



C. L. Brumback

Primary Care Clinics

Health Care District Palm Beach County

BOARD OF DIRECTORS

September 30, 2020

12:45 P.M.

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

BOARD OF DIRECTORS MEETING
AGENDA
September 30, 2020
Zoom Webinar Meeting

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

or

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

1. Call to Order – Mike Smith, Chair

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

2. Agenda Approval

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

3. Awards, Introductions and Presentations

- A. **Family Medicine Residency Program:**
Dr. Seneca Harberger, MD
- B. **Employee Engagement:**
Rosella Weymer

4. Disclosure of Voting Conflict

5. Public Comment*

6. Meeting Minutes

- A. **Staff recommends a MOTION TO APPROVE:**
Board Meeting Minutes of August 26, 2020. [Pages 1-14]

7. Consent Agenda – Motion to Approve Consent Agenda Items

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

A. ADMINISTRATION

- 7A-1 **RECEIVE AND FILE:**
September 2020 Internet Posting of District Public Meeting.
<https://www.hcdpbc.org/resources/public-meetings>
- 7A-2 **RECEIVE AND FILE:**
Attendance tracking. [Page 15]
- 7A-3 **Staff recommends a MOTION TO APPROVE:**
Change in Board Schedule.
(Dr. Belma Andric) [Pages 16-17]

B. FINANCE

- 7B-1 **RECEIVE AND FILE:**
C. L. Brumback Primary Care Clinics Financial Report July 2020.
(Joel Snook) [Pages 18-36]

8. Regular Agenda

A. ADMINISTRATION

- 8A-1 **Staff recommends a MOTION TO APPROVE:**
Executive Director's Annual Evaluation.
(Steven Hurwitz) [Pages 37-38]
- 8A-2 **Staff recommends a MOTION TO APPROVE:**
Bylaws Update.
(Thomas Cleare) [Pages 39-65]
- 8A-3 **Staff recommends a MOTION TO APPROVE:**
Department of Security Services Policy of Operations.
(Hector Sanchez) [Pages 66-69]

B. EXECUTIVE

- 8B-1 **RECEIVE AND FILE:**
Executive Director Informational Update.
(Dr. Belma Andric) [Pages 70-71]

8. Regular Agenda (cont.)

C. OPERATIONS

- 8C-1 **Staff Recommends a MOTION TO APPROVE:**
Operations Report.
(Dr. Hyla Fritsch) [Pages 72-89]

D. QUALITY

- 8D-1 **Staff Recommends a MOTION TO APPROVE:**
Quality Report.
(Dr. Ana Ferwerda) [Pages 90-102]

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

October 28, 2020 (TBD)
12:45pm Board of Directors

November 25, 2020 (TBD)
12:45pm Board of Directors

December 16, 2020 (TBD)
12:45pm Board of Directors

13. Motion to Adjourn

*District Clinic Holdings, Inc. welcomes public comment during its regular monthly meetings. This month, public comment should be emailed to jdominiq@hcdpbc.org or submitted via phone (561) 804-5780 prior to Noon on The Scheduled Meeting Date. All comments received during this time frame will be read aloud and included in the official meeting record.

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



C. L. Brumback

Primary Care Clinics

Health Care District Palm Beach County

Updates on the **Family Medicine Residency Program**

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Seneca Harberger, MD

Program Director, Lakeside Family Medicine Residency

September 30, 2020

Introduction



Seneca Harberger, MD

Family Doctor, CL Brumback Primary Care Clinics
Program Director, Lakeside Family Medicine Residency

Education and Training

University of Pennsylvania - Family Med Residency
Temple University - MD and MA in Urban Bioethics

Key Points

- **Introduce our team**
- **Review accreditation and other recent changes**
- **Highlight some resident contributions**
- **Discuss plans for continued improvement**

Our Team



Dr Seneca Harberger
Program Director
Outpatient Preceptor



Dr Jennifer Dorce-Medard
Designated Institutional Officer
Lakeside ACO
Outpatient Preceptor



Dr Bryan Dawkins
Assistant Program Director
Inpatient Preceptor



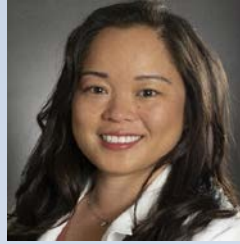
Dr Ishan Gunawardene
Lakeside Chief of Staff
Inpatient Preceptor



Joe-Ann Hyppolite
Operations Coordinator



Monette Louis
Program Coordinator



Dr Christal Landeros
Chief Resident



Dr Kerlan St Prix
Chief Resident



Dr J D Adame
3rd Year Resident



Dr Quanecia Beasley
3rd Year Resident



Dr Sonya Dusseault
3rd Year Resident



Dr Thy Bui
2nd Year Resident



Dr Will Draper
2nd Year Resident



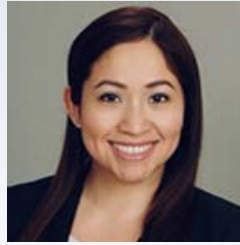
Dr Jesse Grieb
2nd Year Resident



Dr Ben Kosubevsky
2nd Year Resident



Dr Janaki Saoji
2nd Year Resident



Dr Giselle Falconi
1st Year Resident



Dr Anthony Hernandez
1st Year Resident



Dr Jennifer Hua
1st Year Resident



Dr Heden Presendieu
1st Year Resident



Dr Nzingha Saunders
1st Year Resident

Essential, but not pictured are the many preceptors, interprofessional colleagues, office and hospital team members and administrative champions within the CL Brumback Clinics, Lakeside, the Health Care District and throughout the Glades and Palm Beach County.



Residency Structure

- **3 year program in Family Medicine**
- **5 new residents each year**
- **Work as Primary Care Doctors in the Belle Glade Brumback Clinic**
- **Also care for patients in the hospital, emergency room and other offices, working with adult, pediatric, psychiatric and women's health teams inside and outside of the Health Care District.**



Recent Changes

- **GME Accreditation**

- 2 years of hard work from Dr Dorce-Medard and her team leading to a preliminary credential with the ACGME (conversion necessitated by consolidation of national organizations)
- Next site visit to occur in January of 2021

- **Expansion of Services and Training**

- increased collaboration with St Mary's pediatric team
- new collaborations with multiple community providers, including Geriatrics, Dermatology and Infectious Disease

- **Changes in Team**

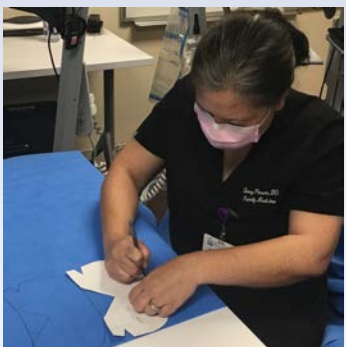
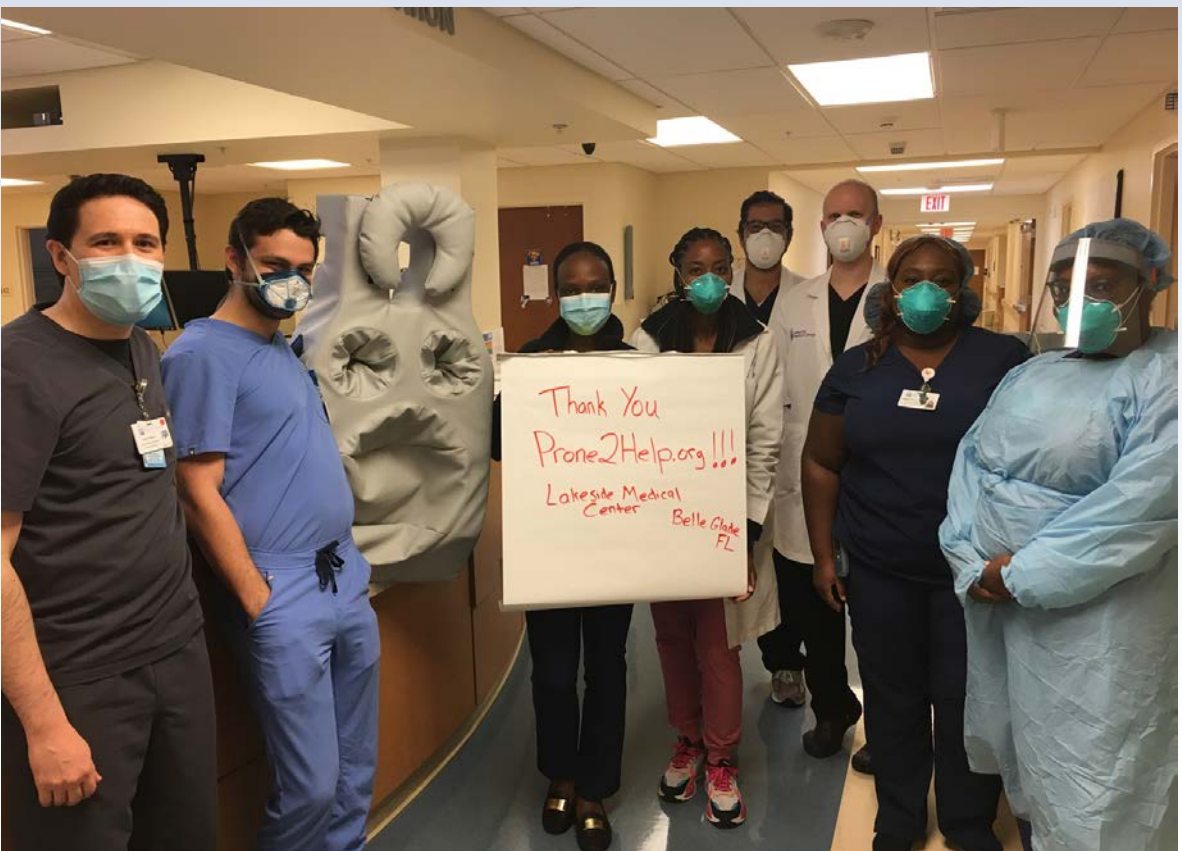
- Dr Dorce-Medard took over as Program Director in July of 2018 and is now transferring her talents to Lakeside overall as ACMO.

Contributions



- **Primary Care** essentially doubling access for patients
- **Care Coordination** bridge between the hospital and the clinic
- **Community Service** committed to reaching out to help
- **Innovating Care** invested in state of art care and expanding our scope of services





Plans for Improvement

- **Increase our collaboration with the community**
- **Expand obstetric training (prenatal care and deliveries)**
- **Build more stability for the residency**
 - attract more faculty members
 - retain more residents within the community
 - build sustainable community collaboration



Any Questions?





Health Care District of Palm Beach County

Dedicated to the health of our community

Employee Engagement ***Primary Care Clinics***

September 30, 2020

Rosella Weymer
Director, Human Resources



Employee Engagement

Employee engagement was defined 30 years ago by the Gallup Organization, and includes the following:

- People are **psychologically** and **emotionally committed** to their work
- Those that are **involved**, **enthusiastic**, and who **contribute** to the organization in a **positive** manner
- The belief that basic workplace needs are met and they have a chance to contribute to their company, experience a **sense of belonging**, and enjoy **opportunities to learn and grow**.



Employee Engagement

Why should we care?

Those organizations that score in the top quartile of the Gallup Engagement Survey have the following results:

- 58% **fewer** patient safety incidents
- 60% **lower** staff turnover
- 17% **higher** productivity
- 10% **higher** customer service metrics
- 70% **fewer** employee safety incidents
- 41% **lower** absenteeism



Employee Engagement

How do we measure?

The Gallup Q12!

Over the last 20 years over *37,000,000* employees, from *3,749* organizations in *206* countries haven taken the 12 question survey.

Their database allows us to measure ourselves against US companies, US Healthcare companies, and against those organizations that took the survey for the 1st time.



Employee Engagement

The Q12:

- Q1 – I know what is expected of me at work
- Q2 – I have the materials and equipment I need to do my work right
- Q3 – At work, I have the opportunity to do what I do best everyday
- Q4 – In the last 7 days, I have received recognition or praise for doing good work
- Q5 – My supervisor, or someone at work, seems to care about me as a person
- Q6 – There is someone at work that encourages my development
- Q7 – At work, my opinions seem to count
- Q8 – The mission or purpose of my company makes me feel my job is important
- Q9 – My associates or fellow employees are committed to doing quality work
- Q10 – I have a best friend at work
- Q11 – In the past 6 months, someone at work has talked to me about my progress
- Q12 – This past year, I have had opportunities at work to learn and grow



Employee Engagement

Results Summary- Primary Care Clinics:

Response Rate	53.49%
Grand Mean	3.83/5
Engagement Percentage	42% Engaged

Top Strengths:

Q2 – I know what is expected of me at work

Q3 – At work, I have the opportunity to do what I do best every day

Top Areas of Opportunity

Q11 – In the past 6 months, someone at work has talked to me about my progress

Q07 – At work, my opinions seem to count



Employee Engagement

Next Steps:

Results Sharing with Executive Team
Results Sharing with Leaders
Results Sharing with All Employees
Action/Improvement Plans Created
Work on Action/Improvement Plans

Re-administer Survey

Completed
Completed
Completed

In Progress
Now through March 1st

March, 2021

**District Clinic Holdings, Inc.
d.b.a. C.L. Brumback Primary Care Clinics
Board of Directors Meeting
Summary Minutes
08/26/2020**

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

Excused: Lisa Strickland

Absent:

Staff: Darcy Davis, Chief Executive Officer; Dr. Belma Andric, CMO, VP & Executive Director of Clinical Services; Valerie Shahriari, General Counsel; Joel Snook, VP & Chief Financial Officer; Dr. Hyla Fritsch, Executive Director of FQHC Practice Operations and Pharmacy Services; Shauniel Brown, Risk Manager; Dr. Ana Ferwerda, Medical Director; Thomas Cleare, Assistant Vice President, Planning & Community Engagement; Robin Kish, Director of Community Engagement; Andrea Steele, Director of Corporate Quality ; Lisa Hogans, Director of Nursing; Joshua Burrill, Director of Compliance and Internal Audit; Dominique Domond, Operations Process Manager.

Minutes Transcribed By: Jonathan Dominique

Meeting Scheduled For 12:45 PM

Meeting Began at 12:47PM

AGENDA ITEM	DISCUSSION	ACTION
1. Call to Order	Mr. Smith called the meeting to order.	The meeting was called to order at 12:47pm
1A. Roll Call	Roll call was taken.	
1B. Affirmation of Mission	Mr. Smith read the affirmation of mission.	
2. Agenda Approval	Mr. Smith called for an approval of the meeting agenda.	VOTE TAKEN: Mr. Mullen made a motion to approve the agenda. The motion was duly seconded by Ms. Mastrangelo. A vote was called, and the motion passed unanimously.
2A. Additions/Deletions/ Substitutions		

2B. Motion to Approve Agenda Items	The agenda for the August 2020 meeting was approved.	
3. Awards, Introductions and Presentations	None.	No action necessary.
4. Disclosure of Voting Conflict	None.	No action necessary.
5. Public Comment	None.	No action necessary.
6. Meeting Minutes 6A-1 Staff Recommends a MOTION TO APPROVE: Board meeting minutes of July 29, 2020	There were no changes or comments to the minutes dated July 29, 2020	VOTE TAKEN: Ms. Jackson-Moore made a motion to approve the Board meeting minutes of July 29, 2020 as presented. The motion was duly seconded by Mr. Mullen. A vote was called, and the motion passed unanimously.
7. Consent Agenda – Motion to Approve Consent Agenda Items		VOTE TAKEN: Ms. Bullard made a motion to approve the consent agenda as presented. The motion was duly seconded by Mr. Mullen. A vote was called, and the motion passed unanimously.
7A. ADMINISTRATION		
7A-1. Receive & File: August 2020 Internet Posting of District Public Meeting	The meeting notice was posted.	Receive & File. No further action necessary.
7A-2. Receive & File: Attendance tracking	Attendance tracking was updated.	Receive & File. No further action necessary.
7A-3. Receive & File: Board Member Resignation – Suzi Foster	Suzi Foster has notified the C.L. Brumback Primary Care Clinics that she is resigning from her position on the Board. Ms. Foster notified the C.L. Brumback Primary Care Clinics that she is resigning from her position on the Board. Ms. Foster indicated that she is unable to fulfill her responsibilities due to the current impact of COVID-19.	Receive & File. No further action necessary.

	<p>Consistent with the District Clinics Holdings, Inc. Bylaws, Section 9.2(a), the Board has the following requirements to fill the open Board position.</p> <p>9.2 Selection of New Board Member(s) for open Member positions. The selection of new Board members to fill any vacancy then existing or to replace any member whose Term is ended, will be as follows:</p> <p>a. Vacancies on the Board due to the termination, resignation or death of a Member prior to the expiration of his/her Term may be filled within sixty (60) days of the vacancy by a majority vote of the Members at the next regular meeting, or at a special meeting called for that purpose, from those eligible persons recommended by the Nominating/Membership Committee. The newly elected member will serve for the unexpired term of the Member position being filled and shall be eligible to seek reappointment upon expiration of such term.</p> <p>Staff recommends that the Nominating/Membership Committee meet prior to the next Board meeting to identify candidates to nominate to fill the vacancy.</p>	
7B. FINANCE		
7B-1 Receive & File: C. L. Brumback Primary Care Clinics Financial Report – June 2020	The YTD June 2020 financial statements for the District Clinic Holdings, Inc. are presented for Board review. Management has provided the income statements and key statistical information for District Clinic Holdings, Inc. Additional Management discussion and analysis are incorporated into the financial statement presentation.	Receive & File. No further action necessary.

8. REGULAR AGENDA		
8A. EXECUTIVE		
8A-1. Staff Recommends a MOTION TO APPROVE: Change in Scope – Mobile 3 Clinic	Dr. Andric requested authorization to add a new site to Form 5B: C. L. Brumback Primary Care Clinics – Mobile 3 Clinic. With continuing demand for COVID-19 testing, Dr. Andric respectfully requested to make a permanent Change In Scope to add a third Mobile Clinic to support outreach efforts.	VOTE TAKEN: Mr. Mullen made a motion to approve the Change in Scope as presented. The motion was duly seconded by Ms. Jackson-Moore. A vote was called, and the motion passed unanimously.
8A-2. Staff Recommends a MOTION TO APPROVE: Change in Scope – Nutrition	Dr. Andric requested the authorization to move services currently listed in Column II of Form 5A, to Column I. Nutrition is currently listed in Column II of Form 5a and needs to be moved to Column I.	VOTE TAKEN: Ms. Mastrangelo made a motion to approve the Change in Scope as presented. The motion was duly seconded by Mr. Mullen. A vote was called, and the motion passed unanimously.
8A-3. Staff Recommends a MOTION TO APPROVE: Change in Scope – Bylaws Update	<p>Mr. Cleare presented the following updates made to the bylaws for board approval: This agenda item presents a change to the District Clinics Holdings, Inc. Bylaws. The change, provided below, allows the Quality Council meetings to be postponed during a state of emergency.</p> <p>11.6 The Quality Council shall review and make recommendations for clinical services, monitor progress of Health Care Plan objectives, review Clinical Outcome measures audits, monitor and review Quality Assurance and Continuous Quality Improvement, Principles of Practice, credentialing, community needs survey data, patient satisfaction survey, and recommend new clinical programs. The Quality Council will meet on a monthly basis. <u>If there is a declared state of emergency declared at the local, state, or federal level that impacts the Clinics, the Quality Council meetings may be postponed unless the circumstances make it impossible to meet, if so, then it shall be postponed.</u> The Executive Director, or his/her designee, will serve as a non-voting, ex-officio member of this committee.</p>	VOTE TAKEN: Mr. Mullen made a motion to approve the Change in Scope as presented. The motion was duly seconded by Ms. Jackson-Moore. A vote was called, and the motion passed unanimously.

8B. EXECUTIVE**8B-1. Receive & File:**
Executive Director
Informational Update

Dr. Andric provided the following updates to the board:

In response to the increasing impacts of the COVID-19 public health emergency and the challenges associated with travel, the Bureau of Primary Health Care (BPHC) has postponed all onsite Operational Site Visits (OSVs) through the remainder of the year. Because OSVs are an important part of the Health Center Program oversight and monitoring process, BPHC has developed a virtual OSV process of assessing compliance while being mindful of the impact that COVID-19 has had on health center programs. Over the past couple months; BPHC has successfully implemented a virtual OSV process resulting in accurate compliance assessment outcomes, consistent with the traditional, onsite approach. Our organization is under consideration as a participant in the virtual OSV process. Dr. Andric informed the board that staff would notify the board when HRSA provided the dates they intend to carry out their OSV.

Staff is currently working on a contract with Abbott in order to implement the use of Point of Care Covid-19 PCR testing that takes less than twenty minutes to process. Staff is looking to have access to rapid test machines similar to the ones at urgent care locations. Having rapid tests available at our clinic sites would help change and improve the current experience for our patients

They are also working on an antigen test (which does not require a machine) that we may be able to utilize in the near future.

Receive & File. No further action necessary.

	<p>Mr. Smith asked if these would be available at just the clinics or at the remote testing sites also. Dr. Andric answered that these would only be available for patients of the clinics. The remote testing sites are already somewhat complicated county driven operations and the county is already providing similar antigen testing. We are still conducting the PCR testing, which does have a bit of a delay as a tradeoff for increased accuracy. Cost and logistics are really more in our favor when limiting these services to our clinic users. Dr. Andric went further to say that everything changes so quickly that our stance might change by the next board meeting, and that she will continue to keep the board informed. Mr. Smith asked if staffing at the remote testing sites has remained the same or if it has changed. Dr. Fritsch answered that staffing has gone down as we have seen a decrease in demand for testing. This has allowed us to bring more staff back to the clinics. If demand increases we are set up in a fluid fashion which would allow us to send staff back out to the remote sites if need be. Mr. Smith asked if this is still possible if demand in the clinics goes up along with demand in testing, how would we prepare staff then? Dr. Fritsch answered that the staff is in the process of working with HR to develop testing based positions, in order to hire part time, per diem staff to takeover testing operations. Mr. Mullen asked what the turnaround time for the rapid tests would be. Dr. Andric answered that it would take 15 minutes. Ms. Bullard asked if the sites would abandon the nasal tests completely for the new tests, or if it will be a matter of choice. Dr. Andric explained that the test to which Ms. Bullard referred to is not yet readily available and that there are several tests that are being developed and in the process of being approved. There is a lot of development in this arena, but</p>	
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	the good news is that the tests we have now are less invasive than the early ones.																					
8C. Credentialing and Privileging																						
8C-1. Staff Recommends a MOTION TO APPROVE Licensed Independent Practitioner Credentialing and Privileging – LIP(s)	<p>The LIP (s) listed below satisfactorily completed the credentialing and privileges process and met the standards set forth within the approved Credentialing and Privileging Policy. The credentialing and privileging process ensures that all health center practitioners meet specific criteria and standards of professional qualifications. This criterion includes, but is not limited to:</p> <ul style="list-style-type: none">• Current licensure, registration or certification• Relevant education, training and experience• Current clinical competence• Health fitness, or ability to perform the requested privileges• Malpractice history (NPDB query)• Immunization and PPD status; and• Life support training (BLS) <table><tr><th>Last Name</th><th>First Name</th><th>Degree</th><th>Specialty</th><th>Credentialing</th></tr><tr><td>Harberger</td><td>Seneca</td><td>MD</td><td>Family Medicine</td><td>Recredentialing</td></tr><tr><td>Oliveira</td><td>Paulo</td><td>DDS</td><td>General Dentistry</td><td>Recredentialing</td></tr><tr><td>Montenegro</td><td>Claudia</td><td>DO</td><td>Family Medicine</td><td>Recredentialing</td></tr></table> <p>Primary source and secondary source verifications were performed for credentialing, and privileging elements in accordance with state, federal and HRSA requirements. A nationally accredited Credentials Verification Organization (CVO) was utilized to verify the elements requiring primary source verification.</p>	Last Name	First Name	Degree	Specialty	Credentialing	Harberger	Seneca	MD	Family Medicine	Recredentialing	Oliveira	Paulo	DDS	General Dentistry	Recredentialing	Montenegro	Claudia	DO	Family Medicine	Recredentialing	VOTE TAKEN: Ms. Jackson-Moore made a motion to approve the re-credentialing and renewal privileges of the LIP(s) as presented. The motion was duly seconded by Mr. Mullen. A vote was called, and the motion passed unanimously.
Last Name	First Name	Degree	Specialty	Credentialing																		
Harberger	Seneca	MD	Family Medicine	Recredentialing																		
Oliveira	Paulo	DDS	General Dentistry	Recredentialing																		
Montenegro	Claudia	DO	Family Medicine	Recredentialing																		

	<p>The C.L. Brumback Primary Care Clinics utilized internal Credentialing staff and the FQHC medical Director to support the credentialing and privileging process.</p> <p>Seneca Harberger, MD joined the Belle Glade Clinic in 2018 specializing in Family Medicine. He attended the Temple University School of Medicine and also completed his residency at the University of Pennsylvania Health System. Dr. Harberger is certified in Family Medicine by The American Board of Family Medicine. He has been in practice for five years and is fluent in Spanish.</p> <p>Paulo Oliveira, DDS joined the Delray Beach Clinic in 2018 specializing in General Dentistry. He attended the Federal University of Rio Grande and also completed his residency at Nova Southeastern University. Dr. Oliveira has been in practice for sixteen years and is fluent in both Portuguese and Spanish.</p> <p>Claudia Montenegro, DO joined the Delray Beach Clinic in 2016 specializing in Family Medicine. She attended the Lincoln Memorial University Debusk College of Osteopathic Medicine. Dr. Montenegro has been in practice for twelve years and is fluent in Spanish.</p>	
8D. OPERATIONS		
<p>8D-1. Staff Recommends a MOTION TO APPROVE: Operations Reports – August 2020</p>	<p>Dr. Hyla Fritsch, Director of Clinical Operations and Pharmacy Services, presented the following report: The Clinics continue to see an increase in overall total billable visits since the start of the pandemic, with just over 9,200 in the previous month. Dr. Fritsch asked the board if they would like this report to be presented at every board meeting along with the other operations dashboards. The board expressed interest in seeing this report monthly.</p> <p>Dr. Fritsch pointed out that there is also a noticeable increase in telemedicine visits as this service delivery</p>	<p>VOTE TAKEN: Mr. Mullen made a motion to approve the August 2020 Operations Report as presented. The motion was duly seconded by Ms. Jackson-Moore. A vote was called, and the motion passed unanimously.</p>

	<p>method steadily gains patient and provider acceptance. No Show percentages are down at 18% for July when compared to those in January and February, which were at 26 and 27%, respectively. Mr. Smith asked about the process for mobile check in. Dr. Fritsch explained that the Phreesia platform does send out automatic reminders and notifications for registration, pre-appointment planning, etc. Adult, pediatric, and women's health are all at the mid-to upper 80% level for in-person visits. Our Boca and Jupiter clinics had 50% or greater telehealth visits in July. Mr. Smith asked if productivity rates are related to the number of no-shows we are seeing. Dr. Fritsch confirmed that to be true. She expressed the hope that as we see no-shows go down, we expect the productivity to increase. Mr. Smith asked if the clinic coordinators meet with their teams to share this kind of information. Dr. Fritsch answered that the clinics individually have huddles, and keep the providers informed about their productivity numbers. Mr. Smith asked if they are able to see numbers from their fellow clinics in order to see how they compare. Dr. Fritsch confirmed with a yes.</p> <p>We are currently providing drive thru COVID-19 testing at the FITTEAM Ball Park and Belle Glade Clinic. Additionally, we offer walk up and walk in testing in Jupiter, West Palm Beach, Lantana, Delray, Belle Glade, and Outreach (our new mobile testing unit Scout).</p> <p>Ms. Jackson-Moore asked if the number of people of people has decreased because people believe that they only needed to be tested once and do not test again. Dr. Fritsch answered that she does not have any data to back the following claim, but she believes that the decrease in testing is due to testing fatigue along with a reported decrease in positives in the county. These two factors seem to reduce the public's urge to get tested. Dr. Andric points out that masks seem to be working as reflected in the decrease in the number of cases in the county. Ms. Jackson-Moore pointed out that that is in fact the source of</p>	
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	<p>her concern. As the county starts to open, people will start to go back to their regular lives because they believe COVID-19 to no longer be a threat. Dr. Fritsch explained that the operations team is constantly using the data collected to make staffing adjustments to address any situations that may arise. Dr. Fritsch explained that we have planned for Flu season and the potential “what-if” situations. Mr. Smith asked if we get a positive or negative result, if that goes to the patient. Dr. Fritsch answered that positive results are sent to the patient and routed to epidemiology for contact tracing. Mr. Smith asked about around when we should be getting our Flu shots. Dr. Fritsch answered that our Flu shots are due to come in within about a week’s time, and vaccines for children are expected to ship within the same timeframe.</p>	
<p>8D-2. Staff Recommends a MOTION TO APPROVE: Patient Relations Report</p>	<p>David Speciale, Director of Patient Experience, presented the patient relations dashboard for Q2 2020. There were a total of 22 complaints and grievances (14 complaints and 8 grievances). This has trended downward from the previous quarter (35 total). Complaints and grievances are also down from last year (29 total). The largest group of complaints come from our mobile clinic. Most of these complaints were related to COVID testing. Mr. Speciale also clarified that the number of complaints and grievances are relatively small in comparison to the number of services provided in both our clinics and COVID testing sites. Our top category is Care and Treatment, which makes up 36% of our complaints and grievances. Some examples of the complaints are COVID testing related, communication with our providers, appointment scheduling, reaching a team member by phone, timeliness of referrals and authorizations, and issues with the telemedicine process. Mr. Speciale explained that we have implemented corrective actions as a result of these complaints and grievances. First, a patient cycle time report presented and reviewed in operational meetings several times per month. A second change has been the third next available appointment report which is reviewed</p>	<p>VOTE TAKEN: Ms. Jackson-Moore made a motion to approve the Patient Relations Report as presented. The motion was duly seconded by Ms. Jackson-Moore. A vote was called, and the motion passed unanimously.</p>

	<p>to make sure that we maximize access to our providers as quickly as possible. The team has also redesigned the call tree, which had gone live the previous week. This call tree has improved to 10 options as opposed to the 4 options that were available before. This should increase the number of people that can correctly respond to the patient's calls. The clinic service center has also increased staff by 5 people to help support call volume. Mr. Speciale announced that on September 1st, CCP will be taking on a larger role to address complaints, grievances, and or any questions that relate to the district cares program. As for compliments, there are only 3, which is a dramatic drop off from the previous quarter's result (11). Mr. Speciale believes that this is due to the closing of the Clinics and the temporary discontinuation of the "Thumbs up" program (stopped for COVID testing operations). Mr. Mullen had a comment that his Doctor (Dr. Duthil) called him twice to check on him. He was finally able to get back to her, but he thought that the gesture was remarkable. Mr. Smith asked if these were unsolicited comments and complaints, and if so, when would we be sending out the actual patient satisfaction surveys? Mr. Speciale answered that we are constantly surveying patients, and could possibly present that report next month if the board would it like so. Dr. Andric expressed her appreciation for Mr. Smith's observation as this could provide an opportunity to measure the outcomes of the changes we have implemented on a more frequent basis.</p>	
8E. Quality		
<p>8E-1. Staff Recommends a MOTION TO APPROVE Quality Reports</p>	<p>Dr. Ana Ferwerda, Medical Director and Director of Women's Health presented the following: For July, 2020 there were 23 complaints and 8 grievances. The Top 5 categories were Other, Care & Treatment, Communication, and Physician Related. Several complaints or grievances were entered by the Care Coordination nurses. The highest of the 14 UDS Measures: 6 exceeded the HRSA Goal and 8 were short of the HRSA Goal. Adult weight screening, Tobacco</p>	<p>VOTE TAKEN: Ms. Jackson-Moore made a motion to approve the Quality Reports as presented. The motion was duly seconded by Ms. Mastrangelo. A vote was called, and the motion passed unanimously.</p>

	<p>screening, Ischemic Vascular Disease, Depression Screening and Follow-up, Coronary Artery Disease and, Dental Sealants have been met. Interventions have been initiated for the Uncontrolled Diabetes, Childhood and Ischemic Vascular Disease measures. The addition of point of care diabetes testing has improved the diabetes measure by approximately 7%. We anticipate further improvement in the next three months. Since a significant portion of our patient encounters are now telemedicine visits we plan to implement new processes to provide patients with FIT tests for colorectal cancer screening. We expect to receive 100 blood pressure cuffs from the American Heart Association and hope to distribute them to patients via mail. Dr. Ferwerda stated that she expects to have updates for the board by the next board meeting. Ms. Jackson-Moore asked if the return postage is paid for the FIT tests. Dr. Ferwerda answered that everything is paid for. All the patients have to do is collect their sample, close up their envelopes, and place them in a mailbox. Clinics continue to see an increase in total billable visits since the start of the pandemic with just over 9,200 in the previous month. There is also a noticeable increase in Telemedicine visits as patient and providers accept its use more and more. We have also changed our platform to Doximity, which has reduced the number of obstacles patients face when trying to connect to their provider. This has led to increased success when compared to the previous platform we used. Ms. Jackson-Moore asked about the discrepancy between minorities / underserved communities and how they compare to their majority counterparts when it comes to COVID positivity. Most of the reasons cited for this are underlying conditions, and some of these communities are food deserts. Ms. Moore requested to be informed on data we have in regards to these communities. Dr. Ferwerda stated that many communities have many reasons for their higher infections, including that some might not be able to work from home. Dr. Ferwerda states that she believes that it is important to conduct education on things like nutrition,</p>	
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	<p>exercise, and “soap and water medicine”. Ms. Jackson-Moore asked about patient scripts for nutrition. Dr. Ferwerda answered that the hope is to have a food pharmacy at a new flagship clinic, where nutrition/cooking education, and possibly grocery tickets, could be provided to patients. Dr. Andric added that before COVID, there were plans set in place with Lakeside Medical Center to implement a similar plan but everything has since been on hold because of the COVID-19 pandemic. Talks have slowly resumed, focusing on social distancing and operations in a “post-COVID” world, but the focus remains on testing and resuming clinic operations.</p>	
<p>9. CMO, VP and Executive Director of Clinical Services Comments</p>	<p>Ms. Davis, CEO, spoke on School Health Nurse program and addressing new challenges for the new school year. There are two ways to approaching testing. One is a reactive approach and the other is a more proactive approach that we would like to implement in the schools. This plan includes reoccurring testing for everyone throughout the school year before anyone even shows symptoms. We, here in Palm Beach County, are in position to take the proactive approach. Access to rapid tests are also crucial to this plan. The fall back plan is to test sick children, as we do have the infrastructure to do so, but the proactive approach is our method of choice. Mr. Smith asked if we could use pool samples. Ms. Davis explained that though that does exist, there is still a huge wait time for results from labs. Dr. Andric expressed hope to have a rapid test that can cover both symptomatic and asymptomatic students. Ms. Bullard asked if the team would be providing education to parents once the children go back to school. Possibly a list of questions to ask that might help reduce the number of cases in the underserved communities. Dr. Andric answered that the School District is working with the HCD team to develop and provide education through the schools.</p>	<p>No action necessary.</p>

10. Board Member Comments	<p>Mr. Mullen asked if we could collaborate with a local farm to donate vegetables to the clinic patients. Dr. Andric answered that the farm recently provided monetary contributions to the Lakeside Medical Center. Ms. Davis added that they did award LMC with a \$10,000 grant. However, as they are a regulated entity with patents, they cannot really donate certain items.</p> <p>Board members discussed the November meeting as it falls on the day before Thanksgiving. The suggestion was to hold the meeting on Nov 30, 2020. The vote will be taken at the next clinic board meeting.</p>	No action necessary.
12. Establishment of Upcoming Meetings	<p><u>September 30, 2020 (Zoom)</u> 12:45pm Board of Directors</p> <p><u>October 28, 2020 (TBD)</u> 12:45pm Board of Directors</p> <p><u>November 25, 2020 (TBD)</u> 12:45pm Board of Directors</p> <p><u>December 16, 2020 (TBD)</u> 12:45pm Board of Directors</p>	No action necessary.
13. Motion to Adjourn	<p>There being no further business, the meeting was adjourned at 1:54 pm</p>	VOTE TAKEN: Mr. Mullen made a motion to adjourn. The motion was duly seconded by Ms. Bullard. A vote was called, and the motion passed unanimously.

