

**Governing Board Meeting Agenda
May 16, 2018 - HSNT HQ**

Agenda		P. 1
I. Call to Order	Judge David Garcia	
II. Board Training HRSA Compliance Guidance - Ch. 10 Quality	Doreen Rue	P. 2
III. Consent Agenda	Judge David Garcia	
*April 2018 Board Minutes		P. 5
*April 2018 Financial Committee Minutes		P. 7
*April 2018 Financials		P. 8
*April 2018 QM Committee Minutes		P. 12
*May 2018 Development Report (including approval of grants)		P. 15
*Change in Scope - Emergency Coverage		
*Accept the Foundation Board Assets		
*Delegation of Approval - HSNT Policies & Procedures Letter		
IV. CEO Report	Doreen Rue	P. 16
Dashboard - April		P. 18
Title Fee - 4308 Mesa		
V. Committee Reports		
VI. Old Business/New Business	Judge David Garcia	
*Updated Committee Structure		
*AdHoc Committee - Bylaw Review		
VII. Important Dates and adjourn meeting	Judge David Garcia	
June Board Meeting - June 20 - HSNT HQ		
Hearts & Heroes - Nov 3		
* Items Requiring a Vote		

Chapter 10: Quality Improvement/Assurance

Authority

Section 330(k)(3)(C) of the PHS Act; and 42 CFR 51c.110, 42 CFR 51c.303(b), 42 CFR 51c.303(c), 42 CFR 51c.304(d)(3)(iv-vi), 42 CFR 56.111, 42 CFR 56.303(b), 42 CFR 56.303(c), and 42 CFR 56.304(d)(4)(v-vii)

Requirements

- The health center must have an ongoing quality improvement/assurance (QI/QA) system that includes clinical services and [clinical] management and maintains the confidentiality of patient records.
- The health center's ongoing QI/QA system must provide for all of the following:
 - Organizational arrangements, including a focus of responsibility, to support the quality assurance program and the provision of high quality patient care; and
 - Periodic assessment of the appropriateness of the utilization of services and the quality of services provided or proposed to be provided to individuals served by the center. Such assessments must:
 - Be conducted by physicians or by other licensed health professionals under the supervision of physicians;
 - Be based on the systematic collection and evaluation of patient records;
 - Assess patient satisfaction, achievement of project objectives, and include a process for hearing and resolving patient grievances; and
 - Identify and document the necessity for change in the provision of services by the center and result in the institution of such change, where indicated.
- The health center must maintain the confidentiality of patient records, including all information as to personal facts and circumstances obtained by the health center staff about recipients of services. Specifically, the health center must not divulge such information without the individual's consent except as may be required by law or as may be necessary to provide service to the individual or to provide for medical audits by the Secretary of HHS or his/her designee with appropriate safeguards for confidentiality of patient records.

Demonstrating Compliance

A health center would demonstrate compliance with these requirements by fulfilling all of the following:

- a. The health center has a board-approved policy(ies) that establishes a QI/QA program.¹ This QI/QA program addresses the following:
 - The quality and utilization of health center services;
 - Patient satisfaction and patient grievance processes; and
 - Patient safety, including adverse events.

- b. The health center designates an individual(s) to oversee the QI/QA program established by board-approved policy(ies). This individual's responsibilities would include, but would not be limited to, ensuring the implementation of QI/QA operating procedures and related assessments, monitoring QI/QA outcomes, and updating QI/QA operating procedures).

- c. The health center has operating procedures or processes that address all of the following:
 - Adhering to current evidence-based clinical guidelines, standards of care, and standards of practice in the provision of health center services, as applicable;
 - Identifying, analyzing, and addressing patient safety and adverse events and implementing follow-up actions, as necessary;
 - Assessing patient satisfaction;
 - Hearing and resolving patient grievances;
 - Completing periodic QI/QA assessments on at least a quarterly basis to inform the modification of the provision of health center services, as appropriate; and
 - Producing and sharing reports on QI/QA to support decision-making and oversight by key management staff and by the governing board regarding the provision of health center services.

- d. The health center's physicians or other licensed health care professionals conduct QI/QA assessments on at least a quarterly basis, using data systematically collected from patient records, to ensure:
 - Provider adherence to current evidence-based clinical guidelines, standards of care, and standards of practice in the provision of health center services, as applicable; and
 - The identification of any patient safety and adverse events and the implementation of related follow-up actions, as necessary.

¹ See Chapter 19: [Board Authority](#) for more information on the health center governing board's role in approving policies.

