

## **BOARD OF DIRECTORS**

August 22, 2018 12:45 P.M.

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



## BOARD OF DIRECTORS MEETING AGENDA

August 22, 2018 1515 N. Flagler Drive West Palm Beach, FL 33401

- 1. Call to Order Bessie Brown, Chair
  - A. Roll Call
  - B. Affirmation of Mission: To provide compassionate, comprehensive health services to all Palm Beach County residents, through collaboration and partnership, in a culturally sensitive environment.
- 2. Agenda Approval
  - A. Additions/Deletions/Substitutions
  - B. Motion to Approve Agenda
- 3. Awards, Introductions and Presentations
- 4. Disclosure of Voting Conflict
- 5. Public Comment
- 6. Meeting Minutes
  - A. <u>Staff recommends a MOTION TO APPROVE</u>:

Board Meeting Minutes of July 25, 2018. [Pages 1-12]

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

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

#### A. <u>ADMINISTRATION</u>

### 7A-1 RECEIVE AND FILE:

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

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

Attendance tracking. [Pages 13]

C. L. Brumback Primay Care Clinics Board of Directors Meeting Agenda August 22, 2018

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

#### B. FINANCE

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

C. L. Brumback Primary Care Clinics Finance Report July 2018. (Dawn Richards) [Pages 14-32]

### 8. Regular Agenda

#### A. <u>EXECUTIVE</u>

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

Executive Director Informational Update. (Belma Andric) [Pages 33-34]

#### **B.** OPERATIONS

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

Operations Reports – July 2018. (Terry Megiveron) [Pages 35-54]

## C. CREDENTIALING AND PRIVILEGING

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

Revised General Dentistry Delineation of Privileges (Dr. Tamara-Kay Tibby) [Pages 55-59

### 8C-2 Staff Recommends a MOTION TO APPROVE:

Licensed Independent Practitioner (LIP) Recredentialing and Renewal of Privileges – Dental: Zenaida Alonso, DDS (Dr. Tamara-Kay Tibby) [Pages 60-61]

#### 8C-3 Staff Recommends a MOTION TO APPROVE:

Licensed Independent Practitioner (LIP) Initial Credentialing and Privileging - Medical: Guerlyne Estime, ARNP and Tamara-Kay Tibby, DMD. (Dr. Noelle Stewart) [Pages 62-63]

#### D. QUALITY

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

Quality Council Reports – July 2018 (Dr. Noelle Stewart) [Pages 64-80]

C. L. Brumback Primay Care Clinics Board of Directors Meeting Agenda August 22, 2018

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

## September 26, 2018 (HCD Board Room)

12:45pm Board of Directors

## October 24, 2018 (HCD Board Room)

12:45pm Board of Directors

## November 28, 2018 (HCD Board Room)

12:45pm Board of Directors

## December 19, 2018 (HCD Board Room)

12:45pm Board of Directors

12. Motion to Adjourn

## District Clinic Holdings, Inc. d.b.a. C.L. Brumback Primary Care Clinics Board of Directors Meeting Summary Minutes 07/25/2018

Present: Bessie Brown, Chairperson; James Elder, Vice Chairperson; John Casey Mullen, Secretary; Frances Navarro,

Treasurer; David Kendle, Irene Figueroa, Joan Roude, Cory Neering.

Absent: Shanti Howard (excused)

Minutes Transcribed By: Andrea Steele

**Meeting Scheduled For** 1:00 PM **Meeting Began at** 12:55 PM

AGENDA ITEM	DISCUSSION	ACTION
1. Call to Order	Mrs. Bessie Brown called the meeting to order.	The meeting was called to order at 12:55 pm.
1A. Roll Call	Roll call was taken. Mrs. Shanti Howard was excused	
1B. Affirmation of Mission	Mrs. Bessie Brown read the Affirmation of Mission	
2. Agenda Approval	Mrs. Bessie Brown called for an approval of the meeting agenda.	VOTE TAKEN: Mr. David Kendle made a motion to approve the agenda as presented. The motion was duly seconded by Mr.
2A. Additions/Deletions/ Substitutions	No additions or deletions.	Mullen. A vote was called, and the motion passed unanimously.
2B. Motion to Approve Agenda Items	The agenda for the July 2018 meeting was approved.	
3. Awards, Introductions and Presentations		
3A. Introduce Joan Roude	Districts Finance Committee. Her financial expertise helped guide the development of the Lakeside Medical Center and the new Healey Center as a member of the Health Care District's Construction Advisory Committee.	

	Mr. David Kendle added that Mrs. Roude will also serve			
4 Disclasses of Votion	on the Finance Committee for the clinics.	News		
4. Disclosure of Voting Conflict	None.	No action necessary.		
5. Public Comment	None.	No action necessary.		
6. Meeting Minutes  6A Staff Recommends a  Motion to Approve:  Board Meeting Minutes of May 23, 2018	There was no discussion of the minutes dated May 23, 2018.	VOTE TAKEN: Mr. Kendle made a motion to approve the minutes of May 23, 2018 as presented. The motion was duly seconded by Mr. Elder. A vote was called, and the motion passed unanimously.		
_	on to Approve Consent Agenda Items	VOTE TAKEN: Mr. Kendle made a motion to approve the Consent Agenda items. The motion was duly seconded by Mrs. Navarro. A vote was called, and the motion passed unanimously.		
7A. ADMINISTRATION				
<b>7A-1. Receive &amp; File:</b> July 2018 Internet Posting of District Public Meeting	The meeting notice was posted.	No further action necessary.		
<b>7A-2.</b> Receive & File: Attendance tracking	Attendance tracking was updated.	No further action necessary.		
		No further action necessary.		
7B. FINANCE				
<b>7B-1. Receive &amp; File:</b> C. L. Brumback Primary Care Clinics Finance Report June 2018	The following summary of the YTD June 2018 C. L. Brumback Financial Statements Volume Analysis was presented during Finance Committee and available for review during the Board meeting:  YTD Clinic volumes (both medical and dental combined), are below budget by 8.1% or 8,748	No further action necessary.		

	visits. Suboxone clinic visits YTD of 2,649 were	
	below budget of 11,543 by 8,894 or 77.1% due to	
	unanticipated changes to the MAT strategy. All	
	other medical clinics combined (net of suboxone)	
	were above budgeted volume by 3,480 visits or	
	5.0%. Total revenues, year to date, are over	
	budget by 9.9% or \$1.6M due to volume variance	
	in medical clinics. Total operating expenses are	
	under budget by 7.0%, or \$1.3M due to	
	unimplemented strategies. Net operating margin is	
	a loss of \$1.7M compared to a budgeted loss of	
	\$5.3M. YTD the Health Care District has	
	subsidized the Primary Care Clinics with \$2.2M.	
7C. POLICIES		
7C-1. Staff Recommends a	All HCD Policies & Procedures developed by Human	No further action necessary.
Motion to Approve: Adopt	Resources to be adopted by the FQHC Board:	-
Health Care District (HCD) -	·	
Policies and Procedures	ADOPT: Administrative Pay Corrections	
Human Resources & Retire	ADOPT: Anti-Discrimination and Anti-Harassment	
C. L. Brumback Primary	ADOPT: Attendance	
Care Clinic - Policies and	ADOPT: Background Screening	
Procedures Human		
Resources	ADOPT: Compensation Administration	
	ADOPT: Definition of Employee Status	
	ADOPT: Definition of Retiree	
	ADOPT: District Property Usage	
	ADOPT: Domestic Violence Leave	
	ADOPT: Dress Code	
	ADOPT: Drug Free Workplace	
	ADOPT: Education Assistance Program	
	ADOPT: Emergency Disaster Pay and Assignment	
	ADOPT: Employee Benefits Program Policy	
	ADOPT: Employee Incident and Analysis Report	
	ADOPT: Employee Recognition	
	ADOPT: Employees and Applicants with Disabilities	
	ADOPT: Employment of Relatives	
	ADOPT: Employment of Relatives ADOPT: Employment Relocation	

ADOPT: Fair Treatment ADOPT: Family Medical Leave ADOPT: First Aid and Cardiopulmonary Resuscitation Training ADOPT: Initial Orientation Period New Employees **ADOPT: Internal Employee Communications** ADOPT: Joint Employment ADOPT: Jury Legal Duty Leave ADOPT: Medical Certification WH 380 Form ADOPT: Medical Leave Occupational and Non Occupational ADOPT: Merit Pay Procedure ADOPT: Military Leave Request Form **ADOPT: Military Leave** ADOPT: Off-Duty Access ADOPT: Paid Time Off ADOPT: Performance Evaluation and Management ADOPT: Performance Management ADOPT: Personal Leave ADOPT: Personnel Change Notice ADOPT: Personnel Records ADOPT: Professional Fees and Development ADOPT: Public Records 119 Form ADOPT: Recruitment and Selection Chief Compliance and Privacy Officer and Senior Internal Auditor ADOPT: Recruitment and Selection ADOPT: Reduction in Force ADOPT: Re-Employment **ADOPT: Retirement Plans ADOPT: Safety Guidelines** ADOPT: Safety-Emergency Procedures ADOPT: Separation of Employment ADOPT: Sick Time Off ADOPT: Smoke-Free Workplace ADOPT: Solicitation and Distribution of Literature ADOPT: Telecommuting **ADOPT: Temporary Personnel** 

**ADOPT: Transfers Promotions Demotions** 

**ADOPT: Transitional Duty** 

ADOPT: Verification of Licensure Certifications and **Educational Requirements** ADOPT: Work Schedules, Meal Rest Periods and Travel ADOPT: Workers' Compensation All CLBPCC Human Resources Policies to be retired by the FQHC Board: RETIRE: 300-13 Anti-Discrimination and Anti-Harassment Policy and Procedure RETIRE: 301-13 Attendance Policy and Procedure RETIRE: 302-13 Compassionate Leave Policy and Procedure RETIRE: 303-13 Compensation Administration Policy and Procedure RETIRE: 304-13 Definition of employment status Policy and Procedure RETIRE: 305-13 Definition of Retiree Policy and Procedure RETIRE: 306-13 Domestic Violence Policy and Procedure RETIRE: 307-13 Dress Code Policy and Procedure RETIRE: 308-13 Drug Free Workplace Policy and Procedure RETIRE: 309-13 Education Assistance Policy and Procedure RETIRE: 310-13 Emergency Pay Policy and Procedure RETIRE: 311-13 Employee Benefits Policy and Procedure RETIRE: 312-13 Employee Disability Policy and Procedure RETIRE: 313-13 Employee Relatives Policy and Procedure RETIRE: 314-13 Employee Relocation Policy and **Procedure** RETIRE: 315-13 Exempt Employee Pay Policy and Procedure RETIRE: 316-13 Exit Interview Policy and Procedure RETIRE: 317-13 Fair Treatment Policy and Procedure RETIRE: 318-13 Family Medical Leave Policy and Procedure RETIRE: 319-13 First Aid Policy and Procedure

	RETIRE: 320-13 Administrative Pay Policy and Procedure RETIRE: 321-13 Internal Communication Policy and Procedure RETIRE: 322-13 Joint Employment Policy and Procedure RETIRE: 323-13 Jury Legal Duty Policy and Procedure RETIRE: 324-13 Medical leave Policy and Procedure RETIRE: 325-13 Merit Pay Policy and Procedure RETIRE: 326-13 New Hire Orientation Policy and Procedure RETIRE: 327-13 Non Exempt Employee Policy and Procedure RETIRE: 328-13 Off Duty Access Policy and Procedure RETIRE: 329-13 Paid Time off Policy and Procedure RETIRE: 330-14 Worker's Compensation Policy and	
	Procedure RETIRE: 331-14 Smoke Free Workplace Policy and Procedure	
7C-2. Staff Recommends a Motion to Approve: Hand Hygiene Policy	The Hand Hygiene Policy provides guidance in preventing Healthcare Acquired Infections (HAI) in the Clinic Health Care setting. This policy provides the basic standards to prevent the spread and transmission of disease to patients, staff and visitors by washing their hands or using hand sanitizer.	No discussion.
7D. RISK		
<b>7D-1. Staff Recommends a Motion to Approve:</b> Risk Management Plan	The Risk Management plan is designed to support the mission and vision of C. L. Brumback Primary Care Clinics as it pertains to clinical risk and patient, visitor, and employee safety. This Enterprise Risk Management plan also address potential business, operational and property risk.	No further action necessary.
7D-2. Staff Recommends a Motion to Approve: Emergency Preparedness and Management Plan	The Emergency Preparedness and Management Plan is a comprehensive system of principles, policies, procedures, methods, and activities to be applied in response to natural and manmade disasters to ensure patient and employee safety, to mobilize resources, to maintain health center business operations, and to assist in providing mutual aid in a community-wide response requiring medical services.	No further action necessary.

8. Regular Agenda		
A. EXECUTIVE		
8A-1. Receive & File: Executive Director Informational Update	Dr. Andric, CMO, VP & Executive Director of the Clinics, presented Updates on key changes within C. L. Brumback Primary Care Clinics:  HRSA Service Area Competition (SAC) Grant Continuation  Betterworld and staff are working diligently to complete this required grant to ensure continuation	Received and filed.
	of HRSA funding for our FQHC clinics.  Mobile Clinic for the Homeless Our Mobile Clinic was delivered by a Farber driver/trainer the week of June 18th, 2018. We are planning our soft go-live on 8/1/2018 and anticipate being fully operational by 9/1/2018. A grant was submitted to Farris Foundation on 7/20/2018 requesting \$200,000 over the next two years to support a Licensed Clinical Social Worker (LCSW) on the Mobile Clinic.	
	Lakeside Medical Center Clinic (Belle Glade) As of today, this project is moving forward with the RFQ process to hire a construction manager.	
	Lantana Pediatrics  Pediatrics will move to the second floor of Lantana clinic, therefore increasing our overall capacity for both pediatric and adult medicine.	
	MAT Clinic	

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

	located near the Addiction Stabilization Center the Health Care District of Palm Beach County is working on developing with community partners.  Addiction Stabilization Center Efforts continue to move forward to develop space at JFK North Campus in partnership with HCA, the County, and HCD. Target start date of 10/1/2018.  NACHC Two Board members are invited to attend this year in Orlando, FL. Board members will confirm their availability by the end of this week.	
8A-2. Staff Recommends a Motion to Approve: Change in Scope – MAT Clinic	Dr. Andric presented the request for approval to proceed with a Change in Scope application with the Health Resources and Services Administration to add a new health center site. The proposed site will be located at 2151 N Congress, Ste. 102, West Palm Beach, Florida. This site is a stand-alone clinic that will house our existing, and expanded, Medication Assisted Treatment Program. In addition, we will have an ARNP located at this site to assist patients with their primary medical needs.	VOTE TAKEN: Mr. Kendle made a motion to approve this item. The motion was duly seconded by Mrs. Navarro. A vote was called, and the motion passed unanimously.
8A-3. Staff Recommends a Motion to Approve: 2018 Service Area Competition (SAC) Grant Abstract	Dr. Andric presented the draft narrative for our FY2019 Service Area Competition for Board review and approval before we submit Phase 1 to Grants.gov on 8/6/2018. Phase 2 will be submitted by 8/21/2018.  We are requesting the total funding amount available from HRSA: \$6,972,813 (Community Health Center: \$2,907,526; Migrant Health Care: \$3,327,785; Health Care for the Homeless: \$737,772).	VOTE TAKEN: Mr. Elder made a motion to approve this agenda item. The motion was duly seconded by Mrs. Figueroa. A vote was called, and the motion passed unanimously.
8B. ADMINISTRATION		
8B-1. Receive & File: Board Officer Vacancies	Thomas Cleare, HCD VP of Strategy, presented information on how the Board can fill future vacant Board officer positions, as requested by Mr. Kendle.  When there are vacancies for any Board Members or Board Officer positions, the Bylaws outline the process for filling the vacancy.	Received and filed.

8C. OPERATIONS	Section 10.3 of the Bylaws presented below identify how Board Officer vacancies can be filled:  10.3 Vacancies. Any time there is a vacant officer position, the Board may elect a replacement officer at its next regular meeting to serve out the remainder of the term of office, and any person so elected shall not have the remaining term count for purposes of calculating the 'two consecutive one-year terms' referenced in Section 10.1.	
8C-1. Staff Recommends a Motion to Approve: Operations Reports – June 2018	<ul> <li>Terry Megiveron, Director of Operations, presented the overall clinic productivity for June 2018. Highlights included:</li> <li>The clinics have bounced back to above 80% productivity after the change from Allscripts to Athena EHR.</li> <li>Lake Worth Women's Health continues to be our highest clinic producer overall at 102%.</li> <li>Lantana clinic leads pediatrics at 95%.</li> <li>Delray leads dental at 86%.</li> <li>The payer mix revealed that more than 60% of our medical and 70% of dental patients are either uninsured or have District Cares.</li> </ul>	VOTE TAKEN: Mr. Kendle made a motion to approve this agenda item. The motion was duly seconded by Mr. Mullen. A vote was called, and the motion passed unanimously.
8D. CREDENTAILING & PR 8D-1. Staff Recommends a Motion to Approve: Licensed Independent Practitioner (LIP) Initial Credentialing & Privileging - Medical: Daniel Perez, MD and Ana Ferwerda, MD	Two LIP's were presented. Both Dr. Daniel Perez and Dr. Ana Ferwerda met for recredentialing and renewal of privileges process and met the standards set forth within the approved Credentialing and Privileging Policy.	VOTE TAKEN: Mr. Kendle made a motion to approve this agenda item. The motion was duly seconded by Mr. Elder. A vote was called, and the motion passed unanimously

#### **8E. QUALITY**

# 8E-1. Staff Recommends a Motion to Approve: Quality Council Reports

The following is a summary of May and June 2018 highlights:

### **Patient Relations and Quality Events:**

There were a total of 2 Complaints, 5 Grievances and 7 compliments and 12 Quality events.

### **Medical Report:**

Overall clinics are adapting well to Athena migration. Staff is finding that the system is easier to navigate, however there are challenges in managing incoming documents. The addition of temporary staff has helped to overcome this challenge.

In adult medical, tobacco cessation protocol has commenced. Smokers are receiving follow up from our patient navigators who advise and refer patients to 1 of 3 options for cessation counseling- quitline, 2 hours live counseling or 6 week live counseling. Quitline (telephonic counseling) referrals rates in the month of June were at their highest for 2018 at 88. Next month we will present data on number of patients that have accepted live counseling.