Minutes Submitted by: _____
Signature
Date

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

Attendance Tracking

	1/29/20	2/26/20	5/27/20	6/24/20	7/29/20	8/26/20	9/30/20	10/28/20	11/25/20	12/16/2020
James Elder	X	X	X	X	X	X				
Gary Butler	X	X								
Mike Smith	X	X	X	X	X	X				
Irene Figueroa	X	X	E	X	X	X				
John Casey Mullen	X	X	X	X	X	X				
Julia Bullard	X	X	X	X	X	X				
Marjorie Etienne	X	E	E	E	X	X				
Lisa Strickland	X	X	E	E	A	E				
Melissa Mastrangelo	X	X	X	X	X	X				
Tammy Jackson-Moore	X	X	X	X	X	X				
Susan Foster		X	E	E	E					

X= Present

C= Cancel

E= Excused

A= Absent

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
September 30, 2020

1. Description: Change in Board Schedule

2. Summary:

The Board would like to explore the possibility of changing the scheduled November meeting.

3. Substantive Analysis:

At the August 2020 meeting, the board discussed moving its scheduled November meeting from November 25, 2020 to November 30, 2020. This would allow for travel during the holiday, time for reports to be prepared, whilst still allowing a meeting to take place in the month of November.

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

Joel H. Snook
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

Committee Name

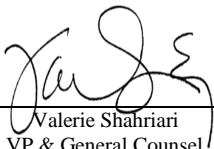
Date Approved

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
September 30, 2020


6. Recommendation:

Staff recommends the Board Approve moving the scheduled November Board meeting and Finance Committee from Wednesday, November 25, 2020 to Monday, November 30, 2020

Approved for Legal sufficiency:



Valerie Shahriari
VP & General Counsel



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

DISTRICT CLINIC HOLDINGS, INC
BOARD OF DIRECTORS
September 30, 2020

1. Description: District Clinic Holdings, Inc. Financial Report July 2020

2. Summary:

The YTD July 2020 financial statements for the District Clinic Holdings, Inc. are presented for Board review.

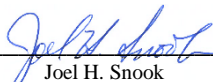
3. Substantive Analysis:

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

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:



Joel H. Snook
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

Finance Committee

Committee Name

9/30/2020


Date Approved

DISTRICT CLINIC HOLDINGS, INC
BOARD OF DIRECTORS
September 30, 2020

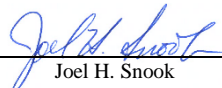
6. Recommendation:

Staff recommends the Board receive and file the YTD July 2020 District Clinic Holdings, Inc. financial statements.


Approved for Legal sufficiency:



Valerie Shahriari
VP & General Counsel



Joel H. Snook
VP & Chief Financial Officer



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

MEMO

To: Finance Committee

From: Joel H. Snook
VP & Chief Financial Officer

Date: August 28, 2020

Subject: Management Discussion and Analysis of July 2020 C.L. Brumback Primary Care Clinic Financial Statements.

The July statements represent the financial performance for the tenth month of the 2020 fiscal year for C.L. Brumback Primary Care Clinics. Total YTD revenue was unfavorable to budget by (\$232k) due mostly to grant revenue timing and closure of clinics starting mid-March through May. Net patient revenue YTD was unfavorable to budget by (\$762k). The COVID-19 national emergency started mid-March and 9 clinics were closed to start countywide COVID-19 testing. Expenses before depreciation were over budget by (\$763k) or (3.5%) due mostly to negative variances in salaries, wages, and benefits (\$454k), purchase services (\$87k), medical services (\$171k), and repair and maintenance (\$146k). Total YTD net margin was (\$10.5M) compared to budget of (\$9.6M) for a negative variance of (\$944k) or (9.8%).

The Medical clinics total YTD revenue was favorable to budget by \$651k, this favorable variance resulted from the recognition of COVID-19 related grant funding of \$1.4M. Gross patient revenue under budget of (\$3.0M) or (19.1%) was a result of reduced clinic operation and closure from mid-March through May. During clinic closure, staff were reassigned to start countywide COVID-19 testing. Total operating expenses of \$18.8M were unfavorable to budget of \$17.8M by (\$1.0M) or (5.8%). This negative variance is mostly related to salaries, wages and benefits (\$632k), purchase services (\$74k), medical supplies (\$62k), medical services (\$171k) and repairs and maintenance (\$167k). Purchase services are unfavorable to budget due to higher collection fees from Athena. Medical supplies and medical services are unfavorable to budget due to unanticipated service use and supplies purchases. Repairs and maintenance is unfavorable to budget primarily due to unanticipated Allscripts software maintenance cost. Total YTD net margin of (\$8.9M) was unfavorable to budget of (\$8.6M) by (\$325k) or (3.8%).

The Dental clinics gross patient revenue was unfavorable to budget by (\$1.1M) or (30.3%). Total revenue of \$2.7M was under budget of \$3.6M by (\$883k) or (24.5%) due to grant revenue recognition timing, as well as reduced services. Total operating expenses of \$3.6M were favorable to budget by \$262k or 6.8% due mainly to combined salaries, wages, and benefits \$178k, medical supplies of \$42k, and repairs and maintenance \$20k. Total YTD net margin was (\$1.6M) compared to a budgeted loss of (\$977k) for a negative variance of (\$620k).

As of July 2020, the Clinics has been awarded \$3.1M in COVID-19 grants from HRSA (\$3.0M) and the CARES Act (\$51K) to make up for lost revenue related to the pandemic and to prevent, prepare, respond with increase healthcare capacity and staffing levels for COVID-19. These funds were appropriated under the HRSA and the CARES Act to cover health care related expenses or lost revenues that are attributable to coronavirus and to expand

testing and increase health care capacity. The Clinics through July have recognized \$1.6M of the \$3.1M and the remaining monies will be recognized in coming months as the Clinics incur payroll and other expenses related to COVID-19 due to the implementation of countywide testing to respond to COVID-19. The District has established strong internal control systems to ensure compliance with grantor requirements.

On the Comparative Statement of Net Position, due from other governments decreased by (\$727k) to \$2.9M, this balance is due mainly from Health Resources and Service Administration (HRSA). The District subsidy YTD for the Medical and Dental clinics are \$9.2M, and \$1.4M respectively for a combined subsidy of \$10.6M.

DISTRICT CLINIC HOLDINGS, INC.
COMPARATIVE STATEMENT OF NET POSITION

	<u>Jul 31, 2020</u>	<u>Jun 30, 2020</u>	<u>Increase (Decrease)</u>
Assets			
Cash and Cash Equivalents	(101,368)	(1,261,007)	\$ 1,159,638
Accounts Receivable, net	1,195,816	1,569,555	(373,739)
Due From Other Funds	-	-	-
Due from Other Governments	2,867,315	3,594,531	(727,216)
Other Current Assets	189,602	162,984	26,618
Net Investment in Capital Assets	2,437,294	2,414,681	22,613
Total Assets	<u>\$ 6,588,659</u>	<u>\$ 6,480,745</u>	<u>\$ 107,914</u>
Liabilities			
Accounts Payable	344,039	280,899	63,140
Due To Other Governments	-	-	-
Deferred Revenue	327,932	277,932	50,000
Other Current Liabilities	2,714,285	2,378,026	336,259
Non-Current Liabilities	1,360,990	1,353,023	7,967
Total Liabilities	<u>4,747,247</u>	<u>4,289,881</u>	<u>457,365</u>
Deferred Inflows of Resources			
Deferred Inflows- Other Post Employment Benefits	<u>\$ 543</u>	<u>\$ 543</u>	<u>\$ -</u>
Net Position			
Net Investment in Capital Assets	2,437,294	2,414,681	22,613
Unrestricted	(596,425)	(224,360)	(372,065)
Total Net Position	<u>1,840,869</u>	<u>2,190,321</u>	<u>(349,452)</u>
Total Liabilities, Deferred Inflows of Resources and Net Position	<u>\$ 6,588,659</u>	<u>\$ 6,480,745</u>	<u>\$ 107,914</u>

Note: Amounts may not foot due to rounding.

District Clinics Holdings, Inc. Statement of Revenues and Expenses

FOR THE TENTH MONTH ENDED JULY 31, 2020

Current Month							Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%		Actual	Budget	Variance	%	Prior Year	Variance	%
1,451,817	1,927,619	(475,802)	(24.7%)	1,951,339	(499,522)	(25.6%)	Gross Patient Revenue	15,049,213	19,095,058	(4,045,845)	(21.2%)	18,558,490	(3,509,278)	(18.9%)
329,147	319,501	(9,646)	(3.0%)	400,680	71,533	17.9%	Contractual Allowances	2,795,300	3,165,775	370,475	11.7%	6,717,404	3,922,104	58.4%
516,395	790,544	274,149	34.7%	751,177	234,782	31.3%	Charity Care	5,638,461	7,841,060	2,202,599	28.1%	5,143,728	(494,733)	(9.6%)
293,790	330,985	37,195	11.2%	270,824	(22,966)	(8.5%)	Bad Debt	2,617,872	3,284,672	666,800	20.3%	1,961,936	(655,936)	(33.4%)
1,139,331	1,441,030	301,699	20.9%	1,422,681	283,350	19.9%	Total Contractuals and Bad Debts	11,051,633	14,291,507	3,239,874	22.7%	13,823,069	2,771,436	20.0%
159,491	380,319	(220,828)	(58.1%)	180,451	(20,960)	(11.6%)	Other Patient Revenue	3,847,653	3,803,190	44,463	1.2%	4,795,721	(948,068)	-20%
471,977	866,908	(394,931)	(45.6%)	709,109	(237,132)	(33.4%)	Net Patient Revenue	7,845,232	8,606,741	(761,509)	(8.8%)	9,531,143	(1,685,911)	(17.7%)
32.51%	44.97%			36.34%			Collection %	52.13%	45.07%			51.36%		
1,607,165	57,154	1,550,011	2,712.0%	41,755	1,565,410	3,749.0%	Grant Funds	6,403,798	7,544,352	(1,140,554)	(15.1%)	10,389,462	(3,985,664)	(38.4%)
259,050	-	259,050	0.0%	-	259,050	0.0%	Other Financial Assistance	1,622,871	-	1,622,871	0.0%	-	1,622,871	0.0%
4,752	2,442	2,310	94.6%	3,501	1,251	35.7%	Other Revenue	71,294	24,420	46,874	191.9%	87,302	(16,008)	(18.3%)
1,870,968	59,596	1,811,372	3,039.4%	45,256	1,825,712	4,034.2%	Total Other Revenues	8,097,963	7,568,772	529,191	7.0%	10,476,764	(2,378,801)	(22.7%)
2,342,945	926,504	1,416,441	152.9%	754,365	1,588,580	210.6%	Total Revenues	15,943,195	16,175,513	(232,318)	(1.4%)	20,007,907	(4,064,712)	(20.3%)
Direct Operational Expenses:														
1,437,972	1,421,843	(16,129)	(1.1%)	1,327,764	(110,208)	(8.3%)	Salaries and Wages	13,912,179	13,539,407	(372,772)	(2.8%)	12,962,687	(949,493)	(7.3%)
397,791	376,066	(21,725)	(5.8%)	371,088	(26,703)	(7.2%)	Benefits	3,768,317	3,687,307	(81,010)	(2.2%)	3,527,694	(240,623)	(6.8%)
50,292	65,753	15,461	23.5%	26,293	(23,999)	(91.3%)	Purchased Services	744,365	657,530	(86,835)	(13.2%)	674,084	(70,281)	(10.4%)
85,145	36,001	(49,144)	(136.5%)	37,819	(47,326)	(125.1%)	Medical Supplies	380,087	360,010	(20,077)	(5.6%)	359,692	(20,395)	(5.7%)
33,418	19,686	(13,732)	(69.8%)	7,498	(25,921)	(345.7%)	Other Supplies	150,051	196,860	46,810	23.8%	369,491	219,440	59.4%
142,201	66,951	(75,250)	(112.4%)	86,933	(55,268)	(63.6%)	Medical Services	834,733	664,004	(170,729)	(25.7%)	437,302	(397,431)	(90.9%)
72,180	88,488	16,308	18.4%	187,348	115,168	61.5%	Drugs	819,170	869,165	49,995	5.8%	618,165	(201,005)	(32.5%)
15,685	13,887	(1,798)	(12.9%)	25,770	10,085	39.1%	Repairs & Maintenance	285,229	138,870	(146,359)	(105.4%)	386,549	101,320	26.2%
119,189	106,850	(12,339)	(11.5%)	110,647	(8,542)	(7.7%)	Lease & Rental	1,136,042	1,099,222	(36,820)	(3.3%)	1,128,745	(7,297)	(0.6%)
5,209	6,682	1,473	22.0%	8,155	2,946	36.1%	Utilities	49,486	66,820	17,334	25.9%	58,673	9,187	15.7%
24,110	28,941	4,831	16.7%	31,295	7,184	23.0%	Other Expense	249,531	289,410	39,879	13.8%	204,101	(45,430)	(22.3%)
3,716	2,236	(1,480)	(66.2%)	2,377	(1,339)	(56.3%)	Insurance	25,241	22,360	(2,881)	(12.9%)	19,089	(6,153)	(32.2%)
2,386,910	2,233,384	(153,526)	(6.9%)	2,222,987	(163,924)	(7.4%)	Total Operational Expenses	22,354,431	21,590,965	(763,466)	(3.5%)	20,746,272	(1,608,159)	(7.8%)
Net Performance before Depreciation &														
(43,965)	(1,306,880)	1,262,915	(96.6%)	(1,468,622)	1,424,656	(97.0%)	Overhead Allocations	(6,411,237)	(5,415,452)	(995,785)	18.4%	(738,365)	(5,672,871)	768.3%

District Clinics Holdings, Inc. Statement of Revenues and Expenses

FOR THE TENTH MONTH ENDED JULY 31, 2020

Current Month							
Actual	Budget	Variance	%	Prior Year	Variance	%	
20,412	13,280	(7,132)	(53.7%)	13,379	(7,033)	(52.6%)	Depreciation
<i>Overhead Allocations:</i>							
1,631	2,255	624	27.7%	318	(1,313)	(412.8%)	Risk Mgt
-	96,913	96,913	100.0%	88,382	88,382	100.0%	Rev Cycle
-	5,506	5,506	100.0%	5,274	5,274	100.0%	Internal Audit
21,199	21,420	221	1.0%	21,543	345	1.6%	Home Office Facilities
30,804	36,548	5,743	15.7%	24,929	(5,875)	(23.6%)	Administration
38,708	40,465	1,757	4.3%	37,191	(1,517)	(4.1%)	Human Resources
16,333	18,543	2,210	11.9%	12,733	(3,600)	(28.3%)	Legal
7,269	8,410	1,141	13.6%	6,949	(320)	(4.6%)	Records
4,338	11,534	7,196	62.4%	10,516	6,179	58.8%	Compliance
-	-	-	0.0%	115	115	100.0%	Planning/Research
32,237	31,318	(919)	(2.9%)	28,580	(3,657)	(12.8%)	Finance
5,791	11,356	5,566	49.0%	16,408	10,617	64.7%	Public Relations
131,527	109,427	(22,099)	(20.2%)	124,734	(6,793)	(5.4%)	Information Technology
-	1,447	1,447	100.0%	3,350	3,350	100.0%	Corporate Quality
-	4,999	4,999	100.0%	-	-	0.0%	Project MGMT Office
2,054	3,755	1,701	45.3%	3,670	1,616	44.0%	Managed Care Contract
291,890	403,897	112,007	27.7%	384,692	92,802	24.1%	Total Overhead Allocations
2,699,213	2,650,561	(48,652)	(1.8%)	2,621,057	(78,155)	(3.0%)	Total Expenses
\$ (356,268)	\$ (1,724,057)	\$ 1,367,789	(79.3%)	\$ (1,866,692)	\$ 1,510,424	(80.9%)	Net Margin
(6,816)	3,988	10,804	270.9%	108,153	114,969	106.3%	Capital
\$ -	\$ 1,716,935	\$ 1,716,935	100.0%	\$ 1,522,720	\$ 1,522,720	100.0%	General Fund Support/ Transfer In

Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%	
185,903	132,800	(53,103)	(40.0%)	132,131	(53,772)	(40.7%)	
20,049	22,548	2,499	11.1%	25,497	5,448	21.4%	
1,162,953	969,127	(193,825)	(20.0%)	907,985	(254,968)	(28.1%)	
40,512	55,064	14,552	26.4%	52,630	12,118	23.0%	
191,321	214,202	22,881	10.7%	192,056	735	0.4%	
339,813	365,476	25,663	7.0%	249,215	(90,598)	(36.4%)	
399,686	404,651	4,965	1.2%	341,407	(58,279)	(17.1%)	
160,029	185,429	25,399	13.7%	127,330	(32,699)	(25.7%)	
68,029	84,100	16,071	19.1%	63,269	(4,761)	(7.5%)	
82,768	115,341	32,572	28.2%	69,180	(13,589)	(19.6%)	
-	-	-	0.0%	5,697	5,697	100.0%	
308,272	313,178	4,906	1.6%	292,578	(15,694)	(5.4%)	
92,020	113,564	21,544	19.0%	89,846	(2,174)	(2.4%)	
965,963	1,094,273	128,309	11.7%	935,251	(30,713)	(3.3%)	
17,368	14,474	(2,895)	(20.0%)	24,757	7,388	29.8%	
59,985	49,988	(9,997)	(20.0%)	-	(59,985)	0.0%	
25,461	37,554	12,093	32.2%	35,518	10,057	28.3%	
3,934,229	4,038,967	104,738	2.6%	3,412,214	(522,015)	(15.3%)	
26,474,564	25,762,732	(711,832)	(2.8%)	24,290,617	(2,183,946)	(9.0%)	
\$ (10,531,369)	\$ (9,587,219)	\$ (944,150)	9.8%	\$ (4,282,711)	\$ (6,248,658)	145.9%	
6,460	39,880	33,420	83.8%	-	(6,460)	0.0%	
\$ 10,587,867	\$ 9,525,990	\$ (1,061,877)	(11.1%)	\$ 4,150,580	\$ (6,437,287)	(155.1%)	

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

	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Year to Date
Gross Patient Revenue	2,170,266	1,734,463	1,899,323	2,006,755	2,006,769	1,801,952	160,855	403,778	1,413,235	1,451,817	-	-	15,049,213
Contractual Allowances	453,586	336,609	271,867	363,658	456,343	271,731	(59,194)	114,972	256,581	329,147	-	-	2,795,300
Charity Care	811,861	727,479	715,762	727,882	755,536	763,916	60,440	96,417	462,775	516,395	-	-	5,638,461
Bad Debt	341,494	193,678	306,448	343,282	34,054	266,273	189,943	133,496	515,415	293,790	-	-	2,617,872
Other Patient Revenue	385,820	385,820	341,366	190,933	514,094	363,607	333,912	778,072	394,539	159,491	-	-	3,847,653
Net Patient Revenue	949,144	862,516	946,612	762,866	1,274,930	863,640	303,579	836,965	573,003	471,977	-	-	7,845,232
Collections %	43.73%	49.73%	49.84%	38.01%	63.53%	47.93%	188.73%	207.28%	40.55%	32.51%			52.13%
Grant Funds	53,241	48,416	28,234	383,141	1,156,633	797,135	1,364,639	862,240	102,955	1,607,165	-	-	6,403,798
Other Financial Assistance	-	-	-	-	-	-	-	809,249	554,571	259,050	-	-	1,622,871
Other Revenue	21,291	2,647	6,897	1,641	12,750	5,134	4,770	5,564	5,849	4,752	-	-	71,294
Total Other Revenues	74,531	51,063	35,130	384,782	1,169,383	802,270	1,369,409	1,677,053	663,374	1,870,968	-	-	8,097,963
Total Revenues	1,023,676	913,579	981,742	1,147,648	2,444,313	1,665,909	1,672,988	2,514,018	1,236,377	2,342,945	-	-	15,943,195
<i>Direct Operational Expenses:</i>													
Salaries and Wages	1,489,724	1,328,404	1,427,860	1,204,612	1,217,711	1,440,687	1,543,379	1,234,387	1,587,443	1,437,972	-	-	13,912,179
Benefits	380,176	378,148	365,616	354,929	265,010	369,330	366,442	424,266	466,608	397,791	-	-	3,768,317
Purchased Services	101,033	80,005	43,837	125,015	59,974	106,492	57,310	56,861	63,545	50,292	-	-	744,365
Medical Supplies	15,280	65,422	33,103	32,205	48,440	53,844	12,994	10,092	23,562	85,145	-	-	380,087
Other Supplies	8,043	19,713	1,026	15,087	18,774	11,678	16,520	1,213	24,577	33,418	-	-	150,051
Medical Services	67,974	43,699	53,733	61,772	93,803	74,266	94,104	71,459	131,722	142,201	-	-	834,733
Drugs	65,352	106,112	85,786	79,805	83,941	76,212	84,585	96,741	68,456	72,180	-	-	819,170
Repairs & Maintenance	36,932	11,167	19,935	19,129	24,857	102,610	22,582	16,666	15,665	15,685	-	-	285,229
Lease & Rental	117,472	120,395	121,087	102,313	100,186	110,890	115,797	116,344	112,369	119,189	-	-	1,136,042
Utilities	6,959	6,781	4,724	4,942	3,268	4,694	4,407	4,607	3,895	5,209	-	-	49,486
Other Expense	19,578	37,182	33,567	43,749	17,228	17,735	26,386	13,042	16,952	24,110	-	-	249,531
Insurance	2,377	2,377	2,377	2,377	2,377	2,377	1,320	3,716	2,228	3,716	-	-	25,241
Total Operational Expenses	2,310,900	2,199,405	2,192,652	2,045,937	1,935,571	2,370,815	2,345,826	2,049,393	2,517,022	2,386,910	-	-	22,354,431
Net Performance before Depreciation & Overhead Allocations	(1,287,225)	(1,285,826)	(1,210,910)	(898,289)	508,743	(704,906)	(672,838)	464,625	(1,280,645)	(43,965)	-	-	(6,411,237)
Depreciation	13,167	10,357	26,292	19,329	19,356	19,355	19,259	19,268	19,109	20,412	-	-	185,903
<i>Overhead Allocations:</i>													
Risk Mgt	1,623	2,089	1,990	1,944	1,968	2,232	1,937	2,108	2,526	1,631	-	-	20,049
Rev Cycle	62,997	84,377	69,757	272,531	(5,098)	191,748	158,636	201,835	126,169	-	-	-	1,162,953
Internal Audit	5,281	6,983	5,435	5,263	4,570	5,288	5,186	1,363	1,144	-	-	-	40,512
Home Office Facilities	18,086	19,184	20,918	17,204	18,345	18,562	18,588	18,504	20,731	21,199	-	-	191,321
Administration	28,448	37,990	37,093	34,890	38,177	33,799	31,099	30,151	37,362	30,804	-	-	339,813
Human Resources	35,210	38,104	66,995	39,343	22,674	43,414	39,978	38,269	36,991	38,708	-	-	399,686
Legal	11,308	15,984	19,536	13,924	21,646	16,997	12,561	17,534	14,207	16,333	-	-	160,029
Records	6,516	6,638	7,687	5,290	7,035	7,290	7,681	5,647	6,976	7,269	-	-	68,029
Compliance	3,902	6,147	11,403	15,681	12,839	7,333	11,124	5,293	4,708	4,338	-	-	82,768
Finance	27,070	34,293	28,393	46,646	20,187	44,494	30,084	33,940	10,927	32,237	-	-	308,272
Public Relations	9,057	15,976	11,021	11,326	7,463	6,968	9,064	9,596	5,757	5,791	-	-	92,020
Information Technology	80,822	61,834	94,710	97,188	90,619	92,458	100,648	121,853	94,306	131,527	-	-	965,963
Corporate Quality	1,964	2,269	2,876	2,441	(2,313)	2,714	2,175	2,185	3,058	-	-	-	17,368
Project MGMT Office	4,280	5,685	6,754	9,544	(1,268)	11,455	10,972	10,238	2,327	-	-	-	59,985
Managed Care Contract	3,150	3,685	2,822	2,038	2,312	2,379	1,975	3,526	1,520	2,054	-	-	25,461
Total Overhead Allocations	299,713	341,238	387,389	575,252	239,156	487,131	441,707	502,041	368,711	291,890	-	-	3,934,229
Total Expenses	2,623,781	2,551,001	2,606,333	2,640,518	2,194,083	2,877,301	2,806,792	2,570,702	2,904,842	2,699,213	-	-	26,474,564
Net Margin	\$ (1,600,105)	\$ (1,637,421)	\$ (1,624,591)	\$ (1,492,870)	\$ 250,231	\$ (1,211,391)	\$ (1,133,804)	\$ (56,684)	\$ (1,668,465)	\$ (356,268)	\$ -	\$ -	\$ (10,531,369)
Capital	-	81,965	(81,965)	21,988	(12,580)	-	(6,663)	-	10,532	(6,816)	-	-	6,460
Capital Contributions	-	-	-	-	-	-	-	-	-	-	-	-	-
General Fund Support/ Transfer In	1,726,629	1,664,089	1,421,583	1,495,529	-	909,870	1,107,882	2,229,064	33,221	-	-	-	\$ 10,587,867

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

FOR THE TENTH MONTH ENDED JULY 31, 2020

Current Month							Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%		Actual	Budget	Variance	%	Prior Year	Variance	%
1,386,659	1,574,214	(187,555)	(11.9%)	1,557,231	(170,572)	(11.0%)	Gross Patient Revenue	12,549,527	15,510,799	(2,961,272)	(19.1%)	15,212,998	(2,663,471)	(17.5%)
317,985	276,437	(41,548)	(15.0%)	362,220	44,234	12.2%	Contractual Allowances	2,370,288	2,727,756	357,468	13.1%	5,981,055	3,610,767	60.4%
469,434	593,191	123,757	20.9%	547,137	77,704	14.2%	Charity Care	4,188,478	5,843,321	1,654,843	28.3%	3,587,181	(601,297)	(16.8%)
287,826	310,773	22,947	7.4%	245,903	(41,922)	(17.0%)	Bad Debt	2,440,555	3,082,469	641,914	20.8%	1,823,991	(616,564)	(33.8%)
1,075,245	1,180,401	105,156	8.9%	1,155,261	80,016	6.9%	Total Contractuals and Bad Debts	8,999,321	11,653,546	2,654,225	22.8%	11,392,227	2,392,906	21.0%
183,300	244,640	(61,340)	(25.1%)	92,078	91,222	99.1%	Other Patient Revenue	2,785,796	2,446,400	339,396	13.9%	3,403,888	(618,092)	(18.2%)
494,714	638,453	(143,739)	(22.5%)	494,048	666	0.1%	Net Patient Revenue	6,336,002	6,303,653	32,349	0.5%	7,224,659	(888,657)	(12.3%)
35.68%	40.56%			31.73%			Collection %	50.49%	40.64%		47.49%			
1,366,361	52,614	1,313,747	2,497.0%	39,307	1,327,054	3,376.1%	Grant Funds	5,388,046	6,236,689	(848,643)	(13.6%)	8,520,559	(3,132,512)	(36.8%)
217,069	-	217,069	0.0%	-	217,069	0.0%	Other Financial Assistance	1,420,571	-	1,420,571	0.0%	-	1,420,571	0.0%
4,752	2,442	2,310	94.6%	3,501	1,251	35.7%	Other Revenue	71,294	24,420	46,874	191.9%	87,069	(15,775)	(18.1%)
1,588,182	55,056	1,533,126	2,784.7%	42,808	1,545,374	3,610.0%	Total Other Revenues	6,879,911	6,261,109	618,802	9.9%	8,607,627	(1,727,716)	(20.1%)
2,082,896	693,509	1,389,387	200.3%	536,856	1,546,041	288.0%	Total Revenues	13,215,912	12,564,762	651,150	5.2%	15,832,286	(2,616,373)	(16.5%)
Direct Operational Expenses:														
1,205,642	1,164,819	(40,823)	(3.5%)	1,098,131	(107,511)	(9.8%)	Salaries and Wages	11,578,083	11,091,893	(486,190)	(4.4%)	10,639,380	(938,703)	(8.8%)
333,273	304,128	(29,145)	(9.6%)	304,448	(28,825)	(9.5%)	Benefits	3,127,936	2,982,149	(145,787)	(4.9%)	2,862,573	(265,363)	(9.3%)
42,615	58,128	15,513	26.7%	18,816	(23,798)	(126.5%)	Purchased Services	655,655	581,280	(74,375)	(12.8%)	591,902	(63,752)	(10.8%)
29,869	13,917	(15,952)	(114.6%)	10,539	(19,330)	(183.4%)	Medical Supplies	201,005	139,170	(61,835)	(44.4%)	141,882	(59,123)	(41.7%)
29,130	18,159	(10,971)	(60.4%)	4,305	(24,825)	(576.7%)	Other Supplies	138,722	181,590	42,868	23.6%	250,536	111,813	44.6%
142,201	66,951	(75,250)	(112.4%)	86,933	(55,268)	(63.6%)	Medical Services	834,733	664,004	(170,729)	(25.7%)	437,302	(397,431)	(90.9%)
72,111	88,263	16,152	18.3%	187,348	115,237	61.5%	Drugs	818,951	866,915	47,964	5.5%	616,863	(202,088)	(32.8%)
11,115	8,235	(2,880)	(35.0%)	15,363	4,249	27.7%	Repairs & Maintenance	249,101	82,350	(166,751)	(202.5%)	338,109	89,008	26.3%
93,797	81,072	(12,725)	(15.7%)	84,453	(9,344)	(11.1%)	Lease & Rental	884,311	841,442	(42,869)	(5.1%)	865,877	(18,434)	(2.1%)
4,045	4,632	587	12.7%	6,599	2,553	38.7%	Utilities	39,178	46,320	7,142	15.4%	49,188	10,009	20.3%
22,680	25,242	2,562	10.1%	30,652	7,972	26.0%	Other Expense	225,291	252,420	27,129	10.7%	178,030	(47,261)	(26.5%)
3,675	2,205	(1,470)	(66.7%)	2,346	(1,329)	(56.7%)	Insurance	24,903	22,050	(2,853)	(12.9%)	18,657	(6,246)	(33.5%)
1,990,154	1,835,751	(154,403)	(8.4%)	1,849,932	(140,222)	(7.6%)	Total Operational Expenses	18,777,869	17,751,583	(1,026,286)	(5.8%)	16,990,299	(1,787,570)	(10.5%)
Net Performance before Depreciation														
92,742	(1,142,242)	1,234,984	(108.1%)	(1,313,077)	1,405,819	(107.1%)	& Overhead Allocations	(5,561,957)	(5,186,821)	(375,136)	7.2%	(1,158,013)	(4,403,944)	380.3%

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

FOR THE TENTH MONTH ENDED JULY 31, 2020

Current Month							
Actual	Budget	Variance	%	Prior Year	Variance	%	
15,379	9,840	(5,539)	(56.3%)	9,863	(5,516)	(55.9%)	Depreciation
<i>Overhead Allocations:</i>							
1,341	1,854	513	27.7%	256	(1,086)	(424.6%)	Risk Mgt
-	78,723	78,723	100.0%	70,067	70,067	100.0%	Rev Cycle
-	4,528	4,528	100.0%	4,240	4,240	100.0%	Internal Audit
18,946	19,144	198	1.0%	19,166	220	1.1%	Home Office Facilities
25,333	30,056	4,723	15.7%	20,036	(5,297)	(26.4%)	Administration
31,688	33,126	1,438	4.3%	29,805	(1,883)	(6.3%)	Human Resources
13,432	15,249	1,818	11.9%	10,236	(3,196)	(31.2%)	Legal
5,978	6,916	938	13.6%	5,586	(391)	(7.0%)	Records
3,567	9,485	5,918	62.4%	8,454	4,887	57.8%	Compliance
-	-	-	0.0%	93	93	100.0%	Planning/Research
26,511	25,755	(756)	(2.9%)	22,976	(3,535)	(15.4%)	Finance
4,762	9,339	4,577	49.0%	13,191	8,429	63.9%	Public Relations
108,165	89,991	(18,174)	(20.2%)	100,277	(7,888)	(7.9%)	Information Technology
-	1,190	1,190	100.0%	2,693	2,693	100.0%	Corporate Quality
-	4,111	4,111	100.0%	-	-	0.0%	Project MGMT Office
1,668	3,051	1,382	45.3%	2,910	1,241	42.7%	Managed Care Contract
241,391	332,519	91,128	27.4%	309,985	68,594	22.1%	Total Overhead Allocations
2,246,924	2,178,110	(68,814)	(3.2%)	2,169,780	(77,144)	(3.6%)	Total Expenses
\$ (164,028)	\$ (1,484,601)	\$ 1,320,573	(89.0%)	\$ (1,632,925)	\$ 1,468,897	(90.0%)	Net Margin
(6,816)	-	6,816	0.0%	-	6,816	0.0%	Capital
-	-	-	0.0%	-	-	0.0%	Capital Contributions
\$ -	\$ 1,474,931	\$ 1,474,931	100.0%	\$ 1,522,720	\$ 1,522,720	100.0%	General Fund Support/ Transfer In

Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%	
137,390	98,400	(38,990)	(39.6%)	97,906	(39,484)	(40.3%)	
16,488	18,543	2,055	11.1%	20,498	4,010	19.6%	
944,673	787,228	(157,446)	(20.0%)	719,822	(224,852)	(31.2%)	
33,317	45,284	11,967	26.4%	42,311	8,994	21.3%	
170,987	191,437	20,449	10.7%	170,860	(128)	(0.1%)	
279,456	300,561	21,105	7.0%	200,360	(79,096)	(39.5%)	
327,195	331,259	4,065	1.2%	273,605	(53,589)	(19.6%)	
131,605	152,493	20,888	13.7%	102,360	(29,245)	(28.6%)	
55,946	69,162	13,216	19.1%	50,864	(5,082)	(10.0%)	
68,067	94,854	26,787	28.2%	55,616	(12,451)	(22.4%)	
-	-	-	0.0%	4,580	4,580	100.0%	
253,517	257,552	4,035	1.6%	235,213	(18,304)	(7.8%)	
75,675	93,393	17,717	19.0%	72,230	(3,445)	(4.8%)	
794,390	899,909	105,519	11.7%	751,877	(42,513)	(5.7%)	
14,283	11,903	(2,381)	(20.0%)	19,897	5,614	28.2%	
49,331	41,109	(8,222)	(20.0%)	-	(49,331)	0.0%	
20,682	30,505	9,823	32.2%	28,157	7,475	26.5%	
3,235,612	3,325,191	89,579	2.7%	2,748,249	(487,363)	(17.7%)	
22,150,871	21,175,174	(975,697)	(4.6%)	19,836,453	(2,314,418)	(11.7%)	
\$ (8,934,959)	\$ (8,610,412)	\$ (324,547)	3.8%	\$ (4,004,167)	\$ (4,930,791)	123.1%	
6,460	-	(6,460)	0.0%	-	(6,460)	0.0%	
\$ 9,172,408	\$ 8,513,711	\$ (658,697)	(7.7%)	\$ 4,150,580	\$ (5,021,828)	(121.0%)	

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

FOR THE TENTH MONTH ENDED JULY 31, 2020

	Clinic Administration	West Palm Beach Clinic	Lantana Clinic	Delray Clinic	Belle Glade Clinic	Lewis Center	Lake Worth Clinic	Jupiter Clinic	West Boca Clinic	Subxone Clinic	Mobile Van	Mobile Van 2	Total
Gross Patient Revenue	-	2,221,612	2,908,558	1,520,718	1,067,097	517,284	1,868,244	644,552	1,044,196	625,205	132,062	-	12,549,526.85
Contractual Allowances	-	447,961	535,199	288,440	230,335	32,948	381,126	132,360	310,921	20,015	(9,072)	-	2,370,288
Charity Care	-	847,021	1,020,185	414,260	264,965	144,214	719,686	197,050	231,672	189,778	159,648	-	4,188,478
Bad Debt	-	375,947	593,379	398,934	296,554	97,359	242,156	83,967	86,965	132,534	132,759	-	2,440,555
Total Contractual Allowances and Bad Debt	-	1,670,929	2,148,764	1,101,634	791,854	274,521	1,342,967	413,377	629,558	342,327	283,335	-	8,999,321
Other Patient Revenue	-	563,570	666,186	302,078	165,472	250,023	341,359	101,250	148,840	182,645	64,374	-	2,785,796
Net Patient Revenue	-	1,114,253	1,425,980	721,163	440,715	492,786	866,636	332,425	563,477	465,523	(86,899)	-	6,336,002
Collection %	0.00%	50.16%	49.03%	47.42%	41.30%	95.26%	46.39%	51.57%	53.96%	74.46%	-65.80%	0.00%	50.49%
Grant Funds	481,304	847,766	958,498	563,550	516,252	167,714	724,111	268,576	304,952	434,573	120,752	-	5,388,046
Other Financial Assistance	612,940	108,828	173,508	64,505	107,677	22,038	113,356	49,495	54,502	70,324	43,325	72	1,420,571
Other Revenue	18,066	9,915	15,978	5,439	5,038	839	6,815	1,947	6,509	399	349	-	71,294
Total Other Revenues	1,112,310	966,509	1,147,984	633,494	628,967	190,591	844,282	320,018	365,963	505,296	164,426	72	6,879,911
Total Revenues	1,112,310	2,080,762	2,573,963	1,354,656	1,069,682	683,376	1,710,917	652,444	929,440	970,819	77,527	72	13,215,912
<i>Direct Operational Expenses:</i>													
Salaries and Wages	2,190,539	1,634,573	1,653,692	1,117,821	920,205	359,559	1,452,719	552,325	706,067	743,163	247,420	-	11,578,083
Benefits	534,668	422,704	454,808	329,018	246,980	93,253	416,847	149,419	179,583	210,951	89,705	-	3,127,936
Purchased Services	124,929	91,550	65,020	50,637	60,804	5,512	97,805	56,999	55,246	39,581	7,571	-	655,655
Medical Supplies	2,862	32,010	47,922	13,287	19,030	6,043	18,745	5,094	6,563	38,173	11,274	-	201,005
Other Supplies	34,717	12,046	24,560	5,618	9,517	802	6,711	5,553	3,636	28,597	4,644	2,322	138,722
Medical Services	34,576	116,296	289,352	60,591	103,394	16,722	104,143	19,454	50,221	39,985	-	-	834,733
Drugs	-	317,372	248,178	115,635	76,971	126	19,357	10,160	8,485	22,467	201	-	818,951
Repairs & Maintenance	1,342	39,341	36,314	34,292	36,195	7,234	38,539	12,102	21,490	9,347	12,648	259	249,101
Lease & Rental	-	118,792	166,281	76,535	105,723	3,442	197,412	67,565	98,844	36,383	-	13,333	884,311
Utilities	-	2,642	854	6,322	1,897	6,322	10,012	6,342	4,935	2,333	-	-	39,178
Other Expense	121,151	11,995	10,268	9,943	11,479	3,237	13,480	2,945	10,414	25,929	4,451	-	225,291
Insurance	-	4,866	3,445	4,186	1,646	-	2,373	535	592	222	4,565	2,473	24,903
Total Operational Expenses	3,044,784	2,804,187	3,003,680	1,818,416	1,598,267	497,829	2,378,141	888,493	1,146,075	1,197,131	382,478	18,388	18,777,869
Net Performance before Depreciation & Overhead Allocations	(1,932,474)	(723,426)	(429,717)	(463,760)	(528,584)	185,548	(667,224)	(236,049)	(216,635)	(226,313)	(304,951)	(18,315)	(5,561,957)
Depreciation	6,642	5,486	5,293	1,498	43,007	950	4,726	2,817	3,996	475	62,500	-	137,390
<i>Overhead Allocations:</i>													
Risk Mgt	2,217	2,363	2,427	1,795	1,427	429	2,521	860	1,244	865	339	-	16,488
Rev Cycle	-	156,424	160,655	118,838	94,470	28,372	166,901	56,953	82,345	57,280	22,435	-	944,673
Internal Audit	4,481	4,775	4,904	3,628	2,884	866	5,095	1,739	2,514	1,748	685	-	33,317
Home Office Facilities	170,987	-	-	-	-	-	-	-	-	-	-	-	170,987
Administration	37,583	40,051	41,134	30,427	24,188	7,264	42,733	14,582	21,083	14,666	5,744	-	279,456
Human Resources	36,738	52,482	51,006	39,362	27,881	6,560	49,202	16,401	22,961	18,041	6,560	-	327,195
Legal	17,699	18,861	19,371	14,329	11,391	3,421	20,124	6,867	9,929	6,907	2,705	-	131,605
Records	7,524	8,018	8,235	6,091	4,842	1,454	8,555	2,919	4,221	2,936	1,150	-	55,946
Compliance	9,154	9,755	10,019	7,411	5,892	1,769	10,409	3,552	5,135	3,572	1,399	-	68,067
Finance	34,095	36,333	37,316	27,603	21,943	6,590	38,767	13,229	19,126	13,304	5,211	-	253,517
Public Relations	10,177	10,845	11,139	8,240	6,550	1,967	11,572	3,949	5,709	3,971	1,556	-	75,675
Information Technology	106,835	113,849	116,928	86,493	68,758	20,650	121,475	41,452	59,932	41,689	16,329	-	794,390
Budget & Decision Support	-	-	-	-	-	-	-	-	-	-	-	-	-
Corporate Quality	1,921	2,047	2,102	1,555	1,236	371	2,184	745	1,078	750	294	-	14,283
Project MGMT Office	6,634	7,070	7,261	5,371	4,270	1,282	7,543	2,574	3,722	2,589	1,014	-	49,331
Managed Care Contract	-	3,425	3,517	2,602	2,068	621	3,654	1,247	1,803	1,254	491	-	20,682
Total Overhead Allocations	446,045	466,298	476,015	353,746	277,800	81,618	490,735	167,069	240,802	169,572	65,912	-	3,235,612
Total Expenses	3,497,471	3,275,971	3,484,988	2,173,660	1,919,073	580,396	2,873,603	1,058,379	1,390,873	1,367,179	510,890	18,388	22,150,871
Net Margin	\$ (2,385,161)	\$ (1,195,209)	\$ (911,025)	\$ (819,004)	\$ (849,391)	\$ 102,980	\$ (1,162,685)	\$ (405,935)	\$ (461,433)	\$ (396,360)	\$ (433,364)	\$ (18,315)	\$ (8,934,959)
Capital	-	-	629	-	5,831	-	-	-	-	-	-	-	6,460
General Fund Support/ Transfer In	\$ 9,172,408	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 9,172,408

FOR THE TENTH MONTH ENDED JULY 31, 2020

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

FOR THE TENTH MONTH ENDED JULY 31, 2020

Current Month							Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%		Actual	Budget	Variance	%	Prior Year	Variance	%
5,033	3,440	(1,593)	(46.3%)	3,516	(1,517)	(43.2%)	Depreciation	48,513	34,400	(14,113)	(41.0%)	34,225	(14,288)	(41.7%)
Overhead Allocations:														
290	401	111	27.7%	62	(227)	(364.6%)	Risk Mgt	3,561	4,005	444	11.1%	4,999	1,438	28.8%
-	18,190	18,190	100.0%	18,315	18,315	100.0%	Rev Cycle	218,279	181,899	(36,380)	(20.0%)	188,163	(30,116)	(16.0%)
-	978	978	100.0%	1,034	1,034	100.0%	Internal Audit	7,196	9,781	2,585	26.4%	10,319	3,123	30.3%
2,253	2,277	24	1.0%	2,378	125	5.2%	Home Office Facilities	20,333	22,765	2,432	10.7%	21,196	862	4.1%
5,471	6,492	1,020	15.7%	4,893	(578)	(11.8%)	Administration	60,357	64,916	4,558	7.0%	48,855	(11,502)	(23.5%)
7,021	7,339	319	4.3%	7,386	365	4.9%	Human Resources	72,491	73,392	901	1.2%	67,802	(4,689)	(6.9%)
2,901	3,294	393	11.9%	2,497	(404)	(16.2%)	Legal	28,424	32,936	4,511	13.7%	24,970	(3,454)	(13.8%)
1,291	1,494	203	13.6%	1,362	71	5.2%	Records	12,083	14,938	2,854	19.1%	12,405	322	2.6%
770	2,049	1,278	62.4%	2,062	1,291	62.6%	Compliance	14,701	20,487	5,785	28.2%	13,564	(1,137)	(8.4%)
-	-	-	0.0%	23	23	100.0%	Planning/Research	-	-	-	0.0%	1,117	1,117	100.0%
5,726	5,563	(163)	(2.9%)	5,604	(122)	(2.2%)	Finance	54,755	55,626	871	1.6%	57,366	2,611	4.6%
1,029	2,017	989	49.0%	3,217	2,189	68.0%	Public Relations	16,344	20,171	3,827	19.0%	17,616	1,272	7.2%
23,362	19,436	(3,925)	(20.2%)	24,456	1,095	4.5%	Information Technology	171,573	194,364	22,790	11.7%	183,374	11,800	6.4%
-	257	257	100.0%	657	657	100.0%	Corporate Quality	3,085	2,571	(514)	(20.0%)	4,859	1,774	36.5%
-	888	888	100.0%	-	-	0.0%	Project MGMT Office	10,654	8,879	(1,776)	(20.0%)	-	(10,654)	0.0%
386	705	319	45.3%	761	375	49.3%	Managed Care Contract	4,779	7,049	2,270	32.2%	7,360	2,581	35.1%
50,499	71,378	20,879	29.3%	74,707	24,208	32.4%	Total Overhead Allocations	698,617	713,777	15,159	2.1%	663,965	(34,652)	(5.2%)
452,288	472,451	20,163	4.3%	451,277	(1,011)	(0.2%)	Total Expenses	4,323,693	4,587,559	263,866	5.8%	4,454,164	130,471	2.9%
\$ (192,239)	\$ (239,456)	\$ 47,216	(19.7%)	\$ (233,767)	\$ 41,528	(17.8%)	Net Margin	\$ (1,596,410)	\$ (976,808)	\$ (619,603)	63.4%	\$ (278,543)	\$ (1,317,867)	473.1%
-	3,988	3,988	100.0%	108,153	108,153	100.0%	Capital	-	39,880	39,880	100.0%	-	-	0.0%
-	-	-	0.0%	-	-	0.0%	Capital Contributions	-	-	-	0.0%	-	-	0.0%
\$ -	\$ 242,004	\$ 242,004	100.0%	\$ -	\$ -	0.0%	General Fund Support/ Transfer In	\$ 1,415,459	\$ 1,012,279	\$ (403,180)	(39.8%)	\$ -	\$ (1,415,459)	0.0%

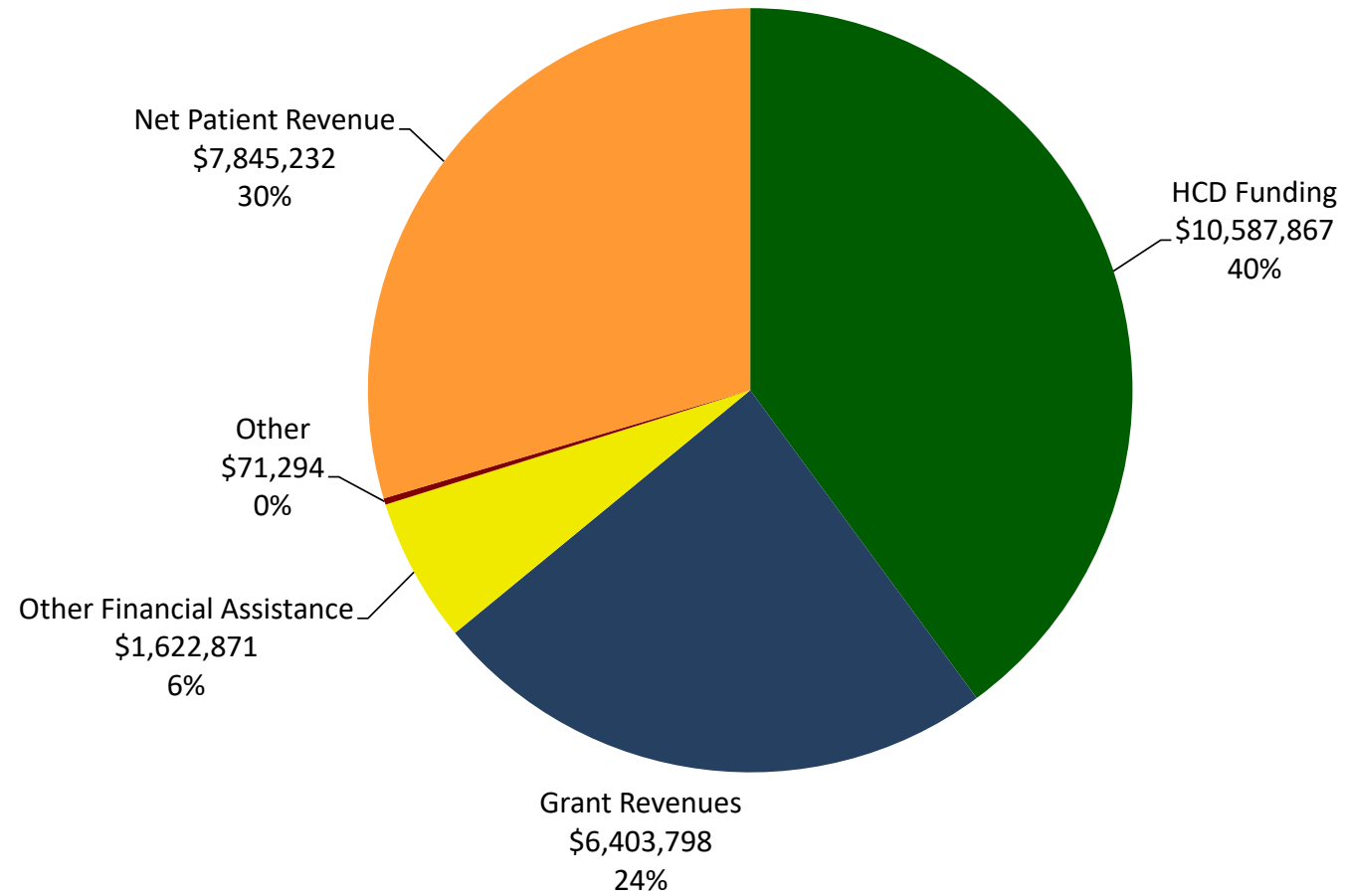
District Clinics Holdings, Inc.- Dental Statement of Revenues and Expenses by Location

FOR THE TENTH MONTH ENDED JULY 31, 2020

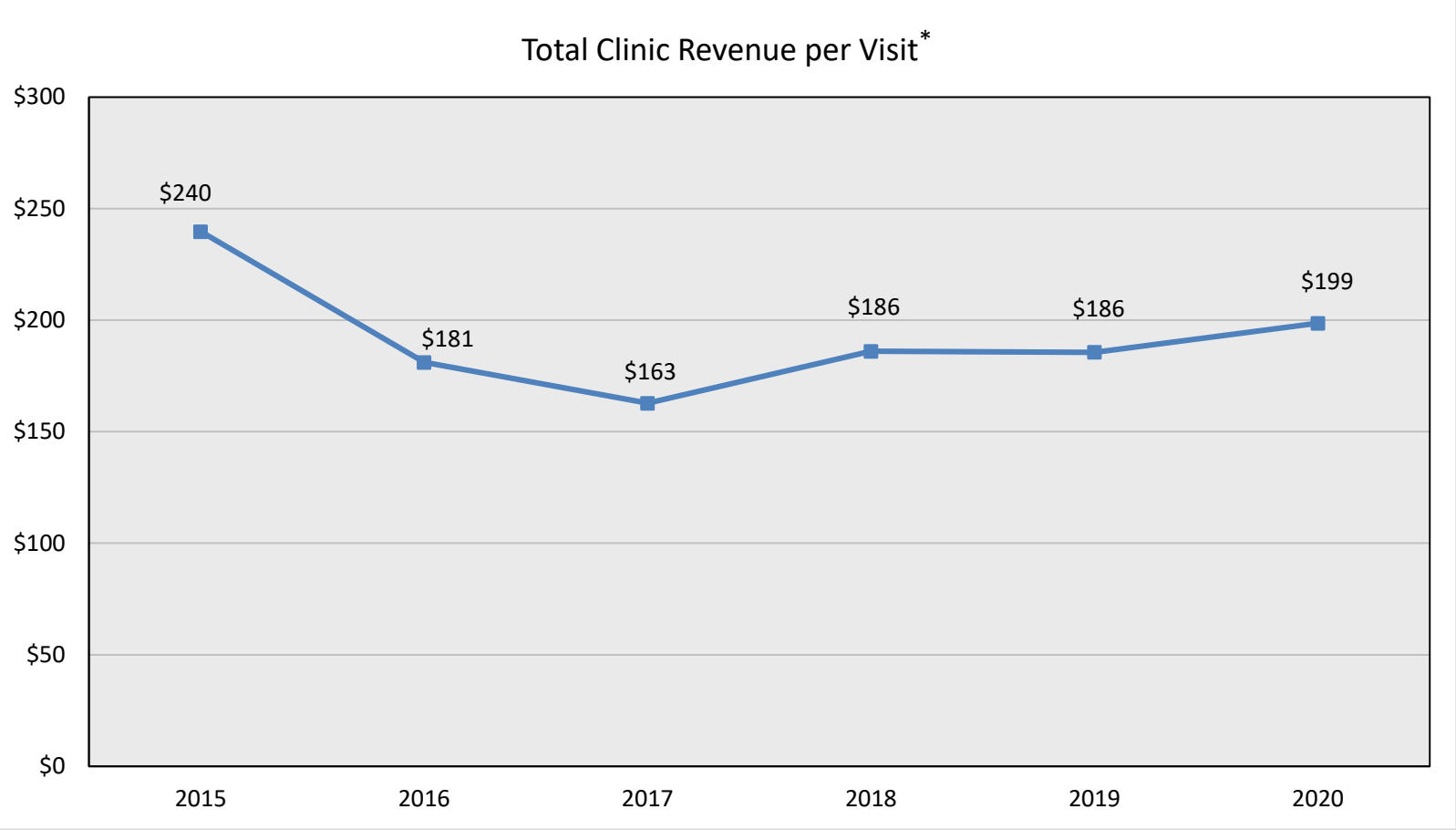
	Dental Clinic Administration	West Palm Beach Dental Clinic	Lantana Dental Clinic	Delray Dental Clinic	Belle Glade Dental Clinic	Total
Gross Patient Revenue	-	1,003,766	565,789	571,512	358,619	2,499,686
Contractual Allowances	-	191,994	90,840	61,874	80,304	425,012
Charity Care	-	556,282	326,981	392,223	174,497	1,449,983
Bad Debt	-	56,823	54,300	31,194	35,001	177,317
Total Contractual Allowances and Bad Debt	-	805,099	472,121	485,290	289,802	2,052,312
Other Patient Revenue	-	376,364	243,310	160,681	281,502	1,061,857
Net Patient Revenue	-	575,031	336,979	246,902	350,319	1,509,231
Collection %	-	57.29%	59.56%	43.20%	97.69%	60.38%
Grant Funds	92,058	386,342	218,745	200,587	118,021	1,015,752
Other Financial Assistance	16,664	69,757	31,026	54,996	29,857	202,300
Other Revenue	-	-	-	-	-	-
Total Other Revenues	108,722	456,099	249,771	255,583	147,877	1,218,052
Total Revenues	108,722	1,031,129	586,750	502,485	498,196	2,727,282
<i>Direct Operational Expenses:</i>						
Salaries and Wages	301,099	765,154	474,779	501,918	291,146	2,334,097
Benefits	76,084	201,980	136,893	140,776	84,648	640,381
Purchased Services	-	19,687	21,014	15,623	32,387	88,710
Medical Supplies	69	90,560	32,275	37,510	18,669	179,082
Other Supplies	-	6,365	1,462	634	2,867	11,328
Drugs	-	117	47	55	0	219
Repairs & Maintenance	-	11,197	8,040	9,334	7,557	36,128
Lease & Rental	-	95,881	54,926	51,525	49,399	251,731
Utilities	-	3,110	3,509	1,418	2,270	10,308
Other Expense	1,885	5,676	8,134	4,937	3,608	24,240
Insurance	-	-	-	-	339	339
Total Operational Expenses	379,136	1,199,726	741,079	763,731	492,889	3,576,562
Net Performance before Depreciation & Overhead Allocations	(270,414)	(168,597)	(154,329)	(261,246)	5,307	(849,280)
Depreciation	-	6,115	6,552	6,038	29,808	48,513
<i>Overhead Allocations:</i>						
Risk Mgt	264	1,223	870	764	440	3,561
Rev Cycle	-	80,929	57,624	50,577	29,149	218,279
Internal Audit	533	2,470	1,759	1,544	890	7,196
Home Office Facilities	20,333	-	-	-	-	20,333
Administration	4,469	20,721	14,754	12,950	7,463	60,357
Human Resources	3,280	22,961	20,009	18,041	8,200	72,491
Legal	2,105	9,758	6,948	6,098	3,515	28,424
Records	895	4,148	2,954	2,592	1,494	12,083
Compliance	1,089	5,047	3,594	3,154	1,818	14,701
Finance	4,054	18,798	13,384	11,748	6,771	54,755
Public Relations	1,210	5,611	3,995	3,507	2,021	16,344
Information Technology	12,705	58,902	41,940	36,811	21,216	171,573
Corporate Quality	228	1,059	754	662	381	3,085
Project MGMT Office	789	3,658	2,604	2,286	1,317	10,654
Managed Care Contract	-	1,772	1,262	1,107	638	4,779
Total Overhead Allocations	51,954	237,057	172,451	151,842	85,314	698,617
Total Expenses	431,090	1,442,898	920,082	921,611	608,012	4,323,693
Net Margin	\$ (322,368)	\$ (411,769)	\$ (333,332)	\$ (419,126)	\$ (109,815)	\$ (1,596,410)
Capital	-	-	-	-	-	-
Capital Contributions	-	-	-	-	-	-
General Fund Support/ Transfer In	\$ 1,415,459	-	-	-	-	1,415,459

	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Current Year Total	Current YTD Budget	%Var to Budget	Prior Year Total
Clinic Visits - Adults and Pediatrics																
West Palm Beach	1,929	1,472	1,653	1,797	1,532	1,095	-	224	1,030	1,111			11,843	15,883	(25.4%)	16,070
Delray	1,429	957	1,019	1,151	994	542	-	99	895	1,058			8,144	8,626	(5.6%)	12,611
Lantana	1,752	1,489	1,664	2,034	1,809	1,415	563	464	1,215	1,477			13,882	13,800	0.6%	14,067
Belle Glade	950	746	912	847	762	484	10	71	462	504			5,748	8,722	(34.1%)	8,374
Lewis Center	296	213	241	246	246	198	-	-	236	437			2,113	2,393	(11.7%)	2,497
Lake Worth & Women's Health Care	1,553	1,161	1,303	1,255	1,301	731	296	632	1,039	1,048			10,319	15,318	(32.6%)	13,416
Jupiter Clinic	609	471	417	520	412	233	-	97	319	410			3,488	4,931	(29.3%)	4,889
West Boca & Women's Health Care	997	680	745	782	817	395	20	110	678	720			5,944	7,575	(21.5%)	8,921
Mobile Van	156	136	132	108	107	442	-	-	6	-			1,087	1,918	(43.3%)	1,761
Mangonia Park	-	67	58	80	168	166	-	193	450	396			1,578	-		
Mangonia Park-Substance	499	497	455	423	464	-	-	-	-	-			2,338	5,800	(59.7%)	4,454
Total Clinic Visits	10,170	7,889	8,599	9,243	8,612	5,701	889	1,890	6,330	7,161	-	-	66,484	84,966	(21.8%)	87,060
Dental Visits																
West Palm Beach	975	776	778	915	864	460	-	56	218	216			5,258	7,992	(34.2%)	8,117
Lantana	733	570	541	470	470	225	-	-	-	-			3,009	8,661	(65.3%)	6,366
Delray	628	547	596	598	557	245	-	-	-	-			3,171	5,556	(42.9%)	5,889
Belle Glade	360	251	343	376	296	154	109	135	57	-			2,081	3,427	(39.3%)	3,163
Total Dental Visits	2,696	2,144	2,258	2,359	2,187	1,084	109	191	275	216	-	-	13,519	25,636	(47.3%)	23,535
Total Medical and Dental Visits	12,866	10,033	10,857	11,602	10,799	6,785	998	2,081	6,605	7,377	-	-	80,003	110,602	(27.7%)	110,595
Key Ratios																
Collection Ratio													22%			
Bad debt write off as a percentage of total billing													26%			
Collections per visit													36			
Charges Per Visit													163			
Percentage of A/R less than 120 days													52%			
Days in AR													60			
Mental Health Counselors (non-billable)																
West Palm Beach	178	101	164	171	153	192	10	70	183	108			1,330	1,160	14.7%	1,334
Delray	139	119	41	35	111	95	-	29	171	95			835	1,220	(31.6%)	1,396
Lantana	611	440	496	701	551	417	9	92	388	384			4,089	2,466	65.8%	4,616
Belle Glade	53	95	149	137	103	38	-	7	114	114			810	224	261.6%	194
Mangonia Park	53	150	296	391	278	189	3	85	143	235			1,823	4,757	(61.7%)	-
Lewis Center	240	173	215	178	177	-	-	-	58	178			1,219	2,609	(53.3%)	2,303
Lake Worth	204	146	163	192	140	89	1	34	169	58			1,196	1,878	(36.3%)	1,404
Jupiter	-	-	-	-	-	1	-	-	-	-			1	-	0.0%	-
West Boca	3	1	-	1	-	4	1	-	1	-			11	-	0.0%	-
Mobile Van	96	71	76	45	44	30	-	-	-	-			362	1,073	(66.3%)	472
Total Mental Health Screenings	1,577	1,296	1,600	1,851	1,557	1,055	24	317	1,227	1,172	-	-	11,676	15,387	-24.1%	11,719

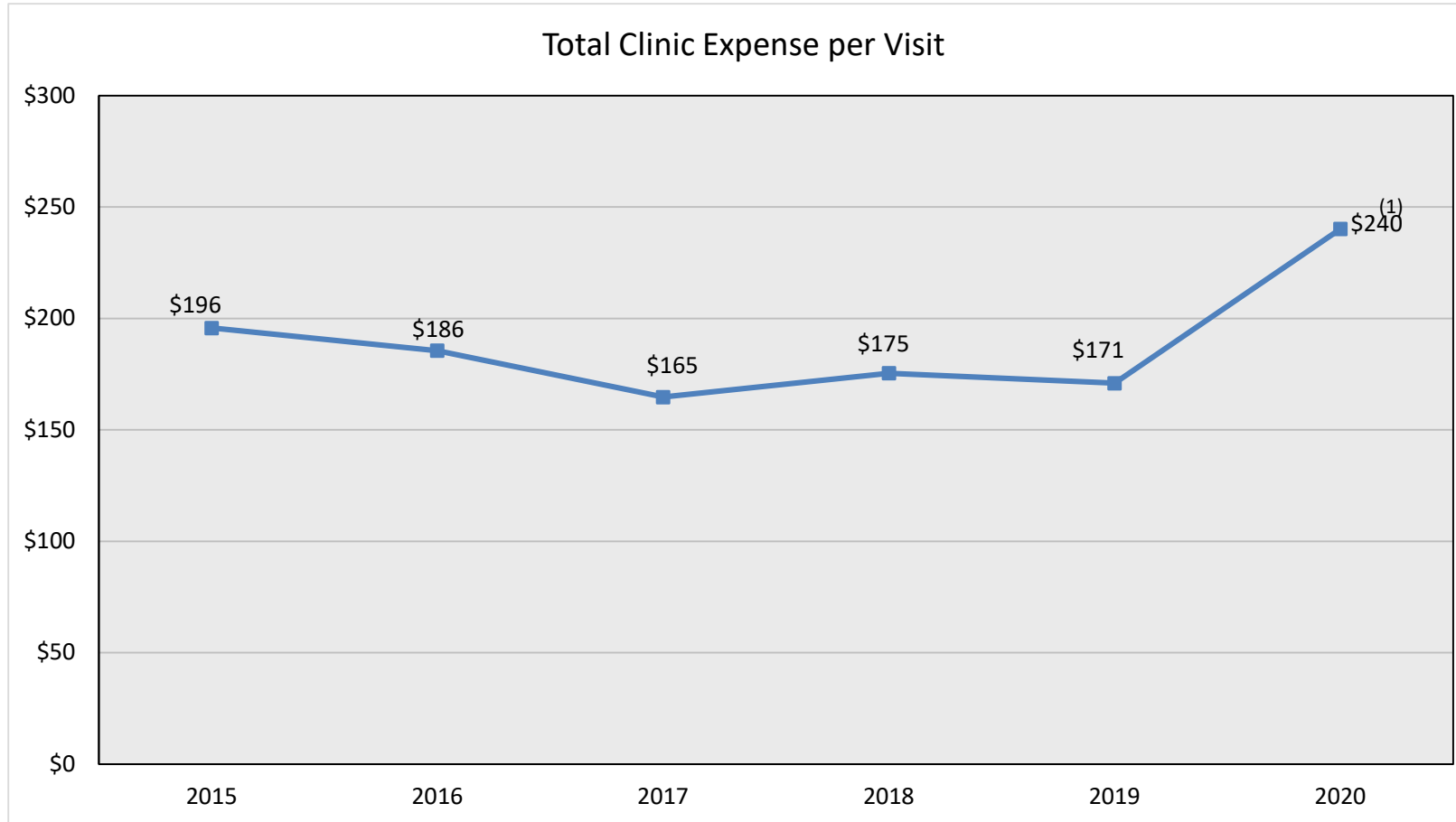
Primary Care Clinics Funding Sources



Fiscal YTD July 2020 Total Revenues \$26,531,062



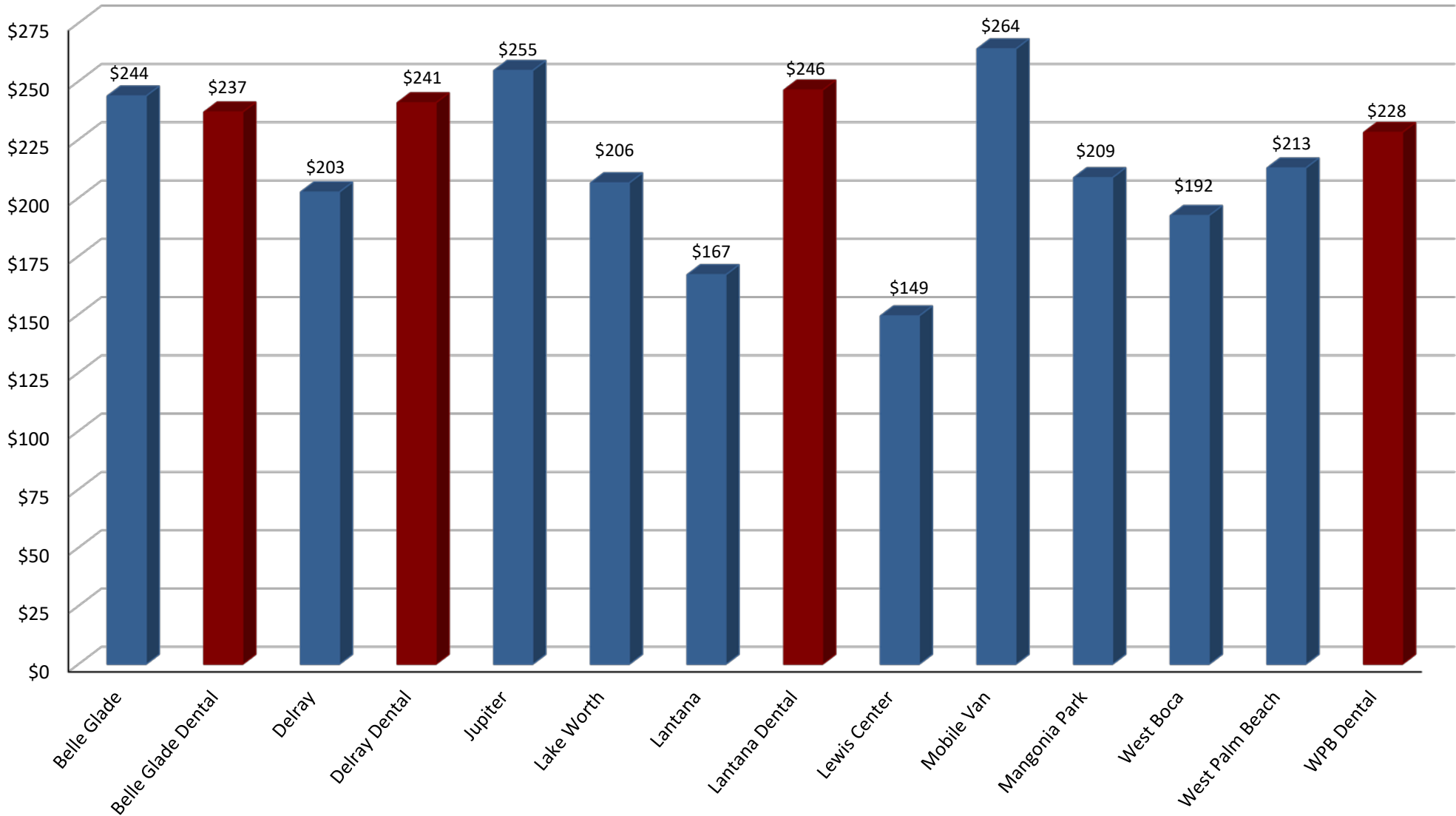
* Based on total medical and dental visits



(1) Increase in expense per visit is due to lower visits in March through July related to operational changes for Covid-19

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

Total Operating Expenses per Visit by Clinic



*Based on Fiscal Year-to-Date July 2020 total operating expenses

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

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
September 30, 2020

1. Description: Executive Director of Clinical Services Annual Evaluation

2. Summary:

This agenda item presents the annual evaluation of Dr. Belma Andric, CMO, VP & Executive Director of Clinical Services.

