



C. L. Brumback

**Primary Care Clinics**

Health Care District Palm Beach County

## **BOARD OF DIRECTORS**

**July 28, 2021**

**12:45 P.M.**

### **Meeting Location**

**1515 N. Flagler Drive, Suite 101**

**West Palm Beach, FL 33401**

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

**BOARD OF DIRECTORS MEETING  
AGENDA  
JULY 28, 2021  
1515 N. Flagler Drive, Suite 101  
West Palm Beach, FL 33401**

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

or

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

- 1. Call to Order – Mike Smith, Chair**
  - A. Roll Call
  - B. Affirmation of Mission: To provide compassionate, comprehensive health services to all Palm Beach County residents, through collaboration and partnership, in a culturally sensitive environment.
- 2. Agenda Approval**
  - A. Additions/Deletions/Substitutions
  - B. Motion to Approve Agenda
- 3. Awards, Introductions and Presentations**
  - A. COVID Testing and Vaccination Update – Dr. Hyla Fritsch
- 4. Disclosure of Voting Conflict**
- 5. Public Comment\***
- 6. Meeting Minutes**
  - A. **Staff recommends a MOTION TO APPROVE:**  
Board Meeting Minutes of June 23, 2021 [Pages 1-10]
- 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.

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

A. **ADMINISTRATION**

- 7A-1 **RECEIVE AND FILE:**  
July 2021 Internet Posting of District Public Meeting  
<https://www.hcdpbc.org/resources/public-meetings>
- 7A-2 **RECEIVE AND FILE:**  
Attendance tracking [Page 11]
- 7A-3 **Staff recommends a MOTION TO APPROVE:**  
Primary Care Clinic Business Continuity Plan  
(Martha Hyacinthe) [Pages 12-31]
- 7A-4 **Staff recommends a MOTION TO APPROVE:**  
Primary Care Clinic Comprehensive Emergency Management Plans  
(Martha Hyacinthe) [Page 32-33]  
[Under Separate Cover]
- 7A-5 **Staff recommends a MOTION TO APPROVE:**  
Electronic Health Record Downtime Policy  
(Martha Hyacinthe) [Pages 34-37]

B. **FINANCE**

- 7B-1 **Staff recommends a MOTION TO APPROVE:**  
C.L. Brumback Primary Care Clinics Financial Report May 2021  
(Candice Abbott) [Pages 38-55]

8. **Regular Agenda**

A. **ADMINISTRATION**

- 8A-1 **Staff recommends a MOTION TO APPROVE:**  
Change in Scope – Mangonia  
(Dr. Hyla Fritsch) [Pages 56-57]
- 8A-2 **Staff recommends a MOTION TO APPROVE:**  
Change in Scope – Delray  
(Dr. Hyla Fritsch) [Pages 58-59]
- 8A-3 **Staff recommends a MOTION TO APPROVE:**  
Change in Scope – West Boca  
(Dr. Hyla Fritsch) [Pages 60-61]

**8. Regular Agenda (cont.)**

8A-4 **Staff recommends a MOTION TO APPROVE:**

Change in Scope – South County Civic Center, South Florida Fairgrounds &  
North County PBG  
(Dr. Hyla Fritsch) [Pages 62-63]

**B. EXECUTIVE**

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

Executive Director Informational Update  
(Dr. Hyla Fritsch) [Pages 64-65]

**C. CREDENTIALING**

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

Licensed Independent Practitioner Credentialing and Privileging –  
Richard Williams, DMD; Ramiro Alfonso Puentes, MD; Belma Andric, MD;  
Noella Clarke-Aaron, MD; Gloria Florez, MD; John Cucuras, DDS; Emily Bell,  
PA; Minh Dai Lam, APRN; Noremi Shoaf, APRN.  
(Dr. Charmaine Chibar) [Pages 66-69]

**D. OPERATIONS**

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

Operations Report  
(Marisol Miranda) [Pages 70-75]

**E. QUALITY**

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

Quality Report  
(Dr. Charmaine Chibar) [Pages 76-122]

**F. PATIENT RELATIONS**

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

Patient Relations Report  
(David Speciale) [Pages 123-125]

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

**10. Board Member Comments**

**11. Establishment of Upcoming Meetings**

**C. L. Brumback Primary Care Clinics  
Board of Directors  
Meeting Agenda  
July 28, 2021**

**August 25, 2021 (HCD Board Room)**

12:45pm Board of Directors

**September 29, 2021 (HCD Board Room)**

12:45pm Board of Directors

**October 27, 2021 (HCD Board Room)**

12:45pm Board of Directors

**November 30, 2021 (HCD Board Room)**

12:45pm Board of Directors

**December 14, 2021 (HCD Board Room)**

12:45pm Board of Directors

**12. Motion to Adjourn**

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

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

**District Clinic Holdings, Inc.  
d.b.a. C.L. Brumback Primary Care Clinics  
Board of Directors Meeting  
Summary Minutes  
06/23/2021**

**Present:** Mike Smith, Chair; Melissa Mastrangelo, Vice-Chairperson; John Casey Mullen; Julia Bullard, Secretary; Irene Figueroa; Tammy Jackson-Moore; James Elder; Joe Gibbons, Treasurer

**Excused:** Robert Glass

**Absent:** Marjorie Etienne

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

**Minutes Transcribed By:** Shannon Wynn

**Meeting Scheduled for** 12:45 p.m.

**Meeting Began at** 12:48 p.m.

AGENDA ITEM	DISCUSSION	ACTION
1. Call to Order	Mr. Smith called the meeting to order.	<b>The meeting was called to order at 12:48 p.m.</b>
1A. Roll Call	Roll call was taken.	
1B. Affirmation of Mission	Mr. Smith read the affirmation of mission.	

<p><b>2. Agenda Approval</b></p> <p><b>2A. Additions/Deletions/ Substitutions</b></p> <p><b>2B. Motion to Approve Agenda Items</b></p>	<p>None.</p> <p>Mr. Smith called for approval of the meeting agenda.</p>	<p><b>VOTE TAKEN: Ms. Jackson-Moore made a motion to approve the agenda. Mr. Mullen duly seconded the motion. A vote was called and the motion passed unanimously.</b></p>
<p><b>3. Awards, Introductions and Presentations</b></p> <p><b>3A. COVID-19 Testing and Vaccination Update</b></p>	<p>Rachael Docekal did a presentation on the RISE project.</p> <p>Dr. Andric presented to the Board the most recent Covid-19 testing and vaccine update.</p>	<p><b>No action necessary.</b></p>
<p><b>4. Disclosure of Voting Conflict</b></p>	<p>None.</p>	<p><b>No action necessary.</b></p>
<p><b>5. Public Comment</b></p>	<p>None.</p>	<p><b>No action necessary.</b></p>
<p><b>6. Meeting Minutes</b></p> <p><b>6A-1 Staff Recommends a MOTION TO APPROVE:</b> Board meeting minutes of May 19, 2021</p>	<p>There were no changes or comments to the minutes dated May 19, 2021.</p>	<p><b>VOTE TAKEN: Ms. Jackson-Moore made a motion to approve the Board meeting minutes of May 19, 2021, as presented. Mr. Mullen duly seconded the motion. A vote was called, and the motion passed unanimously.</b></p>
<p><b>7. Consent Agenda – Motion to Approve Consent Agenda Items</b></p>		<p><b>VOTE TAKEN: Ms. Jackson-Moore made a motion to approve the consent agenda as presented. Mr. Mullen duly seconded the motion. A vote was called, and the motion passed unanimously.</b></p>
<p><b>7A. ADMINISTRATION</b></p>		
<p><b>7A-1. Receive &amp; File:</b> June 2021 Internet Posting of District Public Meeting</p>	<p>The meeting notice was posted.</p>	<p><b>Receive &amp; File. No further action is necessary.</b></p>

<b>7A-2. Receive &amp; File:</b> Attendance tracking	Attendance tracking was updated.	<b>Receive &amp; File. No further action is necessary.</b>
<b>7A-3. Staff Recommends a MOTION TO APPROVE:</b> Patient Dismissal Policy	This policy proposes to establish protocols which appropriately dismiss patients from the C. L. Brumback Primary Care Clinics following a review of all reported events by the Multidisciplinary Care Review Team (MCT) members to maintain staff and patient safety throughout the clinics. The protocols will require reviews of all reported patient behaviors, including but not limited to sexual harassment, verbal abuse, threatening behaviors and physical abuse against any staff, patients, visitors or on-site vendors.	<b>VOTE TAKEN: Ms. Jackson-Moore made a motion to approve the Patient Dismissal Policy. Mr. Mullen duly seconded the motion. A vote was called, and the motion passed unanimously.</b>
<b>7B. FINANCE</b>		
<b>7B-1. Staff Recommends a MOTION TO APPROVE:</b> District Clinic Holdings, Inc., Financial Report: April 2021	The April statements represent the financial performance through the seventh month of the 2021 fiscal year for C.L. Brumback Primary Care Clinics. Total YTD revenue was unfavorable to budget by (\$3.4M) due primarily to timing of COVID-19 stimulus funds. Net patient revenue YTD was favorable to budget by \$921k. Expenses before depreciation were favorable to budget by \$468k or 2.9% due mostly to positive variances in medical supplies \$539k, other supplies \$108k, medical services \$127k, lease and rental \$125k, and other expense \$83k. Total YTD net margin was (\$9.5M) compared to budget of (\$6.9M) resulting in an unfavorable variance of (\$2.6M) or 38.3%. The Medical clinics total YTD revenue was unfavorable to budget by (\$3.5M). This unfavorable variance resulted from the timing of COVID-19 related stimulus funding. Gross patient revenue was over budget by \$3.2M or 47.7%, which resulted from the Clinic efforts to respond to the pandemic offering telemedicine visits in addition to office visits. Clinic staff continue to provide countywide COVID-19 testing and vaccination. Total operating expenses of \$13.6M were favorable to budget of \$14.0M by \$422k or 3.0%. This positive variance is mostly related to medical supplies \$500k, medical services \$127k, lease and rental \$122k, and other expense \$69k. These expenses are	<b>VOTE TAKEN: Ms. Jackson-Moore made a motion to approve the PCC Financial Report April 2021. Mr. Mullen duly seconded the motion. A vote was called, and the motion passed unanimously.</b>



	<p>favorable to budget due to usage timing and supplies purchases. Total YTD net margin was (\$8.5M) compared to budget of (\$5.7M) resulting in an unfavorable variance of (\$2.8M) or 48.9%.</p> <p>The Dental clinics total YTD gross patient revenue was favorable to budget by \$333k or 17.4%. Total revenue of \$2.0M was over budget by \$75k due to increase visits. Total operating expenses of \$2.3M were favorable to budget by \$46k or 2.0%. Total YTD net margin was (\$981k) compared to a budget loss of (\$1.1M) for a favorable variance of \$166k or (14.5%).</p> <p>On the Comparative Statement of Net Position, due from other governments increased from \$967k to \$2.6M. This balance is due mainly from Health Resources and Service Administration (HRSA). The District subsidy YTD for the Medical and Dental clinics are \$4.9M, and \$1.1M respectively for a combined subsidy of \$6.0M.</p>	
<p><b>8. REGULAR AGENDA</b></p>		
<p><b>8A. ADMINISTRATION</b></p>		
<p><b>8A-1. Staff Recommends a MOTION TO APPROVE:</b> Grant Application Updates</p>	<p>Update on the Fiscal Year 2021 American Rescue Plan – Health Center Construction and Capital Improvements (ARP-Capital) grant submission. The Fiscal Year 2021 American Rescue Plan – Health Center Construction and Capital Improvements (ARP-Capital) makes available a one-time supplemental funding for health centers to support construction, expansion, alteration, renovation and other capital improvements to modify, enhance and expand health care infrastructure. The amount of funding available for each health center is based on the following formula:</p> <ul style="list-style-type: none"> <li>· \$500,000 base amount, plus</li> <li>· \$11 per patient as reported in 2019 UDS</li> </ul> <p>The grant application is due June 24, 2021. Our expected award is \$1,010,224. The plan is to use these funds primarily to purchase equipment for our new locations.</p>	<p><b>VOTE TAKEN: Ms. Jackson-Moore made a motion to approve the Grant Application Update. Ms. Bullard duly seconded the motion. A vote was called, and the motion passed unanimously.</b></p>

<p><b>8A-2. Staff Recommends a MOTION TO APPROVE:</b> Change In Scope –C. L. Brumback Primary Care Clinics – Atlantis</p>	<p>We respectfully request the authorization to add a new site to Form 5B: C. L. Brumback Primary Care Clinics – Atlantis located at 4801 S. Congress Avenue, Suite 101, Lake Worth, FL. 33461.</p>	<p><b>VOTE TAKEN:</b> Ms. Jackson-Moore made a motion to approve The Change In Scope- C.L. Brumback PCC- Atlantis. Mr. Mullen duly seconded the motion. A vote was called, and the motion passed unanimously.</p>
<p><b>8A-3. Staff Recommends a MOTION TO APPROVE:</b> Change In Scope –C. L. Brumback Primary Care Clinics – West Boca Raton</p>	<p>We respectfully request the authorization to add a new site to Form 5B: C. L. Brumback Primary Care Clinics – West Boca by moving the current clinic to 9960 S. Central Park Blvd., Suite 450, Boca Raton, FL. 33428.</p>	<p><b>VOTE TAKEN:</b> Ms. Bullard made a motion to approve The Change In Scope- C.L. Brumback PCC- West Boca. Mr. Elder duly seconded the motion. A vote was called, and the motion passed unanimously.</p>
<p><b>8B. EXECUTIVE</b></p>		
<p><b>8B-1. Receive and File:</b> Executive Director Information Update</p>	<p><u>Clinic relocations and new sites</u></p> <p>Upcoming clinic relocations are moving along. We are relocating the Boca, Delray and Mangonia clinics and opening new clinics in Atlantis and eventually in West Palm (RISE project).</p> <p>The Boca clinic's current lease ends at the end of this year and will be moving before the lease ends. The clinic has outgrown its existing space and a new location nearby has been identified. We are working with the owner's representative to draw up floor plan proposals for the architect and the draft lease is being worked on.</p> <p>The Delray clinic, located inside the Department of Health building, will be vacating the current location and hopefully moving into a new facility located across the street. We are also working with the owner's representative to draw up floor plan proposals for the architect and the draft lease is being worked on.</p>	<p><b>Receive &amp; File. No further action necessary.</b></p>

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

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

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

Compliance Resolution Opportunity (CRO) submitted

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

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

Federal Tort Claims Act (FTCA) submitted

	We have successfully submitted our Federal Tort Claims Act (FTCA) medical malpractice coverage, deeming application to HRSA.	
<b>8C. OPERATIONS</b>		
<b>8C-1. Staff Recommends a MOTION TO APPROVE Operations Reports</b>	<p>This agenda item provides the following operations reports for April 2021: Clinic Productivity, including in-person and telehealth metrics and No Show trended over time. In April, we had 10,163 visits, which increased from the month before and from April 2020. With the impact of COVID, it is expected to see a lower number of visits in 2020. Regarding individual clinics visits, all clinics exceeded their 2020 totals. Dental clinics did not reopen fully until the end of April this year. Our payer mix for the year-to-date reflects a slightly higher percentage of uninsured patients at 58%. By visit category, Substance Use exceeded their productivity targets for in-person again this month. Telehealth visits decreased to 7% of all visits, which is down from 11% last month. Productivity targets for in-person visits were again met for adults in Boca Raton and pediatrics in West Palm Beach. In-person visit productivity targets also met the goal for Substance Abuse in Mangonia as well as Lewis Center. Telehealth goals were met for adults in Boca. The No Show rate in April remains relatively level at 28.3%. Telehealth No Show rates remain low compared to in-person visits. In comparison, the year-to-date No Show rate is approximately 25%, of which in-person visits make up 78%.</p> <p>Ms. Jackson-Moore asked if the Clinics are prepared to see patients once summer ends and school opens.</p> <p>Ms. Miranda stated that the clinics are fully prepared to see patients.</p> <p>Dr. Fritsch also stated that the Mobile Clinics are equipped to see pediatric patients for vaccination and wellness visits.</p>	<b>VOTE TAKEN: Ms. Jackson-Moore made a motion to approve the Operations Reports as presented. Mr. Gibbons duly seconded the motion. A vote was called, and the motion passed unanimously.</b>
<b>8D. QUALITY</b>		

<p><b>8D-1. Staff Recommends a MOTION TO APPROVE</b> Quality Reports</p>	<p><u>PATIENT SAFETY &amp; ADVERSE EVENTS</u> Patient safety and risk, including adverse events, peer review and chart review are brought to the board “under separate cover” every quarter.</p> <p><u>PATIENT SATISFACTION AND GRIEVANCES</u> Patient relations to be presented as separate agenda item.</p> <p><u>QUALITY ASSURANCE &amp; IMPROVEMENT</u> In April, we saw our UDS Diabetes measure improve. We are now currently meeting our goal with 67% of our patients being controlled, while 24% remain uncontrolled and 9% of patients still need data. This increase was primarily due to a decrease in the number of patients needing data, which went from 13% to 9%. This is an effect of our outbound campaign with the call center to call those patients who were missing data to schedule in-person appointments. POC HgbA1c testing was implemented to increase patient compliance. There were 1745 POC A1Cs (68% of Diabetic Patients). The majority of controlled (71%) and uncontrolled (87%) of diabetic patients had the A1c done at POC vs. lab.</p> <p><u>UTILIZATION OF HEALTH CENTER SERVICES</u> Individual monthly provider productivity stratified by clinic.</p> <p>Ms. Jackson-Moore asked if the providers have a protocol in place to ask the patients to complete the colon screening kit in the office during their visit.</p> <p>Dr. Chibar stated we encourage all patients to complete the test before leaving their doctor's appointment.</p> <p>Ms. Jackson-Moore asked how soon we can expect accurate data in EPIC once everything from Athena is converted over.</p> <p>Dr. Fritsch stated she suspects we will have transparent reporting 30 days after the EPIC Go-Live.</p>	<p><b>VOTE TAKEN: Mr. Mullen made a motion to approve the Quality Reports as presented. Mr. Smith duly seconded the motion. A vote was called, and the motion passed unanimously.</b></p>
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	<p>Mr. Smith asked what happens to the expense of Athena once EPIC starts in July.</p> <p>Ms. Lavelly said the District would only pay a portion of the collection unless it drops to less than \$250 a month. The District has an archive system where we can retain data after that.</p>	
<b>9. V.P. and Executive Director of Clinic Services Comments</b>	Dr. Fritsch informed the Board she forwarded the "Thank You" letter to all staff members. The letter was very well received.	<b>No action necessary.</b>
<b>10. Board Member Comments</b>	Mr. Gibbons stated he was excited and looking forward to the launch of EPIC.	<b>No action necessary.</b>
<b>12. Establishment of Upcoming Meetings</b>	<p><b><u>July 28, 2021 (HCD Board Room)</u></b> 12:45 p.m. Board of Directors</p> <p><b><u>August 25, 2021 (HCD Board Room)</u></b> 12:45 p.m. Board of Directors</p> <p><b><u>September 29, 2021 (HCD Board Room)</u></b> 12:45 p.m. Board of Directors</p> <p><b><u>October 27, 2021 (HCD Board Room)</u></b> 12:45 p.m. Board of Directors</p> <p><b><u>November 30, 2021 (HCD Board Room)</u></b> 12:45 p.m. Board of Directors</p> <p><b><u>December 14, 2021 (HCD Board Room)</u></b> 12:45 p.m. Board of Directors</p>	<b>No action necessary.</b>
<b>13. Motion to Adjourn</b>	There being no further business, the meeting was adjourned at 2:09 p.m.	<b>VOTE TAKEN: Ms. Jackson-Moore made a motion to adjourn. Mr. Mullen duly</b>

|

		seconded the motion. A vote was called, and the motion passed unanimously.
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Minutes Submitted by: \_\_\_\_\_  
Signature Date

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

**Attendance Tracking**

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

X= Present

C= Cancel

E= Excused

A= Absent



**DISTRICT CLINIC HOLDINGS, INC.**  
**BOARD OF DIRECTORS**  
**July 28, 2021**

**1. Description: Primary Care Clinic Business Continuity Plan**

**2. Summary:** This plan provides an appropriate business continuity plan for the C.L. Brumback Primary Care Clinics. It highlights steps that need to be followed, along with the department’s Comprehensive Emergency Management Plans (CEMP), in the event of an emergency or disaster leading to disruption or closure of the clinical services in areas of the Health Care District of Palm Beach County (HCD). This will include evacuation, relocation, recovery, and resumption of the clinical services following an emergency or disaster.

**3. Substantive Analysis:**

All Primary Care Clinics (PCC) areas will follow their assigned Business Continuity Plans, led by the department’s leader (or designee or successor). Business Continuity Flow Chart and Checklists, along with other documents, help as needed to maintain capacity and capability as much as possible. The team will follow their clinical area Comprehensive Emergency Management Plan (CEMP) during and following an emergency disaster or catastrophic event. During an electronic health record plan and unplanned downtime event, the team will follow the C.L Brumback Primary Care Clinic Downtime SOP.

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

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

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

\_\_\_\_\_  
Candice Abbott  
VP & Chief Financial Officer

**DISTRICT CLINIC HOLDINGS, INC.**  
**BOARD OF DIRECTORS**  
**July 28, 2021**

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

N/A

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Committee Name Date Approved

**6. Recommendation:**

Staff recommends the Board approve the PCC Business Continuity Plan.

Approved for Legal sufficiency:

*Bernabe Icaza*

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Bernabe Icaza  
VP & General Counsel

*M. Hyacinthe*

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Martha B. Hyacinthe  
Director of Corporate Risk Management

*Hyla Fritsch*

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

## PCC Business Continuity Plan

SOP #:	PCCRISK 100	Effective Date:	6/7/2021
Business Unit:	PCC	Original Effective Date:	6/7/2021
Approval Group:	PCC Risk Procedure	Last Review Date:	
		Document Owner(s):	

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### PURPOSE

The purpose of this Standard Operating Procedure(SOP) is to ensure that there is business continuity at the C.L. Brumback Primary Care Clinics. It will provide the appropriate steps, along with the department's Comprehensive Emergency Management Plans (CEMP), in the event of an emergency or disaster leading to disruption or closure of the clinical services in areas of the Health Care District of Palm Beach County, including evacuation, relocation, recovery, and resumption of the clinical services following an emergency or disaster.

### SCOPE

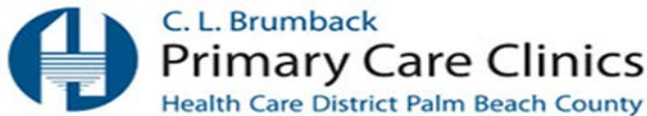
C.L Brumback Primary Care Clinic Team members

### SOP

All Primary Care Clinics (PCC) areas will follow their assigned Business Continuity Plans, led by the department's leader (or designee or successor). Business Continuity Flow Chart and Checklists, along with other document plans listed below, help them, as needed to maintain their capacity and capability as much as possible. During and following an emergency disaster or catastrophic event, refer to the Comprehensive Emergency Management Plan (CEMP) for your area. The documents attached to this procedure can also be found on the intranet site. For Downtime Procedure, please see C.L Brumback Primary Care Clinic Downtime SOP.

#### **A. Attachments to the SOP:**

1. Business Continuity Plan
2. Business Continuity Flow Chart
3. Initial Action Checklist
4. Clinic Area Closure Checklist
5. Recovery and Resumption Checklist
6. Emergency shelter and Relocation Evacuation Process



**Business Continuity Plan**

**Business Continuity Plan for Department/Clinical Location:** C.L Brumback Primary Care Clinics

**Section 1: Critical Contact Information:** Identify personnel, vendors, and entities\* that are critical to maintaining business operations following a disaster.

\***Note:** entities could include governmental agencies and members of the clinics' Incident Command structure.

**Critical Personnel and Entities:**

Position	Name	Work/ Cell #	Email	Site and Alt. Site Responsibilities
<b>Critical Position 1:</b>	Hyla Fritsch	561-578-1413	Hfritsch@hcdpbc.org	All PCC Location
Alternate 1:	Lisa Hogans	9547013837	Lhogans@hcdpbc.org	All PCC Location
Alternate 2:	Marisol Miranda	561-642-1028	Mmiranda@hcdpbc.org	All PCC Location
<b>Critical Position 2:</b>	Charmaine Chibar	Ext.295874	Cchibar@hcdpbc.org	All PCC Location
Alternate 1:	Sandra Warren	561-370-1323	Swarren@hcdpbc.org	All PCC Location
<b>Critical Position 3:</b>	Courtney Philips	561-804-5904	Crowing@hcdpbc.org	All PCC Location
Alternate 1:	Franco Alvarez	561- 966-7156	Falvarez@hcdpb.org	All PCC Location
Alternate 2:	Adriana Ziemba	561-996-6156	Aziemba@hcdpbc.org	All PCC Location
<b>Critical Position 4:</b>	Ana Ferwerda	561-642-1008	Aferwerd@hcdpbc.org	All PCC Location
Alternate 1:	Jennifer Casanova	561-370-1320	Jcasanov@hcdpbc.org	All PCC Location
<b>Critical Position 5:</b>	John Cucuras	561-804-5617	Jcucuras@hcdpbc.org	All PCC Location

Alternate 1:	Zenaida Alonso	Ext. 371024	Aalwehai@hcdpbc.org	All PCC Location
<b>Critical Position 6:</b>	Louis Bassi	561-531-9098	Lbassi@hcdpbc.org	All PCC Location
Alternate 1:	Luis Rodriguez	561-829-1212	lurodrig@hcdpbc.org	All PCC Location

**Clinic Personnel and Locations:**

Clinic	Address	Clinic Supervisor	Phone	Email
Primary Care Clinic Belle Glade	39200 Hooker Highway Suite 101 Belle Glade, FL 33430	Kimberley Vicente	O:561- 642-1014 C:561-847-6268	Kvivente@hcdpbc.org
Dental Clinic Belle Glade	39200 Hooker Highway Suite 101	Kimberley Vicente	O:561- 642-1014 C:561-847-6268	Kvivente@hcdpbc.org
Primary Care Clinic Delray Beach	225 South Congress Ave Delray Beach, FL 33445	Zorica Lakovic	O: 561-578-3482 C: 561 642-1011	Zlakovic@hcdpbc.org
Primary Care Clinic Jupiter	411 W. Indiantown Rd. Jupiter, FL 33458	Rachelle Francois	O: 561-966-7180 C: 561-966-7180	Rfrancoi@hcdpbc.org
Primary Care Clinic Lake Worth	7408 Lake Worth Road Suite 700 Lake Worth, FL 33467	Elba Cespedes	O: 561-370-134 C: 561-578-3912	Ecespede@hcdpbc.org
Primary Care Clinic Lantana	1250 Southwinds Drive Lantana, FL 33462	Elisa Tomas	O: 561-642-1012 C: 561-578-7001	Etomas@hcdpbc.org
Primary Care Clinic Mangonia Park	2151 45th Street Suite 204 West Palm Beach, FL 33407	Ingrid Barlett Calalisa Olivier	O:561-370-1319 C:561-815-9957	lbarlett@hcdpbc.org colivier@hcdpbc.org
Primary Care Clinic West Boca Raton	23123 State Road 7 Suite 108 Boca Raton, FL 33428-5490	Mozine Ronelus	C:561-370-1365	Mronelus@hcdpbc.org
Lewis Center	1000 45th Street West Palm Beach, FL 33407	Ingrid Barlett Calalisa Olivier	O:561-370-1319 C:561-815-9957	lbarlett@hcdpbc.org colivier@hcdpbc.org

Primary Care Clinic West Palm Beach	1150 45th Street West Palm Beach, FL 33407	Natasha Hunt	C:561-891-9796	nhunt@hcdpbc.org
Primary Care Clinic Mobile: Hero	Varies	Marisol Miranda	(O) 561-642-1028 (C) 561-254-3926	mmiranda@hcdpbc.org
Primary Care Clinic Mobile: Warrior	Varies	Marisol Miranda	(O) 561-642-1028 (C) 561-254-3926	mmiranda@hcdpbc.org
Primary Care Clinic Mobile: Scout	Varies	Marisol Miranda	(O) 561-642-1028 (C) 561-254-3926	mmiranda@hcdpbc.org
West Palm Pharmacy	1150 45th Street West Palm Beach, FL 33407	Dawn Rantinella	Ext. 371618	drantine@hcdpbc.org
Lantana Pharmacy	1250 Southwinds Drive Lantana, FL 33462	Heidi Meshreki	Ext. 321605	hmeshrek@hcdpbc.org
Delray Pharmacy	225 South Congress Ave Delray Beach, FL 33445	Alma Kadribasic	Ext. 251609	akadriba@hcdpbc.org
Belle Glade Pharmacy	39200 Hooker Highway Suite 101 Belle Glade, FL 33430	Jackie Catusus	Ext. 211613	jcatusus@hcdpbc.org

**Critical Vendors**

Vendor	Location	Contact	Work Phone	Cell Phone
<b>Crothall Healthcare, Inc</b>	C.L Brumback Primary Care Clinic	Travis Millsap	800-736-8257	
Alternate Contact:				
Comments: Repair and maintenance of medical equipment				
Vendor	Location	Contact	Work Phone	Cell Phone

<b>Boca Medical Supplies</b>	C.L Brumback Primary Care Clinic	Patrick English	561-368-7430	
Alternate Contact:				
Comments: Oxygen tank rental				
<b>Cardinal Health</b>	C.L Brumback Primary Care Clinic	Dana Trenchfield	800-926-3161	
Alternate Contact:				
Comments: Med/Surg and Dental Clinics				
<b>Junction International</b>	C.L Brumback Primary Care Clinic	Claudia Waitman	646-688-3048	
Alternate Contact:				
Alarm monitoring system building and vaccine temperature				
<b>Reliant Fire and Security</b>	C.L Brumback Primary Care Clinic	Macey Roberts	561-996-9090	
Alternate Contact:				
Comments: Alarm monitoring system building and vaccine temperature				
<b>RiskQual</b>	C.L Brumback Primary Care Clinic	Estee	954-558-2144	
Alternate Contact:		Denise		
Comments: Incident reporting system				
<b>ECRI PSO</b>	C.L Brumback Primary Care Clinic	Gail Horvath Ghorvath@ECRI.org	610-825-6000 Ext.5578	
Alternate Contact:		Cara Wzorek	Ext. 5166	
Comments: Provides protection for our patient safety work product and benchmarking				
<b>A1 Locksmith</b>	C.L Brumback Primary Care Clinic	Sholem Krausz	561-964-6114	
Alternate Contact:				
Comments: Maintenance and repair of locks				

<b>Cardinal Health</b>	C.L Brumback Primary Care Clinic	Dana Trenchfield	800-926-3161	
Alternate Contact:				
Comments: Pharmaceuticals purchases				
<b>Five Star Supplies</b>	C.L Brumback Primary Care Clinic	Jerry Orr	800-897-5240	
Alternate Contact:				
Comments: Vials supplies for Pharmacies				
<b>Gunn &amp; Richards</b>	C.L Brumback Primary Care Clinic	Jason O'brien	877-448-VIALS	
Alternate Contact:				
Comments: Vials supplies for Pharmacies				
<b>Language Line</b>	C.L Brumback Primary Care Clinic	Michale Schmidt	800-316-5493	
Alternate Contact:				
Comments: Over the phone interpretation line				

**Section 2: Essential Functions and Recovery Objectives:**

Essential Functions	Recovery Objectives
Function 1	Dental Operatories
Function 2	Women's Health Services
Function 3	Clinic Service Center
Function 4	Pharmacy
Function 5	Adult Services
Function 6	Pediatric Services
Function 7	Behavioral health/ Substance Abuse Services
Function 8	Certified Application Counselor



**Section 3: Minimum Resource Requirements:**

<b>Minimum Resource Requirements</b>		
	<b>Minimum</b>	<b>Full Function</b>
<b>Function 1</b>	<b>Dental Operatories</b>	<b>Checkups, Cleanings, Fillings, Extractions</b>
• Space Requirements	Patient Rooms/Operatories and Patient Care Areas	
• Equipment Requirements	In clinic as applicable	
• Supplies Requirements	In clinic as applicable	
• Essential Services Required	Checkups, Cleanings, Fillings, Extractions	
• Personnel Requirements	All Patient Care staff	
<b>Function 2</b>	<b>Women’s Health</b>	<b>Provides health promotion, disease prevention, health maintenance, and patient education.</b>
• Space Requirements	Patient Room/ Patient Care Areas	
• Equipment Requirements	In clinic as applicable	
• Supplies Requirements	In clinic as applicable	
• Essential Services Required	Paps, annual well-woman checkups, IUD placement, and removals, Copos	
• Personnel Requirements	Physicians and clinical staff	
<b>Function 3</b>	<b>Clinic Service Center</b>	<b>Assist in scheduling appointments, provide information on services provided at the clinics and the District Cares Voucher</b>
• Space Requirements	Clinic Administration	
• Equipment Requirements	Computer system	
• Supplies Requirements	In assigned area as applicable	

<ul style="list-style-type: none"> <li>Essential Services Required</li> </ul>	<p>Register patients</p> <p>Schedule for clinic appointments</p> <p>Outbound Campaigns to patients</p> <p>Provide information on the services we offer in the clinic [primary, BH, dental, women's health]</p> <p>Provide information regarding the District Cares Voucher Program</p>	
<ul style="list-style-type: none"> <li>Personnel Requirements</li> </ul>	Physicians and clinical staff	
<b>Function 4</b>	<b>Pharmacy</b>	<b>Process and provide prescribed medication to uninsured primary Care Clinics District Cares Patients</b>
<ul style="list-style-type: none"> <li>Space Requirements</li> </ul>	Delray, Lantana, Belle Glade, & West Palm Beach Pharmacies	
<ul style="list-style-type: none"> <li>Equipment Requirements</li> </ul>	In clinic as applicable	
<ul style="list-style-type: none"> <li>Supplies Requirements</li> </ul>	In clinic as applicable	
<ul style="list-style-type: none"> <li>Essential Services Required</li> </ul>	Provide uninsured patients medication/ diabetic medical supplies	
<ul style="list-style-type: none"> <li>Personnel Requirements</li> </ul>	Pharmacist and Pharmacy technicians	
<b>Function 5</b>	<b>Adult Services</b>	<b>Provides health promotion, disease prevention, health maintenance, and patient education.</b>
<ul style="list-style-type: none"> <li>Space Requirements</li> </ul>	Patient Room/ Patient Care Areas	
<ul style="list-style-type: none"> <li>Equipment Requirements</li> </ul>	In clinic as applicable	
<ul style="list-style-type: none"> <li>Supplies Requirements</li> </ul>	In clinic as applicable	
<ul style="list-style-type: none"> <li>Essential Services Required</li> </ul>	Medical Evaluation, Diabetes/ Hypertension screening, Adult Immunization, Employment, School and Housing Physicals,	

	Health Care for the Homeless and Agricultural Workers	
• Personnel Requirements	IT tech support	
<b>Function 6</b>	<b>Pediatric Department</b>	<b>Provides health promotion, disease prevention, health maintenance, and patient education of infants, children, and adolescents from birth up to the age of 18 years old.</b>
• Space Requirements	Patient Room/ Patient Care Areas	
• Equipment Requirements	In clinic as applicable	
• Supplies Requirements	In clinic as applicable	
• Essential Services Required	Well Child Visits, Sick Child Visits, Referrals for Specialty Care, School and Sports Physicals, Childhood Immunization, Hearing and Vision Testing, Mental Health Counseling, Laboratory Services, School Forms DH 680 and DH 3040	
• Personnel Requirements	IT tech support	
<b>Function 7</b>	<b>Behavioral health/ Substance Abuse Department</b>	<b>Provides counseling and addiction treatments which include services provided by social workers, counselors, psychiatrists, etc.</b>
• Space Requirements	Patient Room/ Patient Care Areas	
• Equipment Requirements	Computer system	
• Supplies Requirements	In clinic as applicable	
• Essential Services Required	Psychiatric evaluations, Medication management, Psychosocial assessments, Short-term psychotherapeutic services, Case management services, Integrative medical and behavioral health	

	program, Collaborations with community organizations	
• Personnel Requirements	IT tech support	
<b>Function 8</b>	<b>Certified Application Counselor</b>	<b>Provides guidance to patients for health coverage options through the Marketplace, including helping them complete eligibility and enrollment forms and educate patients on District Cares Voucher program</b>
• Space Requirements	Patient Room/ Patient Care Areas	
• Equipment Requirements	Computer system	
• Supplies Requirements	In clinic as applicable	
• Essential Services Required	<p>Financial assessment of uninsured patients to determine eligibility for 3<sup>rd</sup> party health access programs. This can include Medicaid including Share of Cost, Florida Kid Care, SOBRA, District Cares Specialty eligibility, Project Access, PCP changes, MMA plan changes. Limited social determinate of health assistance such as food stamps.</p> <p>During Open Enrollment for the Affordable Care Act, products assist patients with enrollment.</p> <p>Set up payment plans, Waiver of Fees, and update the sliding fee scale as needed.</p>	

	<p>The team has assigned clinic patient populations to manage and assist with financial resources.</p> <p>District Cares Voucher program eligibility, which includes Trauma and regular District Cares On-Call on weekends to cover trauma eligibility</p>	
<ul style="list-style-type: none"> <li>Personnel Requirements</li> </ul>	IT tech support	

**Section 4: All Agencies, Divisions, and Vendors upon which Function is Dependent:**

Essential Function	Dependent Activity/Entity	Business Continuity Plan (BCP) in Place?	Comments
Function 1	All PCC Location ( add dept)	Y	
Function 2	All PCC Location	Y	
Function 3	All PCC Location	Y	
Function 4	All PCC Location	Y	
Function 5	All PCC Location	Y	
Function 6	All PCC Location	Y	
Function 7	All PCC Location	Y	
Function 8	All PCC Location	Y	

**Section 5: Vital Records:**

Name/#	Description	Location
CL. Brumback Primary Care Clinics is the custodian of the	Medical Records include Electronic and Paper Records.	Medical Records are on the 7 <sup>th</sup> Floor at the Home Office.

