

FALLS COMMUNITY HEALTH GOVERNING BOARD
THURSDAY, DECEMBER 18, 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 November 20, 2025*

New Business

- Financials*
 - Productivity
- Quality
 - QA/QI & RW
 - Policy
- Access
 - Amy Hogue, MD, re-credentialing, and privileging No concerns with Avera credentialing and no changes to privileging.
 - Susan Olson, DMD, re-credentialing, and privileging No concerns with Avera credentialing and no changes to privileging.
 - Troy Keyes, DDS, initial credentialing and privileging No concerns with Avera credentialing and initial privileging.
- Board Self-Assessment
- 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, November 20, 2025, at 12:00 pm

Present: Amanda Willard, Moses Pessima, Murat Sincan-Virtual, Lee Jensen, Carlos Castillo, Madeline Shields,

Absent: Josh Keller, Dr. Bill Schultz, Gwen Fletcher,

Staff Present: Joe Kippely, Amy Richardson, Dr. Jen Tinguely, Vanessa Sweeney, Lisa Stensland, Michelle Jarding,

Call to Order: Amanda Willard called the meeting to order at 12:12 pm. Roll call: V Murat, P Jaci, P Madeline, P Lee, P Moses, A Gwen, P Amanda, A Bill, P Carlos, A Josh

A motion was made to approve the minutes for Falls Community Health Governing Board dated October 16, 2025, supported by Madeline seconded by Moses, motion carries. Roll call: Y Murat, Y Jaci, Y Madeline, Y Lee, Y Moses, A Gwen, Y Amanda, A Bill, P Carlos, A Josh

FINANCIALS:

The Falls Community Health reports attached are through the month ending October 31, 2025. We are 83% through the fiscal year. The last financial statements presented were through the month of September 30, 2025.

Operating Revenues:

- Net Patient Revenue consists of all patient charges and adjustments. Total Net Patient Revenue for October came in at \$213,327, YTD actual is 105% compared to annual budget.
- Total Grant Revenue of \$316,662 includes grant revenue from Community Health Center, Ryan White Part C and HIV Prevention.
- Total Other Revenue for October is \$11,960 which consists mostly of Medicaid Managed Care payments.

Total Operating Revenue YTD October is \$6,682,658, which is 95% YTD actual to annual budget.

Operating Expenses: Operating expenses are classified within 7 categories. Total expenses were \$1,304,290 for the month of October.

- Personnel expenses are 74% of the budget and October had 3 pay periods. 2025 is \$825,611 favorable to YTD budget.
- Professional Services are 79% 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, Lewis Drug pharmacy, lab testing fees, etc.
- Rentals are 98% of the YTD budget. Technology charges occur in March of every year.
- Repair and Maintenance is 20% of the YTD budget.
- Supplies and Materials are 92% 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, and claims processing.
- Training is 50% of the YTD budget. Most expenses are continuing education expenses and licensure renewals.
- Utilities are at 54% YTD budget. Most of this expense occurs quarterly and the last payment occurred in September 2025.

Total Operating Expenses YTD October are \$10,073,786 which is 76% YTD actuals to annual budget.

Non-operating Revenue (Expense):

- Total nonoperating revenue (expenses) is 84% of the YTD budget and includes payments from AAA recovery collections, USD dental clinic rent and interest for October.

Net Income (Loss):

- October actual amounts show a net loss of (\$729,775) and YTD net loss of (\$3,132,886).

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

Productivity:

The providers had 14,954 visits year to date. The nurses have had 51 visits year to date. Total medical visits year to date are 15,005.

The dentists have had 5,820 visits year to date. Hygiene has 1,143 visits year to date. Total dental visits are 6,963.

The dietitian had 167 visits this year. Mental Health had 1094 YTD visits. CD Counselor had 40 visits YTD. Case Management has 1,035 visits. Year-end totals are 24,304 total visits which is 90% to goal.

Dental Fee Review:

Each year we review the fees of the dental program to make sure they meet costs; at this time, we are not recommending any changes to the dental fees.

QUALITY:**Dental Report:**

The dental clinic is open Monday -Thursday 8 am – 5 pm, Fridays 8 am- 12 pm, Emergency clinic is offered Monday- Friday 8 am – 12 pm. There is a minimum of 8 emergency appointments per day. Pre- booked agency spots are available every day from 8 am -9 am if a ride is provided. These emergency appointments are on a first call first served basis. The phone lines open at 7:30 am. Walk in patients will be prioritized by visible swelling. The clinic averages over 100 emergencies per month.

Quality measure – Dental sealants has been under goal the last few months, so we are currently validating this data in the software

Delta Dental Bus:

FCH will be collaborating with Delta Dental to increase access to pediatric dental services through additional locations in Sioux Falls. HRSA has approved the change in scope to include the bus as part of FCH. We will begin operating the dental bus on February 9, 2026. The bus will serve all title 1 schools.

ACCESS: Deferred**BOARD MEMBERSHIP:**

Introduced Jaci Kramer.

A motion was made to accept the nomination of Erin Healy to the Falls Community Health Governing board, supported by Moses, seconded by Madeline, motion carried. Roll call: Y Murat, Y Jaci, Y Madeline, Y Lee, Y Moses, A Gwen, Y Amanda, A Bill S, Y Carlos, A Josh

Public Health Director Update:

City Updates

- Charging a convenience fee for credit card transactions with city services
- New city councilor to be appointed soon to replace Dr. Sarah Cole

Clinic Updates

- Mobile bus collaboration with Delta Dental on track for early 2026
- Ongoing negotiations with State Medicaid for reimbursement rate in 2026 state budget
- Great Plains Clinically Integrated Network (GPCIN) update

PUBLIC INPUT:

None at this time.

