MEMBERS PRESENT
Marie Lindsey, Chairman
Cindy Brassea, Vice Chairman
Deborah Kornacker, Secretary
Alan Dyche, Treasurer
Vernice Warren
Paul Lauridsen
George Mora
Edith Cline-Kabba
Judith Easley arrived @ 6:00pm

MEMBERS ABSENT

WCCHC STAFF PRESENT
Mary Maragos, Chief Executive Officer
Dr. Jennifer Byrd - Chief Medical Officer
Stacy Baumgartner - Director of Operations
Mary Kilbride, Executive Assistant

WCCHC STAFF ABSENT

WCHD STAFF PRESENT
Sue Olenek, Executive Director

OTHERS PRESENT
Adam Lipetz, Assistant State's Attorney

Pledge of Allegiance

I. CALL TO ORDER
The regular meeting of the Will County Community Health Center Governing Council was held virtually, via teleconference due to COVID-19 isolation requirements. Ms. Marie Lindsey, Chairman, called the meeting to order at 5:08p.m.

ROLL CALL AND DETERMINATION OF QUORUM – Quorum present.

II. MISSION STATEMENT
Mr. Lauridsen read the Mission Statement.

III. APPROVAL OF MINUTES
A motion was made by Mr. Lauridsen and seconded by Ms. Kornacker to accept the minutes from July 1, 2020. Motion carries.

IV. Chairman's Comments:

V. CEO Report
   • United Way funding:
     Due to the pandemic and declining community support for the United Way, we received notice that our mobile dental operations will not be funded by the United Way in this new fiscal year (July 1, 2020 to June 30, 2021). United Way funding has declined over the years, from its peak of $15,000 in 2013 to $5000 in 2020, due to lessened resources and a greater demand for funding of other local social service agencies. We plan to continue to offer mobile dental services to area shelters, food pantries, and community sites once we resume mobile dental operations. As always, we will not turn anyone away for inability to pay.
• **Joint Commission Accreditation:**
  Our reports attesting to compliance with standards have been accepted and we have officially been awarded continuing Ambulatory Health Care Accreditation for another 3 years, through February 21, 2023! We have also been re-certified as a Primary Care Medical Home through February 21, 2023. We can expect an unannounced site visit sometime this October or November, for inspection to verify our compliance with quality and safety standards.

• **Necnic Group, LLC Recruiter:**
  We ask the Governing Council for its approval of an agreement with Necnic Group for physician and nurse practitioner recruiting. We have openings for a family physician, psychiatrist, and mental health nurse practitioner. Although we have agreements with other recruiters, this one claims to have active candidates seeking positions in our area.

• **AMITA St. Joseph Medical Center Collaboration:**
  A formal Linkage Agreement has been established to allow for direct communication about our patient’s health issues, notification of hospital admissions and discharges. A process for data share between our electronic health records is in process. This is to comply with HRSA requirements as well as improve the quality of care for our patients. (See pages 36-37 of Bureau of Primary Care Compliance Manual.) The Governing Council will be asked to approve this Agreement.

  Ms. Olenek questioned who the provider from the Center will be covering at St. Joseph and how will we maintain coverage at the hospital? Dr. Byrd stated we will work with their hospitalist group in order to have providers on staff there.

• **Proposal from Americans for Better Hearing Foundation (ABHF):**
  We were approached by the ABHF and a proposal received to provide audiology services at the WCCHC. They would provide services independently of the WCCHC, but we will still need to request a Change of Scope from HRSA. The GC will be asked to approve this Agreement, as reviewed by our Asst. States Attorney.

• **COVID Updates:**
  We have resumed dental operations, including those procedures generating aerosols, such as root scaling for periodontal disease. Patients first schedule an appointment for a dental examination and are tested for COVID-19. The procedure is then done after the results are received, if negative. More patients are returning for in-person clinical visits in primary care. Pediatricians are reaching out to bring back children who are behind in their immunizations and well-child examinations. We have planned for special school physical days in August. Some of our COVID temps are returning to school in August; we are filling in the gaps with volunteer nursing students from the University of St. Francis. However, we’ll have to cut back on testing efforts once school resumes at USF. We struggle to place existing staff at the front door for screening. More volunteers are needed!
  See attached spreadsheet of COVID screening performed and test results. In August we’ll be sending all screening forms electronically to the IDPH laboratory. This requires Wifi connections and printing capabilities at each test site. The benefit is we’ll be able to track specimens as they are processed and develop reports of the tests performed.
CMO Report

COVID-19 Update:

**Numbers of Cases (raw numbers)**

<table>
<thead>
<tr>
<th></th>
<th>Cases</th>
<th>Recovered</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>World</td>
<td>17.3 million</td>
<td>10.8 million</td>
<td>673 K</td>
</tr>
<tr>
<td>United States</td>
<td>4.60 million</td>
<td>2.25 million</td>
<td>154 K</td>
</tr>
<tr>
<td>Illinois</td>
<td>178 K</td>
<td>141K</td>
<td>7,670</td>
</tr>
<tr>
<td>Will County</td>
<td>8,295</td>
<td>pending</td>
<td>337</td>
</tr>
</tbody>
</table>

![Map of the United States showing COVID-19 cases by state and territory.](image)
Death Projections (through October 2020)
Noted is a continued rise in projected deaths through October 2020. Thus, mask wearing, prohibition of gathering, and observance of hygiene guidelines should still be adhered to for the foreseeable future.