Medical Records identified below:		
ATHENA	Medical records	Home Office
Dental	Dentrix /John Cucuras	CL. Brumback Primary Care Clinics (Dental)
Pharmacy	Luis/ Mckesson Enterprise	CL. Brumback Primary Care Clinics (Pharmacy)
Phreesia	Registration	CL. Brumback Primary Care Clinics/ Office
RiskQual	Incident reporting system	Offsite

**Section 6: Alternate Site for Function:**

Functions	Alternate Site
Function 1	Not Allowed.
Function 2	If allowed.
Function 3	If allowed Telehealth or mobile clinic.
Function 4	Not Allowed.
Function 5	If allowed Telehealth or mobile clinic.
Function 6	If allowed Telehealth or mobile clinic.
Function 7	If allowed Telehealth or mobile clinic.
Function 8	If allowed Via telephone

**Section 7: Designated Plan Coordinator:**

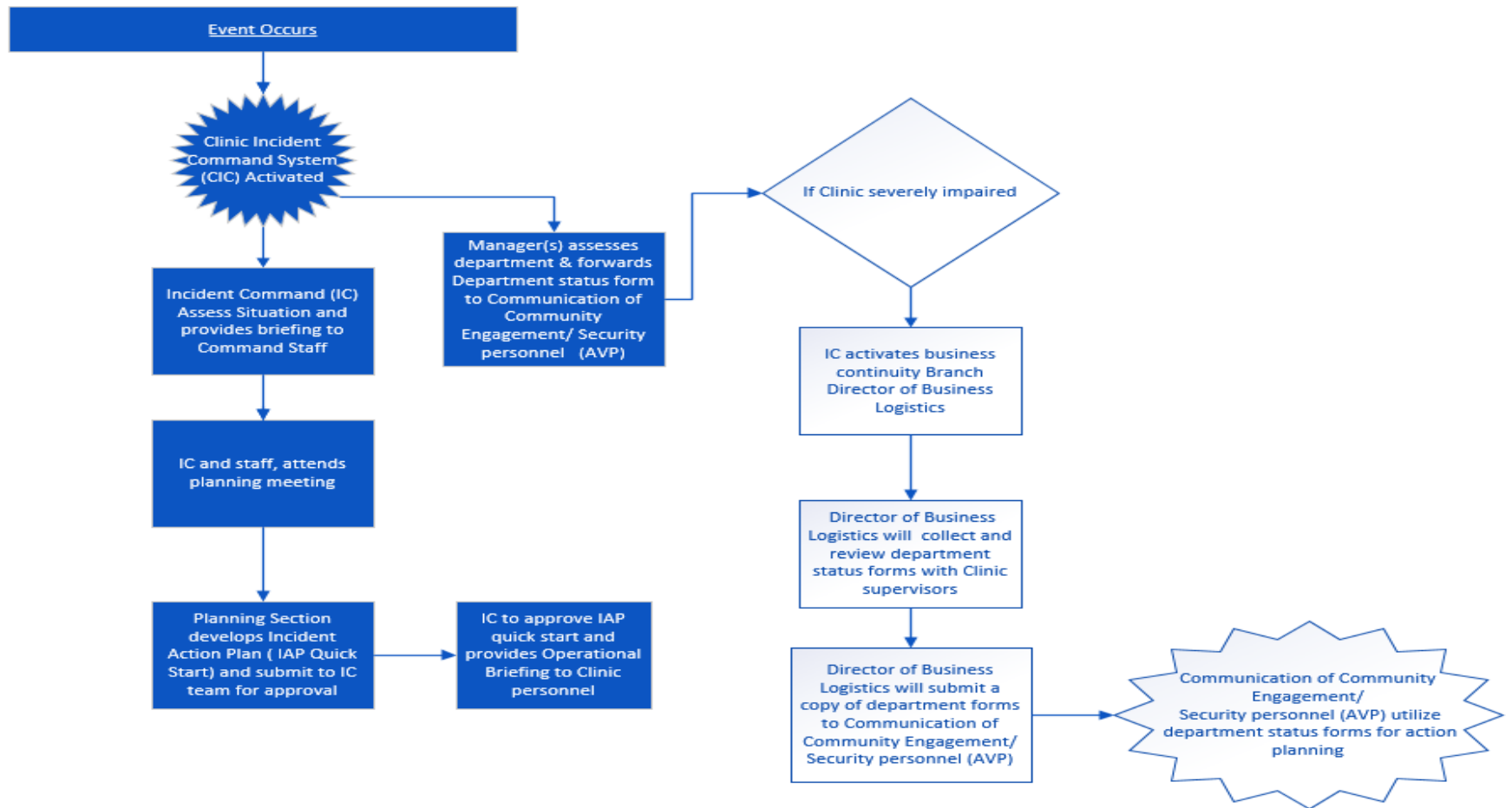
Name	Work Phone	Personal email
Shauniel Brown	561- 596-7961	Shaubrow@hcpbbc.org
Marisol Miranda	561-642-1028	Mmiranda@hcdpbc.org

Hyla Fritsch	561-578-1413	Hfritsch@hcdpbc.org
Dominique Domond	561-701-3799	Ddomond@hcdpbc.org
Dr. Belma Andric	561-804-5964	bandric@hcdpbc.org

Comprehensive Emergency Management Plan  
 Business Continuity Plan 2021



Business Continuity Plan Flowchart







**Initial Actions Checklist for the Clinic Supervisors**

- Take immediate steps to protect the health and safety of self and employees.
- Notify employees of evacuation activation.
- Evacuate the building if necessary (take personal belongings, laptops, pagers, and cell phones, if possible)
- Follow emergency procedures and/or instructions from emergency officials if applicable.
- Perform assessment
  - o Employees
  - o Work in Progress
  - o Future Deadlines
  - o Records and Technology
  - o Relocation Strategy
  - o Patient, visitor, and Internal Dependencies
- Document status of major equipment and critical supplies (see Equipment and Supplies List).
- Determine how long you can operate in your current state.
- Assess the need to close down the clinic and/or relocate services.
- Communicate clinic status, including resource needs, clinic closure requirements, and staffing shortages, to Clinic Command Center (CCC).
- Develop Action Plan – based on the timeline of < 4 hours, 1 day, 2 days, 3 days, 1 week, 2 weeks, > 2 weeks
- Communicate the need to close down the unit and/or relocate services to the CCC.
- Contact Critical Dependencies
  - o Employees
  - o Patients/ Visitors
  - o Critical Vendors
- Evaluate ongoing staff needs based on existing and predicted levels of human resources available.
- Implement alternative staff resource options, including contractor staffing options that may supplement staffing needs.
- Activate Business Continuity Plan as required

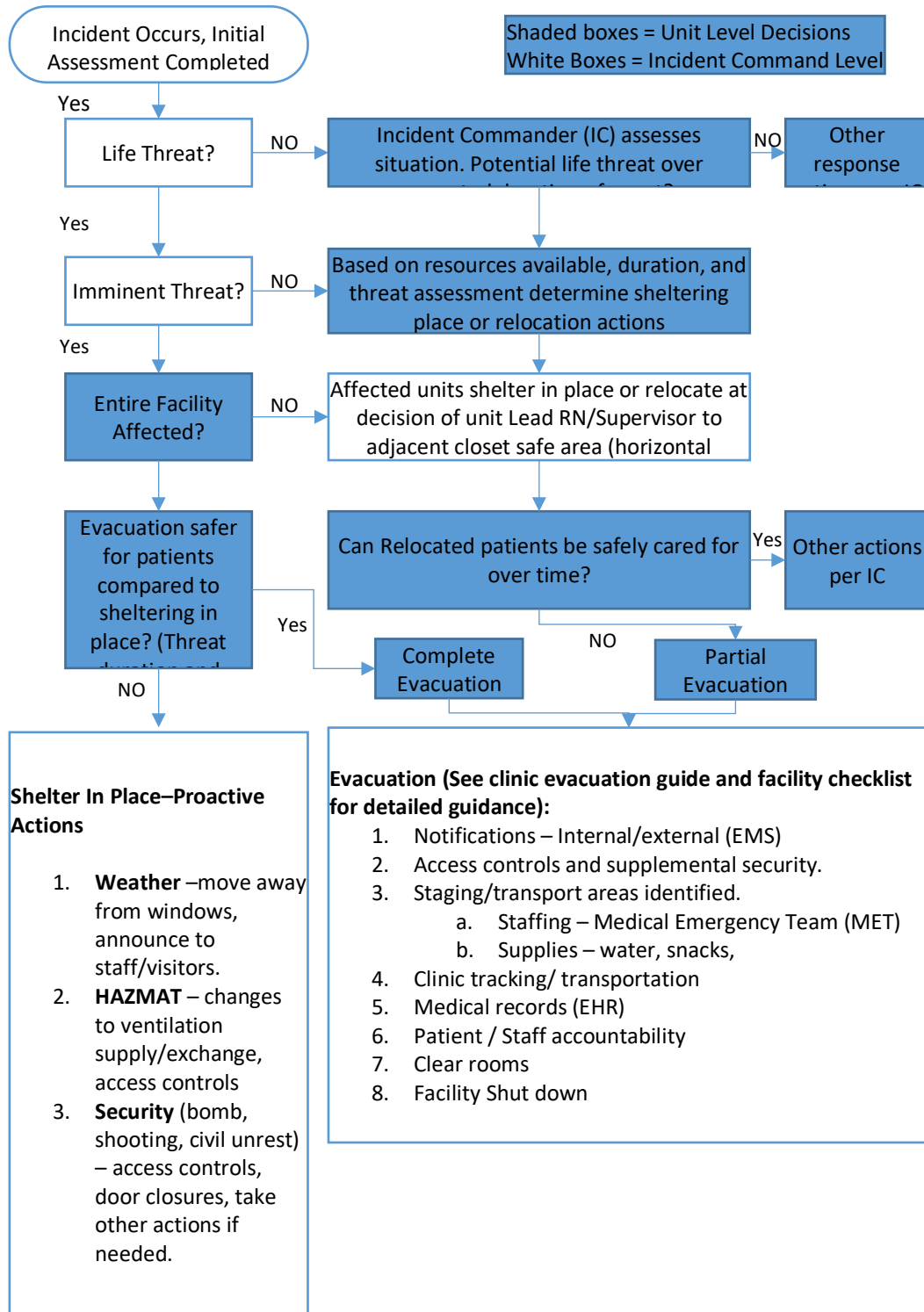
**Clinic Area Closure: Clinic Supervisor (or designee, or successor) Checklist**

- Coordinate with Clinic Command Center (CCC): criteria to shut down, location of alternate location, set up, supplies needed, transport of equipment/supplies, security of the building, and IT accessibility.
- Notification of closure and relocation site with exact date/time to staff and clinic areas.
- Determine staff schedule that correlates with needs in an alternate location.
- Equipment and Supplies
  - o Request par level for supplies and determine essential needs for an alternate site.
  - o Contact CCC to have transport brought to the loading area dock for supplies.
  - o Designate staff to load supplies in the appropriate vehicles with an inventory of those being relocated.
- Collaborate with IT areas for computer access, application availability, and areas of need.

**Reconstitution: Recovery and Resumption of Services  
Clinic Supervisor (or designee, or successor) Checklist**

- Confirm with the CCC to validate all-clear to return to facility/ Clinic areas. In cooperation with the CCC:
  - Inform all personnel that the emergency no longer exists
  - Implement a service priority-based phased approach to the reconstitution of the clinics.
  - Confirm that proper authorities (facility, government agencies) have approved the repatriation and resumption of services.
  - Notify employees of reconstitution and when to report.
  - Verify all systems, communications, and other required capabilities are available and operational.
  - Identify vital records affected by the incident and ensure an effective transition or recovery of records.
  - Update the CCC when all staff, equipment, and supplies have returned to the normal worksite.
  - Reopen clinic and resume operations.
  - Notify internal and external stakeholders of reconstitution.
  - Prepare After-Action Report, Corrective Action, and Improvement Plans.
  - Enter an Occurrence report for any system improvement opportunities

### Sheltering, Relocation, and Evacuation Decision Tree



EXCEPTIONS

N/A

RELATED DOCUMENTS	
Related Policy Document(s)	Comprehensive Emergency Management Plans for All PCC Areas Electronic Health Record (EHR) Downtime SOP for PCC
Related Forms	PCC Occurrence Reporting System Downtime Form
Reference(s)	
Last Revision	
Revision Information/Changes	
Next Review Date	

APPROVALS	
Reviewer approval	Martha Hyacinthe;
Reviewer approval date	6/14/2021
Final approver	Charmaine Chibar; Hyla Fritsch;
Final approval date	

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

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**DISTRICT CLINIC HOLDINGS, INC.**  
**BOARD OF DIRECTORS**  
**July 28, 2021**

**1. Description: Comprehensive Emergency Management Plans (CEMPs)**

**Summary:** This plan guides CLBPCC employees on their expected duties when the center must be evacuated, when the center elects to close due to a warning of a potential disaster, and when the center must temporarily cease operations due to internal or external safety issues. The interruption of services can be caused by any unplanned occurrence, either natural or artificial. There are currently Ten (10) CEMPs, and each one is applicable for the following locations: Belle Glade, Boca, Delray, Jupiter, Lake Worth, Lantana, Lewis Center, West Palm Beach, Mangonia Park and the Mobile Clinics.

**2. Substantive Analysis:**

All Primary Care Clinics (PCC) areas will follow their assigned Comprehensive Emergency Management Plan (CEMP) for their specific location. Through this document, employees will understand their role in internal and external disasters, which are specific to their community and the operating environment of CLBPCC. The employee will understand that CLBPCC does not provide emergency services and cannot remain open if an internal or external disaster should require increased emergency medical care in the community. The employee will understand that safety of any patient, staff member, and other individuals on the premises at the time of a significant disruptive event are the primary concern. Protecting and directing them from potential harm is the duty of all employees.

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

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

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

\_\_\_\_\_  
 Candice Abbott  
 VP & Chief Financial Officer

**DISTRICT CLINIC HOLDINGS, INC.**  
**BOARD OF DIRECTORS**  
**July 28, 2021**


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

<p>N/A</p> <hr/>	<hr/>
<p>Committee Name</p>	<p>Date Approved</p>

**6. Recommendation:**


Staff recommends the Board approve the Ten (10) PCC Comprehensive Emergency Management Plans (CEMPs).

Approved for Legal sufficiency:

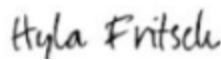
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Bernabe Icaza  
VP & General Counsel

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Martha B. Hyacinthe  
Director of Corporate Risk Management

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

**DISTRICT CLINIC HOLDINGS, INC.**  
**BOARD OF DIRECTORS**  
**July 28, 2021**

**1. Description: Electronic Health Record (EHR) Downtime Policy**

**2. Summary:** This policy provides a standard operating procedure (SOP) for the electronic health record downtime process for the C. L. Brumback Primary Care Clinics. The policy provides the steps that need to be followed in the event of any planned or unplanned system or network event, which impedes access to the Electronic Healthcare Record (EHR).

**3. Substantive Analysis:**

The electronic health record downtime process will be initiated during any planned or unplanned downtime for the EHR system at PCC. It applies to any clinical and non-clinical staff at PCC. A designated Business Continuity Access (BCA) computer will be available at each clinic. An EHR downtime binder with necessary forms will also be accessible to the staff at each clinic to promote continuity of care.

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

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

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

\_\_\_\_\_  
 Candice Abbott  
 VP & Chief Financial Officer

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

N/A

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

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

**DISTRICT CLINIC HOLDINGS, INC.**  
**BOARD OF DIRECTORS**  
**July 28, 2021**

**5. Recommendation:**

Staff recommends the Board approve the Electronic Health Record (EHR) Downtime Policy.

Approved for Legal sufficiency:



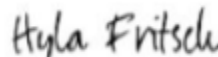
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Bernabe Icaza  
VP & General Counsel



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Martha B. Hyacinthe  
Director of Corporate Risk Management



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



## Electronic Health Record (EHR) Downtime Policy

Policy #:	PCCRISK101	Effective Date:	7/1/2021
Business Unit:	Primary Care Clinics	Original Effective Date:	7/1/2021
Approval Group:	PCC Risk Policy Board Approval	Last Review Date:	
Board Approval Date:		Document Owner(s):	Primary Care Clinics

### PURPOSE

The purpose of this policy is to provide the steps that need to be followed in the event of any planned or unplanned system or network event, which impedes access to the Electronic Healthcare Record (EHR) as delineated in the EHR downtime Standard Operating Procedure (SOP) at the C.L. Brumback Primary Care Clinic (PCC).

### SCOPE

C.L Brumback Primary Care Clinics team members.

### POLICY

1. The downtime procedures are to be followed in the event of unavailability of any EHR System at PCC.
2. The policy and procedure apply to clinical and non-clinical users of the system, including physicians, nursing, ancillary departments, support staff, etc.
3. Business Continuity Access (BCA) provides staff access to information needed to provide patient care when the production server or network is unavailable.
4. BCA provides providers and staff with access to patient information using key reports. Data is accessed on designated BCA PCs, which use independent power and printers until access to the production server is restored.
5. A downtime binder is also available at each clinic site to promote continuity of care.

### EXCEPTIONS

N/A

**RELATED DOCUMENTS**

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

**APPROVALS**

Reviewer approval	Martha Hyacinthe;
Reviewer approval date	7/6/2021
Final approver	Charmaine Chibar; Hyla Fritsch; Shannon Wynn;
Final approval date	

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

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**DISTRICT CLINIC HOLDINGS, INC**  
**BOARD OF DIRECTORS**  
**July 28, 2021**

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

**2. Summary:**

The May 2021 financial statements for the District Clinic Holdings, Inc. are presented for Board review.

**3. Substantive Analysis:**

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

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

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

Reviewed for financial accuracy and compliance with purchasing procedure:

Candice Abbott  
 VP & Chief Financial Officer

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

N/A

\_\_\_\_\_

Committee Name

\_\_\_\_\_

Date Approved

**DISTRICT CLINIC HOLDINGS, INC**  
**BOARD OF DIRECTORS**  
**July 28, 2021**

**6. Recommendation:**

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

Approved for Legal sufficiency:

*Bernabe Icaza*

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Bernabe Icaza  
VP & General Counsel

*Candice Abbott*

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Candice Abbott  
VP & Chief Financial Officer

*Hyla Fritsch*

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

## MEMO

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To: Finance Committee  
From: Candice Abbott  
Chief Financial Officer  
Date: July 28, 2021

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

The May statements represent the financial performance through the eighth month of the 2021 fiscal year for the C.L. Brumback Primary Care Clinics. Gross patient revenue YTD was favorable to budget by \$4.3M due to increased patient volumes. Net patient revenue YTD was favorable to budget by \$1.1M. Total YTD revenue was unfavorable to budget by (\$3.1M) due primarily to timing of COVID-19 stimulus funds. Operational expenses before depreciation were favorable to budget by \$366k due mostly to positive variances in medical supplies of \$631k and medical services of \$147k. Total YTD net margin was (\$10.3M) compared to budget of (\$7.8M) resulting in an unfavorable variance of (\$2.5M) or 31.9%.

The Medical clinics gross patient revenue exceeded budget by \$3.5M. This resulted from the clinic efforts to respond to the pandemic offering telemedicine visits in addition to office visits. Net patient revenue YTD for the Medical clinics was favorable to budget by \$814k. The Medical clinics total YTD revenue was unfavorable to budget by (\$3.2M). This unfavorable variance resulted from recognition timing of COVID-19 related stimulus funding. Total operating expenses of \$15.7M were favorable to budget of \$16.0M by \$328k. This positive variance is mostly related to expenses being under budget in the following amounts: medical supplies \$589k, medical services \$147k, lease and rental \$125k, and other expense \$93k. These expenses are favorable to budget due to usage timing and supplies purchases. Total YTD net margin was (\$9.2M) compared to budget of (\$6.6M) resulting in an unfavorable variance of (\$2.7M) or 40.9%.

The Dental clinics total YTD gross patient revenue was favorable to budget by \$781k. Net patient revenue YTD for the Dental clinics was favorable to budget by \$320k. Total revenue of \$2.5M was over budget by \$130k due to increased visits. Total operating expenses of \$2.6M were favorable to budget by \$38k. Total YTD net margin was (\$1.0M) compared to a budget loss of (\$1.2M) for a favorable variance of \$197k or (16.2%).

On the Comparative Statement of Net Position, due from other governments increased from \$2.6M to \$4.1M. This balance is due mainly from Health Resources and Service Administration (HRSA). The District subsidy YTD for the Medical and Dental clinics are \$9.0M, and \$961k respectively for a combined subsidy of \$10.0M.

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

	<u>May 31, 2021</u>	<u>Apr 30, 2021</u>	<u>Increase (Decrease)</u>
<b>Assets</b>			
Cash and Cash Equivalents	(4,927,911)	(7,773,222)	\$ 2,845,311
Restricted Cash	221,426	221,426	-
Accounts Receivable, net	2,520,675	3,452,665	(931,990)
Due From Other Funds	-	-	-
Due from Other Governments	4,061,816	2,569,853	1,491,962
Other Current Assets	125,052	74,292	50,760
Net Investment in Capital Assets	2,826,701	2,858,226	(31,525)
<b>Total Assets</b>	<u>\$ 4,827,758</u>	<u>\$ 1,403,240</u>	<u>\$ 3,424,518</u>
<b>Liabilities</b>			
Accounts Payable	175,836	200,724	(24,887)
Due To Other Governments	-	-	-
Deferred Revenue	859,488	1,097,816	(238,328)
Other Current Liabilities	1,210,248	1,034,533	175,715
Non-Current Liabilities	1,414,074	1,392,996	21,078
<b>Total Liabilities</b>	<u>3,659,647</u>	<u>3,726,069</u>	<u>(66,422)</u>
<b>Deferred Inflows of Resources</b>			
Deferred Inflows- Other Post Employment Benefits	<u>\$ 474</u>	<u>\$ 474</u>	<u>\$ -</u>
<b>Net Position</b>			
Net Investment in Capital Assets	2,826,701	2,858,226	(31,525)
Unrestricted	(1,659,064)	(5,181,529)	3,522,465
<b>Total Net Position</b>	<u>1,167,637</u>	<u>(2,323,304)</u>	<u>3,490,940</u>
<b>Total Liabilities, Deferred Inflows of Resources and Net Position</b>	<u>\$ 4,827,758</u>	<u>\$ 1,403,240</u>	<u>\$ 3,424,518</u>

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

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

FOR THE EIGHT MONTH ENDED MAY 31, 2021

Current Month							Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%
<b>2,066,863</b>	<b>1,258,245</b>	<b>808,618</b>	<b>64.3%</b>	<b>403,778</b>	<b>1,663,085</b>	<b>411.9%</b>	<b>14,148,428</b>	<b>9,831,783</b>	<b>4,316,645</b>	<b>43.9%</b>	<b>12,184,161</b>	<b>1,964,267</b>	<b>16.1%</b>
<b>Gross Patient Revenue</b>							<b>12,184,161</b>						
464,663	224,588	(240,075)	(106.9%)	114,972	(349,691)	(304.2%)	3,713,125	1,770,819	(1,942,306)	(109.7%)	2,209,573	(1,503,552)	(68.0%)
782,187	491,306	(290,881)	(59.2%)	96,417	(685,770)	(711.3%)	5,005,511	3,853,744	(1,151,767)	(29.9%)	4,659,292	(346,219)	(7.4%)
368,549	173,754	(194,795)	(112.1%)	133,496	(235,053)	(176.1%)	2,531,211	1,379,386	(1,151,825)	(83.5%)	1,808,668	(722,543)	(39.9%)
1,615,400	889,648	(725,752)	(81.6%)	344,885	(1,270,515)	(368.4%)	11,249,847	7,003,949	(4,245,898)	(60.6%)	8,677,532	(2,572,315)	(29.6%)
<b>Total Contractuals and Bad Debts</b>							<b>8,677,532</b>						
513,976	383,678	130,298	34.0%	778,072	(264,096)	(33.9%)	4,053,850	2,990,277	1,063,573	35.6%	3,293,623	760,226	23%
<b>Net Patient Revenue</b>							<b>6,952,430</b>						
965,440	752,275	213,165	28.3%	836,965	128,474	15.4%	6,952,430	5,818,111	1,134,319	19.5%	6,800,252	152,178	2.2%
46.71%	59.79%			207.28%			49.14%	59.18%		55.81%			
<b>Collection %</b>							<b>55.81%</b>						
1,488,547	1,177,007	311,540	26.5%	862,240	626,307	72.6%	5,905,757	6,183,145	(277,388)	(4.5%)	4,693,678	1,212,079	25.8%
19,439	145,876	(126,437)	(86.7%)	809,249	(789,810)	(97.6%)	821,081	4,457,960	(3,636,879)	(81.6%)	809,249	11,831	1.5%
1,578	45,034	(43,456)	(96.5%)	5,564	(3,986)	(71.6%)	71,310	360,272	(288,962)	(80.2%)	60,693	10,617	17.5%
<b>Other Financial Assistance</b>							<b>6,074,676</b>						
<b>Other Revenue</b>							<b>6,074,676</b>						
1,509,564	1,367,917	141,647	10.4%	1,677,053	(167,489)	(10.0%)	6,798,148	11,001,377	(4,203,229)	(38.2%)	5,563,621	1,234,527	22.2%
<b>Total Other Revenues</b>							<b>5,563,621</b>						
<b>2,475,004</b>	<b>2,120,192</b>	<b>354,812</b>	<b>16.7%</b>	<b>2,514,018</b>	<b>(39,014)</b>	<b>(1.6%)</b>	<b>13,750,578</b>	<b>16,819,488</b>	<b>(3,068,910)</b>	<b>(18.2%)</b>	<b>12,363,873</b>	<b>1,386,705</b>	<b>11.2%</b>
<b>Total Revenues</b>							<b>12,363,873</b>						
<i>Direct Operational Expenses:</i>													
1,480,781	1,394,572	(86,209)	(6.2%)	1,234,387	(246,394)	(20.0%)	11,669,264	11,484,085	(185,179)	(1.6%)	10,886,764	(782,500)	(7.2%)
429,489	378,735	(50,754)	(13.4%)	424,266	(5,223)	(1.2%)	3,248,367	3,068,401	(179,966)	(5.9%)	2,903,918	(344,449)	(11.9%)
165,470	46,754	(118,716)	(253.9%)	56,861	(108,609)	(191.0%)	802,091	408,195	(393,896)	(96.5%)	630,528	(171,563)	(27.2%)
27,504	119,542	92,038	77.0%	10,092	(17,412)	(172.5%)	307,717	938,649	630,932	67.2%	271,380	(36,337)	(13.4%)
25,786	26,518	732	2.8%	1,213	(24,573)	(2,025.1%)	103,632	212,244	108,612	51.2%	92,055	(11,577)	(12.6%)
61,653	81,658	20,005	24.5%	71,459	9,806	13.7%	494,954	641,757	146,803	22.9%	560,811	65,857	11.7%
51,857	58,982	7,125	12.1%	96,741	44,884	46.4%	495,520	463,507	(32,013)	(6.9%)	678,534	183,014	27.0%
5,264	9,629	4,365	45.3%	16,666	11,401	68.4%	51,105	77,032	25,927	33.7%	253,878	202,773	79.9%
125,417	127,109	1,692	1.3%	116,344	(9,073)	(7.8%)	841,471	968,283	126,812	13.1%	904,485	63,014	7.0%
6,933	7,341	408	5.6%	4,607	(2,326)	(50.5%)	56,563	58,728	2,165	3.7%	40,382	(16,181)	(40.1%)
12,164	39,323	27,159	69.1%	13,042	878	6.7%	216,819	327,369	110,550	33.8%	208,468	(8,351)	(4.0%)
4,026	4,334	308	7.1%	3,716	(311)	(8.4%)	28,992	34,672	5,680	16.4%	19,297	(9,694)	(50.2%)
<b>Total Operational Expenses</b>							<b>18,316,494</b>						
2,396,345	2,294,497	(101,848)	(4.4%)	2,049,393	(346,952)	(16.9%)	18,316,494	18,682,922	366,428	2.0%	17,450,499	(865,995)	(5.0%)
<b>Net Performance before Depreciation &amp; Overhead Allocations</b>							<b>(4,565,916)</b>						
<b>78,659</b>	<b>(174,305)</b>	<b>252,964</b>	<b>(145.1%)</b>	<b>464,625</b>	<b>(385,966)</b>	<b>(83.1%)</b>	<b>(4,565,916)</b>	<b>(1,863,434)</b>	<b>(2,702,482)</b>	<b>145.0%</b>	<b>(5,086,626)</b>	<b>520,710</b>	<b>(10.2%)</b>

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

FOR THE EIGHT MONTH ENDED MAY 31, 2021

Current Month							Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%	
31,525	17,334	(14,191)	(81.9%)	19,268	(12,257)	(63.6%)	Depreciation	253,308	138,672	(114,636)	(82.7%)	146,382	(106,926)	(73.0%)
<i>Overhead Allocations:</i>														
3,330	2,875	(455)	(15.8%)	2,108	(1,222)	(58.0%)	Risk Mgt	23,221	22,999	(222)	(1.0%)	15,891	(7,330)	(46.1%)
227,981	206,967	(21,014)	(10.2%)	201,835	(26,146)	(13.0%)	Rev Cycle	1,585,122	1,655,737	70,615	4.3%	1,036,783	(548,339)	(52.9%)
2,099	3,852	1,753	45.5%	1,363	(736)	(54.0%)	Internal Audit	18,733	30,813	12,080	39.2%	39,369	20,636	52.4%
18,817	19,768	951	4.8%	18,504	(313)	(1.7%)	Home Office Facilities	139,673	158,148	18,475	11.7%	149,391	9,718	6.5%
41,444	33,232	(8,212)	(24.7%)	30,151	(11,293)	(37.5%)	Administration	303,607	265,856	(37,750)	(14.2%)	271,647	(31,960)	(11.8%)
64,825	47,193	(17,632)	(37.4%)	38,269	(26,556)	(69.4%)	Human Resources	411,875	377,546	(34,329)	(9.1%)	323,987	(87,888)	(27.1%)
11,084	17,241	6,157	35.7%	17,534	6,450	36.8%	Legal	147,919	137,931	(9,988)	(7.2%)	129,490	(18,429)	(14.2%)
8,395	8,048	(347)	(4.3%)	5,647	(2,748)	(48.7%)	Records	60,796	64,386	3,590	5.6%	53,784	(7,012)	(13.0%)
10,663	6,886	(3,777)	(54.9%)	5,293	(5,370)	(101.5%)	Compliance	43,236	55,088	11,851	21.5%	73,722	30,486	41.4%
7,980	7,007	(973)	(13.9%)	-	(7,980)	0.0%	Comm Engage Plan	54,522	56,055	1,533	2.7%	-	(54,522)	0.0%
71,882	82,884	11,001	13.3%	-	(71,882)	0.0%	IT Operations	588,494	663,068	74,574	11.2%	-	(588,494)	0.0%
7,647	8,445	798	9.5%	-	(7,647)	0.0%	IT Security	59,164	67,562	8,398	12.4%	-	(59,164)	0.0%
84,463	40,421	(44,042)	(109.0%)	-	(84,463)	0.0%	IT Applications	367,932	323,367	(44,565)	(13.8%)	-	(367,932)	0.0%
48,653	47,251	(1,402)	(3.0%)	-	(48,653)	0.0%	Security Services	361,352	378,011	16,659	4.4%	-	(361,352)	0.0%
141,685	121,543	(20,142)	(16.6%)	-	(141,685)	0.0%	IT EPIC	776,451	972,347	195,896	20.1%	-	(776,451)	0.0%
26,159	31,665	5,506	17.4%	33,940	7,782	22.9%	Finance	216,859	253,317	36,458	14.4%	265,107	48,249	18.2%
9,271	10,057	786	7.8%	9,596	325	3.4%	Public Relations	60,876	80,455	19,579	24.3%	80,472	19,596	24.4%
11,671	8,303	(3,368)	(40.6%)	121,853	110,182	90.4%	Information Technology	82,814	66,422	(16,392)	(24.7%)	740,131	657,316	88.8%
4,933	4,761	(172)	(3.6%)	2,185	(2,748)	(125.8%)	Corporate Quality	47,508	38,089	(9,419)	(24.7%)	14,310	(33,198)	(232.0%)
10,897	11,235	338	3.0%	10,238	(659)	(6.4%)	Project MGMT Office	74,545	89,882	15,336	17.1%	57,658	(16,887)	(29.3%)
-	1,328	1,328	100.0%	3,526	3,526	100.0%	Managed Care Contract	6,415	10,627	4,211	39.6%	21,886	15,471	70.7%
813,878	720,963	(92,915)	(12.9%)	502,041	(311,837)	(62.1%)	Total Overhead Allocations	5,431,114	5,767,706	336,592	5.8%	3,273,628	(2,157,485)	(65.9%)
<b>3,241,748</b>	<b>3,032,794</b>	<b>(208,954)</b>	<b>(6.9%)</b>	<b>2,570,702</b>	<b>(671,046)</b>	<b>(26.1%)</b>	<b>Total Expenses</b>	<b>24,000,915</b>	<b>24,589,300</b>	<b>588,385</b>	<b>2.4%</b>	<b>20,870,509</b>	<b>(3,130,406)</b>	<b>(15.0%)</b>
<b>\$ (766,744)</b>	<b>\$ (912,602)</b>	<b>\$ 145,858</b>	<b>(16.0%)</b>	<b>\$ (56,684)</b>	<b>\$ (710,060)</b>	<b>1,252.7%</b>	<b>Net Margin</b>	<b>\$ (10,250,337)</b>	<b>\$ (7,769,812)</b>	<b>\$ (2,480,526)</b>	<b>31.9%</b>	<b>\$ (8,506,636)</b>	<b>\$ (1,743,701)</b>	<b>20.5%</b>
-	59,125	59,125	100.0%	-	-	0.0%	Capital	-	712,210	712,210	100.0%	2,744	2,744	100.0%
<b>\$ 4,017,004</b>	<b>\$ 964,000</b>	<b>\$ (3,053,004)</b>	<b>(316.7%)</b>	<b>\$ 2,229,064</b>	<b>\$ (1,787,940)</b>	<b>(80.2%)</b>	<b>General Fund Support/ Transfer In</b>	<b>\$ 9,987,030</b>	<b>\$ 8,508,000</b>	<b>\$ (1,479,030)</b>	<b>(17.4%)</b>	<b>\$ 10,554,646</b>	<b>\$ 567,617</b>	<b>5.4%</b>







