

FALLS COMMUNITY HEALTH GOVERNING BOARD
THURSDAY, JULY 17, 2025
AT 12:00 PM-1:00 PM
VIRTUAL/ SECOND FLOOR, CLASSROOM 1
"Providing an open door to primary health services."

Agenda

- Call the Meeting to Order
- Approval of the Minutes of Falls Community Health Governing Board from May 15, 2025*

New Business

- Financials*
 - Productivity
 - Medical Fee *
 - City Financial Audit Review
- Quality
 - QA/QI/ Risk
 - RW
 - Dental
- Access
 - Jennifer Tinguely, MD, No concerns with Avera credentialing and no changes to privileging
 - Sarah Fuerstenberg, CNP No concerns with Avera credentialing and no changes to privileging
 - Gavin Van De Walle, MS, RDN, LN No concerns with Avera credentialing and no changes to privileging
- Nomination Committee/ Process
- Public Health Director Update
- Public Input –
 - If you are here for public input, please check in with the Sioux Falls Health Department for directions to the meeting or call in with the information below.

*Action required

Items added after the agenda deadline: the Falls Community Health Governing Board may include such other business as may come before this body.

RSVP to Lisa at 367-8181 or Lisa.Stensland@siouxfalls.gov -your attendance to the Falls Community Health board meeting.

Join from the meeting link

<https://siouxfalls.webex.com/siouxfalls/j.php?MTID=maf00ccf2802961dfd65c8ac26277b2d1>

Join by meeting number

Meeting number (access code): 2504 412 8243

Meeting password: fN44rJRJ2RZ

Join by phone

+1-408-418-9388 United States Toll

[Global call-in numbers](#)

Falls Community Health Governing Board Minutes

Thursday, May 15, 2025, at 12:00 pm

Present: Amanda Willard- Virtual, Moses Pessima, Carlos Castillo, Kari Benz, Murat Sincan-virtual, Madeline Shields, Gwen Fletcher,

Absent: Lee Jensen Angela Landeen, Dr. Bill Schultz

Staff Present: Joe Kippley, Amy Richardson, Dr. Jen Tinguely, Vanessa Sweeney, Katie Wick, Lisa Stensland, Michelle Jarding, Jaimie Roggenbauer

Call to Order: Kari Benz called the meeting to order at 12:04 am. Roll call: _V_ Murat, _A_ Angela, _P_ Madeline, A_ Lee, _P_ Moses, _P_ Kari, _P_ Gwen, _V_ Amanda, _A_ Bill S, _P_ Carlos

A motion was made to approve the minutes for Falls Community Health Governing Board dated April 17, 2025, supported by Carlos seconded by Moses, motion carries. Roll call: _Y_ Murat, _A_ Angela, _Y_ Madeline, A_ Lee, _Y_ Moses, _Y_ Kari, _Y_ Gwen, _Y_ Amanda, _A_ Bill S, _Y_ Carlos

FINANCIALS:

The Falls Community Health reports attached are through the month ending April 30, 2025. We are 33% through the fiscal year. The last financial statements presented were through the month of March 31, 2025.

Operating Revenues:

- Net Patient Revenue consists of all patient charges and adjustments. Total Net Patient Revenue for April came in at \$474,897, YTD actual is 44% compared to annual budget.
- Total Grant Revenue of \$351,291 includes grant revenue from Community Health Center, Colon, Ryan White Part C and HIV Prevention.
- Total Other Revenue for April is \$6,694 which consists mostly of Medicaid Managed Care payments and interest. Total Operating Revenue YTD April is \$2,660,367, which is 38% YTD actual to annual budget.

Operating Expenses: Operating expenses are classified within 7 categories. Total expenses were \$922,018 for the month of April.