- e. The health center maintains a retrievable health record (for example, the health center has implemented a certified Electronic Health Record (EHR))² for each patient, the format and content of which is consistent with both Federal and state laws and requirements.
- f. The health center has implemented systems (for example, certified EHRs and corresponding standard operating procedures) for protecting the confidentiality of patient information and safeguarding this information against loss, destruction, or unauthorized use, consistent with Federal and state requirements.

Related Considerations

The following points describe areas where health centers have discretion with respect to decision-making or that may be useful for health centers to consider when implementing these requirements:

- The health center determines whether the position designated with responsibility for the QI/QA program (for example, Clinical Director, QI Director) is full-time, part-time, or combined with another position, and whether it is filled by an employee or via [contract](#).
- The health center determines whether the position designated with responsibility for the QI/QA program is filled by a physician, other licensed health care professional (for example, registered nurse, nurse practitioner), or other qualified individual (for example, an individual with a Master of Public Health or a Master of Healthcare Administration).
- The health center determines which QI/QA methodology(ies) to use.
- The health center determines the type of patient health record system that it will use.
- The health center determines the format, content, and focus of QI/QA reports.

² CMS and the Office of the National Coordinator for Health Information Technology (ONC) have established standards and other criteria for structured data that Electronic Health Records (EHRs) must use in order to qualify for CMS incentive programs. For health centers that participate in these CMS Incentive Programs, further information is available at <https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Certification.html>.

Call to order at 6:00pm by Glen McKenzie (via phone)

Attendees: Louise Baldwin, Glen McKenzie (via phone), Gloria Herron, Derrell Bulls, Jerry Garrett, Dale Tampke, Trang Dang-Le, Herman Oosterwijk, Judge David Garcia, James Henderson, Clara Sanchez, Dr. Howard Shaw

Absent: Randy Robinson, Dean Perkins, Michael Foster

Staff: Doreen Rue, Pam Barnes, Debra Layman

Guest: Greg Sawko

Agenda Item II: Executive Session – PCMC Lease Discussion with Greg Sawko

Motion: HSNT's Governing Board authorizes to hire Greg Sawko, attorney, to act on behalf of Health Services of North Texas regarding First Baptist Church of Plano's notice to terminate the lease at Plano Children's Medical Center: **Derrell Bulls**

Seconded: *Dale Tampke*

Motion Passed: **12-0**

Agenda Item III: Consent Agenda - Approval of March 2018 Board Minutes, March 2018 Financial Committee Minutes, March 2018 Financials, March 2018 QM Committee Minutes, April 2018 Development Report (including approval of grants, change in scope for Serve Denton Center and change in scope of Podiatry Services)

Motion to approve all consent items: **Derrell Bulls**

Seconded: *Louise Baldwin*

Motion Passed: **12-0**

Agenda Item IV: CEO Report

- Dashboard – March data presentation
- Presentation of Health Services 2017 Annual Report

Agenda Item V: Committee Reports

Personnel Committee: 2018 Slate Presented for Approval

Motion to approve second 3 year membership term for Dean Perkins and Judge David Garcia:
Personnel Committee

Motion Passed: **12-0**

Motion to approve proposed slate of officers (President Judge David Garcia, Vice President Trang Dang-Le and Treasurer Michael Foster): **Personnel Committee**

Seconded: *Derrell Bulls*

Motion Passed: **12-0**

Motion to approve membership terminations for Randy Robinson, Herman Oosterwijk and Jerry Garrett: *Personnel Committee*
Seconded: *Derrell Bulls*
Motion Passed: 12-0

Quality Committee:

- Medical Scribe Pilot Program
 - 2 medical assistants participated in a 30 day trial as a medical scribe for providers
 - Completed all charting & documentation during patient visits on behalf of the provider
 - Results were great, both parties learned a lot but in the end, the position didn't provide any type of increase in productivity enough to continue on at this time (provider still had to review & validate the documentation)
- Germaine Solutions Audit – Ryan White Audit
 - Checks all Ryan White components, transportation, case management, etc.
 - The audit is complete but we do not have the final report yet but it did go well

Agenda Item VI: Old/New Business

- Application forms for Medicaid/Medicare were signed by the new President, Judge David Garcia

Agenda Item VII: Important Dates

- May Annual Meeting – HSNT HQ
- Hearts & Heroes

Board Secretary Approval _____ **Date** _____

Board President Approval _____ **Date** _____



HEALTH SERVICES
—OF NORTH TEXAS—
Medical Care for You

Finance Committee Meeting

Meeting Facilitator: David Garcia
Meeting Date: April 17, 2018
Time: 7:30 a.m.
Location: HSNT HQ Conference Room