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

FOR THE EIGHT MONTH ENDED MAY 31, 2021

Current Month								Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%		Actual	Budget	Variance	%	Prior Year	Variance	%	
<b>1,336,361</b>	<b>975,918</b>	<b>360,443</b>	<b>36.9%</b>	<b>352,125</b>	<b>984,236</b>	<b>279.5%</b>	<b>Gross Patient Revenue</b>	<b>11,167,373</b>	<b>7,632,066</b>	<b>3,535,307</b>	<b>46.3%</b>	<b>9,832,867</b>	<b>1,334,506</b>	<b>13.6%</b>	
252,945	178,183	(74,762)	(42.0%)	102,234	(150,712)	(147.4%)	Contractual Allowances	2,776,781	1,410,793	(1,365,988)	(96.8%)	1,813,245	(963,536)	(53.1%)	
452,938	329,519	(123,419)	(37.5%)	65,611	(387,328)	(590.3%)	Charity Care	3,685,380	2,589,703	(1,095,677)	(42.3%)	3,305,227	(380,153)	(11.5%)	
271,682	155,581	(116,101)	(74.6%)	117,319	(154,363)	(131.6%)	Bad Debt	2,144,445	1,239,065	(905,380)	(73.1%)	1,666,518	(477,927)	(28.7%)	
977,566	663,283	(314,283)	(47.4%)	285,164	(692,402)	(242.8%)	Total Contractuals and Bad Debts	8,606,606	5,239,561	(3,367,045)	(64.3%)	6,784,990	(1,821,617)	(26.8%)	
343,305	281,769	61,536	21.8%	549,155	(205,849)	(37.5%)	Other Patient Revenue	2,835,754	2,189,601	646,153	29.5%	2,291,617	544,137	23.7%	
<b>702,101</b>	<b>594,404</b>	<b>107,697</b>	<b>18.1%</b>	<b>616,116</b>	<b>85,985</b>	<b>14.0%</b>	<b>Net Patient Revenue</b>	<b>5,396,520</b>	<b>4,582,106</b>	<b>814,414</b>	<b>17.8%</b>	<b>5,339,494</b>	<b>57,026</b>	<b>1.1%</b>	
52.54%	60.91%			174.97%			Collection %	48.32%	60.04%			54.30%			
1,331,048	968,404	362,644	37.4%	759,855	571,193	75.2%	Grant Funds	5,082,282	5,095,355	(13,073)	(0.3%)	3,872,596	1,209,686	31.2%	
19,349	145,876	(126,527)	(86.7%)	700,870	(681,521)	(97.2%)	Other Financial Assistance	746,722	4,457,960	(3,711,238)	(83.2%)	700,870	45,852	6.5%	
1,578	45,034	(43,456)	(96.5%)	5,564	(3,986)	(71.6%)	Other Revenue	71,310	360,272	(288,962)	(80.2%)	60,693	10,617	17.5%	
1,351,975	1,159,314	192,661	16.6%	1,466,288	(114,313)	(7.8%)	Total Other Revenues	5,900,314	9,913,587	(4,013,273)	(40.5%)	4,634,158	1,266,155	27.3%	
<b>2,054,076</b>	<b>1,753,718</b>	<b>300,358</b>	<b>17.1%</b>	<b>2,082,404</b>	<b>(28,329)</b>	<b>(1.4%)</b>	<b>Total Revenues</b>	<b>11,296,834</b>	<b>14,495,693</b>	<b>(3,198,859)</b>	<b>(22.1%)</b>	<b>9,973,652</b>	<b>1,323,182</b>	<b>13.3%</b>	
<i>Direct Operational Expenses:</i>															
1,257,215	1,179,875	(77,340)	(6.6%)	1,066,177	(191,038)	(17.9%)	Salaries and Wages	9,855,433	9,715,767	(139,666)	(1.4%)	9,046,245	(809,188)	(8.9%)	
363,723	323,366	(40,357)	(12.5%)	362,007	(1,716)	(0.5%)	Benefits	2,746,602	2,619,127	(127,475)	(4.9%)	2,406,662	(339,940)	(14.1%)	
163,278	43,496	(119,782)	(275.4%)	51,238	(112,040)	(218.7%)	Purchased Services	784,051	382,672	(401,379)	(104.9%)	556,591	(227,460)	(40.9%)	
16,337	106,162	89,825	84.6%	8,013	(8,323)	(103.9%)	Medical Supplies	244,937	834,325	589,388	70.6%	154,647	(90,290)	(58.4%)	
25,637	19,093	(6,544)	(34.3%)	1,259	(24,378)	(1,936.8%)	Other Supplies	101,935	152,744	50,809	33.3%	85,181	(16,754)	(19.7%)	
61,653	81,658	20,005	24.5%	71,459	9,806	13.7%	Medical Services	494,954	641,757	146,803	22.9%	560,811	65,857	11.7%	
51,857	58,914	7,057	12.0%	96,741	44,884	46.4%	Drugs	495,511	462,975	(32,536)	(7.0%)	678,384	182,873	27.0%	
3,383	7,308	3,925	53.7%	13,783	10,400	75.5%	Repairs & Maintenance	45,314	58,464	13,150	22.5%	225,396	180,082	79.9%	
102,987	105,943	2,956	2.8%	91,495	(11,492)	(12.6%)	Lease & Rental	662,186	787,081	124,895	15.9%	703,013	40,827	5.8%	
5,034	6,008	974	16.2%	3,347	(1,687)	(50.4%)	Utilities	42,902	48,064	5,162	10.7%	32,194	(10,708)	(33.3%)	
8,724	33,480	24,756	73.9%	11,938	3,214	26.9%	Other Expense	188,505	281,920	93,415	33.1%	187,182	(1,322)	(0.7%)	
3,939	4,293	354	8.3%	3,675	(263)	(7.2%)	Insurance	28,620	34,344	5,724	16.7%	19,040	(9,580)	(50.3%)	
2,063,765	1,969,596	(94,169)	(4.8%)	1,781,131	(282,634)	(15.9%)	Total Operational Expenses	15,690,949	16,019,240	328,291	2.0%	14,655,346	(1,035,602)	(7.1%)	
<b>(9,690)</b>	<b>(215,878)</b>	<b>206,188</b>	<b>(95.5%)</b>	<b>301,273</b>	<b>(310,963)</b>	<b>(103.2%)</b>	<b>Net Performance before Depreciation &amp; Overhead Allocations</b>	<b>(4,394,115)</b>	<b>(1,523,547)</b>	<b>(2,870,568)</b>	<b>188.4%</b>	<b>(4,681,694)</b>	<b>287,579</b>	<b>(6.1%)</b>	

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

FOR THE EIGHT MONTH ENDED MAY 31, 2021

Current Month							Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%	
24,183	12,917	(11,266)	(87.2%)	14,083	(10,099)	(71.7%)	Depreciation	194,803	103,336	(91,467)	(88.5%)	108,087	(86,716)	(80.2%)
<i>Overhead Allocations:</i>														
2,857	2,464	(393)	(15.9%)	1,734	(1,123)	(64.8%)	Risk Mgt	19,919	19,709	(210)	(1.1%)	13,069	(6,851)	(52.4%)
192,479	174,743	(17,736)	(10.1%)	163,952	(28,527)	(17.4%)	Rev Cycle	1,338,282	1,397,947	59,665	4.3%	842,185	(496,097)	(58.9%)
1,800	3,301	1,500	45.5%	1,121	(680)	(60.6%)	Internal Audit	16,069	26,405	10,336	39.1%	32,376	16,307	50.4%
16,943	17,713	770	4.3%	16,537	(406)	(2.5%)	Home Office Facilities	125,766	141,705	15,939	11.2%	133,514	7,747	5.8%
35,552	28,478	(7,073)	(24.8%)	24,796	(10,756)	(43.4%)	Administration	260,438	227,824	(32,614)	(14.3%)	223,397	(37,041)	(16.6%)
56,066	40,768	(15,298)	(37.5%)	31,328	(24,738)	(79.0%)	Human Resources	356,225	326,147	(30,077)	(9.2%)	265,225	(91,000)	(34.3%)
9,508	14,775	5,267	35.6%	14,420	4,912	34.1%	Legal	126,887	118,199	(8,687)	(7.3%)	106,490	(20,397)	(19.2%)
7,201	6,897	(304)	(4.4%)	4,644	(2,557)	(55.1%)	Records	52,151	55,175	3,024	5.5%	44,231	(7,920)	(17.9%)
9,147	5,901	(3,246)	(55.0%)	4,353	(4,794)	(110.1%)	Compliance	37,089	47,207	10,118	21.4%	60,628	23,539	38.8%
6,845	6,005	(841)	(14.0%)	-	(6,845)	0.0%	Comm Engage Plan	46,769	48,036	1,267	2.6%	-	(46,769)	0.0%
61,661	71,027	9,365	13.2%	-	(61,661)	0.0%	IT Operations	504,818	568,213	63,395	11.2%	-	(504,818)	0.0%
6,560	7,237	677	9.4%	-	(6,560)	0.0%	IT Security	50,752	57,897	7,146	12.3%	-	(50,752)	0.0%
72,453	34,638	(37,815)	(109.2%)	-	(72,453)	0.0%	IT Applications	315,617	277,108	(38,509)	(13.9%)	-	(315,617)	0.0%
41,375	40,184	(1,191)	(3.0%)	-	(41,375)	0.0%	Security Services	307,292	321,472	14,180	4.4%	-	(307,292)	0.0%
121,539	104,156	(17,383)	(16.7%)	-	(121,539)	0.0%	IT EPIC	666,050	833,248	167,198	20.1%	-	(666,050)	0.0%
22,439	27,135	4,696	17.3%	27,912	5,473	19.6%	Finance	186,024	217,078	31,054	14.3%	218,019	31,995	14.7%
7,953	8,618	666	7.7%	7,891	(61)	(0.8%)	Public Relations	52,220	68,946	16,726	24.3%	66,179	13,959	21.1%
10,012	7,115	(2,896)	(40.7%)	100,209	90,198	90.0%	Information Technology	71,039	56,920	(14,119)	(24.8%)	608,669	537,630	88.3%
4,231	4,080	(151)	(3.7%)	1,797	(2,435)	(135.5%)	Corporate Quality	40,753	32,640	(8,113)	(24.9%)	11,768	(28,985)	(246.3%)
9,348	9,628	280	2.9%	8,419	(928)	(11.0%)	Project MGMT Office	63,946	77,024	13,078	17.0%	47,417	(16,529)	(34.9%)
-	1,122	1,122	100.0%	2,864	2,864	100.0%	Managed Care Contract	5,416	8,972	3,556	39.6%	17,778	12,362	69.5%
695,969	615,984	(79,985)	(13.0%)	411,977	(283,992)	(68.9%)	Total Overhead Allocations	4,643,523	4,927,873	284,350	5.8%	2,690,946	(1,952,577)	(72.6%)
<b>2,783,917</b>	<b>2,598,497</b>	<b>(185,420)</b>	<b>(7.1%)</b>	<b>2,207,191</b>	<b>(576,726)</b>	<b>(26.1%)</b>	<b>Total Expenses</b>	<b>20,529,274</b>	<b>21,050,449</b>	<b>521,175</b>	<b>2.5%</b>	<b>17,454,379</b>	<b>(3,074,895)</b>	<b>(17.6%)</b>
<b>\$ (729,842)</b>	<b>\$ (844,779)</b>	<b>\$ 114,938</b>	<b>(13.6%)</b>	<b>\$ (124,787)</b>	<b>\$ (605,055)</b>	<b>484.9%</b>	<b>Net Margin</b>	<b>\$ (9,232,440)</b>	<b>\$ (6,554,756)</b>	<b>\$ (2,677,684)</b>	<b>40.9%</b>	<b>\$ (7,480,727)</b>	<b>\$ (1,751,714)</b>	<b>23.4%</b>
-	59,125	59,125	100.0%	-	-	0.0%	Capital	-	712,210	712,210	100.0%	2,744	2,744	100.0%
<b>\$ 4,168,663</b>	<b>\$ 900,000</b>	<b>\$ (3,268,663)</b>	<b>(363.2%)</b>	<b>\$ 1,907,728</b>	<b>\$ (2,260,935)</b>	<b>(118.5%)</b>	<b>General Fund Support/ Transfer In</b>	<b>\$ 9,025,566</b>	<b>\$ 7,320,000</b>	<b>\$ (1,705,566)</b>	<b>(23.3%)</b>	<b>\$ 9,172,408</b>	<b>\$ 146,842</b>	<b>1.6%</b>

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

FOR THE EIGHT MONTH ENDED MAY 31, 2021

	Dental Clinic Administration	West Palm Beach Dental Clinic	Lantana Dental Clinic	Delray Dental Clinic	Belle Glade Dental Clinic	Total
<b>Gross Patient Revenue</b>	-	1,159,478	1,299,253	326,914	195,409	2,981,055
Contractual Allowances	-	296,612	518,055	43,285	78,392	936,344
Charity Care	-	651,744	417,532	189,407	61,448	1,320,131
Bad Debt	-	83,265	236,969	48,645	17,887	386,766
Total Contractual Allowances and Bad Debt	-	1,031,620	1,172,556	281,337	157,727	2,643,241
Other Patient Revenue	-	542,806	273,599	169,217	232,473	1,218,096
<b>Net Patient Revenue</b>	-	670,665	400,297	214,794	270,155	1,555,910
Collection %	-	57.84%	30.81%	65.70%	138.25%	52.19%
Grant Funds	79,191	312,943	172,138	190,089	69,114	823,475
Other Financial Assistance	(4,234)	62,714	(8,558)	11,420	13,018	74,359
Other Revenue	-	-	-	-	-	-
Total Other Revenues	74,957	375,657	163,580	201,509	82,132	897,834
<b>Total Revenues</b>	<b>74,957</b>	<b>1,046,321</b>	<b>563,876</b>	<b>416,303</b>	<b>352,287</b>	<b>2,453,744</b>
<i>Direct Operational Expenses:</i>						
Salaries and Wages	244,278	639,439	338,886	419,409	171,818	1,813,831
Benefits	62,655	183,190	92,234	112,053	51,634	501,766
Purchased Services	-	4,097	5,357	3,355	5,231	18,039
Medical Supplies	-	24,680	25,839	7,138	5,122	62,780
Other Supplies	294	595	530	209	69	1,697
Drugs	-	-	7	2	-	9
Repairs & Maintenance	-	1,215	1,178	1,701	1,697	5,791
Lease & Rental	-	73,533	43,527	40,815	21,410	179,285
Utilities	-	2,931	3,087	1,210	6,433	13,661
Other Expense	1,394	12,003	6,143	6,048	2,727	28,314
Insurance	-	-	-	-	372	372
Total Operational Expenses	308,621	941,683	516,788	591,940	266,513	2,625,545
<b>Net Performance before Depreciation &amp; Overhead Allocations</b>	<b>(233,664)</b>	<b>104,638</b>	<b>47,089</b>	<b>(175,637)</b>	<b>85,773</b>	<b>(171,801)</b>
Depreciation	-	15,574	7,459	6,731	28,740	58,505
<i>Overhead Allocations:</i>						
Risk Mgt	343	1,160	736	716	347	3,302
Rev Cycle	-	96,790	61,385	59,749	28,916	246,840
Internal Audit	277	936	594	578	280	2,664
Home Office Facilities	13,907	-	-	-	-	13,907
Administration	4,482	15,170	9,621	9,364	4,532	43,169
Human Resources	4,650	20,772	11,626	13,951	4,650	55,650
Legal	2,184	7,391	4,687	4,562	2,208	21,032
Records	898	3,038	1,927	1,875	907	8,644
Compliance	638	2,160	1,370	1,334	645	6,148
Comm Engage Plan	805	2,724	1,728	1,682	814	7,752
IT Operations	8,688	29,404	18,648	18,151	8,784	83,676
IT Security	873	2,956	1,875	1,825	883	8,412
IT Applications	5,432	18,384	11,659	11,348	5,492	52,315
Security Services	-	21,198	13,444	13,086	6,333	54,060
IT EPIC	11,463	38,795	24,604	23,949	11,590	110,401
Finance	3,201	10,835	6,872	6,689	3,237	30,834
Public Relations	899	3,042	1,929	1,878	909	8,656
Information Technology	1,223	4,138	2,624	2,554	1,236	11,775
Corporate Quality	701	2,374	1,505	1,465	709	6,755
Project MGMT Office	1,100	3,725	2,362	2,299	1,113	10,599
Managed Care Contract	-	392	248	242	117	999
Total Overhead Allocations	61,763	285,382	179,446	177,298	83,702	787,590
<b>Total Expenses</b>	<b>370,384</b>	<b>1,242,640</b>	<b>703,692</b>	<b>775,969</b>	<b>378,955</b>	<b>3,471,640</b>
<b>Net Margin</b>	<b>\$ (295,427)</b>	<b>\$ (196,319)</b>	<b>\$ (139,816)</b>	<b>\$ (359,666)</b>	<b>\$ (26,668)</b>	<b>\$ (1,017,897)</b>
<b>Capital</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>General Fund Support/ Transfer In</b>	<b>\$ 961,464</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>961,464</b>

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

FOR THE EIGHT MONTH ENDED MAY 31, 2021

Current Month							Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%		Actual	Budget	Variance	%	Prior Year	Variance	%
<b>730,502</b>	<b>282,327</b>	<b>448,175</b>	<b>158.7%</b>	<b>51,653</b>	<b>678,849</b>	<b>1,314.2%</b>	<b>Gross Patient Revenue</b>	<b>2,981,055</b>	<b>2,199,717</b>	<b>781,338</b>	<b>35.5%</b>	<b>2,351,293</b>	<b>629,761</b>	<b>26.8%</b>
211,718	46,405	(165,313)	(356.2%)	12,738	(198,980)	(1,562.1%)	Contractual Allowances	936,344	360,026	(576,318)	(160.1%)	396,327	(540,016)	(136.3%)
329,249	161,787	(167,462)	(103.5%)	30,806	(298,443)	(968.8%)	Charity Care	1,320,131	1,264,041	(56,090)	(4.4%)	1,354,065	33,934	2.5%
96,867	18,173	(78,694)	(433.0%)	16,177	(80,690)	(498.8%)	Bad Debt	386,766	140,321	(246,445)	(175.6%)	142,149	(244,617)	(172.1%)
637,834	226,365	(411,469)	(181.8%)	59,721	(578,113)	(968.0%)	Total Contractuals and Bad Debts	2,643,241	1,764,388	(878,853)	(49.8%)	1,892,542	(750,699)	(39.7%)
170,671	101,909	68,762	67.5%	228,917	(58,246)	(25.4%)	Other Patient Revenue	1,218,096	800,676	417,420	52.1%	1,002,007	216,089	21.6%
<b>263,339</b>	<b>157,871</b>	<b>105,468</b>	<b>66.8%</b>	<b>220,849</b>	<b>42,490</b>	<b>19.2%</b>	<b>Net Patient Revenue</b>	<b>1,555,910</b>	<b>1,236,005</b>	<b>319,905</b>	<b>25.9%</b>	<b>1,460,758</b>	<b>95,152</b>	<b>6.5%</b>
36.05%	55.92%			427.56%			Collection %	52.19%	56.19%			62.13%		
157,499	208,603	(51,104)	(24.5%)	102,385	55,114	53.8%	Grant Funds	823,475	1,087,790	(264,315)	(24.3%)	821,083	2,392	0.3%
90	-	90	0.0%	108,379	(108,289)	(99.9%)	Other Financial Assistance	74,359	-	74,359	0.0%	108,379	(34,021)	(31.4%)
-	-	-	0.0%	-	-	0.0%	Other Revenue	-	-	-	0.0%	-	-	0.0%
157,589	208,603	(51,014)	(24.5%)	210,765	(53,175)	(25.2%)	Total Other Revenues	897,834	1,087,790	(189,956)	(17.5%)	929,462	(31,628)	(3.4%)
<b>420,928</b>	<b>366,474</b>	<b>54,454</b>	<b>14.9%</b>	<b>431,614</b>	<b>(10,685)</b>	<b>(2.5%)</b>	<b>Total Revenues</b>	<b>2,453,744</b>	<b>2,323,795</b>	<b>129,949</b>	<b>5.6%</b>	<b>2,390,220</b>	<b>63,523</b>	<b>2.7%</b>
							<i>Direct Operational Expenses:</i>							
223,566	214,697	(8,869)	(4.1%)	168,210	(55,356)	(32.9%)	Salaries and Wages	1,813,831	1,768,318	(45,513)	(2.6%)	1,840,519	26,688	1.5%
65,766	55,369	(10,397)	(18.8%)	62,259	(3,507)	(5.6%)	Benefits	501,766	449,274	(52,492)	(11.7%)	497,256	(4,509)	(0.9%)
2,192	3,258	1,066	32.7%	5,623	3,431	61.0%	Purchased Services	18,039	25,523	7,484	29.3%	73,937	55,897	75.6%
11,168	13,380	2,213	16.5%	2,078	(9,089)	(437.3%)	Medical Supplies	62,780	104,324	41,544	39.8%	116,733	53,953	46.2%
149	7,425	7,276	98.0%	(45)	(195)	429.7%	Other Supplies	1,697	59,500	57,803	97.1%	6,874	5,177	75.3%
-	-	-	0.0%	-	-	0.0%	Medical Services	-	-	-	0.0%	-	-	0.0%
-	68	68	100.0%	-	-	0.0%	Drugs	9	532	523	98.3%	150	141	93.9%
1,881	2,321	440	19.0%	2,883	1,002	34.7%	Repairs & Maintenance	5,791	18,568	12,777	68.8%	28,483	22,692	79.7%
22,430	21,166	(1,264)	(6.0%)	24,849	2,419	9.7%	Lease & Rental	179,285	181,202	1,917	1.1%	201,472	22,187	11.0%
1,899	1,333	(566)	(42.5%)	1,261	(639)	(50.7%)	Utilities	13,661	10,664	(2,997)	(28.1%)	8,187	(5,474)	(66.9%)
3,440	5,843	2,403	41.1%	1,104	(2,336)	(211.6%)	Other Expense	28,314	45,449	17,135	37.7%	21,285	(7,029)	(33.0%)
88	41	(47)	(113.8%)	41	(47)	(115.8%)	Insurance	372	328	(44)	(13.4%)	257	(115)	(44.5%)
332,580	324,901	(7,679)	(2.4%)	268,262	(64,318)	(24.0%)	Total Operational Expenses	2,625,545	2,663,682	38,137	1.4%	2,795,153	169,607	6.1%
<b>88,349</b>	<b>41,573</b>	<b>46,776</b>	<b>112.5%</b>	<b>163,352</b>	<b>(75,003)</b>	<b>(45.9%)</b>	<b>Net Performance before Depreciation &amp; Overhead Allocations</b>	<b>(171,801)</b>	<b>(339,887)</b>	<b>168,086</b>	<b>(49.5%)</b>	<b>(404,932)</b>	<b>233,131</b>	<b>(57.6%)</b>

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

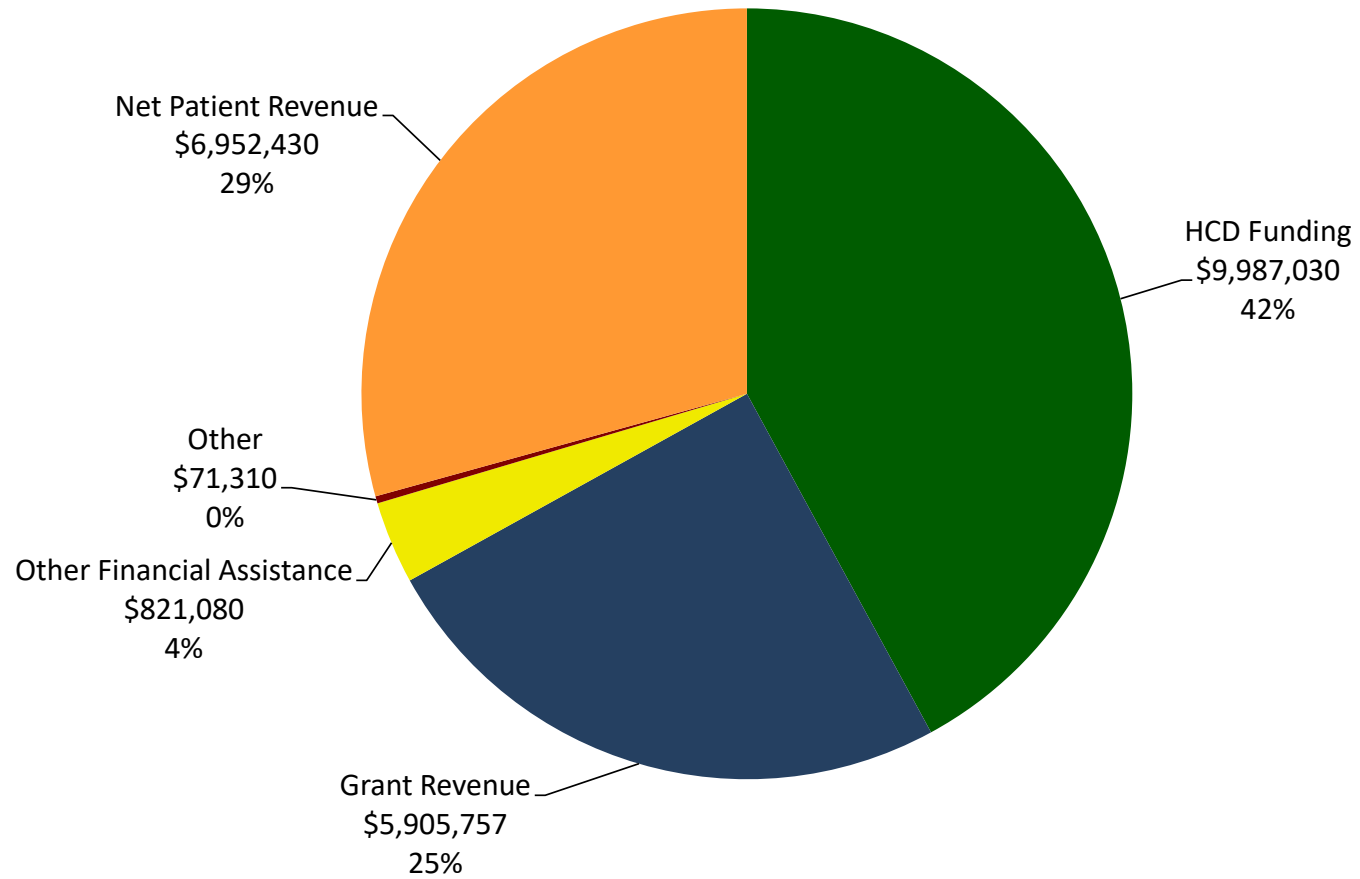
FOR THE EIGHT MONTH ENDED MAY 31, 2021

Current Month							Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%	
7,342	4,417	(2,925)	(66.2%)	5,185	(2,157)	(41.6%)	Depreciation	58,505	35,336	(23,169)	(65.6%)	38,295	(20,210)	(52.8%)
<i>Overhead Allocations:</i>														
473	411	(62)	(15.1%)	374	(99)	(26.4%)	Risk Mgt	3,302	3,290	(12)	(0.4%)	2,823	(479)	(17.0%)
35,502	32,224	(3,278)	(10.2%)	37,883	2,381	6.3%	Rev Cycle	246,840	257,790	10,950	4.2%	194,598	(52,242)	(26.8%)
298	551	253	45.8%	242	(56)	(23.3%)	Internal Audit	2,664	4,408	1,744	39.6%	6,993	4,329	61.9%
1,874	2,055	182	8.8%	1,967	93	4.7%	Home Office Facilities	13,907	16,442	2,536	15.4%	15,877	1,970	12.4%
5,893	4,754	(1,139)	(24.0%)	5,355	(537)	(10.0%)	Administration	43,169	38,032	(5,137)	(13.5%)	48,250	5,081	10.5%
8,759	6,425	(2,334)	(36.3%)	6,941	(1,818)	(26.2%)	Human Resources	55,650	51,399	(4,251)	(8.3%)	58,762	3,111	5.3%
1,576	2,466	890	36.1%	3,114	1,538	49.4%	Legal	21,032	19,732	(1,300)	(6.6%)	23,000	1,968	8.6%
1,194	1,151	(42)	(3.7%)	1,003	(191)	(19.0%)	Records	8,644	9,211	566	6.1%	9,553	909	9.5%
1,516	985	(531)	(53.9%)	940	(576)	(61.3%)	Compliance	6,148	7,880	1,733	22.0%	13,094	6,947	53.1%
1,135	1,002	(132)	(13.2%)	-	(1,135)	0.0%	Comm Engage Plan	7,752	8,019	267	3.3%	-	(7,752)	0.0%
10,221	11,857	1,636	13.8%	-	(10,221)	0.0%	IT Operations	83,676	94,855	11,179	11.8%	-	(83,676)	0.0%
1,087	1,208	121	10.0%	-	(1,087)	0.0%	IT Security	8,412	9,665	1,253	13.0%	-	(8,412)	0.0%
12,009	5,782	(6,227)	(107.7%)	-	(12,009)	0.0%	IT Applications	52,315	46,259	(6,056)	(13.1%)	-	(52,315)	0.0%
7,279	7,067	(211)	(3.0%)	-	(7,279)	0.0%	Security Services	54,060	56,539	2,479	4.4%	-	(54,060)	0.0%
20,146	17,387	(2,758)	(15.9%)	-	(20,146)	0.0%	IT EPIC	110,401	139,099	28,698	20.6%	-	(110,401)	0.0%
3,719	4,530	810	17.9%	6,028	2,309	38.3%	Finance	30,834	36,238	5,404	14.9%	47,088	16,254	34.5%
1,318	1,439	121	8.4%	1,704	386	22.7%	Public Relations	8,656	11,509	2,854	24.8%	14,293	5,638	39.4%
1,659	1,188	(472)	(39.7%)	21,643	19,984	92.3%	Information Technology	11,775	9,502	(2,273)	(23.9%)	131,461	119,686	91.0%
701	681	(20)	(3.0%)	388	(313)	(80.8%)	Corporate Quality	6,755	5,449	(1,306)	(24.0%)	2,542	(4,213)	(165.8%)
1,549	1,607	58	3.6%	1,818	269	14.8%	Project MGMT Office	10,599	12,858	2,259	17.6%	10,241	(358)	(3.5%)
-	207	207	100.0%	662	662	100.0%	Managed Care Contract	999	1,654	655	39.6%	4,108	3,109	75.7%
117,909	104,979	(12,930)	(12.3%)	90,065	(27,845)	(30.9%)	Total Overhead Allocations	787,590	839,832	52,242	6.2%	582,682	(204,908)	(35.2%)
<b>457,831</b>	<b>434,297</b>	<b>(23,534)</b>	<b>(5.4%)</b>	<b>363,511</b>	<b>(94,320)</b>	<b>(25.9%)</b>	<b>Total Expenses</b>	<b>3,471,640</b>	<b>3,538,850</b>	<b>67,210</b>	<b>1.9%</b>	<b>3,416,130</b>	<b>(55,510)</b>	<b>(1.6%)</b>
<b>\$ (36,903)</b>	<b>\$ (67,823)</b>	<b>\$ 30,920</b>	<b>(45.6%)</b>	<b>\$ 68,103</b>	<b>\$ (105,005)</b>	<b>(154.2%)</b>	<b>Net Margin</b>	<b>\$ (1,017,897)</b>	<b>\$ (1,215,055)</b>	<b>\$ 197,158</b>	<b>(16.2%)</b>	<b>\$ (1,025,910)</b>	<b>\$ 8,013</b>	<b>(0.8%)</b>
-	-	-	0.0%	-	-	0.0%	Capital	-	-	-	0.0%	-	-	0.0%
-	-	-	0.0%	-	-	0.0%	Capital Contributions	-	-	-	0.0%	-	-	0.0%
<b>\$ (151,659)</b>	<b>\$ 64,000</b>	<b>\$ 215,659</b>	<b>337.0%</b>	<b>\$ -</b>	<b>\$ 151,659</b>	<b>0.0%</b>	<b>General Fund Support/ Transfer In</b>	<b>\$ 961,464</b>	<b>\$ 1,188,000</b>	<b>\$ 226,536</b>	<b>19.1%</b>	<b>\$ 1,382,238</b>	<b>\$ 420,774</b>	<b>30.4%</b>

