

Hilltown Community Health Center

**Board of Directors Meeting**

**April 8, 2021**

<https://hchcweb-org.zoom.us/j/97600369054?pwd=b2cyeUtm dHNlcGN1R2hINEpWU m90QT09>

Meeting ID: 976 0036 9054

Passcode: 627611

5:30 p.m. – 7:30 p.m.

**AGENDA**

<u>Time</u>	<u>Topic</u>	<u>Purpose</u>	<u>Presenter</u>
5:30 PM	<b>Call to Order and Approval of Minutes</b>	<b>Vote Needed</b>	Lee Manchester
5:35 PM	<b>Finance Committee Report</b>	<b>Vote Needed</b>	Treasurer John Melehov
5:50 PM	<b>Staff Presentation</b> <ul style="list-style-type: none"><li>Behavioral Health, COVID, and Telehealth</li></ul>	Inform	Franny Huberman and David Bjorklund
6:15 PM	<b>Committee Reports</b> <ul style="list-style-type: none"><li>Executive Committee</li><li>Fundraising Committee</li><li>Personnel</li><li>Facilities</li><li>Recruitment Orientation and Nomination</li><li>Strategic Planning</li></ul>	<b>Vote Needed</b>	Lee Manchester Nancy Brenner John Follet Alan Gaitenby Wendy Long  Nancy Brenner
6:30 PM	<b>Senior Management Reports</b> <ul style="list-style-type: none"><li>Credentialing and Privileging Report</li><li>Quality Improvement Report</li><li>Risk Management</li><li>CEO Report</li><li>Employee Recognition</li></ul>	<b>Vote Needed</b> <b>Vote Needed</b> <b>Vote Needed</b> Inform/Discussion <b>Inform</b>	Michael Purdy Vickie Dempsey Michael Purdy Eliza Lake Senior Managers
7:10 PM	<b>New Business</b> <ul style="list-style-type: none"><li>Immunization Against Communicable Disease Policy</li></ul>	<b>Vote Needed</b>  <b>Vote Needed</b>	Vickie Dempsey  Michael Purdy
7:20 PM	<b>Old Business</b>		
7:20 PM	<b>Executive Session</b> (if needed)	Discussion	Lee Manchester
7:30 PM	<b>Adjourn</b>	<b>Vote Needed</b>	Lee Manchester

**Upcoming Meetings**

- Thursday, May 13, 2021 at 5:30 PM via Zoom
- Thursday, June 10, 2021 at 5:30 PM via Zoom
- Thursday, July 8, 2021 at 5:30 PM via Zoom

## HCHC BOARD OF DIRECTORS MEETING

Date/Time: 3/11/2021 5:30pm

Zoom Meeting

**MEMBERS:** John Follet, Vice President and Treasurer; Kathryn Jensen, Clerk; Alan Gaitenby; Nancy Brenner; Matt Bannister; Wendy Long; Seth Gemme

**STAFF:** Eliza Lake, CEO; Michael Purdy, CCCSO; John Melehov, CFO; Vickie Dempsey, COO; Tabitha Griswold, Executive Assistant

**GUEST:** Jaime Gogol

**ABSENT:** Lee Manchester, President; Jennica Gallagher; Deb Leonczyk

Agenda Item	Summary of Discussion	Decisions/ Next Steps/ Person Responsible Due Date
Review of Minutes 2/11/2021	John Follet called the meeting to order at 5:35 pm. There was no further discussion or amendments needed.  <b>Kathryn Jensen moved to approve the February minutes. Alan Gaitenby seconded the motion.</b>	The Board voted unanimously to approve the February 11, 2021 Board minutes
Finance Committee	<ul style="list-style-type: none"><li>John Follet reported on the Interim Financial Statement for January. There was a net income loss of \$40K, quite a bit of loss offset primarily due to the catch up on the drawdown of the 330 grant. The salary expenses are about the same as this time last year. The total expenses were slightly more than the prior year by \$44K, largely due to 340B consulting fees, telehealth related expenses and the increase for the rent in Amherst. As this year progresses, the comparison to 2020 financials is going to be more and more unreliable due to the onset of the pandemic. The cashflow sheet shows the \$1M cash on hand increase largely due to the second round of PPP funds received in 2021.</li><li>The committee approved the use of the PAIGP grant for upgrades to equipment that will increase accessibility with the purchase of dental chairs, digital panoramic x-ray machine and a mirror for the optometrists.</li></ul>	

