

Tillamook County  
Community Health Council  
Meeting Minutes  
December 21, 2016

**Present:** Harry Coffman, Jessica Galicia, Amy Griggs, Donna Parks, Clayton Rees, Carmen Rost, John Sandusky

**Excused:**

**Absent/Unexcused:** Rex Parsons

**Staff:** Irene Fitzgerald, Donna Gigoux, Debra Jacob, Marlene Putman

**Guests:**

**1. Call to Order:** Chair Harry Coffman called the meeting to order at 12:18 pm

**2. Consumer/Community Needs, Concerns, Issues:**

- a) **Community/Patient Concerns:** A member asked if patients are using the suggestion box in the clinic; Marlene described the process: According to our complaint policy, there are two categories: Complaint or Grievance. If a patient verbally is unhappy, Dr. Steffey talks to the patient and tries to resolve the issue. Many times this is a miscommunication with more than one provider, or an appointment issue. The issue is brought up in staff meetings to make sure all are aware of the issue and the team can resolve future complaints. One situation came up recently where there was only one person at the front desk and there were 5-6 patients waiting. That one person had to answer phones, arrange for an interpreter, and had no one to call for support. There was also a misprint in the newspaper for flu shots. Clients were not happy. This was our error, and Autumn will be following up with the process to make sure that this doesn't happen again. John stated that many times issues that present in the suggestion box is handled in the Quality Assurance meetings and don't make it to the Health Council meetings as the issue was resolved. Those issues are included in the QA meeting minutes. Amy reported that she has always been given excellent service from all employees. We also conduct our annual Patient Satisfaction Survey in order to gauge the satisfaction of our clients. It was requested that the Council's survey be done in the next few months.
- b) **Ambassador/Advocate encounters with Community:** No report.
- c) **Community Partners (boards, agencies) Encounters/Projects:** No report.

**3. Consent Calendar:**

- a) **Approval of November 8, 2016 Meeting minutes:**  
**Action:** Donna P. moved to approve the minutes as written; Carmen seconded. Motion carried.
- b) **Meeting Location Change** – Donna G. reported that the February and March, 2017 Health Council Meetings fall on the 4<sup>th</sup> Wednesdays and the location will be St. John's UCC instead of the Herald Center due to scheduling conflicts. It may be possible to meet at the new building after that, depending on remodel process.  
**Action:** Carmen moved to approve the change in location; Donna P. seconded. Motion carried.

**4. Board Development:**

- a) **Potential New Members** – No update.

- b) **Health Council Member Contact & Areas of Expertise** – No update.
- c) **Common goals – shared resources between agencies:** No update.
- d) **Underrepresented & Youth potential members:** Harry reported that there are no students who are available to serve on the council as a youth member at this time.

## 5. Administrator’s Report:

### General Update and Report:

#### A. *GOAL: Implement Well Planned Actions/Methods to Improve Productivity and Positive Outcomes for our Clients, Our CHC and the Community*

##### a) **Action Planning in Priority Areas -**

- **Behavioral Health:** No report.
- **Dental Health:**
  - **School Based Dental** – Work continues with the contracted staff. We are still waiting to get approval for the Dental Program Coordinator from HR. We are now in our second year of the grant and have been approved for the implementation grant, but have not successfully been able to hire due to the difficulties of not having a similar county with a job description Tillamook County can use. The only viable job description is Benton County. In the meantime, we need to rely on a contractor to coordinate services with the school districts in order not to lose the grant funds. Staff have discussed the option of deputizing Lola Martindale to do some of the human resources work to hopefully ease up on the long timeline to get positions approved. It is taking far too long and grant funding may be in jeopardy.  
We have also contracted with an Expanded Practice Hygienist to provide services. We are currently looking into how to bill for dental screenings in our EHR. OHA would like for us to eventually take over the sealant program; staff training takes place next month to get certified. Additionally our HPSA score has been auto scored; we went from a score of 9 to 19. This will help if we eventually need to hire dentists to offer loan repayment.
  - **Dental Manager** – all management positions are on hold due to contract negotiations with the Union. This also includes salary increases for managers due to the increase in RN pay.
  - **Dental Director** – Dr. Javadi is currently our director and the contract is up at the end of December. Marlene will modify the agreement to include grant projects like School Based Dental and Safety Net grants. Dr. Javadi is no longer seeing our patients and there have been a few unintended issues surrounding that. Current patients are being transitioned to Dr. Ahn and Dr. Opdahl. Discussions with our staff and Dr. Javadi’s staff is ongoing on how to best transition clients.
- **School Based Health Center:** Staff met with the superintendent of Tillamook School district to discuss opening a center adjacent to East School. There is no funding currently, but the school district will provide the facility and we will staff it. It will be open to the community and offer primary care, behavioral health, dental health, and public health services. Further discussion will take place after the new year.
- **Patient Access & Support:** No update.