In pediatrics we have exceeded our goal of 45% for 11 and 12 year olds who have completed HPV vaccine series and currently have a completion rate of 71%. We are quickly approaching the ACS goal to have 80% of preteens vaccinated by June 26, 2026.

#### **Behavioral Health Report:**

Pediatric integration in Lake Worth, where our behavioral health counselor goes into every well child visit to perform age appropriate behavioral health screenings, has been live for 5 weeks and is going well. Staff reports they have identified several at risk patients through this integration who otherwise may have been missed.

VOTE TAKEN: Mr. Kendle made a motion to approve this agenda item. The motion was duly seconded by Mr. Mullen. A vote was called, and the motion passed unanimously.

	The substance abuse program has the DCF site visit today as a follow up for the provisional license.	
	Dental Report: The dental program is participating in the National Network for Oral Health Access (NNOHA) Collaborative which focuses on improving key clinical quality measures. Since Nov 2017 Provider documentation of patient's caries risk assessment has improved through this collaborative	
	Peer Review: 117 Medical charts were Peer Reviewed. 91 were evaluated as "within standard of care", 8 were evaluated as "Medical Provider Self-Identified Remediation", 18 "Medical Provider Education Required". In Dental, 51 Dental charts were peer reviewed. Thirty-nine were evaluated "within the standard of care" and 12 were evaluated as "Dental Provider Education Required".	
9. CMO, VP and Executive Director of Clinical Services Comments	None.	No action necessary.
10. Board Member Comments	None.	No action necessary.
11. Establishment of Upcoming Meetings	August 22, 2018 (HCD Board Room)  • 12:45 p.m. Board of Directors  September 26, 2018 (HCD Board Room)  • 12:45 p.m. Board of Directors  October 24, 2018 (HCD Board Room)  • 12:45 p.m. Board of Directors  November 28, 2018 (HCD Board Room)  • 12:45 p.m. Board of Directors  December 19, 2018 (HCD Board Room)  • 12:45 p.m. Board of Directors	No action necessary.
12. Motion to Adjourn	There being no further business, the meeting was adjourned.	VOTE TAKEN: Mr. Mullen made a motion to adjourn. Mrs. Navarro duly seconded the motion. A vote was called, and the motion passed unanimously.

			The meeting was adjourned at 1:50 p.m.
Minutes Submitted by:			_
	Signature	Date	

#### -

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

## Attendance Tracking

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

X= Present

C= Cancel

E= Excused

A= Absent

## DISTRICT CLINIC HOLDINGS, INC. BOARD OF DIRECTORS August 22, 2018

1.	Description:	C. L. Brumback Primary Care Clinics Financial Report July 2	2018
----	--------------	---	------

## 2. Summary:

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

## 3. Substantive Analysis:

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

## 4. Fiscal Analysis & Economic Impact Statement:

	Amount	Budget
Capital Requirements	N/A	Yes No
Annual Net Revenue	N/A	Yes No
Annual Expenditures	N/A	Yes No

Reviewed for financial accuracy and compliance with purchasing procedure:

Dawn Richards

VP & Chief Financial Officer

## 5. Reviewed/Approved by Committee:

N/A	
Committee Name	Date Approved

## DISTRICT CLINIC HOLDINGS, INC. BOARD OF DIRECTORS August 22, 2018

## 6. Recommendation:

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

Approved for Legal sufficiency:

Valorie Shahriari

VP & General Counsel

Dawn Richards

VP & Chief Financial Officer

Dr. Belma Andric

Chief Medical Officer, VP & Executive Director

of Clinic Services



## MEMO

To:

**Finance Committee** 

From:

Dawn L. Richards

Chief Financial Officer

Date:

August 15, 2018

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

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

#### Summary

YTD Clinic volumes (medical, dental, and suboxone combined), are below budget by 9.2% or 11,241 visits. Suboxone clinic visits YTD of 3,063 were below budget of 12,826 by 9,763 or 76.1% due to unanticipated changes to the MAT strategy. All other medical clinics combined (net of suboxone) were above budgeted volume by 2,995 visits. Total revenues, year to date, are over budget by 8.2% or \$1.5M due to volume variance in medical clinics, including unbudgeted LIP payment. Total operating expenses are under budget by 7.4%, or \$1.5M due to unimplemented strategies. Net operating margin is a loss of \$2.1M compared to a budgeted loss of \$5.8M. YTD the Health Care District has subsidized the Primary Care Clinics with \$2.4M.

#### Volume Analysis

Total medical clinic visits YTD in all adult and pediatric clinics of 84,618 were under budget of 91,386 by 6,768 or 7.4% but are over prior year of 72,523 by 12,095 or 16.7%. Dental visits YTD of 25,701 were under budget of 30,174 by 4,473 or 14.8% and below prior year of 28,223 by 2,522 or 8.9%. Suboxone clinic visits YTD of 3,063 were below budget of 12,826 by 9,763 or 76.1% due to unanticipated changes to the MAT strategy. Medical visits (net of suboxone) YTD of 81,555 were under budget of 78,560 by 2,995 or 3.8% and above prior year of 71,761 by 9,794 or 13.6%

#### Net Revenue

Clinic net patient revenue YTD of \$13.6M exceeded budget of \$11.3M by \$2.4M or 20.9% and above of prior year of \$10.5M by \$3.1M or 29.8%. Clinics received a LIP payment in April 2018 of \$1.2M, this was unbudgeted. Grant revenue YTD of \$6.2M was below budget of \$7.1M by \$917k or 12.9% and exceeded prior year of \$5.6M by \$620k or 11.1%. Current year grant for the MAT program has not been realized.



### Expenses

Clinic operating expenses YTD of \$19.2M were under budget of \$20.7M by \$1.5M or 7.4% and above prior year of \$16.1M by \$3.0M or 18.8%. Most of this positive variance related to salaries, benefits, and software costs. Salaries and benefits were under budget due to unimplemented strategies in West Boca dental, Lake Worth dental and Lantana (Suboxone).

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

			Increase
	Jul 31, 2018	Jun 30, 2018	(Decrease)
Assets	<del>-</del>		
Cash and Cash Equivalents	431,478	(1,324,404)	\$ 1,755,882
Accounts Receivable, net	1,447,818	1,210,309	237,509
Due From Other Funds	-	•	-
Due from Other Governments	1,483,932	3,791,208	(2,307,277)
Other Current Assets	277,903	273,033	4,870
Net Investment in Capital Assets	777,044	477,520	299,524
Total Assets	\$ 4,418,174	\$ 4,427,666	\$ (9,492)
Liabilities			
Accounts Payable	304,523	186,662	117,860
Due To Other Governments	-		•
Deferred Revenue	21,861	22,123	(262)
Other Current Liabilities	677,216	616,604	60,611
Non-Current Liabilities	729,254	729,254	
Total Liabilities	1,732,854	1,554,644	178,210
Net Position			
Net Investment in Capital Assets	777,044	477,520	299,524
Unrestricted	1,908,276	2,395,501	(487,225)
<b>Total Net Position</b>	2,685,321	2,873,022	(187,701)
Total Liabilities and Net Position	\$ 4,418,174	\$ 4,427,666	\$ (9,492)

Note: Amounts may not foot due to rounding.

#### =

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

FOR THE TENTH MONTHS ENDED JULY 31, 2018

		Cui	rent Month						Fiscal	Year To Dat	te		
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%
2,072.740	2,030,038	42,701	2.1%	1,514,213	558,527	36.9% Gross Patient Revenue	18,693,458	18,764,731	(71,273)	(0.4%)	15,921,693	2,771,765	17.4%
2,256,497	582,545	(1,673,952)	(287.4%)	631,498	(1,624,999)	(257.3%) Contractual Allowances	8,371,517	5,402,856	(2,968,661)	(54.9%)	6,411,172	(1,960,346)	(30.6%)
446,784	191,295	(255,490)	(133.6%)	316,820	(129,965)	(41.0%) Charity Care	3,624,253	1,737,405	(1,886,848)	(108.6%)	3,272,601	(351,652)	(10.7%)
106,526	38,295	(68,231)	(178.2%)	67,854	(38,672)	(57.0%) 8ad Debt	1,524,366	373,909	(1,150,457)	(307.7%)	994,629	(529 <u>,737)</u>	(53.3%)
2,809,807	812,135	(1,997,673)	(246.0%)	1,016,172	(1,793,635)	(176.5%) Total Contractuals and Bad Debts	13,520,137	7,514,170	(6,005,967)	(79.9%)	10,678,402	(2,841,735)	(26.6%)
\$ 2,008,457	ş -	\$ 2,008,457	0.0%	\$ 489,640	\$ 1,518,817	\$ 3 Other Patient Revenue	\$ 8,429,172	\$	\$ 8,429,172	0.0%	\$ 5,234,082	\$ 3,195,090 \$	\$ 1
1,271,389	1,217,904	53,486	4,4%	987,681	283,708	28.7% Net Patient Revenue	13,602,493	11,250,561	2,351,932	20.9%	10,477,373	3,125,121	29.8%
61.34%	59.99%			65.23%		Collection %	72.77%	59.96%			65.81%		
586,159	749,012	(162,853)	(21.7%)	855,077	(268,918)	(31.4%) Grant Funds	6,220,519	7,137,990	(917,471)	(12.9%)	5,600,788	619,731	11.1%
4,339	16,225	(11,886)		2,527	1,812	71.7% Other Revenue	240,946	162,250	78,696	48.5%	54,399	186,547	342.9%
590,499	765,237	(174,739)	(22.8%)	857,605	(267,106)	(31.1%) Total Other Revenues	6,461,465	7,300,240	(838,775)	(11.5%)	5,655,187	806,278	14.3%
1,861,888	1,983,141	(121,253)	(6.1%)	1,845,286	16,602	0.9% Total Revenues	20,063,958	18,550,801	1,513,157	8.2%	16,132,560	3,931,399	24.4%
						Direct Operational Expenses:							
1,165,687	1,366,307	200,620	14.7%	1,008,857	(156,831)		12,195,990	12,974,649	778,658	6.0%	10,192,132	(2,003,858)	(19.7%)
328,226	366,691	38,465	10.5%	298,243	(29,983)	(10.1%) Benefits	3,310,656	3,486,267	175,612	5.0%	2,789,591	(\$21,065)	(18.7%)
203,204	59,582	(143,622)	(241.1%)	75,236	(127,968)	(170.1%) Purchased Services	773,567	575,370	(198,198)	(34.4%)	533,426	(240,141)	(45.0%)
33,213	54,359	21,146	38.9%	19,220	(13,993)	(72.8%) Medical Supplies	398,344	464,052	65,709	14.2%	295,560	(102,783)	(34.8%)
7,092	16,276	9,184	56,4%	20,511	13,419	65.4% Other Supplies	132,136	133,624	1,488	1.1%	289,034	156,898	54.3%
-			0.0%			0.0% Contracted Physician Expense	15,355	4	(15,355)	0.0%		(15,355)	0.0%
		-	0.0%		4.1	0.0% Medical Services	19	-		0.0%			0.0%
26,987	58,610	31,623	54.0%	45,272	18,285	40.4% Drugs	436,167	544,353	108,186	19.9%	410,877	(25,290)	(6.2%)
38,120	108,467	70,347	64.9%	87,213	49,093	56.3% Repairs & Maintenance	416,306	1,044,463	628,157	60.1%	401,681	(14,625)	(3.6%)
106,145	115,600	9,456	8.2%	109,547	3,402	3.1% Lease & Rental	1,175,338	1,143.392	(31,946)	(2.8%)	1,021,878	(153,460)	(15.0%)
4,134	8,025	3,891	48.5%	2,991	(1,143)	(38.2%) Utilities	60,432	74,980	14,548	19.4%	32,120	(28,312)	(88.1%)
33,817	21,890	(11,927)	(54.5%)	15,515	(18,302)	(118.0%) Other Expense	237,909	231,570	(6,338)	(2.7%)	147,646	(90,263)	(61.1%)
2,404	2,690	286	10.6%	1,681	(723)	(43.0%) Insurance	17,342	22,574	5,232	23.2%	18,117	775	4.3%
1,949,029	2,178,497	229,468	10.5%	1,684,284	(264,744)	(15.7%) Total Operational Expenses	19,169,541	20,695,293	1,525,752	7.4%	16,132,062	(3,037,479)	(18 8%)
						Net Performance before Depreciati	on						
(87,141)	(195,356)	108,215	(\$5.4%)	161,001	(248,142)	(154.1%) & Overhead Allocations	894,417	(2,144,492)	3,038,909	(141.7%)	498	893,920	179,642.6%

## District Clinics Holdings, Inc. Statement of Revenues and Expenses FOR THE TENTH MONTHS ENDED JULY 31, 2018

		Curre	nt Month						Fiscal V	ear To Dat	ė		
Actual	Budget	Variance	%	Prior Year	Variance	<u> </u>	Actual	Budget	Variance	%	Prior Year	Variance	%
15,335	26,945	11,610	43.1%	16,430	1,095	6.7% Depreciation	168,521	269,445	100,924	37.5%	164,141	(4,380)	(2.7%)
						Overhead Allocations:							
9,732	12,912	3,180	24.6%	9,231	(502)	(5.4%) Risk Mgt	100,341	122,499	22,159	18 1%	57,267	(43,073)	(75.2%)
52,339	57,005	4,666	8.2%	31,775	(20,564)	(64.7%) Rev Cycle	429,670	537,141	107,471	20.0%	176,063	(253,607)	(144.0%)
5,328	5,460	131	2.4%	3,508	(1,820)	(51.9%) Internal Audit	29,772	51,799	22,027	42.5%	49,077	19,305	39.3%
17,709	32,462	14,753	45.4%		(17,709)	0.0% Palm Springs Facility	241,499	324,623	83,124	25.6%		(241,499)	0.0%
			0.0%	-	-	0.0% Legislative Affairs				0.0%			0.0%
23,099	26,593	3,494	13.1%	19,146	(3,953)	(20.6%) Administration	246,596	252,292	5,695	2.3%	188,090	(58,506)	(31.1%)
29,178	35,298	6,120	17.3%	25,510	(3,668)	(14.4%) Human Resources	290,540	321,932	31,391	9.8%	239,497	(51,044)	(21.3%)
13,811	13,480	(331)	(2.5%)	11,977	(1,834)	(15.3%) Legal	108,148	127,887	19,739	15.4%	84,120	(24,028)	(28.6%)
6,255	6,255	0	0.0%	301	(5,954)	(1,980.5%) Records	66,557	59,344	(7,213)	(12.2%)	27,884	(38,673)	(138.7%)
6,255	8,691	2,436	28.0%	3,972	(2,283)	(57.5%) Compliance	59,408	82,449	<b>23,</b> 040	27.9%	<b>39,23</b> 8	(20,170)	(51.4%)
1,225	1,530	304	19.9%	•	(1,225)	0.0% Planning/Research	16,899	14,513	(2,386)	(16.4%)		(16,899)	0.0%
25,476	29,176	3,699	12.7%	17,705	(7,771)	(43.9%) Finance	273,361	276,794	3,433	1.2%	196,005	(77,356)	(39.5%)
-	-	-	0.0%	•	-	0.0% Communications	-	-	-	0.0%	•	•	0.0%
8,785	19,548	10,764	55.1%	7,728	(1,057)	(13.7%) Public Relations	73,287	<b>185,4</b> 58	112,171	60.5%	63,512	(9,775)	(15.4%)
74,684	94,872	20,188	21.3%	84,367	9,683	11.5% Information Technology	795,412	900,064	104,651	11.6%	615,932	(179,480)	(29.1%)
	3,652	3,652	100.0%	3,963	3,963	100.0% Budget & Decision Support	13,118	34 <b>,65</b> 0	21,532	62.1%	34,133	21,015	61.6%
3,762	3,077	(685)	(22.3%)		(3,762)	0.0% Corporate Quality	34,892	29,196	(5,696)	(19.5%)	-	(34,892)	0.0%
7,586	11,123	3,537	31.8%	-	(7,586)	0.0% Managed Care Contract	56,129	104,812	48,683	45.4%		(56,129)	0.0%
,,,,,,	,	-,			,,,,	•					•		
285,225	361,134	<b>75,9</b> 09	21.0%	219,182	(66,044)	(30.1%) Total Overhead Allocations	2,835,630	3,425,452	589,822	17.2%	1,770,817	(1,064,812)	(60.1%)
2,249,589	2,566,575	316,985	12.4%	1,919,896	(329,693)	(17.2%) Total Expenses	22,173,692	24,390,190	2,216,498	9.1%	18,067,021	(4,106,671)	(22.7%)
\$ (387,701)	5 (583,434) \$	195,733	(33.5%)	(74,610) \$	(313,091)	419.6% Net Margin	\$ (2.109.733)	\$ (5,839,389) \$	3,729,656	(63,9%)	\$ (1,934,461)	\$ (175,272)	9.1%
Ç (387,702)	, (203,434) \$	233,733	(55.576)	(. 4,620)	(		* (3,200,000)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,,		, ,_,,,,,,,	
	125,350	125,350	100.0%	2,470	2,470	100.0% Capital		2,848,046	2,848,046	100.0%	2,789	2,789	100.0%
\$ 200,000	\$ 800,000 \$	600,000	75.0%	s - s	(200,000)	0.0% General Fund Support/ Transfer In	\$ 2,370,000	\$ 8,000,000 \$	5,630,000	70.4%	\$ -	\$ (2,370,000)	0.0%