3. Substantive Analysis:

The Bylaws and HRSA Compliance Manual indicate that the annual evaluation of the Executive Director of the Clinics are reviewed and approved by the Board. Evaluation provided under separate cover.

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

Joel Snook
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

Committee Name

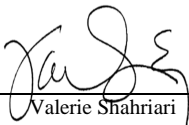
Date Approved

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
September 30, 2020

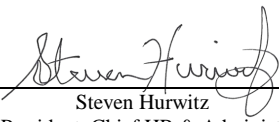
6. Recommendation:

Staff recommends the Board approve Dr. Andric's Annual Evaluation.

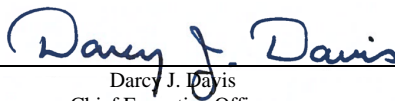
Approved for Legal sufficiency:



Valerie Shahriari
VP & General Counsel



Steven Hurwitz
Vice President, Chief HR & Administrative
Officer



Darcy J. Davis
Chief Executive Officer

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
September 30, 2020

1. Description: Bylaws Updates

2. Summary:

This agenda item presents the District Clinic Holdings, Inc. update to the Bylaws.

3. Substantive Analysis:

This agenda item presents a change to the District Clinics Holdings, Inc. Bylaws. Per the Bylaws, all changes must come before the Board for two meetings before final approval. The Bylaw Change below was approved at the August 26, 2020 Board Meeting. If approved at today's meeting, we will officially update the Bylaws to reflect the change.

The change, provided below, allows the Quality Council meetings to be postponed during a state of emergency.

11.6 The Quality Council shall review and make recommendations for clinical services, monitor progress of Health Care Plan objectives, review Clinical Outcome measures audits, monitor and review Quality Assurance and Continuous Quality Improvement, Principles of Practice, credentialing, community needs survey data, patient satisfaction survey, and recommend new clinical programs. The Quality Council will meet on a monthly basis. If there is a declared state of emergency declared at the local, state, or federal level that impacts the Clinics, the Quality Council meetings may be postponed unless the circumstances make it impossible to meet, if so, then it shall be postponed. The Executive Director, or his/her designee, will serve as a non-voting, ex-officio member of this committee.

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A
Joel H. Snook
VP & Chief Financial Officer

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
September 30, 2020

5. Reviewed/Approved by Committee:

N/A

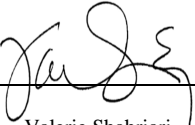
Committee Name

Date Approved


6. Recommendation:

Staff recommends the Board approve the Bylaws Updates.

Approved for Legal sufficiency:



Valerie Shahriari
VP & General Counsel



Thomas Cleare
AVP, Planning & Community Engagement

Amended
Bylaws
of
District Clinic Holdings, Inc.

**Amended
Bylaws
of
District Clinic Holdings, Inc.**

Section 1	Statutory Authority
Section 2	Name
Section 3	Purpose
Section 4	Officers
Section 5	Objectives
Section 6	Powers
Section 7	Board Member Responsibilities
Section 8	Member Composition
Section 9	Term of Office
Section 10	Officers
Section 11	Committees
Section 12	Meetings
Section 13	Authority
Section 14	Amendments

DISTRICT CLINIC HOLDINGS, INC.

AMENDED BY-LAWS

Section 1 – Statutory Authority

- 1.1 Statutory Authority. These Bylaws have been adopted as the Bylaws of the District Clinic Holdings, Inc. (“Clinics”) governing board of said Clinics pursuant to authority conferred upon that same governing board by Section 330 of the Public Health Service Act.
- 1.2 Health Care District of Palm Beach County. The term “District,” as used in these Bylaws, means the Health Care District of Palm Beach County and all affiliated entities.

Section 2 – Name

- 2.1 District Clinic Holdings, Inc. will be known as the “C.L. Brumback Primary Care Clinics” which shall be the common business name of the clinics.
- 2.2 Board Name. This authority shall be known as the C.L. Brumback Primary Care Clinics Board of Directors. (hereinafter referred to as the “Board”)

Section 3 – Purpose

- 3.1 Purpose. The purpose of the Board is to ensure that persons have access to high quality comprehensive health services, and that such health services are provided without regard to any persons race, color, national origin, ancestry, religion, sex, marital status, sexual orientation, age, physical handicap, medical condition, medical history, genetics, evidence of insurability, or claims history in compliance with all applicable State, Federal and local laws and regulations.

Section 4 – Offices

- 4.1 Offices. The Board shall have and continuously maintain its principal office at the Health Care District of Palm Beach County administrative office located at 1515 N Flagler, Suite 101, West Palm Beach, FL 33401.

Section 5 – Objectives

5.1 The objectives of the Board are as follows:

- a. Improvement of the general health status of the community through the promotion of preventive health services and early identification and treatment of the disease.
- b. Identification and referral of individuals in need of health and social services.
- c. Participation in the development of the Federal grant application.
- d. Monitoring services provided by the clinics to ensure that community needs are being met within the constraints of the agency.
- e. Ensure that professional standards are maintained.
- f. Interpret the health needs of the community to clinic administrative staff and interpret the services provided by the clinics, to the community.

Section 6 – Powers

6.1 General Powers. The Board is vested with authority and responsibility to provide for the comprehensive planning and delivery of adequate health care services, including, but not limited to, clinical services for the citizens of Palm Beach County, particularly medically needy citizens. For those purposes, the Board shall have and may utilize all enumerated general powers as set forth in the Health Care Act, including but not limited to:

- a. To approve and recommend the budget of the clinic operations annually. Monthly financial reports will be provided to the Governing Board at the regularly scheduled meetings. An annual financial audit and financial report by an independent auditor will be submitted to the Governing Board.
- b. To be responsible for approving the selection and dismissal of the Executive Director within the guidelines of the Health Care District of Palm Beach County Personnel Policies and Procedures.
- c. To provide input from the community, regarding appropriate matters, including, but not limited to, the health care needs of the community served.
- d. To continually provide information about the accessibility of services to the community and the clinic's responsiveness to those needs.
- e. To provide guidance regarding services and their priorities; and to establish how these priorities should be ranked as they pertain to program development.
- f. To provide a viable link with the community, engaging in community education, public

relation activities and other activities which promote community identification and understanding of the clinics and services provided.

- g. To provide a nucleus in the community which reaches out to local agencies, governmental entities, and foundations, etc., to support the clinics financially and otherwise.
- h. Establish and approve general policies for the clinics. The Board acknowledges that the District is the public entity co-applicant and is permitted to retain the responsibility of establishing fiscal and personnel policies. When the public entity's board does not meet health center composition requirements, a separate health center governing board may be established. The health center board must meet all the membership requirements and perform all the responsibilities expected of governing boards except that the public entity may retain the responsibility of establishing fiscal and personnel policies. The health center board can be a formally incorporated entity and it and the public entity board are co-applicants for the health center program. When there are two boards, each board's responsibilities must be specified in writing so that the responsibilities for carrying out the governance functions are clearly understood.
- . The Board shall work collaboratively with the District to specify each board's responsibilities, in writing so that the responsibilities of carrying out the governance functions are clearly understood by both boards.
- i. To be responsible for evaluating health care activities including services utilization patterns, productivity of the clinics, patient satisfaction, achievement of project objectives, and development of a process for hearing and resolving patient grievances.
- j. To assure that the clinics are operated in compliance with applicable federal, state and local laws, rules and regulations.
- k. To adopt health care policies, including scope and availability of services, location and hours of services.
- l. To assure compliance with the approved Quality Improvement/Quality Assurance Plan.
- m. To establish and review policies regarding the conduct of the federally funded project.
- n. Responsible for evaluating the clinics projects and achievements at least annually, and using the knowledge gained to revise its mission, goals, objectives, plans, and budgets as may be appropriate and necessary.
- o. Responsible for the annual performance evaluation of the Executive Director.
- p. To recruit, appoint, re-appoint, credential and discipline the Licensed Independent Practitioners of the Clinics and to approve policies to be adopted by the Clinics. The term

Licensed Independent Practitioner shall mean any individual, as permitted by law and regulation, and also by the Clinics, to provide care and services without direction or supervision within the scope of the individual's license and consistent with the privileges granted by the organization. The foregoing shall be in accordance with applicable state, federal and local laws, rules and regulations, and in accordance with the standards of any applicable accrediting body. The Board may, in its discretion, delegate duties related to the performance of recruitment, appointment, credentialing and discipline of medical staff to the appropriate Medical Director/Dental Director except that recommendations regarding appointment, credentialing and discipline shall be presented to the Board by the Medical Director for consideration and final vote.

Section 7 – Board Member Responsibilities

7.1 *Key function and responsibilities.*

- a. Attends and participates in all Board meetings.
- b. Each board member should be prepared for the meetings (i.e., read reports and minutes provided prior to the meetings and be familiar with the agenda), ask questions (as appropriate).
- c. Express his/her opinion and be respectful of the opinion of other members.
- d. Act in the best interests of the clinics at all times.
- e. Ensure confidentiality of clinics' information.
- f. Conflicts of Interest. Board members shall not enter into contracts or other arrangements or transactions that would be, or would give the appearance of, a conflict of interest. Further:
 1. Board members are subject to the provisions of Florida law pertaining to public officials avoiding conflicts of interest including, but not limited to, Ch. 112, Florida Statutes, the Code of Ethics for Public Officers and Employees, as well as any and all other applicable standards established by the applicable regulatory and accreditation agencies
 2. No Board member, administrator, employee or representative of the Clinics, nor any other person, organization or agency shall, directly or indirectly, be paid or receive any commission, bonus, kickback, rebate or gratuity or engage in any fee-splitting arrangement in any form whatsoever for the referral of any patient to the District or Clinics.

Section 8 – Membership Composition

- 8.1 Orientation. As new members are elected or appointed to the Board they shall receive an orientation regarding C. L. Brumback Primary Care Clinics Board to include, but not be limited to,

their authority and responsibility under the 330 grant requirements, legal status, and relation to the Health Care District of Palm Beach County and a review of these By-Laws.

- 8.2 The Board shall consist of 9-13 members.
- 8.3 A majority of the Board members will be users of the in scope clinic's services within the past twenty-four months. A patient is an individual who has generated at least one health center visit. These members will be representatives of the individuals receiving services at any of the clinics.
- 8.4 The user Board members as appropriately defined in the Bylaws are consistent with applicable law, regulations and policy.
- 8.5 User Board members are defined as individuals who are (or, for planning grantees, will be) served by the clinics and who utilize the clinics as their principal source of primary care and who have used the clinic's services within the last two years.
- 8.6 Board members must live in one of the clinic's service areas.
- 8.7 No more than half of the remaining members of the Board may be individuals who derive more than 10% of their annual income from the healthcare industry. Healthcare industry is defined as "hospitals and other healthcare institutions, nurses, doctors, dentists, and other licensed healthcare professionals whose primary responsibility is providing primary preventive and therapeutic healthcare services".
- 8.8 The remaining members of the board must be representatives of the community where the project's catchment area is located and shall be selected for their expertise in community affairs, local government, finance, and banking, legal affairs, trade unions and other commercial and industrial concerns or social service agencies within the community.
- 8.9 No member of the Board shall be an employee of the clinics, or spouse, child, parent, brother or sister by blood, adoption or marriage of such an employee. The Executive Director may be a non-voting, ex-officio member of the Board.
- 8.10 No Board member, employee, consultant or those providing services and or goods to the Clinics may pursue any personal activity that will involve a conflict-of-interest or use their official position to make secret or private profits and will treat all matters of the clinics as confidential. Board members will not use or give the appearance of using their position for the purpose of financial gain. "Financial gain" includes financial interest, gifts, gratuities, favors, nepotism and bribery. Political favors will also be considered improper. Board members must identify any conflict-of-interest they may have regarding a particular matter and abstain from discussing or voting in the matter.
- 8.11 No Board members should act or speak, or otherwise indicate that they are authorized to act or speak, on behalf of the entire Board without express Board approval/consent.
- 8.12 Recommendation for Board membership shall be from the community being served.
- 8.13 One Board position shall be filled by the District Chair, or his/her designee, by appointing a member of the District's Governing Board in accordance with that body's applicable bylaws.

- 8.14 One Board member shall serve on the Finance and Audit Committee of the District's Governing Board and one Board member shall serve on the Quality, Patient Safety, and Compliance Committee of the District's Governing Board.

Section 9 – Term of Membership

- 9.1 Board membership will be for a period of three (3) years starting in January of each year and terminate in December of the third year. No Board member shall serve more than two (2) consecutive terms. If at any time there is a question concerning the length of the term of office for any Board member, the Governing Board will decide through any appropriate means the term of the questioned incumbent.
- 9.2 Selection of New Board Member(s) for open Member positions. The selection of new Board members to fill any vacancy then existing may or to replace any member whose Term is ended, will be as follows:
- a. Vacancies on the Board due to the termination, resignation or death of a Member prior to the expiration of his/her Term may be filled within sixty (60) days of the vacancy by a majority vote of the Members at the next regular meeting, or at a special meeting called for that purpose, from those eligible persons recommended by the Nominating/Membership Committee. The newly elected member will serve for the unexpired term of the Member position being filled and shall be eligible to seek reappointment upon expiration of such term.
 - b. Members eligible to serve for a second 3-year term may apply for reappointment according to the procedures instituted by the Nominating Committee and approved by the Board. When a vacancy is anticipated to occur at the completion of any Member's 3-year term, the Nominating Committee shall submit names of eligible persons to the Board for consideration at least one month prior to the annual meeting of the Board, and the Board shall select those persons to fill the anticipated vacancy by a majority vote at the annual meeting. In selecting its new members, the Board will use the criteria set out in Section 8.
- 9.3 Membership on the board may be terminated by resignation of a member or by resolution of the Board after any member has three (3) unexcused absences. For purposes of these Bylaws, an unexcused absence occurs when a Board member fails to attend a regularly scheduled meeting and fails to give advance notice of such absence to the Executive Director who will notify the Chair. After two (2) unexcused absences, the secretary shall send the member a reminder. On the third unexcused absence, the Board shall take action to terminate membership and the individual shall be so advised. The migrant/seasonal farm worker who is absent due to job obligation will be granted and excused absence without restrictions.
- 9.4 Any Board member may be removed from the Board with or without cause by a two-thirds vote of the remaining board members present and voting at any regular or special meeting called for such purpose.

Board member can be removed for cause including, but not limited to:

- a. Repeated failure to attend Board meetings, or for conduct detrimental to the interests of the clinics.
- b. Conduct inconsistent with the clinics purpose.
- c. Refusing to render reasonable assistance in carrying out the clinics purpose.
- d. Refusing to act in a manner consistent with the clinic's mission and priorities.
- e. Individual is suspended or debarred from participation in federal programs.
- f. Whenever it is determined that the best interest of the clinics could be served by such removal.

Allegations made in support of the proposal to remove a board member shall be presented in writing, by mail, to the Board member in question at least five (5) calendar days in advance of the meeting. The allegation(s) shall be noted on the agenda of the meeting. The Board member in question shall be entitled to appear before the Board and be heard at such meeting. Removal of the Board member shall create a vacancy and a new Board member shall be elected in accordance with Section 8 of this Article.

9.5 Each member will be entitled to one (1) vote.

- a. Membership shall be designated as Consumer, Health Care Provider, Community Representative, or Migrant/Seasonal Farm worker.
- b. Voting Conflict. No member shall cast a vote on any matter that could result in direct or indirect financial benefit to such member or otherwise give the appearance of or create a conflict of interest as defined in Ch. 112, Florida Statutes. Nothing in the foregoing shall prevent Board Members from voting upon matters of Board Compensation as set forth in Section 10.5.

Section 10 – Officers

- 10.1 Corporation officers shall be elected by the Members at the Annual Meeting in May of each year for a one (1) year term of office. Any officer may be elected to serve consecutive terms in the same office, but may not serve more than two consecutive one-year terms in the same office. If there is a declared state of emergency declared at the local, state, or federal level that impacts the Clinics, the election of officers may be postponed unless the circumstances make it impossible to meet, if so, then it shall be postponed.
- 10.2 Removal of Officers. Any officer of the Board may be removed from office, with or without cause, by a majority vote of the Board of Directors at any meeting of the Board where a quorum exists.
- 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.

10.4 The officers and their duties for this organization shall be:

10.4.1 Chairperson

- a. To preside over all meetings and to appoint all committee and councils.
- b. The Chairperson or such representative selected by the Board shall be authorized to act for the Board, and assume on its behalf the obligations imposed by the terms and conditions of any award and Public Health Service regulations. Such execution shall constitute the acceptance by the Board of the terms and conditions of the Grant and obligate it to perform its function under the approved project in accordance with the terms thereof.
- c. The Chairperson shall be the Board's sole and primary liaison for external affairs including serving as Board's representative to the media.
- d. Appoint a Board member to attend District governing Board meeting in conjunction with the Executive Director, solely in advisory capacity to enhance oversight and communication between each organization

10.4.2 Vice Chairperson

- a. The Vice-Chairperson shall succeed to the office of the Chairperson if the office becomes vacant or if otherwise the chairperson is otherwise unable to perform his/her duties.
- b. To assume the duties as assigned by the Chairperson in his/her absence.
- c. Perform such duties as assigned by the Chairperson or Board of Directors.

10.4.3 Secretary

- a. The secretary shall be responsible for ensuring recording and maintaining of the minutes of all meetings of the governing Board, and shall perform such duties as may be assigned by the Chairperson of the Board. The Secretary or designee shall distribute copies of minutes of all Board and/or committee meetings to all members of the Board.
- b. To monitor the minutes of all meeting of the Board and Executive Committee.
- c. To assure that his/her designees notifies members of all Board meetings and conferences.
- d. To advise staff members regarding correspondence.
- e. To monitor, review and approve the preparation of the agendas.

10.4.4 Treasurer

- a. To review monthly and/or periodic financial reports prior to presentation to the Board during scheduled meetings.

10.5 Compensation

Members shall serve without compensation except the Board may authorize and establish policies governing the reimbursement of certain reasonable expenses, such as mileage, incurred to attend meetings.

Section 11 – Committees

- 11.1 There shall be an Executive/By-Law Committee comprised of the officers of the Board. This committee shall meet as provided in these Bylaws and as otherwise deemed necessary by the Chairperson. The Chairperson shall serve as the Committee chair and the Executive Director will serve as a non-voting, *ex officio*, member of the Executive Committee. The Executive Committee shall:
 - a. Act as advisor to the Chairperson;
 - b. Exercise the powers of the Board between regular Board meetings, except that the Executive Committee may not take final action to amend these bylaws, remove a board member from office, hire or remove the Executive Director, or sell or acquire assets;
 - c. Report to the Board at its next regular meeting on any official actions it has taken;
 - d. Annually review and recommend to the Board any necessary change to the bylaws; and
 - e. Annually review the performance of the Executive Director for report to the Board.
 - f. Serve as the ad hoc Personnel Committee as needed.
- 11.2 Vacancies of the Executive committee occur when there is a vacant officer position. The vacancy is filled with the election of a member to serve out the officer's remaining term (See Section 10).
- 11.3 The Standing Committees shall be the Finance Committee, Quality Council and Planning Committee.
- 11.4 The Membership/Nominating Committee shall be an ad hoc committee, activated and populated at the direction of the Chairperson to recruit and nominate individuals to fill vacancies of the Governing Board. The Membership/Nominating Committee shall, if requested, review, edit, and submit proposed revisions to policies and procedures for the recruitment, screening and orientation of potential new Board members and present to the Board information on eligible persons to fill vacancies. This committee shall, if requested, assist in development of a board orientation program. The Executive Director, or his/her designee, will serve as a no voting, ex-officio member of this committee.
- 11.5 The Planning Committee shall oversee the clinic's goals and objectives, and develop a strategic planning workshop for the Board to be held at least every three (3) years. The Executive Director, or his/her designee, will serve as a non-voting, ex-officio member of this committee.

- 11.6 The Quality Council shall review and make recommendations for clinical services, monitor progress of Health Care Plan objectives, review Clinical Outcome measures audits, monitor and review Quality Assurance and Continuous Quality Improvement, Principles of Practice, credentialing, community needs survey data, patient satisfaction survey, and recommend new clinical programs. The Quality Council will meet on a monthly basis. If there is a declared state of emergency declared at the local, state, or federal level that impacts the Clinics, the Quality Council meetings may be postponed unless the circumstances make it impossible to meet, if so, then it shall be postponed. The Executive Director, or his/her designee, will serve as a non-voting, ex-officio member of this committee.
- 11.7 The Standing Committees will meet as set forth in these Bylaws and will provide a report of its meeting(s) during the next Board meeting following the Committee meeting, and make any recommendations for Board action, which will then become part of the Board documents.
- 11.8 Proxy: An absent member shall not be allowed to vote by proxy.
- 11.9 Members of the Planning Committee and Quality Council may also include non-board members with specific areas of expertise that support the mission of that committee.
- 11.10 The Finance Committee shall review the budget, expenditures, and all other financial reports related to the operations of the C. L. Brumback Primary Care Clinics. The Finance Committee will report to the full Board of Directors. The Finance Committee will meet on a monthly basis, and may include clinic staff employees. The Executive Director, or his/her designee, will serve as a non-voting, ex-officio member of this committee.

Section 12 – Meeting

- 12.1 Regular meetings shall be held monthly. Time and place shall be determined by Board.
- 12.2 Special meetings may be called by the Chairperson whenever Board business cannot be held until the next regular meeting.
- 12.3 Meetings shall conform to the requirements of Ch. 286, Florida Statutes (“Government in the Sunshine Act”), including the taking and maintenance of meeting minutes, and such minutes shall be retained by District in accordance with the requirements of the State of Florida’s Record Retention Schedules GS1-SL (State and Local Government Agencies), GS4 (Public Health Care Facilities and Providers), and/or any other applicable Schedule(s)), regarding Minutes of Official Meetings.
- 12.4 The Annual Meeting shall coincide with the Regular meeting held during the Month of May and shall hold the election of officers to take office commencing on the next January 1.
- 12.5 Quorum shall consist of a majority of the members of the Governing Board as then constituted, for the regular scheduled meetings and the special called meetings. Once a quorum is established for any meeting it remains for the duration of the meeting unless one or more members permanently absents him/herself from the premises of the meeting and the sum of the remaining members falls below the number needed for a quorum.

- 12.6 Official actions of the Board may be conducted by telephone provided that such meeting complies with the requirements of the Government in the Sunshine Act.
- 12.7 If an Executive Order, Florida Statute, or Attorney General opinion permits the ability to meet remotely due to a public emergency, the Committee or Board will adjust their meetings accordingly.

Section 13 – Authority

The parliament authority of the Governing Board shall be used based on ROBERTS RULE OF ORDER (current edition), unless contrary procedure is established by the Articles of Incorporation, these Bylaws, standing rule, or by resolution of the Board of Directors.

Section 14 – Amendments

These By-Laws may be amended or repealed by a vote from the majority of the total membership of the Governing Board. Proposed changes to the By-Laws must be submitted to the Board at a regularly scheduled meeting and voted on at the succeeding regularly scheduled meeting. Changes in the By-Laws are subject to approval by the Governing Board, Health Care District of Palm Beach County, and the Regional Office of the Department of Health and Human Services.

Section 15 – Dissolution of the Corporation

In the event of the liquidation, dissolution or winding up of the corporation whether voluntary, or involuntary, or operation of law, the Board of Directors of the Corporation shall dispose of the assets of the Corporation in conformance with Federal and State of Florida law, as modified by the regulations promulgated by designated oversight agency or department, and in accordance with the Corporation's Articles of Incorporation.

CERTIFICATE

This certifies that the foregoing constitutes the Bylaws of District Clinics Holdings, Inc., amended and adopted by the Members of the Corporation at a meeting held on the 27th day of May, 2020.

BY: _____

Irene Figueroa
Secretary

**Approved as to form and
Legal Sufficiency**

BY: _____

General Counsel

HISTORY OF DISTRICT CLINIC HOLDINGS, INC. BYLAWS

The initial Bylaws of the District Clinic Holdings, Inc. Board were first adopted on the 24th day of January, 2013. Amendments made subject to Section 14 of the District Clinic Holdings, Inc. Bylaws are listed below:

Change Number	Date of Adoption	Section(s) Amended
1	March 28, 2013	Title Pages amended to read: Section 11.3 relating to the Finance Committee deleted and Section 11.9 amended to remove reference to Finance Committee.
2	May 23, 2013	Section 2.1 amended to remove the following: “Thus, as used in these bylaws, the terms “Board” shall mean the C.L. Brumback Health Clinic Board of Directors.” Section 6.1m amended to remove ability to establish and revise policies. Section 6.1q amended to remove the following: “Within its discretion to file article of dissolution and dissolve the corporation. Section 8.10 “The Board shall ensure that the provision is made applicable to all employees, consultants and those providing goods and or services to the Center.” deleted.

Section 11.1 removed requirement to make recommendations to full Board.

Section 11.7 removed “The Personnel Committee shall review staffing needs and recommends changes in staffing levels when deemed desirable. While the Board’s personnel policies shall be consistent with those of the Health Care District the Board must tailor its personnel policies to the clinical operations of the corporation.” To dissolve the Personnel Committee.

Section 11.8 removed “The Finance Committee shall review the budget, expenditures, and financial policies and make recommendations to the Board in regard to certain concerns. While the Board’s financial policies shall be consistent with those the Health Care District the Board must tailor its financial policies to the clinical operation of the corporation.” To dissolve Finance Committee.

3

August 1, 2013

Section 2.1 amended to include: “hereinafter referred to as the “Board”)

Section 6.1m amended to include establishment of policies.

August 9, 2013

Section 6.1q added power to:
“Facilitate the annual Chief
Executive Officer performance
evaluation process.”

Section 8.10 amended to
include: “...employee,
consultant or those providing
services and or goods to the
Clinic...”

Section 2.1 established for
clarification regarding
common business name

Section 2.2 replaced Health
Clinic Board with Primary
Care Clinics Board of
Directors

Section 6.1.b replaced Project
with Executive

Section 6.1.h removed “To
adopt and be responsible for
operating and personnel
policies and procedures,
including selection and
dismissal procedures, salary
and benefits scales and
employee grievance
procedures within the
guidelines of the Health Care
District of Palm Beach County
Personnel Policies and
Procedures” and amended to
include ability to establish and
approve general policies for
the clinics as stated in PIN
1998-12, Part II Section 330,
Governance Requirements.

Section 6.1.m amended to
include ability to establish
policies

Section 6.1.q amended to establish responsibility for the Executive Director's annual performance evaluation

Section 8.1 amended to include the common business name, CL Brumback Primary Clinics

Section 8.9 amended to replace previously referenced project director with Executive Director

Section 8.11 amended to include "...otherwise indicate that they are authorized to act or speak..."

Section 8.13 added

Section 9 amended to read:
Term of Membership

Section 9.1 amended to clarify membership length of terms

Section 9.2 added for establishment of selecting New Board Members.

Section 9.2.a added to establish requirements for filling vacancies on the Board due to termination, resignation, or death of a Member.

Section 9.2.b added to establish procedure for member reappointment instituted by the Nominating Committee

Section 9.3 amended to define an unexcused absence

Section 9.4 amended to read:
“Board member can be removed for cause including, but not limited to:”

Section 9.4.a “...causes include the” deleted

Section 9.5 regarding Board vacancies was deleted, became section 9.2.a

Section 10.1 amended to become Section 10.4

Section 10.1 included to establish election of officers by Members

Section 10.2 added in order to establish process for removal of officers.

Section 10.3 added to establish election of a replacement officer on a vacant position.

Section 10.4.d. deleted: “The Chairperson, or his/her designee, shall represent the board before the news.”

Section 10.4.d reads: “The Chairperson shall be the Board’s sole and primary liaison for external affairs including serving as Board’s representative to the media.”

Section 10.4.e added to read: “Appoint a Board member to

attend District governing Board meeting in conjunction with the Executive Director, solely in advisory capacity to enhance oversight and communication between each organization.”

Section 10.4.e amended o include ability to review and approve agendas.

Section 10.5 added: “the Board may authorize and establish policies governing the reimbursement of certain...”

Section 11.1 replaced clinic’s director with Executive Director. Added “The Executive Director, or his/her designee, will serve as a non-voting, ex-officio member of this committee.

Section 11.2 included for establishment of a Personnel Committee

Section 11.3 removed “The Executive Committee of the Board shall consist of the Officers of the Board”

Section 11.4 added requirement to develop policies and procedures for recruitment, screening and orientation of potential new Board members and present information to the Board on eligible persons to fill vacancies.

Section 11.5 added: “The Executive Director, or his/her designee, will serve as a non-voting, ex-officio member of this committee.”

Section 11.6 amended to read that the Clinical Committee is to be also known as the Quality Committee.

Section 11.7 amended to include requirement for committees report to include any recommendations for Board action

Section 11.9 deleted
Committee members

Section 11.10 added to read: The Finance Committee shall review the budget, expenditures, and all other financial reports related to the operations of the C.L. Brumback Priamary Care Clinics. The Finance Committee will report to the full Board of Directors. The Finance Committee will meet on a monthly basis, and may include clinic staff employees. The Finance Committee will meet on a monthly basis. The Executive Director, or his/her designee, will serve as a non-voting, ex-officio member of this committee. Section 13 added: “unless contrary procedure is established by the Articles of Incorporation, these Bylaws, standing rule, or by resolution of the Board of Directors.

February 18, 2014

Section 15 added for requirement for disposing of assets in the event of dissolution of the Corporation

Section 11 renumbered for efficiency.

Section 8.2 amended to increase the number of Board members to 10-13.

Section 10.3 added: 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 10.1.

Section 11.3 amended to establish process for filling vacancy of an officer position.

Section 12.3 added: "Meetings shall conform to the requirements of Ch. 286, Florida Statutes ("Government in the Sunshine Act"), including the taking and maintenance of meeting minutes, and such minutes shall be retained by District in accordance with the requirements of the State of Florida's Record Retention Schedules GS1-SL (State and Local Government Agencies), GS4 (Public Health Care Facilities and Providers), and/or any other applicable Schedule(s)), regarding Minutes of Official Meetings".

Section 12.4 added to read:
“Effective in 2014, the Annual Meeting shall coincide with the Regular meeting held during the month of May and the election of officers to hold office commencing in the next fiscal year shall be held. In order to transition to this new schedule, the election of officers held in November 2013 for terms to continue through December 31, 2014, shall remain unchanged. The election to be held in May 2014 shall be for the officers whose terms shall commence on January 1, 2015, and each election that follows shall select the officers whose terms shall commence on the following January 1”.

Section 12.5 previously section 12.3 added “unless one or more members permanently absents him/herself from the premises of the meeting and the sum of the remaining members falls below the number need for a quorum”.

Section 12.6 previously section 12.4 amended to include condition to comply with Government in the Sunshine Act requirement.

Section 6.1.o Remove provision, it is duplicative of audit language in Section 6.1.a

Added Section 6.1.q

Added Section. 7.1.f to establish Board member responsibilities regarding Conflicts of Interest

Section 9.5.b added.

Section 10.4.1 removed subsection b (Chairperson shall have the same right to vote on matters as any other Board member)

Replaced Section 11.1 with the following: There shall be an Executive/Bylaw Committee comprised of the officers of the Board. This committee shall meet as provided in these Bylaws and as otherwise deemed necessary by the Chairperson. The Chairperson shall serve as the Committee chair, and the Executive Director will serve as a non-voting, *ex officio* member of the Executive Committee. The Executive Committee shall:

- a. Act as advisor to the Chairperson;
- b. Exercise the powers of the Board between regular Board meetings, except that the Executive Committee may not take final action to amend these bylaws, remove a board member from office, hire or remove the Executive Director, or sell or acquire assets;
- c. Report to the Board at its next regular meeting on any official actions it has taken;
- d. Annually review and recommend to the Board any necessary change to the bylaws; and Annually review the

		performance of the Executive Director for report to the Board
7	May 26, 2015	Amended Section 6.1.q to include Licensed Independent Practitioner and term of same. Addition of Dental Director.
8	March 28, 2018	Amended Section 4.1 to update administrative address. Addressed grammatical errors throughout.
9	December 11, 2019	Amended Section 8.7 to define healthcare.
10	January 29, 2020	Amended Section 6.1h to remove invalid HRSA PIN, 6.1i to updated QI/QA Plan, 8.3 to define patient and 8.9 to include adoption. Added robust language to section 9.4 regarding Board member termination.
11	May 27, 2020	Amended Section 10.1 to permit postponement of officer elections in the event of a declared state of emergency Added Section 12.7 to permit remote meetings during public emergencies.
12	September 30, 2020	Amended Section 11.6 to permit postponement of the Quality Council meetings in the event of a declared state of emergency

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
September 30, 2020

1. Description: Department of Security Services Policy of Operations

2. Summary:

This agenda item presents the Department of Security Services (DSS) Policy of Operations to ensure the referred complies with corresponding regulatory, compliance, and best industry practices.

3. Substantive Analysis:

The Department of Security Services (DSS) Policy of Operations will serve as the guidance and foundation of subsequent Policies, Procedures, Protocols, Plans, and SOPs supporting the safety, protection, and security of all business units, employees, patients, visitors, vendors, contractors, suppliers, intellectual & physical property, and reputation.

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

Joel H. Snook
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

Committee Name

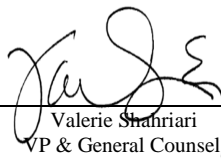
Date Approved

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
September 30, 2020


6. Recommendation:

Staff recommends the Board approve the adoption of the Department of Security Services Policy of Operations.


