

GOVERNANCE BOARD MINUTES OF MONTHLY MEETING

June 9, 2022 via Hybrid Meeting (In-Person & Teleconference)

5:00 p.m.

Knox County Health Department

1361 W. Fremont St.

Galesburg, IL 61401

The Knox Community Health Center Governance Board monthly meeting was held via Hybrid Meeting (In-Person & Teleconference) on June 9, 2022. President Karen Lynch called the meeting to order at 5:02 PM. Governance Board members present in-person were Karen Lynch, Sammi Durdle, Diane Munson, Bill Butts, and Gayle Keiser. Also attending in-person were Michele Gabriel, CEO; Reina Reyes, COO; Staci Simpson, Director of Operations; Dr. Andrea Miller-Finch, Dental Director; Dr. Robert Wagner, Chief Medical Officer; and Tina Jockisch, Administrative Clerk. Governance Board members present via teleconference were Marty Andrews, Tara Hillier, and Amber Miles. Absent were Harlan Cook, Christina King, and Angela Petersen. President Karen Lynch declared a quorum.

ADDITIONS TO AGENDA

Ms. Gabriel, CEO for the Knox Community Health Center reported additions to the June 9, 2022 agenda; under Chief Financial Officer Report, c. FY23 Draft Budget; under Quality Management Report, b. PDSA Project to improve Knox Community Health Center Days in AR; and c. PDSA Project to improve Knox Community Health Center No Show Patient No-Show Rates; and under New Business, f. Recredential Andrea Miller-Finch, DDS, and g. Reprivilege Andrea Miller-Finch, DDS.

APPROVAL OF MINUTES

A motion to approve the minutes of the May 12, 2022, meeting as circulated was made by Sammi Durdle and seconded by Bill Butts the motion for approval was unanimously adopted by a voice vote.

A motion to approve the minutes of the May 19, 2022, Special meeting as circulated was made by Sammi Durdle and seconded by Gayle Keiser, the motion for approval was unanimously adopted by a voice vote.

PRESIDENT'S COMMENTS

The only item on the agenda under President's Comments, Board Training: Chapter 6: Oversight of Health Center Risks (Facilitator: Reina Reyes). Reina Reyes facilitated the educational presentation stating it is the board's responsibility to assure that the health center has adequate plans to protect its assets from damage or loss. The board is encouraged to be intentional about its role in provider credentialing and privileging and be particularly mindful of the requirements of the Federal Tort Claims Act (FTCA). This chapter covers the following topics: (A.) Health Center Program Oversight and Operational Site Visit: The health center board has specific responsibility for oversight of the Health Center Program project. (B.) Federal Tort Claims Act (FTCA): According to the HRSA website, the Federal Tort Claims Act (FTCA), established in 1946, is the legal mechanism for compensating people who have suffered personal injury due to the negligent or wrongful action of employees of the U.S. Government. (C.) Risk Management: The health center has and currently implements an ongoing health care risk management program to

reduce the risk of adverse outcomes that could result in medical malpractice or other health or health-related litigation and that requires the following: Risk Management across the full range of health center health care activities; Health care risk management training for health center staff; Completion of quarterly risk management assessments by the health center; and Annual reporting to the health center board which includes: completed risk management activities; status of the health center's performance relative to established risk management goals; and proposed risk management activities that relate and/or respond to identified areas of high organizational risk. (D.) Corporate Compliance: With implementation of the Affordable Care Act (health care reform), health centers and other health care providers are required to implement a corporate compliance program as a condition of enrollment in Medicare, Medicaid, and the Children's Health Insurance Program (CHIP). The implementing of a robust compliance program helps assure that the board is meeting its obligation under Section 330's implementing regulations to ensure that the health center is operating in compliance with applicable Federal, state, and local laws. (E.) Employment Practices; establish personnel policies to define the treatment, rights, obligations, and relations of people working in the organization and comply with Civil Rights Act of 1964. (F.) Provider Credential and Privileging: In order to protect patients and the health center organization from incompetent health care providers, health centers complete a process known as credentialing in which health center staff thoroughly review and verify the licensure, certification, education, training, competence, health fitness, immunization status, and hospital admitting privileges for all licensed or certified health center practitioners, employed or contracted, volunteers and locum tenens, at all health center sites. After assuring a practitioner's credentials and performance, each practitioner must be granted privileges to provide specific services at the health center's care delivery settings. The board may opt to approve a credentialing and privileging policy periodically (e.g., every 3 years).