Attendees: Judge David Garcia and Michael Foster
Staff Present: Doreen Rue, Pamela Barnes and Debra Layman
Regrets: Dr. Bulls and Glen McKenzie

Agenda Item I: Review March 2018 minutes for approval

Motion to accept: Michael
Seconded: Judge Garcia
Motion Passed: 2-0

Agenda Item II: Review March 2018 Financials

Committee discussed the Medicaid Liability due to duplicate payments on claims submitted to the Medicaid Managed Care Organization AmeriGroup. Pam updated the committee this is a state wide issue and HSNT AmeriGroup provider representative has communicated that AmeriGroup is aware of this problem and working on correcting the overpayments. We do not have an answer as to how AmeriGroup will take back the overpayment or when. The committee discussed that HSNT Independent audit team is on site for audit field work this week. The auditor's will request to visit with a board representative.

Motion to accept: Judge Garcia
Seconded: Michael Foster
Motion Passed: 2-0

Agenda Item III: Meeting adjourned at 7:43 a.m.

Notes to the financials are attached and incorporated as part of the April minutes.

Board Treasurer Approval:

Health Services of North Texas, Inc.
Statement of Financial Position
As of 4/30/2018

	Current Period	Last Month	Prior Year End	\$ Chge	% Chge
ASSETS					
Current Assets					
Restricted - Retirement	79,714.23	143,419.19	113,708.83	(33,994.60)	-29.90%
Overnight Investment	0.00	0.00	0.00	0.00	100.00%
Operating Cash	<u>986,429.09</u>	<u>1,199,411.48</u>	<u>766,649.87</u>	<u>219,779.22</u>	<u>28.67%</u>
Total Current Assets	1,066,143.32	1,342,830.67	880,358.70	185,784.62	21.10%
Other Current Assets					
Grant Receivables	837,591.31	592,889.81	757,809.38	79,781.93	10.53%
Medical Receivables	295,782.19	409,437.09	368,031.70	(72,249.51)	-19.63%
Campaign Receivables	49,825.62	49,925.62	66,331.49	(16,505.87)	0.00%
Deposits	14,599.50	14,599.50	14,599.50	0.00	0.00%
Inventory	<u>17,545.78</u>	<u>17,545.78</u>	<u>17,545.78</u>	<u>0.00</u>	<u>0.00%</u>
Total Other Current Assets	1,215,344.40	1,084,397.80	1,224,317.85	(8,973.45)	-0.73%
Short Term Investments					
Investment CDs	<u>551,884.31</u>	<u>551,884.31</u>	<u>551,884.31</u>	<u>0.00</u>	<u>0.00%</u>
Total Short Term Investments	551,884.31	551,884.31	551,884.31	0.00	0.00%
Long Term Assets					
457b Retirement	7,704.25	7,695.72	7,687.38	16.87	0.22%
Fixed Assets					
Medical Equipment	59,292.77	59,292.77	59,292.77	0.00	0.00%
Building Improvements	134,577.56	134,577.56	127,582.56	6,995.00	5.48%
PCMC Building	689,712.19	689,712.19	689,712.19	0.00	0.00%
4308 Mesa Denton Office	9,639.00	9,639.00	9,639.00	0.00	0.00%
4304 Mesa Medical Center	2,555,843.13	2,555,843.13	2,555,843.13	0.00	0.00%
Software Applications	112,081.41	112,081.41	112,081.41	0.00	0.00%
Telephone Systems	95,499.55	95,499.55	95,499.55	0.00	0.00%
IT Equipment	161,802.42	161,802.42	161,802.42	0.00	0.00%
Vehicles	108,748.92	108,748.92	108,748.92	0.00	0.00%
4304 Land	257,000.00	257,000.00	257,000.00	0.00	100.00%
Accumulated Depreciation	(452,962.12)	(442,098.14)	(409,346.52)	(43,615.60)	10.65%
Total Fixed Assets	<u>3,731,234.83</u>	<u>3,742,098.81</u>	<u>3,767,855.43</u>	<u>(36,620.60)</u>	<u>-0.97%</u>
Total Long Term Assets	<u>3,738,939.08</u>	<u>3,749,794.53</u>	<u>3,775,542.81</u>	<u>(36,603.73)</u>	<u>-0.97%</u>
Total ASSETS	<u>6,572,311.11</u>	<u>6,728,907.31</u>	<u>6,432,103.67</u>	<u>140,207.44</u>	<u>2.18%</u>
LIABILITIES					
Current Liabilities					
Accounts Payable	178,572.30	233,325.63	189,191.21	(10,618.91)	-5.61%
Accrued Payroll	240,654.35	226,276.01	183,140.99	57,513.36	31.40%
Accrued Retirement	79,714.23	143,419.19	117,128.77	(37,414.54)	-31.94%
Payroll Liabilities	(2,591.09)	(6,508.08)	(6,973.82)	4,382.73	-62.85%
Medicaid Liability	<u>166,365.06</u>	<u>166,365.06</u>	<u>0.00</u>	<u>166,365.06</u>	<u>#DIV/0!</u>
Total Current Liabilities	662,714.85	762,877.81	482,487.15	180,227.70	37.35%
Long Term Liabilities					
Capital Loan	1,447,538.14	1,441,807.82	1,424,775.98	22,762.16	100.00
457b Retirement	<u>7,704.25</u>	<u>7,695.72</u>	<u>7,687.38</u>	<u>16.87</u>	<u>0.22%</u>
Total Long Term Liabilities	<u>1,455,242.39</u>	<u>1,449,503.54</u>	<u>1,432,463.36</u>	<u>22,779.03</u>	<u>100.00</u>
Total LIABILITIES	<u>2,117,957.24</u>	<u>2,212,381.35</u>	<u>1,914,950.51</u>	<u>203,006.73</u>	<u>10.60%</u>
NET ASSETS					
Net Assets at Beginning of Year	4,516,585.17	4,516,585.17	3,676,808.36	839,776.81	22.84%
Current Net Assets(Liabilities)	(62,231.30)	(59.21)	840,344.80	(902,576.10)	-107.41%
Total NET ASSETS	<u>4,454,353.87</u>	<u>4,516,525.96</u>	<u>4,517,153.16</u>	<u>(62,799.29)</u>	<u>-1.39%</u>
TOTAL LIABILITIES & NET ASSETS	<u>6,572,311.11</u>	<u>6,728,907.31</u>	<u>6,432,103.67</u>	<u>140,207.44</u>	<u>2.18%</u>