- Personnel expenses are 25% of the budget and April had 2 pay periods. 2025 is \$723,206 favorable to YTD budget.
- Professional Services are 29% of the YTD budget. This category includes payments for services like Center for Family Medicine, Minnehaha County quarterly shared facility costs, interpreter services, transportation for patients, collection efforts, credit card fees, clinic security, contracted substance abuse, mental health and nutritionist services, Lewis Drug pharmacy, lab testing fees, and phone answering services.
- Rentals are 93% of the YTD budget. Technology charges occur in March of every year.
- Repair and Maintenance is 12% of the YTD budget.
- Supplies and Materials are 35% of YTD budget. Category includes expenditures like general medical, lab and dental supplies, office supplies, fuel, immunization & pharmaceuticals, electronic medical and dental software system fees, patient education supplies, and claims processing.
- Training is 18% of the YTD budget. Most expenses are continuing education expenses and licensure renewals.
- Utilities are at 18% YTD budget. Most of this expense occurs quarterly and the last payment occurred in March 2025.

Total Operating Expenses YTD April are \$3,736,356 which is 28% YTD actuals to annual budget.

Non-operating Revenue (Expense):

- Total nonoperating revenue (expenses) is 32% of the budget and includes payments from AAA recovery collections, USD dental clinic rent and interest.

Net Income (Loss):

April actual amounts show a net loss of (\$54,260) and YTD net loss of (\$977,748).

A motion was made to accept the financial report as presented, supported by Gwen, seconded by Madeline, motion carries. Roll call: Y Murat, A Angela, Y Madeline, A Lee, Y Moses, Y Kari, Y Gwen, Y Amanda, A Bill S, Y Carlos

Productivity:

The providers had 5890 visits year to date. The nurses had 23 visits year to date. Total medical visits year to date are 5913.

The dentists had 2236 visits year to date. Hygiene had 424 visits year to date. Total dental visits are 2660.

The dietitian had 80 visits this year. Mental Health had 586 YTD visits. CD Counselor had 13 visits YTD. Case Management is at 413 visits. Year-end totals are 9665 total visits which is 90% to goal.

Medical Fee Review:

A requirement of the grant is the review of fees to make sure they are reasonable and consistent with local rates. This review looks at the last 3 years and the cost per medical visit, what the current cost per visit and per patient. It also looks at different percentages of costs and what the new fees might look like.

This will be voted on in July.

QUALITY: deferred

ACCESS:

Credentialing and Privileging:

Brittany Lyle, CNP – no concerns with Avera credentialing and no changes to privileging

A motion to accept re-credentialing and re-privileging of **Brittany Lyle, CNP**, supported by Moses, seconded by Carlos, motion carries. Roll call: Y Murat, A Angela, Y Madeline, A Lee, Y Moses, Y Kari, Y Gwen, Y Amanda, A Bill S, Y Carlos

Dr. Gabriel Harris, MD – no concerns with Avera credentialing and no changes to privileging

A motion to accept re-credentialing and re-privileging of **Dr. Gabriel Harris, MD**, supported by Madeline, seconded by Moses, motion carries. Roll call: Y Murat, A Angela, Y Madeline, A Lee, Y Moses, Y Kari, Y Gwen, Y Amanda, A Bill S, Y Carlos

Dr. Samuel Zollicker, MD – no concerns with Avera credentialing and no changes to privileging

A motion to accept re-credentialing and re-privileging of **Dr. Samuel Zollicker, MD**, supported by Amanda, seconded by Moses, motion carries. Roll call: Y Murat, A Angela, Y Madeline, A Lee, Y Moses, Y Kari, Y Gwen, Y Amanda, A Bill S, Y Carlos

POLICIES:

Motion to accept the Risk Management policy as presented, supported by Gwen and seconded by Carlos, motion carries. Roll call: Y Murat, A Angela, Y Madeline, A Lee, Y Moses, Y Kari, Y Gwen, Y Amanda, A Bill S, Y Carlos

CMS Preparedness Standards & Update

The CMS preparedness requirements are to have an emergency preparedness plan, policies and procedures, emergency communications plan (COOP) and training and testing. It has a specific plan that identifies hazards and outlines how the facility will respond to and recover from events. It must be updated every two years. The plan looks at facility and community based "all hazards" risk assessment; including internal and external threats or hazards, addresses patient populations, continuity of operations, delegation of authority and succession planning. Policies and procedures give detailed guidelines that support the EOP, addressing issues like patient care, sheltering, evacuation, and tracking during emergencies. These are reviewed at least every two years. The communications plan ensures the facility can communicate effectively during a crisis-with staff, patients, families, and external partners. Training and testing are ongoing with online training for fire safety, severe weather response, responding to violent or hostile individuals. The safety committee meets bi-monthly to review building security, address staff and patient safety and to coordinate future training and drills for the health department.

