

# Lake County Illinois

*Lake County Health Department and Community Health Center  
3010 Grand Avenue  
Waukegan, Illinois 60085  
Conference Room #3112*



## Meeting Minutes - Draft

Thursday, February 14, 2019

12:00 PM

3010 Grand Ave., Waukegan, IL 60085

**Lake County Community Health Center Governing  
Council**

1. Call to Order

**Vice Chair Fornero called the meeting to order at 12:04 p.m.**

**Present** 7 - Chair Bejster, Vice Chair Washington, Brown, Fornero, McConico, Tarter and Withen-Voss

**Absent** 2 - Secretary Cunningham and Duque

2. Approval of Minutes

2.1

January 10, 2019 Meeting Minutes

**Attachments:** [January 2019 GC Minutes](#)

**A motion was made by Member Brown, seconded by Member Bejster, to approve the January 10, 2018 minutes. The motion carried unanimously.**

**Aye:** 7 - Chair Bejster, Vice Chair Washington, Brown, Fornero, McConico, Tarter and Withen-Voss

**Absent:** 2 - Secretary Cunningham and Duque

3. Public Comment to the Governing Council

**None**

4. Executive Director's Report

*Executive Director Mark Pfister informed the Board that according to Governing Council records, an Open Meetings Act (OMA) certificate is not on file for Member Fornero or Member Washington, as is required. Lisa Kroeger will provide them with the link to, and instructions for, the OMA training site so they can obtain their certificate and submit it to her. The annually required Uniform Data System (UDS) data was submitted to HRSA on February 13, two days ahead of the deadline of February 15. Our UDS is used to measure us against other FQHC's across the nation. He thanked Diane Pelli and the rest of the team for all their hard work as this was the first time in his tenure that the UDS was submitted in advance of the deadline. A report on the comparison of our current UDS against our prior year submittals will be on the agenda for the Governing Council meeting on March 14. On February 5, he was in Springfield providing testimony for Tobacco 21 (T21), which subsequently passed through the Senate committee. He anticipates it moving through the House and being signed by Governor Pritzker. T21 was vetoed last year by Governor Rauner. Lake County has been a leader in T21 with 14 communities adopting their own T21 ordinance. Lisa Kroeger left her business card at each member's chair as she is now the primary point of contact for the Governing Council. He asked the members to notify her via phone or email as soon as they know they are going to be absent from a meeting so that if it's necessary to reschedule a meeting due to a lack of a quorum, she has ample time to do so. He invited Lorraine Harris, Director of Human Resources, to speak briefly about the Unconscious Bias Training members may attend, as well as the Board of Health members, and to provide an update on the training already*

*provided to staff. Lorraine informed the members that in the Fall of 2018, 130 Health Department directors, managers, and a few other key staff participated in one of the four 4-hour sessions offered. The overall feedback from the group was quite positive indicating they really enjoyed the very interactive sessions. Out of a five point scale of highly effective, the average rating was 4.6, a 90% response rate. The next step is to purchase an e-learning version for the remaining staff. The e-learning version is very comparable to the sessions provided to directors and managers. The Governing Council and Board of Health members would participate as group in a session of their own, which would be only 90-minutes and take place on a weekday evening or a Saturday. A show of hands by the members indicated that either would be doable. The final item Mark had in his report is the Wait Times report and reimbursement of members which will be discussed under the Old Business portion of the agenda.*

**5. Items for Approval**

**5.1**

Provider Credentialing and Privileging - Batch #123

**A motion was made by Member Bejster, seconded by Member Washington, that this item be approved. Motion carried unanimously**

**Aye:** 7 - Chair Bejster, Vice Chair Washington, Brown, Fornero, McConico, Tarter and Withen-Voss

**Absent:** 2 - Secretary Cunningham and Duque

**5.2**

Professional Staff Reappointments

*Member Fornero noted that one of the professional staff reappointments is for Jennifer Gassman and he highly recommends her reappointment as she is such an asset to the Health Department. She was the one who asked him to consider being on the Governing Council and he is grateful that she did.*

**A motion was made by Member Bejster, seconded by Member Fornero, that this item be approved. Motion carried unanimously.**