Approved for Legal sufficiency:



Valerie Shahriari
VP & General Counsel



Hector Sanchez
Director of Security Services



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

Department of Security Services Policy

Department of Security Services Policy

Policy #:	HCDDSS_0001-A	Effective Date:	10/1/2020
Business Unit:	HCD Organization Shared Policy	Last Review Date:	09/15/2020
Approval Group:	HCD Security Policy Board Approval	Document Owner(s):	Department of Security Services
Board Approval Date:	09/10/2020		

PURPOSE

To provide a high-level statement supporting the ultimate goals for the Department of Security Services (DSS) in support of the safety, protection and security of its employees, patients, visitors, contractors, vendors, suppliers, assets, and reputation.

SCOPE

The scope of this Policy is to provide corresponding rules, regulations, and expectations that will provide safety, protection, and security to the Health Care Districts premises, parking areas, points of entry, places of work, parameters of control, policies, procedures, protocols and plans, policing and compliance with, and above all people.

The details of this Policy were holistically developed to ensure priorities are initially placed on life-safety and the well-being of its employees, patients, visitors, contractors, vendors, suppliers, assets and physical property protection, reputation, and the continued operational existence of the Health Care District.

POLICY

The Health Care District - Department of Security Services Policy follows all Security mandates and expectations defined by the Occupational Safety and Health Administrations (**OSHA**) Act of 1970, section V, Articles A (1 & 2) and B; aka. **General Duty Clause**. In addition, the enforcement for the protection of information will be as mandated by the Health Insurance Portability and Accountability Act (**HIPAA**) of 1996.

The Policy takes in consideration for implementation all technical suggestions and best practices identified by the American Society for Industrial Security (**ASIS International**), The International Association for Healthcare Security and Safety (**IAHSS**), The Joint Commission (**TJC**), the International Organization for Standardization (**ISO**), and expectations identified by multiple regulatory and governing bodies such as the Center for Disease Control and Prevention (**CDC**), the National Institute for Occupational Safety and Health (**NIOSH**), Center for Medicare and Medicaid Services (**CMS**) / Agency for Health Care Administration (**AHCA**) and the National Center for Assisted Living (**NCAL**), and other focus areas related to the safety, protection, and security of people, property, and reputation.

The development, implementation, and enforcement of Procedures, Protocols, Plans, and SOPs must consider previously defined entities in order to remain in compliance with regulatory and governing bodies, best industry practices, and the Palm Beach County - Health Care Districts modus operandi.

EXCEPTIONS

Exceptions must be identified, approved, and communicated to the Policy owner, direct supervisory Chain of Command, including Legal, Compliance, and Risk areas.

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

APPROVALS	
Reviewer approval	
Reviewer approval date	
Final approver	
Final approval date	

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

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DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
September 30, 2020

1. Description: Executive Director Informational Update

2. Summary:

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

- FY 2021 FTCA Deeming Received
- FY2020 Quality Award
- Integrated Behavioral Health YR 2 Award
- Hero

3. Substantive Analysis:

FY2021 FTCA Deeming Received

The Health Resources and Services Administration's Bureau of Primary Health Care (BPHC) has completed their review of our FTCA application. The Notice of Deeming Action (NDA) for FY2021 was issued on 8/25/2020.

FY2020 Quality Award

The Health Resources and Services Administration (HRSA) recognized the C. L. Brumback Primary Care Clinics with several Health Center Quality Improvement Fiscal Year 2020 Grant Awards, including \$180,431 and a gold badge as a Health Center Quality Leader for ranking among the top 10% of health centers nationally for clinical quality.

The Brumback Clinics received recognition in the following categories:

- Gold Health Center Quality Leader: Achieved the best overall clinical performance among all health centers and were recognized in the Gold tier (top 10%).
- Clinical Quality Improvers: Demonstrated at least 15% improvement for each clinical quality measures (CQM) from 2018 to 2019.
- Advancing Health Information Technology (HIT) for Quality: Recognized health centers that optimized health information technology services for advancing telehealth, patient engagement, interoperability, and collection of social determinants of health to increase access to care and advance quality of care between 2018 and 2019.
- Patient Centered Medical Home (PCMH) Recognition: Recognized health centers with patient centered medical home recognition in one or more delivery sites.



Integrated Behavioral Health YR 2 Award

The Brumback Clinics also received \$167,000 for the second year of supplemental funding for Integrated Behavioral Health Services (IBHS) for fiscal year 2019.

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
September 30, 2020

Hero

Our third Mobile Clinic arrived on 9/25/2020. Our IT department is currently making preparations for deployment.

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

Joel Snook
Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

Committee Name


Date Approved

6. Recommendation:

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

Approved for Legal sufficiency:


Valerie Shahriari
General Counsel


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



Presenting HERO!















The logo features a stylized white cross with horizontal bars inside, set against a dark blue circular background. This is positioned on the left side of the slide, with several blue diagonal stripes radiating from behind it across the top and right.

Health Care District of Palm Beach County

Providing a Health Care Safety Net Since 1988

The C. L. Brumback Primary Care Clinics
Mobile 3 Clinic “HERO”

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
September 30, 2020

1. Description: Operations Reports

2. Summary:

This agenda item provides the following operations reports for August 2020:

- Provider Productivity, including in-person and telehealth metrics and No Show trended over time
- Clinic Service Center (CSC) metrics
- COVID-19 Testing

3. Substantive Analysis:

The Clinics continue to see an increase in overall total billable visits since the start of the pandemic, with just under 9,000 in the previous month, which is slightly lower than July. Telemedicine visits comprise almost 30% of overall visits. No Show percentages are slightly lower at 17%, which is down from 18% in July. Pediatric services are meeting productivity targets for both in-person and telehealth visits. Approximately 40% of adult providers are at or over 100% of their productivity targets for in-person visits while 22% are at target for telehealth visits. Boca Clinic is nearly 100% of productivity targets in both in-person and telehealth.

Clinic Service Center (CSC) received 61,617 calls from 24,739 unique phone numbers. The busiest time of the day continues to be morning hours, and the busiest day of the week is typically Monday.

We are currently providing drive thru COVID-19 testing at the FITTEAM Ball Park and Belle Glade Clinic. Additionally, we offer walk up and walk in testing in Jupiter, West Palm Beach, Lantana, Delray, Belle Glade, and Outreach (our new mobile testing unit Scout).

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
September 30, 2020

N/A

Joel H. Snook
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A


Committee Name

Date Approved

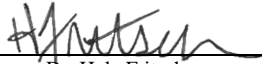
6. Recommendation:

Staff recommends the Board Approve the Operations Reports for August 2020.


Approved for Legal sufficiency:



Valerie Shahriari
VP & General Counsel



Dr. Hyla Fritsch
Executive Director Clinic Operations & Pharmacy
Services



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

Billable Visits

Rndrng Prvdrtyp
All

Chgservicedt
1/1/2020 to 8/31/2020

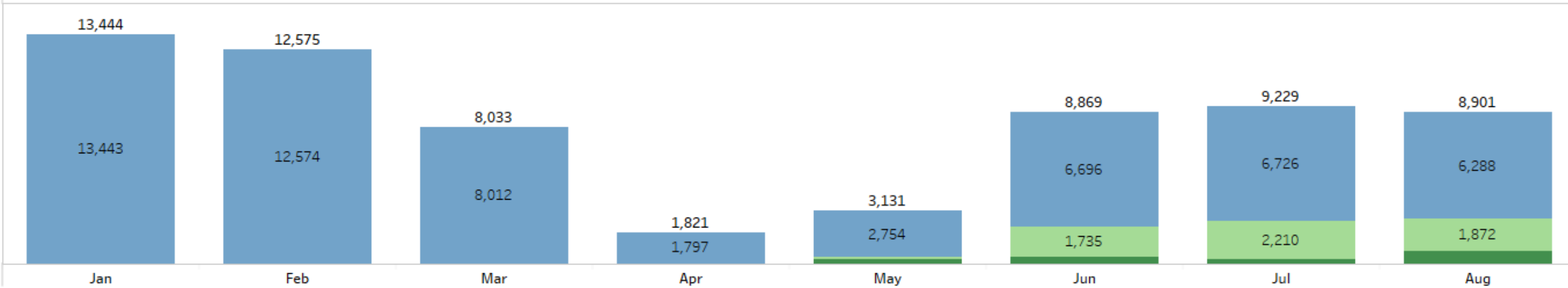
Type
All

All

■ In Person
 ■ Telephonic
 ■ Virtual

Monthly Encounters

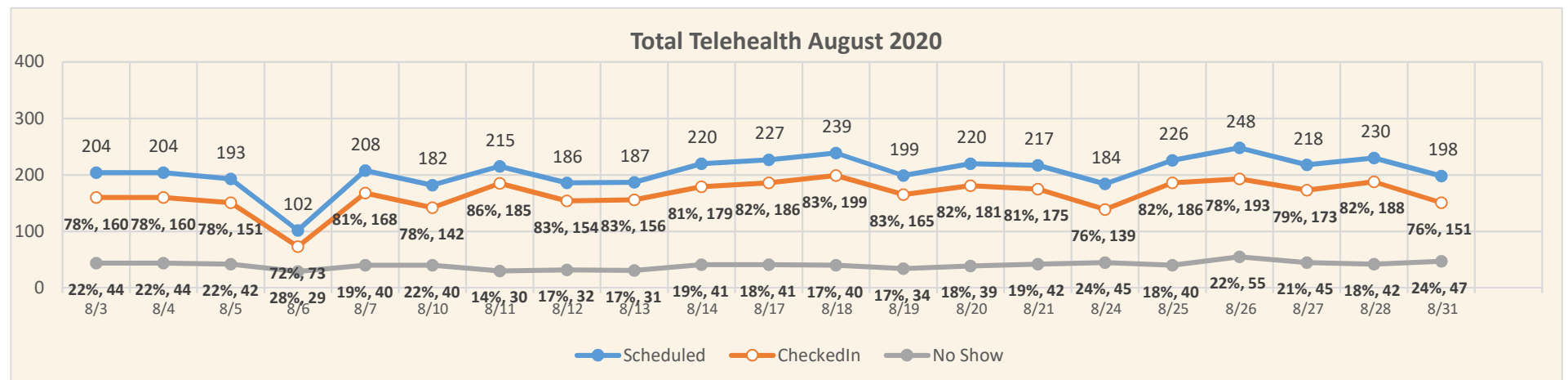
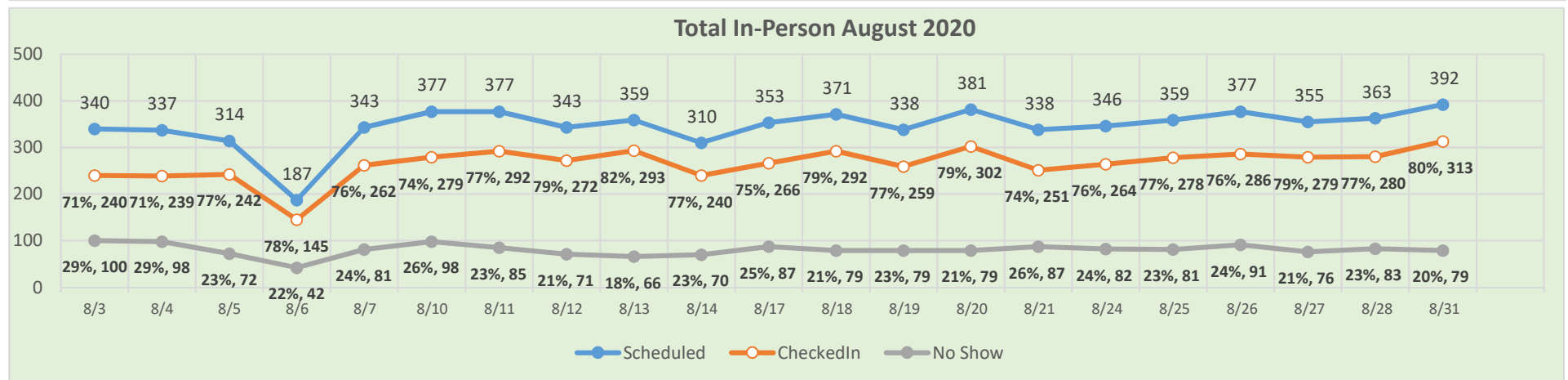
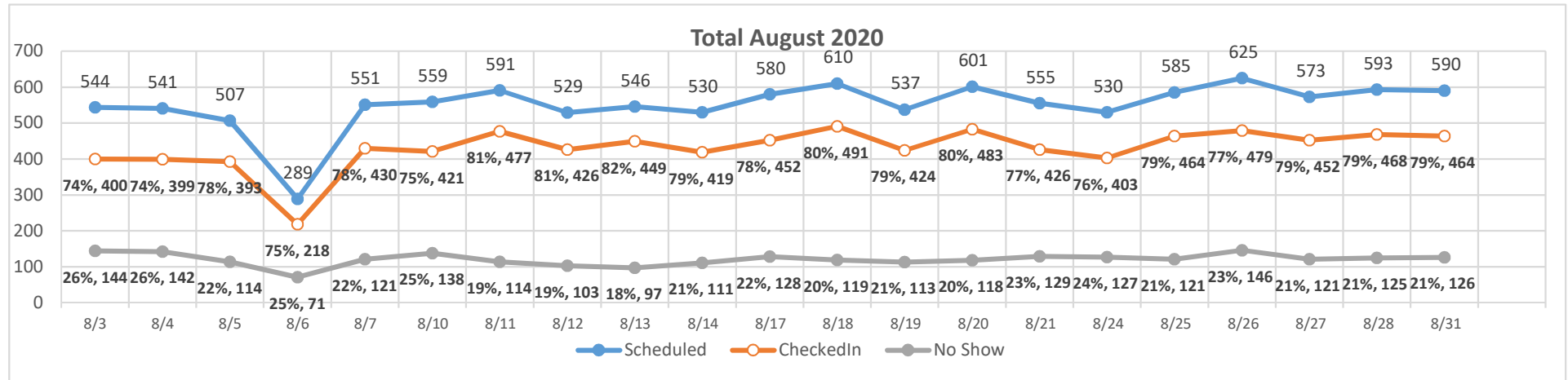
2020



Clinic

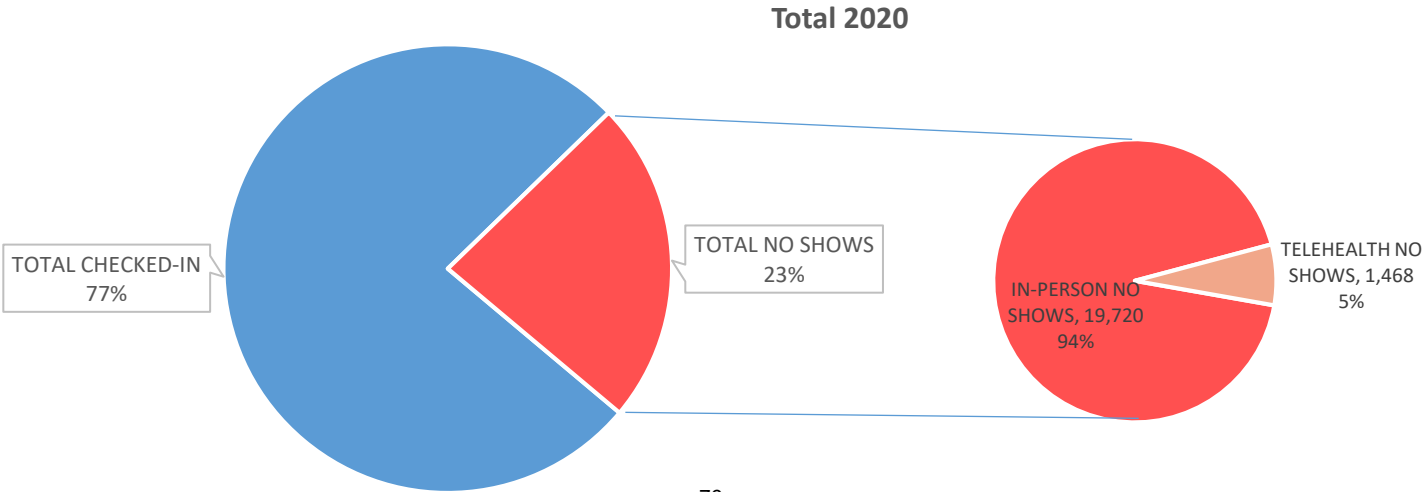
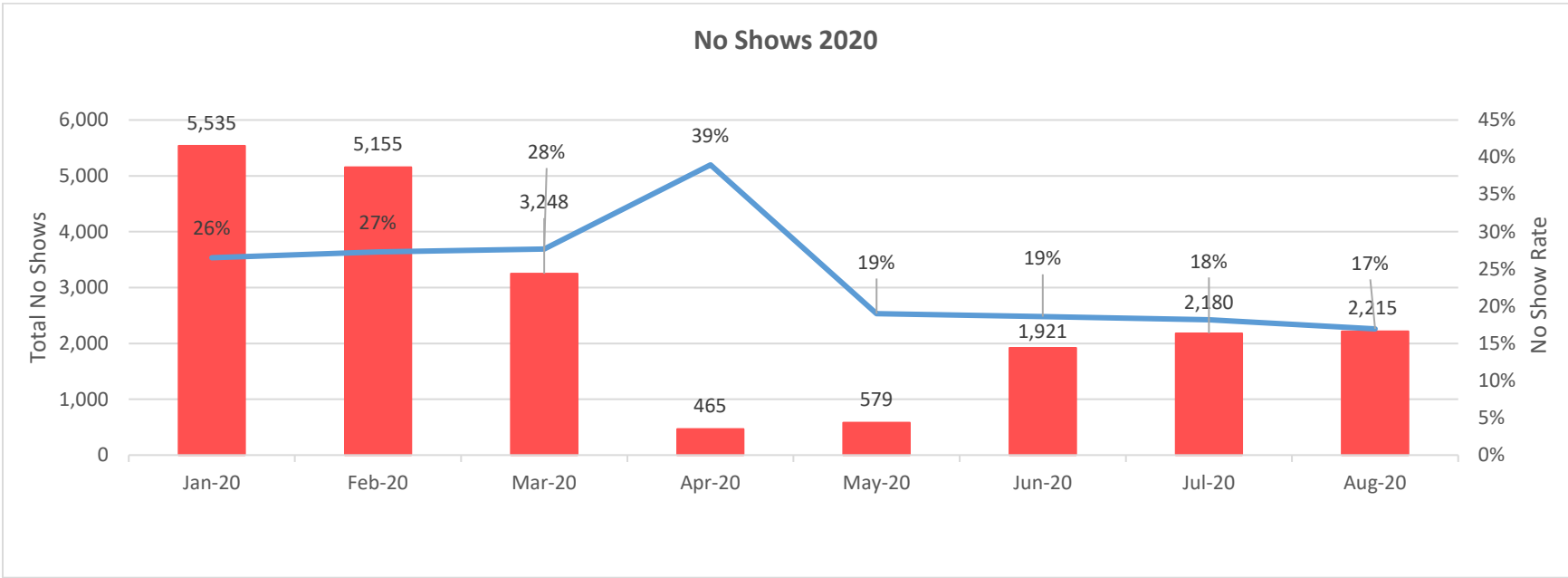
	Pts	Encs	Provs
Lantana	7,696	13,057	14,909
West Palm Beach	4,880	8,284	8,781
Lake Worth	4,020	7,534	7,893
Delray Beach	3,468	5,994	6,340
West Palm Beach Dental	2,108	2,794	3,006
Lantana Dental	1,198	1,407	1,696
Delray Beach Dental	1,005	1,330	1,436
Belle Glade	2,446	4,274	4,501
Boca	2,228	4,255	4,270
Belle Glade Dental	761	971	1,182
Jupiter	1,401	2,530	2,532
Lewis Center	1,328	2,480	2,733
Mobile Clinic	594	712	758
Mangonia Park	541	2,555	3,851
Grand Total	28,005	56,938	63,888

AUGUST 2020 TOTAL APPOINTMENTS



NO SHOW AS AUGUST 2020

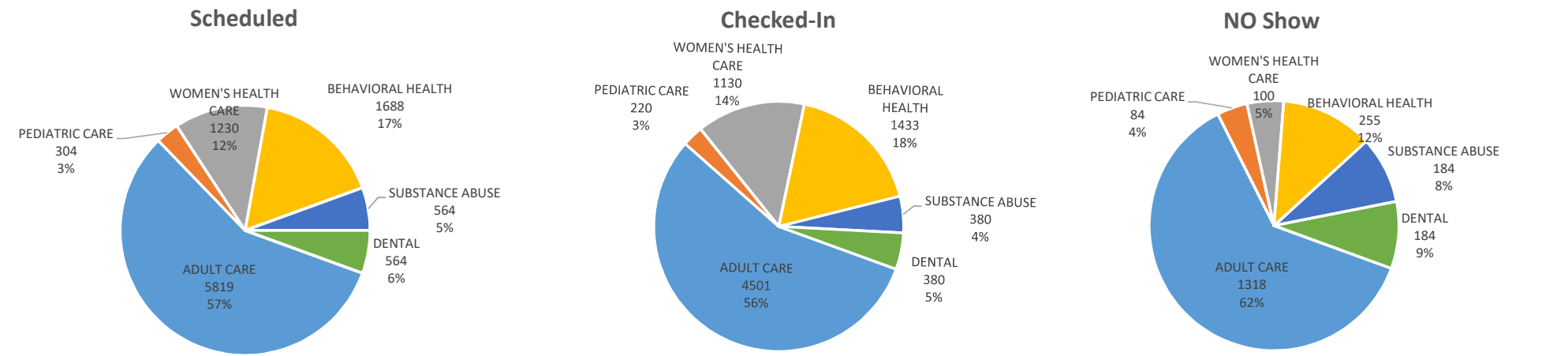
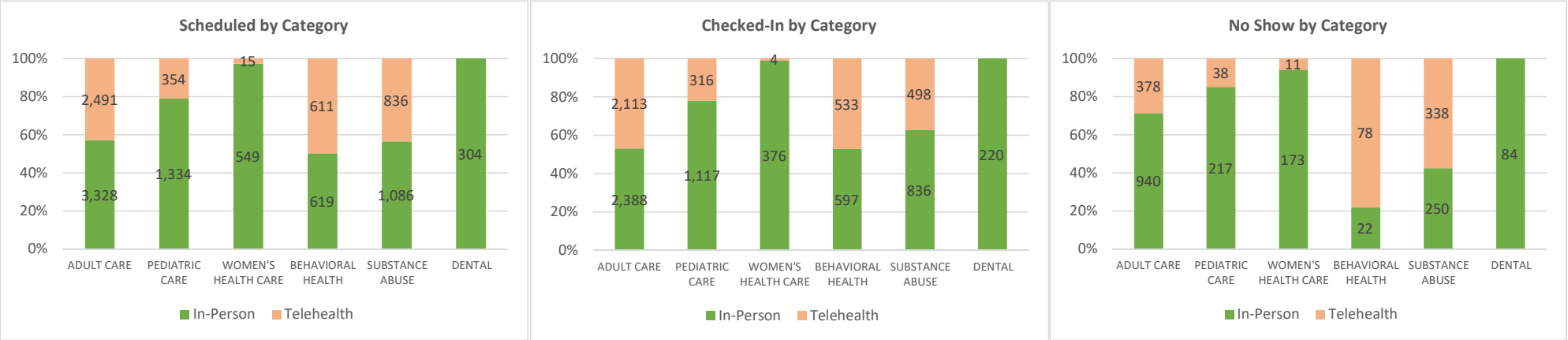
# Appointments including Dental (except M/Quick Testing and Covid)	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Total 2020
TOTAL CHECKED-IN	15,355	13,745	8,486	728	2,467	8,409	9,811	10,854	69,855
TOTAL NO SHOWS	5,535	5,155	3,248	465	579	1,921	2,180	2,215	21,298
	26%	27%	28%	39%	19%	19%	18%	17%	23%



AUGUST 2020 WEEKLY TOTAL APPOINTMENTS BY CATEGORY

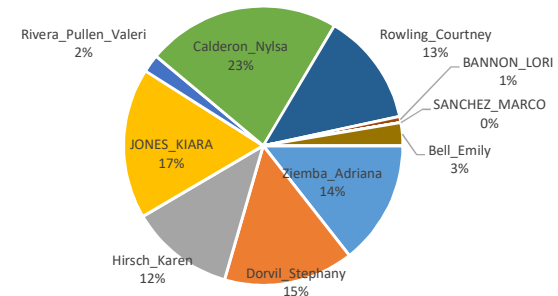
<51%	>=51% and < 80%	>= 80% and <100%	>= 100%
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Category	In-Person						Telehealth					
AUGUST 2020 (as 08/31/2020)	Target	Scheduled	CheckedIn	No show	% Target	% No Show	Target	Scheduled	CheckedIn	No show	% Target	% No Show
ADULT CARE	2,594	3,328	2,388	940	92%	28%	2,959	2,491	2,113	378	71%	15%
PEDIATRIC CARE	1,099	1,334	1,117	217	102%	16%	305	354	316	38	104%	11%
WOMEN'S HEALTH CARE	434	549	376	173	87%	32%	11	15	4	11	36%	73%
BEHAVIORAL HEALTH	758	619	597	22	79%	4%	863	611	533	78	62%	13%
SUBSTANCE ABUSE	1,141	1,086	836	250	73%	23%	883	836	498	338	56%	40%
DENTAL	345	304	220	84	64%	28%						
Grand Total	6,371	7,220	5,534	1,686	87%	23%	5,021	4,307	3,464	843	69%	20%

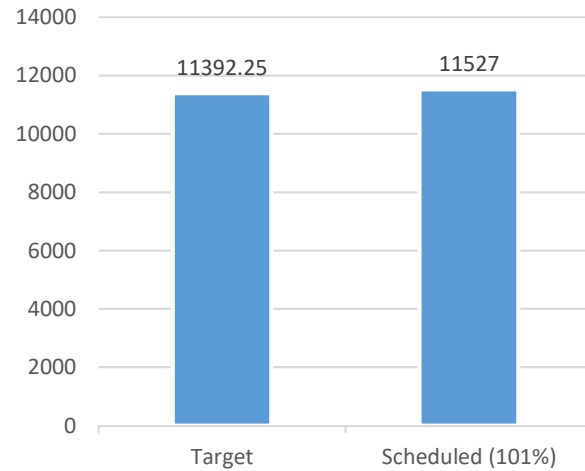


AUGUST 2020 WEEKLY TOTAL APPOINTMENTS BY PROVIDER

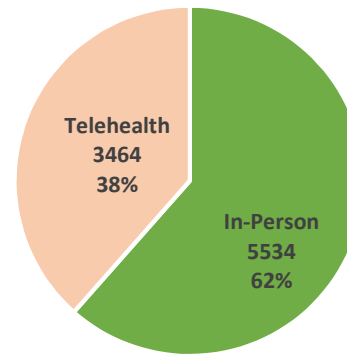
		AUGUST 2020 (as 08/31/2020)							In-Person							Telehealth				
		Provider / App Type							Target	Scheduled	CheckedIn	No show	% Target	% No Show	Target	Scheduled	CheckedIn	No Show	% Target	% No Show
ADULT CARE	Alfonso_Puentes_Rami		160	224	168	56	105%	25%	209	174	155	19	74%	11%						
	Dabu_Viray_Dabu		119.25	156	122	34	102%	22%	151	139	121	18	80%	13%						
	Dorce_Medard_Jennife		113	135	89	46	79%	34%	130	71	47	24	36%	34%						
	Duthil_Marie		183	193	136	57	74%	30%	186	128	99	29	53%	23%						
	Florez_Gloria		188	229	151	78	80%	34%	163	136	107	29	66%	21%						
	Harberger_Seneca		125	139	92	47	74%	34%	82	72	59	13	72%	18%						
	Inacio_Vanessa		107	140	122	18	114%	13%	163	169	162	7	99%	4%						
	Montenegro_Claudia		158	166	124	42	78%	25%	211	173	137	36	65%	21%						
	Secin_santana_delvis		177	221	140	81	79%	37%	129	105	90	15	70%	14%						
	Perez_Daniel		243	318	240	78	99%	25%	90	68	62	6	69%	9%						
	Cesaire_Jean_Rose_Ca		141	181	113	68	80%	38%	187	150	118	32	63%	21%						
	JeanJacques_Fernique		127	157	121	36	95%	23%	185	115	103	12	56%	10%						
	Lam_Minh_Dai		131	187	139	48	106%	26%	197	214	190	24	96%	11%						
	Navarro_Elsy		177	257	183	74	103%	29%	151	123	111	12	74%	10%						
	Philistin_Ketely		125	181	136	45	109%	25%	187	148	125	23	67%	16%						
	Pierre_Louis_Joanne		119	175	130	45	109%	26%	177	142	127	15	72%	11%						
	Shoaf_Noremi		84	112	81	31	96%	28%	166	172	151	21	91%	12%						
	St_VilJoseph_Carline		117	157	101	56	86%	36%	195	192	149	43	76%	22%						
PEDs	Clarke_Aaron_Noella		333	407	318	89	95%	22%												
	Dessalines_Duclos		100	113	96	17	96%	15%	269	301	266	35	99%	12%						
	Lazaro_Nancy		315	394	345	49	110%	12%	36	53	50	3	139%	6%						
	Normil_Smith_Sherlou		351	420	358	62	102%	15%												
WOMEN'S HEALTH CARE	Ferwerda_Ana		116	124	85	39	73%	31%	1	1		1		100%						
	Casanova_Jennifer		318	425	291	134	92%	32%	10	14	4	10	40%	71%						
BEHAVIORAL HEALTH & SUBSTANCE ABUSE	Alvarez_Franco		112	69	60	9	54%	13%	257	185	158	27	61%	15%						
	Silver_Dawn		78	66	56	10	72%	15%	156	149	115	34	74%	23%						
	Perez_Massiel		32	34	28	6	88%	18%	148	145	98	47	66%	32%						
	Rexach_Claudia		76	82	67	15	88%	18%	170	178	91	87	54%	49%						
	Esplin_Elaine		42	34	24	10	57%	29%	84	93	35	58	42%	62%						
	Romain_Reynette		20	27	23	4	115%	15%	202	225	129	96	64%	43%						
	STANFIELD_LUCIA		40	8	7	1	18%	13%	20	6	4	2	20%	33%						
DENTAL	Alonso_Zenaida		120	85	62	23	52%	27%												
	Cucuras_John		20	10	10		50%	0%												
	Rotella_Robert		205	209	148	61	72%	29%												
	Seminario_Ada																			
% Telehealth Checked-In for combined BH & SA providers																				
BH & SUBSTANCE ABUSE	In-Person and Telehealth (combined)																			
	Provider / App Type																			
	Ziemba_Adriana		136	119	107	12	79%								10%					
	Dorvil_Stephany		246	168	137	31	56%								18%					
	Hirsch_Karen		246	163	160	3	65%								2%					
	JONES_KIARA		222	169	158	11	71%								7%					
	Rivera_Pullen_Valeri		246	253	253	0	103%								0%					
	Calderon_Nylsa		156	104	97	7	62%								7%					
	Rowling_Courtney		92	29	25	4	27%								14%					
	BANNON_LORI		208	155	127	28	61%								18%					
	SANCHEZ_MARCO		328	384	276	108	84%								28%					
	Bell_Emily		328	307	229	78	70%								25%					
	Grand Total																			



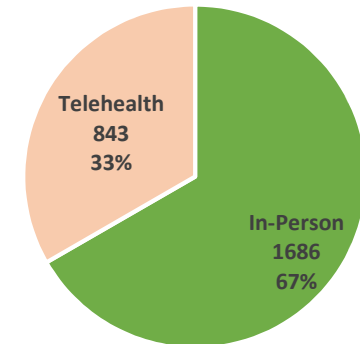
Total Target vs Scheduled
AUGUST 2020 (as 08/31/2020)



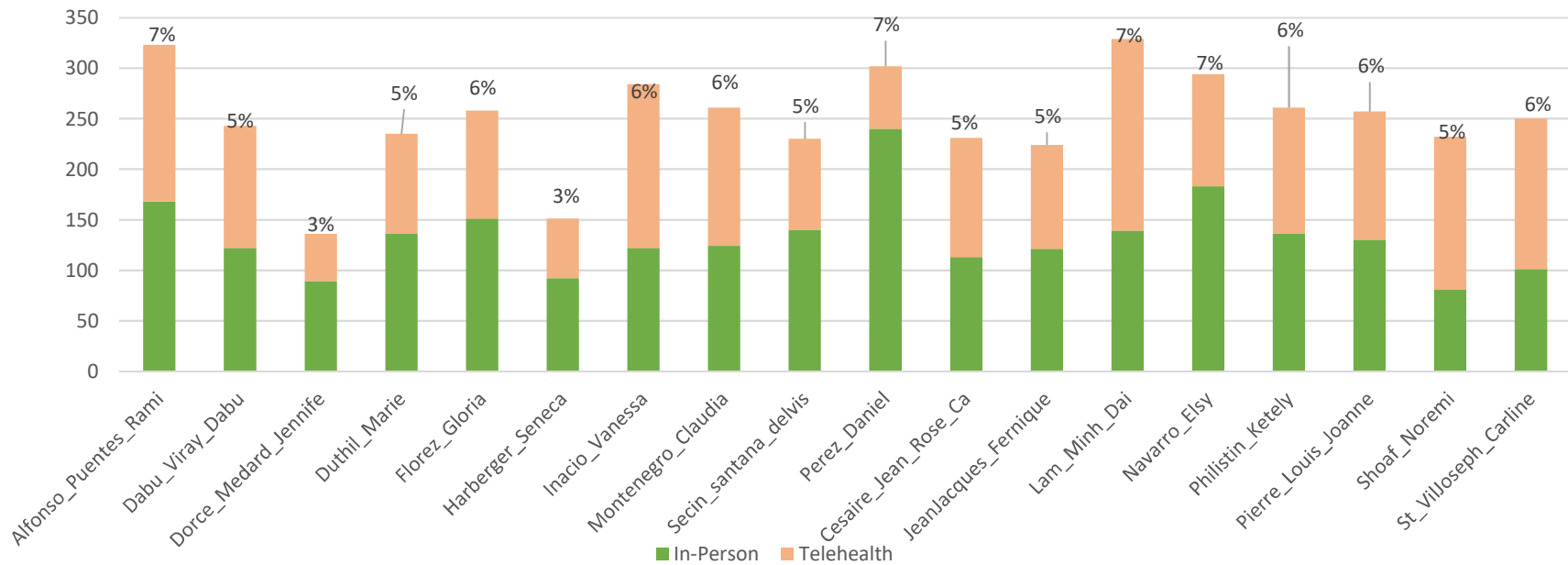
Total Checked-In
AUGUST 2020 (as 08/31/2020)



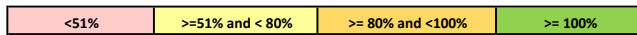
Total No Show
AUGUST 2020 (as 08/31/2020)