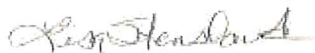
A motion was made to move to executive session to discuss personal matters, supported by Madeline and seconded by Jaci, motion carried. Roll call: Y Murat, Y Jaci, Y Madeline, Y Lee, Y Moses, A Gwen, Y Amanda, A Bill S, Y Carlos, A Josh

12:55

Motion to adjourn supported by Carlos seconded by Madeline, motion carries. Roll call: Y Murat, Y Jaci, Y Madeline, Y Lee, Y Moses, A Gwen, Y Amanda, A Bill S, Y Carlos, A Josh

1:08 pm

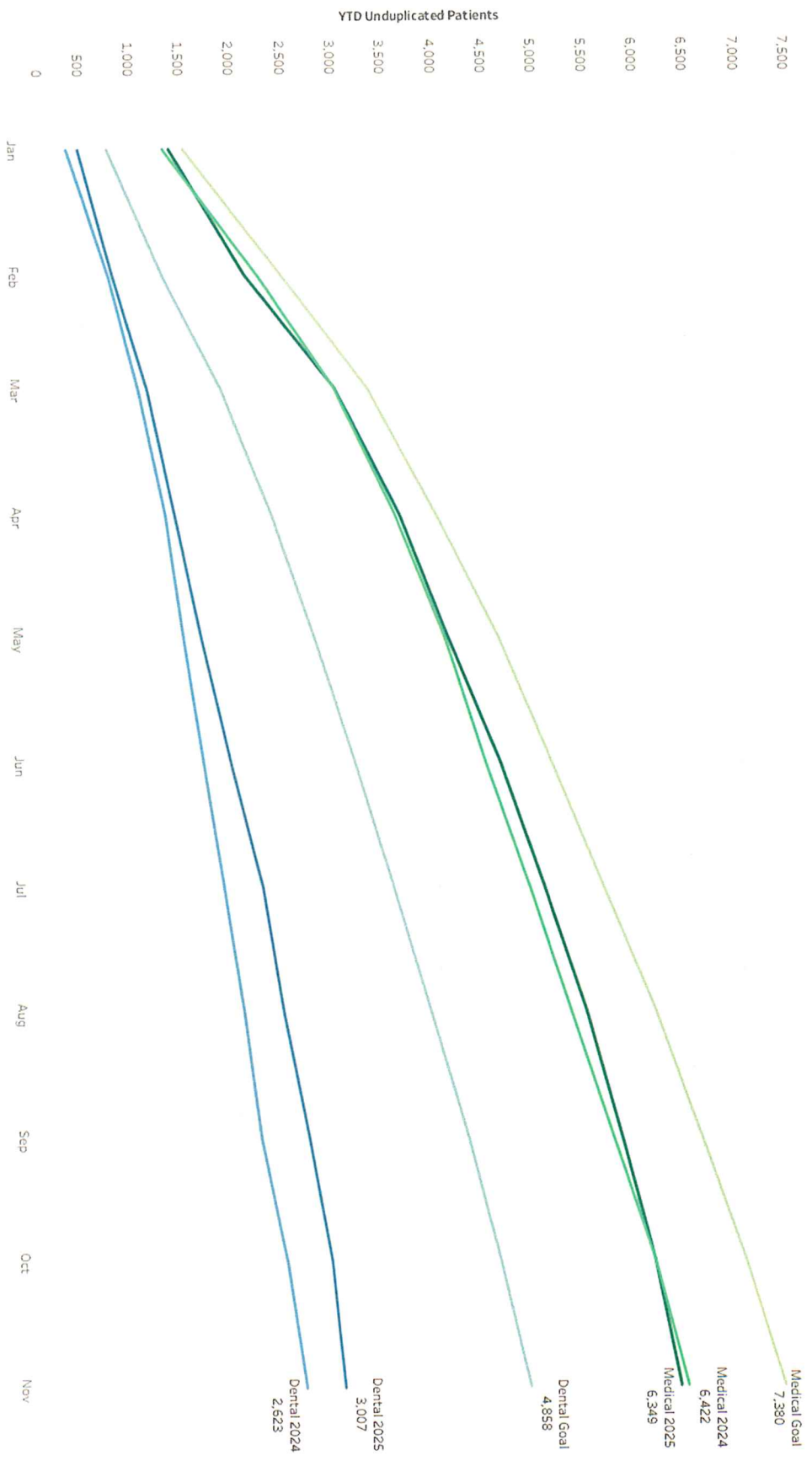
Amanda Willard –Chair December 18, 2025
Upcoming meeting: January 15, 2025