	<ul style="list-style-type: none"> <li>The Sliding Fee Scale and Credit and Collection policy was reviewed and recommended by the committee to bring to the full board.</li> <li>Auditors came and did their field assessment. There is nothing to report from their visit yet. The field work seemed to go smoothly.</li> </ul> <p><b>Wendy Long moved to approve the Finance Committee report. Seth Gemme seconded the motion.</b></p>	The Board voted unanimously to approve the Finance Committee report
Staff Presentation	<ul style="list-style-type: none"> <li>Jaime Gogol is a lead Medical Assistant and the COVID Vaccination Coordinator. She provided a brief update to the vaccination clinics, currently operating two days a week. There have been 98 employees vaccinated, or 82%, five of whom still need second doses. There have been 242 second doses and 531 first doses administered as of today. The clinic will be vaccinating 140 people this week. Next week the goal is to vaccinate 319 people, depending on supply. It was noted that a high percentage of employees have been vaccinated as compared to other health centers. Michael noted the difficult management of the inconsistent vaccine supply and Jaime's role in that tough process. Discussed community praise for the clinic and the logistics of the staffing of those clinics.</li> </ul>	
Executive Committee	<ul style="list-style-type: none"> <li>John Follet reported that the committee has not met. However, the committee did meet with Eliza to complete the evaluation process.</li> </ul>	
Recruitment, Orientation & Nominating (RON) Committee	<ul style="list-style-type: none"> <li>Wendy Long reported that the committee has been working with the DEI committee on a developing a process where staff can give information to patients they feel could be prospective board members. An email providers could send to those prospective candidates is being reviewed by the Committee. The DEI committee provided feedback on the Board Composition Matrix, and there will be more information in the coming meetings about those changes.</li> </ul>	
Facilities Committee	<ul style="list-style-type: none"> <li>Alan Gaitenby reported that this committee has not met.</li> </ul>	
Personnel Committee	<ul style="list-style-type: none"> <li>John Follet reported that this committee has not met. A meeting will be scheduled soon to do a staff satisfaction survey.</li> </ul>	

Strategic Planning	<ul style="list-style-type: none"> <li>Nancy Brenner reported that the committee has not met. However, Senior Management will be working on the follow up topics from last meeting. The community stakeholder feedback is still on the agenda to be completed.</li> </ul>	
Fundraising Committee	<ul style="list-style-type: none"> <li>Nancy Brenner reported that this committee met last week. The goal is \$105K with a fundraising calendar. This calendar will incorporate a vaccine clinic appeal, annual report and 70<sup>th</sup> anniversary. Exploring an opportunity to have local media publish an article on the vaccination clinics.</li> </ul>	
Committee Reports	<ul style="list-style-type: none"> <li><b>Nancy Brenner moved that the Committee reports be approved. Matt Bannister seconded the motion.</b></li> </ul>	The Board voted unanimously to approve the Committee Reports
Credentialing/Privileging Report	<ul style="list-style-type: none"> <li>Michael Purdy presented the following new employees that were credentialed and privileged: <ul style="list-style-type: none"> <li>Mary Fioravanti, Dental Assistant, who is working through the on-the-job training for privileging.</li> <li>Mara Galus, LICSW, who is the fourth Smith College graduate that was hired recently.</li> </ul> </li> </ul> <p><b>Kathryn Jensen moved that the Credentialing and Privileging of the above employee be approved. Matt Bannister seconded the motion.</b></p>	The Board voted unanimously to approve the credentialing and privileging of Mary Fioravanti, Dental Assistant, and Mara Galus, LICSW.
Quality Improvement/Risk Management	<p>Vickie Dempsey reported on last month's QI Committee discussion of Quality Improvement:</p> <ul style="list-style-type: none"> <li>Nutritionist Joanna Martin has put together a diabetes action plan by partnering with a peer diabetic educator. Referrals are now being made internally to Joanna and the partnered educator.</li> <li>This plan ties into the three quality initiatives on which the Committee will be focusing. Those initiatives will be diabetes management, decreased hypertension, and depression screenings. The focus on diabetes management will be centered on Joanna's program. Hypertension management will be managed with the implementation of patients measuring their blood pressure and HCHC remotely monitoring their progress.</li> </ul>	The Board voted unanimously to approve the Quality Improvement Report.