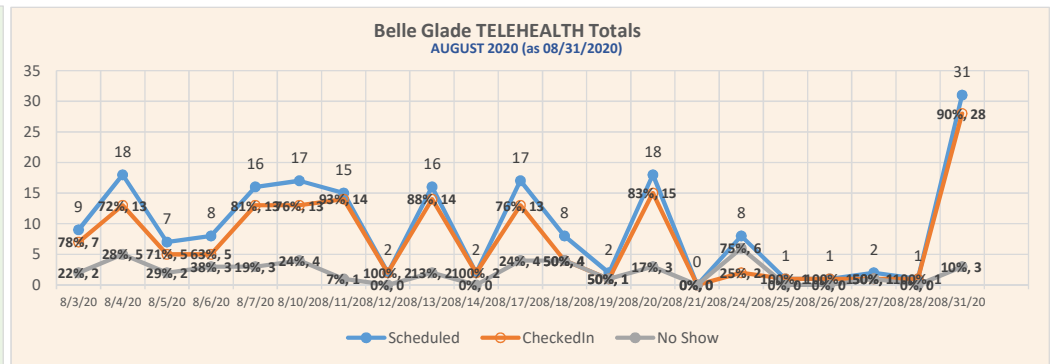
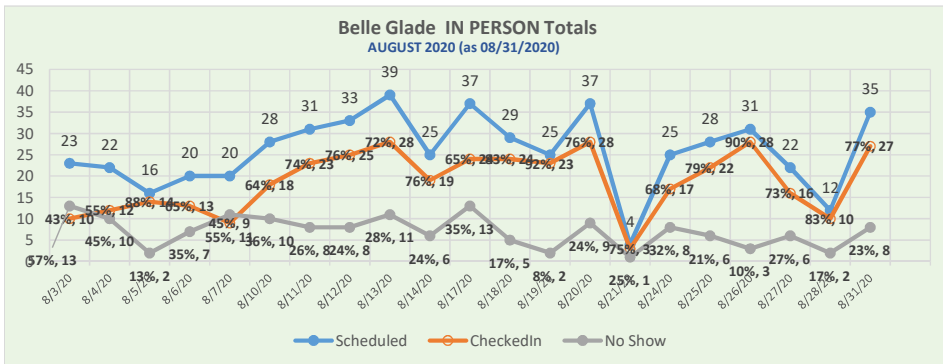
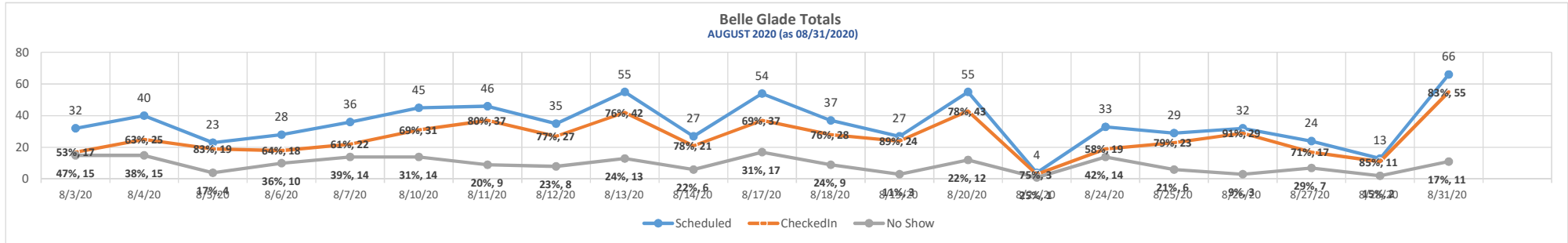
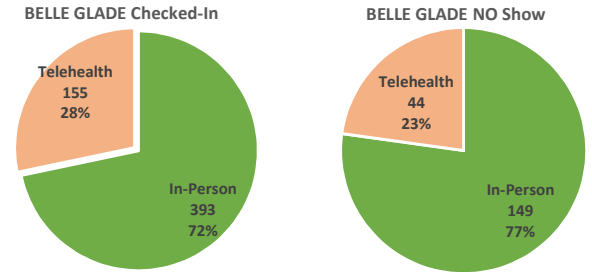
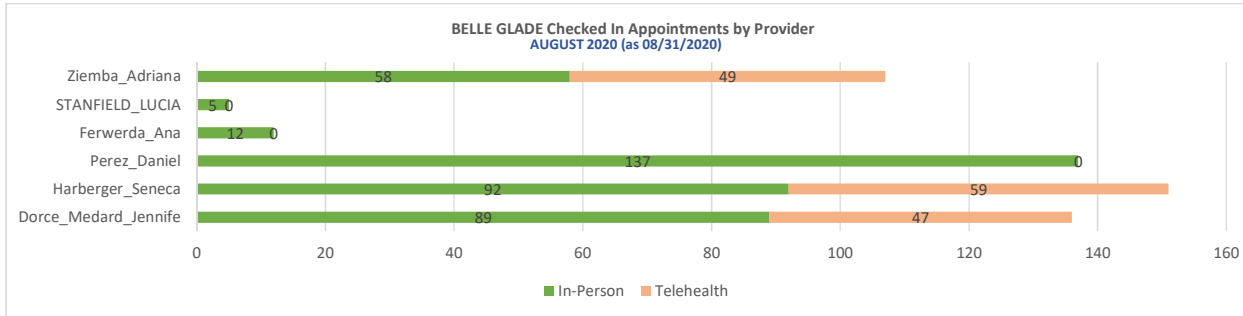
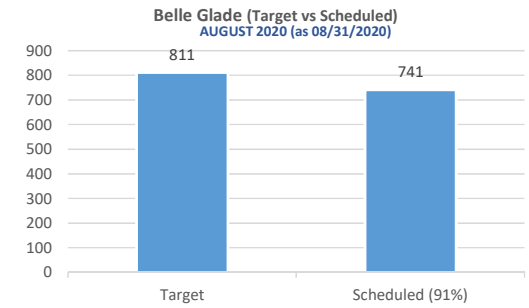
Checked-In by Provider ADULT CARE
AUGUST 2020 (as 08/31/2020)



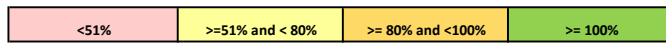
BELLE GLADE



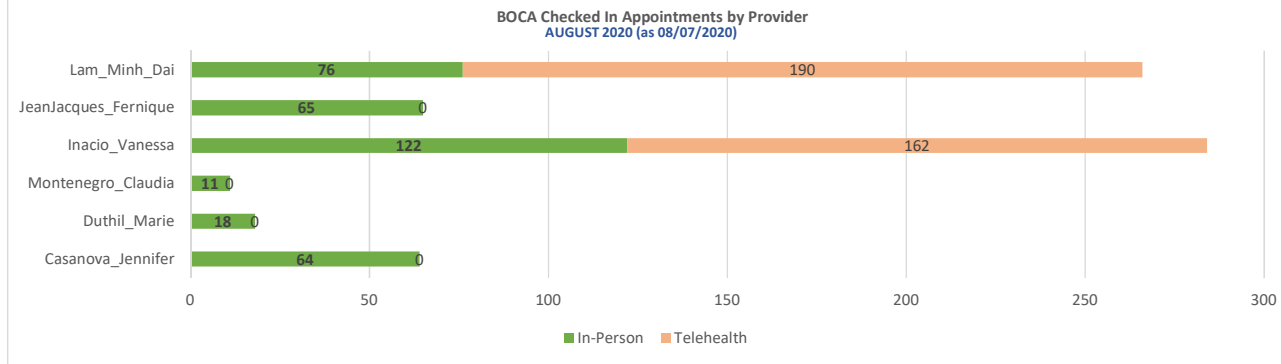
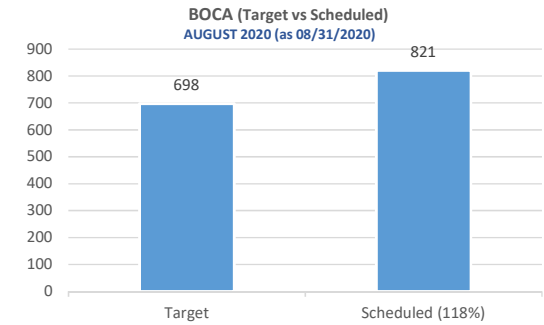
AUGUST 2020 (as 08/31/2020)	In-Person						Telehealth					
Provider / App Type	Target	Scheduled	CheckedIn	No show	% Target	% No Show	Target	Scheduled	CheckedIn	No Show	% Target	% No Show
Dorce_Medard_Jennife	113	135	89	46	79%	34%	130	71	47	24	36%	34%
Harberger_Seneca	125	139	92	47	74%	34%	82	72	59	13	72%	18%
Perez_Daniel	144	186	137	49	95%	26%						
Ferwerda_Ana	45	14	12	2	27%	14%						
STANFIELD_LUCIA	36	5	5		14%							
	In-Person and Telehealth (combined)						% Telehealth CheckedIn for combined BH & SA Teams					
Ziembra_Adriana	136	119	107	12	79%	10%	46%					
Grand Total	530	542	393	149	74%	27%	281	199	155	44	55%	22%



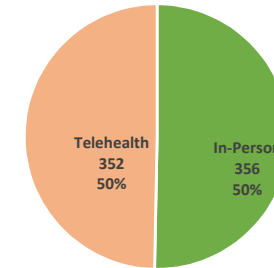
BOCA



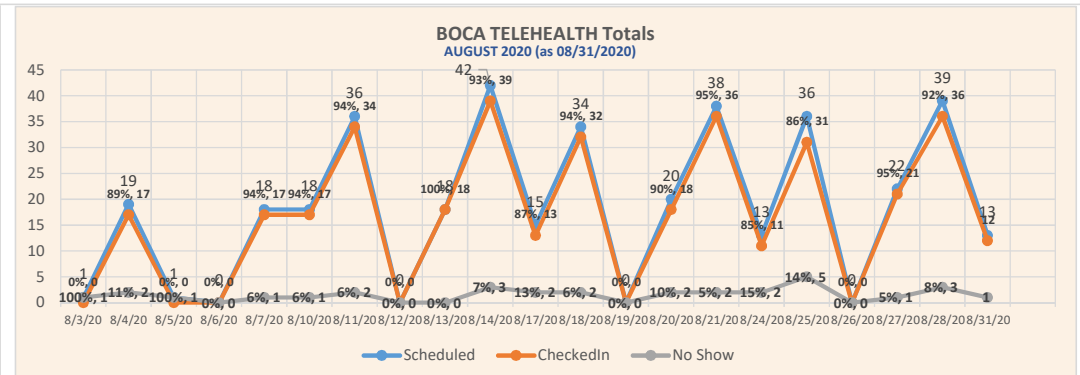
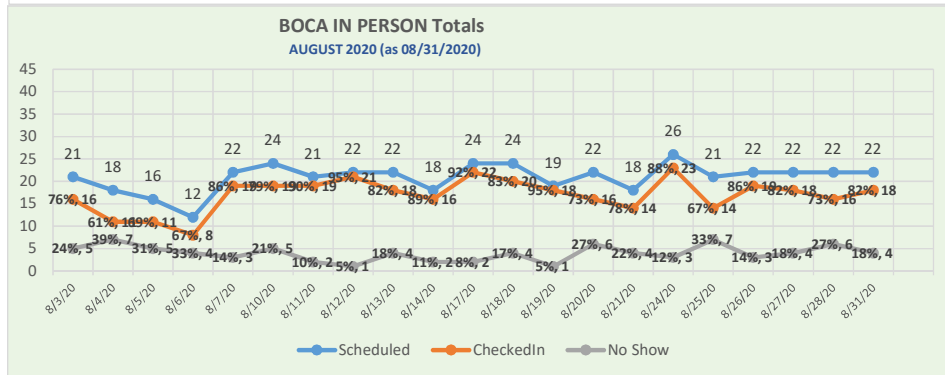
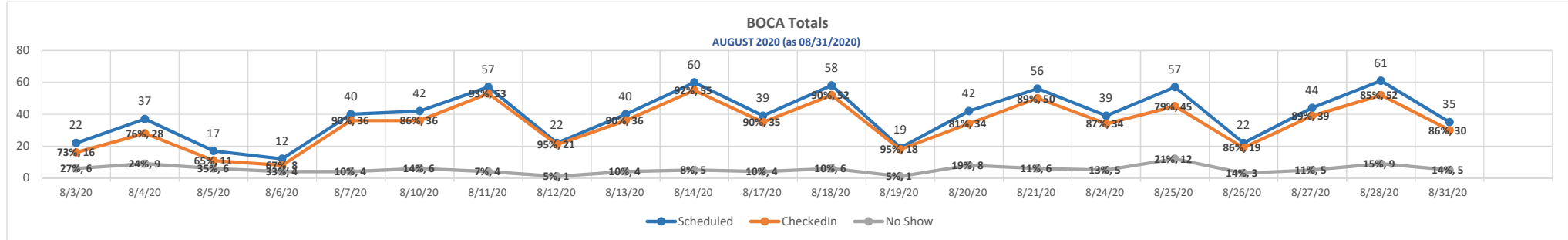
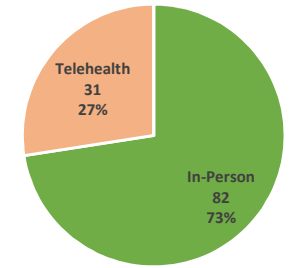
AUGUST 2020 (as 08/31/2020)	In-Person						Telehealth					
	Target	Scheduled	CheckedIn	No show	% Target	% No Show	Target	Scheduled	CheckedIn	No Show	% Target	% No Show
Casanova_Jennifer	63	84	64	20	102%	24%	1	1		1		
Duthil_Marie	18	19	18	1	100%	5%						
Montenegro_Claudia	17	16	11	5	65%	31%	1	1		1		100%
Inacio_Vanessa	107	140	122	18	114%		163	169	162	7	99%	
JeanJacques_Fernique	64	80	65	15	102%	19%						
Lam_MinH_Dai	69	99	76	23	110%	23%	195	212	190	22	97%	10%
Grand Total	338	438	356	82	105%	19%	360	383	352	31	98%	8%



BOCA Total Checked-In



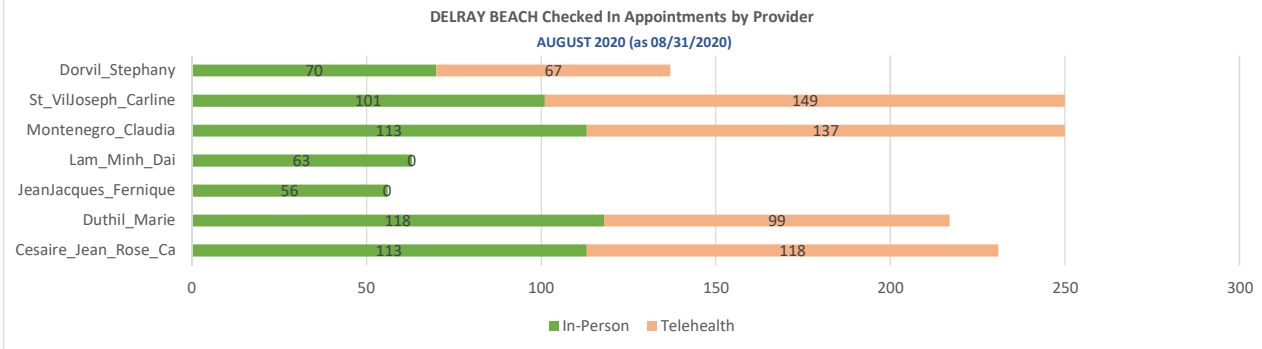
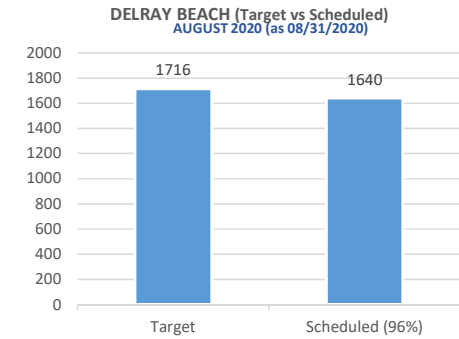
BOCA Total NO Show



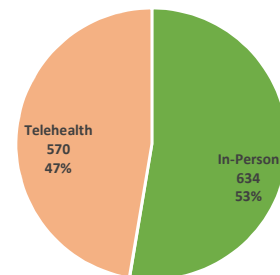
DELRAY BEACH

<51%	>=51% and < 80%	>= 80% and <100%	>= 100%
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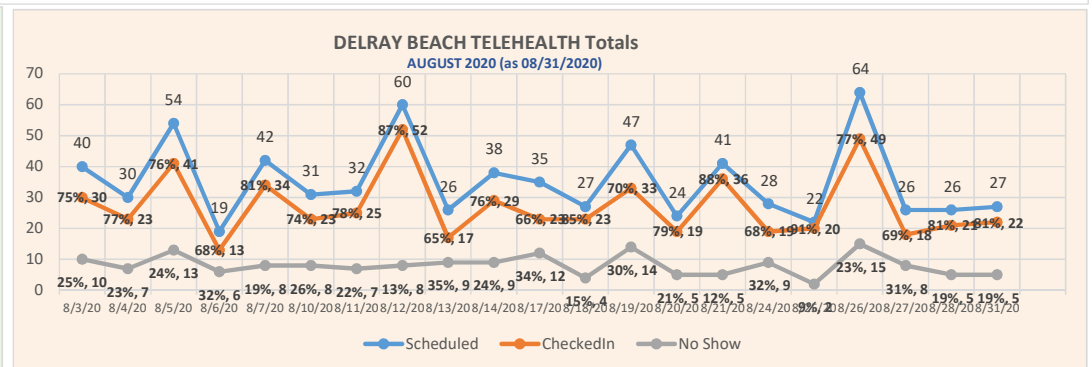
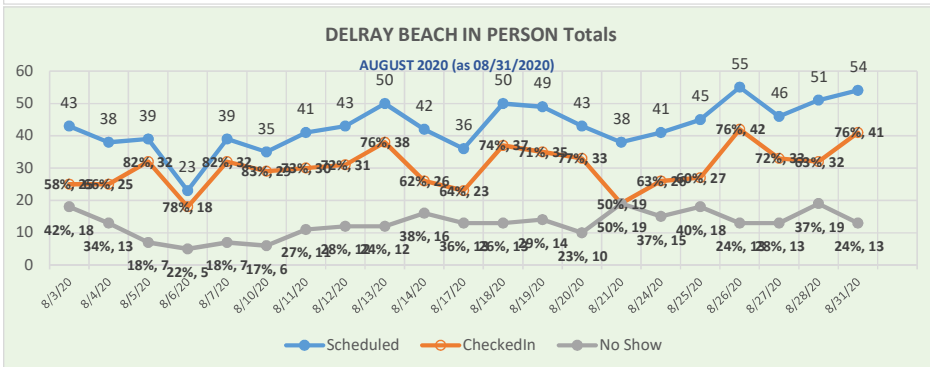
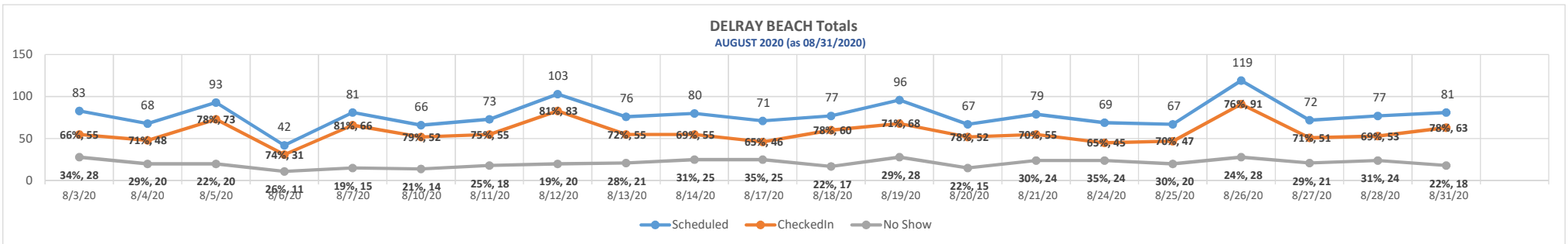
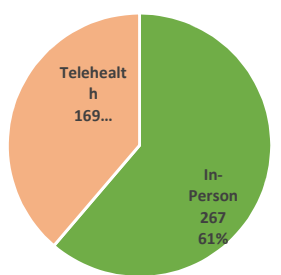
AUGUST 2020 (as 08/31/2020)	In-Person						Telehealth					
	Target	Scheduled	CheckedIn	No show	% Target	% No Show	Target	Scheduled	CheckedIn	No Show	% Target	% No Show
Cesaire_Jean_Rose_Ca	141	181	113	68	80%	38%	187	150	118	32	63%	21%
Duthil_Marie	165	174	118	56	72%	32%	186	128	99	29	53%	23%
JeanJacques_Fernique	63	77	56	21	89%	27%	1	1		1		100%
Lam_Minh_Dai	62	88	63	25	102%	28%	2	2		2		100%
Montenegro_Claudia	141	150	113	37	80%	25%	210	172	137	35	65%	20%
St_VilJoseph_Carline	117	157	101	56	86%	36%	195	192	149	43	76%	22%
In-Person and Telehealth (combined)							% Telehealth CheckedIn for combined BH & SA Teams					
Dorvil_Stephany	246	168	137	31	56%	18%			49%			
Grand Total	789	901	634	267	80%	30%	927	739	570	169	61%	23%



DELRAY BEACH Total Checked-In



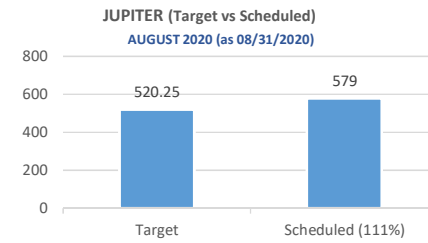
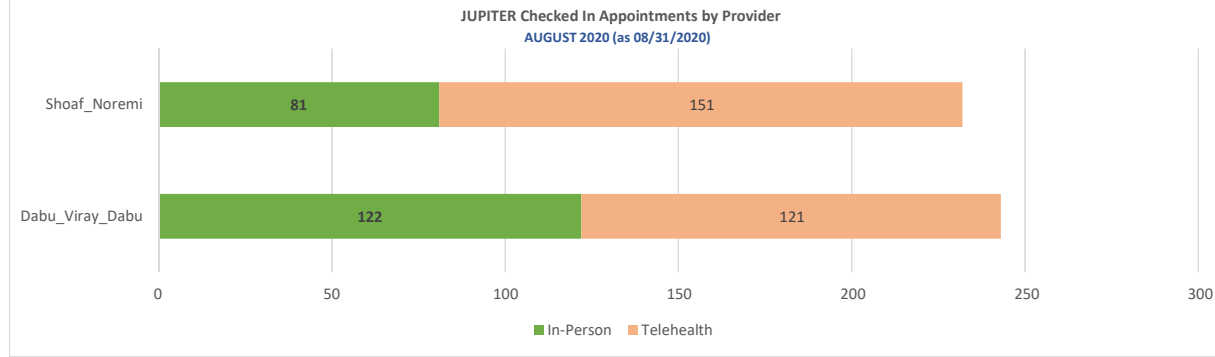
DELRAY BEACH Total NO Show



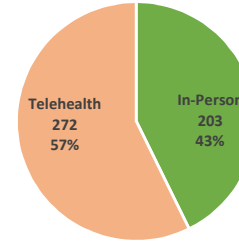
JUPITER

<51%	>=51% and < 80%	>= 80% and <100%	>= 100%
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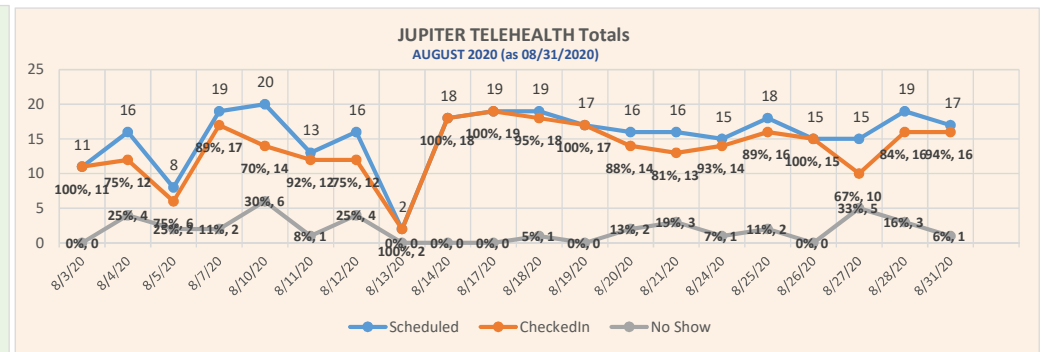
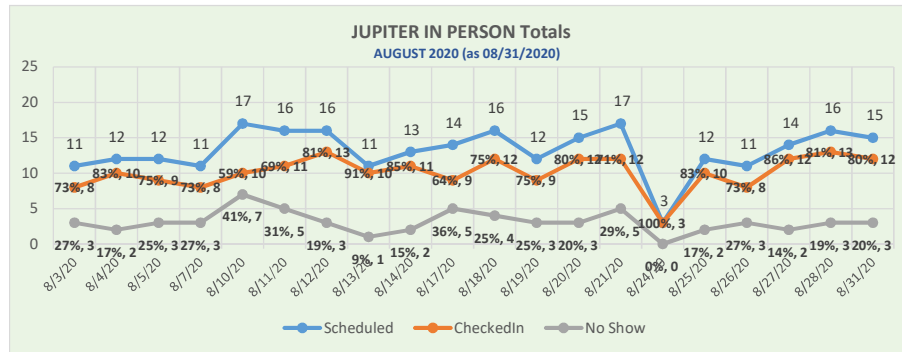
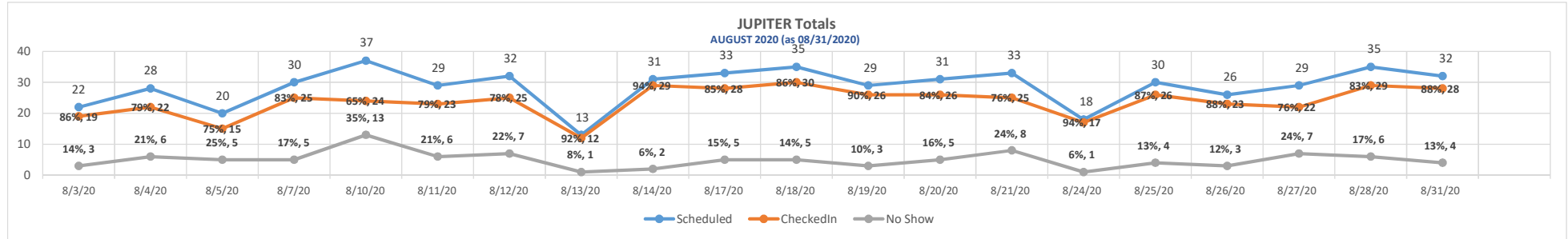
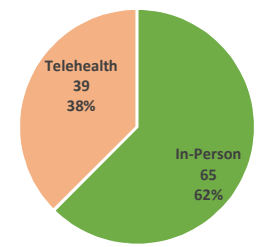
AUGUST 2020 (as 08/31/2020)	In-Person						Telehealth					
Provider / App Type	Target	Scheduled	CheckedIn	No show	% Target	% No Show	Target	Scheduled	CheckedIn	No Show	% Target	% No Show
Dabu_Viray_Dabu	119.25	156	122	34	102%	22%	151	139	121	18	80%	13%
Shoaf_Noremi	84	112	81	31	96%	28%	166	172	151	21	91%	12%
Grand Total	203.25	268	203	65	100%	24%	317	311	272	39	86%	13%



JUPITER Total Checked-In



JUPITER Total NO Show

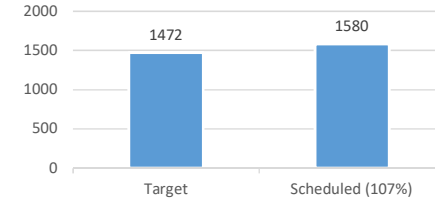


LAKE WORTH

<51%	>=51% and < 80%	>= 80% and <100%	>= 100%
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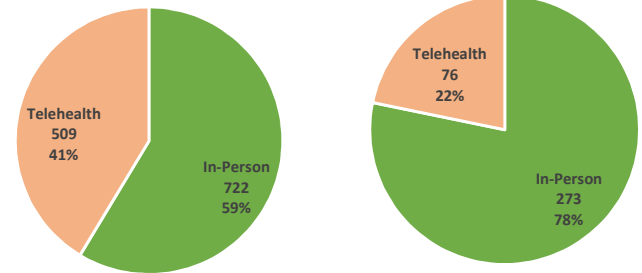
AUGUST 2020 (as 08/31/2020)	In-Person						Telehealth					
Provider / App Type	Target	Scheduled	CheckedIn	No show	% Target	% No Show	Target	Scheduled	CheckedIn	No Show	% Target	% No Show
Alfonso_Puentes_Rami	88	126	95	31	108%	25%	209	174	155	19	74%	11%
Casanova_Jennifer	255	341	227	114	89%	33%	9	13	4	9	44%	69%
Ferwerda_Ana	71	110	73	37	103%	34%	1	1		1		100%
Alvarez_Franco	5					0%	4	1	1		25%	0%
Philistin_Ketely	125	181	136	45	109%	25%	187	148	125	23	67%	16%
Pierre_Louis_Joanne	119	175	130	45	109%	26%	177	142	127	15	72%	11%
	In-Person and Telehealth (combined)						% Telehealth Checkedin for combined BH & SA Teams					
JONES_KIARA	222	168	158	10	71%	6%			61%			
Grand Total	740	995	722	273	98%	27%	732	585	509	76	70%	13%

LAKE WORTH (Target vs Scheduled)
AUGUST 2020 (as 08/31/2020)

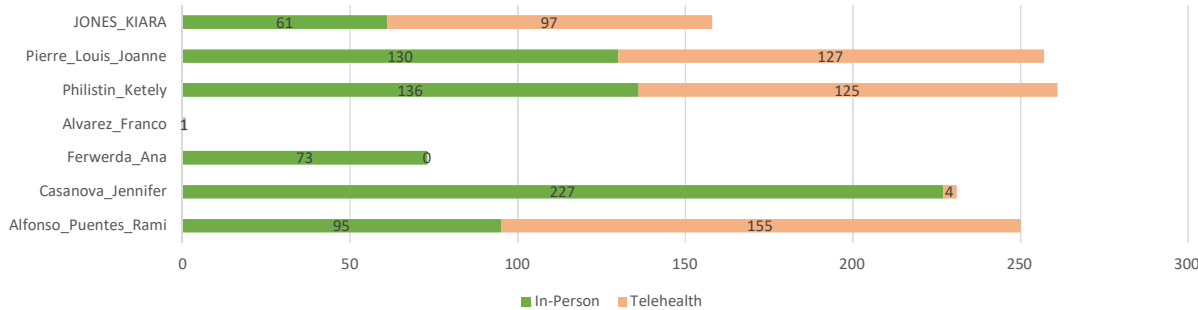


LAKE WORTH Total Checked-In

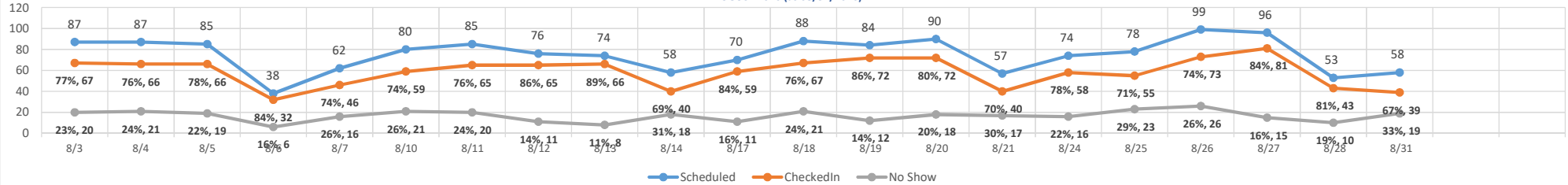
LAKE WORTH Total NO Show



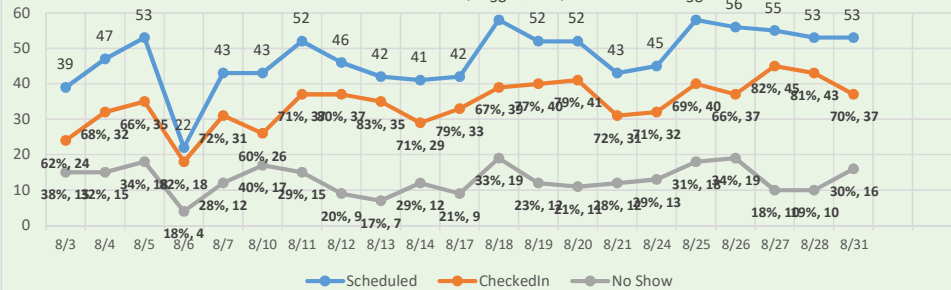
LAKE WORTH Checked In Appointments by Provider
AUGUST 2020 (as 08/31/2020)



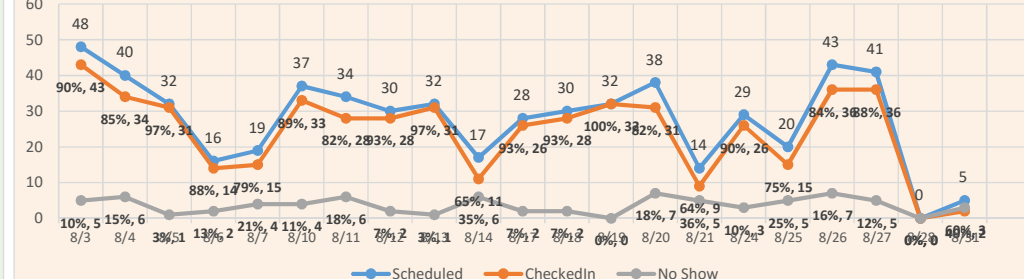
LAKE WORTH Totals
AUGUST 2020 (as 08/31/2020)



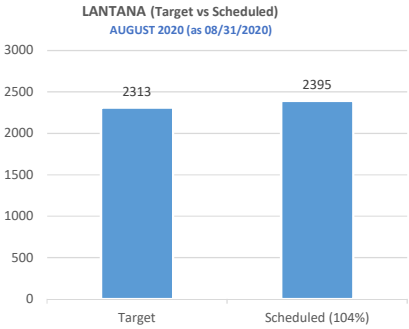
LAKE WORTH IN PERSON Totals
AUGUST 2020 (as 08/31/2020)



LAKE WORTH TELEHEALTH Totals
AUGUST 2020 (as 08/31/2020)