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

Grass Batlant Baussus	Oct-17 1,932,348	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Year to Date
Gross Patient Revenue		1,614,292	1,726,128	1,887,183	1,901,243	2.169,234	1,858,934	1,729,846	1,801,509	2,072,740			18,693,458
Contractual #Iliowances	787,418	59,317	337,720	278,529	555,200	399,431	2,339,528	828,230	529,647	2,256,497	-		8,371,517
Charity Care	311,552	(253,490)	167,151	218,711	2,463	65,773	2,052,688	259,306	959,913	446,784	7		3,624,253
Bad Debt	213,806	165,082	190,754	153,100	156,052	249,996	17,792	22,862	248,396	106,526			1,524,366
Other Patient Revenue	\$ \$80,915 \$	(580,915) \$	\$	153,027 \$	21,861 \$	21,861 \$	3,783,586 S	1,790,782 \$	649,599 \$	2,008,457 \$	1	\$	\$ 8,429,172
Net Patient Revenue	1,200,487	1,062,467	1,030,503	1,389,870	1,209,390	1,475,895	1,232,511	2,410,230	1,319,752	1,271,389			13,602,493
Collections %	62.13%	65.82%	\$9.70%	73.65%	63.61%	68.04%	66.30%	139.33%	73.26%	61.34%	MDIV/O	#DIV/01	72.77%
Grant Funds	\$81,399	570,025	610,755	694,423	646,404	601,484	633,222	706,398	590,251	586,159		-	6,220,519
Other Revenue	2,856	1,864	109,616	3,012	2,486	43,940	4,062	64,999	3,771	4,339			240,946
Total Other Revenues	\$84,255	571,889	720,371	697,436	648,890	645,424	637, 284	771,396	594,022	590,499		-	6,461,465
Total Revenues	1,784,741	1,634,356	1,750,874	2,087,305	1,858,280	2,121,319	1,869,795	3,181,626	1,913,774	1,861,888			20,063,958
Direct Operational Expenses:													
Salaries and Wages	1,216,848	1,147,815	1,156,021	1,157,040	1,203,702	1,316,763	1,241,980	1,415,855	1,174,280	1,165,687			12,195,990
Benefits	302,737	307,341	306,130	339,069	334,301	350,911	339,579	357,361	345,001	328,226			3,310,656
Purchased Services	36,818	31,240	55,668	56,008	40,481	92,475	101,864	53,008	102,800	203,204			773,567
Medical Supplies	25,047	34,241	41,871	45,383	65,137	41,037	40,647	35,160	36,607	99,219			398,344
Other Supplies	5,129	8,001	5,444	8,044	14,369	10,848	12,495	44,476	16,237	7,092			132,136
Contracted Physician Expense	12,703	2,652		4	-		14			-			15,355
Medical Services				4	+	2	-6	2			4		
Drugs	39,087	60,113	48,821	\$0,181	48.344	52,837	42,549	40,454	26,793	26,987			436,167
Repairs & Maintenance	28,999	49,299	58,740	12,935	48,891	41,387	21,609	92,624	23,703	38,120			416,306
Lease & Rental	111,395	109,108	90,150	129,097	117,865	127,337	165,851	122,460	95,932	106,145			1,175,338
Villies	2,097	8,470	8.236	5,588	5,756	4,661	6,556	9,388	5,547	4,134			60,432
Other Expense	29,001	31,1\$9	9,617	20,430	22,501	28,627	29,722	11,680	21,355	33,817			237,909
fesurar De	1,778	1,778	1,416	1,417	1,417	1,417	1,417	1,883	2,417	2,404			17,342
Total Operational Expenses	1,811,638	1,791,217	1,782,114	1,825,192	1,902,763	2,068,299	2,004,269	2,184,349	1,850,671	1,949,029		+	19,169,541
Net Performance before Depreciation &													
Overhead Allocations	[26,897]	(156,860)	(31,240)	262,113	(44,484)	53,020	(134,474)	997,277	63,104	(87,141)			894,417
Depreciation	17,505	16,479	16,992	16,992	16,992	16,997	17,540	16,972	16,722	15,335		-	168,521
Overhead Allocations													
Risk Mgt	7,453	8,896	13,641	8,777	9,774	10,231	8,967	9,838	13,092	9,732			100,341
Rev Cycle	48,556	47,099	34,355	59,652	49,552	37,122	48,655	16,506	35,835	\$2,339		-	429,670
Internal Audit	5	4	-	580	1,967	5,809	5,377	5,377	5,328	5,328			29,772
Palm Springs Facility	20,677	21,156	20,813	20,281	41,731	15,176	27,667	36,418	19,871	17,709			241,499
Legislative Affairs			-	- 2	7	-			2.00	-			
Administration	25,875	24,697	26,547	27,033	30,666	20,796	27,963	17,828	22,096	23,099			246,596
Human Resources	29,597	13,464	33,802	21,072	21,563	28,368	49,058	34,524	29,915	29,178			290,540
Legal	5,569	7,477	13,345	8,693	13,576	9.757	8,811	14,375	12,734	13,811			108,148
Records	4,860	4,152	3,963	4,751	10,058	6,632	9,240	10,701	5,944	6,255			66,557
Compliance	5,184	6,493	6,603	8,310	6,895	7,066	1,786	5,303	5,513	6,255			59,408
Planning/Research	1,666	1 204	1,163	1,248	1.111	1,207	5,733	1,250	1,093	1,225			16,899
Finance	26,706	21 729	22,431	24,720	24,201	43,417	29,974	30,126	24,580	25,476			273,361
Communications	10,100	-4723		,/ 20	,201	-01444	23,374	29,120	24,340	23,470	1	7.	2/3,301
Public Relations	5,778	7,688	7,362	5,198	13,328	3,213	6,360	8,045	7.531	8,785			73,287
Information Technology	68,942	137.669	80,805	37,467	76 90 \	67,776	75,088	110,642	65,435	74,684			75,287 795,412
Budget & Decision Support	2,141	2,508	2,397	2,616	84	(231)	3,602	2.10,04 Z	43,433	/*,00*			13,118
Corporate Quality	4.089	3,976	1,372	3,565	2776	4,069	3,662	3,945	3,675	3,762			15,118 34,892
Managed Care Contract	4,449	4,604	4,302	5,502	15,408	(1,070)	5,381	7,962	2,006	7,586			56,129
Total Overhead Allocations	261,549	312,747	272,899	239,466	319,593	259,338	317,325	312,840	254,648	285,225			2,895,690
Total Expenses	2,090,692	2,120,442	2,072,005	2,081,650	2,239,348	2,344,629	2,339,134	2,514,161	2,122,041	2,249,589			22,173,692
Net Margin	\$ (305,951) S	(486,086) \$	(321,131) \$	5,655 \$	(381,068) \$	(223,310) \$	(469,339) \$	667,465 \$	(208,267) \$	(387,701) \$		s .	\$ (2,109,733)
Capital		10,221	(10,221)	4	4		40,825	(40,825)					121
Connect Count Connect / Tourston to						2 000 000							
General Fund Support/ Transfer In	1.0		1.4		-	2,000,000	70,000	100,000	4	200,000	-	-	\$ 2,370,000

## District Clinics Holdings, Inc.- Medical Statement of Revenues and Expenses by Location FOR THE TENTH MONTHS ENDED JULY 31, 2028

COBT	DIC TEMT	H MONTH	IC EMPER	11 II V 21	76798

	Clinic Administration	West Palm Beach Clinic	Lantana Clinic	Delray Clinic	Belle Glade Citaic	Jerome Golden Center	Lewis Center	Rams Clinic	Lake Worth Clinic	Jupiter Clinic	West Boca Clinic	Subxone	Mobile	Tenl
Gross Patient Revenue	- Annimistration	2,958,733	2,591,513	2,588,006	1,529,561	420,519	547,724	CHRIE	2,739,981	904,861	1,139,038	Clinic	Van	Total 15,419,937
	-											-	-	
Contractual Allowances		1,360,391	1,217,393	1,338,533	779,440	217,750	418,731	489	1,228,570	343,405	353,005			7,257,709
Charity Care Bad Debt	-	476,833	487,293	268,124	180,732	44,155	68,973		506,303	98,231	236,189			2,366,833
Total Contractual Allowances and Bad Del		322,958	322,571	245,818	191,313	28,796	82,730	(881)	216,070	31,293	102,519			1,543,166
Form Contractos Allowances and Ban Del	-	2,160,182	2,027,257	1,852,475	1,151,485	290,701	570,415	(391)	1,950,943	472,929	691,713			11,167,708
Other Patient Revenue	262,331	1,039,771	1,019,447	821,270	548,504	115,200	218,723	-	934,156	223,284	331,374		-	5,514,060
Net Patient Revenue	262,331	1,838,322	1,583,702	1,556,802	926,581	245,017	196,033	391	1,723,194	655,216	778,700	-		9,766,289
Collection %	0.00%	62.13%	61.11%	60 15%	60.58%	58 27%	35.79%	0.00%	62.89%	72.41%	68.36%	0.00%	0.00%	63.349
Grant Funds	725,146	717,796	669,016	664,501	435,547	73,979	144,125		712,748	229,424	483,681	175,700		5,031,663
Other Revenue	73,849	38,066	18,930	20,646	41,873	844	503	3	10,712	635	884			206,946
Total Other Revenues	798,995	755,862	687,947	685,147	477,420	74,823	144,628	3	723,460	230,058	484,565	175,700		5,238,609
Total Revenues	1,061,327	2,594,184	2,271,649	2,241,949	1,404,001	319,841	340,663	394	2,446,654	885,274	1,263,264	175,700		15,004,898
Direct Operational Expenses										_				
Salaries and Wages	1,440,313	1,477,986	1,313,792	1,359,736	896,374	151,893	348,507		1,505,865	548,317	732,128	221,017	6,402	10,002,330
Benefits	328,419	348,642	385, 192	418,653	227,042	44,315	95,428		434,228	139,303	198,669	41,210	1,944	2,662,984
Purchased Services	87,979	108,685	73,045	74,774	70,051	41,876	10,759		121,369	44,586	45,902		-	679,026
Medical Supplies	-	15,543	43,773	14,723	13,001	1,583	7,834	-	26,991	6,928	5,468			135,849
Other Supplies	20,931	12,796	7,588	8,269	7,121	2,335	3,120		16,199	4,941	12,508	2,015	5,770	103,592
Contracted Physician Expense		,	15,355	-									-	15,3\$5
Orugs		87,915	88,105	88.724	34,328	7,066	3,310		84,055	21,907	9,809			425,220
Repairs & Maintenance	904	62,278	58,827	58,149	45,718	7,471	6,458	465	62,804	13,808	45,151	1,600	-	363,632
Lease & Rental	83,152	114,094	64,656	87,060	137,972	14.680	1,503		170,597	61,885	105,171		237	841,028
<b>Utilities</b>	3,393	926	2,849	958	17,466	1.741	1,741	-	9,659	6,501	7,011			52,244
Other Expense	150,984	5,495	6,970	3,965	9,250	814	4,294		8,258	7,542	9,884	312	62	207,830
Insurance	338	4,292	3,478	3,157	1,267	373	-	106	1,170	186	213		1,893	16,472
Total Operational Expenses	2,116,413	2,238,651	2.069,571	2,118,185	1,459,590	274,148	482,955	571	2,441,195	855,904	1,171,914	266,153	16,308	15,505,558
Net Performance before Depreciation &														
Overhead Allocations	(1,055,087)	355,533	208,078	123,764	(55,589)	45,692	(142,294)	(176)	5,459	29,370	91,350	(90,453)	(16,308)	(500,660
Depreciation	8,366	4,494	4,419	2,248	2,090	795	3,077	139	11,019	4,271	3,322	,		44,179
Overhead Allocations:														
Risk Mgt	19,036	12,196	10,088	10,126	6,072	1,428	1,490		10,808	4.594	9.031	2,770	77	78,718
Rev Cycle		59,332	49,064	49,249	29,533	€.945	7,246	0	52,566	22,343	43,920	12,467	347	333.012
nterna Audit	2,978	3,587	2,966	2,977	1.785	420	438		3,178	1,351	2,655	980	42	23,3\$6
Palm Springs Facility	206,729		-											206,729
Legislative Affairs					-			-		-				
Administration	24,455	29,880	24,709	24,802	14,873	3,498	3,649	-	26,473	11,251	22,118	6,415	182	192,304
Human Resources	17,224	36,564	31,732	31,504	17,590	4,681	4,684	(0)	33,382	12,907	25,805	5,118	481	221,671
Legal	10,863	13,163	10,885	10,926	6,552	1,541	1,608	-	11,662	4,957	9,744	3,121	109	85,130
Records	6,653	8,078	6,680	6,705	4,021	945	986		7,157	3,042	5,979	1,896	49	52,191
Compliance	6,030	7,315	6,049	6,072	3,641	856	893	-	6,481	2,755	5,415	1,595	49	47,151
Planning/Research	1,299	1,639	1,356	1,361	815	192	200	-	1,452	617	1,213	347	10	10,433
Finance	27,712	33,601	27,786	27,891	16,725	3,933	4,103	-	29,769	12,653	24,873	7,508	195	216,750
Communications	-				-	-	-			-				
Public Relations	7,421	9,001	7,443	7,471	4,480	1,054	1.099		7,974	3,389	6,663	1,994	66	58,056
Information Technology	79,555	96,885	80,118	80,420	48,224	11,341	11,832	(0)	85,837	36,483	71,717	20,930	675	624,017
Budget & Decision Support	952	1,284	1,062	1,066	639	150	157		1,137	483	950	189		8,068
Corporate Quality	3,490	4,256	3,520	3,533	2,119	498	520		3,771	1,603	3,151	884	30	27,373
Managed Care Contract		7,723	6,386	6,411	3,844	904	943	•	6,842	2,908	5,717	1,756	68	43,503
Total Overhead Allocations	405,330	324,504	269,844	270,512	160,914	38,386	39,849	(0)	288,490	121,335	238,949	67,970	2,380	2,228,462
Total Expenses	2,530,109	2,567,588	2,337,834	2,390,946	1,622,594	313,329	525,881	709	2,740,704	981,510	1,414,185	334,123	18,688	17,778,199
Net Margin	\$ (1,468,783)	\$ 26,596 \$	(66,185) \$	(148,997]	{218,593}		\$ (185,220)	(315) 5	(294,050) \$	(96,236) \$	(150,921) \$	(158,423) \$	(18,688)	\$ [2,773,301
Capital							*,			1.0				
General Fund Support/ Transfer In	\$ 2,370,000	\$ - \$	- \$	- 1	*	\$ - :	5 - 1		- S	- 5	- \$	- 5	4	\$ 2,370,000

#### 2

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

FOR THE TENTH MONTHS ENDED JULY 31, 2018

		Cu	rrent Month						Fiscal	Year To Da	te		
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%
1,758,782	1,589,416	169,366	10.7%	1,178,605	580,177	49.2% Gross Patient Revenue	15,419,937	14,922,568	497,369	3.3%	12,362,904	3,057,033	24.7%
1,622,640	528,953	(1,093,688)	(206.8%)	510,128	(1,112,512)	(218.1%) Contractual Allowances	7,257,709	4,944,250	(2,313,459)	(46.8%)	5,219,971	(2,037,738)	(39.0%)
308,372	164,880	(143,492)	(87.0%)	190,886	(117,486)	(61.5%) Charity Care	2,366,833	1,503,551	(863,282)	(57.4%)	2,041,903	(324,930)	(15.9%)
96,805	35,008	(61,796)	(176.5%)	82,101	(14,704)	(17.9%) Bad Debt	1,543,166	346,837	(1,196,329)	(344.9%)	900,617	(642,549)	(71.3%)
2,027,817	728,841	(1,298,976)	(178.2%)	783,116	(1,244,701)	(158.9%) Total Contractuals and Bad Debts	11,167,708	6,794,638	(4,373,070)	(64.4%)	8,162,491	(3,005,217)	(36.8%)
1,198,978	(-)	1,198,978	0.0%	302,640	896,338	3 Other Patient Revenue	5,514,060	9	5,514,060	0.0%	3,309,182	2,204,878	67%
929,944	860,576	69,368	8.1%	698,129	231,815	33.2% Net Patient Revenue	9,766,289	8,127,930	1,638,359	20.2%	7,509,595	2,256,694	30.1%
52.87%	54.14%			59.23%		Collection %	63.34%	54.47%			60.74%		
474,232	493,281	(19,049)	(3.9%)	730,398	(256,167)	(35.1%) Grant Funds	5,031,663	5,073,308	(41,645)	(0.8%)	4,340,315	691,348	15.9%
4,339	7,725	(3,386)	(43.8%)	2,527	1,812	71.7% Other Revenue	206,946	77,250	129,696	167.9%	54,398	152,548	280.4%
478,571	501,006	(22,435)	(4.5%)	732,925	(254,355)	(34.7%) Total Other Revenues	5,238,609	5,150,558	88,051	1.7%	4,394,713	843,896	19.2%
1,408,515	1,361,582	46,933	3.4%	1,431,055	(22,540)	(1.6%) Total Revenues	15,004,898	13,278,488	1,726,410	13.0%	11,904,308	3,100,590	26.0%
						Direct Operational Expenses:							
936,384	1,061,256	124,872	11.8%	805,240	(131,144)	(16.3%) Salaries and Wages	10,002,330	10,372,814	370,484	3.6%	8,049,946	(1,952,384)	(24.3%)
260,385	277,113	16,727	6.0%	235,788	(24,597)	(10.4%) Benefits	2,662,984	2,721,625	58,640	2.2%	2,197,578	(465,406)	(21.2%)
195,276	47,839	(147,437)	(308.2%)	67,009	(128,267)	(191.4%) Purchased Services	679,026	477,105	(201,921)	(42.3%)	441,548	(237,478)	(53.8%)
13,911	20,280	6,369	31.4%	11,423	(2,488)	(21.8%) Medical Supplies	135,845	192,962	57,117	29.6%	120,850	(14,995)	(12.4%)
6,286	9,713	3,427	35.3%	14,468	8,182	56.6% Other Supplies	103,592	95,750	(7,842)	(8.2%)	263,236	159,644	60.6%
	-		0.0%			0.0% Contracted Physician Expense	15,355	-	(15,355)	0.0%	-	(15,355)	0.0%
			0.0%	-		0.0% Medical Services		•		0.0%	-		0.0%
26,971	55,755	28,784	51.6%	45,257	18,286	40.4% Drugs	425,220	526,652	101,433	19.3%	397,865	(27,354)	(6.9%)
32,445	95,620	63,175	66.1%	78,746	46,301	58.8% Repairs & Maintenance	363,632	943,698	580,067	61.5%	351,652	(11,980)	(3.4%)
72,987	83,814	10,828	12.9%	82,532	9,546	11.6% Lease & Rental	841,028	838,144	(2,884)	(0.3%)	751,75 <del>9</del>	(89,269)	(11.9%)
3,351	6,231	2,879	46.2%	2,991	(360)	(12.0%) Utilities	52,244	62,308	10,064	16.2%	32,120	(20,124)	(62.7%)
31,482	20,583	(10,898)	(52.9%)	15,337	(16,145)	(105.3%) Other Expense	207,830	203,933	(3,896)	(1.9%)	130,112	(77,718)	(59.7%)
2,329	2,318	(12)	(0.5%)	1,580	(749)	(47.4%) Insurance	16,472	19,009	2,537	13.3%	17,016	543	3.2%
1,581,807	1,680,521	98,714	5.9%	1,360,373	(221,434)	(16.3%) Total Operational Expenses	15,505,558	16,454,001	948,443	5.8%	12,753,682	(2,751,876)	(21.6%)
						Depreciation & Overhead							
(173,292)	(318,939)	145,647	(45.7%)	70,682	(243,974)	(345.2%) Allocations	(500,660)	(3,175,513)	2,674,853	(84.2%)	(849,374)	348,714	(41.1%)

