and Licensed Clinical Social Worker. Still working on reporting data. Working on gathering data for outcome</p>	<p>Remind Providers to document if there is no family history in medical record.</p> <p>Create and present Behavioral Health Integration reports to identify clinical outcomes.</p>	<p>Medical Director</p> <p>Medical Director, Director of Behavioral Health</p>	<p>8/10/2018</p> <p>8/10/2018</p>

TOPIC	DISCUSSION / RECOMMENDATIONS	ACTION ITEMS (AI)	RESPONSIBLE PARTY	DATE
	<p>measures and will be looking at the impact pediatric integration has on no show rates, patient retention, pediatric UDS measures, employment satisfaction, cycle times and number of referrals made to community resources</p> <p>Patient Navigator Report – June 2018</p> <ul style="list-style-type: none"> • Target BP: Of the 190 active patients, 81 patients were seen during the month and 76 are “active & improving”. • Diabetes: Of the 226 active patients, 109 patients were seen during the month and 49 are “active & improving”. • FIT Testing: Of the 418 given: <ul style="list-style-type: none"> ○ 171 were Received ○ 19 were Poop On Demand ○ 171 were valid Samples • Quitline: Of the 88 referrals: <ul style="list-style-type: none"> ○ Belle Glade - 3 ○ Boca Raton - 0 ○ Delray Beach - 15 ○ Jupiter - 18 ○ Lake Worth - 0 ○ Lantana - 14 ○ West Palm Beach - 38 	<p>Report average number of days a patient meets with a Patient Navigator prior to graduation.</p> <p>Report FIT tests for Quest and DOH tests separately</p> <p>Set benchmarks and protocols for Patient Navigator graduation.</p> <p>Report Patient Navigator data monthly instead of running annual totals.</p> <p>Present data on patients that accept live counseling for smoking cessation</p>	<p>Nurse Manager, Quality Manager</p> <p>Nurse manager, Quality Manager</p> <p>Nurse Manager</p> <p>Nurse Manager, Quality Manager</p> <p>Nurse Manager, Quality Manager</p>	<p>8/10/2018</p> <p>8/10/2018</p> <p>8/10/2018</p> <p>8/10/2018</p> <p>8/10/2018</p>
Nursing Report	<p>48 Hour Metrics for Clinical Staff – Nurse Manager presented revised metrics for Nurses and Medical Assistants. The report was developed from the Athena (EMR) clinical inbox. Baseline</p>	<p>Meet with Lead Nurse, Lead MA’s, and Practice</p>	<p>Nurse Manager, Director of Practice Operations</p>	<p>ASAP</p>

TOPIC	DISCUSSION / RECOMMENDATIONS	ACTION ITEMS (AI)	RESPONSIBLE PARTY	DATE
	<ul style="list-style-type: none"> ○ Belle Glade – 5 ○ Boca Raton – 8 ○ Delray Beach – 39 ○ Jerome Golden – 0 ○ Jupiter – 7 ○ Lake Worth – 8 ○ Lantana – 31 ○ Lewis Center – 1 ○ West Palm Beach – 82 ● Trends for Nurse Triage and Nurse Appointments reviewed and have decreased since April 2018. Reasons for the decrease may be attributed to the new EMR workflow. ● Clinics continue to see high numbers of walk in patients with many presenting to have prescriptions received from the hospital rewritten, since clinic pharmacy is unable to fill prescription written from hospital physicians without contracts. 	<p>Review Nurse appointments to determine if Nurse appoints are removed from the schedule once seen by a provider.</p> <p>Secure memorandums of understanding with local hospitals so that patients may get prescriptions directly from our clinic pharmacies to reduce the need to see provider same day.</p>	<p>Nurse Manager, Quality Manager, Clinical Applications Analyst</p> <p>Medical Director, Director of Practice Operations</p>	<p>8/10/2018</p> <p>ASAP</p>
Dental Report	<p>Peer Review Summary</p> <p>Dental Director presented the Dental Peer Review Summary for CY 2018 - Quarter 1. There were 51 charts peer reviewed of which 51 were evaluated as “within standard of care”, 0 were</p>			