	<p>The front desk will be working on increased depression screening through PHQ-2 forms on complete physicals. There will be continual reporting out on these measures.</p> <ul style="list-style-type: none"> <li>○ Franny Huberman, BH Director highlighted the decrease in no-show rates from 37% to 21% over the last year. The team is analyzing telehealth's role and/or the current crisis' people are facing may be fueling that change.</li> <li>● Vickie reported that on the telehealth front there has been a finalized agreement to identify upgrading Zoom licensure to pull in an interpreter.</li> <li>● The Clinical Operation Manager candidate that was previously discussed has not been hired due to refusal to follow HCHC's employee immunization policy. There are now two finalists that are moving ahead in the recruiting process, Vickie will make an offer to a candidate soon.</li> </ul> <p><b>Alan Gaitenby moved to accept the Quality Improvement report, Kathryn Jensen seconded that motion.</b></p> <p>Michael reported on the QI/RM Committee's Risk Management discussion:</p> <ul style="list-style-type: none"> <li>● There are two incidents to present. <ul style="list-style-type: none"> <li>○ A patient with established care had an EKG in 2013, and the EKG showed a minor abnormality. The NP provider conferred with an MD immediately, and they decided that there was no need to refer the patient to cardiology. The patient had a heart attack several years later, and felt that it could have been prevented if his case has been elevated to a cardiologist. HCHC launched a full investigation and asked two physicians not involved in the case review the provider's decision, and asked for input from the American Cardiology. This investigation found that the treatment was clinically appropriate. There was there were no need for cardiology to be referral at time of the abnormal EKG.</li> <li>○ A 16-year-old was accidentally vaccinated with the Moderna vaccine, which is only approved for those 18 years of age or older. This occurred when an Armbrook Senior Living staff member scheduled to get the Pfizer vaccine was placed by his employer on the waitlist at</li> </ul> </li> </ul>	<p>The Board voted unanimously to approve the Risk Management Report.</p>
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	<p>the HCHC clinic, and was called at the end of a clinic to quickly receive an available vaccine. As soon as the patient returned home with his vaccination documentation, the patient's mother called the CDC and HCHC to inform them of the mistake. The mother's main concern was ensuring that the patient would be fully vaccinated. The CDC and Moderna were both directly contacted and both ultimately recommended that the patient proceed with second dose of Moderna, and Moderna enrolled him in the clinical trials for those younger than 18. The vaccination clinic staff have changed its process to ensure that they thoroughly review date of birth on vaccination paperwork to ensure that this does not happen again.</p> <ul style="list-style-type: none"> <li>• Michael also reported that employee health concerns are greatly reduced and the respiratory triage team is seeing a decrease in calls. Travel orders have changed, and internal protocols are following those measures.</li> </ul> <p><b>Alan Gaitenby moved to accept the Risk Management report, Nancy Brenner seconded that motion.</b></p>	
CEO Report	<ul style="list-style-type: none"> <li>• Eliza Lake provided a verbal CEO report this month. On a Federal level, still do not know specifically what is contained in the American Rescue Plan for community health centers, beyond that it includes \$7.6 billion in flexible spending, but are likely to hear more from NACHC next week. Vaccines provided directly from the Federal government may be received soon, as they continue to provide those vaccines to more and more health centers nationally. HCHC will be receiving reusable masks directly from the Federal government to hand out to patients. Eliza will be attending a virtual conference to meet with members of Congress to discuss priorities for Federal legislation. Eliza will forward the handout that includes the priorities she will be discussing at the conference that include workforce development, supporting 340B programs, and telehealth initiatives.</li> <li>• Eliza has been nominated as a member of the C3 Pharmacy Advisory Council. She is included due to her representation of small rural health centers with only 340B contracted relationships and no on-site pharmacy.</li> </ul>	

	<ul style="list-style-type: none"> <li>• C3 is going into their strategic planning development phase. Eliza shared their goals. This will be useful for the Strategic Planning Committee as HCHC's strategic plan is developed.</li> <li>• Eliza is also a member of the Regional Advisory Committee for local hospitals' community health needs assessment (CHNA) process, and was involved in the design of the project. Eliza provided a list of community stakeholders that she nominated for membership to ensure HCHC's communities are well represented, including Chair of the Senate Public Health Committee Senator Jo Comerford, Laurie Millman from the Center for New Americans, Walt Fludd from the Greater Westfield Committee for the Homeless, and Angela Mulkerin at Hilltown Ambulance. Eliza is a member of the CHNA's Health Equity committee, which is focused on ensuring that the CHNA addresses health inequities. This group is creating a framework for other committees, and a checklist for the entire group to use to assess progress in this important issue.</li> <li>• Staffing updates include two new RN candidates, and the COM candidates as discussed by Vickie. Michael Purdy is working on hiring a new optometrist tech to help with room turnover to increase capacity. Jon Liebman is stepping down as Medical Director, and Marisela Fermin-Shon is transitioning into the Medical Director role. Eliza proposed that Sela attend next month's board meeting to meet everyone.</li> <li>• Eliza discussed the broadside that was offered to all staff, as well as a schedule of lunches as part of employee appreciation efforts. In recognition of staff appreciation days, lunches will be provided onsite and some token of appreciation sent to those off-site such as Behavioral Health Department or Community Health Workers. There will be a meeting tomorrow to discuss the spending of the Community Foundation of Western Mass grant (of \$30K) on employee mental health.</li> </ul>	
Staff Recognition	<ul style="list-style-type: none"> <li>• Michael Purdy recognized Jaime Gogol, Lead Medical Assistant for her hard work, and as a go-to person at the clinic. She has done quite a bit of training for new staff and has joined the COVID management team.</li> </ul>	