Health Services of North Texas, Inc.
Statement of Operations
From 4/1/2018 Through 4/30/2018

	Current Month	Last Month (03/01/2018 - 03/31/2018)	Current YTD	Prior YTD	FY2018 Budget	YTD Difference	Total Budg Percent
Patient Revenue							
Net Patient Rev	762,260.41	766,743.27	3,066,775.16	2,321,920.22	8,219,959.00	744,854.94	(37.30)%
Uncollectible	(402,048.38)	(130,939.36)	(1,206,287.01)	(691,858.45)	(1,802,588.00)	(514,428.56)	(66.91)%
Total Patient Revenue	360,212.03	635,803.91	1,860,488.15	1,630,061.77	6,417,371.00	230,426.38	(28.99)%
Other Revenue							
Grants	421,698.71	276,481.10	1,467,847.77	1,385,555.07	4,230,369.00	82,292.70	(34.69)%
Other	152,397.09	80,887.03	442,816.24	291,344.37	1,008,417.00	151,471.87	(43.91)%
Total Other Revenue	574,095.80	357,368.13	1,910,664.01	1,676,899.44	5,238,786.00	233,764.57	(36.47)%
TOTAL Revenue	934,307.83	993,172.04	3,771,152.16	3,306,961.21	11,656,157.00	464,190.95	(32.35)%
Expenses							
Personnel	545,786.32	548,501.85	2,239,027.66	2,002,197.49	7,255,333.00	236,830.17	30.86%
Medical Services	77,651.38	110,826.41	354,249.28	306,198.65	890,404.00	48,050.63	39.78%
Patient Care	57,260.55	64,314.04	226,250.46	211,178.96	649,225.00	15,071.50	34.84%
IT	53,307.32	51,490.44	227,241.85	152,170.37	801,000.00	75,071.48	28.36%
Occupancy	41,913.29	41,787.94	169,476.49	158,197.25	539,067.00	11,279.24	31.43%
Operating Costs	214,830.74	134,879.03	581,225.52	520,844.08	1,499,367.00	60,381.44	38.76%
Total Expenses	990,749.60	951,799.71	3,797,471.26	3,350,786.80	11,634,396.00	446,684.46	32.64%
Operating Income(Loss)	(56,441.77)	41,372.33	(26,319.10)	(43,825.59)	21,761.00	17,506.49	120.94%
Capital Activity							
Capital Income	0.00	0.00	(13,150.00)	428,559.78	0.00	(441,709.78)	0.00%
Capital Expense	(5,730.32)	(5,897.21)	(22,762.16)	(16,121.57)	0.00	(6,640.59)	0.00%
Total Capital Activity	(5,730.32)	(5,897.21)	(35,912.16)	412,438.21	0.00	(448,350.37)	0.00%
Capital Assets	(5,730.32)	(5,897.21)	(35,912.16)	412,438.21	0.00	(448,350.37)	0.00%
Net Assets	(62,172.09)	35,475.12	(62,231.26)	368,612.62	21,761.00	(430,843.88)	285.97%