STANDARD MONTHLY OPERATIONAL REPORTS

The only item on agenda under Standard Monthly Operational Reports, Michele Gabriel, CEO, presented the May 2022 Standard Monthly Operational Reports. These are reports that provide operational and performance measures data for the Community Health Center and are provided to the Governance Board each month. Ms. Gabriel closed asking for questions or comments from Board members. A motion to approve the May 2022 Standard Monthly Operational Report as presented was made by Sammi Durdle and seconded by Gayle Keiser, the motion for approval was unanimously adopted by a voice vote.

EXECUTIVE DIRECTOR'S

The first item on the agenda under the Executive Director's report, Michele Gabriel, CEO, updated the Governance Board on Operational Site Visit; July 20-22, 2022, Michele stated this will be a three-day virtual site visit. The site visits are completed once every three-year program period, except this time it is a four-year program period; Site visit reviewers will speak to the Board of Health and the Governance Board during the virtual site visit to ask questions about operations, policies, etc. Michele closed stating she will let the Board know exactly when during the operational site visit the Boards will meet virtually with reviewers.

The next item on the agenda under the Executive Director's report, Michele Gabriel, CEO, presented to Governance Board the UDS Mapper Presentation, Michele stated the Uniform Data System (UDS) is an annual reporting system that provides standardized information about the performance and operation of Knox Community Health Center delivering health care services to underserved communities and vulnerable populations. UDS Mapper is designed to help inform users about the current geographic extent of U.S. federal (Section 330) Health Care Program

(HCP) awardees and look-alikes. Michele noted in the Governance Board packet there was a map and spreadsheet listing the Knox Community Health Center Service Area by towns.

The final item on the agenda under the Executive Director's report, Michele Gabriel, CEO, updated the Governance Board on CHC Staffing. Michele noted this is the staffing report she presents to the Boards quarterly to advise them at what percentage the Health Department is staffed and what positions are unfilled. Ms. Gabriel closed stating that the Health Department is experiencing much the same hiring and retention difficulties as other businesses.

CHIEF FINANCIAL OFFICER

The first item on the agenda under the Chief Financial Officer's report, Michele Gabriel reviewed with the Governance Board the June 2022 Financial Statements, TSI Collections Report, Month End & eCW. Ms. Gabriel reported a current net revenue over expenditures of \$70,259.66 for the period ending May 31, 2022, actual net revenue over expenditures year to date is \$248,503.65. A motion was made by Marty Andrews to approve the June 2022 Knox Community Health Center Financial Reports as presented and seconded by Sammi Durdle, the motion for approval was unanimously adopted by a voice vote.

The next item on the agenda under the Chief Financial Officer's report, Michele Gabriel reported to Governance Board the FY21 CHC Audit Report, stating the Community Health Center had no findings, and Health Department there was one finding in the LIHEAP program, stating that there were findings related with one file included in the audit and that a corrective action plan is in place to correct the concern for FY22. Michele stated overall the audit was positive. A motion to approve the FY21 CHC Audit Report as circulated was made by Marty Andrews and seconded by Diane Munson, the motion for approval was unanimously adopted by a voice vote.

The final item was an addition the agenda under the Chief Financial Officer's report, Michele Gabriel presented to Governance Board the FY23 Preliminary Budget, stating the draft FY23 budget at this time is a little over \$8,254,000. Michele stated this is a very preliminary budget and the Health Department is looking at expenses related to payroll and staffing, as well as looking at what grants are coming in for FY23.

QUALITY MANAGEMENT

The first item on the agenda under Quality Management, Reina Reyes, COO, reviewed with Governance Board the Review Form 6A: Current Board Member Characteristics. A motion was made by Sammi Durdle to approve the Review Form 6A: Current Board Member Characteristics as presented and seconded by Amber Miles, the motion for approval was unanimously adopted by a voice vote.