Public Health Director Update:

City Updates

- Recap of Working Group Meetings (Community Health Assessment)
 - Healthy Living – Chronic Disease Prevention (May 2)
 - Access to Care (April 25)
 - Adolescent Mental Health (April 24)
- City officials tour of Flandreau Santee Tribal Clinic

Clinic Updates

- Center for Family Medicine updates
- Optometry service line
- Dr. Tinguely's clinic at Bishop Dudley Hospitality House

Strategic Planning Objectives – key accomplishments and immediate priorities

PUBLIC INPUT:

None at this time.

Motion to adjourn supported by Moses, seconded by Amanda, motion carries. Roll call: __Y_ Murat, _A_ Angela, _Y_ Madeline, A_ Lee, _Y_ Moses, _Y_ Kari, _Y_ Gwen, _Y_ Amanda, _A_ Bill S, _Y_ Carlos
1:01 pm

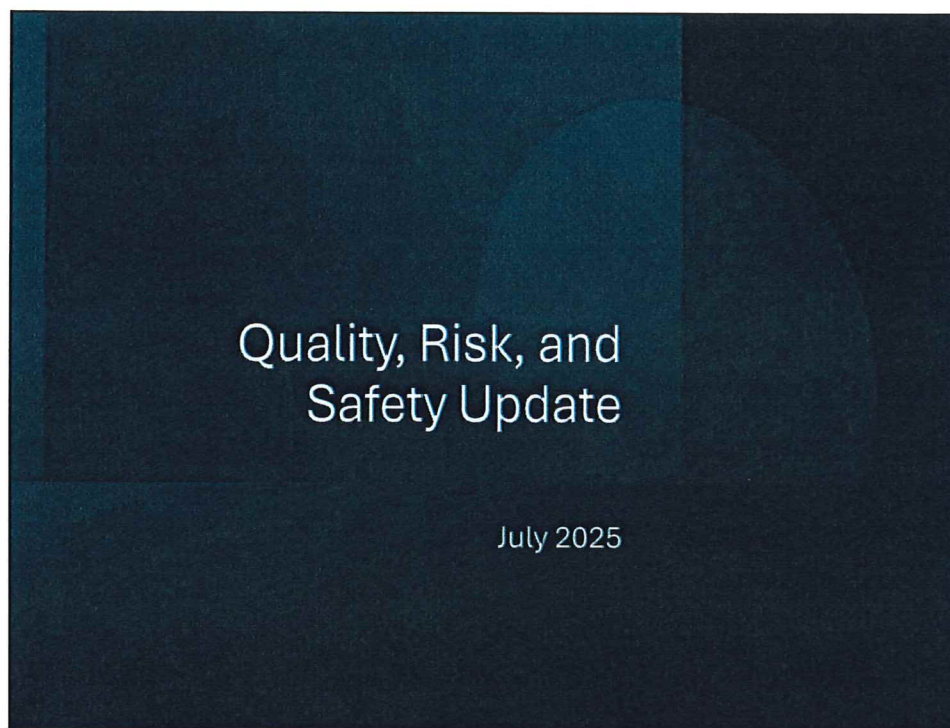
Kari Benz –Chair July 17, 2025

Upcoming meeting: August 21, 2025

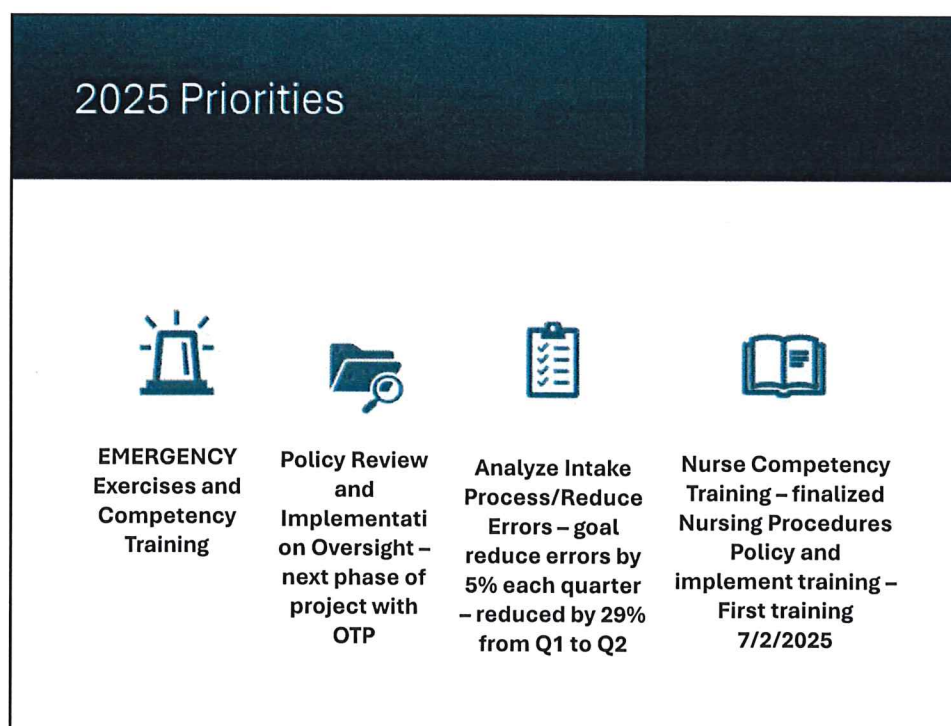


**Falls Community Health
Statement of Operations
For the Period Ended June 30, 2025**

	June Actuals	June Budget	YTD June	YTD Budget	2025 YTD as a % of Budget
Operating Revenues:					
Patient Fee Revenue	\$844,236	\$936,519	\$6,175,109	\$5,619,112.50	55%
Adjustments					
Sliding Fee Discounts	(\$122,539)	(\$217,459)	(734,710)	(1,304,751)	28%
Contractual	(\$350,777)	(\$216,667)	(2,265,714)	(1,300,000)	87%