TOPIC	DISCUSSION / RECOMMENDATIONS	ACTION ITEMS (AI)	RESPONSIBLE PARTY	DATE
	<p>evaluated as “Dental Provider Self-Identified Remediation”, 0 “Dental Provider Education Required” and 0 “Care Inappropriate”. Peer Review findings and corrective actions presented. Peer Review summary, findings, and corrective actions shared with Dental Providers and Dental roundtables.</p> <p>Chart Audit</p> <p>May 2018 - data & trends presented for Dentists and Hygienists.</p> <ul style="list-style-type: none"> • 100% - Providers scored at or above the required threshold. • 83% - Hygienists scored at or above the required threshold. <p>Providers that under the threshold received education. Of the 13 charts reviewed, the following were identified as opportunities for improvement:</p> <ul style="list-style-type: none"> • Radiographic Quality = 28% of all charts reviewed • Periodontal Protocol = 7% of all charts reviewed • Documentation & Data = 78% of all charts reviewed <p>June 2018 - data & trends presented for Dentists and Hygienists.</p> <ul style="list-style-type: none"> • 78% - Providers scored at or above the required threshold. • 83% - Hygienists scored at or above the required threshold. <p>Providers that under the threshold received education. Of the 13 charts reviewed, the following were identified as opportunities for improvement:</p> <ul style="list-style-type: none"> • Radiographic Quality = 53% of all charts reviewed • Documentation & Data = 46% of all charts reviewed 			

TOPIC	DISCUSSION / RECOMMENDATIONS	ACTION ITEMS (AI)	RESPONSIBLE PARTY	DATE
	<p><u>Clinic Quality Site Visit Reports</u> May 2018 – Results, Summaries, and Trends of Dental Clinic Site Visits reported.</p> <ul style="list-style-type: none"> • Belle Glade – 80% compliance • Delray Beach – 70% compliance • Lantana – 80% compliance • West Palm Beach – 70% compliance <p>Opportunities for improvement include:</p> <ul style="list-style-type: none"> • Intradose Compliance – Wearing • Infection Control Practices • Operatory & Sterilization Room Management • Log Management <p>June 2018 – Results, Summaries, and Trends of Dental Clinic Site Visits reported.</p> <ul style="list-style-type: none"> • Belle Glade – 80% compliance • Delray Beach – 80% compliance • Lantana – 70% compliance • West Palm Beach – 70% compliance <p>Opportunities for improvement include:</p> <ul style="list-style-type: none"> • Intradose Compliance – Reporting • Infection Control Practices • Operatory & Sterilization Room Management • Log Management <p><u>Dental Consent Report</u> – Targeted Dental chart reviews completed on 180 charts to assess Dental Consent Compliance.</p>			ASAP

TOPIC	DISCUSSION / RECOMMENDATIONS	ACTION ITEMS (AI)	RESPONSIBLE PARTY	DATE
	<p>The reporting period was April, May, and June 2018. Results, Summaries, and Trends presented by Month and by Clinic Location.</p> <ul style="list-style-type: none"> • By Month <ul style="list-style-type: none"> ○ April – 98% compliant ○ May – 100% compliant ○ June – 95% compliant • By Location <ul style="list-style-type: none"> ○ Belle Glade – 100% ○ Delray Beach – 100% ○ Lantana – 95% ○ West Palm Beach – 100% <p><i>Post Meeting Note – PDCA for NNOHA collaborative ended. Will present final results at next Quality Council meeting</i></p>	<p>Provide staff training on the importance of obtaining dental treatment consents.</p> <p>Present NNOHA results in August.</p>	<p>Dental Director, Dental Quality Coordinator</p> <p>Dental Director, Dental Quality Coordinator</p>	
<p>Behavioral Health (BH) Report</p>	<p>Warm Hand Off (WHO) Report – (Data presented by Quality Manager on Behalf of Social Services Director). Provider trends over time reported. Total WHO trends over time presented for all clinics:</p> <ul style="list-style-type: none"> • Trends by Month <ul style="list-style-type: none"> ○ June 2018 – 313 total ○ May 2018 – Data unavailable due to EMR transition ○ April 2018 – 143 Total ○ March 2018 – 159 total ○ February 2018 – 132 total ○ January 2018 – 116 total 	<p>Develop additional reports from the new Electronic Medical Record</p> <p>Present Depression Screening, Group Therapy, Peer Review Summary Reports for June 2018</p>	<p>Clinical Infomaticist, Director of Social Services</p> <p>Clinical Infomaticist, Director of Social Services</p>	<p>ASAP</p> <p>8/10/2018</p>