**Aye:** 7 - Chair Bejster, Vice Chair Washington, Brown, Fornero, McConico, Tarter and Withen-Voss

**Absent:** 2 - Secretary Cunningham and Duque

**5.3**

Recommendation to Approve New Governing Council Members

**Attachments:** [GC Application - Miriam Smith](#)  
[GC Application - Cynthia Vargas](#)

*Mark Pfister introduced Miriam Smith and Cynthia Vargas who were sitting in the audience. Upon approval of the motion, both new members moved to seats at the member tables. Mark then informed them that new member packets containing required*

*forms, instructions, and information would be sent to them by Lisa Kroeger.*

**A motion was made by Member Brown, seconded by Member Washington, that this item be approved. Motion carried unanimously.**

**Aye:** 7 - Chair Bejster, Vice Chair Washington, Brown, Fornero, McConico, Tarter and Withen-Voss

**Absent:** 2 - Secretary Cunningham and Duque

#### 5.4

Governing Council Membership Renewal

**A motion was made by Member Bejster, seconded by Member McConico, that this item be approved. Motion carried unanimously.**

**Aye:** 7 - Chair Bejster, Vice Chair Washington, Brown, Fornero, McConico, Tarter and Withen-Voss

**Absent:** 2 - Secretary Cunningham and Duque

### 6. Approval of Grants

#### 6.1

Peoria Memorial Affiliate of the Susan G. Komen Foundation, Inc., Grant

**Attachments:** [19.01 73k Komen](#)

*Member Fornero asked why the Peoria Memorial Affiliate is sending grant funds to Lake County. Mark Pfister explained that this is a grant the Health Department has been receiving for many years, though the amount has declined in recent years.*

**A motion was made by Member Brown, seconded by Member Tarter, that this item be approved. Motion carried unanimously.**

**Aye:** 7 - Chair Bejster, Vice Chair Washington, Brown, Fornero, McConico, Tarter and Withen-Voss

**Absent:** 2 - Secretary Cunningham and Duque

### 7. Information Items

#### 7.1

CQI Update

**Attachments:** [2018 December Updated Governing Council Clinical Dashboard](#)

*Mark Pfister informed the Board that the CQI Update will be a standing agenda item and every month a different Key Performance Indicator (KPI) will be presented and reviewed. Those KPIs will tell a story about the Plan, Do, Study, Act (PDSA), what is being done to improve upon the data we have. As an example, LCHD is getting closer to it's target of the percentage of children 2-years of age who are fully vaccinated. A presentation on immunizations will be given to the Board of Health at their February 27 meeting and that presentation will be given to the Governing Council at their March 14 meeting.*

**This matter was presented**

**7.2**

2018 Environment of Care Annual Review Report

**Attachments:** [2018 LCHD Environment of Care Annual Review Report](#)

*Mark Pfister introduced Bob Bentz, Safety Coordinator for the Health Department, who will be presenting the 2018 Environment of Care Management Plans. Bob explained that it is the safety plan for the organization and that it is divided in to seven separate plans that are incorporated in to one document. The annual evaluation reviews the matrix for each individual plan to determine if the goal has been met. Goals for the next year are set forth at the end of the document. Mark Pfister noted that a piece of the plan is a requirement of HRSA. Member Bejster asked why the table on page 6 has column headers covering 2017/2018/2019 and why the table on page 14 has only 2018/2019. Is the first 2018 a typo and should be 2017? Bob explained that the KPI covered under the table on page 14 started in 2018, so there is no data for 2017. Member Bejster then asked what the difference is between the column titled "Current 2018" and the column titled "2018" in the table on page 14. Bob stated that the first column titled "Current 2018" should have been removed and will be so that the table shows the 2018 target/goal, the 2018 actual, and goal for 2019.*

**This matter was presented**

**8. Medical Director's Report**

**8.1**

Medical Director's Report

*Dr. Les Zun, Medical Director, informed the Board that his report is enclosed but provided a short synopsis stating he is getting his feet wet now, getting a good idea of what needs to be done and how to approach it, and he has a number of initiatives he is working on. Mark Pfister stated how great it is to have Dr. Zun on board. That in his short time with the Health Department he has taken a close look at how things are being done, has asked a lot of great questions, and his knowledge and experience will improve our operations. Member Fornero noted that Dr. Zun was in the Personnel Committee meeting prior to this regular meeting and that the insight and information he provided was very useful.*