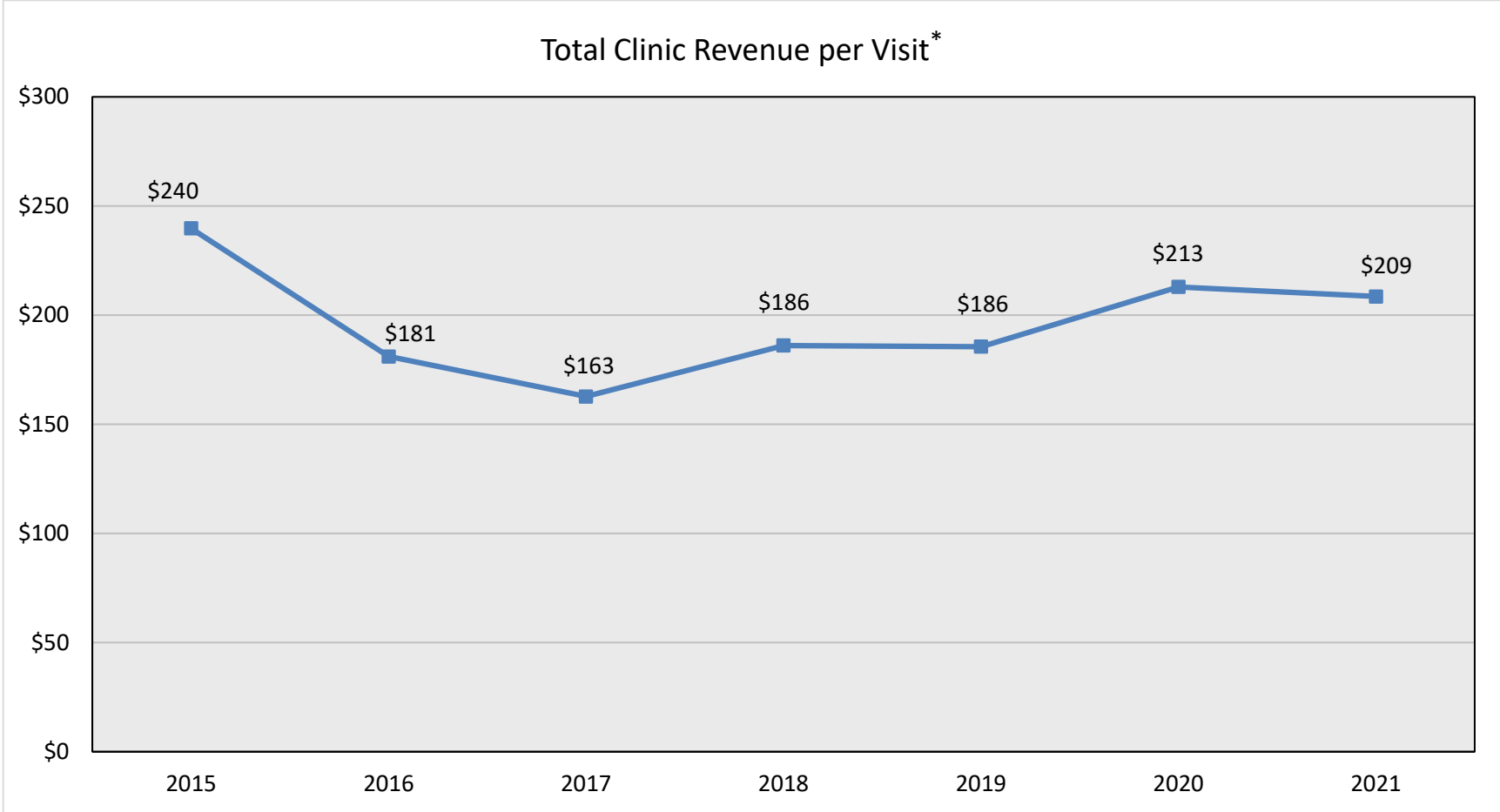
Clinic Visits - Adults and Pediatrics	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Current Year Total	Current YTD Budget	%Var to Budget	Prior Year Total
	West Palm Beach	1,227	929	1,068	836	879	1,119	1,138	1,007					8,203	4,531	81.0%
Delray	1,061	883	989	776	582	723	600	541					6,155	4,962	24.0%	6,191
Lantana	1,738	1,282	1,379	1,374	1,480	1,638	1,799	1,695					12,385	12,667	(2.2%)	11,190
Belle Glade	616	395	661	451	555	656	622	566					4,522	3,374	34.0%	4,782
Lewis Center	786	695	807	662	696	685	584	541					5,456	1,289	323.3%	1,440
Lake Worth & Women's Health Care	1,153	979	958	907	953	1,339	1,206	1,222					8,717	5,471	59.3%	8,232
Jupiter Clinic	602	407	468	450	527	656	501	415					4,026	2,950	36.5%	2,759
West Boca & Women's Health Care	786	679	730	641	666	798	741	637					5,678	3,214	76.7%	4,546
Mobile Van	16	-	-	1	-	-	-	-					17	98	(82.7%)	1,081
Mobile 2 Clinic	-	-	-	-	-	-	-	-					-	98	(100.0%)	-
Mobile 3 Hero	-	-	-	-	-	-	-	-					-	98	(100.0%)	-
Mangonia Park	259	203	198	224	261	447	508	523					2,623	897		732
Mangonia Park-Substance	-	-	-	-	-	-	-	-					-	1,187	(100.0%)	2,338
<b>Total Clinic Visits</b>	<b>8244</b>	<b>6,452</b>	<b>7,258</b>	<b>6,322</b>	<b>6,599</b>	<b>8,061</b>	<b>7,699</b>	<b>7,147</b>	-	-	-	-	<b>57,782</b>	<b>40,836</b>	<b>41.5%</b>	<b>52,993</b>
<b>Dental Visits</b>																
West Palm Beach	467	334	427	172	159	179	693	691					3,122	3,417	(8.6%)	4,824
Lantana	447	358	473	466	495	558	553	423					3,773	5,006	(24.6%)	3,009
Delray	-	-	-	-	-	-	306	480					786	2,418	(67.5%)	3,171
Belle Glade	-	-	-	2	-	-	201	270					473	1,298	(63.6%)	2,024
<b>Total Dental Visits</b>	<b>914</b>	<b>692</b>	<b>900</b>	<b>640</b>	<b>654</b>	<b>737</b>	<b>1,753</b>	<b>1,864</b>	-	-	-	-	<b>8,154</b>	<b>12,139</b>	<b>(32.8%)</b>	<b>13,028</b>
<b>Total Medical and Dental Visits</b>	<b>9158</b>	<b>7,144</b>	<b>8,158</b>	<b>6,962</b>	<b>7,253</b>	<b>8,798</b>	<b>9,452</b>	<b>9,011</b>	-	-	-	-	<b>65,936</b>	<b>52,975</b>	<b>24.5%</b>	<b>66,021</b>
<b>Key Ratios</b>																
Collection Ratio													16%			
Bad debt write off as a percentage of total billing													4%			
Collections per visit													28			
Charges Per Visit													173			
Percentage of A/R less than 120 days													72%			
Days in AR													55			
<b>Mental Health Counselors (non-billable)</b>																
West Palm Beach	-	2	-	1	-	-	-	-					3	563	(99.5%)	1,039
Delray	60	41	22	1	3	2	-	-					129	474	(72.8%)	569
Lantana	-	36	2	-	1	-	-	3					42	1,896	(97.8%)	3,317
Belle Glade	26	18	41	21	14	21	18	15					174	232	(25.0%)	582
Mangonia Park	458	205	225	214	205	311	441	387					2,446	832	194.0%	1,445
Lewis Center	308	381	544	678	709	838	729	625					4,812	813	491.9%	983
Lake Worth	12	-	1	-	-	-	-	-					13	598	(97.8%)	969
Jupiter	-	-	-	-	-	-	-	-					-	-	0.0%	1
West Boca	-	-	-	-	-	-	-	-					-	-	0.0%	10
Mobile Van	-	-	-	-	-	-	-	-					-	311	(100.0%)	362
<b>Total Mental Health Screenings</b>	<b>864</b>	<b>683</b>	<b>835</b>	<b>915</b>	<b>932</b>	<b>1,172</b>	<b>1,188</b>	<b>1,030</b>	-	-	-	-	<b>7,619</b>	<b>5,719</b>	<b>33.2%</b>	<b>9,277</b>



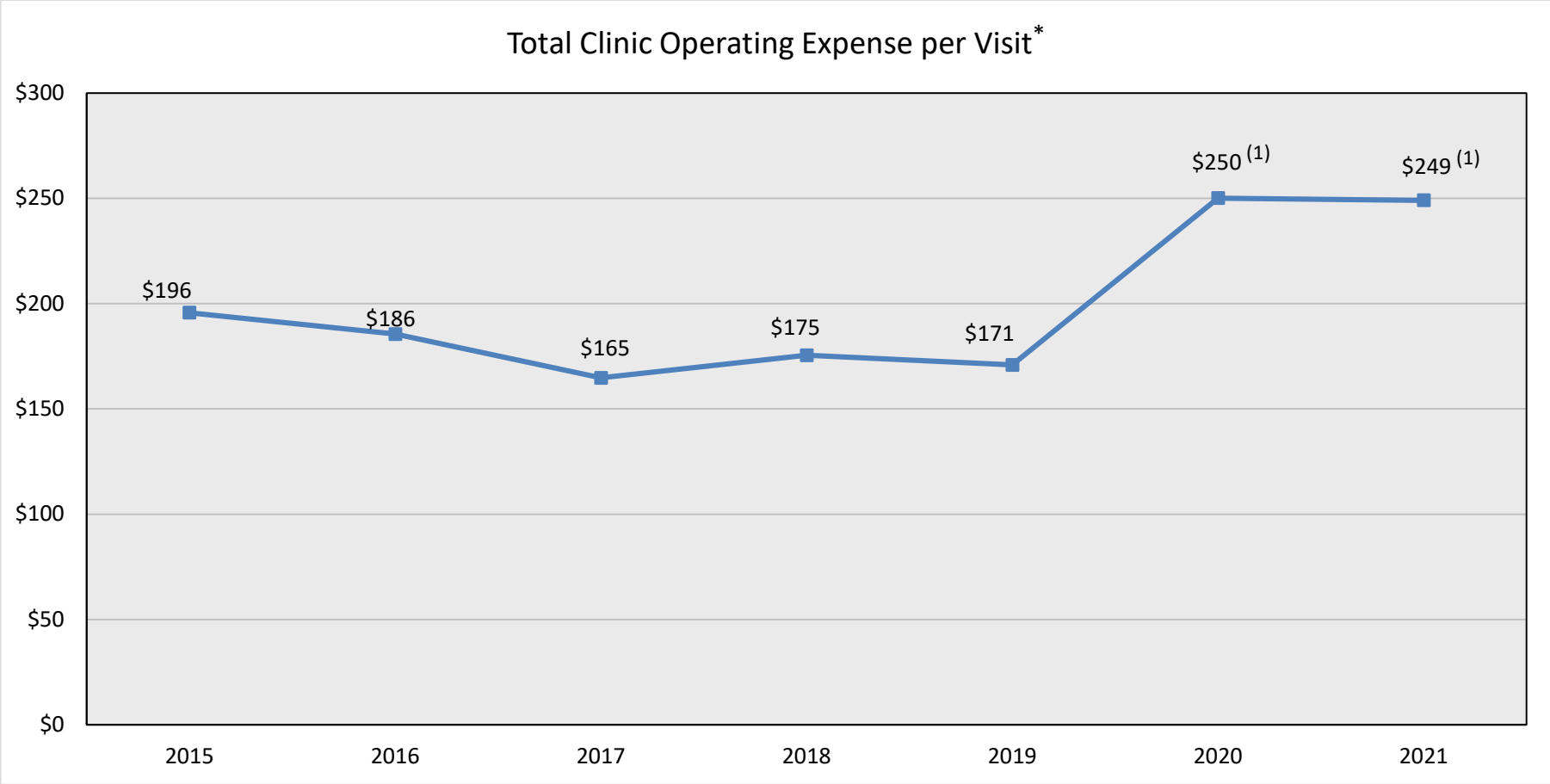
### Primary Care Clinics Funding Sources



Fiscal YTD May 2021 Total Revenue \$23,737,607



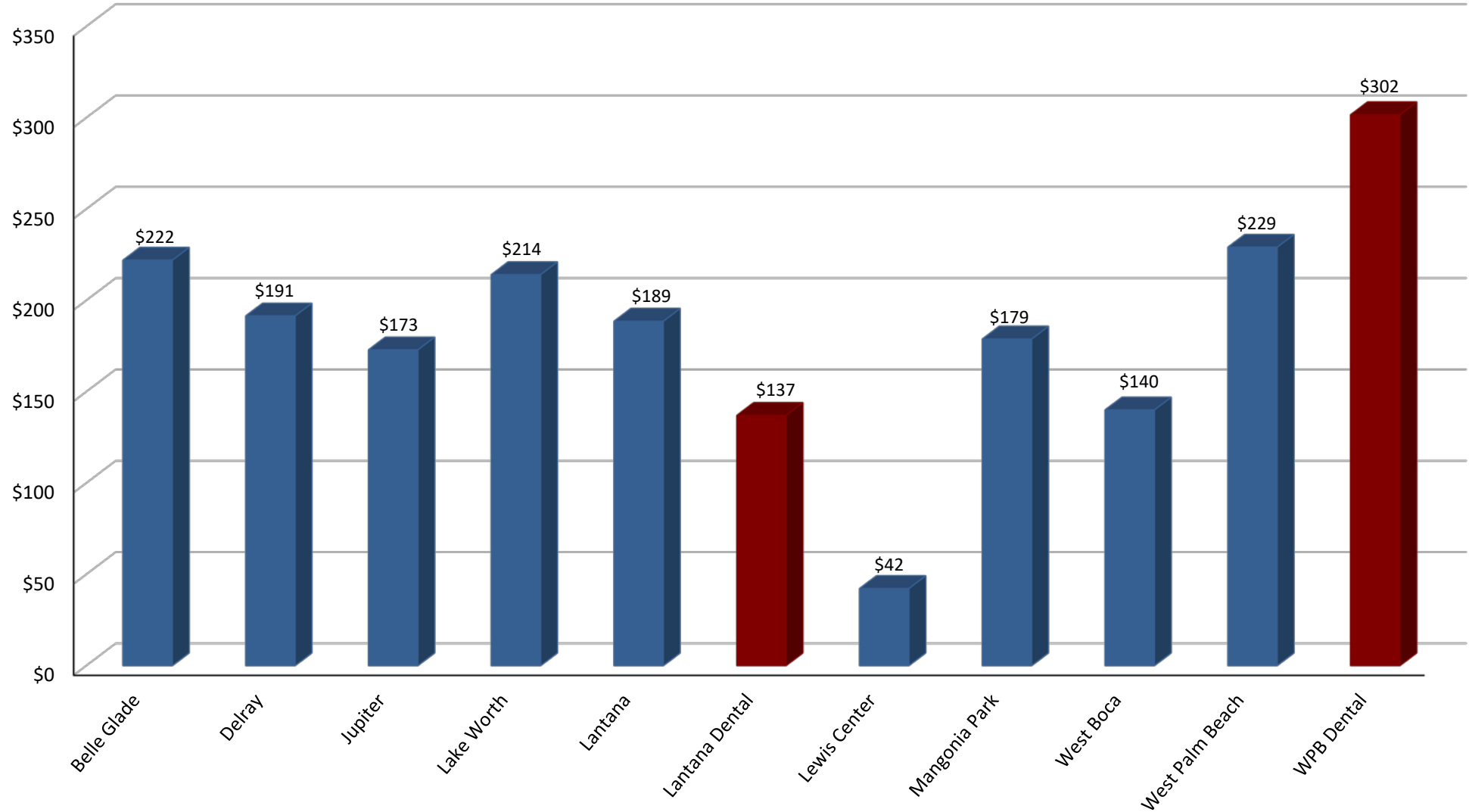
\* Based on total medical and dental visits



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

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

Total Operating Expenses per Visit by Clinic



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

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

**DISTRICT CLINIC HOLDINGS, INC.**  
**BOARD OF DIRECTORS**  
**July 28, 2021**

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

**2. Summary:**

We respectfully request the authorization to add a new site to Form 5B: C. L. Brumback Primary Care Clinics – Mangonia by moving the current clinic to 2051 N 45<sup>th</sup> Street, Suite 300, West Palm Beach, FL 33407.

**3. Substantive Analysis:**

Staff are respectfully requesting a permanent Change In Scope to move the Mangonia Park to a new site with almost 5,800 square feet in a building adjacent to our existing clinic. Once improvements are completed in approximately six months or so, we would move our current Mangonia Park Clinic services to this new location.

Although this would be a cost increase proportional to increased space, we would be better positioned to ensure the clinic could accommodate social distancing. Additionally, the increased space would allow us to have an onsite District pharmacy to sublease their space.

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

	<b>Amount</b>	<b>Budget</b>
Capital Requirements	\$174,000	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Annual Net Revenue	\$65,600	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Annual Expenditures	\$121,708	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Reviewed for financial accuracy and compliance with purchasing procedure:

*Candice Abbott*

\_\_\_\_\_  
 Candice Abbott  
 VP & Chief Financial Officer

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

N/A

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

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

**DISTRICT CLINIC HOLDINGS, INC.**  
**BOARD OF DIRECTORS**  
**July 28, 2021**

**6. Recommendation:**

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

Approved for Legal sufficiency:

*Bernabe Icaza*

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Bernabe Icaza  
VP & General Counsel

*Hyla Fritsch*

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

**DISTRICT CLINIC HOLDINGS, INC.**  
**BOARD OF DIRECTORS**  
**July 28, 2021**

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

**2. Summary:**

We respectfully request the authorization to add a new site to Form 5B: C. L. Brumback Primary Care Clinics – Delray Beach by moving the current clinic to 200 Congress Park Dr, Suite 100, Delray Beach, FL 33445.

**3. Substantive Analysis:**

Staff are respectfully requesting a permanent Change In Scope to move Delray Beach to a new site with just under 12,000 square feet located across the street from our existing clinic. Once improvements are completed in approximately nine months or so, we would move our current Delray Beach Clinic services to this new location.

Although this would be a cost increase proportional with increased space, we would be better positioned to ensure the clinic could accommodate social distancing. Additionally, the increased area would allow us to provide Substance Use Disorder services at this clinic, allowing better access to addiction services in the southern end of our county.

Other qualitative benefits of the new location include convenient access to Delray Medical Center, which is located close to where many of our existing patients live.

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

	<b>Amount</b>	<b>Budget</b>
Capital Requirements	\$236,000	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Annual Net Revenue	\$60,000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Annual Expenditures	\$240,876	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Reviewed for financial accuracy and compliance with purchasing procedure:

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

**July 28, 2021**

*Candice Abbott*

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Candice Abbott  
VP & Chief Financial Officer

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

N/A

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Committee Name

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Date Approved

**6. Recommendation:**

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

Approved for Legal sufficiency:

*Bernabe Icaza*

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Bernabe Icaza  
VP & General Counsel

*Hyla Fritsch*

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



**DISTRICT CLINIC HOLDINGS, INC.**  
**BOARD OF DIRECTORS**  
**July 28, 2021**

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

**2. Summary:**

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

**3. Substantive Analysis:**

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

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

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

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

	<b>Amount</b>	<b>Budget</b>
Capital Requirements	\$45,000	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Annual Net Revenue		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Annual Expenditures	\$174,814	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Reviewed for financial accuracy and compliance with purchasing procedure:

*Candice Abbott*

Candice Abbott  
 VP & Chief Financial Officer

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

**DISTRICT CLINIC HOLDINGS, INC.**  
**BOARD OF DIRECTORS**  
**July 28, 2021**

N/A

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

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

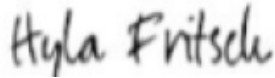
**6. Recommendation:**

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

Approved for Legal sufficiency:



\_\_\_\_\_  
Bernabe Icaza  
VP & General Counsel



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

**DISTRICT CLINIC HOLDINGS, INC.**  
**BOARD OF DIRECTORS**  
**July 28, 2021**

**1. Description: Change In Scope – Form 5B: C. L. Brumback Primary Care Clinics – South County Civic Center, South Florida Fairgrounds & North County PBG**

**2. Summary:**

We respectfully request the authorization to remove three permanent sites to Form 5B: C. L. Brumback Primary Care Clinics – South County Civic Center, South Florida Fairgrounds, and North County PBG.

**3. Substantive Analysis:**

With demand for the COVID-19 vaccination subsiding, the C. L. Brumback Primary Care Clinics would like to submit several permanent change in scope requests to remove South County Civic Center, South Florida Fairgrounds and North County PBG.

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

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

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

\_\_\_\_\_  
 Candice Abbott  
 VP & Chief Financial Officer

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

N/A

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

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

**DISTRICT CLINIC HOLDINGS, INC.**  
**BOARD OF DIRECTORS**  
**July 28, 2021**

**6. Recommendation:**

Staff recommends the Board Approve our request for a permanent Change in Scope to remove sites to Form 5B: C. L. Brumback Primary Care Clinics – South County Civic Center, South Florida Fairgrounds and North County PBG.

Approved for Legal sufficiency:

*Bernabe Icaza*

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Bernabe Icaza  
VP & General Counsel

*Hyla Fritsch*

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

**DISTRICT CLINIC HOLDINGS, INC.**  
**BOARD OF DIRECTORS**  
**July 28, 2021**

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

**2. Summary:**

- Epic Go-Live update
- Overdose Data to Action (OD2A) Additional Grant Award for FY21
- FACHC Primary Care Capacity Grant Award

**3. Substantive Analysis:**

**Epic Go-Live update**

The Epic Go-Live was successful on July 1<sup>st</sup>. The team is adapting to the new software and continues to learn and strengthen their skills. Overall, the transition went smoothly with a few hiccups that were solved along the way. Now, we are working on optimizing the workflows and tweaking the processes.

**Overdose Data to Action (OD2A) Additional Grant Award through August 2021**

OD2A is a federal project led by the Centers for Disease Control and Prevention (CDC). We currently receive grant funds from this program that pays for two Recovery Coaches that assist with a warm handoff to our Substance Use Disorder clinic at Mangonia Park. We have recently been awarded an additional \$251,450 to add six new positions, including two additional Recovery Coaches, one Lead Recovery Coach, one Care Coordination Specialist, and one Lead Care Coordination Specialist to the program. The grant is awarded through August 2021 with an expectation of renewal for an additional year with all eight positions funded.

**FACHC Primary Care Capacity Grant Award**

FACHC (Florida Association of Community Health Centers) has developed a grant program that strengthens the safety net across the state – and C. L. Brumback Primary Care Clinics has been awarded \$212,862 as a part of this program.

The Primary Care Capacity Grant (PCCG) is a Board-established program that receives donations from Centers across Florida to share among other Centers in Florida to ensure the viability and capacity for providing primary care services to low-income and uninsured individuals where there is great need.

**DISTRICT CLINIC HOLDINGS, INC.**  
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C. L. Brumback Primary Care Clinics was awarded these funds to respond to our population’s needs and improve the ability to provide care for those that may otherwise not be able to receive the life-saving services provided by our Center.

The grant requires submission of a Letter of Agreement which was signed executed on June 25th.

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

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

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A  
 \_\_\_\_\_  
 Candice Abbott  
 VP & Chief Financial Officer

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

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

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

**6. Recommendation:**

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

Approved for Legal sufficiency:

*Bernabe Icaza*  
 \_\_\_\_\_  
 Bernabe Icaza  
 VP & General Counsel

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

**DISTRICT CLINIC HOLDINGS, INC.**  
**BOARD OF DIRECTORS**  
**July 28, 2021**

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

**2. Summary:**

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

**3. Substantive Analysis:**

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

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

<b>Last Name</b>	<b>First Name</b>	<b>Degree</b>	<b>Specialty</b>	<b>Credentialing</b>
Williams	Richard	DMD	Pediatric Dentistry	Initial Credentialing
Alfonso Puentes	Ramiro	MD	Family Medicine	Recredentialing
Andric	Belma	MD	Preventive Medicine	Recredentialing
Clarke-Aaron	Noella	MD	Pediatric Medicine	Recredentialing
Florez	Gloria	MD	Family Medicine	Recredentialing
Cucuras	John	DDS	General Dentistry	Recredentialing
Bell	Emily	PA	Physician Assistant	Recredentialing
Lam	Minh Dai	APRN	Nurse Practitioner	Recredentialing
Shoaf	Noremi	APRN	Nurse Practitioner	Recredentialing

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

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

**July 28, 2021**

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

Richard Williams, DMD is joining the West Palm Beach Clinic specializing in Pediatric Dentistry. He attended the University of Florida, College of Dentistry. Dr. Williams has been in practice for twelve years.

Ramiro Alfonso Puentes, MD joined the West Palm Beach Clinic in 2017 specializing in Family Medicine. He attended the Higher Institute of Medical Sciences Camaguey. Dr. Alfonso Puentes has been in practice for thirty three years and is fluent in Spanish.

Belma Andric, MD joined the West Palm Beach Clinic in 2015 specializing in Public Health and General Preventive Medicine. She attended the University of Novisad and also completed her residency at Palm Beach County Health Department. Dr. Andric is certified in Public Health and General Preventive Medicine by the American Board of Preventive Medicine. She has been in practice for eighteen years.

Noella Clarke-Aaron, MD joined the West Palm Beach Clinic in 2013 specializing in Pediatric Medicine. She attended the University of The West Indies and also completed her residency at New York University Medical Center. Dr. Clarke-Aaron is certified in Pediatrics by the American Board of Pediatrics. She has been in practice for twenty three years and is fluent in Spanish.

Gloria Florez, MD joined the West Palm Beach Clinic in 2013 specializing in Family Medicine. She attended Caldas University and also completed her residency at Wyckoff Heights Medical Center. Dr. Florez is certified in Family Medicine by the American Board of Family Medicine. She has been in practice for nineteen years and is fluent in Spanish.

John Cucuras, DDS joined the Delray Beach Clinic in 2015 specializing in General Dentistry. He attended the Ohio State University. Dr. Cucuras has been in practice for ten years and is fluent in Greek and Spanish.

Emily Bell, PA joined the Lantana Clinic in 2019 as a Physician Assistant. She attended St. Ambrose University and is certified as a Physician Assistant by the National Commission on Certification of Physician Assistants. Ms. Bell has been in practice for four years.

Minh Dai Lam, APRN joined the West Palm Beach Clinic in 2013 as a Nurse Practitioner specializing in Family Medicine. He attended the Florida International University and is certified as an Adult Nurse Practitioner by the American Academy of Nurse Practitioners. Mr. Lam has been in practice for twelve years and is fluent in French and Vietnamese.

Noremi Shoaf, APRN joined the West Palm Beach Clinic in 2015 as a Nurse Practitioner specializing in Family Medicine. She attended South University and is certified as a Family Nurse Practitioner by the American Academy of Nurse Practitioners. Ms. Shoaf has been in practice for seven years.



**DISTRICT CLINIC HOLDINGS, INC.**  
**BOARD OF DIRECTORS**  
**July 28, 2021**

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

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

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

\_\_\_\_\_  
 Candice Abbott  
 VP & Chief Financial Officer

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

N/A

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

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

**6. Recommendation:**

Staff recommends the Board approve the Initial Credentialing and privileges of Richard Williams, DMD, Pediatric Dentistry.

Staff recommends the Board approve the Recredentialing and renewal of privileges of Ramiro Alfonso Puentes, MD, Family Medicine.

Staff recommends the Board approve the Recredentialing and renewal of privileges of Belma Andric, MD, Preventive Medicine.

Staff recommends the Board approve the Recredentialing and renewal of privileges of Noella Clarke-Aaron, MD, Pediatric Medicine.

Staff recommends the Board approve the Recredentialing and renewal of privileges of Gloria Florez, MD, Family Medicine.

Staff recommends the Board approve the Recredentialing and renewal of privileges of John Cucuras, DDS, General Dentistry.

Staff recommends the Board approve the Recredentialing and renewal of privileges of Emily Bell, PA, Physician Assistant.

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

**July 28, 2021**

Staff recommends the Board approve the Recredentialing and renewal of privileges of Minh Dai Lam, APRN, Family Nurse Practitioner.

Staff recommends the Board approve the Recredentialing and renewal of privileges of Noremi Shoaf, APRN, Family Nurse Practitioner.

Approved for Legal sufficiency:



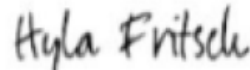
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Bernabe Icaza  
VP & General Counsel



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Dr. Charmaine Chibar  
FQHC Medical Director



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

**DISTRICT CLINIC HOLDINGS, INC.**  
**BOARD OF DIRECTORS**  
**July 28, 2021**

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

**2. Summary:**

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

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

**3. Substantive Analysis:**

In May, we had 9,793 visits which are slightly less than the month prior and significantly higher from May 2020. Regarding individual clinics visits, as expected with the impact from COVID, all clinics exceeded their 2020 totals. Dental clinics did not reopen fully until the end of April this year. Our payer mix for the year-to-date again reflects a slightly higher percentage of uninsured patients at 60%.

By visit category, all types missed their target productivity, but some did so by a minimal margin, including OB/GYN, Pediatrics, and Substance Use. Telehealth visits decreased to 6% of all visits, which is down from 7% last month. The continued decrease in telehealth is expected as clinics have primarily transitioned back to in-person visits.

Productivity targets for in-person visits were 90% and higher for Boca, Delray, Lantana, Lewis, and Jupiter clinics. Pediatrics, Substance Use, and Dental all exceeded their productivity goals for West Palm, Mangonia, and Belle Glade, respectively. Additionally, Pediatrics, Substance Use, and Dental were above 90% in Lantana, Lewis, and Delray, respectively.

The No Show rate in May is lower at 27.5%, down from 28.3% in April.

**Fiscal Analysis & Economic Impact Statement:**

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

**DISTRICT CLINIC HOLDINGS, INC.**  
**BOARD OF DIRECTORS**  
**July 28, 2021**

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A  
\_\_\_\_\_  
Candice Abbott  
VP & Chief Financial Officer


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


N/A _____	_____
Committee Name	Date Approved

**5. Recommendation:**

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

Approved for Legal sufficiency:

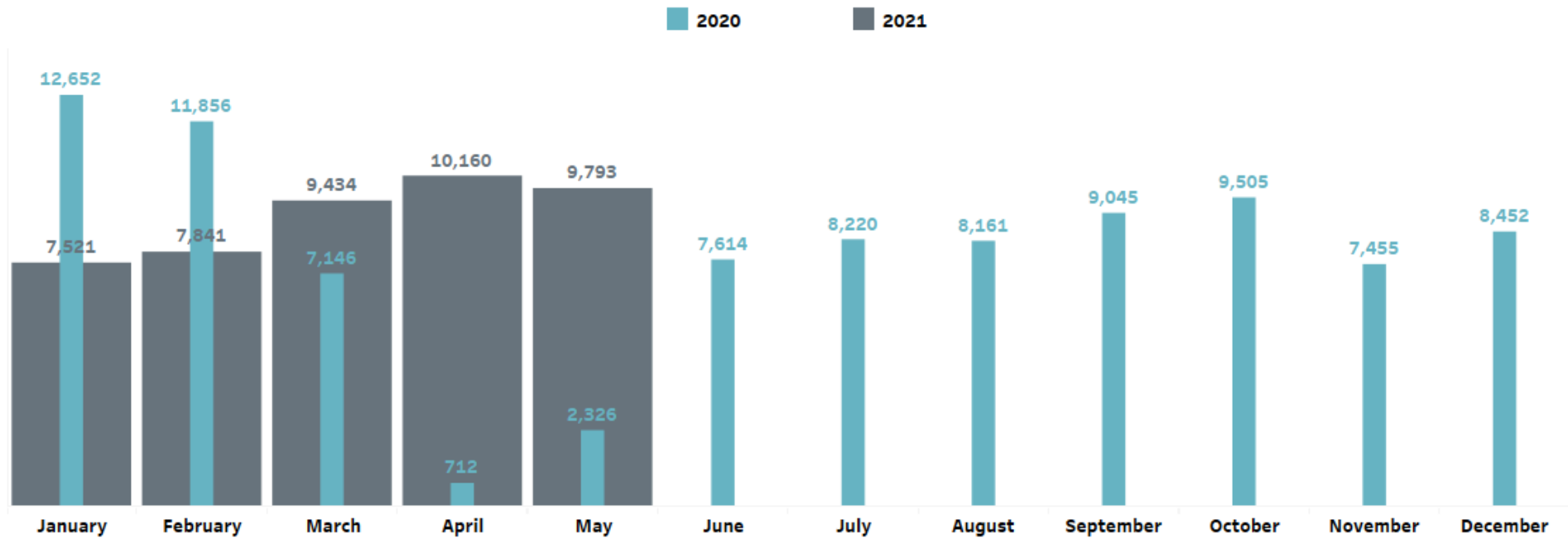
  
\_\_\_\_\_  
Bernabe Icaza  
VP & General Counsel

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

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

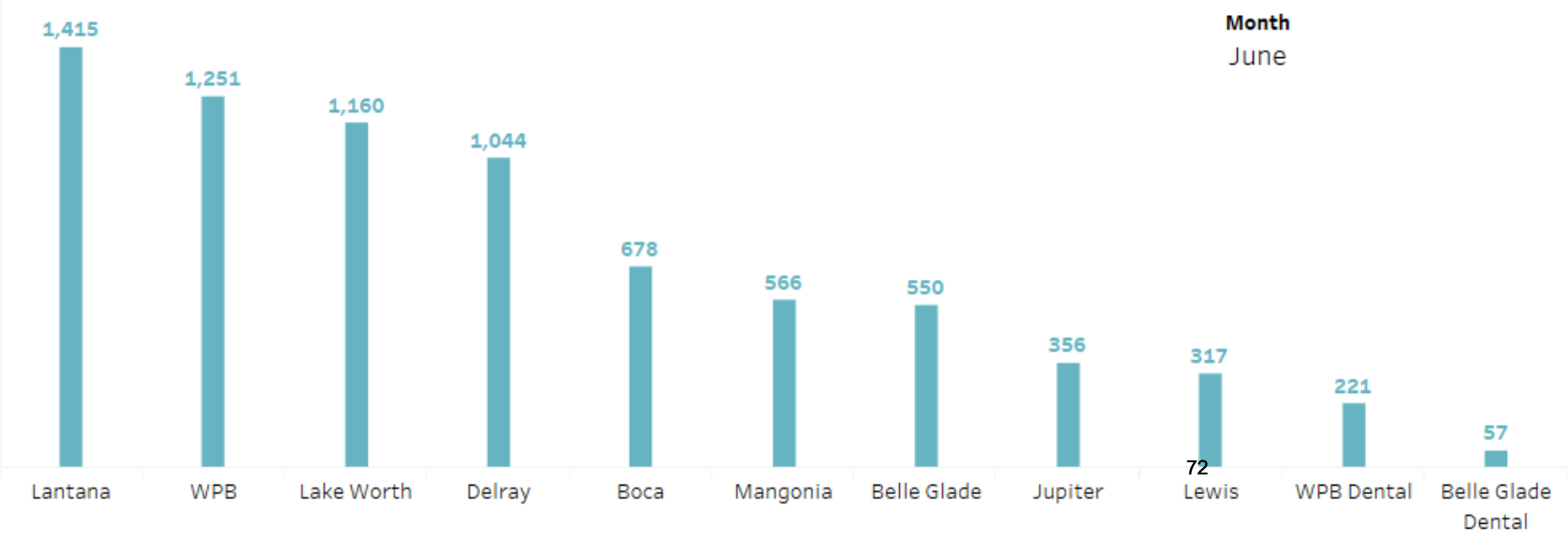
# 2021 Visits 44,749

Service Date  
1/1/2020 to 5/31/2021

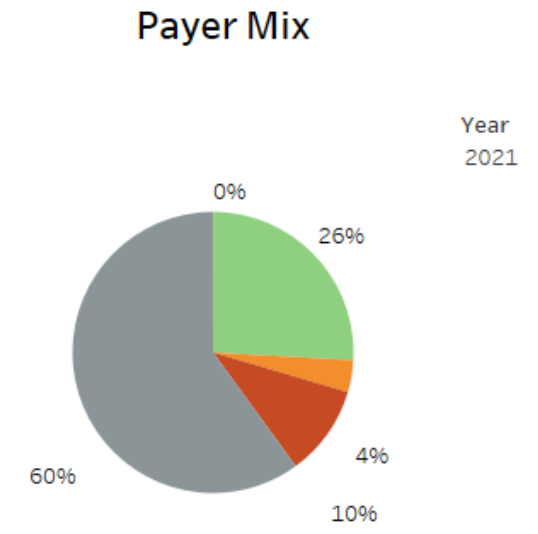


- In Person
- Tele Health
- Adult
- Adult/Peds
- Behavioral Health
- Dental
- OB/GYN
- Pediatric
- Substance Abuse