Uncollectible/Adj	(\$166,115)	(\$223,306)	(1,085,054)	(1,339,834)	40%
Total Adjustments	(639,431)	(657,431)	(4,085,478)	(3,944,585)	52%
Net Patient Revenue	\$204,805	\$279,088	\$2,089,631	\$1,674,528	62%
Grant Revenue:					
Federal	333,279	292,430	1,805,244	1,754,580	51%
State	-	-	-	-	0%
Total Grant Revenue	333,279	292,430	1,805,244	1,754,580	51%
Other Revenue:					
Incentives	13,609	10,333	95,296	62,000	77%
340B	-	1,417	93	8,500	1%
Contributions	-	-	1,650	-	0%
Total Other Revenue	\$13,609	\$11,750	\$97,039	\$70,500	69%
Total Operating Revenues	\$551,692	\$583,268	\$3,991,914	3,499,607	57%
Operating Expenses:					
Personnel Services	633,400	752,029	3,856,665	4,512,175	43%
Professional Services	216,012	191,330	1,045,746	1,147,978	46%
Rentals	1,494	29,412	331,447	176,472	94%
Repair and Maintenance	939	23,366	36,496	140,195	13%
Supplies and Materials	88,291	92,917	582,342	557,504	52%
Training	3,069	9,906	30,326	59,437	26%
Utilities	17,902	9,820	39,634	58,921	34%
Total Operating Expenses	961,107	1,108,780	5,922,656	6,652,681	45%
Net Income (Loss) from Operations	(\$409,415)	(\$525,512)	(\$1,930,742)	(\$3,153,074)	
Nonoperating Revenue (Expenses):					
Total Nonoperating Revenue (Expenses)	\$26,352	\$25,500	\$148,856	\$153,000	49%
Net Income (Loss)	(\$383,063)	(\$500,012)	(\$1,781,886)	(\$3,000,074)	30%