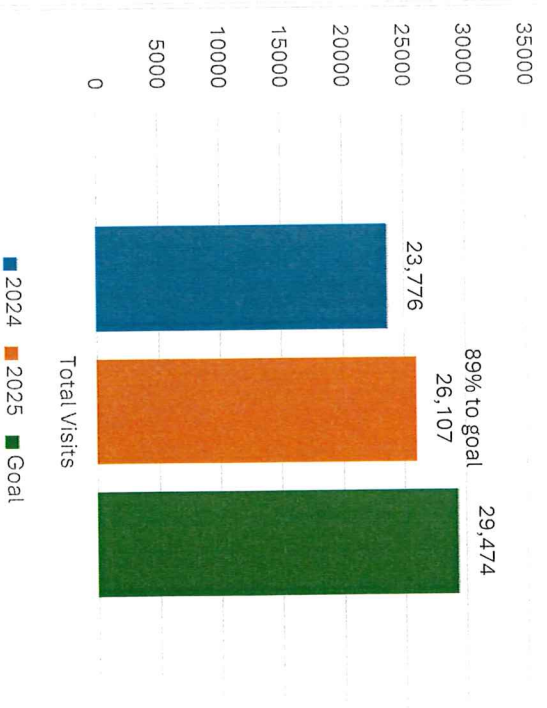
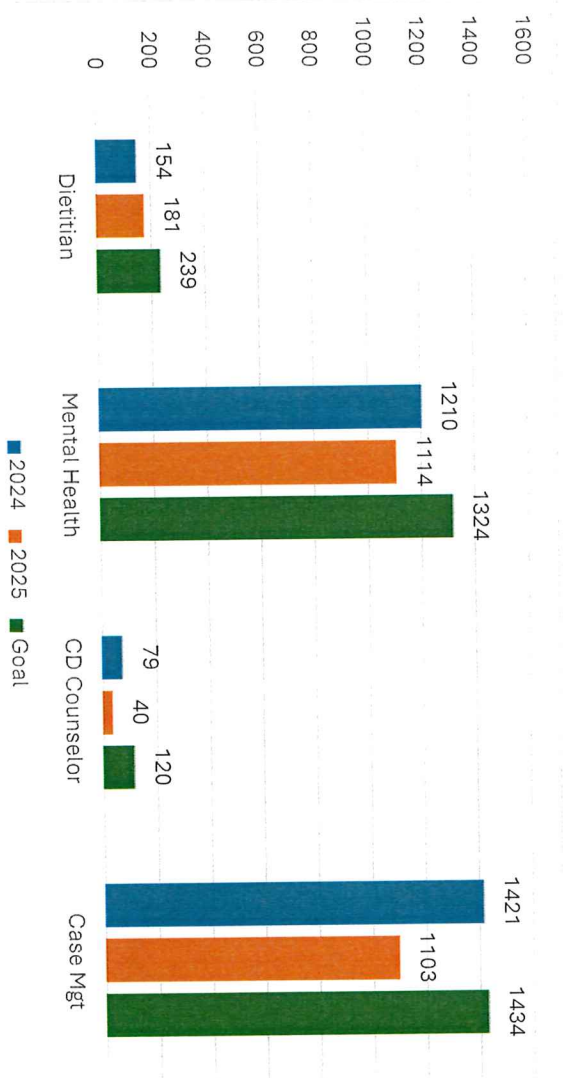
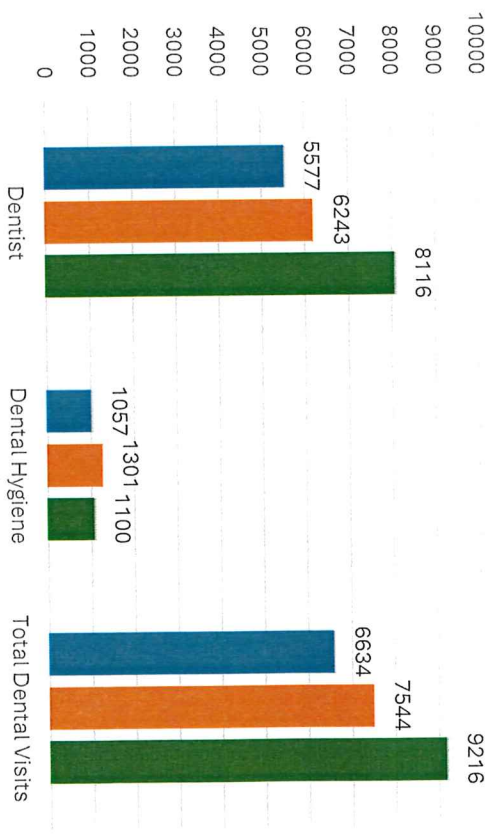
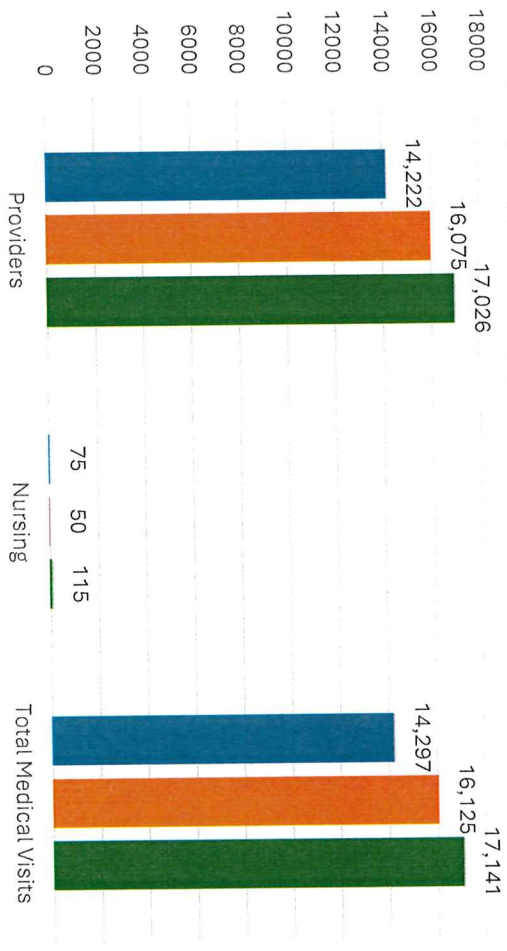
**Falls Community Health
Statement of Operations
For the Period Ended November 30, 2025**

	November Actuals	November Budget	YTD November	YTD Budget	2025 YTD as a % of Budget
Operating Revenues:					
Patient Fee Revenue	\$1,059,776	\$936,519	\$11,605,754	\$10,301,706.25	103%
Adjustments					
Sliding Fee Discounts	(\$124,310)	(\$217,459)	(1,402,089)	(2,392,044)	54%
Contractual	(\$339,221)	(\$216,667)	(4,141,229)	(2,383,333)	159%
Uncollectible/Adj	(\$232,738)	(\$223,306)	(2,195,032)	(2,456,362)	82%
Total Adjustments	(696,268)	(657,431)	(7,738,350)	(7,231,739)	98%
Net Patient Revenue	\$363,508	\$279,088	\$3,867,404	\$3,069,967	115%
Grant Revenue:					
Federal	297,772	292,430	3,307,019	3,216,729	94%
State	-	-	-	-	0%
Total Grant Revenue	297,772	292,430	3,307,019	3,216,729	94%
Other Revenue:					
Incentives	48,940	10,333	196,014	113,667	158%
340B	-	1,417	20,789	15,583	122%
Contributions	-	-	1,650	-	0%
Total Other Revenue	\$48,940	\$11,750	\$218,454	\$129,250	155%
Total Operating Revenues	\$710,220	\$583,268	\$7,392,878	6,415,946	106%
Operating Expenses:					
Personnel Services	631,672	752,029	7,326,352	8,272,320	81%
Professional Services	124,472	191,330	1,948,833	2,104,626	85%
Rentals	1,518	29,412	348,802	323,532	99%
Repair and Maintenance	1,344	23,366	56,319	257,024	20%
Supplies and Materials	111,180	92,917	1,140,057	1,022,090	102%
Training	3,367	9,906	62,795	108,968	53%
Utilities	382	9,820	64,564	108,022	55%
Total Operating Expenses	873,934	1,108,780	10,947,721	12,196,582	82%
Net Income (Loss) from Operations	(\$163,715)	(\$525,512)	(\$3,554,843)	(\$5,780,635)	
Nonoperating Revenue (Expenses):					
Total Nonoperating Revenue (Expenses)	\$28,601	\$25,500	\$286,843	\$280,500	94%
Net Income (Loss)	(\$135,114)	(\$500,012)	(\$3,268,000)	(\$5,500,135)	54%