Health Services of North Texas, Inc.
Statement of Cash Flows
As of 4/30/2018

	<u>Current Period</u>	<u>Current Year</u>	<u>Prior Year YTD</u>
Cash Flows from Operating Activities			
Medicaid	400,227.86	1,623,386.06	1,249,604.26
Medicare	17,579.07	222,130.01	61,670.67
Private/Commercial	16,775.13	114,466.13	39,348.63
Self Pay	38,881.87	(29,321.24)	194,798.53
Program Income	403.00	2,076.70	13,827.38
Grants	177,097.21	1,404,244.92	1,532,034.64
Receipts from Contributors	152,397.09	442,816.24	291,321.37
Interest Received	0.00	0.00	23.00
Temp Restricted Receipts	0.00	166,365.06	0.00
Payments to Employees & Suppliers	<u>(1,080,025.55)</u>	<u>(3,740,202.89)</u>	<u>(3,240,470.72)</u>
Total Cash Flows from Operating Activities	<u>(276,664.32)</u>	<u>205,960.99</u>	<u>142,157.76</u>
Cash Flows from Capital Activities			
Capital Activity/Disposal of Assets	(5,753.35)	(42,938.53)	(192,353.65)
Capital Loan	<u>5,730.32</u>	<u>22,762.16</u>	<u>0.00</u>
Total Cash Flows from Capital Activities	<u>(23.03)</u>	<u>(20,176.37)</u>	<u>(192,353.65)</u>
Beginning Cash & Cash Equivalents			
	<u>1,894,714.98</u>	<u>1,432,243.01</u>	<u>2,275,252.91</u>
Ending Cash & Cash Equivalents	<u><u>1,618,027.63</u></u>	<u><u>1,618,027.63</u></u>	<u><u>2,225,057.02</u></u>

Health Services of North Texas, Inc.
Financial Ratios
April 2018

	FY2018 Goals	Fiscal Year 2018	Fiscal Year 2017
Quick Ratio Current Assets/Current Liabilities	9:1	4.18 : 1	2.99 : 1
Debt/Equity Total Liabilities/Total Net Assets	13.0%	47.4%	42.3%
Working Capital to Expense Ratio CA/CL divided by Expense/# month in Period	3 : 1	2.27 : 1	2.49 : 1
Long Term Debt to Equity Ratio	25%	32.5%	31.8%
Percentage of Admin & Fundraising	12.0%	6.9%	9.0%
Number of Days - Cash	56	45	51
Accounts Receivable Days (Medical AR Collection Period)	50	73	18
Change In Net Assets to Expense (Net Assets/Total Expense)	3.0%	-1.60%	7.8%
Cash Flow	1.5%	10.7%	-9.6%
		FY2018 YTD	FY2017 Year End
Cost per Employee this month		\$5,778.34	\$5,638.03
Cost per Employee YTD		\$24,044.04	\$70,203.35
Average Hourly Rate YTD		\$34.26	\$33.98
Cost Per Medical Encounter *12,489		\$233.18	\$163.82
Cost Per Medical Patient *6,980		\$543.74	\$725.47

* Cost per Medical Encounter and Cost per Patient calculations updated for 2018 year end financials moving forward.

HSNT Quality Management Committee Minutes 4.18.18

Attendees: Anna Contreras, Mari Bailey, Louise Weston-Ferrill, Kayla Whitworth, Jamie Taylor, Erika Washington, Shelby Guthrie, Pam Barnes, Debra Layman, Kim Alambar,