Adult/Peds = Residents

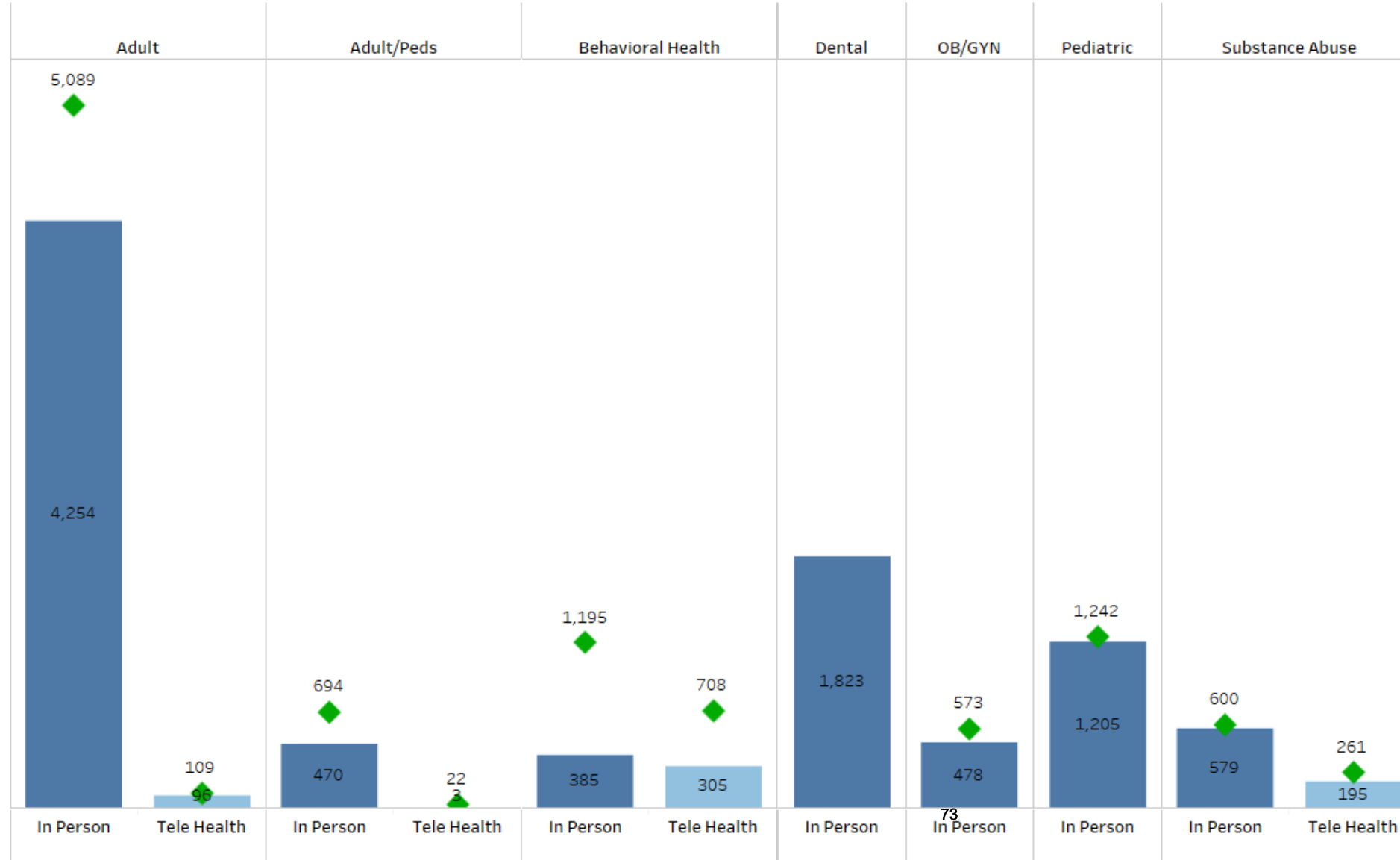


- HCD
- Medicaid
- Medicare
- Private
- Uninsured



Productivity by Category

■ In Person   
 ■ Tele Health   
 ◆ Target

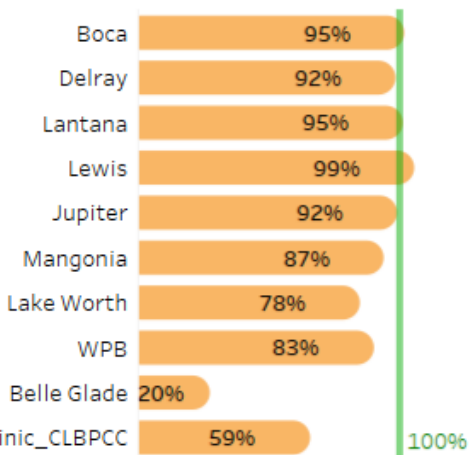


	In Person	Tele Health	Grand Total
Adult	4,254	96	<b>4,350</b>
Adult/Peds	470	3	<b>473</b>
Behavioral Health	385	305	<b>690</b>
Dental	1,823		<b>1,823</b>
OB/GYN	478		<b>478</b>
Pediatric	1,205		<b>1,205</b>
Substance Abuse	579	195	<b>774</b>
<b>Total Visits</b>	<b>9,194</b>	<b>599</b>	<b>9,793</b>

■ Target met ■ Target not met

**In Person Encounters**

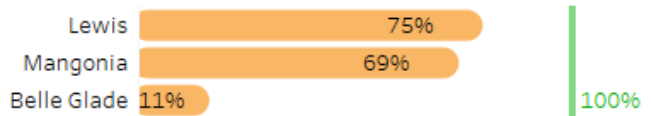
**Adult**



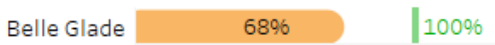
**Women's Health**



**Behavioral Health**



**Adult/Peds (Residents)**



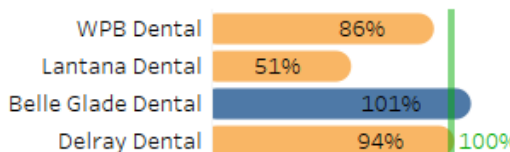
**Pediatric**



**Substance Abuse**

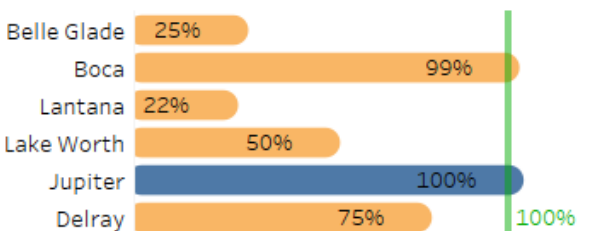


**Dental**



**Tele Health Encounters**

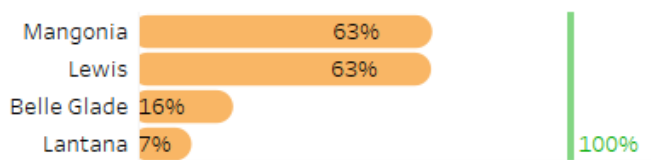
**Adult**



**Women's Health**

**Pediatric**

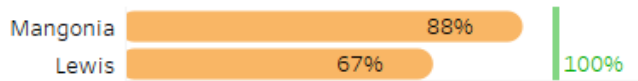
**Behavioral Health**



**Adult/Peds (Residents)**

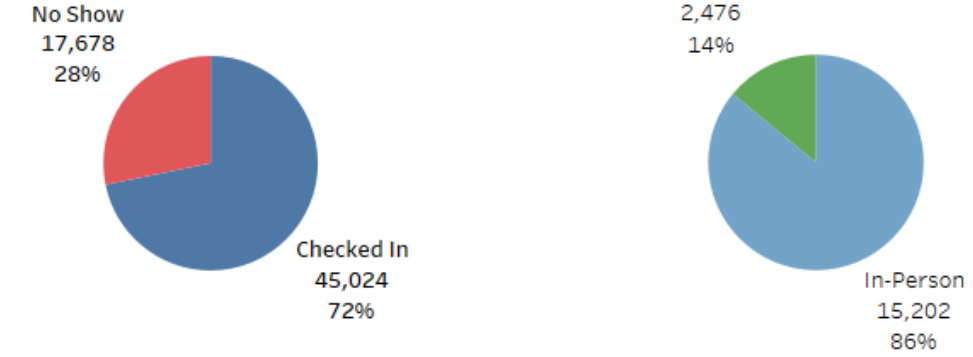
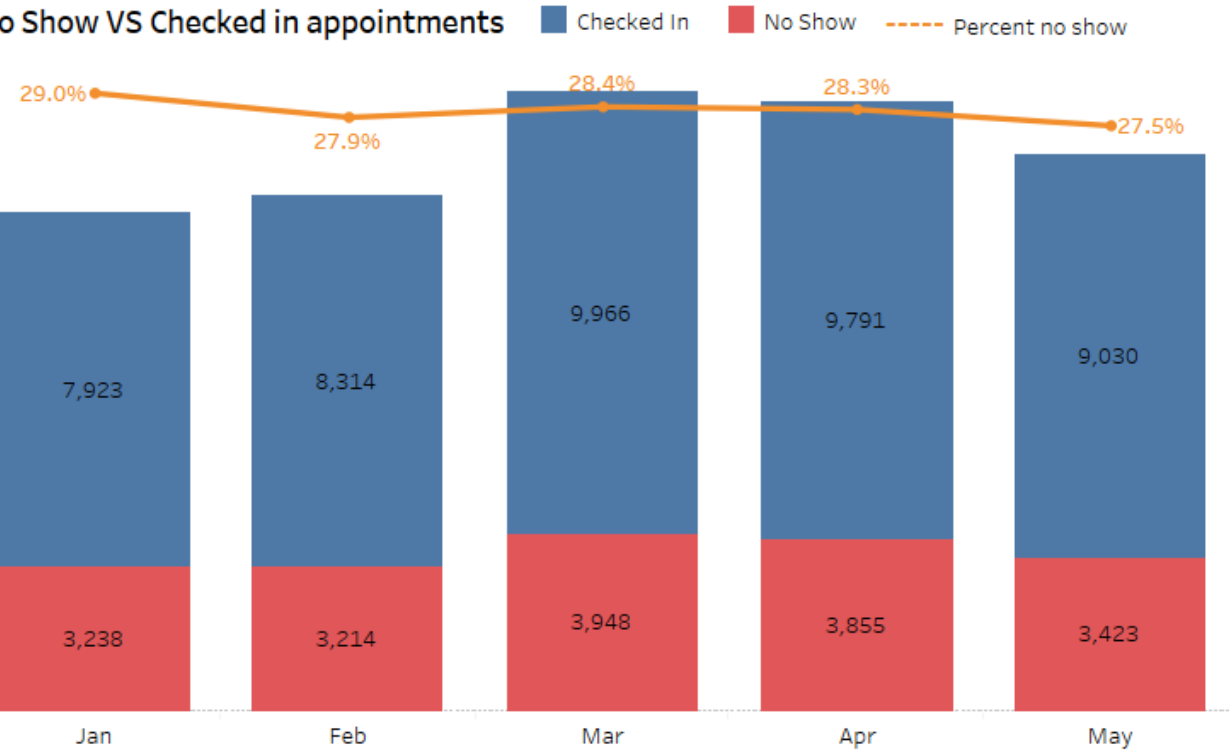


**Substance Abuse**

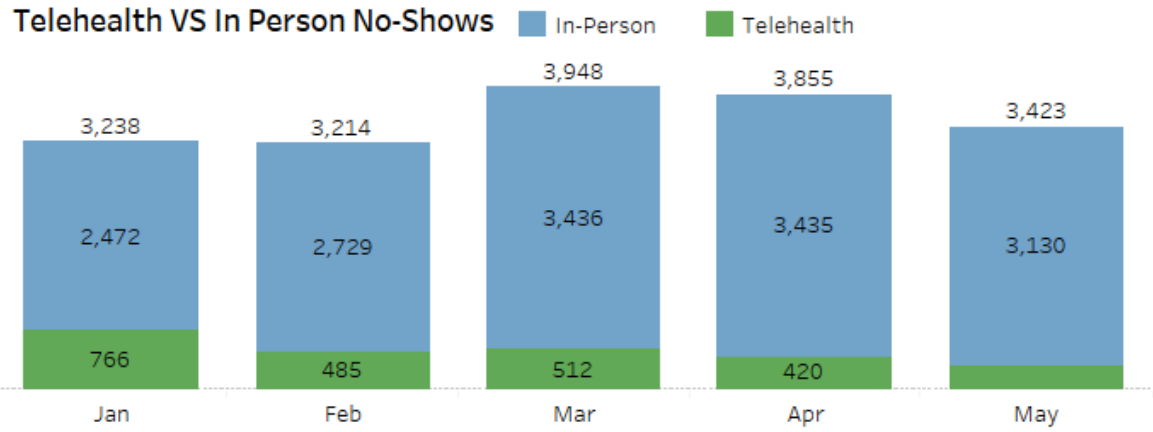


# No Show appointments analysis

No Show VS Checked in appointments



Telehealth VS In Person No-Shows





**DISTRICT CLINIC HOLDINGS, INC.**  
**BOARD OF DIRECTORS**  
**July 28, 2021**

**1. Description: Quality Report**

**2. Summary:**

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

- Quality Council Meeting Minutes July 2021
- UDS Report – YTD May 2021
- Provider Productivity – May 2021

**3. Substantive Analysis:**

PATIENT SAFETY & ADVERSE EVENTS

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

PATIENT SATISFACTION AND GRIEVANCES

Patient relations are to be presented as a separate agenda item.

QUALITY ASSURANCE & IMPROVEMENT

In May, we saw our UDS Colorectal Cancer Screening measure improve from 44% to 63%. This was primarily due to re-evaluating and changing the way the report was pulled. Since the FIT test is ordered annually, we changed our report dates to a rolling calendar year instead of the current calendar year. This current report reflects data from June 2020 to May 2021.

UTILIZATION OF HEALTH CENTER SERVICES

Individual monthly provider productivity is stratified by the clinic.

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

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

**DISTRICT CLINIC HOLDINGS, INC.**  
**BOARD OF DIRECTORS**  
**July 28, 2021**

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

\_\_\_\_\_  
Candice Abbott  
VP & Chief Financial Officer

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

N/A

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

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

**6. Recommendation:**

Staff recommends the Board Approve the updated Quality Report.

Approved for Legal sufficiency:

*Bernabe Icaza*

\_\_\_\_\_  
Bernabe Icaza  
VP & General Counsel

*lh Dr*

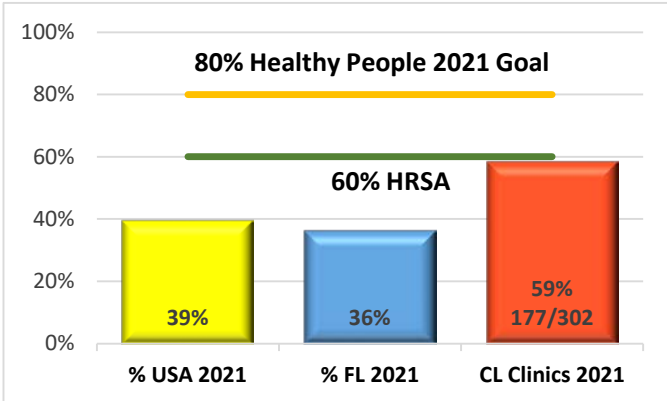
\_\_\_\_\_  
Dr. Charmaine Chibar  
FQHC Medical Director

*Hyla Fritsch*

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

**C. L. BRUMBACK PRIMARY CARE CLINICS**  
**YTD May 2021**

**CHILDHOOD IMMUNIZATION**

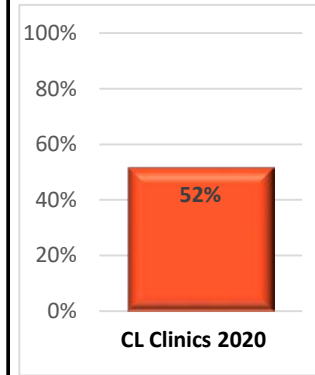


**Findings:**

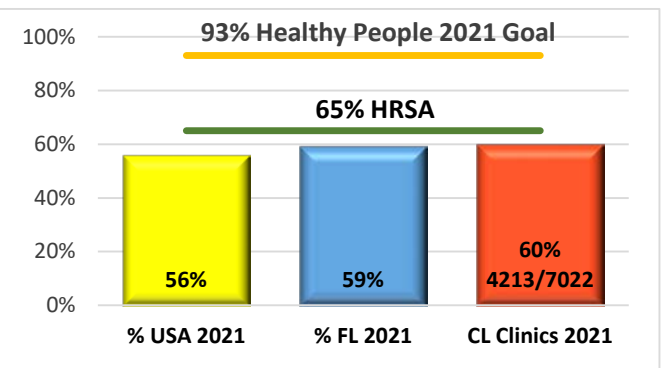
1. Just shy of goal.

**Interventions:**

1. The has been resolved with bi-directional interface between FL Shots and Epic.



**CERVICAL CANCER SCREENING**



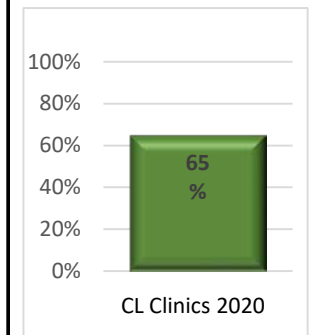
**Findings:**

1. Compared to April the score increased by 1%.
2. The QMR report is not capturing PAP smears done with HPV co-testing.

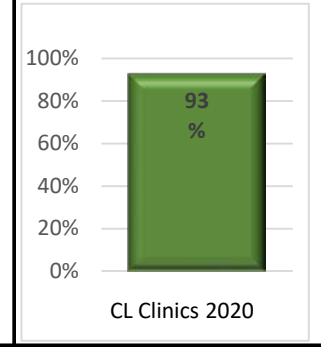
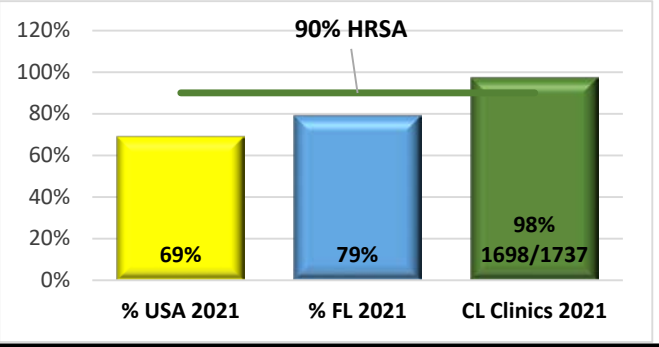
**Interventions:**

1. List of patients with missing cervical cancer screenings was stratified by clinic the list was provided to clinic supervisors to follow with MAs and providers on the day of patient's appointment to close the gap. The project was done for two weeks only. Among the patients with unmet metric, 30% of them had a PAP smear found in the record.

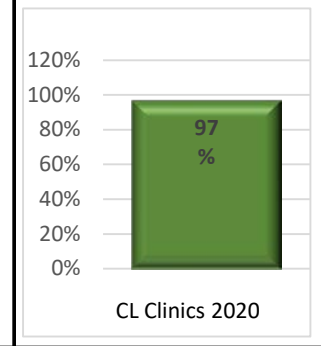
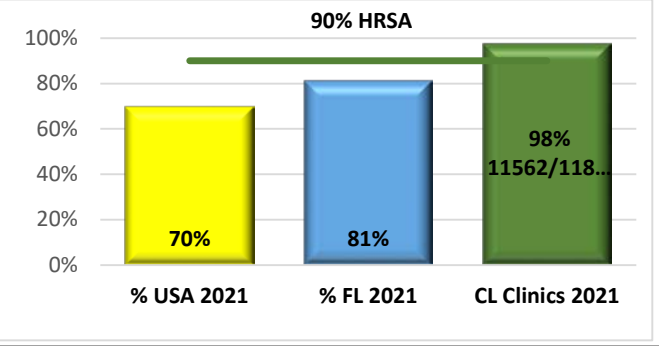
2. For patients with an appointment starting July 1st the PAP smear results are being uploaded to EPIC during the abstraction encounter before the appointment. When Athena archive is transferred to EPIC the screening can be satisfied manually.



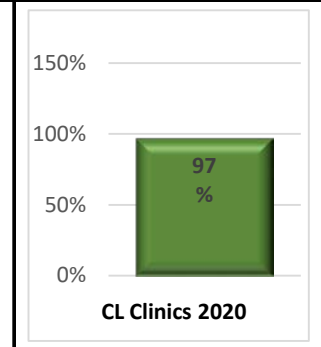
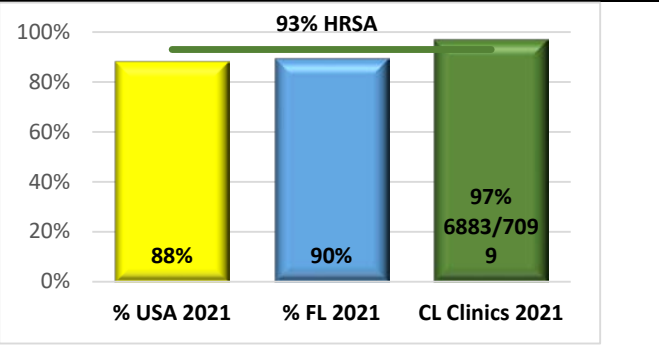
**WEIGHT SCREENING AND COUNSELING FOR CHILDREN AND ADOLESCENTS**



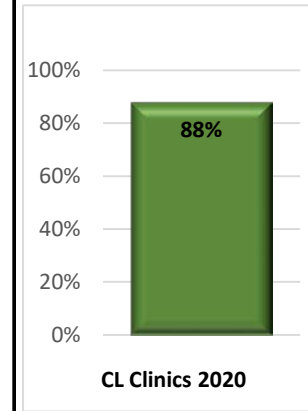
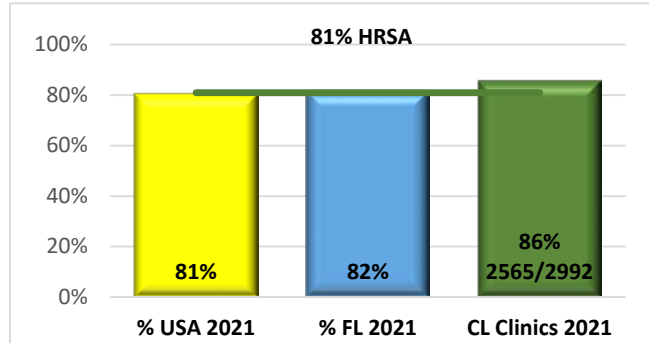
**ADULT WEIGHT SCREENING AND FOLLOW UP**



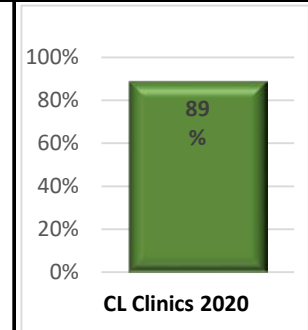
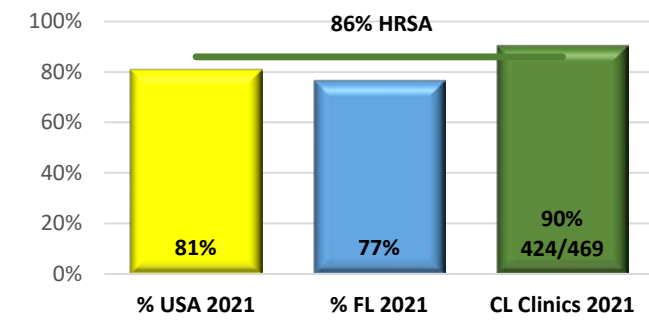
**TOBACCO USE SCREENING AND CESSATION INTERVENTION**



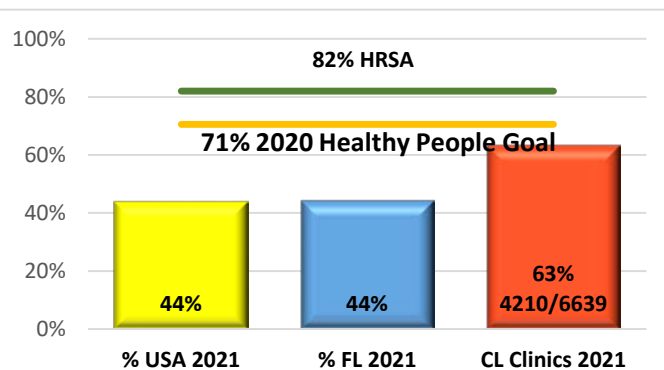
### CORONARY ARTERY DISEASE (CAD): LIPID THERAPY



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



### COLORECTAL CANCER SCREENING

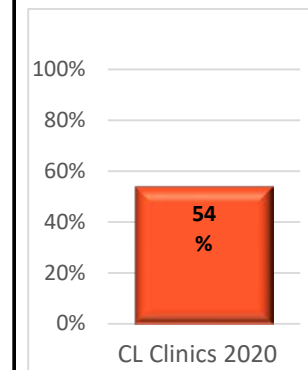


#### Findings:

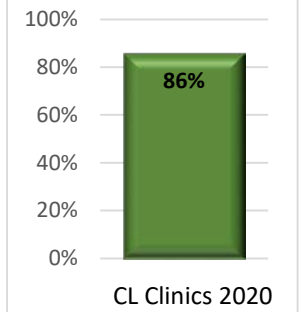
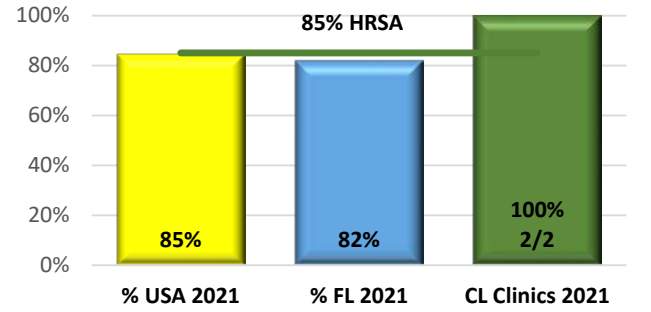
The report this month was pulled differently. As the fit test is ordered annually, we went back to June last year and up to May this year. The numbers in the report from May show a significant difference compared to April, 2021. The percentage of patients with satisfaction of the metric increased from 43% to 63%

#### Interventions:

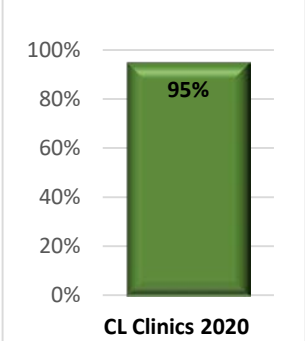
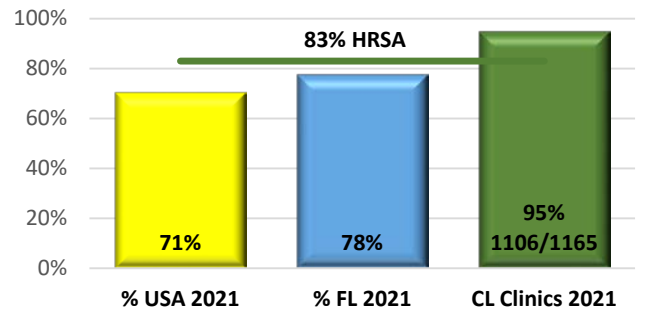
1. The nursing leadership will reimplement POD.
2. During chart abstraction on patients with colonoscopy, sigmoidoscopy and colonography will be uploaded to EPIC.



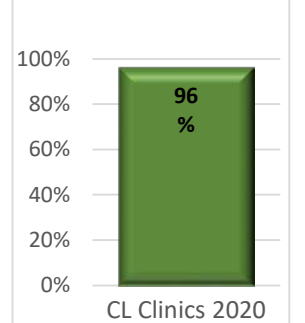
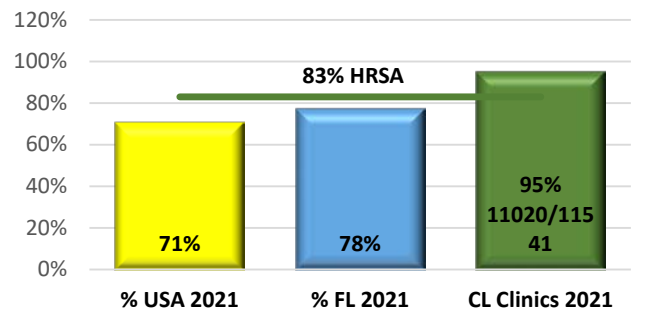
**HIV LINKAGE TO CARE**



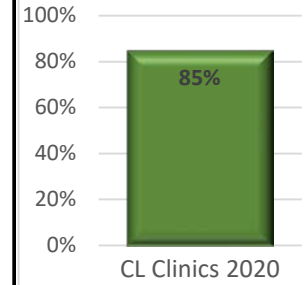
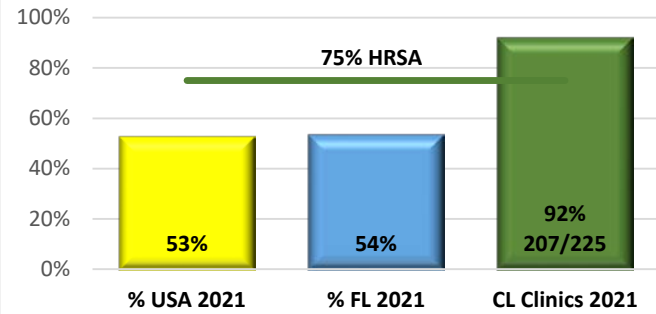
**PATIENTS SCREENED FOR DEPRESSION AND FOLLOW-UP SPECIAL POPULATION: HOMELESS**



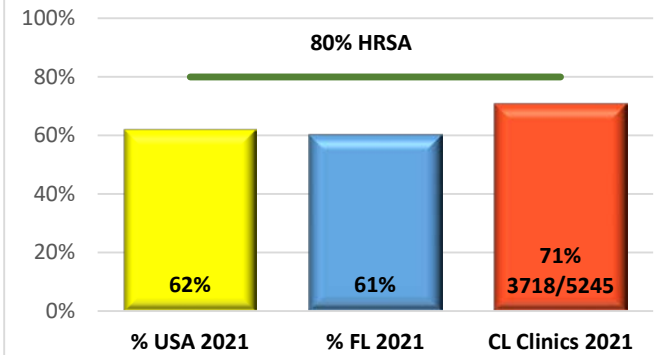
**PATIENTS SCREENED FOR DEPRESSION AND FOLLOW-UP**



### DENTAL SEALANTS



### HYPERTENSION

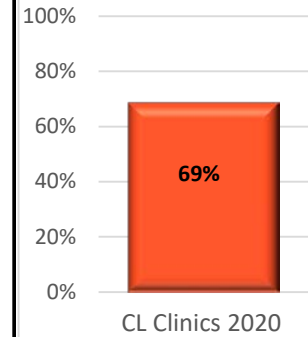


**Findings:**

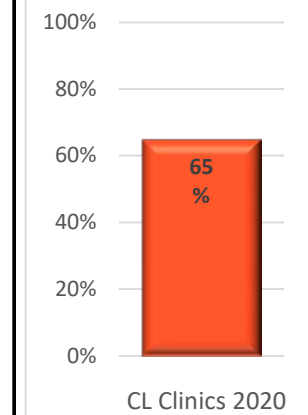
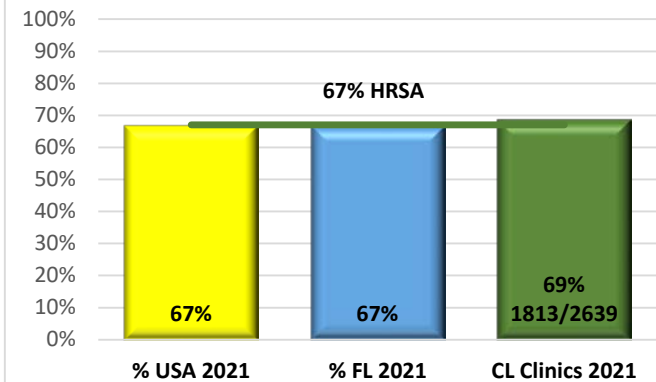
The metric improved by 3% when compared to the month of April.

**Interventions:**

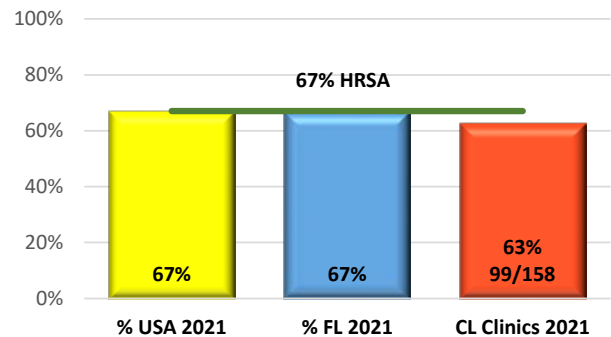
1. The BP cuff grant from the AHA has been implemented.
2. The hypertension guidelines for C L Brumback are still in the final steps of revision and updating. Future training for medical providers will be planned.
3. The initiative to give the call center the monthly list of patients that are uncontrolled, needs data and do not have an appointment to schedule appointments is still pending.



### DIABETES



### DIABETES FOR SPECIAL POPULATIONS: MIGRANT

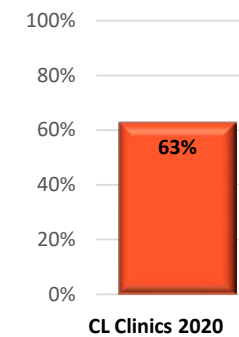


**Findings:**

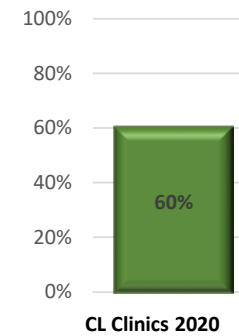
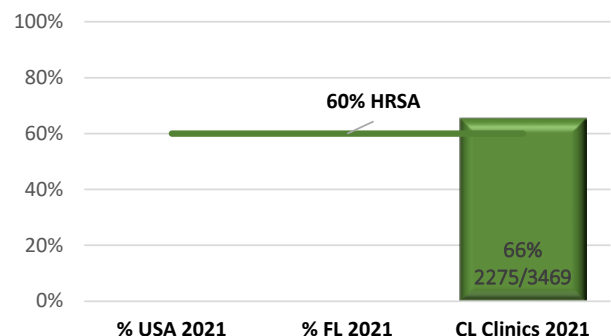
Compared with the general diabetic population there is a lower number of uncontrolled diabetics among this population.