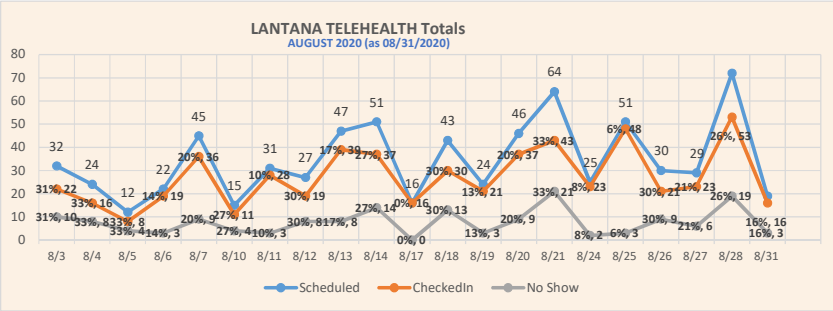
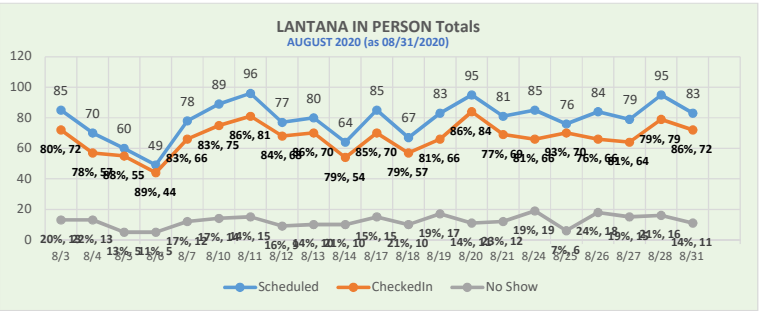
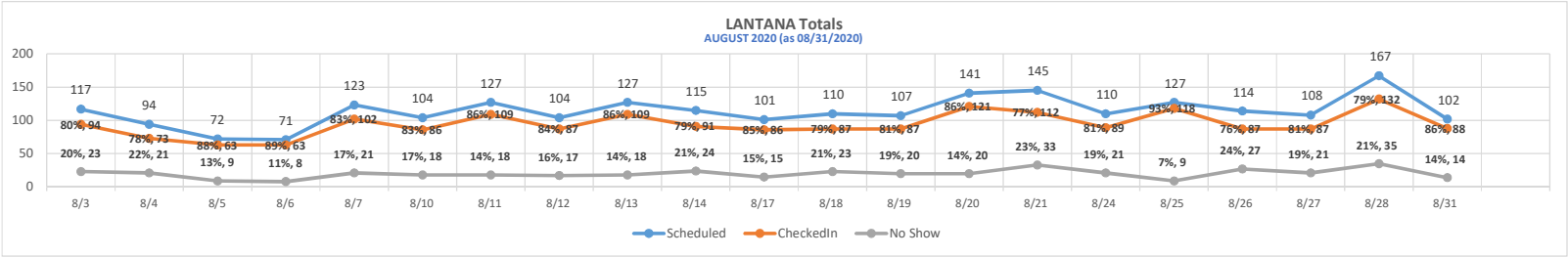
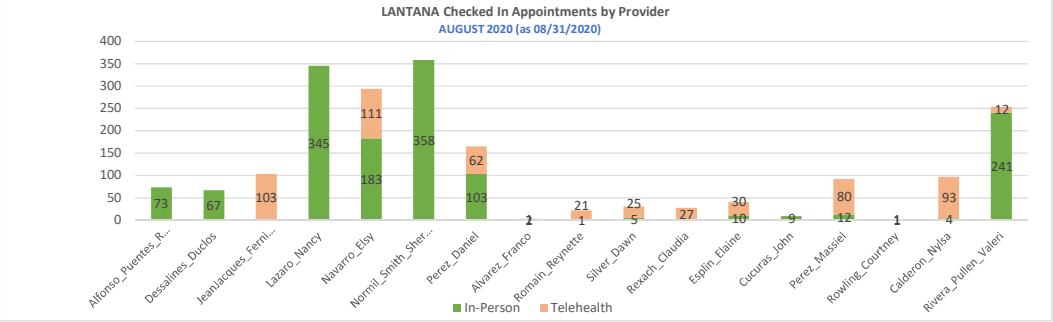
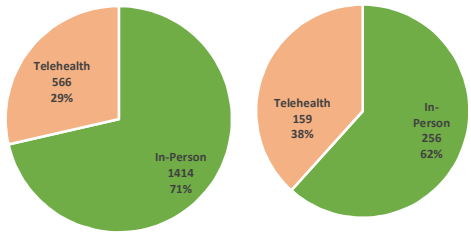


LANTANA	<51%		>=51% and < 80%		>= 80% and <100%		>= 100%					
AUGUST 2020 (as 08/31/2020)	In-Person						Telehealth					
Provider / App Type	Target	Scheduled	Checkedin	No show	% Target	% No Show	Target	Scheduled	Checkedin	No Show	% Target	% No Show
Alfonso_Puentes_Rami	72	98	73	25	101%	26%						
Dessalines_Duclos	62	75	67	8	108%	11%	1	1		1		
JeanJacques_Fernique						0%	184	114	103	11	56%	
Lazaro_Nancy	315	394	345	49	110%	12%						
Navarro_Elsy	177	257	183	74	103%	29%	151	123	111	12	74%	
Normil_Smith_Sherlou	351	420	358	62	102%	15%						
Perez_Daniel	99	132	103	29	104%	22%	90	68	62	6	69%	
Alvarez_Franco	7	2	2		29%	0%	13	1	1		8%	
Romain_Reynette	1	1	1		100%	0%	47	45	21	24	45%	
Silver_Dawn	6	5	5		83%	0%	36	30	25	5	69%	
Rexach_Claudia	5	3		3		100%	55	45	27	18	49%	
Esplin_Elaine	20	13	10	3	50%	23%	64	69	30	39	47%	
Cucuras_John	10	9	9		90%	0%						
Perez_Massiel	15	14	12	2	80%	14%	118	115	80	35	68%	
	In-Person and Telehealth (combined)						% Telehealth Checkedin for combined BH & SA Teams					
Rowling_Courtney	12	2	2		17%	0%			50%			
Calderon_Nylsa	156	104	97	7	62%	7%			96%			
Rivera_Pullen_Valeri	246	253	253		103%	0%			5%			
Bell_Emily		1		1		100%						
JONES_KIARA		1		1		100%						
Grand Total	1394	1670	1414	256	101%	15%	919	725	566	159	62%	22%



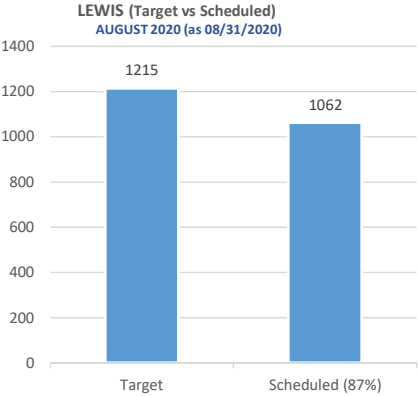
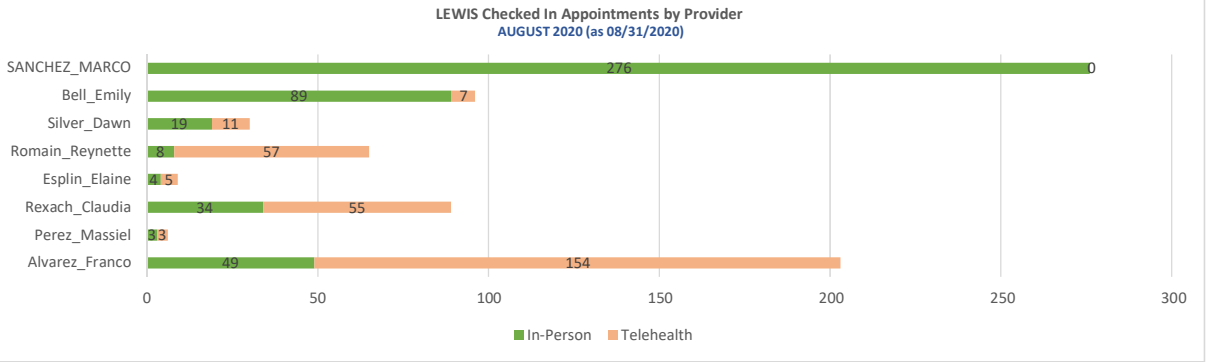
LANTANA Total Checked-In

LANTANA Total NO Show

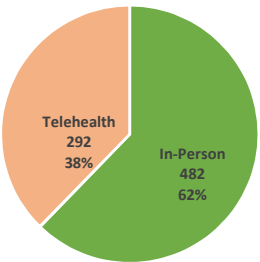


LEWIS

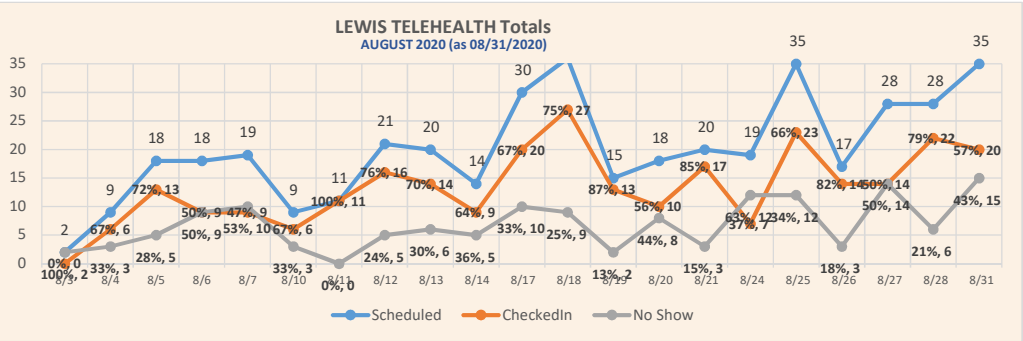
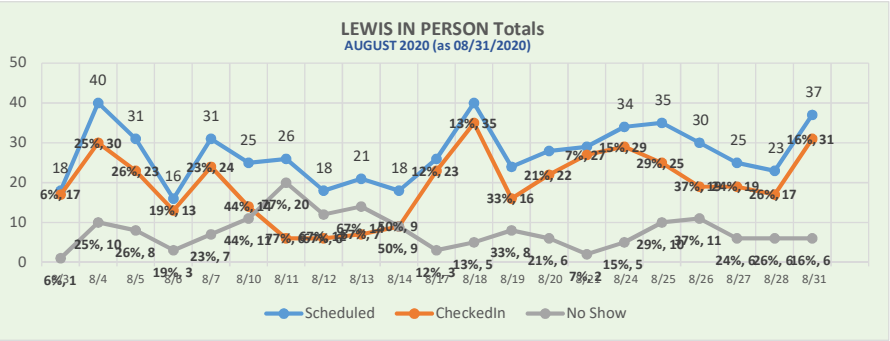
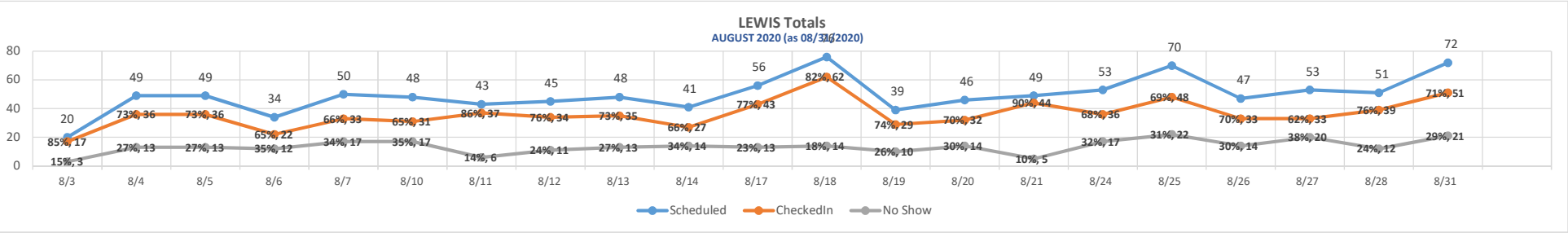
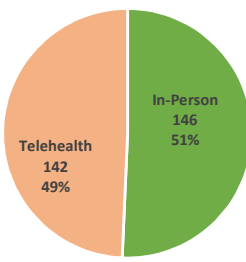
AUGUST 2020 (as 08/31/2020)	In-Person						Telehealth					
	Target	Scheduled	CheckedIn	No show	% Target	% No Show	Target	Scheduled	CheckedIn	No Show	% Target	% No Show
Alvarez_Franco	82	58	49	9	60%	16%	222	181	154	27	69%	15%
Perez_Massiel		4	3	1			11	4	3	1	27%	
Rexach_Claudia	49	42	34	8	69%	19%	101	109	55	54	54%	50%
Esplin_Elaine	8	7	4	3	50%	43%	16	14	5	9	31%	64%
Romain_Reynette	10	10	8	2	80%	20%	104	94	57	37	55%	39%
Silver_Dawn	32	20	19	1	59%	5%	28	22	11	11	39%	
	In-Person and Telehealth (combined)						% Telehealth CheckedIn for combined BH & SA Teams					
Bell_Emily	224	113	96	17	43%	15%			7%			
SANCHEZ_MARCO	328	384	276	108	84%	28%						
Grand Total	715	628	482	146	67%	23%	500	434	292	142	58%	33%



LEWIS Total Checked-In

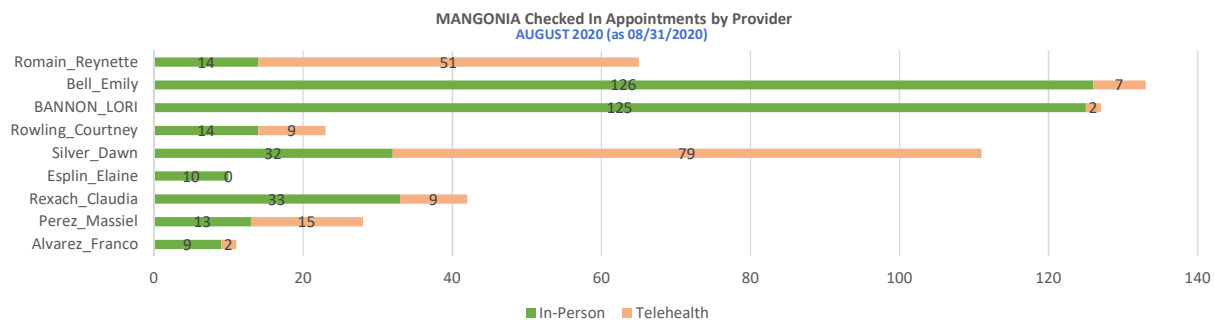
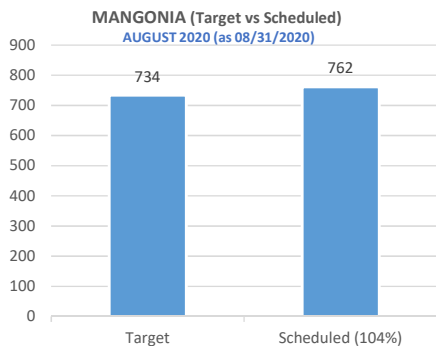


LEWIS Total NO Show

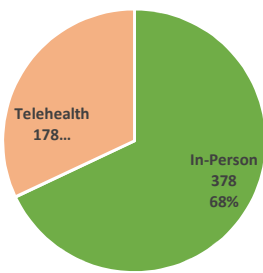


MANGONIA

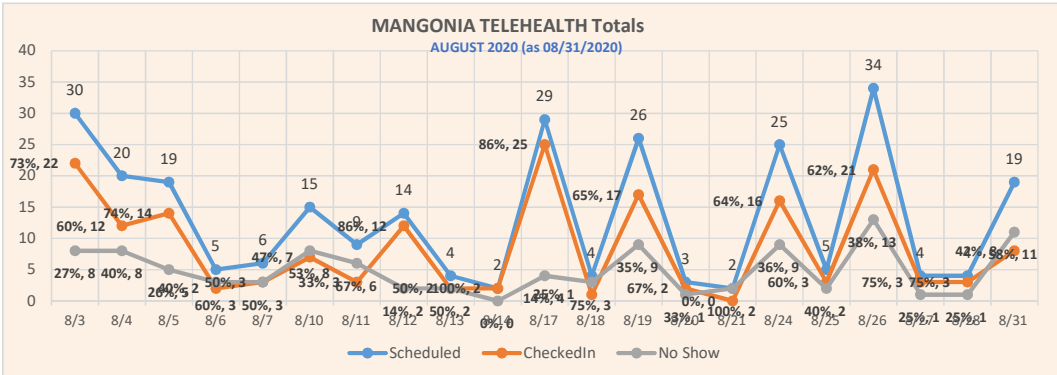
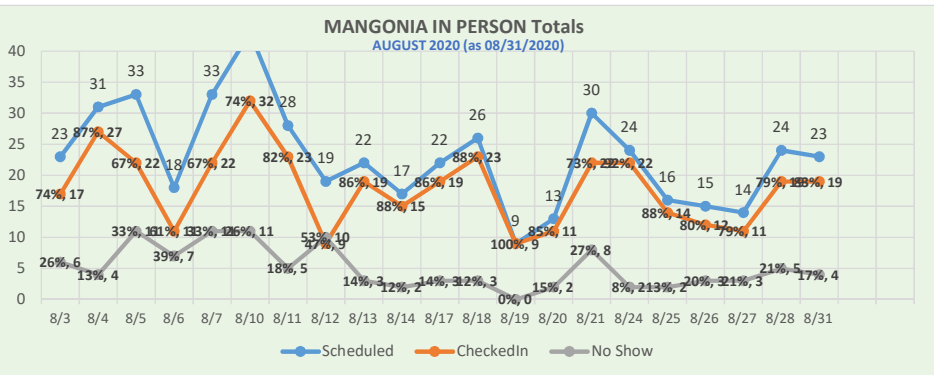
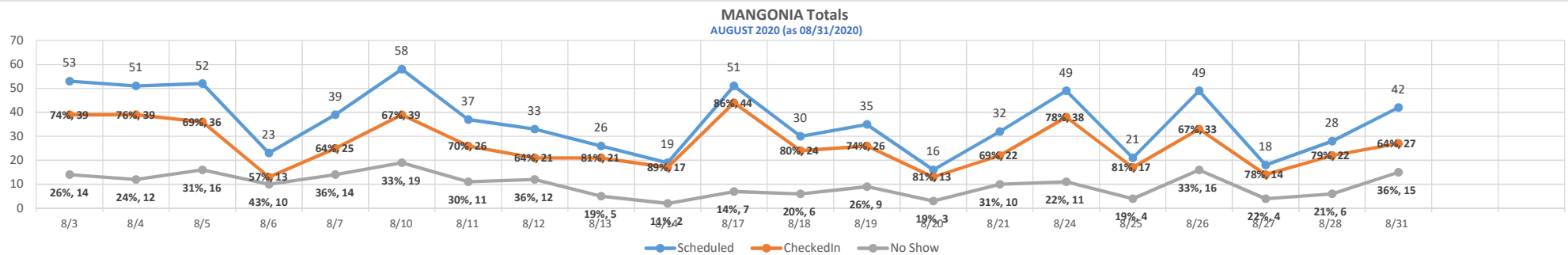
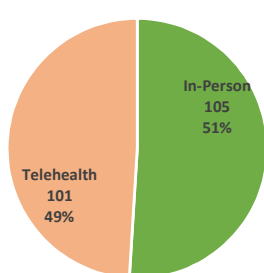
MANGONIA	<51%		>=51% and < 80%		>= 80% and <100%		>= 100%					
AUGUST 2020 (as 08/31/2020)	In-Person						Telehealth					
Provider / App Type	Target	Scheduled	CheckedIn	No show	% Target	% No Show	Target	Scheduled	CheckedIn	No Show	% Target	% No Show
Alvarez_Franco	18	9	9		50%	0%	18	2	2		11%	0%
Perez_Massiel	17	16	13	3	76%	19%	19	26	15	11	79%	42%
Rexach_Claudia	22	37	33	4			14	24	9	15		63%
Esplin_Elaine	14	14	10	4	71%	29%	4	10		10		100%
Silver_Dawn	40	41	32	9	80%	22%	92	97	79	18	86%	19%
STANFIELD_LUCIA	4	3	2	1	50%	33%	20	6	4	2	20%	33%
	In-Person and Telehealth (combined)						% Telehealth CheckedIn for combined BH & SA Teams					
Rowling_Courtney	80	27	23	4	29%	15%			39%			
BANNON_LORI	208	155	127	28	61%	18%			2%			
Bell_Emily	104	193	133	60	128%	31%			5%			
Romain_Reynette	60	102	65	37	108%	36%			78%			
Grand Total	434	483	378	105	87%	22%	300	279	178	101	59%	36%



MANGONIA Total Checked-In

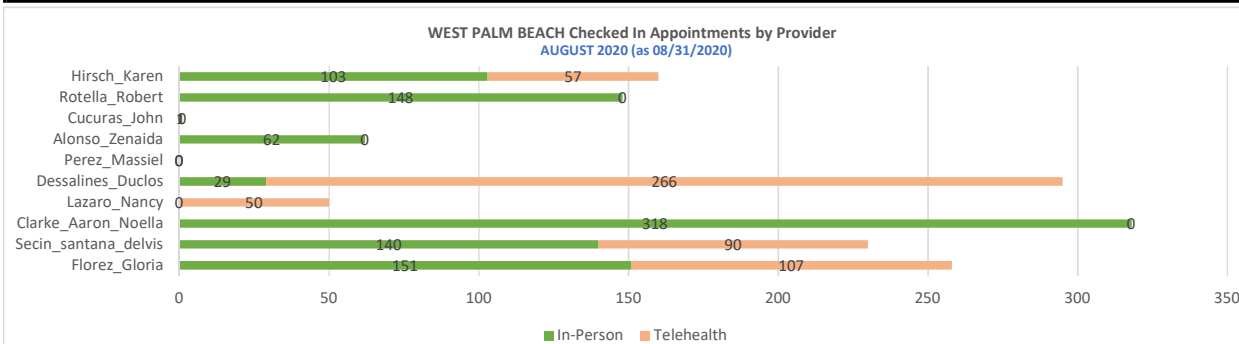
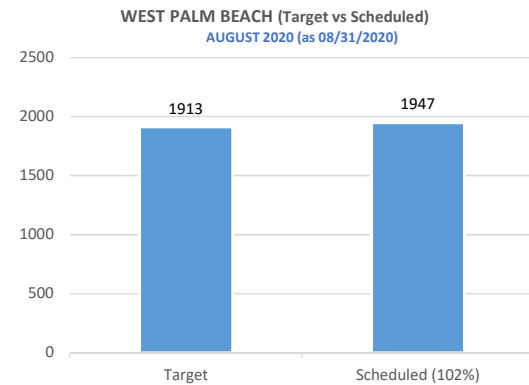


MANGONIA Total NO Show

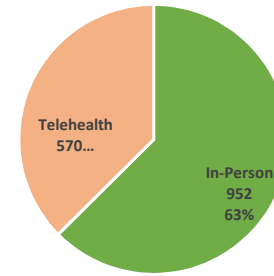


WEST PALM BEACH

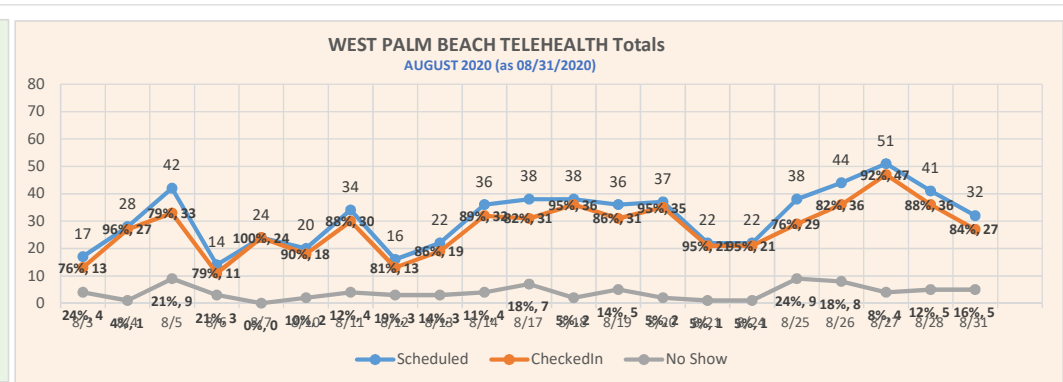
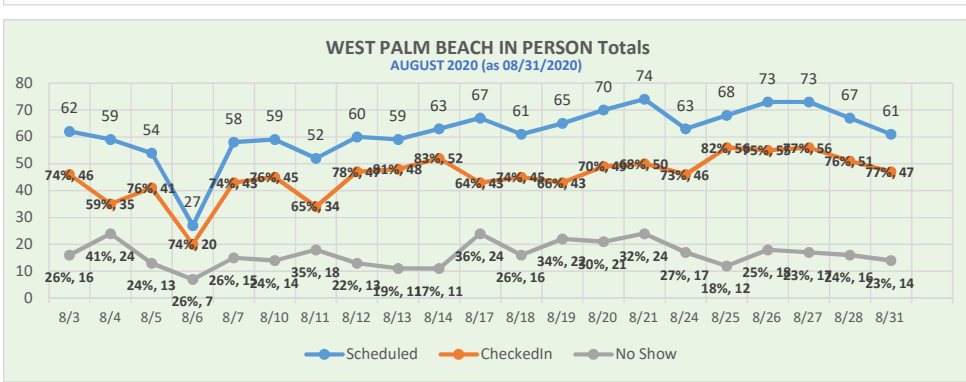
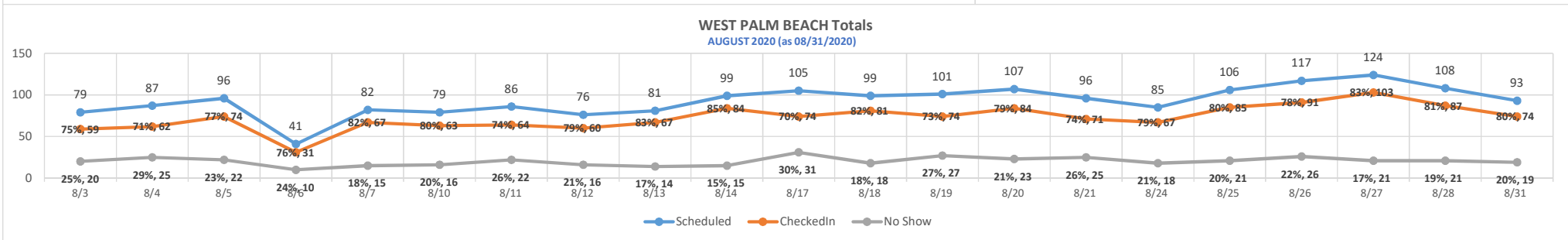
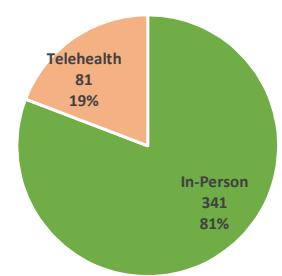
WEST PALM BEACH		<51%		>=51% and < 80%		>= 80% and <100%		>= 100%					
AUGUST 2020 (as 08/31/2020)		In-Person						Telehealth					
Provider / App Type		Target	Scheduled	CheckedIn	No show	% Target	% No Show	Target	Scheduled	CheckedIn	No Show	% Target	% No Show
Florez_Gloria		188	229	151	78	80%	34%	163	136	107	29	66%	21%
Secin_santana_delvis		177	221	140	81	79%	37%	129	105	90	15	70%	14%
Clarke_Aaron_Noella		333	407	318	89	95%	22%						0%
Lazaro_Nancy							0%	36	53	50	3	139%	6%
Dessalines_Duclos		38	38	29	9	76%	24%	268	300	266	34	99%	11%
Perez_Massiel							0%						0%
Alonso_Zenaida		120	85	62	23	52%	27%						
Cucuras_John		10	1	1		10%							
Rotella_Robert		205	209	148	61	72%	29%						
		In-Person and Telehealth (combined)						% Telehealth CheckedIn for combined BH & SA Teams					
Hirsch_Karen		246	163	160		65%	2%			36%			
Grand Total		1228	1295	952	341	78%	26%	685	652	570	81	83%	13%



WEST PALM BEACH Total Checked-In



WEST PALM BEACH Total NO Show



Clinic Service Center Stats

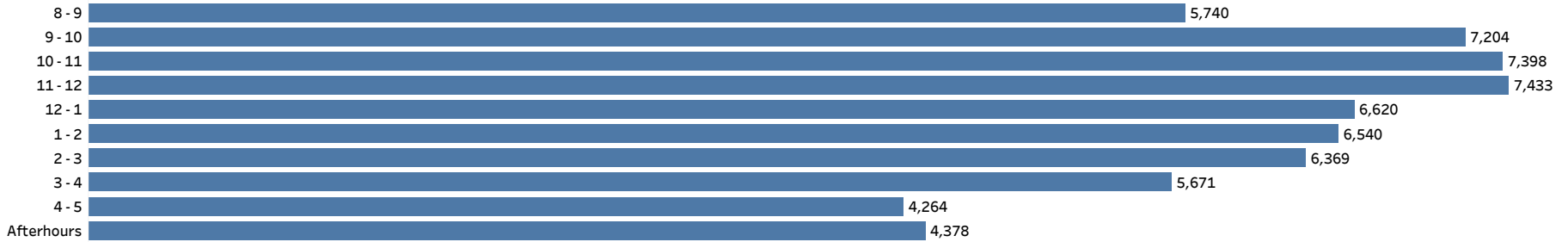
Number of Calls	61,617
Unique Phone Numbers	24,739



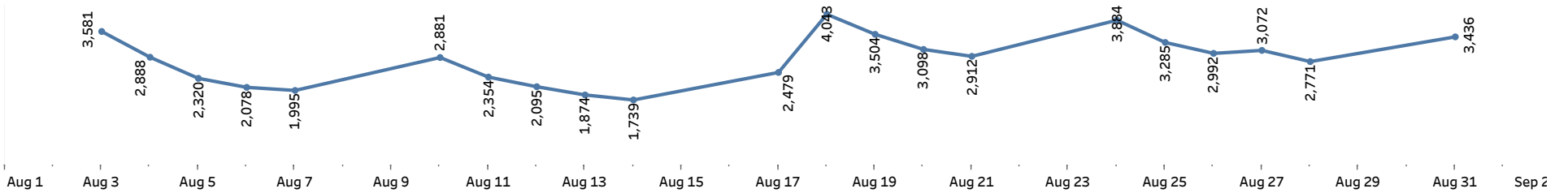
Call Date
 8/1/2020 to 8/31/2020

Calls per time of day

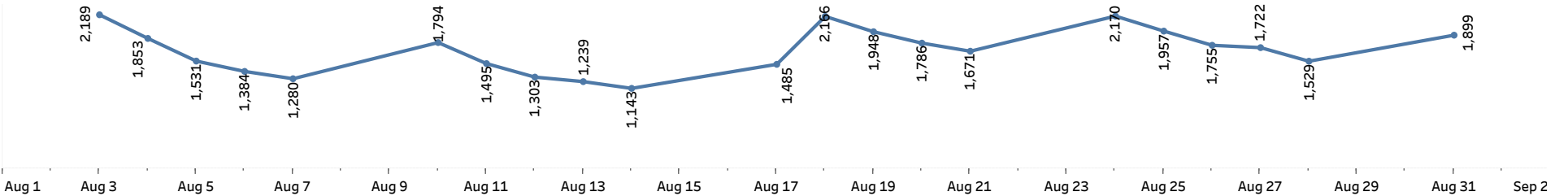
Anonymous numbers counted individually



Calls Received



Unique Numbers





COVID-19 HCD Clinics All

8/29/2020 to 9/28/2020

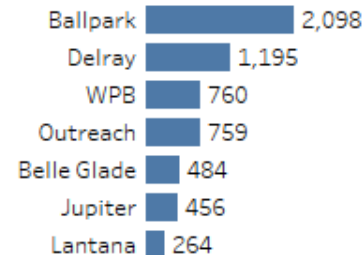
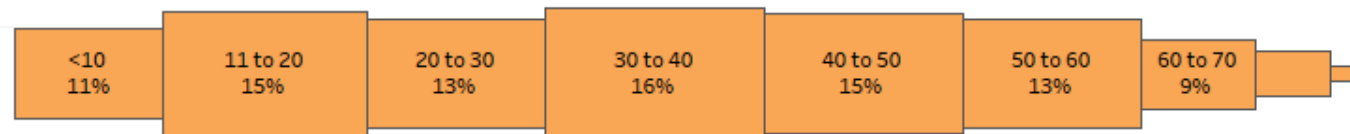
8/29/2020 to 9/28/2020