- **Sexual Health and Adolescent Health Services:** No update.
- **Maternal and Child Health** – No update.
- **Women’s Resource Center** – This is our third year to have a person on site for domestic violence clients’ access. A survey is being implemented for Healthy Relationships, due out in mid-January.
- **The Early Learning Hub** – No update.
- **Correctional Facility Medical Services:** No update.
- **South County Services** – No update.
- **Staff** – See Above, 5.A.a \* Dental Health.
- **Strategic Planning** – Clinic staff met and discussed their priorities for 2017-18. This is in preparation for our Strategic Planning meeting in the winter. Of note is increasing productivity of RN’s in order to offset the increase in nurse pay that was implemented, and the hiring of the Medical Director. This can increase Public Health home visits for high use emergency room users. Current targets are low for the upcoming 2018 Service Area Competition application (SAC). We are currently at 4,800 clients and need to be at 5,800 by the end of this year. It is uncertain what will be the outcome of the new administration and ACA. This may impact FQHC’s overall.
- **HRSA Findings** – See below, Financial Findings (7.A).

**B. Goal: Increasing Productivity of Providers and Staff to Increase Revenue**

- a) See Financial Report – Schedule Dashboard below, (6.D).

**C. Goal: Improve Financial Practices and Systems in order to Improve Efficiency and Effectiveness**

- a) No report.

**D. Goal: Increasing Revenues for Other Sources in Order to Offset Uncompensated Costs for Public Health Services and/or Operational Changes and Improvements**

- a) No report.

**E. Goal: Implement Policy & Procedure that support our Mission and Improve Quality of Service**

- a) **Health Resiliency Workers** – (See 5.A. above)  
 b) **School Resource Behavioral Health Provider** – (See 5.A. above)  
 c) **Emergency Preparation** – No report.

**F. Goal: Increase Partnerships with Health & Human Service Organizations in Order to Leverage Resources, develop shared resources and strengthen relationships for future collaborations**

- a) (See 6.A.a above.)

**Action:** Clayton moved to approve the administrative report. Amy seconded. Motion carried.

**6. Finance Report:**

**A.** October’s month end cash balance was \$1,724,297.05, ending with \$50,617.62 more in expenses than revenue. A portion of the greater expense is attributable to an annual \$20,000 insurance expense posted in the month. Irene reported the following:

- **Revenue:** GL account #4699, Interest Income, no interest was recorded for October. Irene has contacted the Treasurer’s Office regarding consistent reporting of interest; however, it appears the Treasurer’s Office continues to offset interest with bank fees some months then adjust with

journal entries later. November shows a \$3,000 post to interest, which is most likely the correction of the non-posting of interest in October however there has been no communication from the Treasurer's Office explaining the inconsistency.

- a. **Expense**: GL #5300 – Professional/Technical Salaries, reflects the increase in nursing salaries recently effective with the new nursing pay table adjustment. The nursing salary adjustment was put into place differently than originally budgeted, causing a large, unexpected expense. A revenue analysis of nursing visits, including foot care, home visiting and etc., will be done to see where at least a portion of the unexpected cost could be recouped. A \$350 journal entry was posted in October to fix and August posting error, moving the expense from GL # 7020, Insurance and Deductibles, to GL 7022, Public Relations.

**B. HRSA Budgetary Control** – This is the document created to show budgetary control over Federal expenditures, specifically for HRSA and its programs and is a new addition to the monthly Financial Packet. The spreadsheets first column shows the program budget, the following columns shows monthly expenses allocated to that line item in the budget and the last column shows the percent of budget expended. Upon review of the expenses previously reported, some line items will be adjusted, (for example, the over-expense of contracted line item in the Dental Expanded Services Carryover program will be moved to the more recent Dental Expanded Services program, now a part of the base award).

**C. Encounters** increased from 1,154 in September to 1,303 for October; this can be associated with the overall Provider FTE increase to 3.91 for the month. Average daily encounters per provider FTE decreased from 9.0 in September to 7.7. The Encounters/Workday by Provider shows that one provider, who was returning from extended leave, had average encounters/day of 5.81, bringing the overall average down considerably as this provider is normally in the double digits for encounters/day.

**D. Schedule Dashboard**: Scheduling continues to show improvement, better provider time sheet coding is helping this improvement. October's "Average % of Available vs Completed" was at 50.6%. Both North and South County clinics' averages were down in October, with North County down to 36% "Average % of Available vs Completed" from 66% in September. The hope is that the October numbers for the outlying clinics are anomalies. It was also noted that a couple of providers had days where they only had 3.33 hours available for scheduling appointments, but nothing was noted on their coding sheets as to why the limited scheduling hours. Irene will follow up with Ronda on those discrepancies.

**E. Accounts Receivable**: Total Accounts Receivable was \$306,714.76, and shows the majority in the 0-30 bucket at 73.51%. October Payer Mix shows Medicaid/Managed Care still our biggest payer at 57% of total AR.