The next item was an addition to the agenda under Quality Management, Reina Reyes, COO, reviewed with Governance Board a Quality Management PDSA (Plan, Do, Study, Act) to work on reducing the number of days those funds are in AR. The Knox Community Health Center Days is AR Distribution June 2021 – May 2022, stating the Average AR Summary by Percentage was 42% (0-30) days, 29% (31-60) days and 29% (90+) days. Reina noted the only accounts sent to collections are ones that do not qualify for Sliding Fee Scale and over the Federal Poverty Level.

The final item was an addition to the agenda under Quality Management, Reina Reyes, COO, reviewed with Governance Board a Quality Management PDSA (Plan, Do, Study, Act) to work

decreasing the number of appointments lost to no-shows and subsequent rescheduling. The Knox Community Health Center No-Show Data, stating the no-show rates for May 2022 were Knox Community Health Center 22.7%, Medical 22.2%, Dental 24.2%, Dentist 24.4%, Hygiene 23.9%, and Behavioral Health 21.3%. Reina noted the Community Health Center sends patients post cards, emails, texts, and phone calls to remind them of their appointments.

RISK MANAGEMENT

There were no items on the agenda under Risk Management.

CHIEF OPERATIONS OFFICER

The first item on the agenda under Chief Operations Officer Report, Reina Reyes, COO, presented to Governance Board the New Patient Provider Data May 2022, stating for the month of May 2022 KCHC providers saw 51 new patients. The new Behavioral Health counselor Crystal Johnson provided care to 26 new patients, APN Carol Sacco 21 new patients and Dr. Wagner 4 new patients. Reina stated starting next month new patient data will be provided for the Dental Program.

The final item on the agenda under Chief Operations Officer Report, Reina Reyes, COO, discussed with Governance Board the Federal Tort Claims Act Application, stating the Community Health Center must submit an annual redeeming Federal Tort Claims Act (FTCA) application. The application requires the submission of several board items such as proof the health center board has received and reviewed risk management reports, attestation that the board has certain policies in place related to Quality Improvement, Quality Assurance and Risk Management.

DIRECTOR OF OPERATIONS

There were no items on the agenda under Director of Operations, there were moved to the Standard Monthly Operational Reports.

OLD BUSINESS

The first item under Old Business, Michele Gabriel, CEO, presented to Governance Board the Revised Co-Applicant Agreement for Federally Funded Section 330 CHC Grant, Michele stated there were updates and revisions made to the Co-Applicant Agreement to clarify the “Public Center” relationship; Knox Community Health Center Governance Board as Co-Applicant and the Knox County Health Department as the “Agency” receiving the HRSA Grant. In Public Center with a Co-Applicant Governing Board, HRSA considers both the “Agency” and the “Co-Applicant” collectively as the Knox Community Health Center. Michele stated the responsibilities of both Boards remain the same as identified in the original Agreement with the Board of Health maintaining responsibility pertaining to personnel and financial policies and procedures, the Boards jointly retain responsibility of hiring the Public Health Administrator/CEO, doing the Administrator/CEO evaluation and contract. Michele stated the Co-Applicant Agreement should be reviewed frequently and will expires after three years; but will extend up to six. Michele stated there is also a Business Associate Agreement attached which will need to be signed by both Boards. A motion to approve the Revised Co-Applicant Agreement for Federally Funded Section 330 CHC Grant as circulated was made by Gayle Keiser and seconded by Sammi Durdle, the motion for approval was unanimously adopted by a voice vote.

The final item under Old Business, Michele Gabriel, CEO, presented to Governance Board the Renewed Agreement for After Hours Care; OSF Nurse Triage. A motion to approve the

Renewed Agreement for After Hours Care; OSF Nurse Triage as circulated was made by Sammi Durdle and seconded by Diane Munson, the motion for approval was unanimously adopted by a voice vote.

NEW BUSINESS

The first item under New Business, Michele Gabriel, CEO, presented to Governance Board the Revised Credentialing and Privileging Policies: J-8 to J-14; noting there were no significant changes except to the "Fitness for Duty" form. A motion to approve the Revised Credentialing and Privileging Policies: J-8 to J-14 as circulated was made by Gayle Keiser and seconded by Sammi Durdle, the motion for approval was unanimously adopted by a voice vote.

