



## City of Cincinnati Primary Care Board of Governors Meeting

April 10, 2024

### Agenda

Michelle Burns	Timothy Collier	Robert Cummings	Dr. Angelica Hardee
Dr. Camille Jones	Dr. Phil Lichtenstein	Luz Schemmel	Debra Sellers
Jen Straw	Erica White-Johnson	Dr. Bernard Young	

**Meeting Reminders:** Please raise your virtual hand via Zoom when asking a question and please wait to be acknowledged and always remain muted, unless actively speaking/presenting (With the exception of the Board Chair).

6:00 pm – 6:05 pm Call to Order and Roll Call

6:05 pm – 6:10 pm **Vote: Motion to approve the Minutes from April 10, 2024, CCPC Board Meeting.**

#### **Executive Committee**

6:10 pm – 6:20 pm Discussion regarding Board Committees-Mr. Tim Collier

#### **Leadership Updates**

6:20 pm – 6:35 pm Ms. Joyce Tate, Chief Executive Officer  
CEO Report  
Personnel Actions – **handout**

6:35 pm – 6:45 pm Ms. Angela Mullins, Nursing Supervisor  
Patient Safety and Risk Management Plan– **handout**  
**Motion to approve the Patient Safety and Risk Management Plan.**

6:45 pm – 6:55 pm Mr. Mark Menkhaus Jr., Chief Financial Officer  
CFO Report – **handout**

#### **New Business**

6:55 pm – 7:00 pm Public Comments

7:00 pm Adjourn

#### **Documents in the Packet but not presented.**

*Efficiency Update is included in the packet. Please contact Dr. Geneva Goode (Efficiency Update) with any questions/concerns.*

### Next Meeting – June 12, 2024

**Mission:** To provide comprehensive, culturally competent, and quality health care for all.

# CCPC Board of Governors Meeting Minutes

Wednesday, April 10, 2024

Call to order at 6:00 pm

## Roll Call

**CCPC Board members present** –Ms. Pamela J. Adams, Mr. Robert Brown, Ms. Michelle Burns, Mr. Timothy Collier, Dr. Angelica Hardee, Dr. Camille Jones, Dr. Phil Lichtenstein, Md, Ms. Luz Schemmel (*joined late*), Ms. Debra Sellers, Ms. Jen Straw (*joined late*), Ms. Erica White-Johnson, Dr. Bernard Young

**CCPC Board members absent** –Mr. Jeff Brewster, Mr. Robert Cummings,

**Others present** – Ms. Sa-Leemah Cunningham, Ms. Joyce Tate, Mr. Mark Menkhaus Jr, Dr. Geneva Goode, Mr. David Miller, Dr. Edward Herzig, Dr. Geneva Goode, Ms. Colleen Swim, Ms. Ashanti Salter



CCPC Board  
Meeting Agenda Page

Topic	Discussion/Action	Motion	Responsible Party
<b>Call to Order/Moment of Silence</b>	The meeting was called to order at 6:00 p.m.  The board gave a moment of silence to recognize our two most important constituencies; the staff and patients.	n/a	Mr. Tim Collier
<b>Roll Call</b>	12 present; 2 Absent	n/a	Ms. Sa-Leemah Cunningham
<b>Minutes</b>	<b>Motion:</b> That the City of Cincinnati Primary Care Board of Governors approves the minutes of the March 13, 2024, CCPC Board Meeting. <i>Ms. Schemmel and Ms. Straw were not present for this vote.</i>	<b>M:</b> Dr. Phil Lichtenstein <b>2<sup>nd</sup>:</b> Ms. Michelle Burns <b>Action: 10-0 Passed</b>	Mr. Tim Collier
<b>Executive Committee</b>			
<b>CCPC Board Officer Previous and New Nominations of Officers</b>	Mr. Tim Collier & Ms. Sa-Leemah Cunningham discussed and requested nominations for CCPC Board officer elections. <ul style="list-style-type: none"> <li>• Previous and new Nominations for Chair, Vice-Chair, and Secretary were discussed.                             <ul style="list-style-type: none"> <li>○ Previous Nominations                                     <ul style="list-style-type: none"> <li>▪ Chair: Mr. Timothy Collier &amp; Dr. Bernard Young.</li> <li>▪ Vice-Chair: Ms. Michelle Burns</li> <li>▪ Secretary: Dr. Angelica Hardee</li> </ul> </li> <li>○ New Nominations                                     <ul style="list-style-type: none"> <li>▪ Ms. Adams nominated Dr. Camille Jones for Vice-Chair. Dr. Jones accepted her nomination.</li> </ul> </li> </ul> </li> </ul>	n/a	Mr. Tim Collier & Ms. Sa-Leemah Cunningham
<b>CCPC Board Election of Officers</b>	The board began election of officers. <ul style="list-style-type: none"> <li>• There was an issue at the beginning of the meeting regarding the vote with the majority of the board having to vote in favor of a new officer for it to be passed into law.</li> <li>• Colleen Swim (legal representative) reviewed the CCPC Board by-laws (while in meeting)</li> </ul>	<b>Results of the Final Vote: Board Chair Election Collier – 7 votes</b>	Ms. Sa-Leemah Cunningham