Absences: Teri Johnson, Christopher Redden, Dr. Siegel

Guests: Susan Saunders

Topic	Discussion/Recommendations	Action	Responsible Party	Follow-Up
Welcome & Roll Call	Roll call & started meeting	-	-	-
Approval of minutes	Minutes from 03.21.18 meeting approved by Debra Layman and seconded by Jamie Taylor	Approved	QM Committee	-
Standard Committee Reports				
Risk Management Committee/Review of Safety				
Kayla	<ul style="list-style-type: none"> 5 new reports via HIPAA Help Desk; 3 staff/provider, 1 facility, 1 other; all were closed CCMC Safety Presentation - still have not heard back from police department about rescheduling WCMC Safety Presentation - will check with the Sheriff's Department Debra to follow up on when the front office window at 4308 will be replaced. HIPAA Help Center – reminder emails were sent to staff regarding annual HIPAA training - closed Christopher made a list of staff delegations for some of the tasks for the HIPAA Help Desk. A subcommittee was developed to enter assets into HIPAA Help Desk. Christopher will ask Jen to enter current assets in the system. The HIPAA Privacy & HIPAA Security policies to go to Doreen for approval. TACHA will perform comprehensive security assessment during the first full week in June. Anna will join the Risk Committee as the front office representative & Pam will join as the finance representative. CLOSED 	Update	Kayla	05/16
		Update	Debra	05/16
		Update	Christopher	06/20
		Update	Kayla	05/16
		Update	Christopher	06/20
		-	-	-
Peer Review Committee				
Louise	<ul style="list-style-type: none"> The next Peer to Peer Review emails will be going out soon. The Peer Review Committee is down to 2 people. Louise will discuss with Debra to determine who will be added to the committee. 	Report	Louise	07/18
		Update	Louise	05/16

	<ul style="list-style-type: none"> Louise developed a new General Medical Case Management Peer Review form. Committee discussed the possibility of reporting the Front Office and Mid-Office Chart Audit results to the Quality Committee. Debra stated we are working towards having a Quality Dashboard to use. 	-	-	-
Performance/Clinical Measures				
Kim	<ul style="list-style-type: none"> Clinical Measures – reviewed numbers through March - KIM <ul style="list-style-type: none"> Kim changed the reporting for Clinical Measures will just pull the numbers through the end of the previous month. She also added Viral Load Suppression to the list of measures that are tracked. Debra asked Louise & Kim to look into the ECHO Collaborative on Viral Load Suppression 	Monitor	Kim	05/16
		Update	Kim	05/16
Areas of Concern/Trends				
All Members	<ul style="list-style-type: none"> Debra reported that the Hospital Referral Workgroup, made up of Anna, Mari, Karishma & Dr. Siegel, is developing a workflow for tracking referrals. Once completed, they will start training providers. The providers have been made aware of this future change. HSNT is currently rebidding for a cleaning contract. The current contract with Coverall will end 04/30/2018. There was an overflow in the employee bathroom due to paper towels flushed in the patient bathroom. A plumber was called and the problem was fixed, but he did not clean up the standing water. It was decided that CiCie would call to have a company come out and clean it up. Anna sent an email to CiCie to advise. The Committee discussed possible solutions such as installing hand dryers and removing the paper towels or installing hands-free paper towel dispenser. Erika suggested larger trash cans at 4308. CiCie will order these. Anna suggested making sure the toilet paper was restocked in the restrooms so patients wouldn't need to use paper towels. 	Update	Debra	06/20
		Update	Debra	05/16
		Update	Anna	05/16
Review of Financial Measures				
Pam	<ul style="list-style-type: none"> Working capital to expense ratio: 2.35:1 Long term debt: 31.9% Days in cash: 56 Cost Per Medical Encounter: \$224.78 	Update	Pam	05/16

	<ul style="list-style-type: none"> • Cost Per Medical Patient: \$474.99 • The auditors are currently here for the independent audit. 			
Review of Outreach				
Teri	<ul style="list-style-type: none"> • Collin County Outreach Activities include outreach to school nurses, Digital marketing campaign started, Connecting the Dots symposium in Irving, well visit postcard mailing in mid-May, outreach to other pediatric providers in Collin County, Welcome Baby bags for hospitals, & a new HIV brochure that should be this week. • Denton County Outreach Activities include Family Fun Night on May 24th, digital marketing, postcard mailings, including the new HSNT brochure with the letters going to Irene's patients, advertising at both Kroger stores in Denton, and various awareness events. 	Update	Teri	05/16
Training Updates/Info				
All Members	<ul style="list-style-type: none"> • Kim did training on PDSAs via a PowerPoint presentation. 	N/A	N/A	N/A
All Other Items				
All Members	<ul style="list-style-type: none"> • Policy and Procedure Updating Project – reminder to continue working on the Policies & Procedures to turn in to Jen. • Jamie went over the items that will be required for the upcoming FTCA Redeeming. This is due approximately 1 month earlier than last year. Anything that needs board approval will need to be ready to go in the Board packets on May 11th. 	Monitor	Kim	05/16
		Update	Jamie	05/16

Date minutes accepted: 05.16.18

Committee Chairman: Dr. Jason Siegel

Next Meeting: 05.16.18

X _____



**Strategic Initiatives & Development Report
May 16, 2018 Board Meeting**

1. Current Strategic Focus Areas:

Individual Donors: The Spring Appeal is being developed with a new refined approach This letter is integrating Clinic, Development and Finance functions with a final goal of communicating what we do, what it is and we need funds. This appeal regards the Pre-Natal program. This approach, on other topics, will be used in future appeals.