Year to Date Unique Patients



Year to Date Patient Visits



Quality, Risk, and Safety Update

December 2025

1

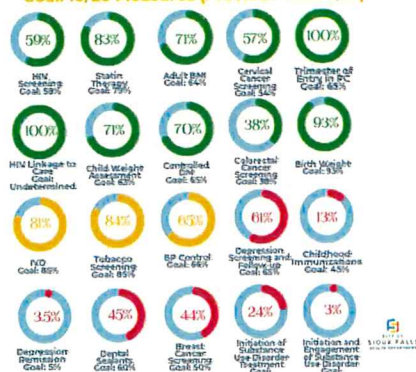
UDS Measures

Clinical Priority Measures: Cervical Cancer Screening, Depression screening and Follow up, Cancer Screening, Depression Remission, and CRC Screening

2025 UDS Data Year to Date 1/1/25-11/30/25

Currently meeting 10/20 Measures

Goal: 10/20 Measures (Previous Goal: 9/18)



- Updated goal to include 2 New UDS measures
- Created template to capture patients who have started a referral to a program prior to FCH appointment

2

Quality Initiatives



Mammogram double-booking – tracking no shows



Dental Sealants – auditing with Dental Manager, submitted ticket to fix exception for sealants for diagnosis of caries



No Show survey – PM Team Review, reviewing policies for patient no show criteria



Patient Intake – auditing and review

3

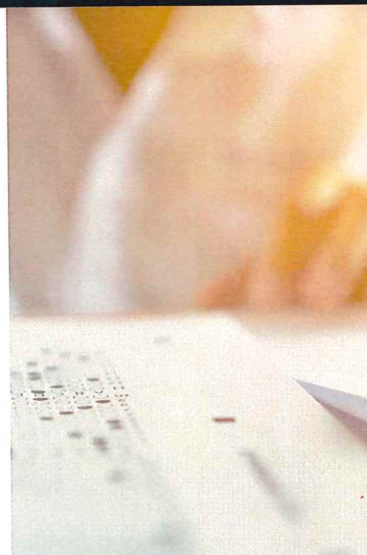
Patient Satisfaction Survey

Medical and Dental: Sliding Fee

- Verify brochures are in rooms – Tammi is checking and ordered more for rooms.
- Lori will add slide for tv in Dental and Medical lobby

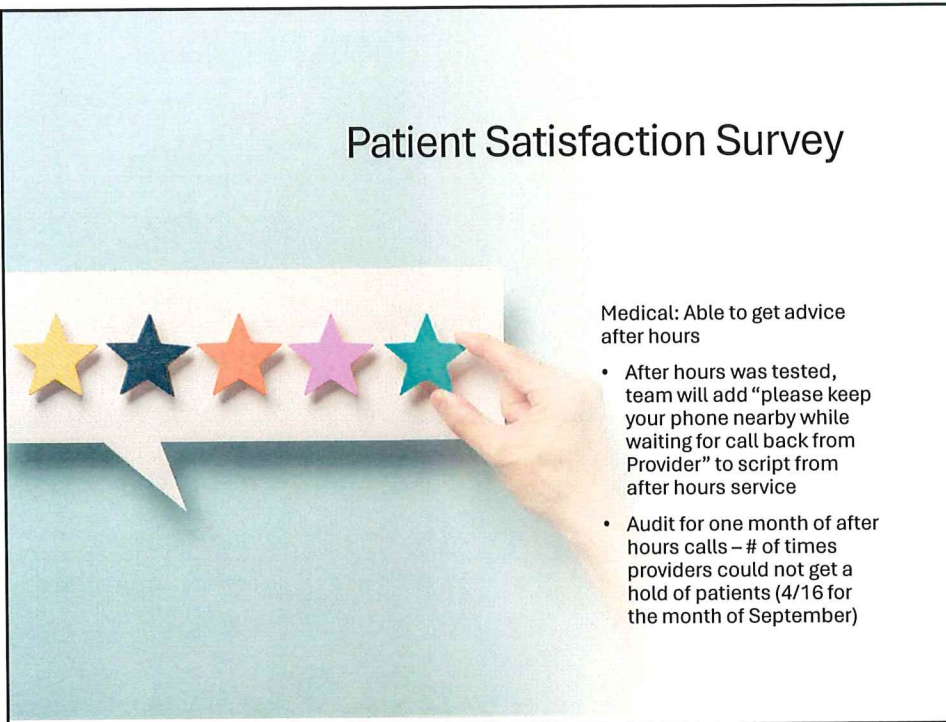


- Waiting message – increase frequency of hold message and put in sliding fee message



4

Patient Satisfaction Survey



Medical: Able to get advice after hours

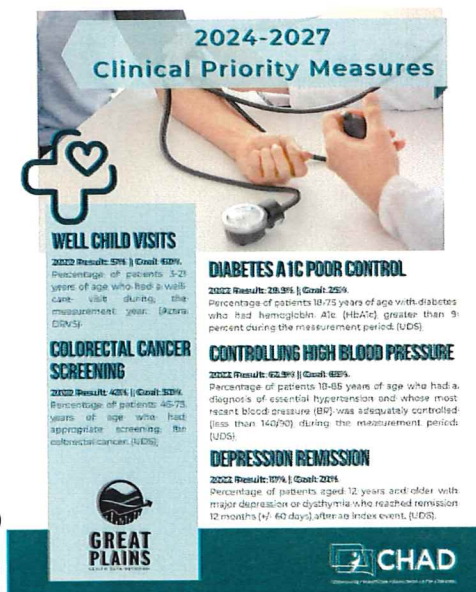
- After hours was tested, team will add "please keep your phone nearby while waiting for call back from Provider" to script from after hours service
- Audit for one month of after hours calls – # of times providers could not get a hold of patients (4/16 for the month of September)

5

CHAD Clinical Priority Measures

FCH 2025 YTD:

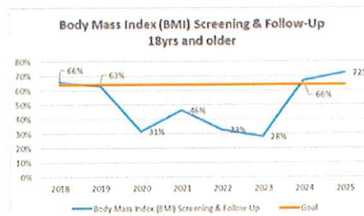
- Diabetic Poor Control: 27% (CHAD: 25%)
- Controlling High Blood Pressure: 65% (CHAD: 65%)
- Depression Remission: 3.5%(6/336) (CHAD: 20%)
 - National average: 13% (2024)
 - CHAD average: 6.7%
- CRC Screening: 38% (CHAD: 50%)



6

Adult BMI

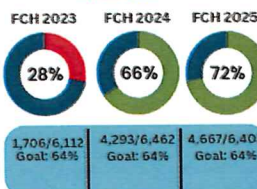
UDS Adult Preventative Measures



Measure Definition

Patients 18 years and older with a BMI documented during the current encounter or during the measurement period AND who have a follow-up plan documented if BMI was outside of normal parameters (Normal BMI is >= 18.5 and < 25.)