	<p>and stated there must be a majority vote of the ENTIRE governing board decided by at least 7 members (which was the board majority) of the board for an officer to be elected. Also, Officers MUST be voted on at the April Annual meeting and cannot be delayed.</p> <ul style="list-style-type: none"> <li>• Mr. Collier asked if there an Abstained is allowed. Ms. Swim answered that the Abstain doesn't count as a vote, which really means everyone needs to vote.</li> <li>• It was also decided that Mr. Brewster was no longer on the board so there were officially 13 board members, which made 7 board members the majority.</li> <li>• Ms. Straw and Ms. Schemmel joined later in the meeting so the vote could resume. It was again emphasized to the board members that the voting would be repeated until one candidate had at least 7 votes.</li> </ul> <ul style="list-style-type: none"> <li>• <b>Board Chair Election</b> <ul style="list-style-type: none"> <li>○ The board chair election happened twice due to not enough of the majority voting the first time.</li> <li>○ The first Vote of Mr. Collier versus Dr. Young resulted in a vote of 6 votes for Mr. Collier, 3 votes for Dr. Young and 1 Abstain. Due to not having 7 votes, the vote was repeated later in the meeting once Ms. Schemmel and Ms. Straw could join.</li> <li>○ During the second vote, Mr. Collier received 7 votes and Dr. Young received 4 votes.</li> <li>○ <b>Mr. Collier was elected Board Chair.</b></li> <li>○ The board had no additional discussion regarding the New Board Chair vote.</li> </ul> </li> <li>• <b>Board Vice-Chair Election</b> <ul style="list-style-type: none"> <li>○ The board vice-chair election happened twice due to not enough of the majority voting the first time; resulted in a 5-5 tie between candidates.</li> <li>○ The first Vote of Burns versus Dr. Jones resulted in a vote of 5 votes for Ms. Burns and 5 votes for Dr. Jones. Due to not having 7 votes, the vote was repeated later in the meeting once Ms. Schemmel and Ms. Straw could join.</li> <li>○ During the second vote, Ms. Burns received 5 votes and Dr. Jones received 7 votes.</li> <li>○ <b>Dr. Jones was elected Board Vice-Chair.</b></li> <li>○ The board had no additional discussion regarding the New Board Vice-Chair vote.</li> </ul> </li> </ul>	<p><b>Young – 4 votes</b></p> <p><b>Vote: Board Vice-Chair Election</b>  <b>Burns – 5 votes</b>  <b>Jones – 7 votes</b></p> <p><b>Vote: Board Secretary Election</b>  <b>Hardee (ran unopposed)- 8 votes; 1 Abstain, 1 voted No.</b></p>	
--	--	--	--