## District Clinic Holdings, Inc.- Medical Statement of Revenue and Expenses FOR THE TENTH MONTHS ENDED JULY 31, 2018

		Curre	ent Month						Fiscal '	Year To Da	ite		
 Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	- %	Prior Year	Variance	%
4,125	8,105	3,980	49.1%	3,987	(138)	(3.5%) Depreciation	44,179	81,047	36,868	45.5%	39,714	(4,465)	(11.2%)
						Overhead Allocations:							
7,635	9,783	2,147	22.0%	7,451	(184)	(2.5%) Risk Mgt	78,718	96,657	17, <del>9</del> 39	18.6%	45,865	(32,852)	(71.6%)
40,560	42,483	1,923	4.5%	25,332	(15,228)	(60.1%) Rev Cycle	333,012	419,024	86,012	20.5%	138,898	(194,114)	(139.8%)
4,180	4,137	(44)	(1.1%)	2,832	(1,348)	(47.6%) Internal Audit	23,356	40,871	17,515	42.9%	39,273	15,917	40.5%
15,160	27,789	12,629	45.4%		(15,160)	0.0% Palm Springs Facility	206,729	277,885	71,156	25.6%		(206,729)	0.0%
	-		0.0%	-		0.0% Legislative Affairs	-			0.0%	-	-	0.0%
18,121	20,148	2,026	10.1%	15,454	(2,667)	(17.3%) Administration	192,304	199,068	6,764	3.4%	150,403	(41,902)	(27.9%)
22,021	25,138	3,118	12.4%	20,527	(1,494)	(7.3%) Human Resources	221,671	245,282	23,612	9.6%	190,786	(30,885)	(16.2%)
10,835	10,213	(622)	(6.1%)	9,668	(1,167)	(12.1%) Legal	85,130	100,908	15,778	15.6%	67,128	(18,002)	(26.8%)
4,907	4,739	(168)	(3.5%)	301	(4,606)	(1,532.1%) Records	52,191	46,825	(5,366)	(11.5%)	22,396	(29,795)	(133.0%)
4,907	6,584	1,677	25.5%	3,206	(1,701)	(53.0%) Compliance	47,151	65,055	17,904	27.5%	31,382	(15,769)	(50.2%)
961	1,159	198	17.1%		(961)	0.0% Planning/Research	10,433	11,451	1,018	8.9%		(10,433)	0.0%
19,986	22,104	2,118	9.6%	14,291	(5,695)	(39.8%) Finance	216,750	218,401	1,651	0.8%	156,633	(60,117)	(38.4%)
	_		0.0%			0.0% Communications		-	-	0.0%	-	-	0.0%
6,891	14,810	7,919	53.5%	6,238	(654)	(10.5%) Public Relations	58,056	146,334	88,278	60.3%	50,836	(7,219)	(14.2%)
58,594	71,878	13,283	18.5%	68,100	9,505	14.0% Information Technology	624,017	710,186	86,169	12.1%	492,723	(131,293)	(26.6%)
	2,767	2,767	100.0%	3,199	3,199	100.0% Budget & Decision Support	8,068	27,340	19,273	70.5%	27,272	19,204	70.4%
2,952	2,332	(620)	(26.6%)		(2,952)	0.0% Corporate Quality	27,373	23,037	(4,336)	(18.8%)		(27,373)	0.0%
5,880	8,290	2,410	29 1%		(5,880)	0.0% Managed Care Contract	43,503	81,763	38,260	46.8%		(43,503)	0.0%
223,590	274,353	50,762	18.5%	176,598	(46,992)	(26.6%) Total Overhead Allocations	2,228,462	2,710,088	481,626	17.8%	1,413,597	(814,865)	(57.6%)
 1,809,522	1,962,978	153,456	7.8%	1,540,958	(268,564)	(17.4%) Total Expenses	17,778,199	19,245,136	1,466,937	7.6%	14,206,993	(3,571,207)	(25.1%)
\$ (401,007) \$	(601,397) \$	200,389	(33.3%)	(109,903) \$	(291,104)	264.9% Net Margin	\$ (2,773,301)	\$ (5,966,648)	\$ 3,193,347	(53.5%)	\$ (2,302,685)	\$ (470,617)	20.4%
	52,700	52,700	100.0%	2,470	2,470	100.0% Capital		765,000	765,000	100.0%	2,789	2,789	100.0%
\$ 200,000 \$	800,000 \$	600,000	75.0%	s - \$	(200,000)	0.0% General Fund Support/ Transfer In	\$ 2,370,000	\$ 8,000,000	\$ 5,630,000	70.4%	\$ .	\$ (2,370,000)	0.0%

## District Clinics Holdings, Inc.- Dental Statement of Revenues and Expenses by Location FOR THE TENTH MONTHS ENDED JULY 31, 2018

LOW THE ISSUE WOMING SUDEN TOFL ST TATE	Dental Clinic Administration	West Paim Beach Dental Clinic	Lantana Dental Clinic	Deiray Dental Clinic	Belle Glade Dental Clinic	Lake Worth Dental Clinic	West Boca Dental Clinic	Total
Gross Patient Revenue	AUTHORISC STORY	1.125,032	880,101	844,059	424,329	Delitati Citris	DEUTS CINK	3,273,521
Contractual Allowances		392,438	200 177	200 770				
Charity Care		386,874	309,177 330,286	269,770 389,670	142,429 150,591			1,113,808 1,257,421
Bad Debt		(12,857)	10,119	(1,660)	(14,402)			(18,800)
Total Contractual Allowances and Bad Debt	1.5	766,454	649,582	657,780	278,613		-	2,352,429
Other Patient Revenue		945,495	789,481	767,817	412,320		-	2,915,112
Net Patient Revenue		1,304,073	1,019,999	954,096	558,036			3,836,205
Collection %		115.91%	115.90%	113.04%	131.51%	0.00%	0.00%	117.19%
Grant Funds	105,349	350,576	275,387	268,621	188,923			1,188,856
Other Revenue		17,000	8,500	8,500	-		1164.01	34,000
Total Other Revenues	105,349	367,576	283,887	277,121	188,923	-	-	1,222,856
Total Revenues	105,349	1,671,648	1,303,886	1,231,217	746,959			5,059,060
Direct Operational Expenses:								
Salaries and Wages	221,242	669,853	546,190	476,786	270,789		8,800	2,193,661
Benefits	49,655	221,141	141,075	156,102	79,000	1.6	698	647,671
Purchased Services		21,541	19,083	18,461	35,457		-	94,\$41
Medical Supplies		75,479	82,268	77,008	27,744		-	262,498
Other Supplies	480	5,615	11,062	8,067	3,320		4	28,544
Contracted Physician Expense			*	*				-
Medical Services		*	*			-		
Drugs		3,932	2,983	2,193	1,839			10,947
Repairs & Maintenance		13,208	16,581	12,343	10,544			52,675
Lease & Rental		97,084	57,388	55,468	62,593	61,776		334,309
Utilities	2.77	1,394	2,907	1,626	2,261			8,188
Other Expense Insurance	7,784	6,420	3,163	4,165	8,547 870			30,079 870
Tota Operational Expenses	279,162	1,115,667	882,699	812,217	502,964	61,776	9,498	3,663,983
Net Performance before Depreciation &								-,,-
Overhead Allocations	(173,823)	555,981	421,187	419,000	243,996	(61,776)	(9,498)	1,395,077
Depreciation	-	70,331	16,373	20,976	16,662		4	124,342
Overhead Allocations:								
Risk Mg1	1,688	€,555	4,469	4,731	4,181	4	P	21,623
Rev Cycle		31,772	21,663	22,930	20,293	-	r	96,658
Internal Audit	501	1,945	1,326	1,404	1,240	-		6,416
Palm Springs Facility	34,770		*			-		34,770
Legislative Affairs		-	*			-		
Administration	4,113	16,501	11,249	11,910	10,519	-	-	54,292
Human Resources	3,445	22,539	15,096	16,475	11,314		*	68,870
Legal Records	1,827	6,967	4,750	5,029	4,445		-	23,018
	1,119	4,356	2,970	3,144	2,77a		*	14,366
Compliance Planning/Research	1,014 207	3,695 2,063	2,520 1,405	2,667	2,361	*		12,257
Finance				1,490	1,300	*		6,466
Communications	4,661	17,076	11,643	12,324	10,907	*		56,611
Public Relations	1,248	4,596	3.134	3,317	2,936			15,231
Information Technology	13,381	51,962	35,423	37,505	33,126			171,396
Budget & Decision Support	160	1,612	1,098	1,164	1,016			5,050
Corporate Quality	587	2,279	1,554	1,645	1,454		100	7,519
Managed Care Contract		4,151	2,830	2,996	2,648	-		12,626
Total Overhead Allocations	68,721	178,070	121,129	128,731	110,517			607,168
Total Expenses	347,883	1,364,068	1,020,201	961,924	630,143	61,776	9,498	4,395,493
Net Margin	\$ <u>(242,534)</u>	\$ 307,580 \$	2.83,685 \$	269,293 \$	116,817 \$	[61,776] S	(9,498) \$	663,568
Capital	4			4		F	Q =	
General Fund Support/ Transfer In	5 .						\$	
_								

## FOR THE TENTH MONTHS ENDED JULY 31, 2018

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

		Curre	ent Month						Fiscal Y	ear To Dat	e		
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%
313,958	440,622	(126,665)	(28.7%)	335,608	(21,650)	(6.5%) Gross Patient Revenue	3,273,521	3,842,163	(568,641)	(14.8%)	3,558,789	(285,267)	(8.0%)
633,857	53,593	(580,264)	(1,082.7%)	121,369	(512,487)	(422.3%) Contractual Allowances	1,113,808	458,606	(655,202)	(142.9%)	1,191,200	77,393	6.5%
138,413	26,415	(111,997)	(424.0%)	125,934	(12,479)	(9.9%) Charity Care	1,257,421	233,854	(1,023,567)	(437.7%)	1,230,698	(26,723)	(2.2%)
9,721	3,287	(6,434)	(195.8%)	(14,247)	(23,968)	168.2% Bad Debt	(18,800)	27,072	45,872	169.4%	94,012	112,812	120.0%
781,991	83,294	(698,696)	(838.8%)	233,056	(548,934)	(235.5%) Total Contractuals and Bad Debts	2,352,429	719,532	(1,632,897)	(226.9%)	2,515,911	163,482	6.5%
809,478		809,478	0.0%	187,000	622,478	332.9% Other Operating Revenue	2,915,112	-	2,915,112	0.0%	1,924,900	990,212	51.4%
341,445	357,328	(15,882)	(4.4%)	289,552	51,894	17.9% Net Patient Revenue	3,836,205	3,122,631	713,574	22.9%	2,967,778	868,427	29.3%
108.76%	81.10%			86.28%		Collection %	117.19%	81.27%			83.39%		
111,928	255,732	(143,804)	(56.2%)	124,679	(12,751)	(10.2%) Grant Funds	1,188,856	2,064,683	(875,827)	(42.4%)	1,260,473	(71,617)	(5.7%)
	8,500	(8,500)	(100.0%)			0.0% Other Revenue	34,000	85,000	(51,000)	(60.0%)	1	33,999	3,207,447.2%
111,928	264,232	(152,304)	(57.6%)	124,679	(12,751)	(10.2%) Total Other Revenues	1,222,856	2,149,682	(926,827)	(43.1%)	1,260,474	(37,618)	(3.0%)
453,373	621,559	(168,186)	(27.1%)	414,231	39,142	9.4% Total Revenues	5,059,060	5,272,313	(213,253)	(4.0%)	4,228,252	830,809	19.6%
						Direct Operational Expenses:							
229,303	305,051	75,748	24.8%	203,616	(25,686)	(12.6%) Salaries and Wages	2,193,661	2,601,835	408,174	15.7%	2,142,187	(51,474)	(2.4%)
67,841	89,578	21,738	24.3%	62,455	(5,386)	(8.6%) Benefits	647,671	764,643	116,971	15.3%	592,012	(55,659)	(9.4%)
7,928	11,743	3,815	32.5%	8,227	298	3.6% Purchased Services	94,541	98,264	3,723	3.8%	91,878	(2,663)	(2.9%)
19,302	34,079	14,777	43.4%	7,797	(11,506)	(147.6%) Medical Supplies	262,498	271,090	8,591	3.2%	174,711	(87,788)	(50.2%)
806	6,563	5,757	87.7%	6,042	5,236	86.7% Other Supplies	28,544	37,874	9,330	24.6%	25,798	(2,746)	(10.6%)
	4		0.0%	6-6	_	0.0% Contracted Physician Expense	-			0.0%	-		0.0%
			0.0%		-	0.0% Medical Services		-	-	0.0%	-	-	0.0%
16	2,855	2,839	99.4%	15	(1)	(7.3%) Drugs	10,947	17,700	6,753	38.2%	13,012	2,064	15.9%
5,675	12,847	7,173	55.8%	8,467	2,792	33.0% Repairs & Maintenance	52,675	100,765	48,091	47.7%	50,029	(2,645)	(5.3%)
33,158	31,786	(1,372)	(4.3%)	27,014	(6,144)	(22,7%) Lease & Rental	334,309	305,248	(29,062)	(9.5%)	270,118	(64,191)	(23.8%)
782	1,794	1,012	56.4%	-	(782)	0.0% Utilities	8,188	12,671	4,484	35.4%	-	(8,188)	0.0%
2,335	1,306	(1,029)	(78.7%)	178	(2.157)	(1,210.6%) Other Expense	30,079	27,637	(2,442)	(8.8%)	17,534	(12,545)	(71.5%)
75	372	297	79 8%	101	26	25.5% Insurance	870	3,565	2,696	75.6%	1,101	232	21.0%
367,222	497,976	130,754	26.3%	323,912	143,310	(13.4%) Total Operational Expenses	3,663,983	4,241,292	577,309	13.6%	3,378,380	(285,603)	(8.5%)
						Net Performance before							

(4.6%) Depreciation & Overhead Allocations 1,395,077

1,031,021

364,056

35.3%

849,871

545,206

64.2%

86,162

123,583

(37,432)

(30.3%)

90,329

(4,568)

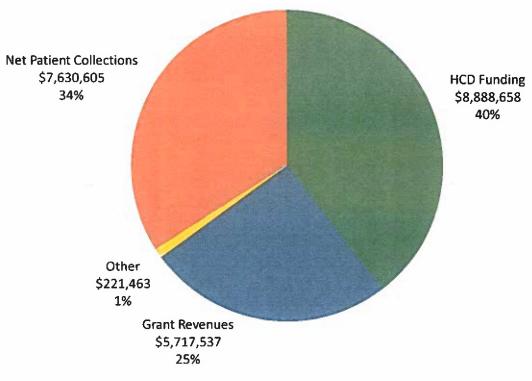
## District Clinics Holdings, Inc.- Dental Statement of Revenues and Expenses FOR THE TENTH MONTHS ENDED JULY 31, 2018

			Curre	nt Month						Fiscal \	ear To Date	2		
Actı	ual I	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%
:	11,210	18,840	7,629	40.5%	12,443	1,232	9.9% Depreciation	124,342	188,398	64,056	34.0%	124,427	85	0.19
							Overhead Allocations:							
	2,097	3,129	1,032	33.0%	1,780	(317)	(17.8%) Risk Mgt	21,623	25,843	4,220	16.3%	11,402	(10,221)	(89.6%
:	11,779	14,522	2,742	18.9%	6,443	(5,337)	(82.8%) Rev Cycle	96,658	118,118	21,459	18.2%	37,165	(59,494)	(160.19
	1,148	1,323	175	13.2%	676	(472)	(69.7%) Internal Audit	6,416	10,927	4,512	41.3%	9,803	3,388	34.69
	2,550	4,674	2,124	45.4%		(2,550)	0.0% Palm Springs Facility	34,770	46,738	11,968	25.6%	-	(34,770)	0.0
			-	0.0%	_		0.0% Legislative Affairs	-		-	0.0%		•	0.09
	4,977	6,445	1,468	22.8%	3,692	(1,286)	(34 8%) Administration	54,292	53,224	(1,068)	(2.0%)	37,688	(16,604)	(44.1%
	7,157	10,160	3,003	29.6%	4,983	(2,174)	(43_6%) Human Resources	68,870	76,649	7,780	10.1%	48,711	(20,159)	(41.4%
	2,976	3,267	291	8.9%	2,309	(667)	(28.9%) Legal	23,018	26,979	3,961	14.7%	16,992	(6,026)	(35.5%
	1,348	1,516	168	11.1%		(1,348)	0.0% Records	14,366	12,519	(1,847)	(14.8%)	5,488	(8,879)	(161.8%
	1,348	2,106	759	36.0%	766	(582)	(76.0%) Compliance	12,257	17,394	5,137	29.5%	7,856	(4,401)	(56.0%
	264	371	107	28.8%	-	(264)	0.0% Planning/Research	6,466	3,062	(3,404)	(111.2%)	-	(6,466)	0.05
	5,490	7,071	1,581	22.4%	3,414	(2,076)	(60.8%) Finance	56,611	58,393	1,782	3.1%	39,372	(17,239)	(43.8%
	-		-	0.0%	-		0.0% Communications	•	-	•	0.0%		•	0.09
	1,893	4,738	2,845	60.0%	1,490	(403)	(27.1%) Public Relations	15,231	39,124	23,893	61.1%	12,676	(2,555)	(20.2%
	16,089	22,994	6,905	30.0%	16,267	177	1.1% Information Technology	171,396	189,878	18,482	9.7%	123,209	(48,187)	(39.1%
		885	885	100.0%	764	764	100.0% Budget & Decision Support	5,050	7,310	2,259	30.9%	6,861	1,811	26.49
	811	746	(65)	(8.7%)	-	(811)	0.0% Corporate Quality	7,519	6,159	(1,359)	(22.1%)		(7,519)	0.09
	1,707	2,834	1,127	39.8%		(1,707)	0.0% Managed Care Contract	12,626	23,048	10,422	45.2%		(12,626)	0.09
	61,635	86,781	25,147	29.0%	42,583	(19,051)	(44.7%) Total Overhead Allocations	607,168	715,364	108,196	15.1%	357,221	(249,947)	(70.0%
4	40,067	603,597	163,530	27.1%	378,938	(61,129)	(16.1%) Total Expenses	4,395,493	5,145,054	749,562	14.6%	3,860,028	(535,464)	(13.9%
\$	13,306 \$	17,962 \$	(4,656)	(25.9%) \$	35,293	\$ (21,987)	(62.3%) Net Margin	\$ 663,568 \$	127,259	\$ 536,309	421.4%	\$ 368,224	\$ 295,344	80.2
		72,650	72,650	100.0%			0.0% Capital		2,083,046	2,083,046	100.0%			0.0
s	- s	- ś		0.0%		\$ -	0.0% General Fund Support/ Transfer In	\$ - \$		\$	0.0%	\$ -	\$ -	0.05