TOPIC	DISCUSSION / RECOMMENDATIONS	ACTION ITEMS (AI)	RESPONSIBLE PARTY	DATE
	<ul style="list-style-type: none"> Increases in WHO's attributed to the retraining of staff on properly receiving, documenting and scheduling warm hand offs. 			
Substance Abuse (SA) Report	<p><u>MAT Program – Census Data</u></p> <ul style="list-style-type: none"> Patient Census Report <ul style="list-style-type: none"> As of July 12, 2018 – 98 active patients June 2018 – 90 active patients May 2018 – 87 active patients April 2018 – 77 active patients March 2018 – 63 active patients February 2018 - 60 active patients January 2018 – 67 active patients # of Intakes Completed <ul style="list-style-type: none"> As of July 12, 2018 – 11 June 2018 – 10 May 2018 – 10 April 2018 - 13 March 2018 - 5 February 2018 – 9 January 2018 – 8 # of Patient by Treatment Phase – As of 7/12/18 <ul style="list-style-type: none"> Phase 1 – 60 patients Phase 2 – 20 patients Phase 3 – 10 patients Phase 4 – 4 patients Not Specified – 3 patients Naltrexone – 1 patient 	<p>Ensure workstations, documentation, Wi-Fi</p>	<p>Clinical Quality Coordinator</p>	<p>ASAP</p>

<u>TOPIC</u>	<u>DISCUSSION / RECOMMENDATIONS</u>	<u>ACTION ITEMS (AI)</u>	<u>RESPONSIBLE PARTY</u>	<u>DATE</u>
	DCF License – Update – Provisional license granted. DCF will be conducting a site inspection on 7/26/2018.	access, and workspace is prepared for DCF audit.		
Business Operations Report	<p>Claim Hold Report – May & June 2018 The Director of FQHC Business Operations presented the Claim Hold report for May/June 2018. Claim hold reasons, amounts, and plans for corrective actions reported. Some of the holds are correctable by front office staff.</p> <p>Revenue Cycle Report – The Director of Business Operations reported that patients who leave after a provider has begun to document a patient visit in the clinical record needs to be tracked appropriately.</p>	<p>Notify front office staff of claim holds that can be corrected and avoided at patient check-in/registration.</p> <p>Develop a process for patients who leave appointment without being seen.</p>	<p>Director of Business Operations, Director of Practice Operations</p> <p>Director of Practice Operations, Medical Director</p>	<p>ASAP</p> <p>8/10/2018</p>
Clinic Operations Report	<p>Sentinel Metrics Dashboard – Athena</p> <ul style="list-style-type: none"> Days Document Open Report – Director of Practice Operations presented “Days Document Open” report from the Athena E.M.R. Across all clinic locations, providers close their clinic documents at an average of 3.47 days based on a 7-day average. The goal is 2 days (48 hours). Elevated times due to implementation of a new EMR and associated workflows. Top successes include Belle Glade and Lantana clinic providers (documents open an average of 1.8 days). Top opportunities include improving Lake Worth and Delray Beach Provider time (documents open an average of 5.4 days). Same Day Encounter Close Rate Report - Director of Practice Operations presented “Same Day Encounter Close Rate” report from the Athena E.M.R. Across all clinic 	<p>Retrain providers and staff on how to work “Clinic Inbox” buckets in the new EMR.</p> <p>Provide additional training to those providers who continuously close their</p>	<p>Medical Director, Director of Practice Operations</p> <p>Medical Director, Director of Practice Operations</p>	<p>8/10/2018</p> <p>8/10/2018</p>

TOPIC	DISCUSSION / RECOMMENDATIONS	ACTION ITEMS (AI)	RESPONSIBLE PARTY	DATE
	<p>locations, providers close their daily encounters at a rate of 73% based on a 30-day period. This rate is due to implementation of a new EMR and associated workflows. The goal is 2 days (48 hours). Top three successes and opportunities by provider presented. Medical Director met with some providers and provided additional training on closing encounters.</p> <ul style="list-style-type: none"> • Cycle Time – Director of Practice Operations present Provider Cycle time for June 2018. Report generated from the new medical record and included Average Check in Duration, Average Check out Duration, and Average Cycle Time, and Appointment Duration as a Percent of Cycle Time. Trends reviewed. • Overall clinics are adapting well to Athena migration. The addition of temporary staff has helped to overcome challenges. 	<p>encounters later than 48-hours. Investigate if deleted encounters are included in productivity reports.</p>	<p>Clinical Applications Analyst</p>	<p>8/10/2018</p>
<p>Human Resources Report</p>	<p>The following reports submitted by Human Resources:</p> <p>Employee New Hires</p> <ul style="list-style-type: none"> • June 2018 - 1 <ul style="list-style-type: none"> ○ Driver – Mobile Van • May 2018 – 3 <ul style="list-style-type: none"> ○ ARNP – Lake Worth ○ ARNP – WPB ○ Medical Assistant - Lantana <p>Employee Term</p>			