	<ul style="list-style-type: none"> <li>Vickie Dempsey presented lead receptionist Camille Wead, who has been an employee for almost three years now. Since Camille started, she has consistently striven to improve. She is a true team leader. She regularly provides insightful feedback and is not afraid to speak her mind when appropriate. Her supervisor Patti Igel stated that she consults regularly with Camille and respects her opinion. She is very reliable and flexible. She is funny, has a very good working relationship with her coworkers, providers, staff and patients. She is definitely an asset for HCHC.</li> </ul>	
New Business	<ul style="list-style-type: none"> <li>Eliza discussed any conflict of interest reported for all Board members including Senior Management. The following two members and Senior Management member were presented. <ul style="list-style-type: none"> <li>Kathryn Jensen- Board member of the Belder Affordable Housing.</li> <li>Matt Bannister- Board member of Public Health Institute of W Mass, Revitalize-CDC, and Link to Libraries.</li> <li>Eliza Lake- Board Member of MassLeague of Community Health Centers, Inc., Community Care Cooperative, Inc., Cooley Dickinson Health Care Corporation.</li> </ul> </li> </ul> <p><b>Alan Gaitenby motioned to accept the annual disclosure report and Wendy Long seconded the motion.</b></p> <ul style="list-style-type: none"> <li>John Melehov presented the two financial policies. No significant changes other than the annual update of the sliding fee scale. Procedures will be changed as new procedures are implemented and technology is put in place.</li> </ul> <p><b>Nancy Brenner motioned to approve the Financial Policies Matt Bannister seconded the motion.</b></p> <ul style="list-style-type: none"> <li>Eliza Lake presented the Continuity of Operations Plan (COOP) that was heavily edited and activated this time last year with the onset of the pandemic. Changes</li> </ul>	<p>The Board voted unanimously to approve the annual disclosure report.</p> <p>The Board voted unanimously to approve the Financial Policies.</p> <p>The Board voted unanimously to approve the</p>



	<p>made this year include incorporating telehealth and telecommuting and vague negative sick time language. Also included updates to the success plan with contact numbers. Eliza noted that the plan is very specific to pandemics.</p> <p><b>Wendy Long moved to approve the Continuity of Operations Plan, and Kathryn Jensen seconded the motion.</b></p>	Continuity of Operations Plan (COOP).
Old Business	<ul style="list-style-type: none"> <li>Eliza Lake presented the 2020 Uniform Data Systems (UDS). It is not yet finalized, as there is an external reviewer who makes comments after submission but before it is locked as final. All numbers are very different from previous years, due to COVID, so any analysis is inherently flawed. There were a total of 7011 patients in CY2020, which is a decrease from last year's 9602. Patients' zip codes were used to analyze the top five towns that patients come from with 135 total towns (which is the largest number of towns of all time). Patients by age show a generally older population, and there were more older women as compared to men. Largely white, non-Hispanic patients as seen in race and ethnicity numbers. Large number of "other" data for patient's gender identity that will be moved to "unknown", as directed by the reviewer. Data included FTEs of each position and the breakdown of in-person and virtual visits. The forms that present quality data were reviewed and specific changes, up or down, were highlighted and discussed. Quality of care measures also discussed, and the challenges that have appeared in previous years related to data collection on patient pregnancies and cervical cancer screening from outside providers was highlighted. Also the challenge in looking at health disparities, which is difficult as the numbers of patients of color or who are heterosexual or cis-gender are so small.</li> </ul> <p><b>Matt Bannister moved to approve the submission of the UDS report and Nancy Brenner seconded the motion.</b></p>	The submission of the Uniform Data System (UDS) was approved unanimously by those present.

Executive Session	No executive session needed.	
Adjourn	<p><b>Alan Gaitenby moved the meeting be adjourned. Nancy Brenner seconded the motion.</b></p> <p>The meeting was adjourned at 7:28 pm. The next scheduled meeting will be April 8, 2021 via Zoom.</p>	The Board voted unanimously to approve adjournment.