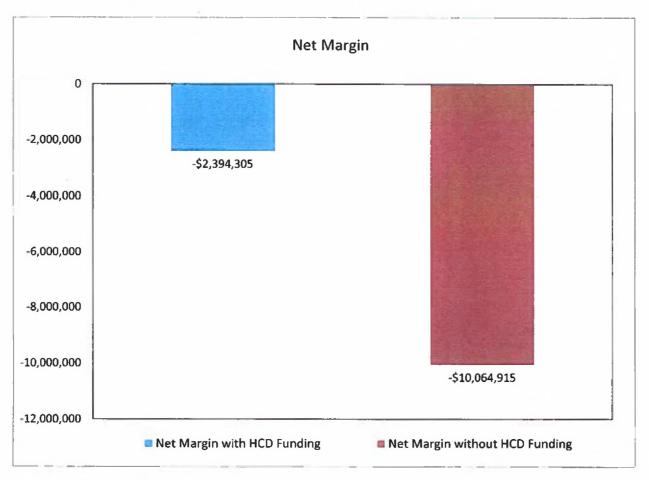
Clinic Visits - Adults and Pediatrics	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18			Current Year Total		Prior Year
West Palm Beach	1,678	1,467	1,614	1,583	1,648	1.561	1,681	1,300	1,579		Aug-18	Sep-18		Budget	Total
Delray	1,590	1,367	1,429	1,303	1,439	1,301	-	1,001	1,379	1,635			15,746	14,251	15,048
Lantana	1,448	1,214	1,212	1,304	1,312	1,399	1,441 1.373	1,021	1,240	1,105 1,149			13,359	13,729	14,673
Belle Glade	836	904	805	856	947	988	920	871	832	706			12,750	12,747	12,610
Jerome Golden Center	294	214	238	206	239	278	310	235	246	155			8,665	7,985	8,402
Lewis Center	197	169	205	166	203	212	218	191	257				2,415	2,710	2,808
Lake Worth & Women's Health Care	1.540	1,431	1,497	1,527	1,554	1,660	1,557	1,251		275			2,093	1,969	2,011
Jupiter Clinic	479	406	485	495	552	592	1,337 552	340	1,520 515	1,409			14,946	13,752	13,427
West Boca	407	353	438	510	702	812	859			524			4,940	5,010	1,740
Mobile Van	407	333	430					809	774	977			6,641	5,237	1,042
Subaxane	199	269	216	214	308	352	202	204		*				1,170	
Total Clinic Visits	8,668	7,794	8,139	8,168	8,904	9,274	383 9,294	384 7.438	324	414			3,063	12,826	762
Total Budget Visits	0,000	7,734	8,139	8,168	8,904	9,274	9,294	7,438	8,590	8,349		-	84,618	91,386	72,523
Dental Visits															
West Palm Beach	1,085	816	926	870	808	858	987	897	754	746			8,742	9,324	9,548
Lántana	833	711	699	697	671	754	749	709	623	649			7,095	7,453	7,299
Deiray	824	651	649	627	609	602	592	516	504	583			6,157	7,653	7,517
Belle Glade	423	334	346	390	313	442	358	386	363	352			3,707	3,899	3,859
Lake Worth	-	-				_		-	-				2,.2.	1,394	2,029
West Boca														451	
Total Dental Visits	3,165	2,512	2,620	2,584	2,396	2,656	2,686	2,508	2,244	2,330			25,701	30,174	28,223
Total Budget Visits				•			-,	_,		2,555			23,701	30,274	20,223
Total Medical and Dental Visits	11,833	10,306	10,759	10,752	11,300	11,930	11,980	9,946	10,834	10,679			110,319	121,560	100,746
Mental Health Counselors (non-billable)															
West Palm Beach	. 80	61	63	94	105	110	111	97	150	123			994		790
Deiray	84	94	95	86	78	71	90	79	138	126			941	-	911
Lantana	235	126	149	63	158	136	150	146	222	226			1,611		1,056
Belle Glade	17	7	21	7	17	15	16	15	18	16			1,011	-	1,038
Lewis Center	61	49	74	105	137	158	189	172	195	213			1.353		543
Lake Worth	112	105	65	114	145	183	177	195	166	151			1,413		849
Jupiter	23	24	21	34	36	38	42	23	27	39			307		54
West Boca	7	14	23	24	23	27	34	19	30	26			227	-	34
Total Mental Health Screenings	619	480	511	527	699	738	809	746	946	920			6.995		4,426

## **Primary Care Clinics Funding Sources**

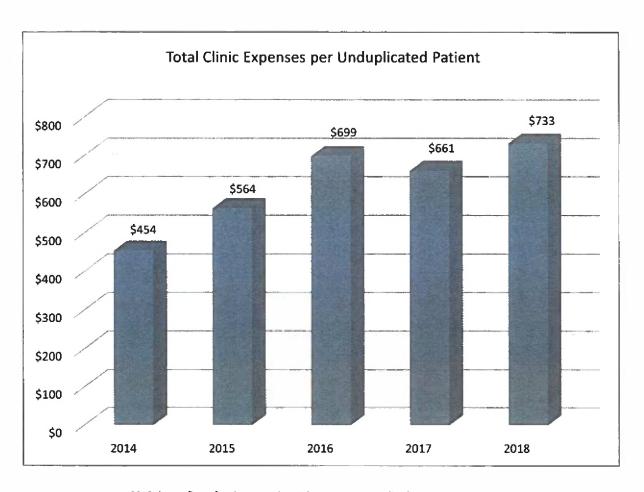


YTD July 2018 Total Expenses \$22,458,263

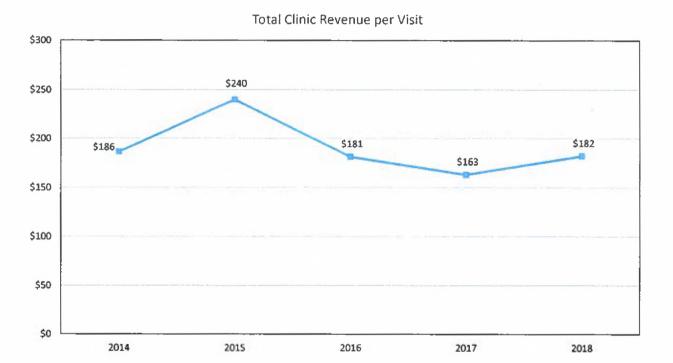
<sup>\*</sup>Total expenses include overhead allocations and capital, and excludes depreciation.



<sup>\*</sup> Net Margin includes overhead allocations and capital, and excludes depreciation.



• 2018 data reflects fiscal year-to-date July expenses annualized



# BOARD OF DIRECTORS August 22, 2018

1. Description: Executive Director Informational Update

#### 2. Summary:

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

- SAC Grant Submitted
- Mobile Clinic
- Lakeside Medical Center Clinic (Belle Glade)
- New Providers
- Fiscal Year (FY) 2018 Health Center Quality Improvement (QI)

#### 3. Substantive Analysis:

#### HRSA Service Area Competition (SAC) Grant Continuation Submitted

Phase 1 of our continuing application was submitted to Grants.gov prior to 8/6/2018. Phase 2 was submitted to HRSA via the EHB on 8/21/2108.

#### Mobile Clinic for the Homeless

Our Mobile Clinic served 104 medical and 6 behavioral health visits between 8/1/2018 and 8/15/2018 and is currently rotating to Jerome Golden Center, Holy Redeemer, Community United Methodist Church and St. George's.

#### Lakeside Medical Center Clinic (Belle Glade)

On 8/16/2018, the RFQ Committee selected Chandler Construction as the Construction Manager. We hope demolition will begin by 10/1/2018.

#### **New Providers**

Dr. Harberger will be providing medical services in Belle Glade and Dr. Olivera will be providing dental services in Delray.

#### Fiscal Year (FY) 2018 Health Center Quality Improvement (QI)

On 8/15/2018 we received a Notice of Award (NoA) notifying us of a one-time Quality Improvement grant of \$166,916. This type of award is distributed by HRSA to more than 1,300 community health centers to further their commitment to improve overall quality, efficiency and value of health care services for the millions of patient served by FQHCs. By doing this, HRSA recognizes the highest performing health centers Nationwide as well as those health centers that made significant quality improvement gains from the prior year. We were recognized for being a Health Center Quality Leader (achieved best overall clinic performance and placed in top 30%), Access Enhancer (increased total number of patients), obtaining PCMH recognition and becoming a Million Hearts achiever.









August 22, 2018

# 4. Fiscal Analysis & Economic Impact Statement:

	Amount	Budget
Capital Requirements	N/A	Yes No 🗵
Annual Net Revenue	N/A	Yes No 🛚
Annual Expenditures	N/A	Yes No 🛛

		Annual Net Revenue	N/A	Yes 🗌 No 🖂
		Annual Expenditures	N/A	Yes No 🖂
	Re	viewed for financial accuracy an	d compliance with pur	chasing procedure
		IN/A		
		Dawn Richards VP & Chief Financial Officer	<del></del>	
5.	Rev	iewed/Approved by	Committee:	
		N/A		
		Committee Name		Date Approved
6.	Rec	ommendation:		
	S	taff recommends Board	receive and file t	he Executive Informational Update.
	A	pproved for Legal sufficiency:		
	-	Valerie Shahriari VP & General Counsel		
		3/		3/~
	-	Dr. Belma Andrie Chief Medical Officer, VP & Exe of Clinic Services	cutive Director	Dr. Belma Andric Chief Medical Officer, VP & Executive Director of Clinic Services

Description. Operation	tions Reports – July 2018	
Summary:		
This agenda item provid - Productivity Sun	es the following operation nmary Report	s reports for July 2018
Substantive Analysi	is:	
See attached reports.		
	Amount	Budget
	Amount	Budget
Canital Requirements	NI/A	
Capital Requirements	N/A N/A	Yes No 🗵
Capital Requirements Annual Net Revenue Annual Expenditures	N/A N/A N/A	
Annual Net Revenue Annual Expenditures	N/A	Yes No Yes No Yes No Yes No Yes
Annual Net Revenue Annual Expenditures eviewed for financial accuracy a	N/A N/A	Yes No Yes No Yes No Yes No Yes
Annual Net Revenue Annual Expenditures eviewed for financial accuracy a N/A  Dawn Richards	N/A N/A and compliance with purchasing pro	Yes No Yes No Yes No Yes No
Annual Net Revenue Annual Expenditures eviewed for financial accuracy a N/A  Dawn Richards VP & Chief Financial Officer	N/A N/A and compliance with purchasing pro	Yes No Yes No Yes No Yes No Yes

#### 6. Recommendation:

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

Approved for Legal sufficiency:

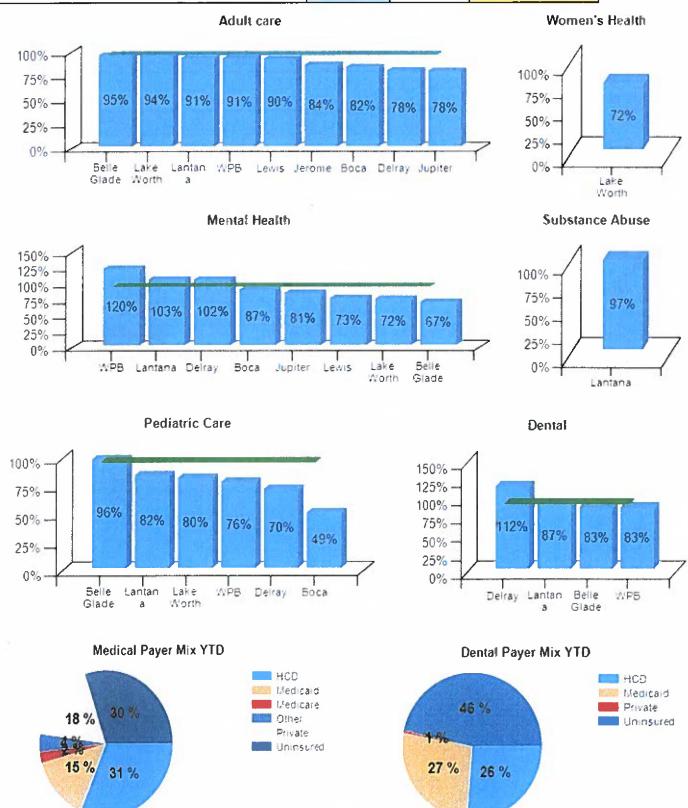
Valerie Shahriari VP & General Counsel

Terry Megiveron
Director of Practice Operations

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

#### **ALL CLINICS PRODUCTIVITYJULY 2018**

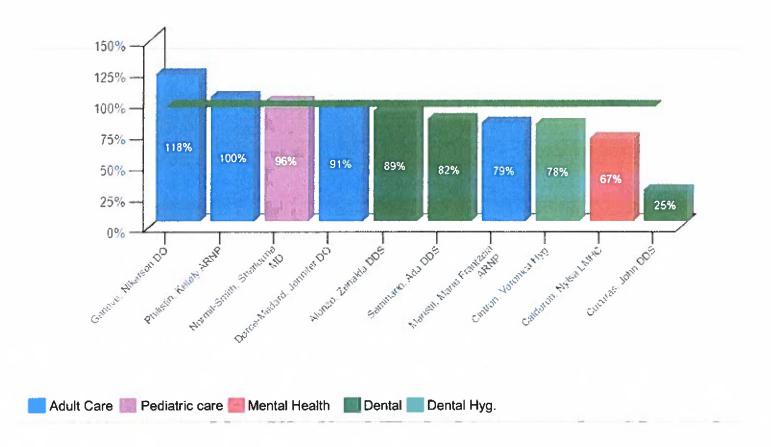
	Target	Total seen	% Monthly Target
ADULT+ PEDIATRICS + WOMEN'S HEALTH	9471	7936	84%
DENTAL	2593	2330	90%
MENTAL HEALTH	1050	920	88%
SUBSTANCE ABUSE	426	414	97%

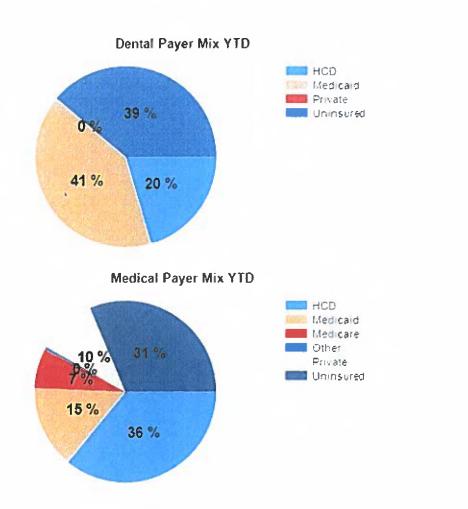


# **BELLE GLADE CLINIC TOTALS FOR JULY 2018**

	Daily Target	Days Worked	Target for the month	Total for month seen	% Monthly Target Achieved	Daily Average
ADULT CARE						
Geneve, Nikerson DO	18	8.5	153	181	118%	21.3
Philistin, Ketely ARNP	16	11	176	176	100%	16.0
Dorce-Medard, Jennifer DO	18	5	90	82	91%	16.4
Meristil, Marie Frantzcia ARNP	16	17	272	215	79%	12.6
BELLE GLADE ADULT CARE TOTALS		41.5	691	654	95%	
PEDIATRIC CARE						
Normil-Smith, Sherloune MD	18	3	54	52	96%	17.3
BELLE GLADE PEDIATRIC CARE TOTALS		3	54	52	96%	
MENTAL HEALTH						
Calderon, Nylsa LMHC	6	4	24	16	67%	4.0
BELLE GLADE MENTAL HEALTH TOTALS		4	24	16	67%	
DENTAL						
Alonzo, Zenaida DDS	16	12	192	170	89%	14.2
Seminario, Ada DDS	16	8	128	105	82%	13.1
Cucuras, John DDS	16	0.5	8	2 -	25%	4.0
BELLE GLADE DENTAL TOTALS		20.5	328	277	84%	
DENTAL HYGIENE						
Cintron, Veronica Hyg	8	12	96	75	78%	6.3
BELLE GLADE DENTAL HYGIENE TOTALS		12	96	75	78%	
BELLE GLADE TOTALS	See Table	81	1193	1074	90%	