**Action**: Donna Parks moved to approve the financial report; Carmen Rost seconded. Motion carried.

## **7. Financial Findings**

- A. The “HRSA BPR Budget Approval Documentation - Appendix A” was presented to the Health Council. TCHD Accounting staff recently completed the Annual HRSA Budget Period Renewal (BPR) for the next HRSA Budget Period of 5/1/17 to 4/30/18. TCHD Administrative staff recognized the need for a policy and procedure showing the TCHD requirement to have board approval of the annual HRSA budget; however, due to a two week time constraint between the Medicare Cost Report deadline and the BPR deadline, approval of the budget prior to submission of the BPR was not feasible. To fulfill the need for board approval of the annual HRSA budget, item 1.g was added to the “Financial Management and Control Policy and Procedure”. 1.g states that the annual HRSA Budget packet will be presented and approved by the TCHD Health Council co-applicant board prior to the budget period effective date. Both the Revised Policy and Procedure and the HRSA BPR packet for 5/1/17-4/30/18 was reviewed. No questions were raised over the policy revision or BPR documents. A health council member noted that they could remember when the overall budget was 1.5 million showing how far the department has come to be at a 9 million dollar budget currently.
- B. It was reported that HRSA had not yet responded to the latest document submission regarding the Financial Management and Control finding due 12/29/16.

**Action:** Carmen Rost moved to approve the revised “Financial Management and Control” Policy and Procedure and the HRSA BPR packet for the budget period of 5/1/17-4/30/18; John seconded. Motion carried.

## **7. Marketing/Branding: No report.**

## **8. Reports of Committees:**

- A. **Quality Assurance/Quality Improvement Committee:** There were no minutes available as October’s meeting was cancelled due to lack of a quorum and the November minutes have not been approved. These will be presented for approval in January.

**Action:** No action.

## **9. Old Business:**

### **A. GRANTS & Resource Development –**

- a) OHA Safety Net Capacity Grant – There is one more tweak to finalize the contract with the state. Also, it appears that the state is marketing this as free services; which we cannot furnish. In speaking with Max of OPCA, he indicated that we can modify our Sliding Fee Scale to a nominal fee, and write off anything above that. Marlene will talk to him at length in January.
- b) OCF Tillamook Education Foundation School Based Dental – Still operating without a Dental Coordinator, due to issues with HR. (See Administrative Report)
- c) New Building – Tillamook – Donna G. stated that we are waiting to see if County Facilities can operate as our General Contractor to save on the remodel. They would sub contract with vendors if needed on our behalf. If not, then we will move forward with a Call for Bids through the County. The total cost is \$350,000, with \$145,000 paid in January.

## **10. New Business:**

**A. Clinical Pharmacist** – No report.

### **B. Policy/Procedure -**

- a) Credentialing and Privileging – Melissa Brewster, PharmD – CareOregon is providing a Pharmacy Representative to assist providers with prescription drug consult. She will be on site one day per week.
- b) HRSA Financial Management and Control Policy – (See Financial Report)

**Action:** Donna P. moved to approve the Credentialing and Privileging of Melissa Brewster, Carmen seconded. Motion carried.

## **11. Training (Strategic Plan Goal 2) – Time Permitting** – Board Education Video Series Module 5: “How Does the Board Add Value?”

**Vignette 1:** What are the most important things to discuss and focus on with your CEO to achieve strong and sustaining results at your health center? (Board Member Discussion)

- (Clayton, Harry, Amy, Donna P., John) We have a great process with no reservations to speak openly at meetings; CEO evaluations submitted to BOCC and members involved in the process; sufficient information always provided at meetings on Administrative and Financial matters; open communication between Administrative staff, BOCC, liaison, etc.; communication is important, including council members to attend the workshop for Trauma Informed Care was informative and good for staff; members better informed so they can reach out to community and other agencies; great relationship between board members and clinic staff.

**Vignette 2:** How engaged are all members of your board? What might you do to increase participation of all board members?

- Annual board self-assessment hasn't been done in a while, staff will send out prior to January's meeting; members do not have any personality clashes, they are free to give viewpoints and in any outside organization, members are involved in community health and know what the patient make-up and demographics, feel they are contributing to the whole; all members participate in the annual Strategic Planning meetings; members are apprised of the clinic management and how the financials are handled on a monthly basis.
- Marlene brought up an issue for the members to consider as ambassadors. A contractor brought to Marlene's attention that there is a perspective in the community that our advertisements are being paid by taxpayer's money. She said it is a good idea to let community members know that we are not a General Fund department; that all funds are generated by patient revenue. This goes along with the perspective that the Health Department is only for poor people.

## **12. Unscheduled:**

**13. Adjourn** - The meeting was adjourned at 2:40 PM.