**This matter was presented**

**9. Dental Director's Report**

**9.1**

Dental Director's Report

*Dr. Omar Cockey informed the Board that infection control waterline testing is currently at 95%. There is one site having an issue with a chair and that is being resolved so that the goal of 100% can be met. Zion is at 23% of the goal for the grant with 212 pediatric patients and 562 adult patients. He and Dr. Zun met earlier this week and they are planning on meeting with marketing and the practice manager to come up with an action*

*plan to increase pediatric patient numbers. Member Bejster asked if only the full-time dental providers are part of the Dental Quality Improvement Team and, if so, has there been any discussion about adding other staff members who may be interested in quality improvement such as dental assistants or technicians. Dr. Cockey explained that in the past the office manager and dental assistants were part of the quality improvement team but they found that they kind of took them off-track from the target so it was limited to just the providers and that others will be included as needed.*

**This matter was presented**

**10. Director of Finance's Report**

**10.1**

November 2018 and December 2018 FQHC Financial Reports

**Attachments:** [FQHC Nov 18](#)  
[FQHC Dec 18](#)

*Pam Riley, Director of Finance, informed the Council that November ended at \$1,270,537 in the positive. Managed Care Medicare was at 76%, Managed Care Medicaid at 79% and those are the percentages we trended at all year. As previously reported, all of the Zion grant was spent. We have a lot of vacant positions, so on the expense side you will see a disparity between actual and budgeted. The initiative to use electronic devices to provide interpretation has resulted in an increase in the cost of interpreter services which has been built in to the 2019 budget. Overall, we're very pleased with how we finished 2018. We're in the process of preparing for auditors who will be here late March/early April. UDS reports needed to be done, and we have Medicaid and Medicare cost reports which are due in April and May. December ended at \$239,072. Medicare and Medicaid are slightly lower at 65% and 64%. January is expected to be down due to the closure of the Health Department for two days as a result of dangerously cold temperatures. Mark Pfister explained that being closed for two days translates to 1,000 unmet patient encounters each day. We've also had a rash of bad luck with 3 sites being under boil orders due to breakage of community waterlines. The team worked well together in coordinating the move of patient appointments from those affected sites to other sites. Member Brown asked if patients were being moved to the next closest site to where they live. Mark stated they are and that he, Dr. Zun, and Kim Burke have been working with staff on the concept of business continuity to ensure patients are seen with as little inconvenience to them as possible. Member Fornero noted a revenue of \$38,110,592 and an expense of \$37,204,907. Mark explained that was for the previous fiscal year and that we were \$1.2M in the black but cautioned the Governing Council that the reason was due to personnel expenses being lower so we need to make sure we're achieving our revenue budget because as we hire more people, retain more people, that cushion will be lower. Member Brown asked if all grant monies were spent. Mark explained that they were. That we have grants that provide money up front, but we also have grants referred to as reimbursables because we don't receive the money until we prove we've done the work. Member Vargas asked in what departments were personnel decreased and why, and is it*

*impacting the services the Health Department provides. Mark explained that it wasn't a reduction in personnel. Some staff retired and other higher paying positions, such as the Medical Director and Behavioral Health Medical Director, were vacant longer than anticipated so that resulted in a savings. Member Fornero asked what recourse is available if expenses exceed revenue. Mark explained that we do have a fund that we maintain that is over \$30M, but that the Governing Council, Board of Health, and County Board would not be happy with him or his team if we ended in the red so we always try to stay in the black. Member Washington asked about the outcome of transportation services for clients and patients. Mark explained that there was a finding in the language of the contract with the taxi cab company, and some clients are saying that taxi cab services won't come out to certain locations in Lake County, so Jerry Nordstrom and his team are working on having a ride-share mechanism in place.*