Respectfully submitted,  
Tabitha Griswold, Executive Assistant



# Hilltown Community Health Center

## Interim Financial Statement Presentation

February 2021 - Presented 4/7/2021

# Highlights

- ▶ \$5K Net Income
- ▶ Results reasonably close to budget expectations

# Income Statement

	Jan Actual	Feb Actual	YTD Total Actual	PY YTD Actual	\$ Change	% Change	YTD Feb Budget	Variance	%
<b>OPERATING ACTIVITIES</b>									
<b>Revenue</b>									
Patient Services - Medical	\$135,440	\$144,778	\$280,219	\$352,509	(\$72,290)	-21%	\$320,739	(\$40,520)	-13%
Patient Services - Dental	\$106,182	\$97,030	\$203,212	\$269,358	(\$66,146)	-25%	\$203,364	(\$152)	0%
Patient Services - Beh. Health	\$36,624	\$35,380	\$72,004	\$77,416	(\$5,411)	-7%	\$69,559	\$2,446	4%
Patient Services - Optometry	\$9,337	\$8,577	\$17,914	\$32,294	(\$14,379)	-45%	\$31,867	(\$13,953)	-44%
Patient Services - Optometry Hardware	\$6,162	\$6,444	\$12,606	\$15,389	(\$2,782)	-18%	\$13,908	(\$1,301)	-9%
Patient Services - Pharmacy	\$37,224	\$35,267	\$72,491	\$13,325	\$59,166	444%	\$108,333	(\$35,842)	-33%
Quality & Other Incentives	\$3,776	\$9,268	\$13,044	\$800	\$12,244	1531%	\$10,767	\$2,277	21%
HRSA 330 & Other Grant	\$261,014	\$215,010	\$476,024	\$274,827	\$201,197	73%	\$303,283	\$172,741	57%
Other Grants & Contracts	\$49,817	\$119,646	\$169,463	\$120,039	\$49,424	41%	\$324,033	(\$154,570)	-48%
Int., Dividends Gain /Loss Investmenst	(\$465)	\$11,231	\$10,765	(\$24,528)	\$35,293	-144%	\$5,894	\$4,871	83%
Rental & Misc. Income	\$2,577	\$2,567	\$5,144	\$7,702	(\$2,557)	-33%	\$2,521	\$2,623	104%
<b>Total Operating Revenue</b>	<b>\$647,688</b>	<b>\$685,199</b>	<b>\$1,332,887</b>	<b>\$1,139,130</b>	<b>\$193,757</b>	<b>17%</b>	<b>\$1,394,268</b>	<b>(\$61,381)</b>	<b>-4%</b>

- ▶ Patient revenue lagging
- ▶ Grant coordination will cause fluctuation on those lines through the year

	Jan Actual	Feb Actual	YTD Total Actual	PY YTD Actual	\$ Change	% Change	YTD Feb Budget	Variance	%
<b>Compensation and related expenses</b>									
Salaries and wages	(\$443,161)	(\$433,354)	(\$876,515)	(\$929,502)	\$52,987	6%	(\$872,643)	(\$3,872)	0%
Payroll taxes	(\$33,016)	(\$32,472)	(\$65,488)	(\$70,132)	\$4,643	7%	(\$82,415)	\$16,927	21%
Fringe benefits	(\$47,695)	(\$42,289)	(\$89,984)	(\$72,473)	(\$17,511)	-24%	(\$78,935)	(\$11,048)	-14%
Total Compensation & related exp	(\$523,873)	(\$508,115)	(\$1,031,987)	(\$1,072,107)	\$40,119	4%	(\$1,033,994)	\$2,006	0%