ADULT BMI



2022: State Average: 45% National Average: 67%	2024: State Average: 46% National Average: 67%
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7

Mammograms



Double booking



Swag giveaway

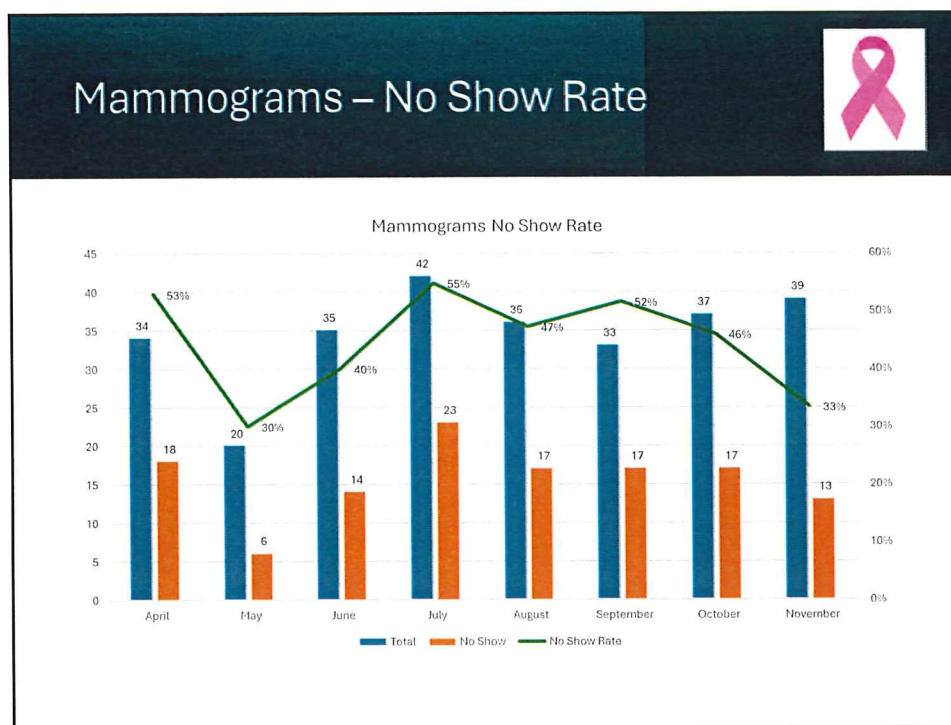


Appointment reminder phone calls

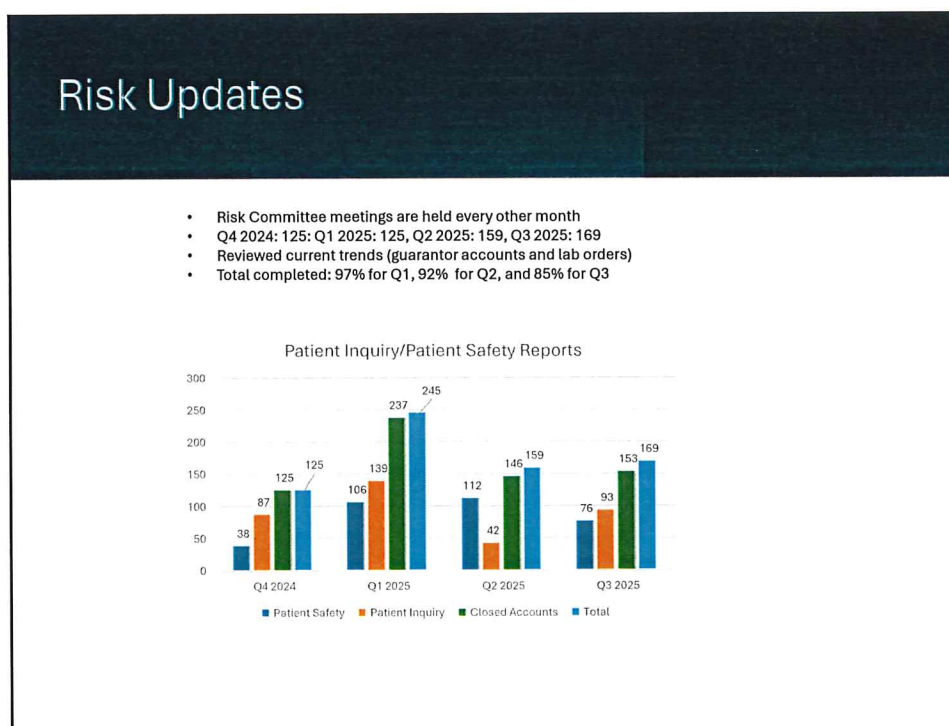


No show rates: No show rate for October was 46% (37 visit, no shows 17). November: 33% (39 visits, no shows 13)

8



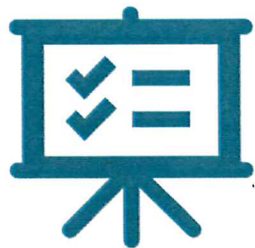
9



10

Risk Updates

Initiatives



1. New process implemented for turnaround time – 15 days

- Q1: Average 21
- Q2: Average is 23
- Q3: 21

2. Reduce errors by 5% each quarter

- Demographic errors: reduced from 28% to 19% from Q2 to Q3
- Lab ordering errors: increased from 43% to 59% from Q2 to Q3