**Interventions:**

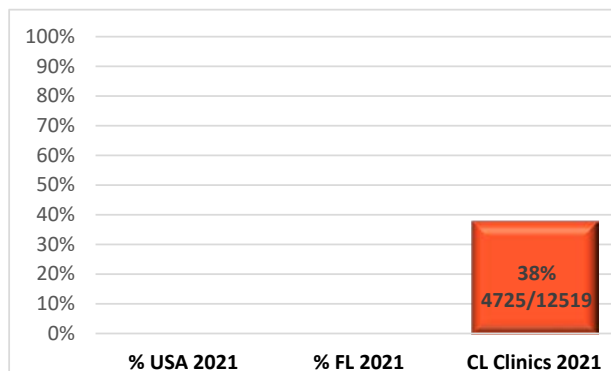
POC HbA1c POC initiative will continue and reaching to set appointments for the patients with missing data or uncontrolled.



### BREAST CANCER SCREENING



### HIV SCREENING

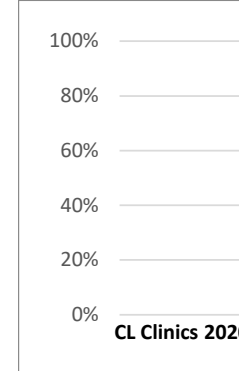


**Findings:**

38% of the patients seen from January to April had a HIV screening result with 1% increase compared to the previous month.

**Interventions:**

1. According to the CDC's Behavioral Risk Factor Surveillance System (BRFSS) about half (46%) of U.S. adults, aged 18-64, reported ever having been tested for HIV, including 8% who reported being tested in 2017. We could set a target goal of at least a 46% for 2021. This was not discussed in prior meeting.
2. We need to consider running a report for the eligible population this year to search in Athena if they had a 4th generation HIV test in the previous years.
3. annual exam panel sets in EPIC will be share with the providers that include HIV testing.



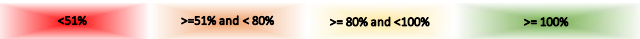




# PRODUCTIVITY MAY 2021

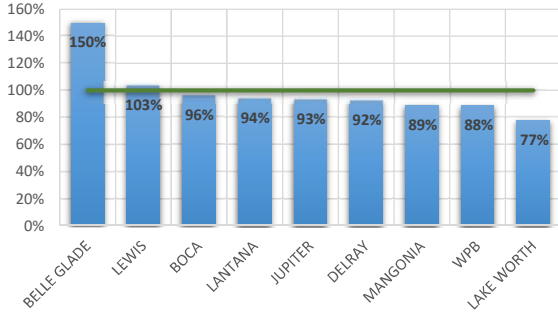
ALL CLINICS

AS 05/31/2021 Based on Checked-In App

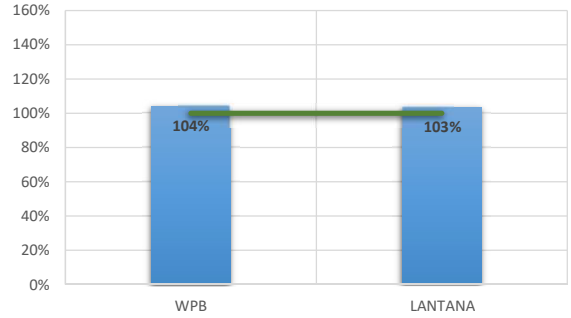


Category	Target for the Month			Total for the Month Seen			% Monthly Target Achieved		
	AS 05/31/2021	In-Person	Telehealth	Total	In-Person	Telehealth		Total	
ADULT CARE	5,089	109	5,198	4,789	94%	105	96%	4,894	94%
PEDIATRIC CARE	1,242	0	1,242	1,284	103%	0		1,284	103%
WOMEN'S HEALTH CARE	573	2	575	483	84%	1	50%	484	84%
BEHAVIORAL HEALTH	799	489	1,288	726	91%	393	80%	1,119	87%
SUBSTANCE ABUSE	996	480	1,476	936	94%	417	87%	1,353	92%
DENTAL	2,264	0	2,264	1,861	82%	0		1,861	82%
<b>Grand Total</b>	<b>10,963</b>	<b>1,080</b>	<b>12,043</b>	<b>10,079</b>	<b>92%</b>	<b>916</b>	<b>85%</b>	<b>10,995</b>	<b>91%</b>

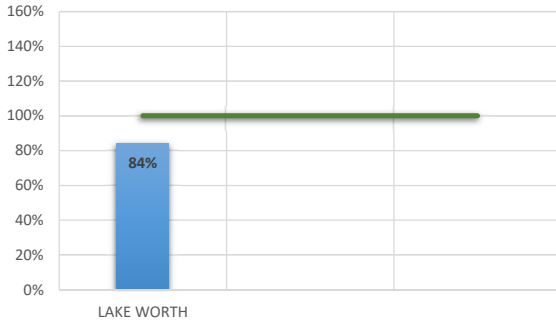
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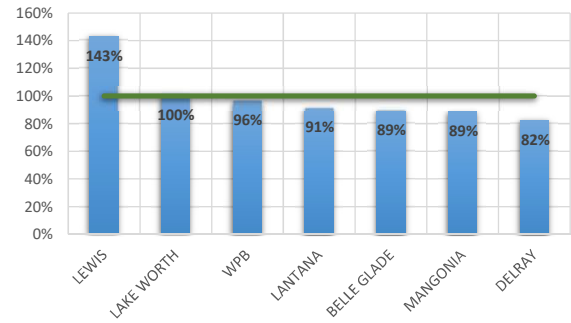
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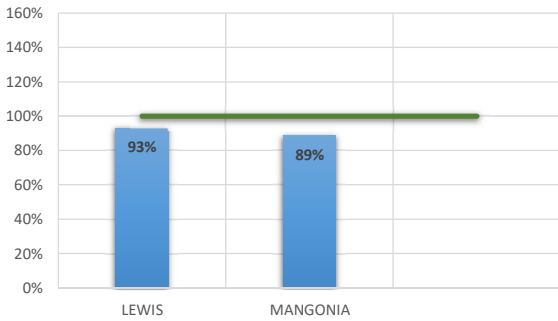
Women's Health Care



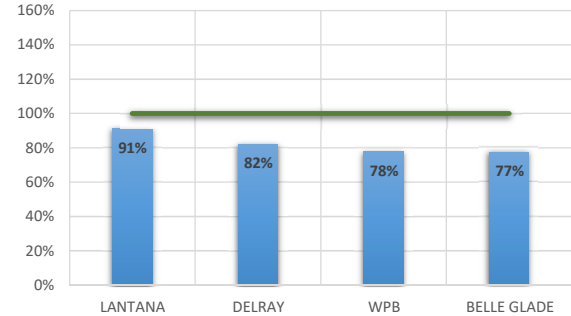
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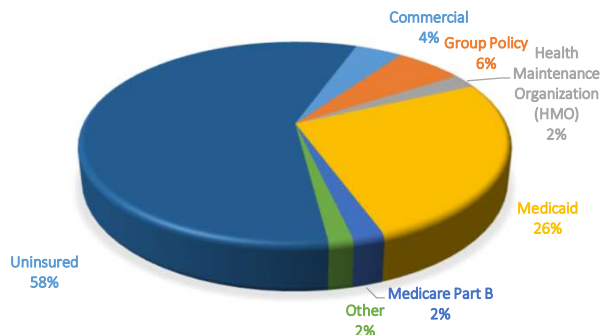
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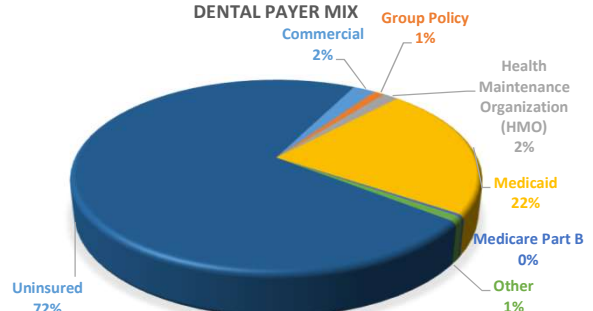
Dental



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DENTAL PAYER MIX



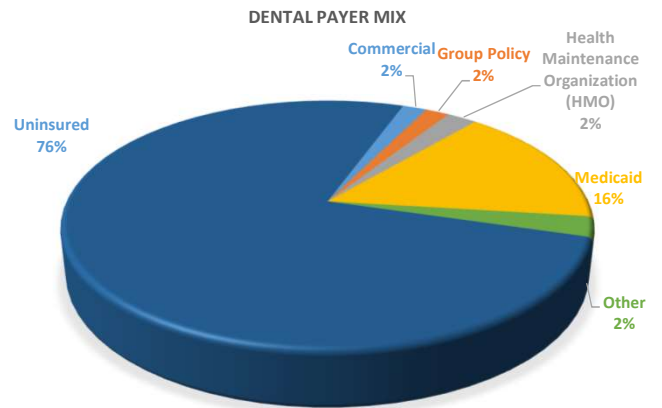
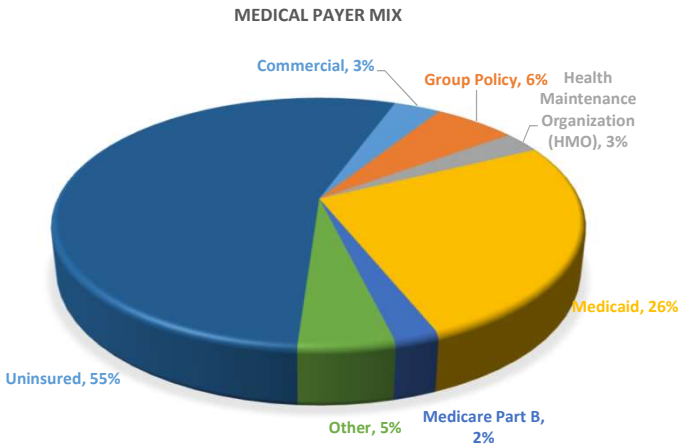
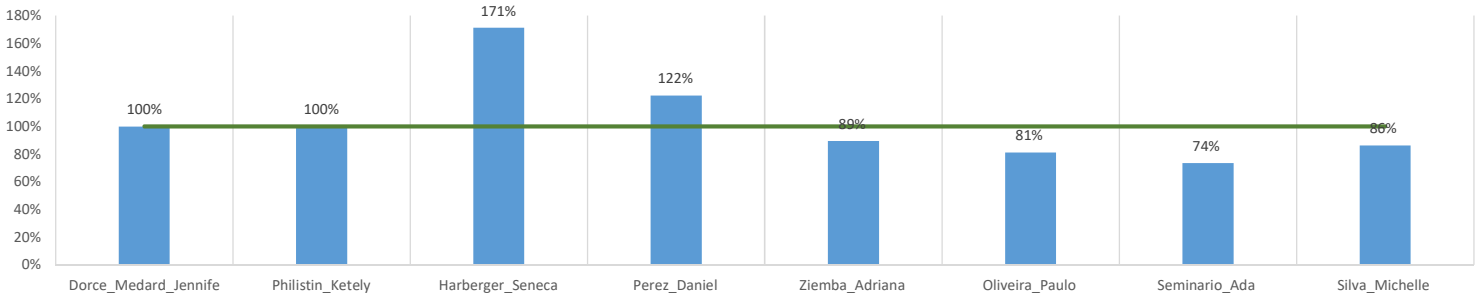
AS 05/31/2021 Based on Checked-In App

ADULT CARE										
Provider	Daily Target	Days Worked	Target for the Month			Total for the Month Seen			% Monthly Target Achieved	Daily Average
			In-Person	Telehealth	Total	In-Person	Telehealth	Total		
Dorce_Medard_Jennife	9	2	18	0	18	18	0	18	100%	9.0
Philistin_Ketely	14	2	24	0	24	24	0	24	100%	12.0
Harberger_Seneca & Residents	18	14	230	4	234	400	1	401	171%	28.6
Perez_Daniel & Residents	16	7	107	0	107	131	0	131	122%	18.7
<b>ADULT CARE TOTALS</b>		<b>25</b>	<b>379</b>	<b>4</b>	<b>383</b>	<b>573</b>	<b>1</b>	<b>574</b>	<b>150%</b>	

BEHAVIORAL HEALTH										
Ziemba_Adriana	8	15	46	49	95	41	44	85	89%	5.7
<b>BEHAVIORAL HEALTH TOTALS</b>		<b>15</b>	<b>46</b>	<b>49</b>	<b>95</b>	<b>41</b>	<b>44</b>	<b>85</b>	<b>89%</b>	

DENTAL										
Oliveira_Paulo	16	1	16	0	16	13		13	81%	13.0
Seminario_Ada	16	13	200	0	200	147		147	74%	11.3
Silva_Michelle	16	5	80	0	80	69		69	86%	13.8
<b>DENTAL TOTALS</b>		<b>19</b>	<b>296</b>	<b>0</b>	<b>296</b>	<b>229</b>	<b>0</b>	<b>229</b>	<b>77%</b>	

<b>GRAND TOTAL</b>		<b>59</b>	<b>721</b>	<b>53</b>	<b>774</b>	<b>843</b>	<b>45</b>	<b>888</b>	<b>115%</b>	
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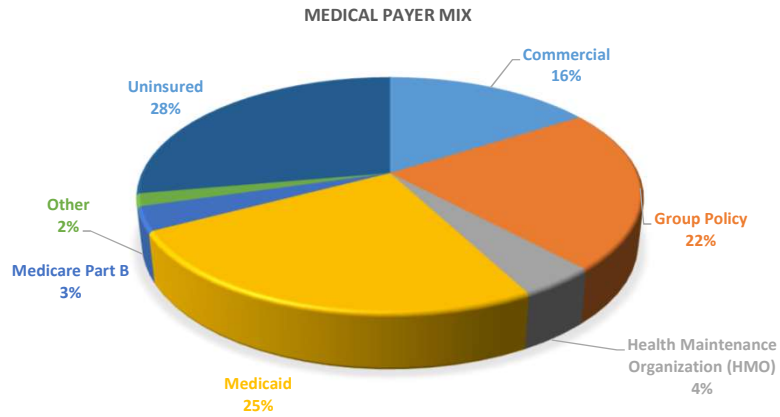
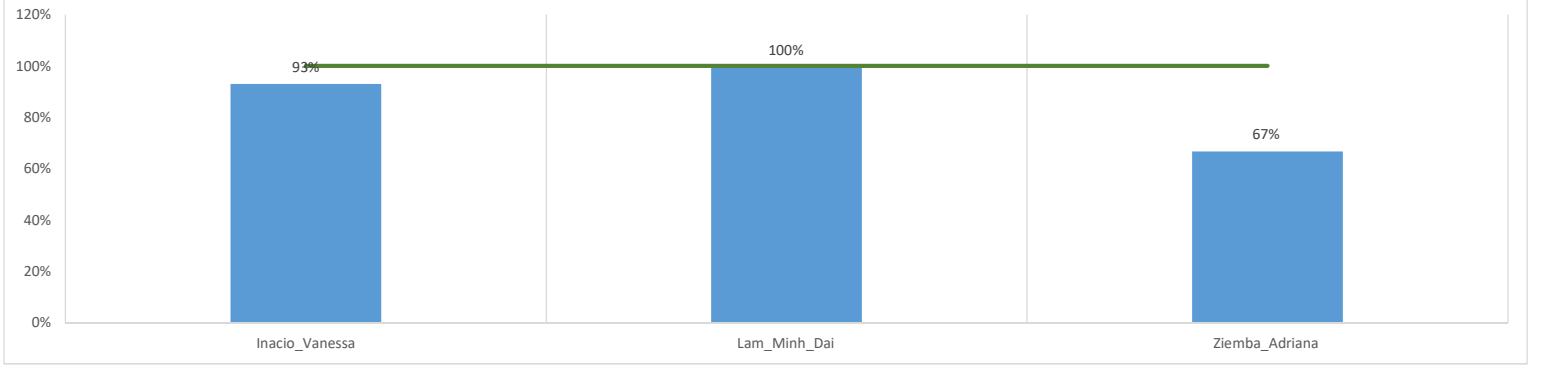


AS 05/31/2021 Based on Checked-In App

ADULT CARE										
Provider	Daily Target	Days Worked	Target for the Month			Total for the Month Seen			% Monthly Target Achieved	Daily Average
			In-Person	Telehealth	Total	In-Person	Telehealth	Total		
Inacio_Vanessa	18	20	317	35	352	300	27	327	93%	16.4
Lam_Minh_Dai	16	20	259	53	312	247	64	311	100%	15.6
<b>ADULT CARE TOTALS</b>		<b>40</b>	<b>576</b>	<b>88</b>	<b>664</b>	<b>547</b>	<b>91</b>	<b>638</b>	<b>96%</b>	

BEHAVIORAL HEALTH										
Ziemba_Adriana	8	2	2	1	3	2		2	67%	1.0
<b>BEHAVIORAL HEALTH TOTALS</b>		<b>2</b>	<b>2</b>	<b>1</b>	<b>3</b>	<b>2</b>	<b>0</b>	<b>2</b>	<b>67%</b>	

GRAND TOTAL										
		<b>42</b>	<b>578</b>	<b>89</b>	<b>667</b>	<b>549</b>	<b>91</b>	<b>640</b>	<b>96%</b>	



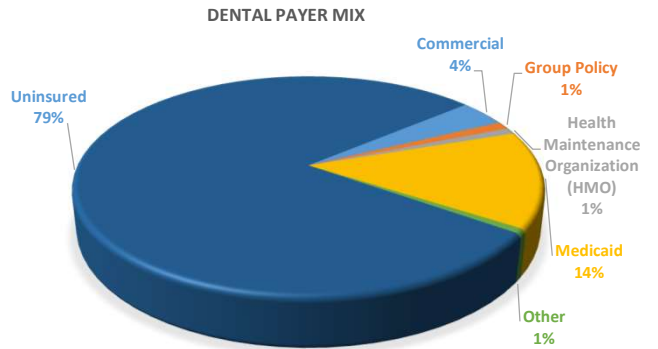
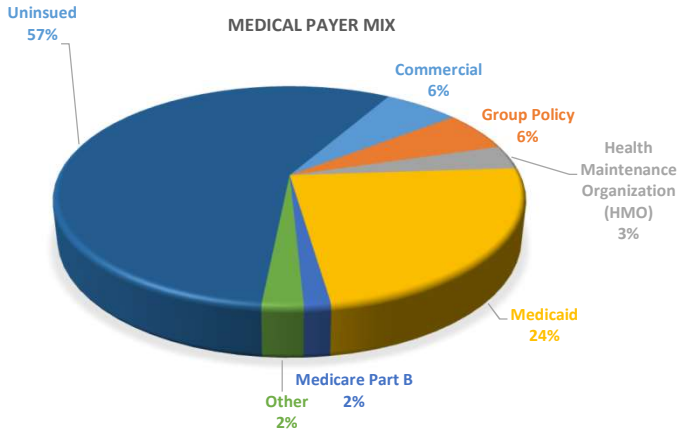
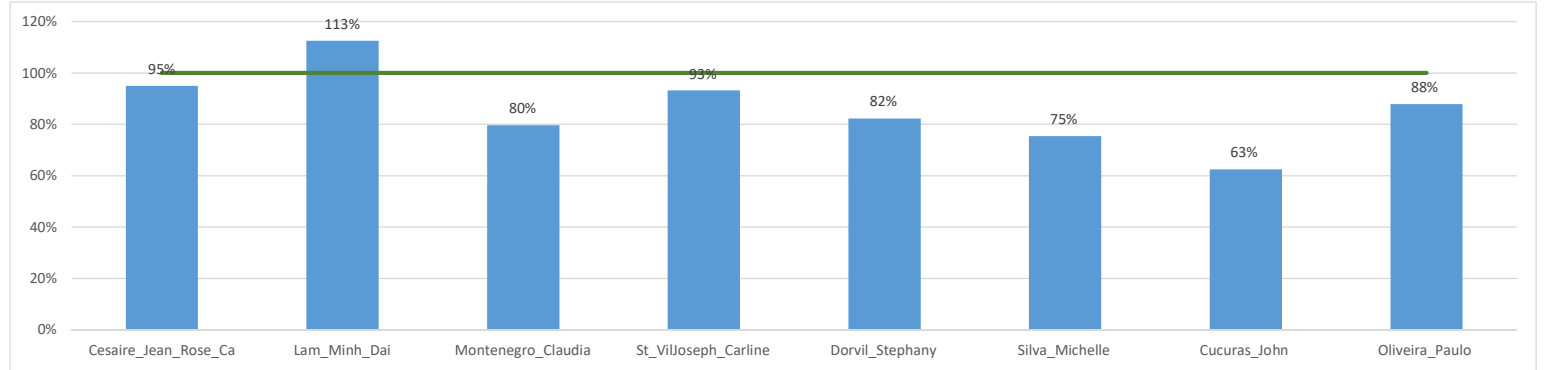
AS 05/31/2021 Based on Checked-In App

ADULT CARE										
Provider	Daily Target	Days Worked	Target for the Month			Total for the Month Seen			% Monthly Target Achieved	Daily Average
			In-Person	Telehealth	Total	In-Person	Telehealth	Total		
Cesaire_Jean_Rose_Ca	16	13	199	1	200	189	1	190	95%	14.6
Lam_Minh_Dai	8	4	30	2	32	34	2	36	113%	9.0
Montenegro_Claudia	18	6	108	0	108	86	0	86	80%	14.3
St_VilJoseph_Carline	16	16	247	1	248	230	1	231	93%	14.4
<b>ADULT CARE TOTALS</b>		<b>19</b>	<b>584</b>	<b>4</b>	<b>588</b>	<b>539</b>	<b>4</b>	<b>543</b>	<b>92%</b>	

BEHAVIORAL HEALTH										
Provider	Daily Target	Days Worked	In-Person	Telehealth	Total	In-Person	Telehealth	Total	% Monthly Target Achieved	Daily Average
Dorvil_Stephany	11	18	159	45	204	139	29	168	82%	9.3
Ziemba_Adriana	1	1	1	0	1	1	0	1	100%	1.0
<b>BEHAVIORAL HEALTH TOTALS</b>		<b>19</b>	<b>160</b>	<b>45</b>	<b>205</b>	<b>140</b>	<b>29</b>	<b>169</b>	<b>82%</b>	

DENTAL										
Provider	Daily Target	Days Worked	In-Person	Telehealth	Total	In-Person	Telehealth	Total	% Monthly Target Achieved	Daily Average
Silva_Michelle	16	15	232	0	232	175		175	75%	11.7
Cucuras_John	8	1	8	0	8	5		5	63%	5.0
Oliveira_Paulo	16	19	296	0	296	260		260	88%	13.7
<b>DENTAL TOTALS</b>		<b>35</b>	<b>536</b>	<b>0</b>	<b>536</b>	<b>440</b>	<b>0</b>	<b>440</b>	<b>82%</b>	

GRAND TOTAL										
		<b>73</b>	<b>1,280</b>	<b>49</b>	<b>1,329</b>	<b>1,119</b>	<b>33</b>	<b>1,152</b>	<b>87%</b>	

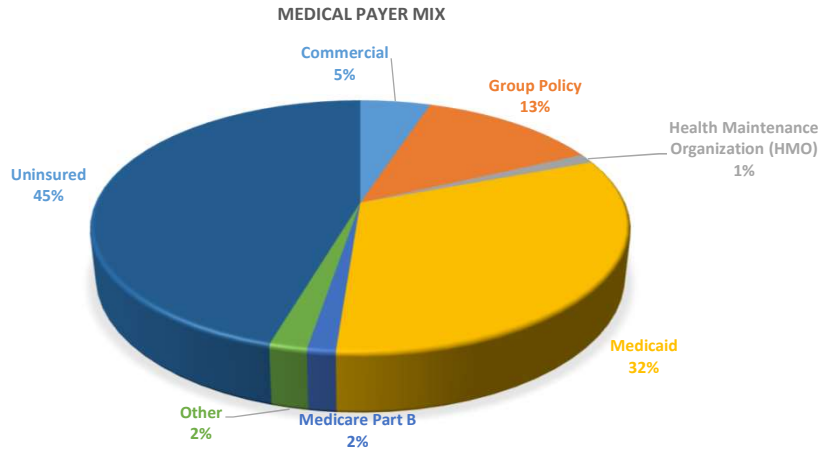




AS 05/31/2021 Based on Checked-In App

ADULT CARE										
Provider	Daily Target	Days Worked	Target for the Month			Total for the Month Seen			% Monthly Target Achieved	Daily Average
			In-Person	Telehealth	Total	In-Person	Telehealth	Total		
Dabu_Viray_Dabu	18	16	278	1	279	266	1	267	96%	16.7
Shoaf_Noremi	16	11	167	1	168	148	1	149	89%	13.5
<b>ADULT CARE TOTALS</b>		<b>27</b>	<b>445</b>	<b>2</b>	<b>447</b>	<b>414</b>	<b>2</b>	<b>416</b>	<b>93%</b>	

<b>GRAND TOTAL</b>	<b>27</b>	<b>445</b>	<b>2</b>	<b>447</b>	<b>414</b>	<b>2</b>	<b>416</b>	<b>93%</b>	
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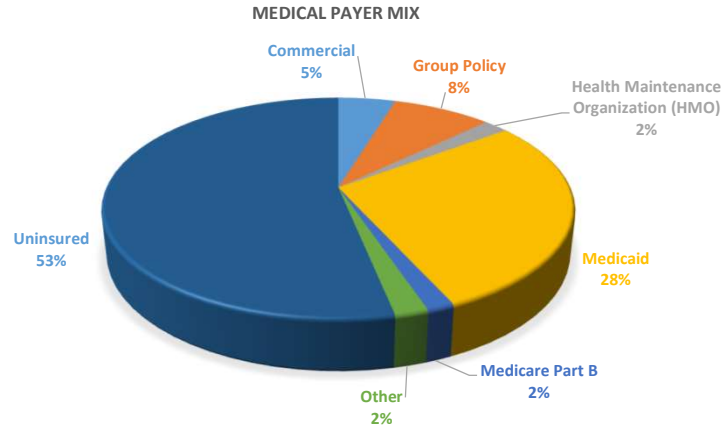
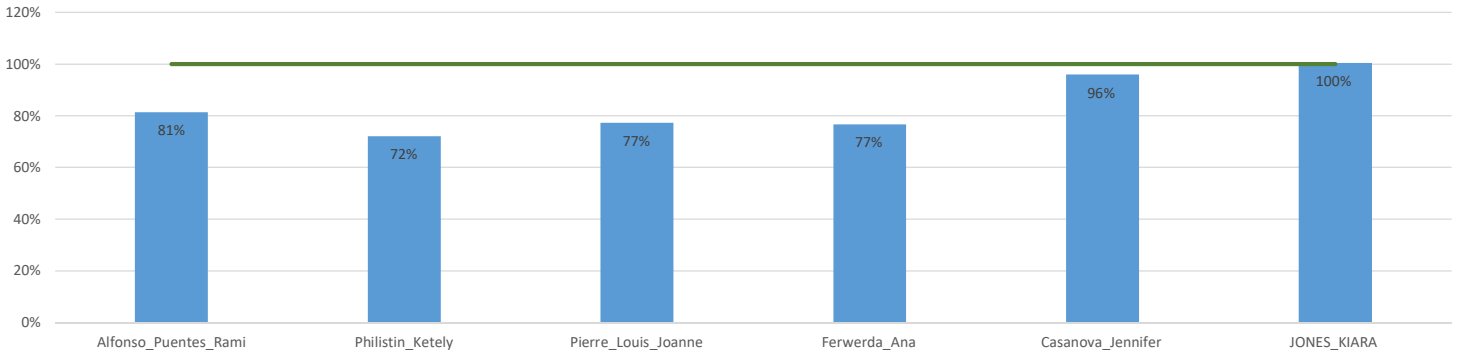
AS 05/31/2021 Based on Checked-In App

ADULT CARE										
Provider	Daily Target	Days Worked	Target for the Month			Total for the Month Seen			% Monthly Target Achieved	Daily Average
			In-Person	Telehealth	Total	In-Person	Telehealth	Total		
Alfonso_Puentes_Rami	17	22	349	2	351	285	1	286	81%	13.0
Philistin_Ketely	16	18	280	0	280	202	0	202	72%	11.2
Pierre_Louis_Joanne	16	20	304	0	304	235	0	235	77%	11.8
<b>ADULT CARE TOTALS</b>		<b>60</b>	<b>933</b>	<b>2</b>	<b>935</b>	<b>722</b>	<b>1</b>	<b>723</b>	<b>77%</b>	

WOMEN'S HEALTH CARE										
Ferwerda_Ana	18	20	351	0	351	269	0	269	77%	13.5
Casanova_Jennifer	16	14	222	2	224	214	1	215	96%	15.4
<b>WOMEN'S HEALTH CARE TOTALS</b>		<b>34</b>	<b>573</b>	<b>2</b>	<b>575</b>	<b>483</b>	<b>1</b>	<b>484</b>	<b>84%</b>	

BEHAVIORAL HEALTH										
JONES_KIARA	12	19	176	46	222	175	48	223	100%	11.7
<b>BEHAVIORAL HEALTH TOTALS</b>		<b>19</b>	<b>176</b>	<b>46</b>	<b>222</b>	<b>175</b>	<b>48</b>	<b>223</b>	<b>100%</b>	

GRAND TOTAL										
		<b>113</b>	<b>1,682</b>	<b>50</b>	<b>1,732</b>	<b>1,380</b>	<b>50</b>	<b>1,430</b>	<b>83%</b>	





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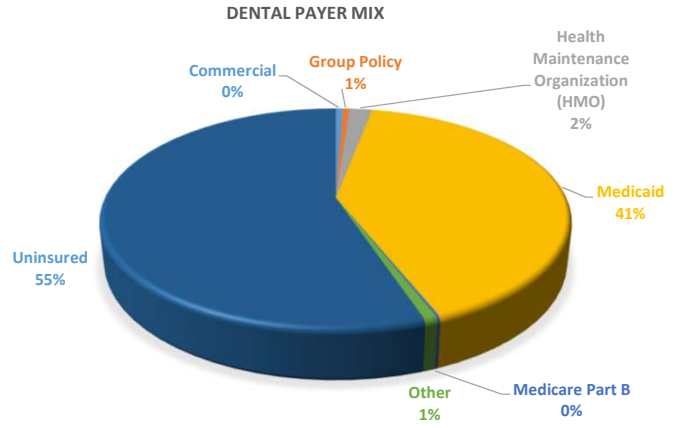
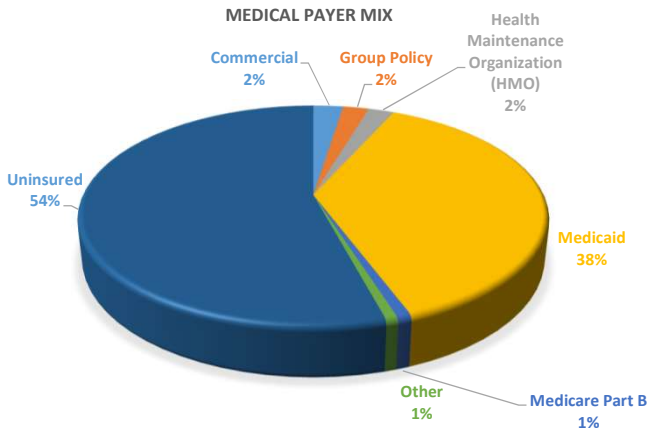
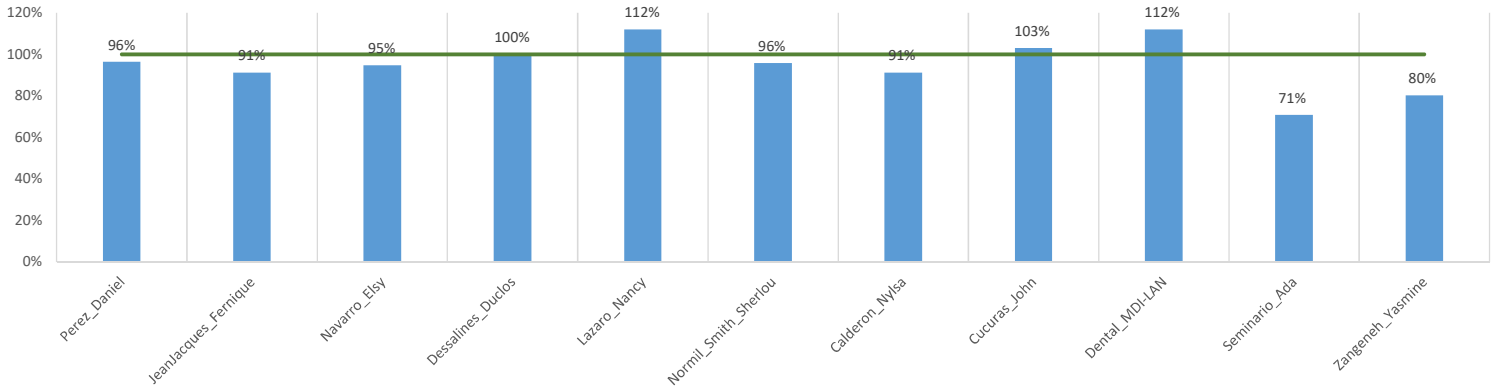
ADULT CARE										
Provider	Daily Target	Days Worked	Target for the Month			Total for the Month Seen			% Monthly Target Achieved	Daily Average
			In-Person	Telehealth	Total	In-Person	Telehealth	Total		
Perez_Daniel	18	13	198	0	198	191	0	191	96%	14.7
JeanJacques_Fernique	16	21	320	0	320	292	0	292	91%	13.9
Navarro_Elsy	16	19	279	9	288	267	6	273	95%	14.4
<b>ADULT CARE TOTALS</b>		<b>53</b>	<b>797</b>	<b>9</b>	<b>806</b>	<b>750</b>	<b>6</b>	<b>756</b>	<b>94%</b>	

PEDIATRIC CARE										
Dessalines_Duclos	18	18	315	0	315	315		315	100%	17.5
Lazaro_Nancy	18	19	333	0	333	373		373	112%	19.6
Normil_Smith_Sherlou	18	15	261	0	261	250		250	96%	16.7
<b>PEDIATRIC CARE TOTALS</b>		<b>52</b>	<b>909</b>	<b>0</b>	<b>909</b>	<b>938</b>		<b>938</b>	<b>103%</b>	

BEHAVIORAL HEALTH										
Calderon_Nylsa	12	19	170	46	216	151	46	197	91%	10.4
<b>BEHAVIORAL HEALTH TOTALS</b>		<b>19</b>	<b>170</b>	<b>46</b>	<b>216</b>	<b>151</b>	<b>46</b>	<b>197</b>	<b>91%</b>	

DENTAL										
Cucuras_John	16	2	32	0	32	33		33	103%	16.5
Dental_MDI-LAN	15	14	208	0	208	233		233	112%	16.6
Seminario_Ada	16	6	96	0	96	68		68	71%	11.3
Zangeneh_Yasmine	16	16	248	0	248	199		199	80%	12.4
<b>DENTAL TOTALS</b>		<b>38</b>	<b>584</b>	<b>0</b>	<b>584</b>	<b>533</b>		<b>533</b>	<b>91%</b>	

GRAND TOTAL										
		<b>162</b>	<b>2,460</b>	<b>55</b>	<b>2,515</b>	<b>2,372</b>	<b>52</b>	<b>2,424</b>	<b>96%</b>	