► Salaries On Budget

- **\$5k Surplus in February**
- Reasonably close to Net Budget

	Jan Actual	Feb Actual	YTD Total Actual	PY YTD Actual	\$ Change	% Change	YTD Feb Budget	Variance	%
<b>Other Operating Expenses</b>									
Advertising and marketing	(\$10)	(\$223)	(\$233)	\$0	(\$233)		(\$1,234)	\$1,001	81%
Bad debt	(\$10,871)	(\$7,853)	(\$18,725)	\$4,985	(\$23,709)	476%	(\$13,300)	(\$5,424)	-41%
Computer support	(\$8,840)	(\$15,246)	(\$24,086)	(\$13,286)	(\$10,800)	-81%	(\$21,968)	(\$2,119)	-10%
Conference and meetings	(\$2,087)	(\$440)	(\$2,527)	(\$1,598)	(\$929)	-58%	(\$1,307)	(\$1,220)	-93%
Continuing education	(\$1,522)	(\$7,870)	(\$9,392)	(\$3,460)	(\$5,932)	-171%	(\$6,000)	(\$3,392)	-57%
Contracts and consulting	(\$13,540)	(\$8,482)	(\$22,022)	(\$20,643)	(\$1,379)	-7%	(\$22,200)	\$178	1%
Depreciation and amortization	(\$26,315)	(\$26,315)	(\$52,631)	(\$57,089)	\$4,458	8%	(\$57,089)	\$4,458	8%
Dues and membership	(\$6,731)	(\$1,857)	(\$8,588)	(\$5,597)	(\$2,990)	-53%	(\$8,121)	(\$467)	-6%
Equipment leases	(\$1,535)	(\$3,829)	(\$5,364)	(\$4,457)	(\$907)	-20%	(\$4,444)	(\$920)	-21%
Insurance	(\$2,206)	(\$2,319)	(\$4,525)	(\$4,330)	(\$195)	-5%	(\$4,393)	(\$132)	-3%
Interest	(\$354)	(\$350)	(\$704)	(\$2,568)	\$1,863	73%	(\$727)	\$22	3%
Legal and accounting	(\$2,630)	(\$4,167)	(\$6,797)	(\$5,000)	(\$1,797)	-36%	(\$6,976)	\$179	3%
Licenses and fees	(\$5,283)	(\$1,628)	(\$6,911)	(\$11,067)	\$4,156	38%	(\$7,850)	\$939	12%
Medical & dental lab and supplies	(\$6,811)	(\$7,785)	(\$14,596)	(\$19,858)	\$5,261	26%	(\$15,377)	\$781	5%
Merchant CC Fees	(\$136)	(\$1,601)	(\$1,737)	(\$3,266)	\$1,528	47%	(\$2,403)	\$666	28%
Office supplies and printing	(\$4,214)	(\$1,759)	(\$5,973)	(\$5,356)	(\$617)	-12%	(\$9,772)	\$3,799	39%
Postage	(\$2,189)	(\$1,701)	(\$3,890)	(\$2,167)	(\$1,723)	-80%	(\$2,800)	(\$1,090)	-39%
Program supplies and materials	(\$15,432)	(\$10,809)	(\$26,241)	(\$36,384)	\$10,143	28%	(\$38,500)	\$12,259	32%
Pharmacy & Optometry COGS	\$426	(\$14,659)	(\$14,233)	(\$18,943)	\$4,710	25%	(\$48,954)	\$34,721	71%
Recruitment	\$0	(\$5,040)	(\$5,040)	(\$4,576)	(\$464)	-10%	\$0	(\$5,040)	
Rent	(\$9,927)	(\$9,227)	(\$19,154)	(\$15,549)	(\$3,605)	-23%	(\$17,199)	(\$1,955)	-11%
Repairs and maintenance	(\$17,864)	(\$17,421)	(\$35,285)	(\$32,538)	(\$2,747)	-8%	(\$29,285)	(\$6,000)	-20%
Small equipment purchases	(\$7,898)	(\$1,595)	(\$9,493)	(\$1,669)	(\$7,824)		(\$8,647)	(\$846)	-10%
Telephone	(\$11,151)	(\$13,513)	(\$24,664)	(\$24,823)	\$159	1%	(\$28,802)	\$4,138	14%
Travel	(\$619)	(\$572)	(\$1,190)	(\$3,295)	\$2,105	64%	(\$4,000)	\$2,810	70%
Utilities	(\$5,193)	(\$7,258)	(\$12,451)	(\$8,732)	(\$3,719)	-43%	(\$9,500)	(\$2,951)	-31%
Total Other Operating Expenses	(\$162,934)	(\$173,520)	(\$336,454)	(\$301,266)	(\$35,188)	-12%	(\$370,846)	\$34,392	9%
<b>NET OPERATING SURPLUS</b>	<b>(\$39,118)</b>	<b>\$3,564</b>	<b>(\$35,554)</b>	<b>(\$234,243)</b>	<b>\$198,689</b>	<b>85%</b>	<b>(\$10,571)</b>	<b>(\$24,983)</b>	<b>-236%</b>
<b>NON-OPERATING ACTIVITIES</b>									
Donations, Pledges & Contributions	\$1,870	\$1,549	\$3,419	\$9,920	(\$6,501)	-66%	\$17,500	(\$14,081)	-80%
<b>NET NON-OPERATING SURPLUS</b>	<b>\$1,870</b>	<b>\$1,549</b>	<b>\$3,419</b>	<b>\$9,920</b>	<b>(\$6,501)</b>	<b>-66%</b>	<b>\$17,500</b>	<b>(\$14,081)</b>	<b>-80%</b>
<b>NET SURPLUS/(DEFICIT)</b>	<b>(\$37,248)</b>	<b>\$5,113</b>	<b>(\$32,135)</b>	<b>(\$224,323)</b>	<b>\$192,187</b>	<b>-86%</b>	<b>\$6,929</b>	<b>(\$39,064)</b>	<b>-564%</b>