3. OnBase Project

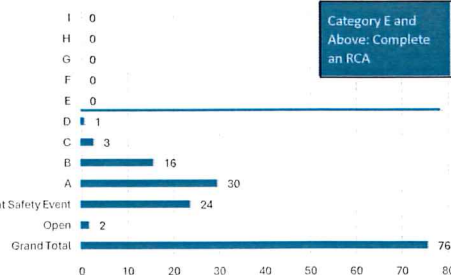
- Implement by 1/1/26

11

Severity Categories



Q3 2025 Event Severity Categories



Category E and Above: Complete an RCA



12

FTCA – Relias Trainings and Policies

- All staff complete for 2025 FTCA trainings
- 22 policies updated or reviewed in 2025 to meet HRSA compliance



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Safety Updates

Initiatives:

- Quarterly Overhead Paging System
- Crosswalk planning with Traffic Department
- Active Shooter Training
- Monthly Safety Newsletters
- Emergency Response Cards
- Updated Code of Conduct

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Overhead Paging System



Overhead paging system is nearing completion!

We have radio and overhead paging capability everywhere except the lab currently.

The safety committee will begin quarterly testing of the overhead paging system starting 2026.

15

Crosswalk Planning

- Partnered with the Traffic Department to assess a high-traffic cross walk used by staff and visitors.
- Encouraged staff to cross at designated crosswalks to ensure they are visible to traffic.

Cross it safely...

It's okay to
take
a break.

*You don't have to be a model to
work it Safely*



CROSSWALKS: THE RUNWAY YOU'RE
SUPPOSED TO USE

16

Active Shooter

Kyle Johnson from PD did an All-Staff training for Active Shooter

Upcoming:

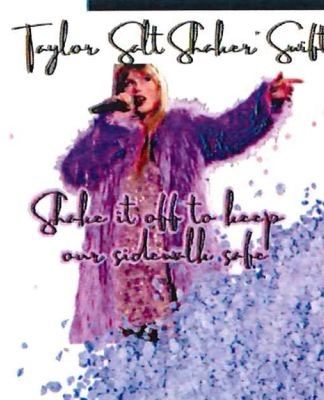
Q1: Tabletop exercise with managers, Kyle Johnson (PD), Regan Smith (Fire), and Ruben Silva (Risk).

Q3: Functional Exercise and walk through with Kyle Johnson (PD).

17

Monthly Safety Newsletters

- 🌮 Layer Up Like a Burrito
- 🥾 Boots Aren't Just for Fashion
- 🧊 Watch Out, Black Ice is Sneaky
- 🚶 Hold the Handrail, Hero
- 🛋️ BYO Blanket –
- 🚨 See Something Slippery? Say Something Slippery.
- 🦠 Protect Your Immune System (and Others From You)
- 🌙 Glow Up in the Dark



18

Emergency Response Cards

Directions for Paging the Health Dept./School-Based Clinics/Vector Control

1. To page the HD use the phone or the Webex calling feature and dial 7755.
2. After you hear an overhead/phone tone, begin speaking. You will not hear the tone through the receiver of the phone you are using.
3. To page School-based Clinics and Vector Control repeat steps 1 and 2, dialing 5033.

TORNADO: Attention, Attention - The National Weather Service has issued a tornado warning for the Sioux Falls area. Seek shelter in the designated area.

FIRE: Attention, Attention - Fire located at <insert area>. Evacuate the building using the nearest exit and report to your designated meeting area.

HOSTILE PERSON: Attention, Attention - Cody Gray. Stay Away! <announce where the hostile person is located>.

19

Code of Conduct

Health and Human Services Building Code of Conduct Expectations

Welcome to Health and Human Services
To ensure a positive and safe environment for everyone, we ask that clients and visitors adhere to the following guidelines:

1. Respectful Interaction

Treat all with courtesy and respect
Avoid using offensive/discriminatory language or behavior

2. Safety and Conduct

Refrain from any form of violence, threats, or intimidation
Please leave the premises promptly after you are finished to make room for others

3. Confidentiality and Privacy

Respect everyone's right to privacy and confidentiality
Respect each other's need for space

4. Property and Environment

Treat the facility and surrounding property with respect
Dispose of waste properly to keep the environment clean
Keep personal property with you at all times

5. Compliance with Policies

Follow all posted signs and instructions from staff
Adhere to specific guidelines related to health and safety, especially in shared spaces



20

Ryan White Updates



Site visit will be held 7/14/2026 and 7/15/2026



Total patients in the Ryan White Program: 138, 9 patients pending



Total new patients in the Ryan White Program for 2025: 11 patients

21

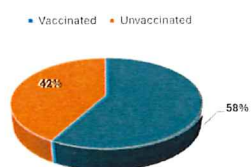
Ryan White Updates – Quality Projects



Pneumonia Vaccines

Pneumonia Vaccines – 79/136 (58%) vaccines have been administered to Ryan White patients YTD

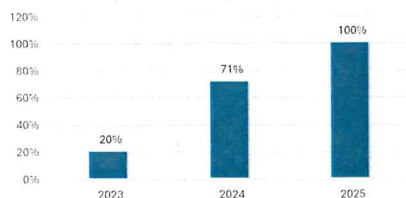
Ryan White Pneumonia Vaccines



Pregnancy Tests

A pregnancy test is required for Ryan White patients that have either had a new HIV diagnosis or a change in medication. Template for pregnancy tests added in the Spring of 2024

Ryan White Pregnancy Tests



22

Ryan White Updates – Quality Projects



Anal Pap Smears

New procedure started in 2025.

57 patients received test (patients aged 35 and older)

Out of 57 patients tested, 14 tests were abnormal

23

2026 Ryan White Goals



QUALITY PLAN –
REVIEWING AND
UPDATING



DISCUSSING QUALITY
PROJECTS FOR 2026



REVIEWING/UPDATING
POLICIES FOR SITE VISIT

24



Sioux Falls Health Department—Falls Community Health Standard Operating Policy/Procedure for Reporting of Adverse and Near-miss Events

1.0 Purpose

- 1.1 To ensure a culture of safety that views adverse and near-miss event reporting as essential for driving continuous improvement.
- 1.2 Adherence to HRSA Compliance Manual (Chapter 10).
- 1.3 Adherence to the Federal Tort Claims Act Health Center Policy Manual.