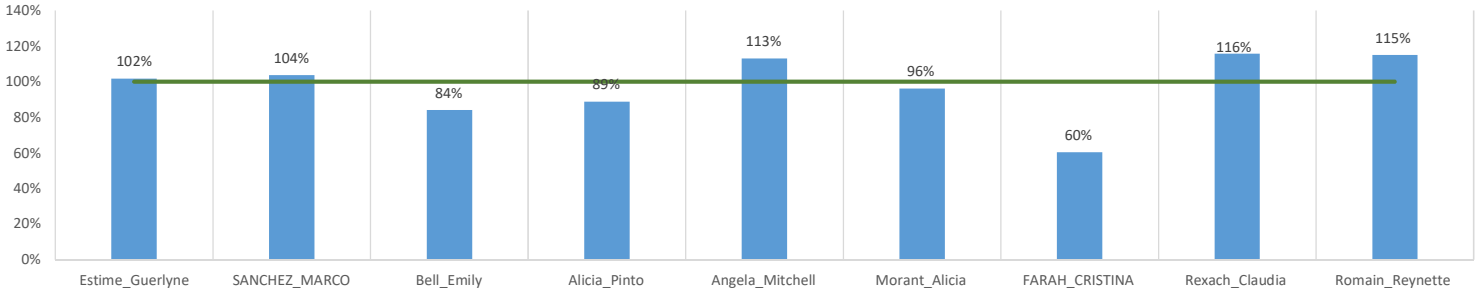
AS 05/31/2021 Based on Checked-In App

ADULT CARE										
Provider	Daily Target	Days Worked	Target for the Month			Total for the Month Seen			% Monthly Target Achieved	Daily Average
			In-Person	Telehealth	Total	In-Person	Telehealth	Total		
Estime_Guerlyne	14	4	56	0	56	57	0	57	102%	14.3
SANCHEZ_MARCO	16	16	248	0	248	257	0	257	104%	16.1
<b>ADULT CARE TOTALS</b>		<b>20</b>	<b>304</b>	<b>0</b>	<b>304</b>	<b>314</b>	<b>0</b>	<b>314</b>	<b>103%</b>	

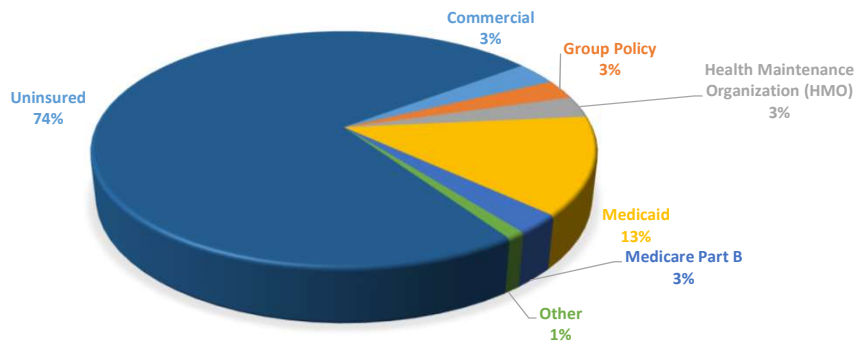
BEHAVIORAL HEALTH										
Ziemba_Adriana	7	3	6	1	7	7	3	10		3.3
<b>BEHAVIORAL HEALTH TOTALS</b>		<b>3</b>	<b>6</b>	<b>1</b>	<b>7</b>	<b>7</b>	<b>3</b>	<b>10</b>	<b>143%</b>	

SUBSTANCE ABUSE DISORDER										
Bell_Emily	16	20	290	6	296	245	4	249	84%	12.5
Alicia_Pinto	11	9	70	38	108	60	36	96	89%	10.7
Angela_Mitchell	11	11	71	59	130	79	68	147	113%	13.4
Morant_Alicia	11	11	92	40	132	86	41	127	96%	11.5
FARAH_CRISTINA	11	13	76	63	139	63	21	84	60%	6.5
Rexach_Claudia	11	12	73	48	121	92	48	140	116%	11.7
Romain_Reynette	10	10	36	50	86	48	51	99	115%	9.9
<b>SUBSTANCE ABUSE TOTALS</b>		<b>86</b>	<b>708</b>	<b>304</b>	<b>1,012</b>	<b>673</b>	<b>269</b>	<b>942</b>	<b>93%</b>	

<b>GRAND TOTAL</b>	<b>109</b>	<b>1,018</b>	<b>305</b>	<b>1,323</b>	<b>994</b>	<b>272</b>	<b>1,266</b>	<b>96%</b>	
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MEDICAL PAYER MIX





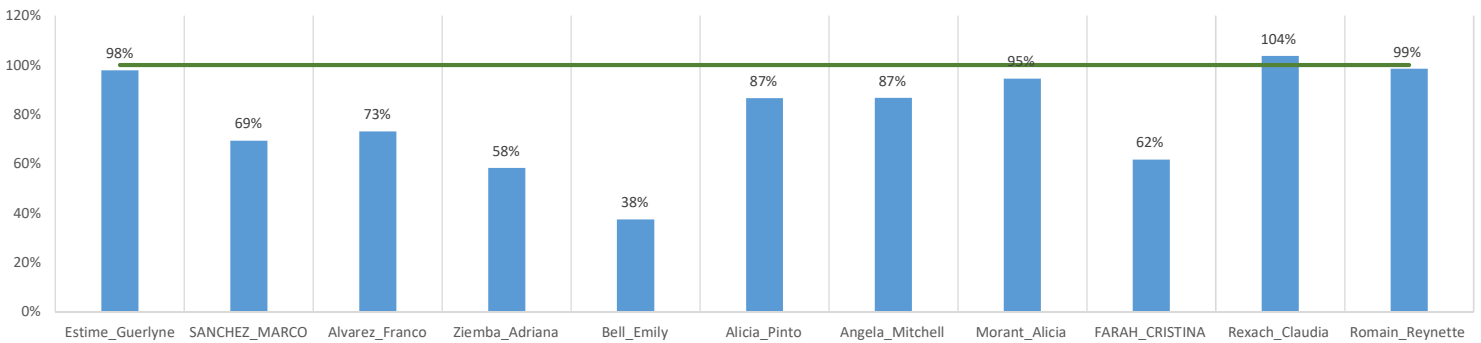
AS 05/31/2021 Based on Checked-In App

ADULT CARE										
Provider	Daily Target	Days Worked	Target for the Month			Total for the Month Seen			% Monthly Target Achieved	Daily Average
			In-Person	Telehealth	Total	In-Person	Telehealth	Total		
Estime_Guerlyne	14	15	186	0	186	182	0	182	98%	12.1
SANCHEZ_MARCO	14	7	88	0	88	61	0	61	69%	8.7
<b>ADULT CARE TOTALS</b>		<b>22</b>	<b>274</b>	<b>0</b>	<b>274</b>	<b>243</b>	<b>0</b>	<b>243</b>	<b>89%</b>	

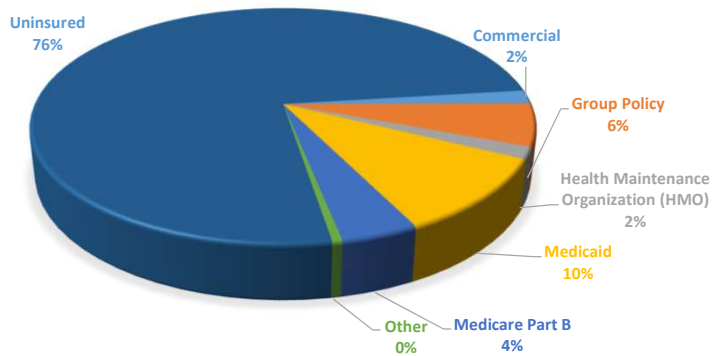
BEHAVIORAL HEALTH										
Alvarez_Franco	18	21	115	245	360	90	173	263	73%	12.5
Ziamba_Adriana	4	3	12	0	12	7	0	7	58%	2.3
<b>BEHAVIORAL HEALTH TOTALS</b>		<b>24</b>	<b>127</b>	<b>245</b>	<b>372</b>	<b>97</b>	<b>173</b>	<b>270</b>	<b>73%</b>	

SUBSTANCE ABUSE										
Bell_Emily	8	1	8	0	8	3	0	3	38%	3.0
Alicia_Pinto	10	8	52	30	82	47	24	71	87%	8.9
Angela_Mitchell	10	10	62	28	90	53	25	78	87%	7.8
Morant_Alicia	10	7	49	24	73	50	19	69	95%	9.9
FARAH_CRISTINA	10	6	50	10	60	32	5	37	62%	6.2
Rexach_Claudia	10	8	47	35	82	55	30	85	104%	10.6
Romain_Reynette	10	7	20	49	69	23	45	68	99%	9.7
<b>SUBSTANCE ABUSE TOTALS</b>		<b>47</b>	<b>288</b>	<b>176</b>	<b>464</b>	<b>263</b>	<b>148</b>	<b>411</b>	<b>89%</b>	

GRAND TOTAL										
		<b>93</b>	<b>689</b>	<b>421</b>	<b>1,110</b>	<b>603</b>	<b>321</b>	<b>924</b>	<b>83%</b>	



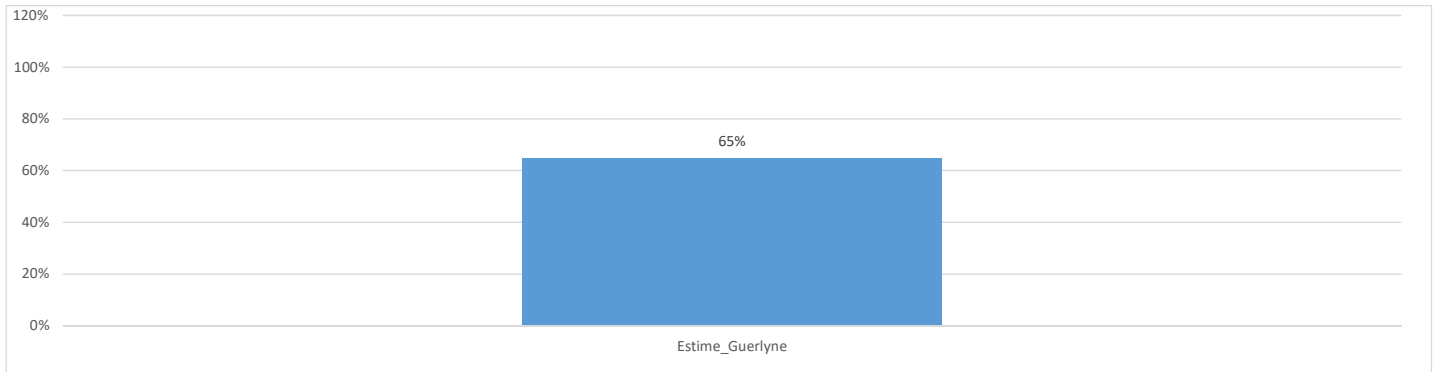
MEDICAL PAYER MIX



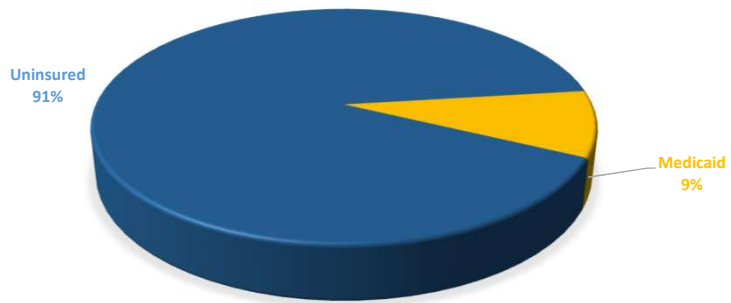


AS 05/31/2021 Based on Checked-In App

ADULT CARE										
Provider	Daily Target	Days Worked	Target for the Month			Total for the Month Seen			% Monthly Target Achieved	Daily Average
			In-Person	Telehealth	Total	In-Person	Telehealth	Total		
Estime_Guerlyne	0	2	17	0	17	11	0	11	65%	5.5
<b>ADULT CARE TOTALS</b>		<b>2</b>	<b>17</b>	<b>0</b>	<b>17</b>	<b>11</b>	<b>0</b>	<b>11</b>	<b>65%</b>	



MEDICAL PAYER MIX



**WEST PALM BEACH PRODUCTIVITY MAY 2021**

AS 05/31/2021 Based on Checked-In App



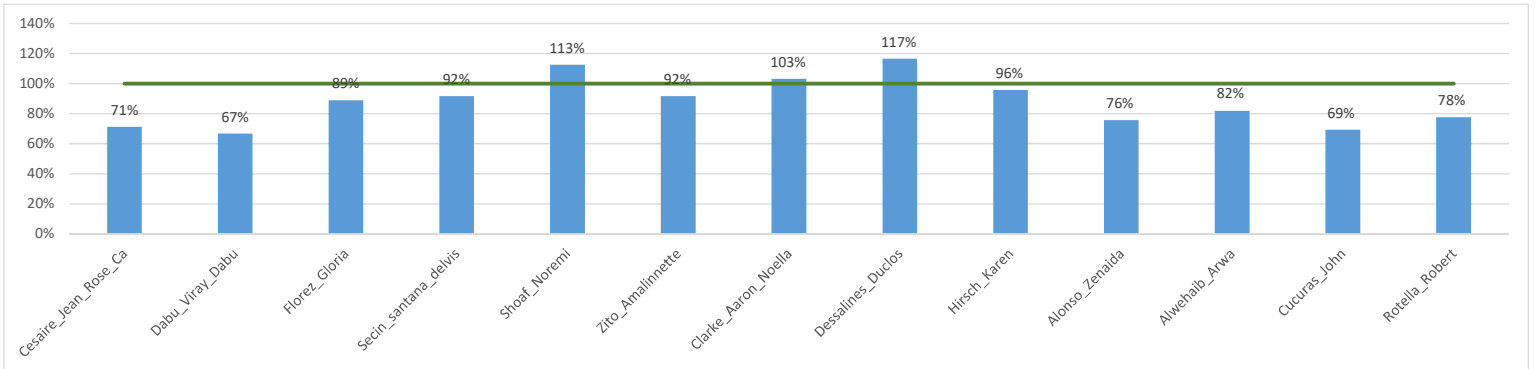
ADULT CARE										
Provider	Daily Target	Days Worked	Target for the Month			Total for the Month Seen			% Monthly Target Achieved	Daily Average
			In-Person	Telehealth	Total	In-Person	Telehealth	Total		
Cesaire_Jean_Rose_Ca	15	6	80	0	80	57	0	57	71%	9.5
Dabu_Viray_Dabu	9	1	9	0	9	6	0	6	67%	6.0
Florez_Gloria	17	19	324	0	324	288	0	288	89%	15.2
Secin_santana_delvis	18	19	323	0	323	296	0	296	92%	15.6
Shoaf_Noremi	8	1	8	0	8	9	0	9	113%	9.0
Zito_Amalinnette	11	4	36	0	36	33	0	33	92%	8.3
<b>ADULT CARE TOTALS</b>		<b>50</b>	<b>780</b>	<b>0</b>	<b>780</b>	<b>689</b>	<b>0</b>	<b>689</b>	<b>88%</b>	

PEDIATRIC CARE										
Clarke_Aaron_Noella	18	18	315	0	315	325	0	325	103%	18.1
Dessalines_Duclos	18	1	18	0	18	21	0	21	117%	21.0
<b>PEDIATRIC CARE TOTALS</b>		<b>19</b>	<b>333</b>	<b>0</b>	<b>333</b>	<b>346</b>	<b>0</b>	<b>346</b>	<b>104%</b>	

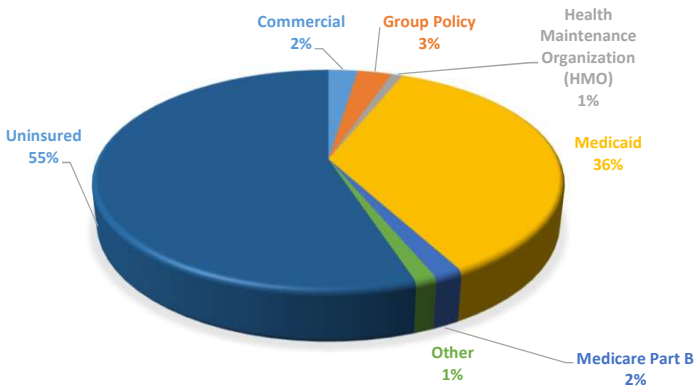
BEHAVIORAL HEALTH										
Hirsch_Karen	12	15	112	56	168	113	48	161	96%	10.7
Ziemba_Adriana	0	1	0	0	0	0	1	1		1.0
<b>BEHAVIORAL HEALTH TOTALS</b>		<b>16</b>	<b>112</b>	<b>56</b>	<b>168</b>	<b>113</b>	<b>49</b>	<b>162</b>	<b>96%</b>	

DENTAL										
Alonso_Zenaida	16	19	296	0	296	224		224	76%	11.8
Alwehaib_Arwa	16	20	312	0	312	256		256	82%	12.8
Cucuras_John	15	6	88	0	88	61		61	69%	10.2
Rotella_Robert	15	10	152	0	152	118		118	78%	11.8
<b>DENTAL TOTALS</b>		<b>55</b>	<b>848</b>	<b>0</b>	<b>848</b>	<b>659</b>	<b>0</b>	<b>659</b>	<b>78%</b>	

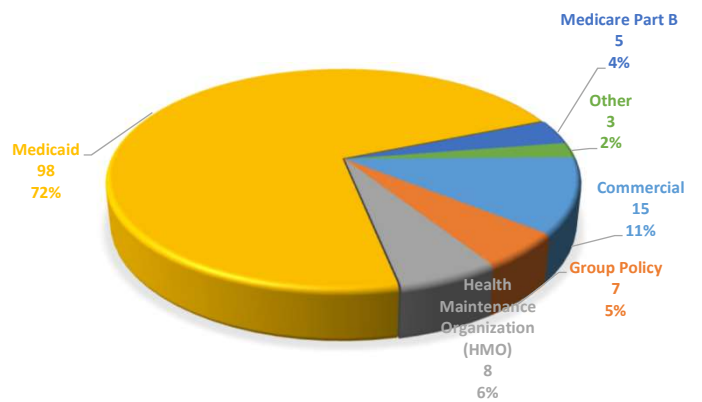
GRAND TOTAL										
		<b>140</b>	<b>2073</b>	<b>56</b>	<b>2129</b>	<b>1807</b>	<b>49</b>	<b>1,856</b>	<b>87%</b>	



MEDICAL PAYER MIX



DENTAL PAYER MIX



**Quality Council Meeting Minutes**

**Date: July 14, 2021**

**Time: 9:30 A.M. – 4:00 P.M.**

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

**Excused:** Dr. Courtney Phillips - Director of Behavioral Health; Nicole Glasford, Executive Assistant

**Minutes by:** Jonathan Dominique

<u>AGENDA ITEM</u>	<u>DISCUSSION / RECOMMENDATIONS</u>	<u>ACTION ITEMS (AI)</u>	<u>RESPONSIBLE PARTY</u>	<u>DATE</u>
<b>QUALITY</b>				
<b>QUALITY AUDITS</b>				
<b>DENTAL</b>	<p><b><u>Dental Encounter Closed Rate</u></b>            Unlocked dental chart notes for 2021 are as follows:                January - 2                February – 2                March – 0                April – 11                May - 3</p> <p>Dr. Cucuras presented Nancy Gonzalez, Dental Program Manager.</p>			
	<p><b><u>Dental Encounters</u></b></p> <p><b><u>May 2021</u></b></p> <ol style="list-style-type: none"> <li>1. 1,503 Patients</li> <li>2. 2,007 Total Encounters</li> </ol>			

<p>There is a concern with Delray walk-ins. Dr. Cucuras would like to hire another dentist in that location to meet demand.</p> <p>West Palm Beach seems to always be short staffed. Dr. Cucuras is looking to address that issue.</p>			
<p><b><u>Dental Triage</u></b></p> <p>‘Walk-Ins’ - 403 Patients</p> <p><b><u>Same Day Extractions</u></b>      <b><u>NO Same Day Extractions</u></b></p> <p>200 (50 %)                      203 (50 %)</p> <p>The reason that the 203 probably did not get same day extractions is more than likely to an existing infection and need for antibiotic regimen. Expected to see remaining patients during 21 Day return.</p> <p><b><u>21 Day return</u></b></p> <p>164 Patients returned within 21 days, of which:</p> <ul style="list-style-type: none"> <li>- 48 were from same day extraction</li> <li>- 118 were from no same day extraction</li> </ul> <p>18 Patients returned after 21 days, of which:</p> <ul style="list-style-type: none"> <li>- 9 were from same day extraction</li> <li>- 9 were from no same day extraction</li> </ul> <p>143 of same day extractions didn’t return</p> <p>76 of no same day extractions didn’t return</p>	<p>Future data should also track those with no extractions and ePrescribe to follow returns after antibiotic therapy. Build should include return of those prescribed antibiotics and if return extractions occurred.</p> <p>Dr. Cucuras is hopeful that he and his staff might be able to use dummy codes in order to track patients without charging. He will update the Quality Council on any developments next meeting.</p> <p>There is a possibility that there is an available FTE for an additional dentist. That could probably help alleviate the stress on the clinic.</p>	<p>Dr. Cucuras</p> <p>Dr. Cucuras</p> <p>Dr. Cucuras</p>	<p>8/3/2021</p> <p>8/3/2021</p> <p>8/3/2021</p>

<p>There appear to be issues with walk-in patients at Delray that need antibiotics.</p> <p>They are coming in before their 7-day return date because they are under the impression that they can walk-in before the 7th day.</p> <p>Nancy requested an additional Hygienist in Lantana.</p>	<p>Dr. Fritsch will look into the possibility of the FTE.</p>	<p>Dr. Fritsch</p>	<p>8/3/2021</p>
<p><b><u>Dental Sealants</u></b></p> <p>85% for the month of May.</p> <p>92% through May 2021</p> <p>There are two possible reasons for the discrepancies: Doctors are missing opportunities to Seal Patients that qualify, or are not removing patients that do not qualify for sealants from the denominator; as a result affecting the completed sealant ratio.</p>	<p>Sealants down from April (90%). Overall Sealant measure at 92%.</p> <p>Dr. Cucuras will reach out to staff to be prudent about making the necessary adjustments. Either sealing all 'sealable' patients or removing 'un-sealable' patients from the denominator.</p>	<p>Dr. Cucuras</p> <p>Dr. Cucuras</p>	<p>8/3/2021</p> <p>8/3/2021</p>
<p><b><u>MDI / MDI WHO</u></b></p> <p><b><u>May 2021</u></b></p> <ul style="list-style-type: none"> <li>- 651 Unique patients seen in pediatrics</li> <li>- 114 Sick patients</li> <li>- 537 Unique patients for MDI</li> <li>- 232 /537 MDI/Unique for MDI (43%)</li> </ul>			

<ul style="list-style-type: none"> <li>- 14 MDI had dental office</li> <li>- 2 No availability</li> <li>- 49 /216 WHO/ MDI (23%) ideal 51 /216 (24 %)</li> <li>- 49 /651 WHO/total pediatrics (7.5%)</li> </ul> <p>The shortage in staffing does appear to affect cycle times in the MDI program. Team believes the additional FTE will be a great help.</p>	<p>Meeting with Monica to discuss how data will be captured in Wisdom, as opposed to Dentrix.</p>	<p>Dr. Cucuras / Andrea / Nancy / Irene</p>	<p>8/3/2021</p>															
<p><b><u>Dexis Imaging:</u></b> 0 lost (regained) radiographs for the month of May</p> <p>Dental Production as of February 2020   82% Dental Production as of March 2021       79% Dental Production as of April 2021       82 % Dental Production as of May 2021        82 %</p>																		
<p><b>WOMEN'S HEALTH</b></p>	<p><b><u>Prenatal Age</u></b></p> <table border="1" data-bbox="529 956 1041 1195"> <thead> <tr> <th>Age</th> <th>Number of Patients</th> </tr> </thead> <tbody> <tr> <td>Less than 15 Years</td> <td>1</td> </tr> <tr> <td>Ages 15-19</td> <td>1</td> </tr> <tr> <td>Ages 20-24</td> <td>9</td> </tr> <tr> <td>Ages 25-44</td> <td>22</td> </tr> <tr> <td>Ages 45 and Over</td> <td>0</td> </tr> <tr> <td><b>Total</b></td> <td><b>33</b></td> </tr> </tbody> </table> <p><b>(Report with graph presented)</b></p>	Age	Number of Patients	Less than 15 Years	1	Ages 15-19	1	Ages 20-24	9	Ages 25-44	22	Ages 45 and Over	0	<b>Total</b>	<b>33</b>	<p>Ivonne and Andrea will generate, review and send a list of the 'not recorded' patients for Elba to fix.</p>	<p>Ivonne / Andrea / Elba</p>	<p>8/3/2021</p>
Age	Number of Patients																	
Less than 15 Years	1																	
Ages 15-19	1																	
Ages 20-24	9																	
Ages 25-44	22																	
Ages 45 and Over	0																	
<b>Total</b>	<b>33</b>																	
<p><b><u>Entry into Care</u></b> 33 women entered into care in the month of May.</p> <p>13- Entered into care in the first trimester</p>																		



	<p>13 - Entered into care in the second trimester 7 - Entered into care in the third trimester</p> <p>26 - Entered into care with the C.L. Brumback Primary Care Clinics 1 - Had her first visit with another provider 6 - Had initial provider not recorded</p> <p><b>(Report with graph presented)</b></p>			
	<p><b><u>Deliveries &amp; Birth Weights</u></b> 2 deliveries in the month of May.</p> <ul style="list-style-type: none"> <li>- (&lt;1500 grams) – 0</li> <li>- (1500-2499 grams) – 0</li> <li>- (&gt;2500 grams) – 2</li> </ul> <p>There appears to be no trend in births. Dr. Chibar would like to know if we could capture who entered into care 7 to 9 months prior and how many stayed with the clinics as opposed to being referred elsewhere.</p> <p><b>(Report with graph presented)</b></p>	Team will discuss at the MCP meeting on 7/15/2021	Dr. Chibar / Andrea / Ivonne	8/3/2021
<b>MEDICAL</b>	<p><b><u>Medical Encounter Close Rate</u></b> Majority of providers are now closing documents within 2 days. For the month of May, the outlier was the behavioral health service line. There were 7 providers who averaged more than 2 days to close their encounters (1 Pediatrician, 4 BH Providers, 1 Resident, 1 Community Health Worker)</p>			
	<p><b><u>Hemoglobin A1C/Point of Care Testing</u></b> For the uncontrolled diabetes measure, data shows that our patients currently controlled at 68% while 26% are uncontrolled (3,154 diabetic patients total) and 6% of</p>			

	<p>patients need data. There were 2,321 POC A1Cs (74% of total Diabetic Patients). The majority of controlled and uncontrolled diabetic patients had the A1c done at POC vs. lab (20% of total Diabetic Patients).</p> <table border="1" data-bbox="453 483 1115 594"> <thead> <tr> <th></th> <th>Controlled</th> <th>Uncontrolled</th> </tr> </thead> <tbody> <tr> <td>POC A1C (n=2,321)</td> <td>69%</td> <td>31%</td> </tr> <tr> <td>External Lab (n=635)</td> <td>85%</td> <td>15%</td> </tr> </tbody> </table> <p><b>(Report with graph presented)</b></p> <p>Lewis Center (24%), Boca Clinic (10%) and Delray Clinic (7%) - had the highest rate of untested patients (needs data) in May. Boca Clinic continues to have the lowest rate of HbA1c point of care testing during 2021 with 43% compared to more than 61% among all the other clinics. This correlates with the higher number of tele-medicine visits done at that clinic.</p>		Controlled	Uncontrolled	POC A1C (n=2,321)	69%	31%	External Lab (n=635)	85%	15%	<p>Point of Care testing is working and we are seeing overall improvement in the clinics.</p> <p>The number of Diabetic patients that go to the Lewis Center is very small, which means that any change in the numerator (patients with/without POC A1C) has a huge impact. Team will communicate to Lewis Center staff that POC A1C must be taken for all Diabetic patients</p> <p>Campaign to schedule patients without data to follow-up appointments.</p>	<p>Dr. Warren</p> <p>Dr. Warren</p>	<p>8/3/2021</p> <p>8/3/2021</p>
	Controlled	Uncontrolled											
POC A1C (n=2,321)	69%	31%											
External Lab (n=635)	85%	15%											
	<p><b><u>Blood Pressure Initiative</u></b></p> <p><b>10</b> patients have refused the BP monitor and <b>5</b> monitors remain in the Home Office to be distributed. There are <b>41</b> BP Monitors remaining in the clinics for patients. Some patients the nurses have not been able to contact, others have been a no-show for scheduled appointments or have a pending upcoming appointment. Nurses have placed 2-3 phone calls and/or sent letters to the patients in an attempt to schedule an appointment to distribute the BP monitors.</p>	<p>Ivonne to generate new list of 50 new patients for Kara and care teams to target for BP Cuff distribution.</p>	<p>Ivonne / Kara</p>	<p>8/3/2021</p>									

		# BP Monitors Received in Clinic	# BP monitors dispensed	# BP monitors in clinic as of 7/12/21	# BP monitors declined	# other-unable to reach, no show, out of country	<p>Lisa is looking into documentation options in EPIC for those that were not dispensed prior to 7/1/21.</p> <p>Dr. Warren will train the providers on care plans using the EPIC 'Problem List' Tab.</p>	<p>Lisa</p> <p>Dr. Warren</p>	<p>8/3/2021</p> <p>8/3/2021</p>																					
Belle Glade	9	3	6	0	6																									
Delray	19	9	10	2	8																									
Jupiter	4	2	3	0	2+1(rec'd 1 from WPB)																									
Lake Worth	15	9	6	3	3																									
Lantana	27	12	15	0	15																									
Lewis Center	1	0	0	0	1-1 (Was sent to WPB)																									
West Boca	1	1	0	0	0																									
West Palm	19	8	11	5	6 (1 was sent to Jupiter)																									
Total	95	44 44.32%	51 53.68%	10 10.53%	41 43.16%																									
<p><b><u>HPV Collaborative</u></b></p> <p><b>HPV May 2021</b></p> <p><b>Patient Ages from 11 - 18</b></p> <table border="1"> <thead> <tr> <th colspan="3">Gardasil 9 (PF) 0.5 ML Intra Muscular</th> </tr> <tr> <th>Department</th> <th># Vaccines Administered</th> <th># Unique Patients</th> </tr> </thead> <tbody> <tr> <td>Belle Glade</td> <td>3</td> <td>12</td> </tr> <tr> <td>Boca</td> <td>0</td> <td>3</td> </tr> <tr> <td>Jupiter</td> <td>0</td> <td>7</td> </tr> <tr> <td>Lantana</td> <td>45</td> <td>150</td> </tr> <tr> <td>West Palm Beach</td> <td>4</td> <td>31</td> </tr> </tbody> </table>							Gardasil 9 (PF) 0.5 ML Intra Muscular			Department	# Vaccines Administered	# Unique Patients	Belle Glade	3	12	Boca	0	3	Jupiter	0	7	Lantana	45	150	West Palm Beach	4	31	<p>Ivonne to provide Dr. Chibar with new list of charts to review.</p>	<p>Ivonne / Dr. Chibar</p>	<p>8/3/2021</p>
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<b>Grand Total</b>	52	203					

	<b><u>Referrals Per Patient Per Visit</u></b> No Report											
	<b><u>Diabetes Distress Scale:</u></b> No Report											
	<b><u>Blood Pressure Cuffs</u></b> Project was deployed. Cuffs are being delivered to patients.											
	<b><u>Peer Review</u></b> No Report	Peer Review will be presented at the next quality council		8/3/2021								
<b>BEHAVIORAL HEALTH</b>	<p><b><u>MAT Census</u></b></p> <p>In MAT, we have 479 total patients enrolled. In May 2021, we enrolled 54 patients. Since reopening in March 2020, we have had an average of ~44.93 intakes per month, which is higher than pre-COVID intake numbers (14.25 intakes per month was the average pre-COVID)</p> <p>Overall discharges continue to hold at around the same percentage for the past 3 months, with a slight decrease to 9.39%. Currently staying around an average of ~11.05% for the last twelve months. Types of discharges are tracked, and the percent lost to follow-ups has remained steady at around 6% (May's lost to follow-ups is 6.89%) from last month (April 2021), which was at 6.21%.</p> <p>Readmission rate for May 2021 was 4.56%, which is slightly up from April, which was at 3.55%</p> <table border="1" data-bbox="535 1312 1037 1479"> <thead> <tr> <th></th> <th>May 2021 (n= 479)</th> </tr> </thead> <tbody> <tr> <td>Phase 1</td> <td>289</td> </tr> <tr> <td>Phase 2</td> <td>32</td> </tr> <tr> <td>Phase 3</td> <td>42</td> </tr> </tbody> </table>		May 2021 (n= 479)	Phase 1	289	Phase 2	32	Phase 3	42			
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	<table border="1" data-bbox="537 233 1037 363"> <tr> <td><b>Phase 4</b></td> <td>55</td> </tr> <tr> <td><b>Vivitrol</b></td> <td>9</td> </tr> <tr> <td><b>Naltrexone</b></td> <td>52</td> </tr> </table> <ul style="list-style-type: none"> <li>• <b>Deaths in May = 0</b></li> <li>• Transitions: n= 6 (5 to higher level, 1 to equivalent) Relocated=2; Incarcerated =1</li> </ul>	<b>Phase 4</b>	55	<b>Vivitrol</b>	9	<b>Naltrexone</b>	52			
<b>Phase 4</b>	55									
<b>Vivitrol</b>	9									
<b>Naltrexone</b>	52									
	<p><b><u>Saturday intakes: May was month 1 of Saturday clinic hour</u></b> 9 intakes &amp; 3 follow-ups (discharged from ASU on a Saturday).</p> <p><b><u>ASU Transitional Dashboard:</u></b></p> <p>130 Total patients from 5/1/2021 – 5/31/2021</p> <ul style="list-style-type: none"> <li>– 115 Walk-ins</li> <li>– 5 West Palm Beach Fire Rescue</li> <li>– 0 Police</li> <li>– 10 AMR/Medics</li> <li>– 0 No info</li> </ul> <ul style="list-style-type: none"> <li>• 15 went to another treatment facility</li> <li>• 27 discharge to home</li> <li>• 13 no discharge listed</li> <li>• 1 AMA</li> </ul> <p>Did the patient make it to HCD?</p> <ul style="list-style-type: none"> <li>– 75 (58%) Yes (n= 2 *discrepancy)</li> <li>– 54 (42%) No</li> <li>– 1 (1%) No Answer</li> </ul> <p>Warm Handoff Date</p>		Dr. Ziemba	8/3/2021						