# Cash Flow

<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>		
	NET SURPLUS/(DEFICIT) FOR PERIOD	\$5,113
ADJUSTMENTS TO RECONCILE NET INCOME TO NET CASH		
	NET CASH PROVIDED (USED) BY OPERATING ACTIVITIES	\$67,824
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>		
	NET CASH PROVIDED (USED) BY INVESTING ACTIVITIES	\$15,085
	<b>NET INCREASE/(DECREASE) IN CASH</b>	<b>\$82,909</b>
	<b>CASH AND CASH EQUIVALENTS AS OF 2/1/2021</b>	<b>\$3,142,636</b>
	<b>CASH AND CASH EQUIVALENTS AS OF 2/28/2021</b>	<b>\$3,225,545</b>

- Cash on hand increased **\$82K**



# Balance Sheet

ASSETS		
	Total Current Assets	\$3,328,775
	Net Property & Equipment	\$3,987,753
	Total Other Assets	\$366,530
	<b>TOTAL ASSETS</b>	<b>\$7,683,058</b>
<b>Liabilities &amp; Fund Balance</b>		
	Total Current Liabilities	\$2,392,448
	Total Long Term Liabilities	\$128,863
	<b>Total Liabilities</b>	<b>\$2,521,311</b>
	Fund Balance / Equity	
	Fund Balance Prior Years	\$5,161,747
	Total Fund Balance / Equity	\$5,161,747
	<b>Total Liabilities &amp; Fund Balance</b>	<b>\$7,683,058</b>

▶ Current Assets = \$3.3 M

▶ Current Liabilities = \$1.4 M (PPP improperly included as current in statement)

▶ Current Ratio = 2.36

## Credentialing and Privileging Update for HCHC BOD

**Month: April**

Name	Position/ Credentials	Start date	Credential Date	Special Certification	Privileging Requests	Special Privileging Requests	Any items pending?	Other Info
Sheri Bucko	Medical Assistant	3/11/2021	3/8/2021	none	none	none	Proof of previous	none
Margaret Eseppi	Registered Nurse	3/29/2021	3/25/2021	none	Medical Staff privileges	none	Peer Reference	none
Arlene Radwich	Licensed Practical Nurse	4/1/2021	3/25/2021	none	Medical Staff privileges	none	Peer Reference	none



<b>Policy Title:</b> Immunization Against Communicable Disease Policy	<b>Policy Number:</b> HR-01
<b>Department:</b> All departments	<b>Policy status:</b> New
<b>Date Published:</b> JULY 2019	
<b>Dates Reviewed:</b>	
<b>Dates Revised:</b> 3/25/2021	

### **PURPOSE:**

Hilltown Community Health Centers have established this policy to ensure its workforce is appropriately immunized against certain communicable diseases.

### **POLICY**

All employees of HCHC shall be required to be immunized against communicable disease in order to ensure the safety of the staff members and HCHC patients. Employees shall provide proof of immunization upon hire, or when asked by the -Human Resources Office HR Coordinator, if employment predates required immunization. If documentation of immunization status or immunity is not available, employees shall either be offered the required immunization or complete antibody testing to establish immunity status.

In the case of an individual who cannot be appropriately immunized (e.g. they are pregnant or had an adverse reaction to one dose of vaccine and were never able to receive the rest of the series), HCHC would consider those on an individual basis. HCHC would consider the case of a current employee or the hire of a prospective employee if it were possible to develop a plan to ensure the safety of the prospective staff member and HCHC patients. Current employees who can be appropriately immunized but still refuse immunizations will be disciplined through the progressive disciplinary process.

In the case of an individual who is expected to be entirely remote with no contact with HCHC patients, staff, or clients, the vaccination requirement may be waived at the discretion of the Chief Clinical and Community Services Officer. However, should the position transition to on-site, all of the immunization requirements are required must be met to be met within 30 days of the decision, and prior to the employee coming on-site, or being in contact with HCHC patients, staff, or clients. Employee will be able to come on-site to complete this requirement at any HCHC site, if necessary.

If at any time during a person's employment it is suspected that (s)he may have a communicable disease that may constitute a risk for other staff or patients, the medical director or assistant medical director, in her/his absence, should be notified immediately.