2.0 Revision History

Date	Modification
2.1 10/20/2022	Origination
2.2	Revised
2.3	Revised

3.0 Person(s) Affected

- 3.1 All FCH employees
- 3.2 All FCH patients

4.0 Policy

To provide a process for reporting and follow-up of adverse and near-miss events. Reporting is nonpunitive, and all employees are required to participate in the detection and reporting of any error; medication error; near-miss; hazardous/unsafe condition; process failure; or injuries involving patients.

5.0 Definition

- 5.1 FCH: Falls Community Health
- 5.2 Adverse event: an undesired outcome or occurrence, not expected within the normal course of care or treatment, disease process, condition of the patient, or delivery of services.
- 5.3 Near-miss: an event or situation that could have resulted in an accident, injury, or illness but did not, either by chance or through timely intervention.
- 5.4 No-harm: an event that reaches the patient but does not cause harm.
- 5.5 Sentinel events: Patient safety events, unrelated to the natural circumstances of a patient's illness or underlying condition, that reach a patient and result in death, permanent harm, or severe temporary harm. Such events signal the need for immediate full investigation and response.
- 5.6 Risk Management Team:
 - (a) Quality and Risk Management Council
 - (i) Assistant Public Health Director
 - (ii) Clinic Administrator
 - (iii) Dental Director (as applicable)



- (iv) Health Administration Manager
- (v) Managers
- (v) .
- (vi) Medical Director
- (vii) Quality and Risk Coordinator
- (viii) Safety Officer-Public Health Program Manager
- (ix) Ad hoc members to be determined by the team
- (b) Risk Management Committee
 - (i) Quality and Risk Coordinator
 - (ii) Staff Representative from each department (PST, Nursing, Dental, CHW's, Lab, Provider)

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6.0 Responsibilities

- 6.1 FCH employees will report clinical adverse events and near-misses.
- 6.2 It is the responsibility of the Health Administration Manager (Risk Manager) to monitor adherence to this policy.
- 6.3 It is the responsibility of the Quality and Risk Coordinator to track and report trends with clinical adverse events and near-misses.
- 6.4 The Medical Director will review medical event categories E-I.
- 6.5 The Dental Director will review dental event categories E-I.
- 6.6 Managers will complete timely follow-up to patient safety events within their scope of responsibility.
- 6.7 The Safety and Risk Management Committees will review event trends and assist with training or policy/procedure updates that contribute to patient safety.
- 6.8 The Quality and Risk Management Council will review patient safety event trends quarterly, approve and create mitigation plans.

7.0 Procedure(s)

7.1 Reportable Events

- 7.1.1 Any situation that could have caused or did cause injury to a patient (e.g., a medication error or adverse reaction, delay in delivery of needed care, unexpected death, major permanent loss of function).
- 7.1.2 Failure to comply with an established policy or protocol that could result in a patient safety concern, with or without resulting in injury.
- 7.1.3 Any suggestion or threat of lawsuits, contacting legal counsel, or claims for restitution.

7.2 Event Severity Categories

- 7.2.1 The Quality and Risk Coordinator or Safety Officer will finalize a severity category (A-I or U) for all patient safety reports. The Quality and Risk Management Council will receive a report from the Risk Management Committee at the monthly meeting.

7.3 Immediate Response



- 7.3.1 Perform necessary healthcare interventions to protect and support the patient's clinical condition and mitigate the risk to others.
- 7.3.2 Preserve any information related to errors, including physical information for investigative purposes.
- 7.3.3 Report all adverse events, incidents, and near misses at the time they are discovered to the immediate supervisor, Clinic Administrator, or Safety Officer.
 - 7.3.3.1 The Assistant Public Health Director, Clinic Administrator, Medical Director or Dental Director should be notified of any event appearing to meet category E or higher within 24 hours.
- 7.3.4 Assess the need for disclosure to the patient, patient's family, or City attorney and follow through as deemed appropriate. If disclosure to the patient or family is appropriate, the primary care provider will document it in the medical or dental record. Documentation **will not** reflect that an event report was completed.
- 7.3.5 Record the events on the Patient Safety Event form and submit the form to the Quality and Risk Coordinator or Safety Officer.
- 7.3.6 Preserve, secure, and inspect all equipment involved in the event before returning to service.

7.4 Event Reporting

- 7.4.1 Once the situation is contained and the proper individuals have been notified, a Patient Safety Event form must be completed. (see Appendix A)
 - 7.4.1.1 A person knowledgeable about the event should complete the event report objectively, accurately, and without conclusion, criticism, or placement of blame.
 - 7.4.1.2 All Patient Safety Event forms are to be forwarded as soon as possible to the Quality and Risk Coordinator for FCH or the Public Health Program Manager for the Public Health Divisions, for documentation within 24 hours.
 - 7.4.1.3 Serious injuries and deaths resulting from an adverse event must be reported immediately to the appropriate leadership including, Medical or Dental Director, Health Administration Manager, Clinic Administrator, Assistant Public Health Director and Public Health Director.
 - 7.4.1.3.7.4.1.4 If the event involves a medical device, reference the Safe Medical Devices Act (SMDA) of 1990 and reporting requirements of the Food and Drug Administration (FDA) under 21 CFR Part 803 for FDA reportable event procedures.

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7.5 Event Investigations

- 7.5.1 The Quality and Risk Coordinator or Safety Officer will log the event report on the event log spreadsheet with the:
 - 7.5.1.1 Assigned event number
 - 7.5.1.2 Date
 - 7.5.1.3 Patient account number as applicable
 - 7.5.1.4 Manager Assigned
 - 7.5.1.4.1 FCH events will be assigned to the Clinic Administrator