Capital Campaign: The final design is being created for the large (\$1,000 and more) wall of donors at 4304 Mesa Drive.

2. Cultivations: Additional tours of PCMC, as an outcome of Cuisine For A Cure, are now being scheduled. An additional outreach to the families of the children performers had be defined and will begin in June, using the owner of Pogue Entertainment Group as the conduit. The ultimate targets are actually a few selected high wealth families whom were among those that performed.

3. Events: Hearts & Heroes 2018:

- Nominations are still pending and the Committee is intently involved in finding locations and getting bids, most likely for early November.

4. Grants: Submitted/new: 6 grant requests were submitted with none to a new funder (YTD 23 grants submitted/4 were to new funders).

- a. 16 grants still awaiting decisions with a total value of: \$667,011 (end of 2017 and 2018 submissions)
- b. Grants awarded in FY2018: \$1,500,306.
- c. 7 grants pending submission (excludes Changes In Scope) with a value of: \$707, 894.

5. Grants to Be Voted on:

1. *Rapoport (LOI)	DSC and P/WCMC computers	\$62,010
2. *WP and Bulah Luse	288 equipment	\$10,000
3. *FQHC Change in Scope	Referral – Emergency Coverage	n/a
4. *Broadway Cares	HIV Transportation	\$5,000
5. *HOPWA	H IV Housing	\$585,674
6. *DIFFA	HIV Behavioral Health	\$25,000
7. *EFSP	Utility assistance	\$5,000



HSNT was originally incorporated on April 26, 1988. We have changed our name a few times and updated the articles as necessary. Our commitment to the community has not changed. Our services have been modified to meet the needs of the community. You will see this 30 year logo on all of our event materials, digital communications, and branded items. We will celebrate all year.

Status report on Locations

4304 Mesa: Final work through with architect firm scheduled in July. It is hard to believe that the building construction was completed nearly a year ago. The final walk through will identify unresolved issues and close out the project.

4308 Mesa: Governing Board approval needed to accept asset transfer.

Serve Denton Center: The HSNT attorney reviewed the lease document. Pam and I met with Serve Denton and negotiated lease terms. The final lease with updated modifications is expected this week and will be executed shortly thereafter and put in escrow until the buildout of the health center is complete. Construction is scheduled to commence this summer and anticipated completion is early 2019.

4310 Mesa: The landlord has inquired about our interest in renewing our lease which expires on January 31, 2019. I shared with him our plan to shift a portion of our business to the Serve Denton Center and that our plan is not to renew. I will confirm this when we have a fully executed lease with Serve Denton.

2540 K Ave- Plano: We renewed the lease at CCMC- added conference room and there is potential for a remodel in the event we need more space.

Independent Audit

The field work for the audit is finished. The Audit team spent considerable time with the management team and many of our staff. There is added value to having our staff participate in the review process. Not only is it efficient for the auditors in terms of locating specific documentation, the staff have a heightened understanding on how their work integrates overall requirements and compliance. The auditors from Durbin & Company expect to present the audit results at the June 20, 2018 Governing Board meeting.

Health Services of North Texas
Chief Executive Officer Report
May 2018

Funding

Women's Health Funding- HSNT received a 5 month extension of our current women's health funding. This funding is in a competitive bid process and we have submitted letters of interest to be a sub-recipient to both organizations competing for the funding.

Patient Satisfaction

We have been reporting patient satisfaction quarterly. However, we track it weekly and monthly to monitor the experience our patients have. We hit a milestone and had 100% satisfaction for April 2018 new patients at ALL locations. Our year to date organization wide satisfaction is 98.2%. As a reference point, our 2017 satisfaction rate was 96%.

Dashboard

Please see the Board dashboard on the next page of this report.

