

**WILL COUNTY COMMUNITY HEALTH CENTER**  
**GOVERNING COUNCIL MEETING MINUTES**  
**VIA TELECONFERENCE**  
2/3/2021

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**MEMBERS PRESENT**

Marie Lindsey, Chairperson  
Cynthia Brassea, Vice-Chairperson  
Deborah Kornacker, Secretary  
Alan Dyche, Treasurer  
Paul Lauridsen  
Judith Easley  
Vernice Warren  
Edith Cline-Kabba  
Michael Crowner

**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  
Elizabeth Bilotta, Assistant Executive Director  
Denise Bergin, Director of Finance/Grants Management

**OTHERS PRESENT**

Adam Lipetz, ASA

**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 5:02p.m.

ROLL CALL AND DETERMINATION OF QUORUM – **Quorum present.**

A **motion** was made by Mr. Dyche and **seconded** by Ms. Brassea to approve Michael Crowner to become member of the WCCHC Governing Council. **Motion carries.**

**Roll Call:** Marie Lindsey, “Aye”, Cindy Brassea, “Aye”, Deborah Kornacker, “Aye”, Alan Dyche, “Aye”, Edith Cline-Kabba, “Aye”, Paul Lauridsen, “Aye”, Judy Easley, “Aye”, Vernice Warren, “Aye”, Michael Crowner, “Aye”

**II. MISSION STATEMENT**

Mr. Dyche read the Mission Statement.

**III. APPROVAL OF MINUTES**

A **motion** was made by Mr. Lauridsen and **seconded** by Mr. Dyche to accept the minutes from January 6, 2021. **Motion carries.**

**Roll Call:** Marie Lindsey, “Aye”, Cindy Brassea, “Aye”, Deborah Kornacker, “Aye”, Alan Dyche, “Aye”, Edith Cline-Kabba, “Aye”, Paul Lauridsen, “Aye”, Judy Easley, “Aye”, Vernice Warren, “Aye”, Michael Crowner, “Aye”

**IV. Chairman's Comments:**

**V. CEO Report**

**Grant from Centene:**

On 12/30/20 we received notice of award of \$24,807 from Centene Insurance, in collaboration with the National Council of Community Health Centers to "increase telehealth solutions." The funding period is from January 1 through March 31, 2021. Our goal for this funding is to increase access to care for BH patients by providing smartphones to those who need them, for virtual on-line appointments. Our budget includes the purchase of 45 smartphones with monthly minute cards for one year. Funding also partially supports an LCSW to coordinate the program. This position is already funded for FY21.

**New funding from HRSA:**

On 1/19/21 we received Notice of Award from HRSA for \$122,580 for supplemental funding to improve the management of our patients with hypertension. We will use the funding to partially support a Healthcare Liaison staff person who will manage the panel of patients with uncontrolled hypertension. We will use also use the funding to purchase Blue-tooth enabled blood pressure monitoring devices, so our patients can measure their own blood pressures at home and transmit the data back to us. It is part of our 2021 Strategic Plan to improve the percent of patients with controlled hypertension from 48.2% to 86.0%, the number required by our insurances for quality bonuses (HEDIS measures).

**HRSA Virtual Operational Site Visit Report:**

All reports addressing compliance issues were submitted ahead of the deadline, on 1/15/21. As of 1/22, we have received only a confirmation of acceptance of all materials and affirmation that compliance has been demonstrated satisfactorily. Our HRSA representative suggested further changes to AD-0029 Purchasing Policy to add Conflict of Interest language in reference to our Collective Bargaining Work Rules and the Governing Council's Bylaws. We were not cited for the omission of this language but were told it would strengthen the policy for our next reviewers.

**New 2021 Fees and COVID vaccinations:**

We ask the Governing Council for its approval to add new 2021 fees for Hospital procedures and for COVID-19 vaccinations. IL HFS/ Medicaid will reimburse us for COVID vaccine administration fees plus any associated office visits. There is a special COVID fund set up by the Federal Government for COVID-related medical expenses for the uninsured. We are working on a vaccination plan of our own as we expect to get our own supply from IDPH within the next couple of weeks. At this point we plan to offer COVID vaccines to all of our patients ages 65 and over, first targeting those with chronic health conditions such as diabetes, hypertension, heart disease, and chronic respiratory diseases. We will accept new patients for the vaccine too, providing they are within this age category and are willing to get a health examination as well.