	<ul style="list-style-type: none"> <li>- 80 (62%) Yes</li> <li>- 50 (38%) No</li> <li>• Discrepancy in the dashboard numbers</li> </ul>																								
	<p><b>Care Coordinators:</b> No Report</p>																								
	<p><b>Cage-Aid:</b> Over 3,511 performed in the month of May. Positives (n=144), majority were in Lake Worth (n=30) &amp; Belle Glade (n=26); Lantana and Delray (n=22).</p> <table border="1" data-bbox="420 657 919 1149"> <thead> <tr> <th>May 2021 Total Score</th> <th># Patients</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>Unscored</td> <td>23</td> <td>0.68</td> </tr> <tr> <td>Score = 0</td> <td>3,212</td> <td>95.00</td> </tr> <tr> <td>Score = 1</td> <td>22</td> <td>0.65</td> </tr> <tr> <td>Score = 2</td> <td>21</td> <td>0.62</td> </tr> <tr> <td>Score = 3</td> <td>26</td> <td>0.77</td> </tr> <tr> <td>Score = 4</td> <td>77</td> <td>2.28</td> </tr> </tbody> </table> <p>Less than 0.7% <u>unscored (n=23)</u>, which is a decrease from unscored in April 2021 (n= 38). Two highest clinics with unscored:</p> <ul style="list-style-type: none"> <li>• Delray had 6 unscored</li> <li>• West Palm Beach had 4 unscored</li> </ul>	May 2021 Total Score	# Patients	%	Unscored	23	0.68	Score = 0	3,212	95.00	Score = 1	22	0.65	Score = 2	21	0.62	Score = 3	26	0.77	Score = 4	77	2.28	Overall improvement. However concern of how CAGE-AID questions are asked, as 5% positive rate is under the national average for both Alcohol Use Disorder and SUD :	Dr. Ziembra	8/3/2021
May 2021 Total Score	# Patients	%																							
Unscored	23	0.68																							
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Score = 3	26	0.77																							
Score = 4	77	2.28																							

	<p>When comparing April 2021 and May 2021, there was an <u>increase</u> in the number of patients with Positive CAGE and no SBIRT: by n=4, or a 6%; overall an Improvement, from March, in which n=154 +CAGE-AID w/ No SBIRT.</p> <p>64 positive CAGE without an order on file, however, out of that number 48 had a BHC encounter within 3 weeks.</p> <p>***data discrepancy? Mangonia had 1 positive CAGE, but 87 SBIRT orders.</p> <p>Mangonia (n=1- with ALL (1) seen by a BH.</p> <p>Lewis Center: NO CAGE-AIDs, but 2 SBIRT order.</p> <p><b>(Report with graph presented)</b></p> <p><b>Monthly trend of + CAGE &amp; NO SBIRT</b></p> <ul style="list-style-type: none"> <li>• February Positive with NO SBIRT = 43</li> <li>• March Positive with NO SBIRT = 154</li> <li>• April Positive with NO SBIRT = 60</li> <li>• May Positive with NO SBIRT = 64</li> </ul>	<p>From SAMHAS 2018 National Survey data (ages 18-25, last rates reported were 10%; 26 + at 5%) and SUD(ages 18-25, last rates reported were 7.6%, and 26+ at 2.2%).</p>																																
	<p><b>SBIRT:</b></p> <ul style="list-style-type: none"> <li>• Number of SBIRT vs. CAGE-AID positive continue to be discordant, rather than a 1:1</li> </ul> <table border="1" data-bbox="401 1177 1167 1437"> <thead> <tr> <th>2021</th> <th>Unique Patients</th> <th>%</th> <th>Total # Encounters</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>Jan-21</td> <td>91</td> <td>100%</td> <td>102</td> <td>100%</td> </tr> <tr> <td>Feb-21</td> <td>74</td> <td>45%</td> <td>78</td> <td>43%</td> </tr> <tr> <td>Mar-21</td> <td>168</td> <td>50%</td> <td>204</td> <td>53%</td> </tr> <tr> <td>Apr-21</td> <td>114</td> <td>26%</td> <td>146</td> <td>28%</td> </tr> <tr> <td>May-21</td> <td>112</td> <td>20%</td> <td>651</td> <td>100%</td> </tr> </tbody> </table>	2021	Unique Patients	%	Total # Encounters	%	Jan-21	91	100%	102	100%	Feb-21	74	45%	78	43%	Mar-21	168	50%	204	53%	Apr-21	114	26%	146	28%	May-21	112	20%	651	100%			8/3/2021
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	<p>SBIRTS are trending down from April to May 2021 with 112 completed orders.</p> <p>Mangonia and Lewis Center continue to have highest levels as expected; Lake Worth having next highest at 22 completed SBIRT orders (in Athena called Positive CAGE/CRAFFT).</p>			
	<p><b><u>PRAPARE:</u></b>  May had 2,405 patients complete the PRAPARE. 9% had Positive Social needs, n=211)  22% of those patients had a BH referral on file, n=46  78.2% did NOT have a Positive PRAPARE referral placed.</p> <p>Comparing May to April, there is a DECREASE in POSITIVE PRAPARE referrals made, from 28% to 22%.</p> <p>Positivity rate for social needs hovers at around 9 to 10% of patients screened since January 2021.</p>	<p>Dr. Ziemba believes there will be a better outcome for PRAPARE measure when we start reporting EPIC SDOH replacement.</p>	<p>Dr. Ziemba</p>	<p>8/3/2021</p>
	<p><b><u>PHQ 2/9</u></b></p> <ul style="list-style-type: none"> <li>Total encounters with PHQ2/9: 5,474</li> </ul> <p>Of which very few were unscored (0.99%) n= 20, which is about the same as April 0.4% to 0.9% May 2021.</p> <p>8% positive rate based on &gt;10, or 1 or above, (N=430)</p> <p>Were seen by the BHC 92% (n= 396)  Only n=34 had positive PHQ9 and NO BH, which is at 8%.</p> <p>Positive AND no BH  Belle Glade: 2 → 1 has set BH appointment  Boca: 6 →1 has set BH appointment; **NO BH available on site  Delray: 3 →1 has set BH appointment</p>	<p>Dr. Ziemba has some cases in Lake Worth and Lewis Center that she is interested in reviewing. She will follow up with any findings.</p>	<p>Dr. Ziemba</p>	<p>8/3/2021</p>

	<p>Jupiter: 7 → 2 have set BH appointment **NO BH available on site</p> <p>Lake Worth: 4 → 0 have set BH appointment</p> <p>Lantana: 2 → 1 has set BH appointment</p> <p>Lewis: 4 → 0 have set BH appointment **NO General BH on site</p> <p>Mobile 3: 2 → 0 have set BH appointment ** NO BH available on site</p> <p>Mangonia: 1 → 1 has set BH/SUD appointment</p> <p>West Palm: 3 → 3 have set BH appointment</p>			
	<p><b><u>BH Productivity</u></b></p> <p>AOTP: = <b>all licensed clinicians at or above 88%</b></p> <p>Registered Intern: May = 61% vs. March = 62% (about the same) continuing to have increasing case load</p> <ul style="list-style-type: none"> <li>• BHC Provider Claudia Rexach was at 111%</li> <li>• BHC Provider Reynette Romain was at 108%</li> </ul> <p>General BH= <b>all above 82% (89% in April)</b></p> <ul style="list-style-type: none"> <li>• BHC Provider Kiara Jones was at 100%</li> <li>• BHC Provider Stephany Bonhometre was at 92%</li> </ul> <p>Dr Ziemba- BHC Manager was at 91% (contributing cause= EPIC meetings, Mental Health 1<sup>st</sup> Aid training)</p>			
	<p><b><u>BH Director Update</u></b></p> <ul style="list-style-type: none"> <li>• Super Users began EPIC training (Karen Hirsch, Claudia Rexach, Emily Bell, Callista Oliver)</li> <li>• EPIC trainings are scheduled</li> <li>• Meetings with analyst for EPIC are ongoing to finalize templates and workflow</li> </ul>			

	<ul style="list-style-type: none"> <li>Concern regarding BH self-scheduling flow change, and general psychiatry flow change;</li> </ul> <p>Ongoing coverage issues for General BH and AOTP BH. Large BH bucket numbers in Jupiter &amp; Boca from the past 12 months.</p>	This is being addressed with EPIC teams and Operations Manager. Director has been informed of concerns.										
	<p><b><u>BH Peer Review</u></b> No Report</p>	BH Peer Review will be presented at the next quality council.	Dr. Phillips Dr. Ziemba	8/3/2021								
<b>NURSING</b>	<p><b><u>Higher Level of Care</u></b> 53 ER referrals/52 patients were sent to the ER in the month of May. There was 1 patient with multiple orders in May (all emergency medicine referrals). Upon completion of chart review, all patients with multiple orders were appropriate. For the month of May, Dr. Noelle Clarke Aaron, in West Palm Beach, was the highest producer of HLC referrals with 11 (21%). 0 Hospital Referral Types were ordered for May.</p> <p>Patients w/duplicate referrals – 1 patient with more than one referral</p>		Lisa	8/3/2021								
	<p><b><u>FIT Test – (n=6,638)</u></b> We are at 4,210 (63% satisfied), which is up from (43%) in April. There appears to be a gap in the ordering of the Fit tests.</p> <table border="1" data-bbox="556 1307 1014 1455"> <thead> <tr> <th colspan="2"><b>YTD FIT Test Rate of Return (2021)</b></th> </tr> </thead> <tbody> <tr> <td>BELLE GLADE</td> <td>25%</td> </tr> <tr> <td>BOCA</td> <td>24%</td> </tr> <tr> <td>DELRAY BEACH</td> <td>25%</td> </tr> </tbody> </table>	<b>YTD FIT Test Rate of Return (2021)</b>		BELLE GLADE	25%	BOCA	24%	DELRAY BEACH	25%	Lisa and Angela are working on developing a strategy to recover the FIT test as to increase the current return rate. This will be supported by reports that will allow the staff to better identify patients with unreturned FIT tests.	Lisa / Angela / Dr. Warren	8/3/2021
<b>YTD FIT Test Rate of Return (2021)</b>												
BELLE GLADE	25%											
BOCA	24%											
DELRAY BEACH	25%											

<p>Top three providers with “missing test”: Claudia Montenegro, Darnel Dabu and Vanessa Inacio. Return of Poop on Demand and POD Documentation – A plan has been finalized for documenting Poop on Demand encounters to enable pulling of data.</p> <p><b>(Report with graph presented)</b></p>	JUPITER	29%	<p>The call center will reach out to the identified patients to schedule them for appointments where they can also have a POD.</p>	<p>David / Alexa</p>	<p>8/3/2021</p>
	LAKE WORTH	28%			
	LANTANA	31%			
	LEWIS	12%			
	MANGONIA	12%			
	WEST PALM BEACH	25%			
<p><b>Controlled Substance Report Summary</b> No Report</p>					
<p><b>After Hours On Call</b> No Report</p>					
<p><b>Chart Audit</b> No Report</p>			<p>Q1 Chart Audit will be presented next month. Andrea is working on summarizing the data.</p>	<p>Tracey / Andrea</p>	<p>8/3/2021</p>
<p><b>FTCA</b> FTCA application has been submitted.</p>					
<p><b>BYMY</b> No Report</p>					

**QUALITY METRICS**

**UDS YTD May 2021**

Of the 16 UDS Measures: 10 exceeded the HRSA Goal and 6 were short of the HRSA Goal (*Clinic Score/ HRSA Goal / Healthy People Goal*).

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

<b>Medical UDS Report</b>	<b>Breast Cancer Screening: (0% HRSA /66%HCD)</b> <b>Findings:</b> Measure has exceeded HRSA goal	<b>Interventions:</b>		8/3/2021
	<b>Childhood immunization: (60%HRSA /59% HCD)</b> <b>Findings:</b> Small universe	<b>Interventions:</b> Continue to enter historical vaccine data.	Dr. Chibar	8/3/2021
	<b>Cervical Cancer Screening: (65%HRSA/60%HCD)</b> <b>Findings:</b> 1. Compared to April, the score increased by 1%. 2. The QMR report is not capturing PAP smears done with HPV co-testing.	<b>Interventions:</b> 1. List of patients with missing cervical cancer screenings was stratified by clinic; the list was provided to clinic supervisors to follow with MAs and providers on the day of patient's appointment to close the gap. The project was done for two weeks only. Among the patients with unmet metric, 30% of them had a PAP smear found in the record.  2. For patients with an appointment starting July 1, the PAP smear results are being uploaded to EPIC during the abstraction encounter before the appointment. When Athena archive is transferred to EPIC,	Dr. Warren	8/3/2021

	the screening can be satisfied manually.		
<b>Weight Assessment, Children &amp; Adolescent:</b> (90% HRSA /98 %HCD)  <b>Findings:</b> Measure has exceeded HRSA goal	<b>Interventions:</b>		
<b>Adult Weight screening and follow-up:</b> (90%HRSA / 98 %HCD)  <b>Findings:</b> Measure has exceeded HRSA goal	<b>Interventions:</b>		
<b>Tobacco use screening &amp; cessation:</b> (93%HRSA /97%HCD)  <b>Findings:</b> Measure has exceeded HRSA goal	<b>Interventions:</b>		
<b>Coronary Artery Disease CAD:</b> (81%HRSA /86%HCD)  <b>Findings:</b> Measure has exceeded HRSA goal	<b>Interventions:</b>		
<b>Ischemic Vascular Disease (IVD):</b> (86%HRSA /90%HCD)  <b>Findings:</b> Measure has exceeded HRSA goal	<b>Interventions:</b>		
<b>Colorectal Cancer Screening:</b> (82%HRSA /63%HCD)  <b>Findings:</b> The report this month was pulled differently. As the FIT test is ordered annually, we went back to June of last year and up to May of this year. The numbers in the report from May show a significant difference compared to April 2021. The percentage of patients with satisfaction of the metric increased from 43% to 63%.	<b>Interventions:</b> 1. The nursing leadership will implement the return of the POD program.  2. During chart abstraction, patients with colonoscopy, sigmoidoscopy and	Lisa / Angela  Dr. Chibar Dr. Warren	8/3/2021  8/3/2021

		colonography will be uploaded to EPIC.		
	<b>HIV linkage: (85%HRSA / 100% HCD)</b> <b>Findings:</b> Measure has exceeded HRSA goal	<b>Interventions:</b>		
	<b>Depression screening: (83% HRSA/95%HCD)</b> <b>Findings:</b> Measure has exceeded HRSA goal	<b>Interventions:</b>		
	<b>Depression screening (Homeless): (83%HRSA /95%HCD)</b> <b>Findings:</b> Measure has exceeded HRSA goal	<b>Interventions:</b>		
	<b>Hypertension: (80%HRSA / 71%HCD)</b> <b>Findings:</b> The metric improved by 3% when compared to the month of April.	<b>Interventions:</b> 1. The BP cuff grant from the AHA has been implemented. 2. The hypertension guidelines for C.L. Brumback Clinics are still in the final steps of revision and updating. Future training for medical providers will be planned. 3. The start date for the campaign addressing patients without appointments that fall into the "uncontrolled" or "needs data" categories is still pending. Dr. Warren will	Dr. Warren / Lisa / Angela  Ivonne / Dr. Warren / David / Alexa	8/3/2021  8/3/2021

		provide an update on the campaign at the next quality council.		
	<b>Diabetes:</b> (67%HRSA /69%HCD) <b>Findings:</b> Measure has exceeded HRSA goal		<b>Interventions:</b>	Dr. Chibar Dr. Warren 8/3/2021
	<b>Diabetes (Migrant):</b> (67%HRSA /63%HCD) <b>Findings:</b> Compared with the general diabetic population, there is a lower number of uncontrolled diabetics among this population.		<b>Interventions:</b> POC HbA1c POC initiative will continue and reaching to set appointments for the patients with missing data or uncontrolled. Ivonne will generate list to be provided to the CSC for outreach calls. From January 2020 to June of 2021.	Ivonne 8/3/2021
EPIC	<b><u>Appointment Conversion:</u></b> No Report		Issues to be addressed at meeting tomorrow.	8/3/2021
	<b><u>Chart Abstraction:</u></b> No Report			
<b>PATIENT RELATIONS</b>				
<b>CLINIC SERVICE CENTER</b>	<b><u>Outbound Campaigns – June 2021</u></b> <b>HPV Scheduling</b> - During June 2021, the Clinic Service Center conducted an outbound campaign to get minor patients, who had not received all HPV vaccine doses, into the clinic. Of the 100 patients called, 21 (21%) scheduled appointments. There			8/3/2021



	<p>were also 33 (33%) patients that already have or had an appointment.</p> <p><b>Depression Remission</b> - During June 2021, the Clinic Service Center conducted an outbound campaign to schedule a primary care appointment for the patient to fulfill a PHQ-9 requirement for depression. Of the 244 patients called, 143 (59%) already had or has an appointment scheduled. There were also 12 (5%) appointments scheduled.</p> <p><b>Care Management</b> - During June 2021, the Clinic Service Center conducted an outbound campaign to schedule patients for a follow-up care management appointment. Of the 197 patients called, 19 (10%) scheduled appointments. Data was missing for the number of patients that already had an appointment scheduled.</p> <p><b>(Report with graphs presented)</b></p>			
<p><b>SURVEY RESULTS</b></p>	<p><b><u>Patient Satisfaction Survey</u></b>  <b>January through May 2021 – Lake Worth, West Palm Beach and Lantana</b> are the highest producers of Patient Satisfaction Surveys. English-speaking patients complete the most surveys, Spanish surveys are increasing and Creole rates of return are consistent. Patients aged 41-60 complete the most surveys, while patients over 80 complete the least amount of surveys. All departments are actively completing surveys. Most patients prefer to be seen in the mornings and afternoons and prefer appointments earlier in the week. Patients are very pleased with their provider with the majority of rankings being favorable and less than 1% are ranked as unfavorable. Patients are likely to recommend their provider and practice. The patient perception of wait time</p>	<p>LCSWs will be retrained in having patients fill out the Patient Satisfaction Survey.</p> <p>Ivonne to highlight problematic areas in charts.</p> <p>Alexa / David will keep the data to scale in the next presentation.</p>		

	<p>between their scheduled appointment time and actual time seen by a provider has been fairly consistent throughout 2021, with the most common perceived wait time being between 6 and 15 minutes. While most Patient Experience data is favorable, patients have expressed dissatisfaction in the waiting areas, ease of scheduling appointments, ability to communicate with the practice via phone and being informed about delays during the visit. Patient comments presented.</p> <p><b>(Patient Satisfaction Survey PowerPoint presented)</b></p>			
	<p><b><u>Patient Cycle Time (PCT)</u></b></p> <p>In <b>May 2021</b>, the overall clinic Patient Cycle Time (PCT) for an <b>in-person</b> appointment was 01:18:00. This is an increase of one minute and forty-two seconds (0:01:42) compared to last month. The overall PCT for a Tele Health appointment was forty-seven minutes and twenty-six seconds (47:26). This is an increase of two minutes and forty-six seconds compared to last month. (0:02:46). Overall increases are associated with exam times.</p> <p>Overall Patient Cycle Time - By Phase of Appointment Cycle for In-Person and Telemedicine Appointments</p> <ul style="list-style-type: none"> <li>● Phase 1: Check-In – No significant changes (less than one-minute difference) from previous month</li> <li>● Wait for Intake - No significant changes</li> <li>● Phase 2: Intake – No significant changes</li> <li>● Wait for Exam – Telemedicine decreased by 2:31</li> <li>● Phase 3: Exam – In-person increased by 1:10 / Tele increased by 3:24.</li> <li>● Phase 5: Check-Out – No significant changes</li> </ul>	<p>The clinic staff is currently working on workarounds to increase efficiency during patients’ visit process. An official Cycle Time and Check-In procedure using the Epic EHR will be discussed at the 1:00 p.m. meeting. Findings and completed procedures will be presented at the next quality council.</p>	<p>Marisol / Lisa / Dr. Fritsch / Dominique / Dr. Chibar</p>	<p>8/3/2021</p>

	<ul style="list-style-type: none"> <li>• Total Wait Time – Telemedicine decreased by 2:44</li> <li>• Total Active Time – In-Person increased by 1:40 / Tele increased by 3:15</li> </ul> <p>Patient Cycle Time by Service Type (In-Person / Telehealth).</p> <ul style="list-style-type: none"> <li>• Adult – Increased by 3:24 / Increased by 1:05 from previous month</li> <li>• Adult/Peds - Increased by 4:07/ Increased by 25:23</li> <li>• Behavioral Health – No significant changes / Telemedicine increased by 4:17</li> <li>• OB/GYN - Increased by 16:06 / No Telemedicine appts this month</li> <li>• Pediatric – Decreased by 2:53 / No Telemedicine appts this month</li> <li>• Substance Abuse - Decreased by 1:12 / Increased by 4:37</li> </ul> <p>Patient Cycle Times for individual clinics and service types presented for May 2021. Graphs to be shared with clinic teams and displayed in clinics as Employee-Facing content. <b>(Report with graphs presented)</b></p>			
<b>GRIEVANCES, COMPLAINTS &amp; COMPLIMENTS</b>	<p><b><u>Patient Relations Report</u></b></p> <p>For May 2021, there were a total of 18 Patient Relations Occurrences that occurred between 6 clinics and Clinic Administration. Of the 18 occurrences, there were 3 Grievances and 15 Complaints. The top categories were Care &amp; Treatment, Communication and Finance. The top 2 subcategories tied with 4 Complaints and Grievances was Inappropriate Care and Refusal of Treatment. There was also a total of 7 compliments received across 4 clinics and Clinic Administration.</p>	<p>Next month, Alexa will present the number of complaints, grievances and compliments by provider.</p>	<p>Alexa</p>	<p>8/3/2021</p>

	<p>Some Providers were not able to be tagged when pulling the report of complaints and grievances from Tableau.</p> <p>Complaints and Grievances by Location:</p> <ul style="list-style-type: none"> <li>• Clinic Admin. – 2</li> <li>• Belle Glade – 1</li> <li>• Boca – 2</li> <li>• Delray – 4</li> <li>• Jupiter – 4</li> <li>• Lake Worth – 3</li> <li>• Lantana – 2</li> <li>• Mangonia – 0</li> <li>• West Palm Beach – 0</li> </ul> <p>Compliments:</p> <ul style="list-style-type: none"> <li>• Mangonia – 1</li> <li>• West Palm Beach – 1</li> </ul> <p><i>[PowerPoint presented with roll up of each clinic]</i></p>	<p>Next month Alexa will present a PowerPoint covering Complaints and Grievances by provider. She will cover October – December 2020; January- June 2021.</p>		
<b>UTILIZATION</b>				
<b>OPERATIONS</b>	<p><b>Productivity (based on checked-in appts)</b> 11,017 visits for all clinics.</p> <p>Medical Payer Mix is as follows: Uninsured – 58% Medicaid – 26% HMO – 2% Medicare Part B – 2% Group policy – 6%, Commercial- 4%, Other- 2%</p> <p>Dental Payer Mix is as follows: Uninsured – 72%</p>			

Medicaid – 22%  
HMO – 2%  
Medicare Part B – 0%  
Group policy – 1%, Commercial- 2%, Other- 1%

Service Line		Target	Actual
Adult	In-Person	5,089	4,812
	Telehealth	109	104
Pediatric	In-Person	1,242	1,284
	Telehealth	0	0
Behavioral Health	In-Person	1,195	1,101
	Telehealth	708	606
Dental	In-Person	2,264	1,861
Women's Health	In-Person	573	483
	Telehealth	2	1
Substance Abuse	In-Person	600	561
	Telehealth	261	204

Visit Breakdown: n= 11,017

- 8.3% Telehealth
- 91.7% In-Person

When comparing numbers to 2019, we see a decrease in visits from March to May. This could be due to many factors, like the pandemic, decrease in the number of available providers and Saturday hours, which are just now being re-introduced.

Marisol / Dominique to spend some time in the WPB clinic to investigate the possible reasons

Marisol / Dominique

8/3/2021

	<p>West Palm Beach is not meeting 90% or above for productivity.</p> <p>There seems to be a concern with the number of Tele Health visits that continue to be scheduled in Boca.</p> <p><b><i>(Clinic productivity report with graphs were presented)</i></b></p>	<p>providers are not reaching set productivity goals.</p> <p>Andrea will send Productivity Dashboards (showing high use of Tele Health) to Dr. Chibar for Review with Providers.</p> <p>Tracey will conduct a chart audit for April/May/June appointments to determine the purpose for scheduled Tele Health visits.</p>	<p>Andrea / Dr. Chibar</p> <p>Tracey</p>	<p>8/3/2021</p> <p>8/3/2021</p>
	<p><b><u>No Show Rates</u></b></p> <p>No Show Rate slightly decreased in May to 27.5%, which is about 0.8% less than April (28.3%).</p> <p><b>(Report with graph presented)</b></p>			
<b>OUTREACH SUMMARY</b>	<p><b><u>COVID-19 Vaccines: May 2021</u></b></p> <ul style="list-style-type: none"> <li>- 29,008 Total Vaccinations Given</li> <li>- 8,285 Moderna Given</li> <li>- 19,761 Pfizer Given</li> <li>- 962 Janssen Given</li> <li>- 50% Female</li> <li>- 50% Male</li> </ul>			8/3/2021

<p>Clinic Service Center has started scheduling patients for vaccines in-clinic now.</p> <p>We have Moderna in stock that is soon to expire.</p>	<p>Team will investigate options for distributing as much of the remaining Moderna vials as possible.</p>	<p>Dr. Fritsch / Marisol</p>	
<p><b>Meeting Adjourned - 4:03 PM</b></p>			

**DISTRICT CLINIC HOLDINGS, INC.**  
**BOARD OF DIRECTORS**  
**July 28, 2021**

**1. Description: Patient Relations Dashboard Report**

**2. Summary:**

This agenda item provides the following:

Quarterly Patient Relations Dashboard Q2 - 2021

**3. Substantive Analysis:**

For Quarter 2, there were a total of 52 Patient Relations Occurrences that occurred between 8 clinics, Clinic Administration and Pharmacy. Of the 52 occurrences, there were 12 Grievances and 40 Complaints. The top 4 categories were Care & Treatment, Communication, Finance, and Respect Related. The top subcategory with 13 Complaints and Grievances was Poor Communication issues, followed by Inappropriate Care and Refusal of Treatment with 7 Complaints and Grievances in each subcategory.

There were also 32 compliments received across 5 Clinics, Clinic Administration, and two Vaccine sites.

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

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

Reviewed for financial accuracy and compliance with purchasing procedure:

\_\_\_\_\_  
 N/A  
 Candice Abbott  
 VP & Chief Financial Officer

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

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

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



**DISTRICT CLINIC HOLDINGS, INC.**  
**BOARD OF DIRECTORS**  
**July 28, 2021**

**6. Recommendation:**

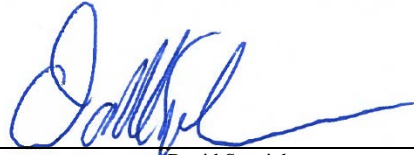
Staff recommends the Board Approve the Quarterly Patient Relations Dashboard for Q2 2021.

Approved for Legal sufficiency:



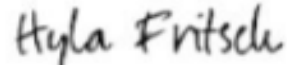
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Bernabe Icaza  
VP & General Counsel



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David Speciale  
Director of Patient Experience

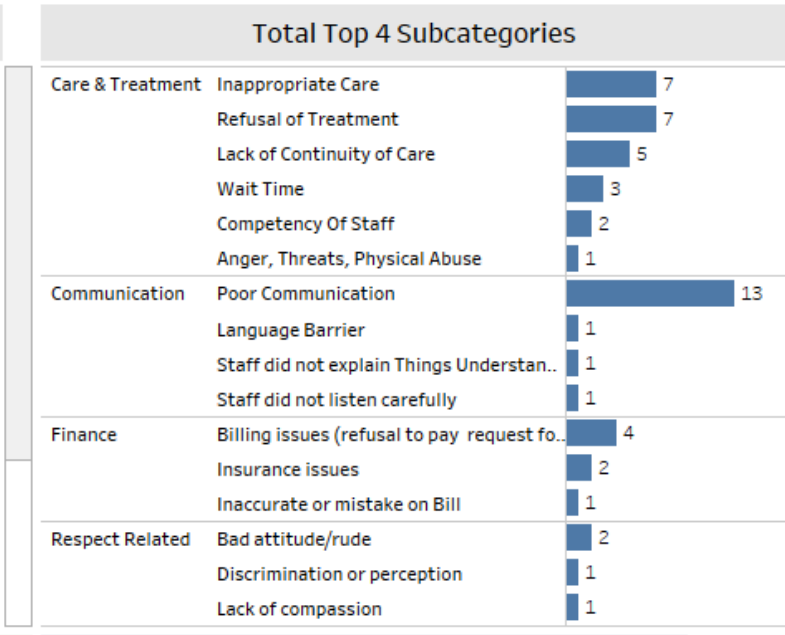
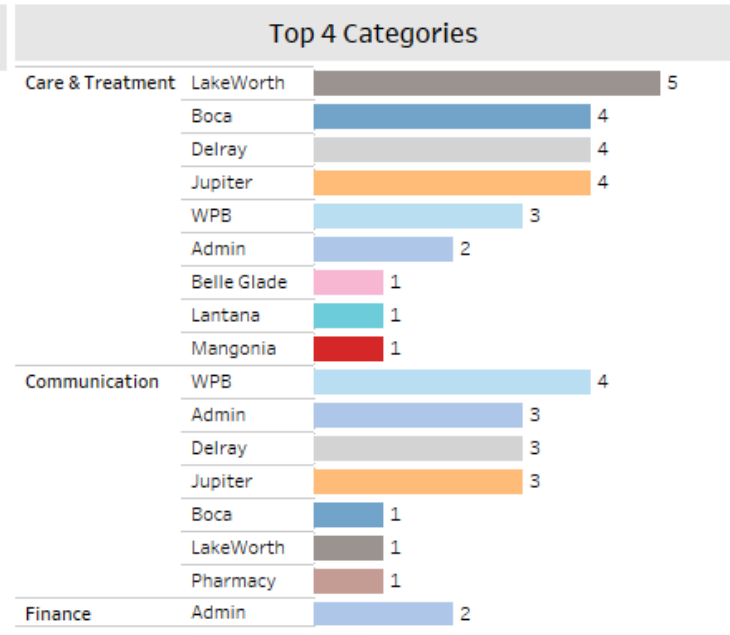
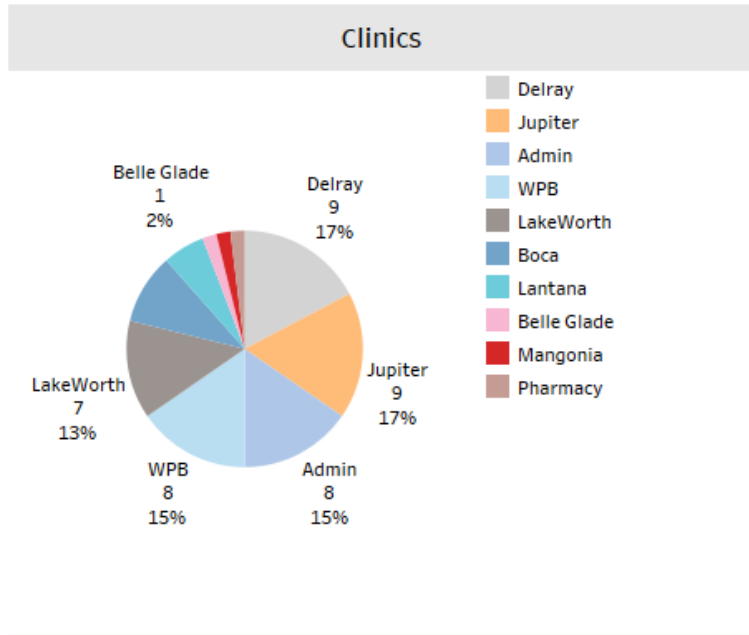


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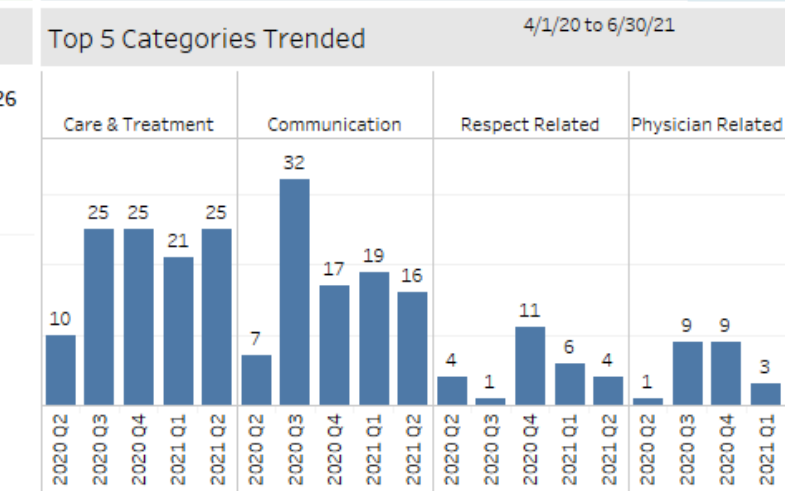
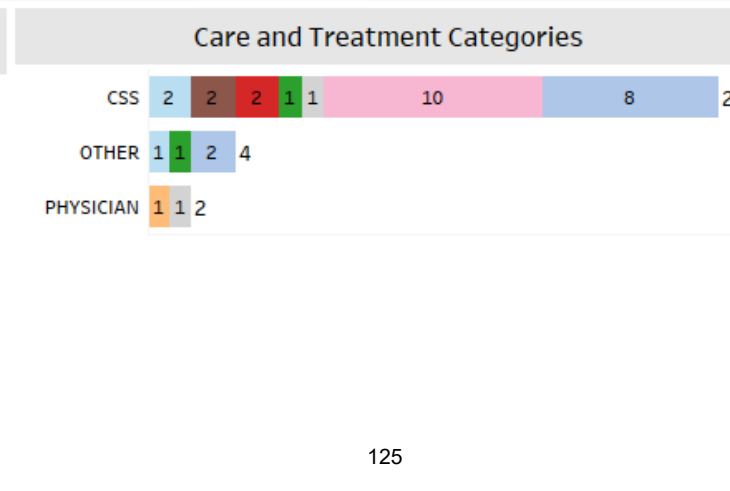
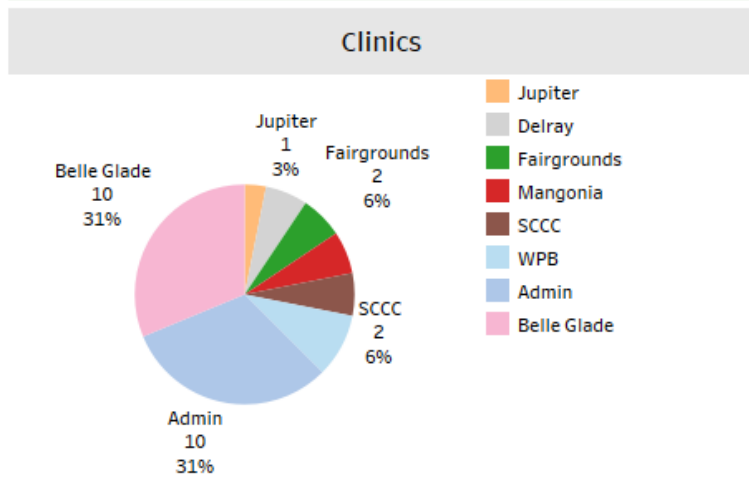
Dr. Hyla Fritsch  
Executive Director of Clinic and Pharmacy  
Services

Provider All **2021 Q2** 4/1/21 to 6/30/21

**Total Complaints and Grievances** 52 Clinic All



**Total Compliments** 32 **Complaints/Grievances Prev 4 Quarters** 297





C. L. Brumback

**Primary Care Clinics**

Health Care District Palm Beach County