

Tillamook County
Community Health Council
Meeting Minutes
January 18, 2016

Present: Harry Coffman, Carol Fitzgerald, 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 12:17 pm

2. Consumer/Community Needs, Concerns, Issues:

- a) **Community/Patient Concerns:** No report.
- b) **Ambassador/Advocate encounters with Community:** No report.
- c) **Community Partners (boards, agencies) Encounters/Projects:** No report.

3. Consent Calendar:

- a) **Approval of December 21, 2016 Meeting minutes:** Donna P. pointed out that it was mentioned in the December meeting that the council wanted to have the Health Council survey sent out in the next few months, which was not reflected in the minutes.

Action: Clayton moved to approve the minutes as amended; Donna P. seconded. Motion carried.

- b) **Annual Staff Confidentiality Statements** – Donna G. asked those present to sign the document, which is an annual requirement.

4. Board Development:

- a) **Potential New Members** – Discussion surrounded the possibility to have staff identify potential members; we are now at the minimum number of council members, with one member who does not regularly attend meetings, and temporarily one member is contracting with us, so cannot serve. Clayton stated that an article in the papers might be more effective to draw new members if it outlines what the Health Council is, who comprises the membership (consumers), and other items to make it more attractive.
- 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 this is on hold until next year through the High School; however, Jessica stated that her sister is interested in becoming a youth member. Harry met with Jessica after the meeting to discuss.

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** – There is movement with the Dental Health Coordinator; Dawna Roesener has agreed to fill the position at a .8 FTE, and continue with WIC coordination at a .2 FTE. Ibelisse Neimann will increase her hours for WIC to take on Dawna’s duties, going from a .4 to a .8 FTE. Mindy Poetsch will continue to oversee the project at reduced hours.
- **School Based Health Center:** Staff met with Randy Schild at TSD 9 to discuss the plans for the center; Marlene thinks it will take about one year to prepare. TSD 9 will provide the building and TCCHC will provide support staff.
- **ACA** – a member asked what might happen with the goal to dismantle the ACA. Marlene stated that there is nothing concrete yet; CMS will determine what services will be available under Medicaid. Our PPS rate may be affected, as the funding is state driven. Oregon did receive the waiver from the federal government to continue operations. Marlene reminded that this is a great opportunity for Council members to practice their advocacy skills.
- **Safety Net Grant** – this grant is overdue to getting a contract with the state, due in a large part to the changes from the original RFP to the interpretation from state staff as to the intent. It has been a challenge to keep up with all of the details that have changed. Originally, the grant was intended for new, uninsurable children who hadn’t been seen in our clinic in the last 36 months; now it includes all uninsured children, whether or not they are new. The state is requiring us to provide services at no cost. Marlene is working on a new proposal to exclude subcontracting with the Lower Columbia Hispanic Council from the initial proposal. Staff training begins February 25th. Donna P. stated she can refer children she encounters at her food bank for services.
- **Home Visiting Coordination** – CARE, Inc. received funding to better track referrals and other important details on the Healthy Families program. CARE has entered an agreement with TCCHC, and in turn, we have contracted with Mindy Poetsch to head up the project.
- **OHA Media Coverage** – Colorectal Cancer. The state is investing \$25K for print media, utilizing local people who have had a colonoscopy, had colon cancer, or have had pre-cancerous polyps. Bill Baertlein, Clayton Rees, and John Sandusky all volunteered to be a part of the project. They will go on the radio and be in the forefront. Donna P. also volunteered to speak if needed.
- **Patient Access & Support:** No update.
- **Sexual Health and Adolescent Health Services:** No update.
- **Maternal and Child Health** – No update.
- **Women’s Resource Center** – No update.
- **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** – No update.

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: Donna P. moved to approve the administrative report. Carol seconded. Motion carried.

6. Finance Report:

A. November's month end cash balance was \$1,583,008.67, ending with \$122,088.47 more in expenses than revenue, due mostly to the increase in RN pay. Irene reported the following:

- **Revenue:** GL account #4269 & 4290, Donations and Local Funding, there was a Journal Entry to adjust and move the \$1,000 to the correct account. Also, Treasurer's office once again did not post interest income for October stating that fees outweighed the interest income. We are obligated to report these items to HRSA, so a Journal Voucher was completed, adding \$3,578.46. 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.
- a. **Expense:** GL #5300 – Professional/Technical Salaries, reflects the increase in nursing salaries recently effective along with the hiring of our Medical Director. 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. GL #5400 – Administrative Clerical, includes the hiring of a new Accounting Clerk; and GL #5897 – Leave Buy Out, is an annual leave buy out; GL #6110 – Drugs and Vaccines, are Family Planning quarterly vaccines for multiple providers; GL #7001 – Printing and Advertising, includes both YOW and TCCHC charges, which are currently in question and we are working with the Headlight Herald to adjust; GL #7022 – Public Relations, is a YOW expense for the Teen Challenge awards; GL #7050 – Memberships & Dues, are dues for the new Medical Director; GL #7080 – Travel & Mileage, include multiple

employee travel by EH, PH and clinical staff required training; GL #7101 – Professional Services include quarterly DHS, EH, and consultant time for the Medicare Cost Report; and GL #7105 – Contracted Services, included the Brownfield, QI/QA, South County contractors, as well as the Americorp Vista expense.

- B. Encounters** increased from 1,303 in October to 1,850 for November; due to the flu clinic encounters being input into Epic. Other encounters to be manually input include Dental Screenings, Sports Physicals, Well Child and Adolescent visits. We had 4.20 monthly average provider FTE, resulting in an increase to the average daily encounters to 8.60. Encounters/Workday by Provider showed 3 providers over 11-13 encounters per day.
- C. Schedule Dashboard**: Scheduling continues to show improvement, better provider time sheet coding is helping this improvement. November's "Average % of Available vs Completed" was at 53.6%. North County clinics' averages were down slightly in November, with South County up from October, due to closure of the building due to sewer issues.
- D. Accounts Receivable**: Total Accounts Receivable was \$306,825.72, and shows the majority in the 0-30 bucket at 74.29%. November Payer Mix shows Medicare and Private Insurance higher than average.
- E. HRSA Finding**: Irene reported that the finding condition was lifted by HRSA.

Action: Carmen moved to approve Harry to sign the final Financial Management & Control policy on 1/18/17, with an effective date of 11/8/16, John seconded. Motion carried.

Action: Donna Parks moved to approve the financial report; Clayton seconded. Motion carried.

7. Reports of Committees:

- A. Quality Assurance/Quality Improvement Committee**: November minutes were presented for approval. Discussion: John and Carmen attending the meeting in November; stating that the goal overview is close to benchmarks. There were issues with changes in the Immunizations from 2 year old to 3 year old, which will affect the UDS report. Dr. Steffey attended the meeting, and both were quite impressed with her knowledge and ability to come up to speed, looking at how things are done and how to improve processes. It was reported that the highest utilizers for the ER are Medicaid patients with no designated PCP, and usage after regular business hours. Carmen stated that people do not realize the costs associated with using the ER for visits that could be handled in clinic; focus should be on care management. Donna P. also indicated that we should put out the Council survey in the near future. This will have to wait until the new PCPCH recognition process is completed.

Action: Donna P. moved to approve the minutes; Carmen seconded. Motion carried.

9. Old Business:

- A. GRANTS & Resource Development** –

a) OHA Safety Net Capacity Grant – (See Administrator's Report)

- b) OCF Tillamook Education Foundation School Based Dental – (See Administrative Report)
- c) New Building – Tillamook – Donna G. stated that the Call for Bids went out with a due date of March 1st.

10. New Business:

A. Clinical Pharmacist – No report.

B. Policy/Procedure -

- a) (See Financial Report – Financial Management & Control)

Action: No Action.

11. Training (Strategic Plan Goal 2) – Time Permitting – Board Education Video Series Module 5: “How Does Board Member Behavior Impact Governance?”

Vignette 1: What can a board do to prevent a board member from disrupting or dominating a board member? (Board Member Discussion)

1. Although not on our board, members have seen this behavior on other boards.
2. Remind group of ground rules.
3. Expressing passion at a meeting, perhaps indicate position is valid, but inappropriate to bring to the entire board; suggest scheduling outside of regular meeting.
4. Take action with member if this is behavior that recurs.
5. Reframe issue.
- 6.

Vignette 2: What is the appropriate line of communication among board members, board chair, and CEO? Do your board members know to whom they should go with questions or concerns?

1. Need to recognize proper channels.
2. Present ideas to staff, like operational issues.
3. Work out problems diplomatically – not Council’s job to tell others.
4. No sense for side bar conversations if the issues would be better brought up at Council meetings.
5. This board is a good team board.
6. Good reminder of our Council roles.

12. Unscheduled:

13. Adjourn - The meeting was adjourned at 2:30 PM.