**The Joint Commission:**

An unannounced virtual site visit is expected from the Joint Commission, to address deficiencies uncovered at their last review in February. We are uploading documents demonstrating compliance and are expecting to meet all requirements.

**Nextgen upgrades:**

We are undergoing upgrades to our Nextgen Electronic Health Record and expect to complete testing of the new templates and workflows by the end of this month. We will experience a new Patient Portal with enhance capabilities such as online bill pay. New templates have been added to comply with federal requirements, new codes, and expanding emphasis on improving the patient experience, case management, and quality of the healthcare interaction.

## VI. CMO Report

### Numbers of Cases (raw numbers)

	<u>Cases</u>	<u>Recovered</u>	<u>Deaths</u>
World	97.9 million	~70.3 million	~2.09 million
United States	~25.1 million	~15.0 million	418 K
Illinois	~ 1.08 million	~ 868 K	~ 20 K

~ worldometer.info (as of 1.21.2021)

### Death Projections - United States (through APRIL 2021):

Noted is a *continued rise in projected deaths* through *May 2021*. (graph showing rise in projected deaths was reflected)

### Outbreak Detection:

As an update, it was asked during the last board meeting about the death rate during this past year of COVID-19 and the impact it has had on the calculation of actual death rates. I will note here that data scientists look at a factor called "Excess Deaths" as a variable of "Outbreak Detection" in calculating death rates. The Excess Death factor is the number of observed deaths *minus* the number of expected deaths. In doing so, they will ultimately be able to calculate all deaths that were attributable to COVID-19, "with or without the presence of a COVID-19 infection". This was documented in an article published in the British Medical Journal in July 17, 2020.

### Operational Update:

The health center continues to have multiple operational requirements in place to protect our patients and staff from the potential spread of COVID-19, those being:

- Locked front doors with admittance for patients only (no family members unless the patient is a child or requires special assistance)
- Front door screening with questions and temperature monitoring
- 100% mask wearing mandate
- A mix of both telehealth and live patient visits
- Social distancing in elevators and waiting areas
- Closed public drinking fountains
- Single occupancy dining areas for staff

We presume that these measures will continue for the foreseeable future.

### Community Involvement:

CMO was asked to be the Chairperson-Elect for the Illinois Primary Healthcare Association Clinical Professional Staff Section for 2022.

### Staffing Updates:

We have a new Family Medicine APRN starting in late January. He will be located in the EBO and NBO health centers.

We also have a new Recovery Coach in our Medication Assisted Treatment (MAT) program. This gives us a total of two of them. As a recap, Recovery Coaches play an essential role in the overall support of MAT patients as they assist with their navigation through the potentially confusing health care system, provide them with access to resources, assist them with developing new behavior patterns that provides them a pathway to "living sober", providing an accountability barometer, and the development of harm reduction behaviors...to name a few.

Lastly, we have a new RN to perform Case Management duties in our Ryan White program. By way of background, The Ryan White HIV/AIDS program is a **federally funded program** named after young child, Ryan White, whom was diagnosed with HIV in 1984.

Ryan's case was significant as he was one of the **first children** to be diagnosed with HIV; his primary diagnosis was Hemophilia and as such, required a blood transfusion at one point. At that time in our history, the HIV blood screening techniques were not fully in place; he received blood that was infected with HIV.

Ryan and his family were leaders in the HIV/AIDS fight and sought to educate as many people as possible about the disease.

Ryan died at the age of 18 years old.

This grant lives on in his name.

## **VII. DISCUSSION**

**Expenditure Report:** The expenditure report was not available due to the upgrade to a new financial system and our inability to pull reports.

**Revenues:** The revenue report was not available due to the upgrade to a new financial system and our inability to pull reports.

**Patients and Visits report:** Ms. Maragos presented the Patients and Visits report. Patient visits are down by -8.0%. Unduplicated patient count is down by -1.6% which is due to the addition of patients with COVID testing. Ms. Olenek questioned if the COVID testing was listed under the Total Medical category of the report? Ms. Maragos said Yes.

**COVID Testing Stats:** Ms. Maragos reviewed the COVID Stats report. 7,734 people have been tested and the overall positivity rate is 10.7%. Ms. Lindsey asked Ms. Olenek to speak of the updates on the COVID vaccines administered through the WCHD.