#### **BELLE GLADE PROVIDER PRODUCTIVITY JULY 2018**

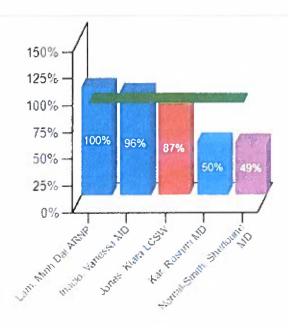




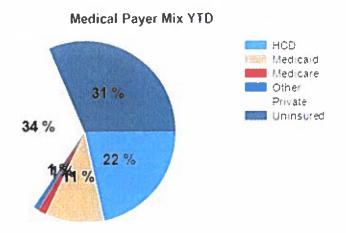
# **BOCA CLINIC TOTALS FOR JULY 2018**

	Daily Target	Days Worked	Target for the month	Total for month seen	% Monthly Target Achieved	Daily Average
ADULT CARE						
Lam, Minh Dai ARNP	16	19	304	305	100%	16.1
Inacio, Vanessa MD	18	21	378	362	96%	17.2
BOCA ADULT CARE TOTALS		40	682	667	98%	
PEDIATRIC CARE						
Normil-Smith, Sherloune MD	18	16	288	140	49%	8.8
BOCA PEDIATRIC CARE TOTALS		16	288	140	49%	
WOMEN'S HEALTH CARE						
Kar, Rashmi MD	18	19	342	170	50%	8.9
BOCA WOMEN'S HEALTH CARE TOTALS		19	342	170	50%	
MENTAL HEALTH						
Jones, Kiara LCSW	6	5	30	26	87%	5.2
BOCA MENTAL HEALTH TOTALS		5	30	26	87%	
BOCA TOTALS	<b>PART</b>	80	1342	1003	75%	N. C. Carlotte

#### **BOCA PROVIDER PRODUCTIVITY JULY 2018**



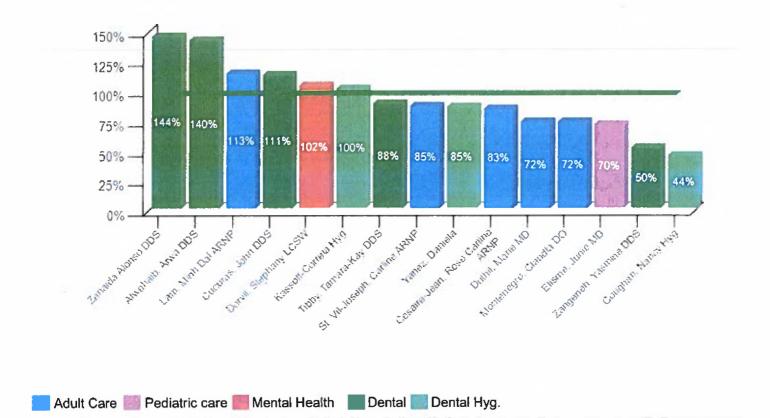


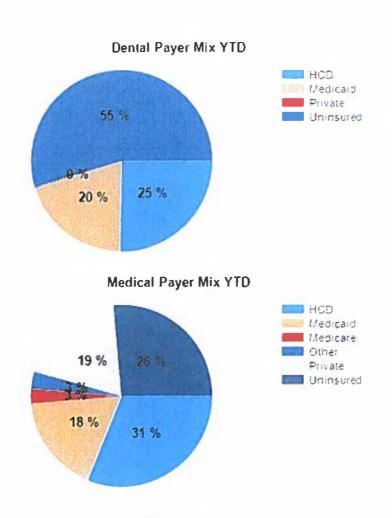


# **DELRAY BEACH CLINIC TOTALS FOR JULY 2018**

	Daily Target	Days Worked	Target for the month	Total for month seen	% Monthly Target Achieved	Daily Average
ADULT CARE						
Lam, Minh Dai ARNP	16	0.5	8	9	113%	18.0
St. Vil-Joseph, Carline ARNP	16	13.5	216	184	85%	13.6
Cesaire-Jean, Rose Carline ARNP	16	20.6	330	273	83%	13.3
Duthil, Marie MD	18	13.5	243	175	72%	13.0
Montenegro, Claudia DO	18	16	288	207	72%	12.9
DELRAY BEACH ADULT CARE TOTALS		64.1	1085	848	78%	
PEDIATRIC CARE						
Elisme, Junie MD	18	20.5	369	257	70%	12.5
DELRAY BEACH PEDIATRIC CARE TOTAL	.s	20.5	369	257	70%	
MENTAL HEALTH						
Dorvil, Stephany LCSW	6	20.5	123	126	102%	6.1
DELRAY BEACH MENTAL HEALTH TOTAL	.s	20.5	123	126	102%	
DENTAL.						
Zenaida Alonso DDS	16	1	16	23	144%	23.0
Alwehaib, Arwa DDS	16	13	208	292	140%	22.5
Cucuras, John DDS	16	6	96	107	111%	17.8
Tibby, Tamara-Kay DDS	16	1	16	14	88%	14.0
Zangeneh. Yasmine DDS	16	0.5	8	4	50%	8.0
DELRAY BEACH DENTAL TOTALS		21.5	344	440	128%	
DENTAL HYGIENE						
Kassoff-Correia Hyg	8	0.5	4	4	100%	8.0
Yanez, Daniela	8	19.5	156	132	85%	6.8
Coughan, Nancy Hyg	8	2	16	7	44%	3.5
DELRAY BEACH DENTAL HYGIENE TOTA	LS	22	176	143	81%	
DELRAY BEACH TOTALS		148.6	2097	1814	87%	

#### **DELRAY BEACH PROVIDER PRODUCTIVITY JULY 2018**

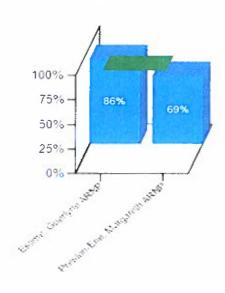


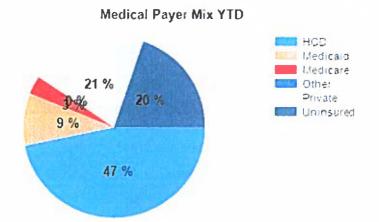


# **JEROME GOLDEN CENTER CLINIC TOTALS FOR JULY 2018**

	Daily Target	Days Worked	Target for the month	Total for month seen	% Monthly Target Achieved	Daily Average
ADULT CARE						
Estime, Guerlyne ARNP	16	10.5	168	144	86%	13.7
Preston-Erie, Margareth ARNP	16	1	16	11	69%	11.0
JEROME GOLDEN CENTER ADULT CAR	E TOTALS	11.5	184	155	84%	
JEROME GOLDEN CENTER TOTALS	S ESSENCE.	11.5	184	155	84%	Children W.

#### JEROME GOLDEN CENTER PROVIDER PRODUCTIVITY JULY 2018

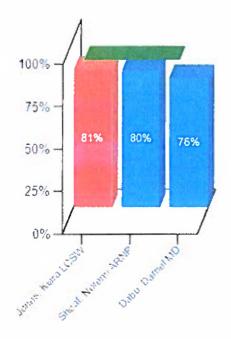




# **JUPITER CLINIC TOTALS FOR JULY 2018**

	Daily Target	Days Worked	Target for the month	Total for month seen	% Monthly Target Achieved	Daily Average
ADULT CARE						
Shoaf, Noremi ARNP	16	19	304	244	80%	12.8
Dabu, Darnel MD	18	20.5	369	280	76%	13.7
JUPITER ADULT CARE TOTALS		39.5	673	524	78%	
MENTAL HEALTH						
Jones, Kiara LCSW	6	8	48	39	81%	4.9
JUPITER MENTAL HEALTH TOTALS		8	48	39	81%	
JUPITER TOTALS	ALEST MADE	47.5	721	563	78%	TO A STATE OF

#### **JUPITER PROVIDER PRODUCTIVITY JULY 2018**



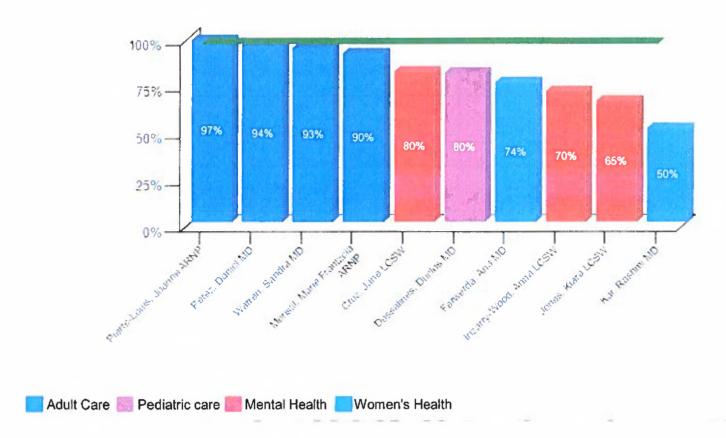


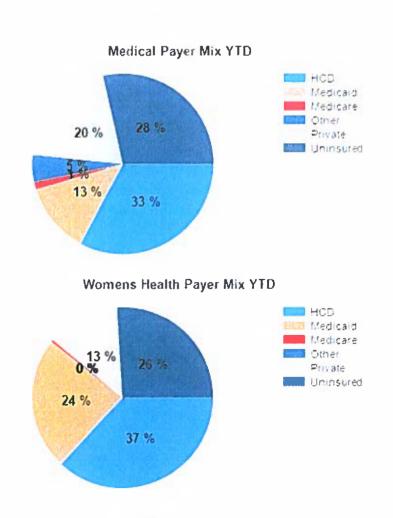
# Medical Payer Mix YTD HCD Medicald Medicare Other Private Uninsured

# **LAKE WORTH CLINIC TOTALS FOR JULY 2018**

	Daily Target	Days Worked	Target for the month	Total for month seen	% Monthly Target Achieved	Daily Average
ADULT CARE						
Pierre-Louis, Joanne ARNP	16	19	304	295	97%	15.5
Perez, Daniel MD	18	20	360	339	94%	17.0
Warren, Sandra MD	18	19.8	356	331	93%	16.7
Meristil, Marie Frantzcia ARNP	16	2.5	40	36	90%	14.4
LAKE WORTH ADULT CARE TOTALS		61.3	1060	1001	94%	
PEDIATRIC CARE						
Dessalines, Duclos MD	18	18.5	333	265	80%	14.3
LAKE WORTH PEDIATRIC CARE TOTALS		18.5	333	265	80%	
WOMEN'S HEALTH CARE						
Ferwerda, Ana MD	18	10	180	134	74%	13.4
Kar, Rashmi MD	18	1	18	9	50%	9.0
LAKE WORTH WOMEN'S HEALTH CARE T	OTALS	11	198	143	72%	
MENTAL HEALTH						
Cruz, Jane LCSW	6	11	66	53	80%	4.8
Irizarry-Wood, Anna LCSW	6	16	96	67	70%	4.2
Jones, Kiara LCSW	6	8	48	31	65%	3.9
LAKE WORTH MENTAL HEALTH TOTALS		35	210	151	72%	
LAKE WORTH TOTALS		125.8	1801	1560	87%	20000

#### **LAKE WORTH PROVIDER PRODUCTIVITY JULY 2018**

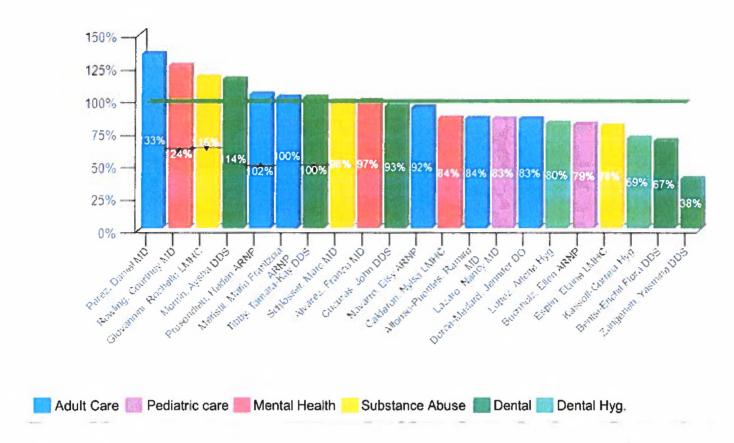


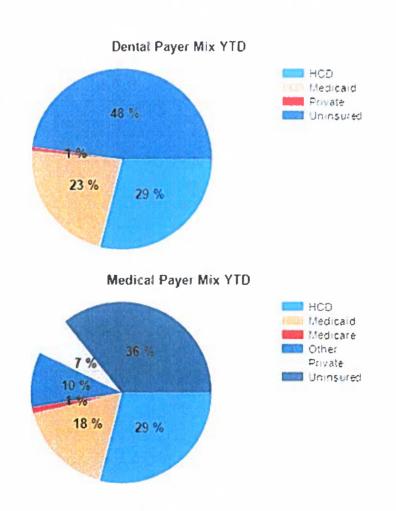


# **LANTANA CLINIC TOTALS FOR JULY 2018**

	Daily Target	Days Worked	Target for the month	Total for month seen	% Monthly Target Achieved	Daily Average
ADULT CARE						
Perez, Daniel MD	18	0.5	9	12	133%	24.0
Presendieu, Heden ARNP	16	8.8	141	144	102%	16.4
Meristil, Marie Frantzcia ARNP	16	1	16	16	100%	16.0
Navarro, Elsy ARNP	16	20	320	295	92%	14.8
Alfonso-Puentes, Ramiro MD	18	7.3	131	110	84%	15.1
Dorce-Medard, Jennifer DO	18	8.8	158	132	83%	15.0
LANTANA ADULT CARE TOTALS		46.4	776	709	91%	
PEDIATRIC CARE	]					
Lazaro, Nancy MD	18	20.5	369	308	83%	15.0
Buchholz, Ellen ARNP	16	10.5	168	133	79%	12.7
LANTANA PEDIATRIC CARE TOTALS		31	537	441	82%	
MENTAL HEALTH	]					
Rowling, Courtney MD	13	6.8	88	110	124%	16.2
Alvarez, Franco MD	13	3	39	38	97%	12.7
Calderon, Nylsa LMHC	6	15.5	93	78	84%	5.0
LANTANA MENTAL HEALTH TOTALS	•	25.3	220	226	1.03%	
SUBSTANCE ABUSE	]					
Giovannini, Rochelle LMHC	6	20.5	123	142	115%	6.9
Schlosser, Marc MD	18	10	180	176	98%	17.6
Esplin, Elaine LMHC	6	20.5	123	96	78%	4.7
LANTANA SUBSTANCE ABUSE TOTALS		51	426	414	97%	
DENTAL						
Momin, Aysha DDS	16	20	320	365	114%	18.3
Tibby, Tamara-Kay DDS	16	0.5	8	8	1.00%	16.0
Cucuras, John DDS	16	4.5	72	67	93%	14.9
Bentsi-Enchil Flora DDS	16	3	48	32	67%	10.7
Zangeneh, Yasmine DDS	16	9	144	54	38%	6.0
LANTANA DENTAL TOTALS		37	592	526	89%	
DENTAL HYGIENE						
Lopez, Arlene Hyg	8	17.5	140	112	80%	6.4
Kassoff-Correia Hyg	8	2	16	11	69%	5.5
LANTANA DENTAL HYGIENE TOTALS		19.5	156	123	79%	
LANTANA TOTALS		210.2	2707	2439	90%	

#### **LANTANA PROVIDER PRODUCTIVITY JULY 2018**

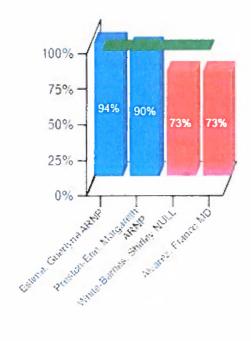




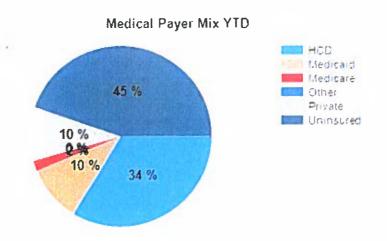
# **LEWIS CENTER CLINIC TOTALS FOR JULY 2018**

	Daily Target	Days Worked	Target for the month	Total for month seen	% Monthly Target Achieved	Daily Average
ADULT CARE						
Estime, Guerlyne ARNP	16	1	16	15	94%	15.0
Preston-Erie, Margareth ARNP	16	18	288	260	90%	14.4
LEWIS CENTER ADULT CARE TOTALS		19	304	275	90%	
MENTAL HEALTH						
White-Barnes, Shirley NULL	6	19.1	115	84	73%	4.4
Alvarez, Franco MD	13	13.6	177	129	73%	9.5
LEWIS CENTER MENTAL HEALTH TOTA	LS	32.7	291	213	73%	
LEWIS CENTER TOTALS		51.7	595	488	82%	

#### **LEWIS CENTER PROVIDER PRODUCTIVITY JULY 2018**



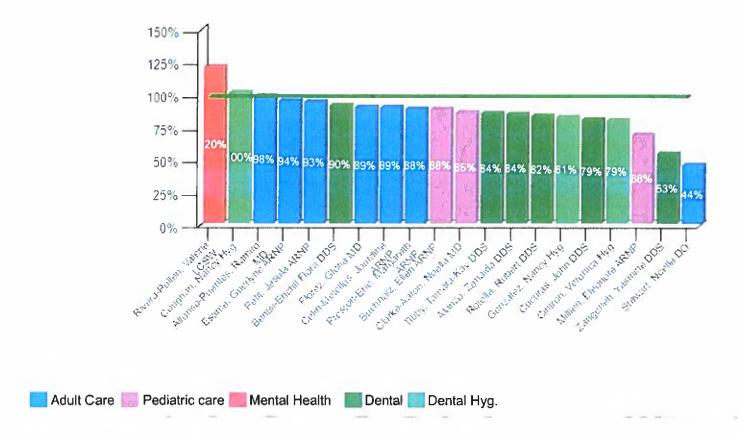


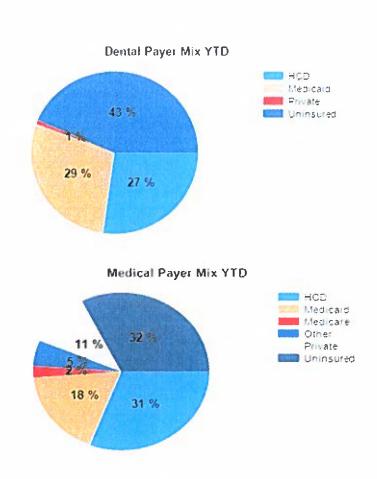


# **WEST PALM BEACH CLINIC TOTALS FOR JULY 2018**

	Daily Target	Days Worked	Target for the month	Total for month seen	% Monthly Target Achieved	Daily Average
ADULT CARE						
Alfonso-Puentes, Ramiro MD	18	12.3	221	216	98%	17.6
Estime, Guerlyne ARNP	16	2	32	30	94%	15.0
Petit, Jesula ARNP	16	19.3	309	287	93%	14.9
Florez, Gloria MD	18	21	378	336	89%	16.0
Celin-Metellus, Jourdine ARNP	16	20.8	333	295	89%	14.2
Preston-Erie, Margareth ARNP	16	0.5	8	7	88%	14.0
Stewart, Noelle DO	18	0.5	9	4	44%	8.0
WEST PALM BEACH ADULT CARE TOTAL	S	76.4	1290	1175	91%	
PEDIATRIC CARE						
Buchholz, Ellen ARNP	16	2	32	28	88%	14.0
Clarke-Aaron, Noella MD	18	14.5	261	221	85%	15.2
Millien, Eleonore ARNP	16	19.5	312	211	68%	10.8
WEST PALM BEACH PEDIATRIC CARE TO	TALS	36	605	460	76%	
MENTAL HEALTH						
Rivera-Pullen, Valerie LCSW	6	17.1	103	123	120%	7.2
WEST PALM BEACH MENTAL HEALTH TO		17.1	103	123	120%	
		•				
DENTAL						
Bentsi-Enchil Flora DDS	16	14	224	202	90%	14.4
Tibby, Tamara-Kay DDS	16	2.3	37	31	84%	13.5
Alonzo, Zenaida DDS	16	8	128	107	84%	13.4
Rotella, Robert DDS	16	9.5	152	125	82%	13.2
Cucuras, John DDS	16	7	112	89	79%	12.7
Zangeneh, Yasmine DDS	16	2	32	17	53%	8.5
WEST PALM BEACH DENTAL TOTALS		42.8	685	571	83%	
DENTAL HYGIENE						
Coughan, Nancy Hyg	8	0.5	4	4	100%	8.0
Gonzalez, Nancy Hyg	8	20	160	130	81%	6.5
Cintron, Veronica Hyg	8	6.5	52	41	79%	6.3
WEST PALM BEACH DENTAL HYGIENE TO	TALS	27	216	175	81%	
WEST PALM BEACH TOTALS	West.	199.3	2898	2504	86%	

#### **WEST PALM BEACH PROVIDER PRODUCTIVITY JULY 2018**





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

#### 2. Summary:

The below licensed independent practitioner is recommended for approval by the Dental Director.