- 7.5.1.4.2 Public Health events will be assigned to the appropriate manager
 - 7.5.2 FCH Clinic Administrator will review the event and assign the event investigation to the appropriate manager who will complete and document on the event log spreadsheet.
 - 7.5.2.1 A Root Cause Analysis is required for any event in category E or above. These investigations will include as applicable: members of the Quality/Risk Council, management, and members of the Risk Management Committee.
 - 7.5.3 The applicable/assigned manager will:
 - 7.5.3.1 Have the involved staff complete the 5 Why's (see Appendix A)
 - 7.5.3.2 Review the record (medical or dental)
 - 7.5.3.3 Review relevant policies, procedures, and standards of care
 - 7.5.3.4 Interview applicable personnel who witnessed or have any knowledge or information regarding the event
 - 7.5.3.5 Document findings, conclusion, and actions on the Patient Safety Event Form within 15 business days.
 - 7.5.4 One of the following severity categories will be assigned. (Examples are for illustrative purposes only and are not all-inclusive.)
 - A. Potentially hazardous conditions, circumstances, or events exist that can cause injury, accident, or healthcare error (e.g., look-alike medications, confusing equipment, etc.).
 - B. An event occurred but it did not reach the individual (an error of omission, however, such as a missed medication dose, does reach the individual).
 - C. An event occurred that reached the individual but did not cause harm.
 - D. An event occurred that required monitoring to confirm that it resulted in no harm and/or required intervention to prevent harm.
 - E. An event occurred that contributed to or resulted in temporary harm and required treatment or intervention.
 - F. An event occurred that contributed to or resulted in temporary harm and required initial or prolonged hospitalization.
 - G. An event occurred that contributed to or resulted in permanent harm.
 - H. An event occurred that resulted in a near-death event (e.g., required ICU care or other intervention necessary to sustain life).
 - I. An event occurred that may have contributed to or resulted in death.
 - U. Undetermined (i.e., could not assess harm at the time).
- 7.6 Risk Management Committee
 - 7.6.1 Review adverse and near-miss trends, track and analyze event patterns to establish a proactive approach to quality improvement
 - 7.6.2 Recommend system improvements to reduce the probability of future related events



- 7.6.3 Assist in creating, testing, and implementing mitigation plans
- 7.6.4 Assist with training or policy/procedure updates
- 7.7 Quality and Risk Management Council
 - 7.7.1 Review and ensure root cause analysis of events category E or above are completed.
 - 7.7.2 Review reports, recommendations and updates from Risk Management Committee and approve action steps
 - 7.7.3 Approve recommendations to establish proactive approaches to quality improvement and further identify opportunities for organization-wide improvements in processes or systems
 - 7.7.4 Set and review Risk Management Plan quarterly and final annual review each December
- 7.8 Retention of Event Reports
 - 7.8.1.1 Event reports shall be retained for a minimum of 4 years.
- 7.9 Confidentiality
 - 7.9.1 All documents generated because of a sentinel event, adverse event, or a near-miss, including, but not limited to the initial report and the findings of the 5 Why's will be maintained in a strictly confidential manner by all parties involved. These documents are confidential reports and are part of the peer review and quality assessment process of the organization. Unauthorized disclosure or duplication is prohibited.
- 7.10 Event Report Feedback and Follow-Up
 - 7.10.1 The Quality and Risk Coordinator and/or Safety Officer will provide quarterly reports to staff, department leadership, and management to respond to reporting, combat barriers to reporting, and promote performance improvement through objective learning. Feedback may include evaluations of the event reporter's action in response to the event, changes or improvements made because of reported events, and/or use of deidentified reports to showcase similar events, trends, or subsequent improvements that need additional modification.

Public Health Director

Date

FCH Governing Board

Date



Appendix A:



PATIENT SAFETY EVENT FORM



Person Originating the Form: _____ Date: _____

Patient Name: _____
Last First MI

DOB: _____ Patient ID Number: _____

REPORTABLE EVENT:

- ☐ Any situation that did result in an injury to a patient
- ☐ Any near miss that *could have* resulted in an injury to a patient
- ☐ Failure to comply with established policy, protocol, or workflow that could cause a patient safety concern
Example: incorrect demographics
- ☐ Any suggestion or threat of lawsuit, contacting legal counsel, or claims for restitution

Details:

Name of Supervisor/Manager Notified: _____ Date: _____

Safety Officer/Quality and Risk Coordinator Log Date: _____ Category: _____ Routed To: _____

Findings and Corrective Action Taken:

Investigator Signature: _____ Date: _____

Category A-D stop here. Please attach all documentation of findings and proof of follow up and return to the Safety Officer/Quality and Risk Coordinator. Categories E-I complete page #2 and report to Assistant Public Health Director, Health Administration Manager, Clinic Administrator, Dental Director, or Medical Director within 24 hours.

10/12/15



ROOT CAUSE ANALYSIS (5 WHY'S FOR CATEGORIES E-I)



Why did the patient safety event occur?

Continue through remainder of 5 why's—stop when root cause is identified:

Why is that?

And why is that?

And why is that?

And why is that?

Staff performing RCA: _____ Date: _____

Final Findings:

Action to be taken	Responsible party	Date complete
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please attach all documentation of findings and proof of follow up.

Investigator: _____ Date: _____

Medical or Dental Director: _____ Date: _____

Clinic Operations: _____ Date: _____

Once completed, return to Safety Officer/Quality and Risk Coordinator.

Falls Community Health Board Self Evaluation Questions

Rate each of the following board responsibilities on a scale from 1-5 with 5 being the highest and 1 being the lowest

Composition and Preparedness

- ☐ The board reflects the demographics of the community.
- ☐ The board is in compliance with federal requirements.
- ☐ The board has adequate legal, financial and clinical expertise.
- ☐ The board fully understands the history and mission of the organization.
- ☐ All board members understand their fiduciary and legal responsibilities.
- ☐ The board solicits ongoing input from the target populations.
- ☐ The board effectively communicates decisions to those effected by them.
- ☐ The board has credibility in the community.

Board Performance

- ☐ The board meets monthly in accordance with federal regulations.
- ☐ There is a quorum at each meeting.
- ☐ Appropriate committee and CEO reports are provided regularly.
- ☐ The board has a positive interaction with the CEO.

Meeting Effectiveness

- ☐ Everyone participates at the board meetings.
- ☐ Members understand and follow basic parliamentary procedures.
- ☐ Members feel safe expressing concerns.
- ☐ Conflicts or tensions are resolved satisfactorily.
- ☐ The chair effectively keeps discussions on track.
- ☐ Board members receive relevant materials in a timely fashion.

Discussion Questions

What are the board's strengths and weaknesses based on the rankings above?

How well does the board meet its responsibilities?

How could the board perform more efficiently and effectively?