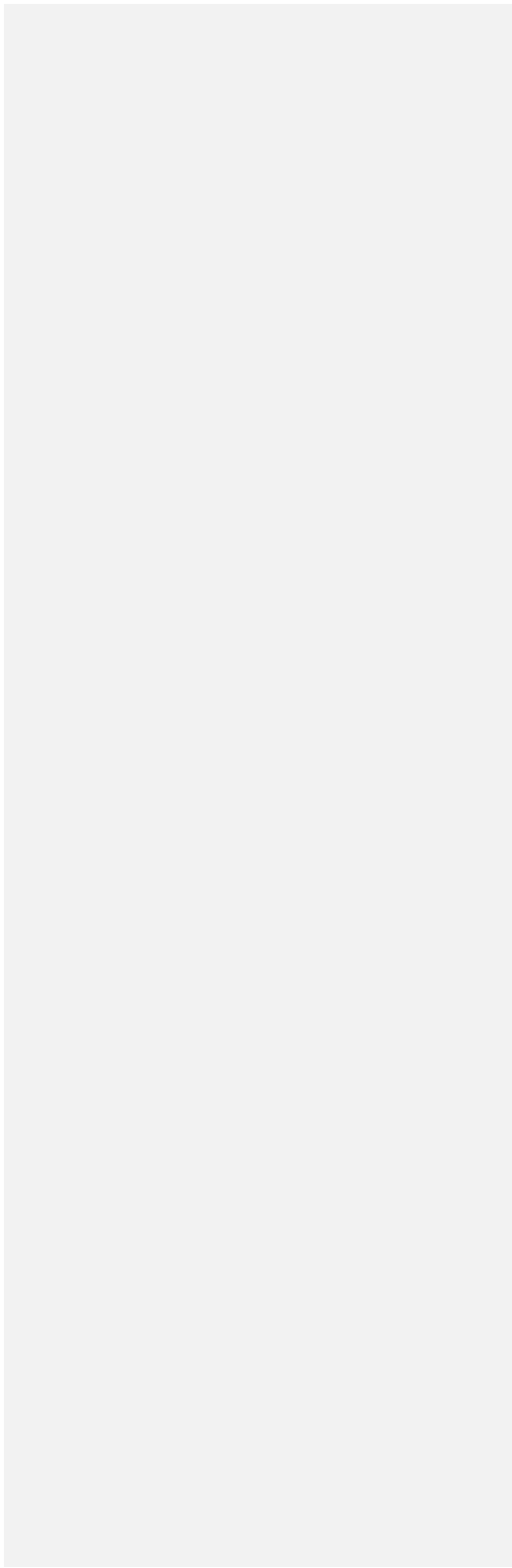
Approved by Board of Directors on: \_\_\_\_\_

**Commented [BR1]:** Thoughts on the 30 days? I just threw it in there.

Approved by:

\_\_\_\_\_  
Chief Executive Officer, HCHC

\_\_\_\_\_  
HCHC Board of Directors



## **Procedure**

HCHC employees are required to adhere to the following immunization standards:

1. Tuberculosis:
  - a. New employees, are required to have a Tuberculosis test (PPD) prior to their start date. This requirement also applies to students, volunteers, and interns.
  - b. Proof of having had a PPD test within three (3) months of hire may be presented in lieu of testing.
2. Measles (rubeola), Mumps, Rubella (MMR), Hepatitis B, and Pertussis.
  - a. A prospective employee must provide proof of immunization or immunity to measles (rubeola), mumps, rubella, and Hepatitis B. The individual can either bring old vaccination records or lab results showing positive antibodies to measles (rubeola), mumps, rubella, and hepatitis B surface antibody. A prospective employee must provide proof of immunization for pertussis.
  - b. If they have vaccination records, it should show:
    - i. MMR: two doses, at least one month apart if given as an adult, or two doses given in childhood;
    - ii. Hepatitis B: three doses, with the last dose no less than 6 months after the first;
    - iii. Tdap: one dose given after age 25, or if the individual is age <25, evidence of prior childhood vaccination. If the individual is pregnant, Tdap should be given during pregnancy (and at all subsequent pregnancies).
  - c. If the individual has neither proof of vaccination nor proof of immunity to any one of these diseases, then they should be offered vaccination (MMR at 0 and 1 months; Hepatitis B at 0,1 and 6 months; varicella at 0 and 1 month; Tdap once).
  - d. If the individual refuses vaccination, but agrees to antibody testing, HCHC can offer this testing. Antibody testing would be ordered the Medical Director, and paid for by HCHC. No antibody testing should be done unless the individual agrees to vaccination if they prove not to have immunity.
3. Varicella:
  - a. A prospective employee must provide proof of immunization or immunity to Varicella. The individual can either bring old medical records showing documented provider diagnosis of chicken pox, vaccination records, or lab results showing positive antibodies to varicella.
    - i. If they have vaccination records, it should show two doses at least one month apart if given after age 13, or at least 3 months apart if given at a younger age.