**This matter was presented**

**11. Reports of Committees**

**None**

**12. Old Business**

*Mark Pfister started with Member Brown's previous request for a report on average wait times at the clinics. Each member received two 1-page documents. One is the data that was requested, the other is the potential solution to some of the issues noted as a result of the data. Mark proceeded to thoroughly explain the data report noting the substantial differences between locations. He and Dr. Zun are working very hard to have standardization across the system to ensure clients are receiving the same quality experience no matter which location they go to. Member Brown commented that if the nurse does not enter data in to the system while they are in the room with a patient, and instead wait until they go talk with the provider, that adds to the wait time. Mark confirmed that is correct. Member Washington asked why there isn't a data entry device in the exam room for the nurse to use. Mark stated there is and explained that each click in the Electronic Health Record (EHR) acts as a timestamp, so a standard process will be devised and staff trained on the process so that they are all following it and entering data with the patient rather than waiting until later. Another piece of the process is building staff competencies, such as typing skills for some providers, so that data entry is fast and efficient with fewer errors. Member Washington asked if speech-to-text software would be an option. Mark stated that is one possibility but there is a cost to it which would have to be budgeted. In the short-term Dr. Zun is going to be working closely with Rosalind Franklin University to have medical students come in and be scribes for the providers improving our documentation and data capture. Member Fornero also commented that the accuracy of speech-to-text is not 100% and, therefore, may be something we don't want to use for medical records. Member McConico asked if it was known how expensive speech-to-text software would be. Dr. Zun interjected that he did investigate that option and our records system does have that capability but we would have to turn it on and trial it and while it does have potential, it may not be our best method for documentation. He then*

*proceeded to explain the second one-page document, a diagram titled Uniform Patient Flow for all Clinics. The first step is to make the flow process uniform across all FQHC sites and hopefully roll it out to other sites, as well. The second step is to figure out how long a visit should take and how long each component in the process should take. What's being done in each process needs to be figured out and a time assigned to it, and then begin monitoring. The goal being set is 60 minutes, in and out, and that's based on other FQHCs as well as the average in the industry. There will be variations based on new patient, complex patient, etc., but the bottom line is to make the patient care experience better by closing the gaps. Member Brown would like to see the results of the satisfaction surveys completed by clients on the tablets in the clinics. Mark stated data is available on the web through Tableau and the Governing Council members and Board of Health members will soon be shown how to access it.*

*Mark addressed the question of member reimbursement and reminded members that our attorney, James Bakk, does not see an issue with it and recommended a \$20-25 fixed rate. Lisa Kroeger did a study using the current federal mileage reimbursement rate and the address of each member, and Member McConico had the highest reimbursement of \$15.66, well under Attorney Bakk's recommendation of \$20-25. Mark will leave it to the Board to discuss if they think the reimbursement rate should be higher and what they come up with can be brought for motion at next month's meeting as long as it meets HRSA requirements. It would also put in to that motion that for those members who don't want to be reimbursed, they can choose not to be. Member Fornero commented that there are several good reasons for reimbursement: personal time allocated by members to review materials and attend meetings; it promotes professionalism by stimulating member attendance and accountable performance; it attracts qualified and able individuals to be members; it promotes economic diversity by giving those who otherwise wouldn't be able to serve the opportunity to do so, especially consumers. He then asked the Board to consider a monthly reimbursement rate of \$100 which he acknowledged is considerably more than recommended. Member Vargas interjected that since she is a County employee and her employer allows her time to participate on the Board, she would decline any reimbursement amount. Member Fornero stated that it is his understanding that there are consumer members who forgo employment opportunities in order to attend meetings thereby giving up at least \$100 on that particular day. He also stated that 10 members at \$100 each for 12 meetings is only \$12,000 a year. With a \$40M revenue budget that works out to 0.003% of the budget. Mark requested that the Governing Council have concurrence to direct him and his staff to go back and look at the budget and to obtain a final legal opinion and to express their desire as to what amount they would like him to finalize in the motion for next month's meeting. Member Washington stated that he is on assistance and any outside money he receives has to be reported so he does not want to agree to an amount that could potentially conflict with that. Member Brown stated he could discuss that with him after the meeting as he has experience with that. Mark concluded by stating he will review the suggested \$100 reimbursement with our attorney, look in to other*



*mechanisms that would have to be taken in to account and, of course, anyone who receives the reimbursement would have to report it as income. Next month it will be brought back as an action item for debate by the Board and make a motion one way or another.*

**This matter was presented**

**13. New Business**

**None**

**14. Executive Session**

**None**

**15. Adjournment and Next Meeting**

**A motion was made by Member Brown, seconded by Member Fornero, that this meeting be adjourned. Motion carried unanimously. Meeting adjourned at 1:21 p.m.**

**The next regular meeting is Thursday, March 14, 2019, at Noon.**

**Aye:** 7 - Chair Bejster, Vice Chair Washington, Brown, Fornero, McConico, Tarter and Withen-Voss

**Absent:** 2 - Secretary Cunningham and Duque