Tests **6,015**

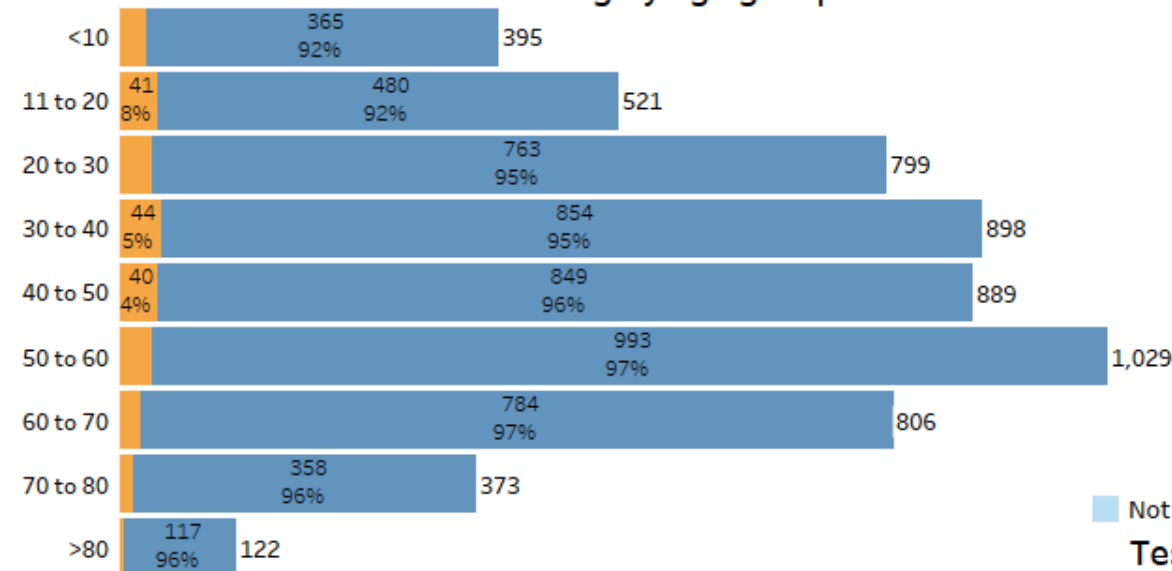
Results **6,015**



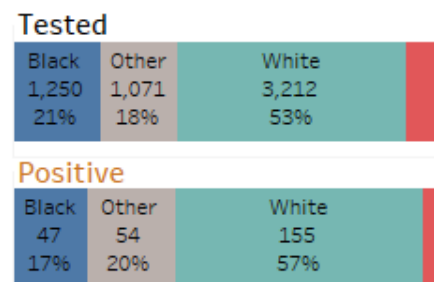
Age distribution for positive results



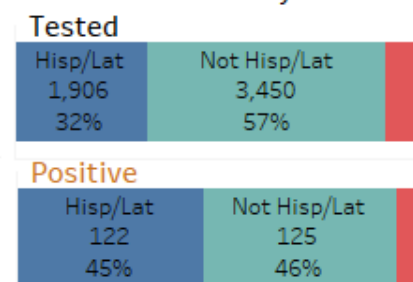
Rate of testing by age group



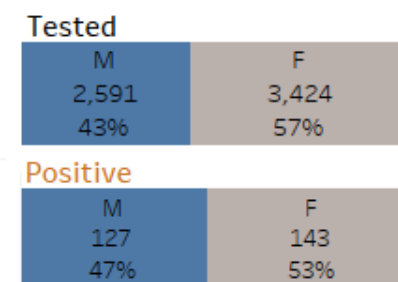
Race



Ethnicity



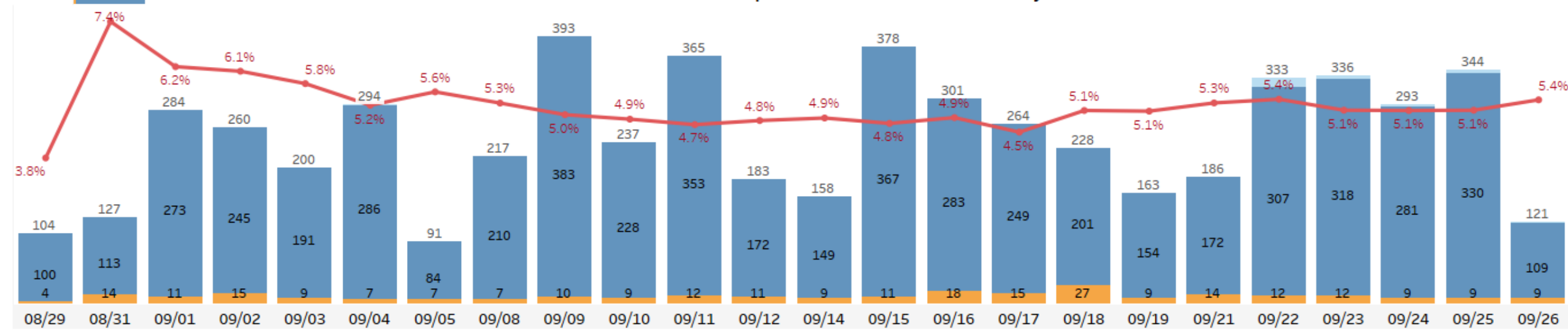
Gender



Not Resulted Negative Positive

Tests performed in the last 30 days

Red line represents the rolling average of percent positive (14 day)



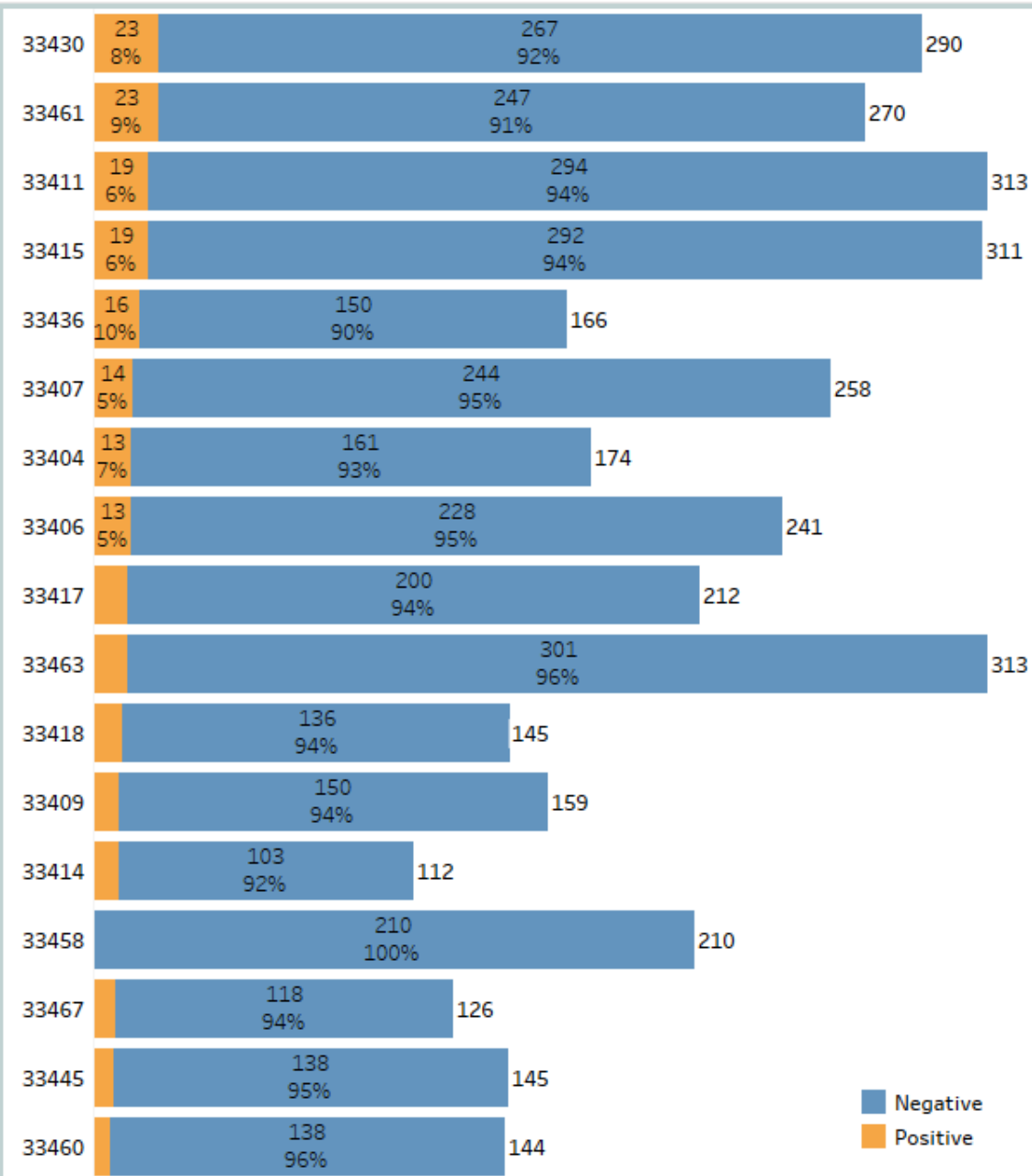
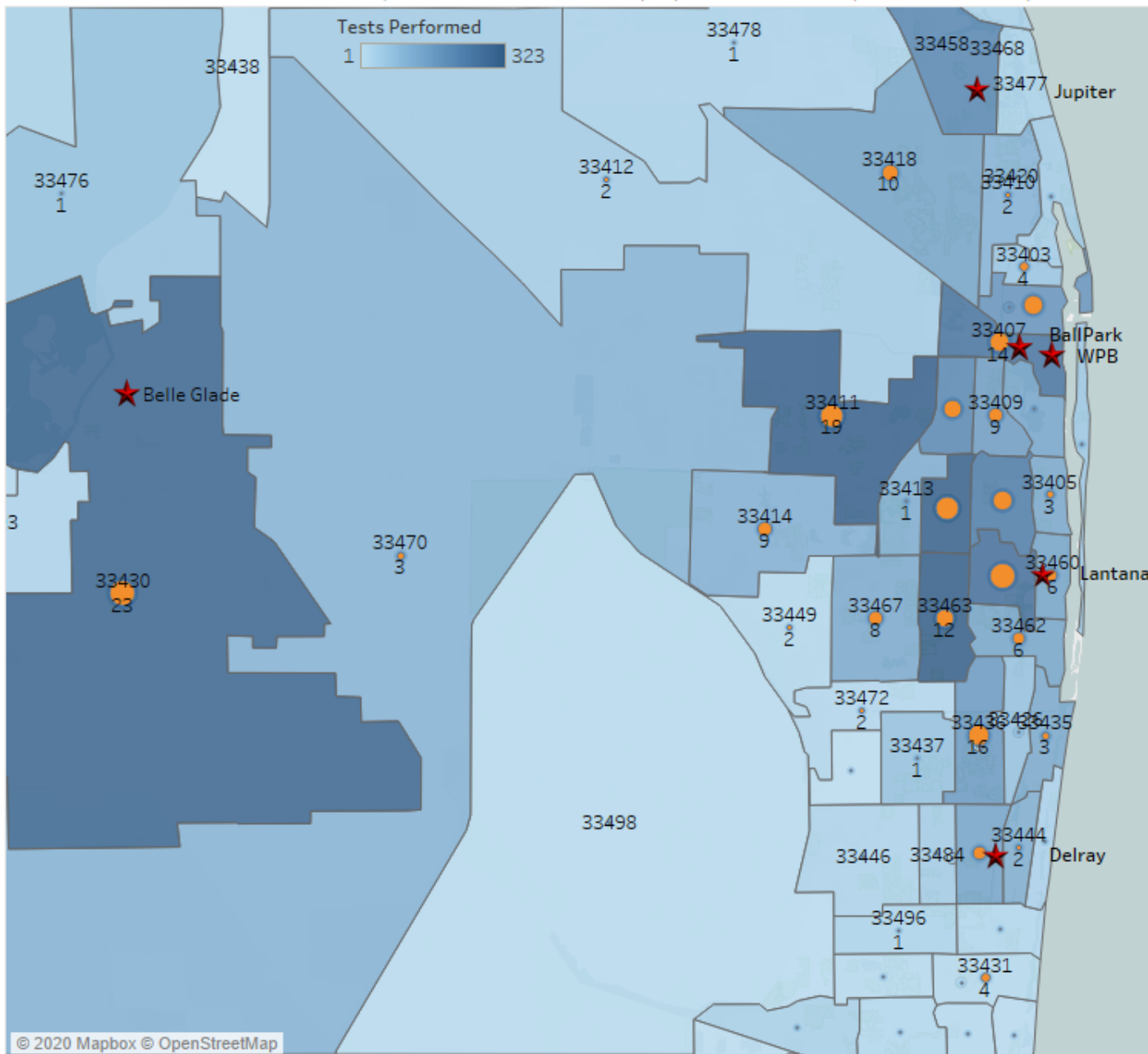


COVID-19 HCD All

6,015

Enctr Date ALL
8/29/2020 to 9/28/2020

Darker blue on the map represents more tests performed in that zip code. The size of the orange circle represents more positive results.



Covid-19 Positive Results All

3/17/2020 to 9/26/2020

8/29/2020 to 9/28/2020

From March

**Total
Positive
Results**

270

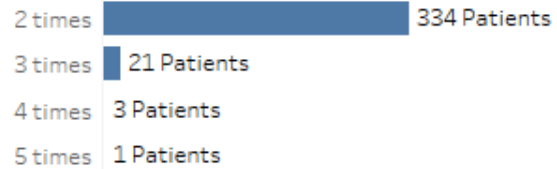
**Unique
Positive
Patients**

261

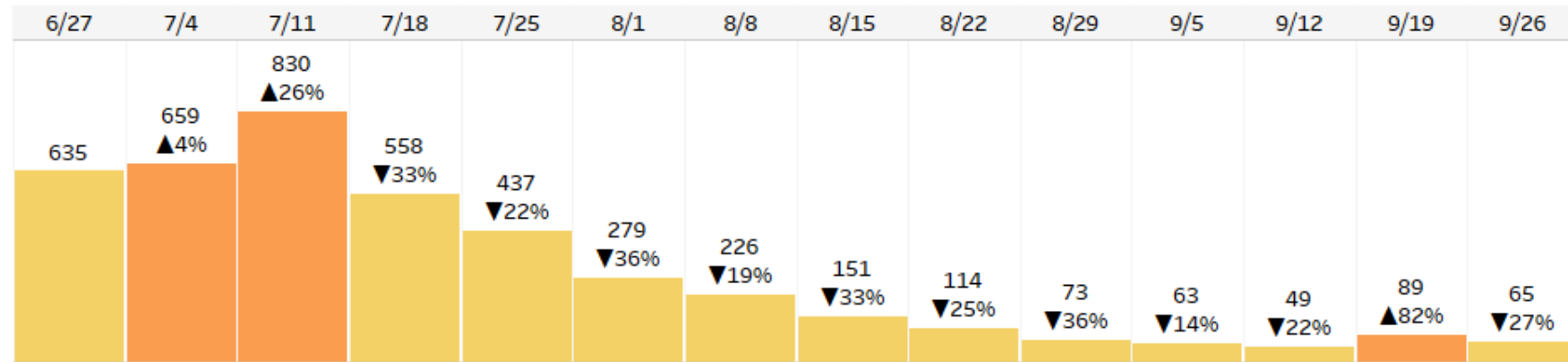
**Unique
Patients
Retested**

358

Retest Frequency from March



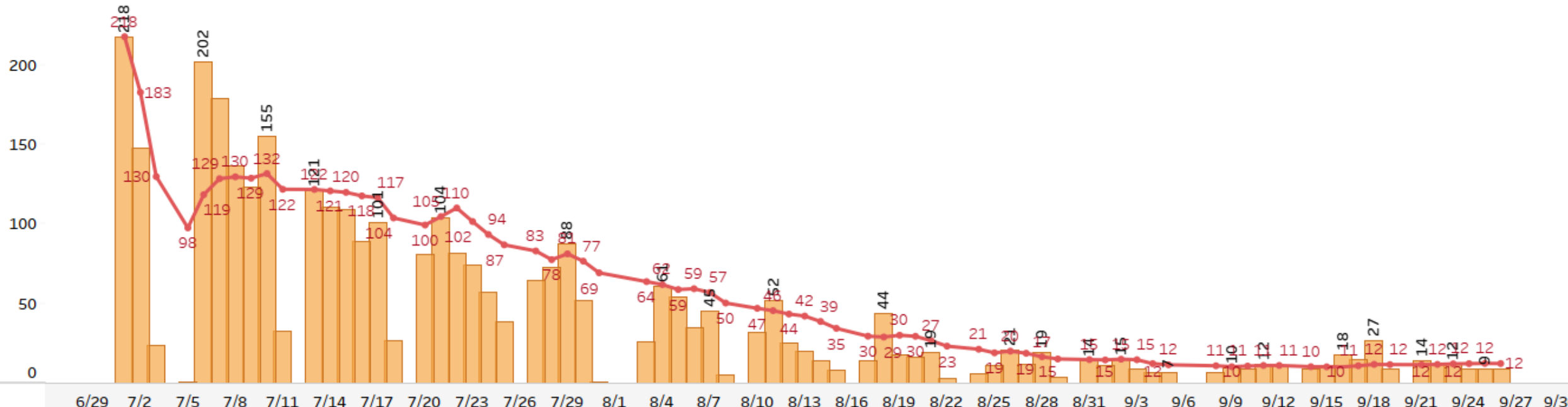
WEEKLY POSITIVE RESULTS FOR WEEK ENDING ON SATURDAYS



*Last Week's results are still coming in.

Daily Positive Results

Red line represents the rolling average of daily positive results 14 day



Clinic Service Center Stats

Covid19 appointment request calls

8/31/2020 to 9/28/2020

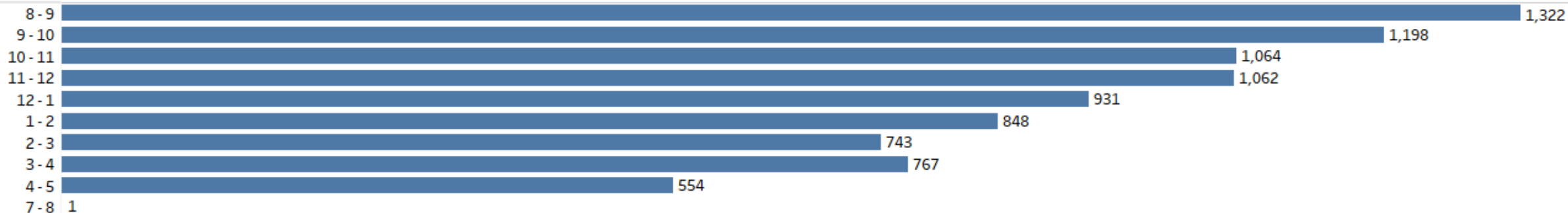
Date Range
 8/31/2020 to 9/29/2020

Calls	8,490
Unique Numbers.	5,939



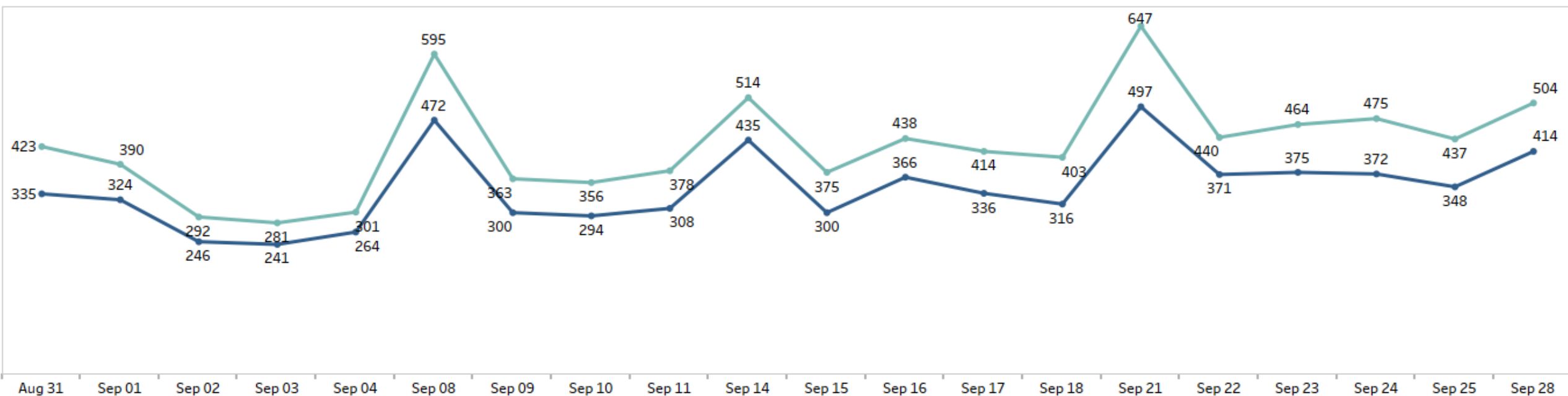
Anonymous numbers counted individually

Calls per time of day



Number of Calls & Unique Numbers

■ Calls ■ Unique Numbers.



DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
September 30, 2020

1. Description: Quality Report

2. Summary:

This agenda item provides the following:

- Quality Council Minutes

3. Substantive Analysis:

PATIENT SAFETY & ADVERSE EVENTS

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

PATIENT SATISFACTION & GRIEVANCES

1,739 surveys were completed since January 2020. Twenty-two percent were completed in Spanish, 6% in Creole and 72% in English. The highest number of respondents were between the ages of 50-59. The majority of the patients were pleased with their care. There was a perceived increase in wait time, perhaps due to new COVID-19 safety measures.

For August 2020, there were a total of 19 complaints and grievances received. 6 out of 19 were from Boca Clinic. The top 5 categories were Communication, Other, Care & Treatment, Physician Related and Finance. Poor Communication was the greatest subcategory. No compliments, including Thumb’s Up were received for August.

QUALITY ASSURANCE & IMPROVEMENT

Athena reporting has known issues due to the updates being made to UDS 2020 reporting capabilities. Data not validated. Updates will be presented at the next meeting.

UTILIZATION OF HEALTH CENTER SERVICES

The Clinics continue to see and increase in total visits since the start of the pandemic with around 9,000 visits in the previous month. Telemedicine visits comprise almost 30% of all visits.

There continues to be a significant community need for Medication Assisted Treatment services. The program has doubled in size in the past year, and the census has increased significantly for phase I patients.

Diabetes point of care testing has been a very successful with around 600 point of care tests performed for the month of August.

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
September 30, 2020

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

Joel Snook
Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

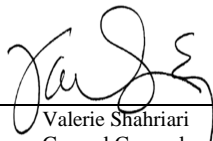
Committee Name

Date Approved

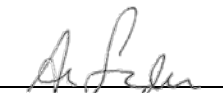
6. Recommendation:

Staff recommends the Board Approve the Quality Report.


Approved for Legal sufficiency:



Valerie Shahriari
General Counsel



Dr. Ana Ferwerda
FQHC Medical Director



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

Quality Council Meeting Minutes

Date: August 14, 2020

Time: 3:00pm – 5:00pm

Attendees: Dr. Ana Ferwerda –Medical Director; Jonathan Dominique – Executive Assistant; Andrea Steele – Quality Director; Lisa Hogans –Director of Nursing; Shauniel Brown – Risk Manager; Ivonne Cohen – Quality Reporting Analyst; Dr. Charmaine Chibar – Director of Pediatrics; Belma Andric – Chief Medical Officer/Executive Director; Hyla Fritsch – Executive Director of Clinic Operations & Pharmacy; Dr. John Cucuras - Dental Director; David Speciale – Patient Experience Director; Dominique Domond – Operations Process Manager; Marisol Miranda – Director of Practice Management

Excused: Dr. Courtney Phillips - Director of Behavioral Health

Minutes by: Jonathan Dominique

<u>AGENDA ITEM</u>	<u>DISCUSSION / RECOMMENDATIONS</u>	<u>ACTION ITEMS (AI)</u>	<u>RESPONSIBLE PARTY</u>	<u>DATE</u>
PATIENT RELATIONS				
OUTREACH SUMMARY	<p>David introduced the new Patient Experience Manager, Alexa Goodwin.</p> <p><u>Outreach</u> Testing data at the Ballpark using our Mobile Clinic, named Warrior, through August 2020 shows 9,325 tests performed compared to last month at 32,095 (down by 69%). Rate of positives at Ballpark has declined to 5% when compared to last month at 7%.</p> <p>For Outreach using our second Mobile Clinic called Scout, we have tested 1,313 patients compared to last month at 8,635 for COVID-19 (down by 85%). Rate of positive for Outreach has also declined to 11% compared to last month at 13%.</p> <p>(August COVID-19 testing dashboard presented with graphs.)</p>			

	<p>The vast majority of patients prefer Monday appointments, specifically mornings.</p> <p>Perceived wait times appear to have increased since last year, likely due to COVID-19. (Patient Satisfaction Survey PowerPoint presented.)</p> <p>PDCAs created and put in place for areas of concern and patient complaints: Access</p> <p>In order to improve access for patients the team has reconstructed the phone tree, rebuild the clinic services center, created metrics and productivity benchmarks for the CSC. The patient relations team is also in the process of streamlining communication by developing scripts, launched Phreesia, hired patient relations manager. Time to Third appointment report and Patient Cycle time reports to manage patient access. Telemedicine extended to all clinic sites, and staff trained in chart prep process. David also shared patient comments.</p> <p>1. <u>Cycle Time</u></p> <ul style="list-style-type: none"> • Cycle time for in-person visits remain greater than for telehealth visits with the largest spread between the two during intake. <p>Appt duration in Belle Glade for Women's Health Services appears high. (Report with graphs presented.)</p> <p>The team had some questions about the high cycle time numbers for Women's health in Belle Glade</p>	<p>Dr. Ferwerda pointed out that there is a need for a creole-speaking individual at the front desk in belle glade.</p>	<p>Dr. Fritsch</p>	<p>10/9/20</p>
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GRIEVANCES, COMPLAINTS & COMPLIMENTS	<p>when compared to other locations. Dr. Ferwerda stated that she is not sure why this might be, but did acknowledge that long check in times in belle seem to be a problem. Additional Phreesia pads in Belle Glade are expected to help address this issue. Dr. Ferwerda also pointed out that precepting residents might also be a factor contributing to longer exam times.</p>			
	<p>2. <u>Third Next Available</u></p> <ul style="list-style-type: none"> Adult medical in person visits have the longest wait for future appointments, with Dr. Florez at 89 days. Walk-in slots continue to be scheduled in advance rather than being held for same day. (Report presented.) <p><u>Patient Relations Report</u> For August 2020, there were a total of 19 complaints and grievances received. 6 out of 19 were from Boca Clinic. The top 5 categories were Communication, Other, Care & Treatment, Physician Related and Finance. Poor Communication was the greatest subcategory.</p> <p>No compliments, including Thumb's Up were received for August. <i>(Patient Relations Report & Patient Relations Dashboard with Graphs presented.)</i></p> <p>Marisol asked if compliments from the survey count as part of the tally. David answered that we keep the surveys separately. Andrea says that we can do a better job of logging the compliments that</p>	<p>CSC staff to be re-trained on not scheduling appointments in the walk-in slots.</p> <p>Review complaints and grievances categorized as other and re-categorize if needed.</p> <p>David will work with Alexa to send out communication informing clinic staff that the Thumbs up campaign has started back up again.</p>	<p>Alexa</p> <p>Alexa</p> <p>David / Alexa</p>	<p>10/9/20</p> <p>10/9/20</p> <p>10/9/20</p>

	we are receiving at our remote testing sites, even though it would take both time and effort.			
QUALITY AUDITS				
DENTAL	<p><u>Dental Encounter Closed Rate</u> Unlocked dental chart notes for 2020 are as follows: June – 4 July – 0 August – 0</p> <p><u>Dexis Imaging</u> Two lost radiographs in the month of August. Retrieved and place in correct chart. Staff trained to always to say yes when accepting same name in Dexis.</p> <p><u>Dental Encounters/Triage</u> There were 173 dental encounters in the month of August, 30 of which had no extractions. 82 same-day triage's.</p> <p>No sealant measure this month as children have not yet been seen since the restart. Expected to have data next month.</p> <p><u>Dexis Imaging:</u> There were two lost radiographs for the month of August. There seems to be an issue with reconciling names Misspelled names in Athena with the Dentrix assistant. This leads to Dexis separating that patient from Dentrix and sends that radiograph to a bucket.</p> <p>Two lost radiographs for the month of August.</p>	<p>Though the Dental clinics are slowly ramping up operations, Dr. Cucuras expressed that he would like his staff to start double booking in an effort to see an improvement in the report for the month of September.</p> <p>Retrain all of the DAs to be better at looking for potential matches and clicking yes to allow reconciliation between Dentrix and Dexis.</p>	Dr. Cucuras / Nancy	

<p>WOMEN'S HEALTH</p>	<p><u>Prenatal Age</u></p> <p><15 Years : 0 15-19: 0 20-24: 4 25-44: 15 >45: 0 (Report with graph presented.)</p> <p><u>Entry into Care</u> 19 women entered into care in the month of August. (Report with graph presented.)</p> <p><u>Deliveries & Birthweights</u> 7 deliveries in the month of August. (Report with graph presented.)</p>			
<p>MEDICAL</p>	<p><u>Medical Encounter Close Rate</u> Most providers are closing documents within 2 days. Outliers include pediatric and MAT service lines.</p> <p><u>Hemoglobin A1C/Point of Care Testing</u> The uncontrolled diabetes measure data shows that our patients currently controlled at 55%. 24% need an A1C and 22% are out of control.</p>	<p>Numbers appear low in comparison to last year. Dr. Ferwerda will follow-up with Women's Health team to enter delivery dates.</p> <p>Follow-up with individual providers to close their encounters in a timely manner.</p> <p>Team will look to have these patients come to their appointments in person in order to satisfy the need to collect the sample, and in turn the HbA1c.</p>	<p>Dr. Ferwerda</p> <p>Dr. Ferwerda</p> <p>Dr. Ferwerda</p>	<p>10/9/20</p> <p>10/9/20</p> <p>10/9/20</p>

NURSING	<p>All UDS data is slightly strange this month due to updates Athena is making to their reporting.</p> <p>The Lewis Center data shows that patients are very poorly controlled or A1C testing is not being performed. (Report with graph presented.)</p> <p>Higher Level of Care A total of 52 patients were sent to the ER in the month of August. One patient was sent twice by a pediatrician because the patient did not go the first time.</p> <p>Cage-Aid Over 4,000 performed in the month of August. Very few positives (n=40), but majority were in Lake Worth.</p> <p>Lower rate of unscored. (Report with graph presented.)</p> <p>SBIRT Despite 40 positive Cage-Aid’s, there were only 16 SBIRTS. There is either a gap in documentation or billing codes to support the SBIRT referral. (Report with graph presented.)</p> <p>PHQ9</p>	<p>Continue to monitor the release of the 2020 UDS Reporting tools in Athena.</p> <p>Review chart for pediatric patient with failure to thrive.</p> <table><tr><th>Total Score</th><th># Patients</th><th>%</th></tr><tr><td>UnScored</td><td>27</td><td>0.67%</td></tr><tr><td>Score = 0</td><td>3,990</td><td>98.35%</td></tr><tr><td>Score = 1</td><td>5</td><td>0.12%</td></tr><tr><td>Score = 2</td><td>13</td><td>0.32%</td></tr><tr><td>Score = 3</td><td>7</td><td>0.17%</td></tr><tr><td>Score = 4</td><td>15</td><td>0.37%</td></tr></table> <p>Providers will continue to be trained on completing Cage-Aid</p> <p>Conduct chart audit on patients that were missed (n=24) during the month of August that should have had an SBIRT.</p>	Total Score	# Patients	%	UnScored	27	0.67%	Score = 0	3,990	98.35%	Score = 1	5	0.12%	Score = 2	13	0.32%	Score = 3	7	0.17%	Score = 4	15	0.37%	Andrea	10/9/20
	Total Score	# Patients	%																						
	UnScored	27	0.67%																						
	Score = 0	3,990	98.35%																						
	Score = 1	5	0.12%																						
Score = 2	13	0.32%																							
Score = 3	7	0.17%																							
Score = 4	15	0.37%																							
		Dr. Chibar	10/9/20																						
		Dr. Ferwerda	10/9/20																						
		Dr. Ferwerda	10/9/20																						

	<p>Over 4,000 screenings performed in August. 441 positives. 155 patients with a positive PHQ9 in August that have not had a warm hand-off appt this year. (Report with graph presented.)</p> <p>There seem to be some workflow issues that might be hindering process.</p> <p><u>FIT Test</u> Number of orders without a result almost matches number of orders dropped for FIT's. Team to re-visit mailing FIT tests to patient homes.</p> <p>Testing has increased, but results are not corresponding with orders drops or ending with results.</p> <p>15 abnormal FITs for month of August. Dr. Ferwerda reviewed all 15 charts and found that 2 were referred to GI, 2 are being processed by CAC for District Cares, and 5 referrals have been approved for GI by District Cares. Remaining 6 are in referral buckets. (Report with graph presented.)</p> <p><u>Chart Prep</u> Lisa pointed out that chart prep depends on both staffing, and how many patients actually answer the phone. Chart prep for telehealth chart prep is a priority over in person visit chart prep. (Report with graph presented.)</p> <p>Andrea asked if the team has discussed adding to the script that patients must be ready to answer</p>	<p>List of patients to be sent to Dr. Phillips-Rowling/Dr. Ziemba to review with BHC's.</p> <p>Dr. Ziemba will continue to investigate to find the patterns in order to better know how to move forward.</p> <p>Review abnormal results still in referral bucket to ensure follow-up.</p> <p>Team will implement the script changes within the following week.</p>	<p>Andrea</p> <p>Dr. Ziemba</p> <p>Marguerite</p> <p>David / Alexa / Cindy / Lisa</p>	<p>10/9/20</p> <p>10/9/20</p> <p>10/9/20</p>
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	their chart prep call in two days when setting up telehealth appointments.			
QUALITY METRICS				
UDS August 2020 Of the 16 UDS Measures: 7 Exceeded the HRSA Goal and 7 were short of the HRSA Goal (<i>Clinic Score/ HRSA Goal / Healthy People Goal</i>) <i>*Athena reporting has known issues due to the updates being made to UDS 2020 reporting capabilities. Data not validated.</i>				
Medical UDS Report	Breast Cancer Screening: (61%/60%)			
	Childhood immunization: (51%/ 60%)			
	Cervical Cancer Screening: (54% /65%)			
	Weight assessment, Children & Adolescent: (97% /90%)			
	Adult Weight screening and follow up: (87% / 90%)			
	Tobacco use screening & cessation: (97% / 93%)			
	Coronary Artery Disease CAD: (81% / 81%)			
	Ischemic Vascular Disease (IVD): (87% / 86%)			
	Colorectal Cancer Screening: (20% / 82%)			
	HIV linkage: (83% / 100%)			
	Depression screening: (94% / 83%)			
	Depression screening (Homeless): (95% / 83%)			
	Hypertension: (73% / 80%)			
	Diabetes: (57% / 66%)			
	Diabetes (Migrant): (56% / 66%)			
Dental UDS & Quality Metrics	Dental Sealants August 2020 88% (238/272)			
UTILIZATION				
OPERATIONS	Productivity The Clinics continue to see an increase in overall total billable visits since the start of the pandemic, with just under 9,000 in the previous month, which is slightly lower than July. Telemedicine visits comprise almost 30% of overall visits. Pediatric			

BEHAVIORAL HEALTH	<p>services are meeting productivity targets for both in-person and telehealth visits. Approximately 40% of adult providers are at or over 100% of their productivity targets for in-person visits while 22% are at target for telehealth visits. Boca Clinic is nearly 100% of productivity targets in both in-person and telehealth.</p> <p><i>(Clinic productivity report with graphs were presented.)</i></p> <p><u>No Show Rates</u> No Show percentages are slightly lower at 17%, which is down from 18% in July. (Report with graph presented.)</p> <p><u>BYMY</u></p> <ul style="list-style-type: none">• For August, the telemedicine appointment types were removed from the reporting.• The Belle Glade and Lake Worth Clinic seem to have the most success with this campaign.• Many clinics over-utilize the BYMY - NA. It is all applicable and NA should be rarely used.• Behavioral Health Clinics (MP and Lewis) have low response rates.• Mobile not participating in BYMY due to COVID19 testing. <p><u>MAT Census</u> In August 2020, the census is up especially for Phase 1 patients. When compared to last year, we have</p>				
		<table><tr><td></td><td>August 2020 (n=310)</td></tr></table>		August 2020 (n=310)	
	August 2020 (n=310)				

<p>more than doubled in size. New patient intake as increased exponentially.</p> <p>Discharge rates remain low at 9% and Re-admits are steady at about 4.7%.</p> <p>OD2A grant data for August was submitted. It took a little bit of time to get our new Addiction Care Coordinators trained, but now that they are up and running, we have figured out the documentation and data capture process. We anticipate many more patient touches next month. Dr. Phillips-Rowling set up encounter templates for their documentation.</p> <p>We are actively having conversations with Palm Beach County Fire Rescue about additional Addiction Care Coordinators and expanding our program to our Delray Clinic.</p>	Phase 1	195			
	Phase 2	33			
	Phase 3	14			
	Phase 4	43			
	Vivitrol	7			
	Naltrexone	18			
		310			
	Prepare for upcoming DCF audit for Mangonia Park in October.		Ingrid	10/9/20	
	Submit CARF application as soon as legal approves.		Andrea	10/9/20	
Meeting Adjourned: --PM					