**Provider Productivity:** Dr. Byrd presented the Provider Productivity report. Discussion took place.

**CHC Dental Clinic:** Ms. Maragos presented the Dental report to the board.

**Marketing Reports:** Ms. Maragos presented the CHC Health Promotion & Marketing report for November-January. Discussion took place.

**Reports from the Quality Committee Chairperson:** Ms. Lindsey spoke of the Quality Committee meeting that took place prior to the GC meeting.

- The Patient Satisfaction Surveys were presented and discussed. Ms. Olenek questioned why the number of responses from dental patients is so much higher than the rest of clinic? Ms. Baumgartner stated the workflow at checkout in Dental allows the surveys to be filled out easier than other areas of the clinic. Ms. Baumgartner is actively looking at ways to improve these numbers.
- Discussion took place regarding the decrease of key performance indicators due to the decrease of patient visits. All FQHC's are affected by this.
- Due to a NOA from HRSA for supplemental funding allowing us to improve the management of our patients with hypertension, we are able to hire a Healthcare Liaison staff person as well as purchase blue-tooth enabled blood pressure monitoring devices for our patients.
- Ms. Baumgartner presented the Incident Reports from October-December 2020. Summary data for the entire year is being reviewed for trends and events that may be consistently happening in a department. Suggestion by Ms. Kornacker had been made during the Quality Committee meeting to possibly change the word code blue to rapid response; since often it is just a fainting spell.

**Governing Council Members with expiring terms:** Ms. Easley spoke of the expiring terms for the Chairpersons for the various Committees. All members will remain in their current Committees. Mr. Crowner will join the Finance Committee.

**Governing Council Officers with expiring terms:** Ms. Easley spoke of the Governing Council members for the upcoming year. Ms. Lindsey has completed her three (3) terms as Chairperson and will need to step down per the bylaws. Mr. Lauridsen has agreed to be the Chairperson for the board. Ms. Brassea will stay on as Vice Chairperson, Ms. Kornacker will stay on as Secretary and Mr. Dyche will continue as Treasurer.

**VII. ACTION**

- A **motion** was made by Mr. Dyche and **seconded** by Ms. Cline-Kabba to approve policy AD-0029 Purchasing Policy. **Motion carries.**

**Roll Call:** Marie Lindsey, "Aye", Deborah Kornacker, "Aye", Alan Dyche, "Aye", Paul Lauridsen, "Aye", Judith Easley, "Aye", Vernice Warren "Aye", Cindy Brassea "Aye", Edith Cline-Kabba, "Aye", Michael Crowner, "Aye"

- A **motion** was made by Ms. Brassea and **seconded** by Ms. Cline-Kabba to approve new hospital codes/fees and COVID-19 vaccine administration fees for 2021. **Motion carries.**

**Roll Call:** Marie Lindsey, "Aye", Deborah Kornacker, "Aye", Alan Dyche, "Aye", Paul Lauridsen, "Aye", Judith Easley, "Aye", Vernice Warren "Aye", Cindy Brassea "Aye", Edith Cline-Kabba, "Aye", Michael Crowner, "Aye"

- VIII. BOARD MEMBERS' CONCERNS AND COMMENTS:** No comments stated  
**PUBLIC CONCERNS AND COMMENTS:** No comments stated

- X. A **motion** was made by Ms. Brassea and **seconded** by Ms. Kornacker to adjourn the meeting at 6:15pm. **Motion carries.**

**Roll Call:** Marie Lindsey, "Aye", Deborah Kornacker, "Aye", Alan Dyche, "Aye", Paul Lauridsen, "Aye", Judith Easley, "Aye", Vernice Warren, "Aye", Cindy Brassea "Aye", Edith Cline-Kabba, "Aye", Michael Crowner, "Aye"

- XI. Meeting of Executive Committee at the Executive Session**

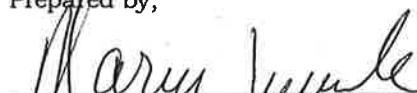
**XII. NEXT MEETING**

Wednesday, March 3, 2021 4:30pm  
Wednesday, March 3, 2021 5:00pm

Finance Committee mtg.  
Governing Council mtg.

**(Meetings will be conducted virtually, through Microsoft Teams)**

Prepared by,

  
Mary Kilbride, Executive Assistant

  
Deborah Kornacker, Governing Council Secretary