Guidance on Level of Risk, by activity
You will note, level 5 and above are considered high risk activities.
Masking

- **Common errors in mask wearing** was recently reviewed with the staff. Further, they were provided with the graphic below as a visual aid to assist them with compliance for effective protection.

- **A Universal Masking Policy** will be published within the next two weeks that outlines the proper masks to wear, how to wear them, the circumstances under which only N-95 masks must be worn, and the proper handling of masks ready to be disposed of.

- It is of note, that **CLOTH MASKS are not protective** for healthcare workers (MacIntyre C R et al., 2015, “A Cluster Randomized Trial of Cloth Masks Compared with Medical Masks in Healthcare Workers”, BMJ Open, vol. 5, e006577).

- We will no longer allow cloth masks as the staffs’ **sole protective mask** while in the health center.

  Staff that desire to wear a cloth mask for comfort will still be allowed to do so but will need to wear a surgical or N-95 mask **over it** for proper protection.
Proper Mask Placement:

- under chin - NO PROTECTION, none, whatsoever
- under nose - NO PROTECTION, none, whatsoever

Face masks. Please make sure you're wearing your mask appropriately and NOT like the individuals in the picture. Make sure it fits snugly but comfortably against the side of the face, is secured with ties or ear loops, allows for breathing without restriction, and covers your nose and mouth.

- Not covering your chin, LIMITED PROTECTION as particles can enter nose & mouth from underneath the mask.

Quality:

The Continuous Quality Improvement (CQI) Team has met and revamped the process by which quality indicators will be monitored and promoted.
A quorum of this team met as a "Rapid Cycle Team" to discuss: a) refocusing the efforts of the team to center around one health outcome per quarter, b) selecting the current measure to be focused on, Immunizations, c) developing an electronic "campaign" to market immunizations to the involved patients (all children < 2 years of age), d) creating both a Flyer and a postcard for use in the mass marketing campaigns, e) the process by which this population would be identified in a report, and f) the tactics that will be used by our Medical Secretaries and Population Management Team to contact all patients who are behind or are currently in need of immunizations.
This Immunization Rapid Cycle Team will meet every two weeks to closely monitor progress on initiatives, lay groundwork for upcoming plans, and mitigate shortfalls.

VI. DISCUSSION

Revenue Report: Ms. Maragos presented the Revenue report ending in June. Our target was 58.3% and our actual was 49.1%. Our variance was -9.2%. Ms. Lindsey questioned what the 170.6% in miscellaneous was from? Ms. Olenek and Ms. Maragos feel it may be from supplemental CARES funding from Medicare. Mr. Lauridsen asked Ms. Maragos if we have looked into additional Medicare/Medicaid grants. Ms. Maragos stated that the Center does not apply because we have already received 3 COVID grants from HRSA.

Expenditures: Ms. Maragos presented the Expenditure report ending in June. Our goal was 50% and we came in at 46%.


COVID testing: Ms. Maragos presented the COVID testing spreadsheet. Discussion took place.
Through 7/31, 2,676 people have been tested by WCHC personnel.

Infection Control Plan: Dr. Byrd presented the Infection Control Plan to the GC members. Discussion took place.
Report from the Quality Committee Chairperson: Ms. Lindsey presented a summary of the Quality Committee meeting (see Quality Committee mtg. minutes) which took place prior to Governing Council mtg. Ms. Lindsey spoke of the patient satisfaction survey and how well the results were. Ms. Lindsey also spoke of the adverse events and incident reports presented.

United Way Funding: Ms. Maragos discussed the elimination of United Way funding for this year due to the COVID-19 pandemic.

Joint Commission Accreditation: Ms. Maragos presented the Joint Commission certification for Primary Care Medical Home that had been renewed for the Center.

UDS Quarterly Quality reports: The UDS Key Performance Indicator results were presented and discussed.

VII. ACTION
- A motion was made by Mr. Dyche and seconded by Ms. Easley to approve agreement with Necnic Group Physician/nurse practitioner recruiter. Motion carries.
- A motion was made by Mr. Dyche and seconded by Mr. Lauridsen to table Linkage Agreement with Amita St. Joseph Medical Center. Motion carries.
- A motion was made by Mr. Lauridsen and seconded by Ms. Brasca to approve agreement with Americans for Better Hearing Foundation. Motion carries. Ms. Maragos stated an approval to add scope for audiology will be on the September GC agenda.
- A motion was made by Mr. Lauridsen and seconded by Mr. Dyche to approve revised policy QRM-0005 Credentialing and Privileging. Motion carries.
- A motion was made by Mr. Lauridsen and seconded by Ms. Easley to approve Family Planning Sliding fee schedule, effective July 1, 2020. Motion carries.
- A motion was made by Mr. Dyche and seconded by Ms. Brasca to approve renewal of contract for Dr. Baldin Durr, M.D. Motion carries.
- A motion was made by Mr. Lauridsen and seconded by Ms. Kornacker to approve recredentialing, for Dr. Husam Marsheh, M.D. Motion carries.

VIII. PUBLIC COMMENT: No comments stated

X. A motion was made by Mr. Lauridsen and seconded by Ms. Easley to adjourn the meeting at 6:34pm. Motion carries.

XI. NEXT MEETING

Wednesday, September 2, 2020  Finance Committee  4:30pm-5:00pm
Wednesday, September 2, 2020  Governing Council  5:00pm-6:30pm
(Both to be conducted virtual, through Microsoft Teams)

Prepared by,

Mary Kilbride, Executive Assistant

Deborah Kornacker, Governing Council Secretary