1



2

Policy Review and Implementation

	Total Policies to Review	Completed in 2025	Remaining Policies to Review	Total Policies	Progress
Due in 2025	42	15	27	67	36%
Due in 2026	7		7		
Due in 2027	15		15		
Due in 2028	15		15		

- Remaining policies have been assigned to managers to review
- Priority of policies aligns with substance abuse module implementation, Ryan White site visit in 2026
- Team is meeting with IT to implement policy location on the One Team Portal

3

2025 Quality Projects - Updates

UDS Measures	Clinical Priority Measures: Cervical Cancer Screening, Depression screening and Follow up, Cancer Screening, Depression Remission, and CRC Screening
Decrease no show rate	Monthly review at Quality Committee meeting
Azara Dashboards	Implement Substance Abuse Module
Patient Satisfaction Survey Improvements	Monthly review at Quality Committee meeting

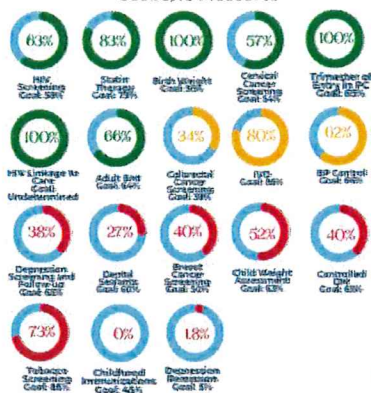
4

UDS Measures

2025 UDS Data Year to Date 1/1/25-2/28/25

Currently meeting 7/18 Measures

Goal: 9/18 Measures



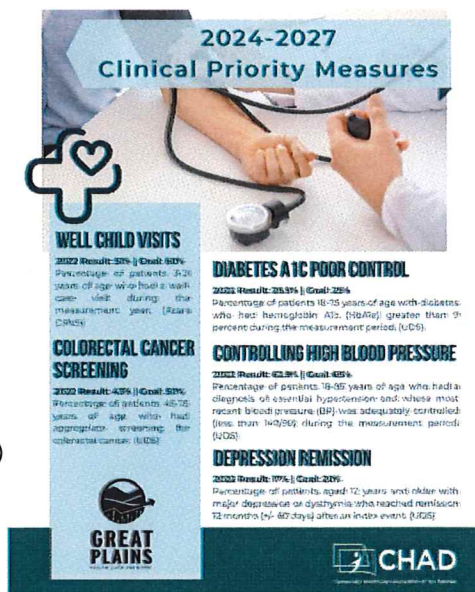
- Continue to review dashboards and measure definitions at monthly Provider/Nurse meetings, Quality Committee meetings, Point of Care Alerts, and the Quality Insider
- Two new UDS measures: Initiation of Substance Use Disorder Treatment, Initiation and Engagement of Substance Use Disorder Treatment

5

CHAD Clinical Priority Measures

FCH 2025 YTD:

- Diabetic Poor Control: 36% (CHAD: 25%)
- Controlling High Blood Pressure: 63% (CHAD: 65%)
- Depression Remission: 1.5% (CHAD: 20%)
- CRC Screening: 36% (CHAD: 50%)



6

No Show Rate



CHW's are contacting high risk patients prior to appointment to identify transportation/appointment needs



Reviewing no-show surveys out of eCW



For June, the Enabling Team reached out to 33 high-risk patients. 10 of the 33 high-risk patients were a no-show for their appointments (30%).