	Last Name	First Name	Credentials	Specialty
ĺ	Alonso	Zenaida	DDS	General Dentistry

#### 3. Substantive Analysis:

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

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

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

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

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

	Amount	Budget
Capital Requirements	N/A	Yes No 🛛
Annual Net Revenue	N/A	Yes 🗌 No 🛛
Annual Expenditures	N/A	Yes No 🗵

# DISTRICT CLINIC HOLDINGS, INC. BOARD OF DIRECTORS

August 22, 2018
Reviewed for financial accuracy and compliance with purchasing procedure:

N/A	
Dawn Richards VP & Chief Financial Officer	
Reviewed/Approved by Committee:	
N/A	
Committee Name	Date Approved
Recommendation:	
Staff recommends the Board approve the rec Dr. Zenaida Alonso, General Dentistry.	redentialing and renewal of privileges fo
Approved for Legal sufficiency:	
Approved for Legal sufficiency:	
Approved for Legal sufficiency;  Valerie Shahriari  VP & General Counsel	
Valerie Shahriari	3/~



Application for Clinical Privileges DDS, DMD Specialty: General Dentistry

	311 31 1 1 1 1 1 1 1 1	LEGES
Practitione	r Name:	
Specialty:		
Clinic Privile	eges Eligibilit	<u>vy Criteria</u> :
1. C	urrent active li	censure to practice as a dentist in the State of Florida
ad		itional education/training as follows: Successful completion of ADA ol of Dentistry and Board Certified or Board Eligible by the American
General Priv	<u>vileaes - Core</u>	I Privileges
endodontics, treatment and disorders, an	periodontal tro d behavior ma xiolysis, oral s	aning, operative dentistry, fixed and removable prosthodontics, eatment, occlusal adjustment and treatment, pediatric patient anagement, non-surgical management of temporomandibular surgery to include: extractions, soft tissue impactions, alveoloplasty, al, and treatment of minor dentoalveolar trauma.
		Performance of health history  Comprehensive dental examination, consultation, and treatment
		planning including the use of radiographs, photographs, diagnosti
		planning including the use of radiographs, photographs, diagnosti tests, impressions, jaw relation, records, and diagnostic casts
		planning including the use of radiographs, photographs, diagnostic tests, impressions, jaw relation, records, and diagnostic casts Preventive Dentistry Preliminary diagnosis, initial treatment, or stabilization of
		planning including the use of radiographs, photographs, diagnostic tests, impressions, jaw relation, records, and diagnostic casts Preventive Dentistry  Preliminary diagnosis, initial treatment, or stabilization of the oral manifestations of system disease  Management of odontogenic infections & disease through pharmacologic means & incision & drainage.  Restorative dentistry (amalgams, composites, bonding, pin or pos Retention)
		planning including the use of radiographs, photographs, diagnostic tests, impressions, jaw relation, records, and diagnostic casts Preventive Dentistry  Preliminary diagnosis, initial treatment, or stabilization of the oral manifestations of system disease  Management of odontogenic infections & disease through pharmacologic means & incision & drainage.  Restorative dentistry (amalgams, composites, bonding, pin or pos Retention)  Pulp capping
		planning including the use of radiographs, photographs, diagnostic tests, impressions, jaw relation, records, and diagnostic casts Preventive Dentistry  Preliminary diagnosis, initial treatment, or stabilization of the oral manifestations of system disease  Management of odontogenic infections & disease through pharmacologic means & incision & drainage.  Restorative dentistry (amalgams, composites, bonding, pin or pos Retention)

General Dentistry Privileges

Page 1 of 3

Provisional splinting

Confidential



#### Application for Clinical Privileges DDS, DMD Specialty: General Dentistry

		Occlusal adjustment
		Scaling and root planing
		Periodontal charting
		Suture removal
		Temporary fillings
		Provide local anesthetic as certified by law
		Post trauma replantation
		Simple extraction of primary and permanent teeth
		Alveoloplasty concurrent with extractions
		Repair traumatic wounds (less than 2 cm and not passing vermillion board)
		Foreign body removal in the treatment of acute trauma
		Osteitis and pericoronitis treatment
exercise of the maintenance	ne privilege req of clinical com t of Fearful Pa	Analgesia (nitrous oxide) patients over three years of age
		Protective Stabilization
Surgical Ext	ractions:	
Requested	Approved	
		Routine
		Soft Tissue
		Partial Bony
		Full Bony
		Sectioning bridge(s) to facilitate removal of teeth



Application for Clinical Privileges DDS, DMD Specialty: General Dentistry

#### **Applicant Attestation:**

experience and demonstrated perfore exercise at the C.L. Brumback Prima	ested privileges for which by education, mance I am qualified to perform and for ry Care Clinics to the extent services as documentary evidence of clinical expes if requested.	which I wish to re available to be
Applicant Printed Name	Sp	ecialty
Applicant Signature		 Date
Dental Director:		
	nics' Dental Director accepts the above neets the minimum criteria for the privile	
Dental Director	Dental Director Signature	Date

1.	Descrip	tion: :	Revised	General	Dentistry	Delineation	of Privilege	S
----	---------	---------	---------	---------	-----------	-------------	--------------	---

#### 2. Summary:

General Dentistry Delineation of Privileges revised to include Sectioning of bridge(s) to facilitate removal of teeth.

#### 3. Substantive Analysis:

Please see attached.

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

	Amount	Budget
Capital Requirements	N/A	Yes No 🛛
Annual Net Revenue	N/A	Yes No 🗵
Annual Expenditures	N/A	Yes No 🛛

N/A	
Dawn Richards	
VP & Chief Financial Officer	

## 5. Reviewed/Approved by Committee:

N/A	
Committee Name	Date Approved

#### 6. Recommendation:

Staff recommends the Board approve the revised General Dentistry Delineation of Privileges.

Approved for Legal sufficiency:

Valerie Shahriari VP & General Counsel

Dr. Tamara-Kay Tibby Dental Director

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

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

#### 2. Summary:

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

Last Name	First Name	Credentials	Specialty
Estime	Guerlyne	ARNP	Family Medicine
Tibby	Tamara-Kay	DMD	General Dentistry

#### 3. Substantive Analysis:

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

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

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

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

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

	Amount	Budget
Capital Requirements	N/A	Yes No 🛛
Annual Net Revenue	N/A	Yes No 🗵
Annual Expenditures	N/A	Yes No 🛛

	Reviewed for infancial accuracy and compitance with p	arenasing procedure.
	N/A	
	Dawn Richards VP & Chief Financial Officer	
5.	Reviewed/Approved by Committee:	
	N/A	
	Committee Name	Date Approved
j.	Recommendation:	
	Staff recommends the Board approve the rec Ms. Guerlyne Estime, ARNP, Family Medic	
	Staff recommends the Board approve the recommends. Tamara-Kay Tibby, General Dentistry.	redentialing and renewal of privileges for
	Approved for Legal sufficiency:	
	Ja S E	
	Valerie Shahriari VP & General Counsel	
		3/
	Dr. Noelle Stewart FQHC Medical Director	V Dr. Belma Andric Chief Medical Officer, VP & Executive Director

2. Summary:  This agenda item provides the following:  Quality Council Minutes August 10, 2018 UDS Report – July 2018  3. Substantive Analysis:  See attached minutes and UDS report.  4. Fiscal Analysis & Economic Impact Statement:  Amount Budget Capital Requirements N/A Yes No Annual Net Revenue N/A Yes No Annual Expenditures N/A Yes Annual Expenditures	1. D	Description: Quality Co	ouncil Reports – July 2018	
- Quality Council Minutes August 10, 2018 - UDS Report – July 2018  3. Substantive Analysis:  See attached minutes and UDS report.  4. Fiscal Analysis & Economic Impact Statement:    Amount   Budget	2. S	ummary:		
3. Substantive Analysis:  See attached minutes and UDS report.  4. Fiscal Analysis & Economic Impact Statement:    Amount   Budget		This agenda item provid	es the following:	
See attached minutes and UDS report.  4. Fiscal Analysis & Economic Impact Statement:    Amount   Budget				
4. Fiscal Analysis & Economic Impact Statement:    Amount	3. St	ubstantive Analysis:		
Amount Budget  Capital Requirements N/A Yes No Annual Net Revenue N/A Yes No Annual Expenditures N/A  Reviewed for financial accuracy and compliance with purchasing procedure:  N/A  Dawn Richards VP & Chief Financial Officer  5. Reviewed/Approved by Committee:		See attached minutes and	d UDS report.	
Capital Requirements N/A Yes No Annual Net Revenue N/A Yes No Annual Expenditures N/A Yes No Annual Expenditures N/A Yes No Annual Expenditures N/A  Reviewed for financial accuracy and compliance with purchasing procedure:  N/A  Dawn Richards VP & Chief Financial Officer  5. Reviewed/Approved by Committee:	4. Fi	iscal Analysis & Ecor	•	
Annual Net Revenue N/A Yes No Annual Expenditures N/A Yes No No Reviewed for financial accuracy and compliance with purchasing procedure:  N/A  Dawn Richards VP & Chief Financial Officer  5. Reviewed/Approved by Committee:		Capital Requirements	N/A	
Annual Expenditures N/A Yes No No Reviewed for financial accuracy and compliance with purchasing procedure:  N/A  Dawn Richards VP & Chief Financial Officer  5. Reviewed/Approved by Committee:		Annual Net Revenue		Yes No 🛛
Dawn Richards VP & Chief Financial Officer  5. Reviewed/Approved by Committee:  N/A		Annual Expenditures	· · · · · · · · · · · · · · · · · · ·	
			11728	100 110 2
	5. R	Dawn Richards VP & Chief Financial Officer eviewed/Approved by	nd compliance with purchasing pro	

### 6. Recommendation:

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

Approved for Legal sufficiency:

Valerie Shahriari VP & General Counsel

Dr. Note Stewart

FQHC Medical Director

Chief Medical Officer, VP & Executive Director of Clinic Services



#### **Quality Council Meeting Minutes**

Date: August 10, 2018 Time: 1:00pm - 3:30pm

Attendees: Dr. Noelle Stewart – FQHC Medical Director, Terry Megiveron - Director of Practice Operations, Maria Chamberlin – Nurse Manager, David Speciale – Quality Manager, Nancy Fox-Goughan, Dental Quality Coordinator, Dr. Belma Andric - Chief Medical Officer, Andrea Steele – Corporate Quality Manager, Lisa Hogans - Corporate Quality Coordinator, Dr. Tamara-Kay Tibby - Dental Director, Francis Navarro – FQHC Board Member Excused: Dr. Ana Ferwerda – FQHC Director of Women's Health, Dr. Courtney Rowling - Director of Behavioral Health, Jane Cruz - Asst. Director of Behavioral

Minutes by: David Speciale - Quality Manager

Health Marcia Young - FQHC Director of Operations.

<u>TOPIC</u>	DISCUSSION / RECOMMNEDATIONS	ACTION ITEMS (AI)	RESPONSIBLE PARTY	DATE
REVIEW				
Action Items	Total Action Items from last meeting: 50 of which 25 items were	Address all action items in	Program Directors,	9/14/2018
from Previous	completed and 25 remain in process as follows (status):	Quality Workgroups and	and Quality Team	
Council Meeting	1. Adopt HCD Policies & Procedures (ongoing)	report all action items		
	2. System Down P&P (In Process)	status to the Council.		
	3. Dental "Notebooks" for Infection Control (In process)			
	4. Report data and trend BAM data: use, protective factor			
	score, and risk scores (In process)			
	5. Create a "Baker Acts & Patient Follow Up Report" to			
	track patients (In process)			
	6. Revise P&P to address follow up with patients that are			
	Baker Acted (In process)			
	7. Develop Behavioral Health reporting to demonstrate			
	the Quality of the Program (In Process)			
	8. Develop and audit tool and conduct group audits once			
	per week (In Process)			3

C.L. Brumback Clinics 2018



TOPIC	DISCUSSION / RECOMMNEDATIONS	ACTION ITEMS (AI)	RESPONSIBLE PARTY	DATE
	Begin training of primary care providers to obtain			
	Suboxone waivers and transition Phase 3 & 4 patients			
	to primary care (in process).			
	10. Develop additional Substance Abuse Program reports			
	from the new Electronic Medical Record (In process)			
	11. Present Depression Screening, Group Therapy, Peer			
	Review Summary Reports for June 2018 (next meeting)		(3)	
	12. Report on CAC's Productivity and Patient Navigator			
	Collections. (In process)			
	13. Review Dental Front Line Peer Review form to ensure it			
	addresses all areas including signing of patient consent			
	forms. (In process)			
	14. Notify front office staff of claim holds that can be			
	corrected at patient check-in/registration. (In process)			
	15. Develop a process for patients who prematurely leave			
	the clinic during their appointment. (In process)			
	16. Retrain providers and staff on how to work "Clinic			
	Inbox" buckets in the new EMR. (In process)			
	17. Investigate if deleted encounters are included in			
	productivity reports. (In process)			
	18. Develop and Launch Behavioral Health Integration			
	Program. (In process)			
	19. Revise 2018 UDS Table. (In process)			
	20. Report on ER referrals by provider and location. (In			
	process)			
	21. Update the Medical Records Request procedure to			
	include a process by which lead Nurses set reminders to			

C.L. Brumback Clinics 2018



TOPIC	DISCUSSION / RECOMMNEDATIONS	ACTION ITEMS (AI)	RESPONSIBLE PARTY	DATE
	request Hospital records in a timely manner. (In process)  22. Create and present Behavioral Health Integration reports to identify clinical outcomes. (In process)  23. Meet with Lead Nurse, Lead MA's, and Practice Managers to review clinic inbox workflow. (In process)  24. Secure memorandums of understanding with local hospitals so that patients may get prescriptions directly from our clinic pharmacies to reduce the need to see provider same day. (In process)  25. Report total # of patients that have returned for follow up after an ER referral. (In process)			
PROBLEM IDENTIF	CATION		S A THE TEST	The Marie
Patient Relations	<ul> <li>Patient Relations – July 2018</li> <li>Complaints – Total of 2, of which:         <ul> <li>1 – Other / Registration – Medical (Lantana)</li> <li>1 – Pharmacy / Communication – Medical (Boca)</li> </ul> </li> <li>Grievances – Total of 3, of which         <ul> <li>1 – Care &amp; Treatment - Dental (WPB)</li> <li>1 – Pharmacy - Medical (WPB)</li> <li>1 – Other – Primary Care (WPB)</li> </ul> </li> <li>Compliments – Total of 15 across 4 locations, of which         <ul> <li>12 – Primary Care</li> <li>2 – Women's Health</li> <li>1 – Dental</li> </ul> </li> </ul>	Future reporting to include identification of outcomes and action items related to Patient Relations data.	Quality Manager	9/14/2018