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	<ul style="list-style-type: none"> • June 2018 - 0 • May 2018 - 2 <u>Workman's Comp</u> • June 2018 - 1 • May 2018 - 1 			
Meeting Adjourned – 3:45pm				

C. L. Brumback Primary Care Clinics
Jun-18

Measure Set:	ACTIONS TAKEN WHEN INDICATOR NOT MEETING GOAL							Previous Quarters			
	June 2018							2018 Q1			
UDS	% USA 2016	% FL 2016	% HRSA	CL Clinics 2017	Num	Den	CL Clinics 2018	Status	Num	Den	%CLB
Childhood immunization	42.80%	39.53%	70%	40%	66	111	59%	Findings: 1. High rates of patients on catch up schedule which preclude them from meeting measure definition vaccine requirements. 2. Patient and prvider hesitatino to proceed with vaccines that may not be required for schools. Interventions: 1. Create patient campaigns to improve adherence with apointment in order to avoid delay in vaccines. 2. Provider education on how to encourage required and "recommended" vaccines for prevention and protection as well as staff training to avoid missed opportunities by making every visit a vaccine visit regardlres of reason for visit.	153	268	57%
Cervical cancer screening	54.36%	58.04%	60%	65%	2325	4465	52%	Findings: 1. Errors in documentation which prevent capturing data. 2. failure of providers to screen patients at every visit. Interventions: Train all staff on appropriate documentation of PAP history and surgical history. 2. reeducate providers that every visit is an opportunity to provide prevenative screening no matter the reason for visit.	3615.0	6070	60%
Weight assessment and counseling for children and adolescents	62.92%	72.77%	60%	89%	381	614	62%		Not available		
Adult Weight screening and follow-up	62.46%	76.85%	60%	87%	4890	8128	60%	Findings: 1. Failure to document follow up plan. 2. Providers are not reviewing Quality Measure tab at every visit. Interventions: 1. Train staff to use BMI order sets when appropriate. 2. Reeducate providers on checking Quality Measure tabs on every visit.	25506	27698	92%
Tobacco use screening and cessation intervention	85.19%	90.33%	90%	93%	1812	1853	98%		5113	5860	87%
Asthma pharmacologic therapy	87.38%	86.84%	97%	99%	49	52	94%	Findings: Measure definition specifies "persistent asthma" for pharmacologic therapy while EMR is capturing all types of asthma Interventions: Investigate documentation workflow for capturing this measure in the new EMR	92	95	97%
Coronary artery disease (CAD): Lipid therapy	79.46%	80.79%	75%	77%	36	40	90%		259	333	78%
Ischemic Vascular Disease (IVD)	78.40%	74.83%	75%	86%	206	254	81%		582	695	84%

Colorectal cancer screening	39.89%	40.47%	60%	81%	2058	4616	45%	Findings: 1. Patient non compliance with returning FIT test 2. Failure to transfer previous colorectal cancer screening to new EMR Interventions: 1. Continue to encourage POD. Keep FIT Test log to trigger staff follow-up on test that need to be returned. 2. Retrain staff to check Quality tab at every visit and to update information.	3333	7682	43%
HIV linkage to care	83.17%	67.25%	100%	60%	3	3	100%		1	1	100%
Patients screened for depression and follow-up	60.34%	68.22%	80%	81%	6949	7483	93%		18052	24933	72%
Dental sealants	48.71%	52.79%	70%	74%				Measure report not available	255	312	82%
Hypertension	62.39%	59.35%	65%	74%	2502	3689	68%		4441	7025	63%
Diabetes	67.90%	62.54%	65%	73%	1148	1962	41%	Findings: A1C lab completed with results in ALLSCRIPTS, however lab results not transferred to Athena. Interventions: Train staff to update Quality Measure Tab in Athena with A1c data from Allscripts	1918	5332	64%