7

Patient Satisfaction Survey

Medical
93 Surveys Completed

Financial Barriers to Medications



Inquire Patient about Health Goals



Awareness of Sliding Fee Program



Knowledge of Televisits



Dental
32 Surveys Completed

Answers your Questions at the Front Desk



Length of Wait in the Exam Room



Patient Parking is Adequate



I am able to get an Appointment When I Want Them



- New survey will be sent for the month of July
- Updated Medical and Dental appointment cards to include parking information
- Added televisits to registration guides for PSTs, will create a workflow for televisits, and will also provide refresher training to Providers

8

Patient Appointment Cards – Medical & Dental



- Updated with QR code that leads to parking image
- Image also has link to landing site on main Falls Community Health page

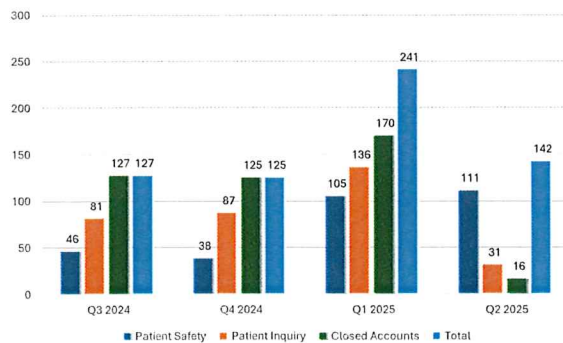


9

Risk Updates

- Third Risk Committee was held on 6/25/2025
- Q1: 241, Q2: 142 Reviewed current trends (guarantor accounts and lab orders)
- Total open: 71 for Q1, 121 Q2

Patient Inquiry/Patient Safety Reports



10

Risk Goals



1. New process implemented for turn around time – 15 days
 - Q1: Average 20, 40 days if all were closed by 6/30/2025
 - Q2: Average is 4, 35 days if were closed by 6/3/2025
2. Reduce errors by 5% each quarter
 - Demographic errors: reduced from 51% to 22% (29% decrease) from Q1 to Q2
 - Lab errors: increased from 19% to 48% (29% increase) from Q1 to Q2
3. Close 2024 Occurrence reports (done)
4. Complete 2024 action plans from quarterly risk assessments (done)