C.L. Brumback Clinics 2018



TOPIC	DISCUSSION / RECOMMNEDATIONS	ACTION ITEMS (AI)	RESPONSIBLE PARTY	DATE
Quality / Risk	Quality Events – July 2018	Retrain staff to enter	Quality Team	9/14/2018
	Total of 6 occurrences reported electronically of	Transfers to Higher level of		
	which,	care in the RiskQual system		
	<ul><li>5 - Transfers to Higher Level of Care and were</li></ul>	in addition to the clinic		
	determined appropriate for transfer.	logs.		
	➤ 3 – WPB Medical			
	➤ 1 – Belle Glade Medical	In RiskQual, change	Director of Quality	ASAP
	➤ 1 – Lake Worth Clinic	"Medical Admin" modifier		
	■ 1 - Documentation error found by Medical Director	to "Clinic Admin" modifier		
	on Lake Worth patient			
	An additional 11 transfers to a higher level of care	Incorporate transfers to	Quality Manager	9/14/2018
	were reported on individual clinic logs for	higher level of care due to		
		Baker Acts into Quality		
	Of the 16 total patient transfers to a higher level of	Event reporting		
	care:			
	<ul> <li>13% (2) – were documented in the RiskQual System</li> </ul>	Create a standardized	Director of	9/14/2018
	<ul> <li>19% (3) – were documented correctly in both the</li> </ul>	Baker Act referral in the	Behavioral Health,	
	RiskQual system and on clinic logs.	EMR	Clinic Infomaticist	
	<ul> <li>69% (11) – were documented on the clinic log only</li> </ul>			
	<ul> <li>94% (15) – patients had same day documentation in</li> </ul>			
	the chart supporting transfer to ER			
	<ul> <li>88% (14) - patients had a follow up appointment</li> </ul>			
	<ul> <li>45% (9) – of patients records from the hospital were received</li> </ul>			
	■ 100% (16) — were medically appropriate to be			
	transferred to a higher level of care			

TOPIC	DISCUSSION / RECOMMNEDATIONS	ACTION ITEMS (AI)	RESPONSIBLE PARTY	DATE
	<ul> <li>Quality Review Reports - July 2018</li> <li>Environment of Care reports completed (total=12)</li> <li>1. Belle Glade Medical - 99%</li> <li>2. Belle Glade Dental - 97%</li> <li>3. Boca Raton - 96%</li> <li>4. Delray Medical - 93%</li> </ul>	Ensure Practice Managers provide follow up for any / all action items created by the EOC report.	Director of Practice Operations, Risk Manager	9/14/2018
	<ol> <li>Delray Dental – 95%</li> <li>Jupiter – 94%</li> <li>Lantana Medical – 94%</li> <li>Lantana Dental – 89%</li> <li>Lake Worth – 82%</li> <li>Lewis Center – 82%</li> <li>WPB Medical – 99%</li> <li>WPB Dental – 94%</li> </ol>			
	<ul> <li>Clinic Scores by Measurement:</li> <li>Storage - 99%</li> <li>Fire Safety - 98%</li> <li>Infection Control / Biohazard Materials - 96%</li> <li>Housekeeping - 93%</li> <li>Other - 92%</li> <li>Building Grounds &amp; Equipment - 90%</li> <li>Emergency Preparedness - 90%</li> <li>Electrical - 90%</li> </ul>	Identify details of the "electrical" category and provide follow up to ensure compliance and safety.	Director of Practice Operations, Risk Manager	ASAP



TOPIC	DISCUSSION / RECOMMNEDATIONS	ACTION ITEMS (AI)	RESPONSIBLE PARTY	DATE
	<ul> <li>The Environment of Care (EOC) Assessments are completed on paper forms not through the automated RiskQual system.</li> </ul>	Contact Director of Corporate Risk to discuss EOC assessment trends over time.	Quality Director	ASAP
Medical Report	UDS - Dashboard May 15 <sup>th</sup> thru July 2018.  Of the 14 UDS Measures: 8 Exceeded Goal and 6 were short of the HRSA Goal: (Clinic Score/ HRSA Goal)  Childhood immunization: (39% / 70%)  Cervical Cancer Screening: (54% / 60%)  Weight assessment, Children & Adolescent: (71% / 60%)  Adult Weight screening and follow up: (67% / 60%)  Tobacco use screening & cessation: (98% / 90%)  Asthma Pharmacologic Therapy: (96% / 97%)  Coronary Artery Disease CAD: (94% / 75%)  Ischemic Vascular Disease (IVD): (83% / 75%)  Colorectal Cancer Screening: (50% / 60%)  HIV linkage: (2% / 100%)  Depression screening: (93% / 80%)  Dental Sealant: (78% /70%)  Hypertension: (71% / 65%)  Diabetes: (50% / 65%)	Send patient lists / UDS dashboards to each provider so they address underperforming measures in a timely manner.	Medical Director	ASAP
	UDS reports presented by provider performance for underperforming UDS measures.	Future UDS reporting to include total # of patients per UDS measure.	Quality Manager	9/14/2018



TOPIC	DISCUSSION / RECOMMNEDATIONS	ACTION ITEMS (AI)	RESPONSIBLE PARTY	DATE
Nursing Report	48 Hour Metrics for Clinical Staff – Nurse Manager Presented	Investigate the current	Program Directors,	ASAP
	metrics for Nurses and Medical Assistants. Staff who performed	workflow for processing	Quality Team, IT	
	below the benchmark were addressed.	bucket items and develop	Staff, Practice	
	Total Clinic Staff Buckets Open > 48 Hours = 1,327	an improved workflow to	Managers	
	Total Individual Staff Buckets Open > 48 Hours = 1,028	improve efficiencies and		
	Total RN Buckets Open > 48 Hours = 786	assign responsibilities to		
	Total "Medrecs" Buckets Open > 48 Hours = 715	Practice Managers, Lead		
		MA's and Lead RN's to		
		monitor daily.		
	Nurse Appointment Analysis	Future appointment	Director of	9/14/2018
	Total # of Nurse Triage Encounters	reports to include stratified	Operations, Nurse	l
	By Month	data & analysis on # of	Manager, Quality	
	> July 2018 = 606	triage appointments, # of	Manager	
	> June = 574	same day appointments, #		
	> April = 620	of 1 <sup>st</sup> available		
	By Day of Week – July 2018	appointments, and # of		
	> Monday = 191	patients scheduled a future		
	➤ Tuesday = 139	appointment.		
	➤ Wednesday = 67			
	> Thursday = 87	Evaluate need to return to	Director of	ASAP
	➤ Friday = 122	walk-in providers.	Operations, Medical	
	By Clinic – July 2018		Director	
	➢ Boca = 17			}
	➤ Belle Glade = 226	Speak with Call Center and	Director of	9/14/2018
	Delray Beach = 65	Practice Managers about	Operations, Medical	
	➤ Jupiter = 28	protecting walk in	Director	
	➤ Lantana = 28	appointment slots.		



TOPIC	DISCUSSION / RECOMMNEDATIONS	ACTION ITEMS (AI)	RESPONSIBLE PARTY	DATE
	> Lake Worth = 98	Evaluate the need to divide	Director of	9/14/2018
	> Lewis Center = 15	check-in / registration lines	Operations	
	➤ WPB = 302	by walk-in, appointments,		
	Total # of Scheduled Nurse Visits	and pediatrics for all clinics.		
	➢ By Month			
	> July 2018 = 227	Reevaluate the registration	Director of	9/14/2018
	> June = 181	windows and Project Dulce	Operations	
	> April = 453	workflows in the WPC		
	➢ By Clinic	clinic.		
	➢ Belle Glade – 5 (2%)			
	➢ Boca Raton – 4 (2%)			
	➤ Delray Beach – 45 (20%)			
	➤ Jupiter – 11 (5%)			
	➤ Lake Worth – 4 (2%)			
	➤ Lantana – 52 (23%)			
	➤ Lewis Center – 3 (1%)			
	➤ West Palm Beach – 103 (45%)			
	Patient Navigator Report – July 2018	Analyze Patient Navigator	Director of	9/14/2018
	Patient Navigator Encounters	scheduling workflows and	Operations, Nurse	
	<ul> <li>Total of 642 patient navigator encounters of which:</li> </ul>	determine if appointments	Manager, Quality	
	> 261 (41%) – new patients	are being scheduled	Manager.	
	> 381 (59%) – established patients	appropriately.		
	> 541 (84%) – total unique patients seen			
	> 101 (16%) - repeat/returning patients	Run Patient Navigator	Clinical Infomaticist,	9/16/2018
	<ul> <li>Detailed reports by clinic and patient navigator</li> </ul>	reports in Athena, rather	Quality Manager	
	presented.	than compiling manual		
	Service Type – July 2018	reports.		



TOPIC	DISCUSSION / RECOMMNEDATIONS	ACTION ITEMS (AI)	RESPONSIBLE PARTY	DATE
	Target BP – total services provided = 118 of which:			
	➤ Belle Glade – 4			
	➤ Delray Beach – 7			
	➤ Jupiter – 1			
	➤ Lake Worth – 13			
	➤ Lantana – 34			
	➤ West Palm Beach - 59			
	Diabetes – total services provided = 100 of which:			
	➤ Belle Glade – 3			
	➤ Delray Beach — 9			
	➤ Jupiter – 5			
	➤ Lake Worth – 9			
	➤ Lantana – 57			
	➤ West Palm Beach - 17			
	<ul> <li>Colorectal Cancer Screening</li> </ul>			
	Department of Health			
	435 tests given / 211 received (49% return rate)			
	Clinic breakdown presented			
	Quests Tests			
	58 tests given / 17 received (29% return rate)			
	Clinic breakdown presented			
	Poop On Demand Rates			
	Belle Glade – 17			
	Boca Raton - 0			
	Delray Beach – 0			
	• Jupiter – 0			
	• Lake Worth – 1			



TOPIC	DISCUSSION / RECOMMNEDATIONS	ACTION ITEMS (AI)	RESPONSIBLE PARTY	DATE
	• Lantana – 4			
	Lewis Center - 0			
	West Palm Beach - 0			
	<ul> <li>Smoking Cessation – Quitline referrals (Total = 70)</li> </ul>			
	➢ Belle Glade − 4			
	➢ Boca Raton - 0			
	➤ Delray Beach – 5			
	➤ Jupiter – 14			
	> Lake Worth – 12			
	➤ Lantana – 18			
	➤ West Palm Beach – 17			
Dental Report	Chart Audit – July 2018 data & trends presented for Dentists	Remove Operational Items	Dental Director,	9/16/2018
	and Hygienists. Staff who performed below the benchmark (4.5)	from Dental Chart reviews	Dental Quality	
	were addressed.		Coordinator	
	10% - 1 Provider scored below required threshold.			
	33% - 2 Hygienists scored below required threshold.	Future reporting to include	Dental Director,	9/16/2018
	Providers under threshold received education. Of the 15 charts	corrective actions for	Dental Quality	
	reviewed in July, the following were identified as opportunities	under-performing areas.	Coordinator	
	for improvement:	Determine, Measure, and	Dental Director,	9/16/2018
	Radiographic Quality = 66% (10) of all charts reviewed	report Dental quality of	Medical Director,	
	Documentation & Data = 60% (9)of all charts reviewed	services & outcomes	Executive Director	
	Clinic Quality Site Visit Reports – Results, Summaries, and	Future reporting to include	Dental Director,	9/16/2018
	Trends of Dental Clinic Site Visits reported for July 2018.	a breakdown of Infection	Dental Quality	
	■ Belle Glade – 80% compliance	Control measure	Coordinator	
	■ Delray Beach – 50% compliance			
	<ul> <li>Lantana – 70% compliance</li> </ul>			



TOPIC	DISCUSSION / RECOMMNEDATIONS	ACTION ITEMS (AI)	RESPONSIBLE PARTY	DATE
	■ West Palm Beach – 70% compliance			
	Opportunities for improvement include:			
	<ul> <li>Infection Control Practices</li> </ul>			
	Operatory & Sterilization Room Management			
	<ul> <li>Log Management</li> </ul>			
	Sharp Container Maintenance			
	Ultrasonic Maintenance			
	<ul> <li>Instadose reporting</li> </ul>			
	Trends over time presented.			
	Corrective Action include:			
	<ul> <li>Infection Control - Instrument cassettes ordered</li> </ul>			
	<ul> <li>Employee warnings for repeat offenders</li> </ul>			
	<ul><li>Retraining of staff</li></ul>			
	Dental Consents – July 2018			
	There were 60 Dental Charts reviewed for dental consent			
	compliance of which,			
	■ Belle Glade 93%			
	■ Delray Beach ~ 100%			
	<ul><li>Lantana – 93%</li></ul>			
	■ WPB - 100%			
Behavioral	Warm Hand Off (WHO) Report – provider trends over time	Future reporting to include	Director of	9/16/2018
Health (BH)	reported. Total WHO trends over time presented for all clinics:	denominator of total	Behavioral Health,	
Report	• July 2018 - 292	services. Discuss	Executive Director,	
	• June 2018 - 313	denominator value at next	Quality Team	
	• April 2018 – 143 Total	Quality Workgroup		
	March 2018 – 159 total			



TOPIC	DISCUSSION / RECOMMNEDATIONS	ACTION ITEMS (AI)	RESPONSIBLE PARTY	DATE
	• February 2018 – 132 total			
	• January 2018 – 116 total			
Substance Abuse	MAT Program – Census Data			
(SA) Report	Patient Census Report			
	■ July 2018 – 96 active patients			
	<ul> <li>June 2018 – 90 active patients</li> </ul>			
	<ul> <li>April 2018 – 77 active patients</li> </ul>			
	■ March 2018 – 63 active patients			
	■ February 2018 - 60 active patients			
	January 2018 – 67 active patients			
	# of Intakes Completed			
	July 2018 - 12			
	• June 2018 - 10	:		
	April 2018 - 13			
	■ March 2018 - 5			
	■ February 2018 – 9			
	■ January 2018 – 8			
	# of Patient by Treatment Phase – July 2018			
	<ul> <li>Phase 1 – 65 patients</li> </ul>			
	■ Phase 2 – 17 patients			
	■ Phase 3 – 8 patients			
	■ Phase 4 – 5 patients	1		
	<ul> <li>Naltrexone – 1</li> </ul>			
<b>Clinic Operations</b>	No Shows – July 2018			
Report	- Madical Na Chau Batas			
	Medical No Show Rates     Lantana – 31%			
	22/10/10 32/0			
	Delray Beach – 26%			



TOPIC	DISCUSSION / RECOMMNEDATIONS	ACTION ITEMS (AI)	RESPONSIBLE PARTY	DATE
	■ Belle Glade – 27%			
	■ WPB - 32%			
	<ul><li>Lewis Center – 24%</li></ul>			
	■ Lake Worth – 27%			
	■ Jupiter – 13%			
	■ Boca Raton — 20%			
	Dentai			
	■ Lantana – 21%			
	■ Delray Beach – 25%			
	■ Belle Glade – 20%			
	■ WPB – 25%			
	Cycle Time Reports – July 2018			
	Time between Check-In & Check-Out, Total Cycle time, and			
	June/July comparisons presented by provider and by clinic.			
Human	Employee Productivity Report – July 2018			
Resources	The following reports submitted by Human Resources:			
Report	Employee New Hires			
	• July 2018 - 3			
	• June 2018 - 1			
	• May 2018 – 3			
	Employee Term			
	• July 2018 - 2			
	• June 2018 - 0			
	• May 2018 - 2			
	Workman's Comp			
	• July 2018 – 2 (\$0 loss incurred)			



TOPIC	DISCUSSION / RECOMMNEDATIONS	ACTION ITEMS (AI)	RESPONSIBLE PARTY	DATE
	- Sharps Committee meeting held as required by OSHA			
	manual. The Sharp itself did not cause the needle stick			
	• June 2018 - 1			
	• May 2018 - 1			
New Business	Quality Workgroups to be scheduled on Friday's and Program	Send invite for Quality	Quality Manager	ASAP
	Directors expected to attend. These meetings will address	Friday Workgroup's		
	action items, standard agenda items, data reports, and any new			
	initiatives.			



Messure Set:		BRIE			900			ACTIONS TAKEN WHEN INDICATOR NOT INSETTING ISOAL			revious Ous	dua		
uos	% USA 2016			CL Classes 2017		July	2018 CL Cilvin 2018			2018 (21			017 Q4	
Childhood immunization	42.80%	39.53%	70%	10%	72	167	29%	Albena Findings: Florids shel records are not consistently crossing over	153	768	47%	148	139	%.GL
Cervical cancer screening	54,36%	58.04%	80%	65%	3401	6290	54%	Interventions: Working with Florida shole to resolve sissue  Atheria.  Findings: Historical pap smears are not being entered into the chart.  Interventions: Provide reports of non-compliant patients to be sent out to staff	3615.0	8970	60%	7757	12000	85%
Weight assessment and counseling for children and adolescents	62.92%	72 77%	80%	89%	872	1236	21%	Atteca		Not availab		62.0	76	899
Adult Weight screening and follow-up	82.46%	78.65%	60%	87%	7507	11362	67%	Achera	25508	27696	92%	22732	26211	87%
Tebacco use screening and cassation intervention	85,19%	90.33%	90%	93%	3384	3443	98%	Allykeus	5119	Santo	87%	19136	20486	93%
Asterna phermacologic therapy	87 38%	86.84%	97%	99%	66	dp	9ES	Athena Findings: Providers are not excluding patients that do no meet measure definition. Intervention: Train providers on how to exclude patients in the EMR.	92	ИĞ	60%	138	140	100
Coronery artery disease (CAD); Lipid therapy	79,46%	80.79%	75%	77%	127	125	Q4K	Adheria	259	333	78%	238	311	77%
Inchemic Vascular Disease (IVD)	78.40%	74.83%	75%	86%	324	391	63%	Albena	582	695	84%	916	1062	as n
Coloractal cancer acreeoling	39 89%	40.47%	60%	81%	3157	6350	50%	Atheria Findings: 1, POD rate has decreased: 2. Raise of return for Quest FiT lower than those from DOH tabs Intervention: 1. Retrain staff on POD ecnouragement, create workflow to address unreturned FiT test. 2. Consider reminder campaigns for petietns using quasi-	3333	7882	40%	8117	12418	ed h
MW linkage to care	83.17%	67.25%	100%	40%	3	7	150%	Manual	1	1	100%	3	В	59%
Patients screened for depression and follow-up	60.34%	88 22%	80%	816	9817	10520	23%	Alberta	18852	24933	72%	19187	23771	0.0%
Dental sealants	48.71%	52.79%	70%	78%	307	292	28%	Relling 12 months Manual	784	312	82%	229	308	744
16 <sub>8</sub> gaseri = mad em	62.39%	59.35%	65%	74%	25/70	3819	71%	Adimm	4441	7025	635	5989	9412	64%
Otaliunites	67 90%	62.54%	65%	73%	1361	2712	50%	Athena Findings: Atc tab results from ALLSCRIPTS are not being documented in Albena therefore these patients who may be compliard with A1c goel are not included in the numerator. Intervention: Reports created to identify those charts with miseling results and will update.	1918	5332	64%	1794	5177	65%