Follow up and Information

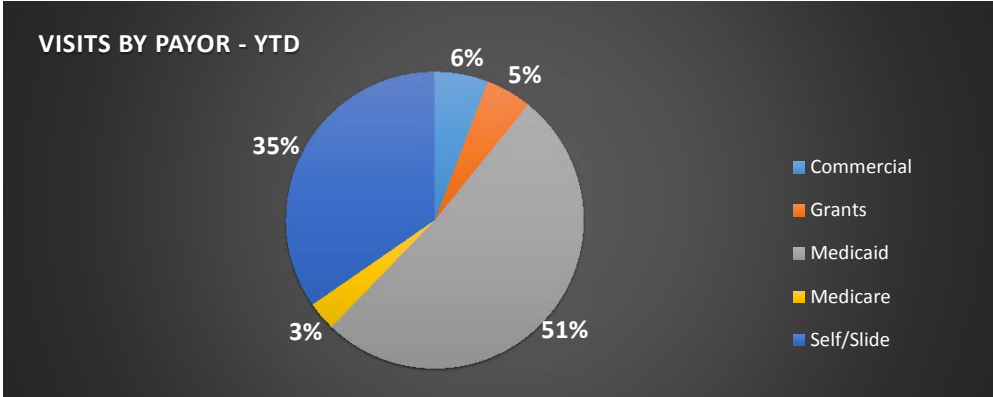
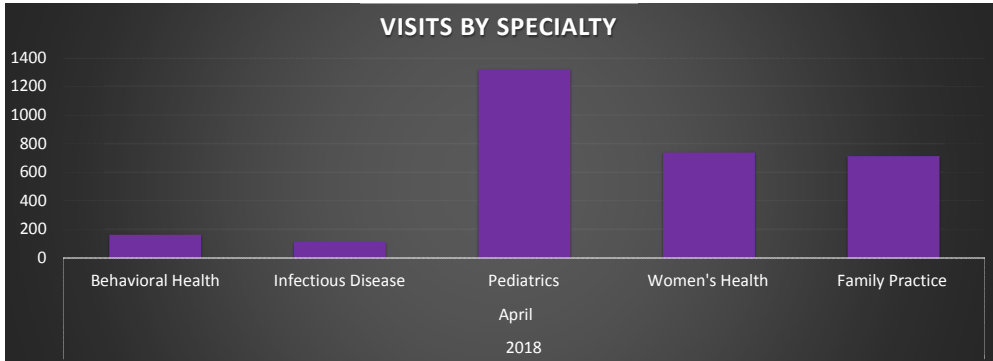
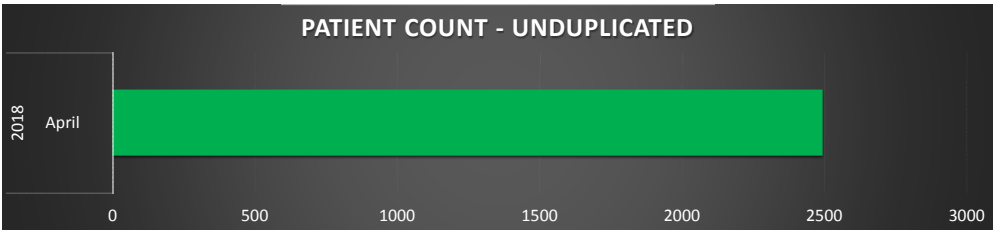
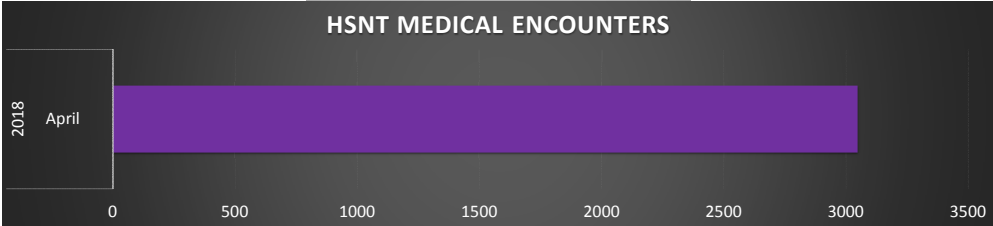
- Tentative plan for audit team to present to Governing Board June 20, 2018
- Tentative date for Hearts & Heroes is November 3, 2018

Thank you for your support,

Doreen Rue, CEO

GOVERNING BOARD DASHBOARD

Visit Count Patient Count



Measures	Q1	Q2	Q3	Q4	YTD	2017 Final	2018 Goal
Medical & Mental Health Encounters	9,445	3,046			12,491	44,454	42,000
Days in Cash	56	45			45	58	56
Operating Margin	.01	-.06			-.06		.02%
Peer Review	4.8				4.8	4.7	4.6

April Highlights

Provider FTE's:	
Patient Satisfaction Survey Results:	98.2%
Individual Giving	\$476.71
Corporation Giving	\$10,000.00
Organization Giving	\$3,715.50