11

Risk Updates – OnBase Project



Electronic forms for
Patient Safety/Inquiries

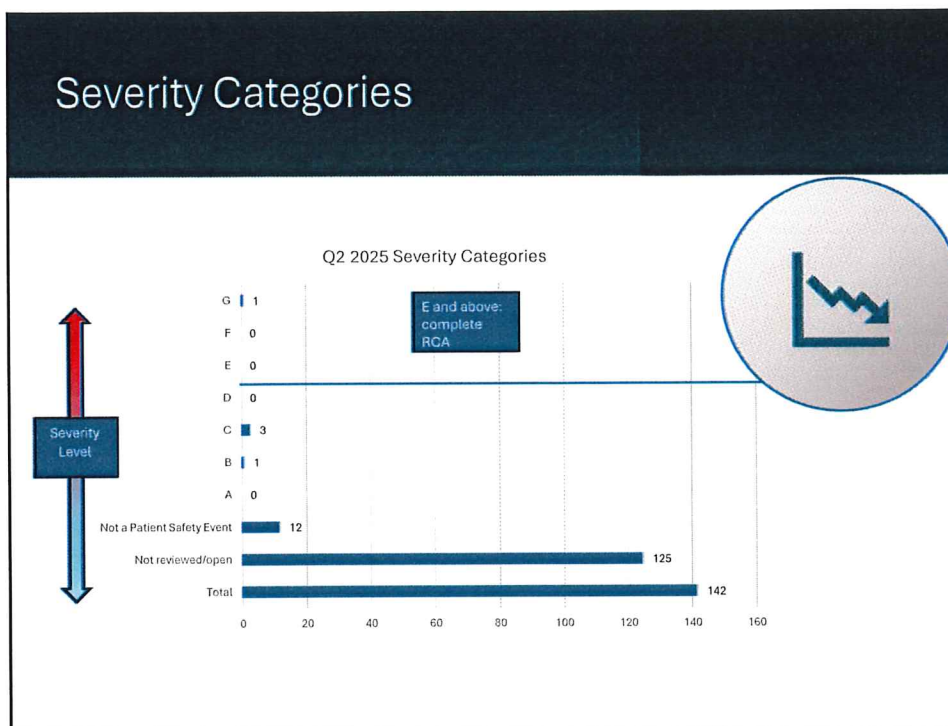


Goal is to implement by
10/1/2025



Link to forms will be on the
new One Team Portal for
staff

12



13

Category G – Action Plan

Dental Category G Action Plan – Patient #98445

Assessment Completed By: _____ Risk Management Committee Date: 7/3/2025

Risk Assessment Follow up Action	Action Required	Responsibility	Action Completed		
			Target Date	Due	Initials
1. CHADCC needs to document conversations with patient in patient's chart.	CHADCC will review and implement. Audit charts for accuracy of the action plan.	Michelle/Dt. Olson	8/1/2025		
2. Dental team documentation - use of interpreter visit.	Workflow review and correction. Audit charts for accuracy after action plan.	Michelle/Dt. Olson			
3. Update check in workflow with patient interpretation process.	Update workflow.	Michelle/Dt. Olson			
4. Dental team - reach out to patient in respective circumstances - follow up to verify patient status.	Audit charts when specific circumstances occur.	Michelle/Dt. Olson			
5. All dental to chart documentation.	Implement standardized template.	Michelle/Dt. Olson			
6. Standardize definition of laser confirmation, trays.	Update policy.	Michelle/Dt. Olson			
7. Standardize dental assistant field of vision, time, unnecessary procedures, repeat techniques and/or procedures.	Create new policy, implement 3rd communication.	Michelle/Dt. Olson			

- Root Cause Analysis completed with the Risk Team, Dental Director, and Dental Manager to develop timeline of events and create an action plan
- Goal is to complete action plan by 8/1/2025.

14

Safety Updates

Initiatives

- 1 Emergency Preparedness Activities
- 2 Safety Engagement Opportunities
- 3 Policy Reminders and Updates

15

Emergency Contact List



COOP list distributed



Each safety committee member reviewed and submitted updates for their area.

16

Overhead Paging System



Tested new overhead paging system and had each safety committee member report on their area for effective volume and reach.



Created an After-Action Report (AAR) to identify successes and opportunities for improvement.

17

Safety Scavenger Hunt

- Locate checklist of safety and emergency items around the building.
 - Items include PPE, AED, Eyewash Station, and Severe Shelter Areas.
- Take a funny picture next to one of the checklist items to be entered into a drawing for a prize (TBD).
- Hunt will take place over a week to allow for various schedules and availability.



18

Fire Drill

- Jaimie acted as a Human Fire with smoke (bubbles) blocking staffs main exit to the building to make them take an alternative route.
- Marissa, a member of our safety committee, acted as a missing person to test our managers for accountability protocols and played a secondary role as a cyber spy.
 - She roamed the building checking for unlocked computers and left a "Be a smartie" note with a Smarties candy on computers that were left unlocked.
- An AAR was made to show successes and opportunities.
- Thank you for county's help in safety activating the Fire Alarm for us to do a "real world" test.

19

Policy Review and Updates

Violent or Hostile Persons Policy Discussion

Goals:

- Aim to clarify consequences for policy violations
- Make our code of conduct policies more visual
- Feedback from providers reviewing global alerts on patient profiles.

20

Ryan White Updates



Patient Satisfaction Surveys Provided to patients
March 5-April 30 (131 total Ryan White patients)



39 surveys returned (11 more than 2024). 67% are
very satisfied, 31% satisfied.



Positive comments: "Thank you Dr. Shafer and nurse
Megan for taking care of me", "I am grateful for the
services you provide"

21

Ryan White Updates – Quality Projects



Quality Projects

Pneumonia Vaccines – 101/132 (76%)
vaccines have been administered to
Ryan White patients YTD



Site Visit May 2026

Updating Policies

22

Dental Updates



New Dental Hygienist, Amy Prokup started 4/21/25



New checkout space established to assist patients in better understanding the sliding fee program and their benefits and treatment plans. This process increases accuracy with patient's check in process and helps to fully close the loop with the patient experience.

23

Dental Updates



- Performance management team will continue to work on education and training to dental care Providers to satisfy measure
- Increase patient awareness with educational materials that explain the benefits of dental sealants

24