The next item under New Business, Reina Reyes, COO, presented to Governance Board the Revised Appointment No Shows and Cancellations Policy and Procedures. A motion to approve the Revised Appointment No Shows and Cancellations Policy and Procedures as circulated was made by Sammi Durdle and seconded by Diane Munson, the motion for approval was unanimously adopted by a voice vote.

The next item under New Business, Michele Gabriel, CEO, presented the Governance Board the Revised Financial Operating Policies and Procedures, Michele stated once per grant period the Health Department is required to review the full Financial Operating Policies and Procedures for the Knox Community Health Center; noting that some policies contained therein are reviewed and revised more frequently; including, the sliding fee scale, patient registration, procurement, and billing and collections, which generally are reviewed annually. A motion to approve the Revised Financial Operating Policies and Procedures as circulated was made by Diane Munson and seconded by Gayle Keiser, the motion for approval was unanimously adopted by a voice vote.

The next item under New Business, Michele Gabriel, CEO, presented the Governance Board a Resolution Establishing Corporate Compliance Program, Michele stated this was a commitment on behalf of both the Knox County Board of Health and the Knox Community Health Center Governance Board to officially support the development and implementation of a Corporate Compliance Plan, that meets or exceeds requirement of the OIG, including: 1. Conducting internal monitoring and auditing. 2. Establishing written standards, policies, and procedures. 3. Designating a Compliance Office 4. Conducting appropriate training and education 5. Responding to detected offenses and developing corrective action initiative 6. Developing open lines of communication 7. Enforcing disciplinary standards through well-publicized guidelines. A motion to approve the Resolution Establishing Corporate Compliance Program as presented was made by Sammi Durdle and seconded by Gayle Keiser, the motion for approval was unanimously adopted by a voice vote.

The next item under New Business, Michele Gabriel, CEO, presented to Governance Board the Revised Recruitment and Retention Policies and Procedures. A motion to approve the Revised Recruitment and Retention Policies and Procedures as circulated was made by Marty Andrews and seconded by Sammi Durdle, the motion for approval was unanimously adopted by a voice vote.

The next item was an addition to the agenda under New Business, Michele Gabriel, CEO, recommended that the Governance Board approve the recredentialing application of Andrea Miller-Finch, DDS; noting that the application had been reviewed and approved by Robert Wagner, MD, CMO; Reina Reyes, COO, and Patrese Clark, Director of HR. A motion to approve the recredentialing application of Andrea Miller-Finch, DDS as presented was made by Sammi Durdle and seconded by Gayle Keiser, the motion for approval was unanimously adopted by a voice vote.

The final item was an addition to the agenda under New Business, Michele Gabriel, CEO, presented to Governance Board a memo to Reprivilege Andrea Miller-Finch, DDS. A motion to approve the memo to Reprivilege Andrea Miller-Finch, DDS as circulated was made by Sammi Durdle and seconded by Diane Munson, the motion for approval was unanimously adopted by a voice vote.

MEDICAL DIRECTOR

There were no items on the agenda under the Medical Director's Report.

DENTAL DIRECTOR

There were no items on the agenda under the Dental Director's Report.

BEHAVIORL HEALTH DIRECTOR

There were no items on the agenda under the Behavioral Health Director's Report.

EXECUTIVE SESSION

There were no items on the agenda under Executive Session.

RETURN TO OPEN SESSION

There were no items on the agenda under Open Session.

ADJOURNMENT

A motion was made by Marty Andrews to adjourn the June 9, 2022, Governance Board meeting at 6:18pm; the motion was seconded by Sammi Durdle. Roll Call vote was unanimous: Karen Lynch-yes; Sammi Durdle-yes; Diane Munson-yes; Gayle Keiser-yes; Marty Andrews-yes; Tara Hillier-yes; and Amber Miles-yes.

Absent: Harlan Cook, Bill Butts, Christina King, and Angela Petersen.

Michele Gabriel, MPH, Administrator/CEO

Sammi Durdle, Secretary