	<ul style="list-style-type: none"> <li>• <b>Board Secretary Election</b> <ul style="list-style-type: none"> <li>○ The board secretary election only happened once due to their being only 1 person running for this seat—Dr. Angelica Hardee.</li> <li>○ The board voted 8 yes, 1 No, and 1 Abstain. Dr. Angelica Hardee was elected as Board Secretary.</li> <li>○ The board had no additional discussion regarding the New Board Secretary.</li> </ul> </li> </ul>		
<b>Resignation of Mr. Jeffrey Brewster</b>	<p>Mr. Collier and Ms. Tate discussed the resignation of Mr. Jeffrey Brewster with the board.</p> <ul style="list-style-type: none"> <li>• Ms. Tate stated that Mr. Collier had a conversation with Mr. Brewster where he stated he needed to resign from the board due to other commitments.</li> <li>• Ms. Tate also stated that he was asked by Mr. Collier to send in a resignation letter, however he never sent the letter.</li> <li>• This was his last scheduled meeting due to his first term ending. No motion or vote for his resignation is needed.</li> </ul>	n/a	Mr. Tim Collier and Ms. Joyce Tate
<b>Recognition of Outgoing Board Members</b>	<p>Mr. Tim Collier gave recognition to the outgoing Board Members – Ms. Pamela J. Adams, Mr. Jeffrey Brewster, and Mr. Robert Brown.</p> <ul style="list-style-type: none"> <li>• Mr. Collier recognized and thanked Mr. Brewster for his service as a CCPC Board member and all his wonderful work in the community.</li> <li>• Mr. Collier recognized and thanked Ms. Adams for her many years of service on the CCPC Board and support in the community. <ul style="list-style-type: none"> <li>○ Ms. Tate also thanked and recognized Ms. Adams for her service on the North Fairmount Community council and her service on the board.</li> <li>○ Ms. Adams thanked the board for allowing her to serve and enjoyed her time on the board.</li> </ul> </li> <li>• Mr. Collier recognized and thanked Mr. Brown for his many years of service and leadership on the CCPC Board, as well as his support in the community. <ul style="list-style-type: none"> <li>○ Ms. Tate also thanked and recognized Mr. Brown for his tireless many years of service, commitment to the organization, and contribution as a leader on the board.</li> <li>○ Mr. Brown thanked the Board for allowing him to serve and enjoyed his time on the board.</li> </ul> </li> <li>• On Behalf of the Board of Health, Dr. Herzig thanked the outgoing board members.</li> </ul>		Mr. Tim Collier
<b>Old Business</b>			
<b>CEO Update</b>	<p>Ms. Tate gave her CEO Update and shared the latest CHD Personnel Actions with the Board.</p> <p><b>Ohio Department of Health SBHC Expansion Application</b></p> <ul style="list-style-type: none"> <li>• Ms. Tate requested a motion from the board to approve the submission and acceptance of the Ohio Department of Health (ODH) SBHC</li> </ul>	<p><b>Vote: SBHC Expansion application</b>  M: Mr. Robert Brown  2<sup>nd</sup>: Dr. Camille Jones  <b>Action: 10-0</b></p>	Ms. Joyce Tate

	<p>Expansion application, if awarded.</p> <ul style="list-style-type: none"> <li>• Ms. Tate explained that this grant had a very tight timeline under the Ohio Department of Health.</li> <li>• The team applied for some School Based Health Center Expansion funds. The money was earmarked for the expansion of services in the School Based Health Centers, including the Roberts Expansion.</li> <li>• The grant gave the opportunity to apply for construction costs up to \$250,000. Also, for expansion of services (equipment and furnishings). The team put in the application mostly for equipment for Medical and Dental Suites; especially for the Medical services being moved closer to the new Dental Center both at Roberts Academy. This grant request also included the construction of a private entry way for the Roberts Dental services; so, the public can enter and not disrupt the students in the school.</li> <li>• Application was submitted on April 5, 2024.</li> </ul> <p><b>Sliding Scale Fee Update</b></p> <ul style="list-style-type: none"> <li>• Ms. Tate discussed the updated 2024 CCPC Sliding Fee Discount Program.</li> <li>• Ms. Tate explained that every year, HRSA posts the new Sliding Fee Scale, according to the Federal Poverty Guideline. CCPC has to adjust their sliding fee scale according to the updates from HRSA. The nominal fee is listed on the handout and the fees do not change.</li> <li>• The English and Spanish Sliding Scale Fee documents were included in the agenda packet.</li> <li>• Ms. Tate requested a motion from the board to approve the updated 2024 Sliding Scale Fee Guidelines.</li> </ul> <p><b>Personnel Actions</b></p> <ul style="list-style-type: none"> <li>• Ms. Tate presented current CCPC Personnel Actions that were approved at the March Board of Health Meeting.</li> <li>• CCPC welcomes 2 Nurse Practitioners and 1 WIC Dietician.</li> </ul> <p><b>Vote: Motion to approve the submission and acceptance of the Ohio Department of Health (ODH) SBHC Expansion application if awarded.</b></p> <p><b>Vote: Motion to approve 2024 Sliding Fee Scale, based on the new Federal Poverty Guideline.</b></p>	<p><b>Passed</b></p> <p><b>Vote: 2024 Sliding Scale Fee</b>  <b>M:</b> Ms. Michelle Burns  <b>2<sup>nd</sup>:</b> Dr. Phil Lichtenstein  <b>Action: 10-0 Passed</b></p>	
--	---	---	--

<p><b>Risk Management Presentation</b></p>	<p>Ms. Angela Mullins presented the 2024 Risk Management Presentation to the Board.</p> <p><b>Highlights</b></p> <ul style="list-style-type: none"> <li>• See the attached presentation in the agenda packet.</li> <li>• Ms. Mullis discussed the 2023 Risk Management and Safety Annual Report.</li> <li>• Ms. Mullins highlighted the risk management training administered in 2023. <ul style="list-style-type: none"> <li>○ Trainings administered through the Relias training platform were Fire Safety: The Basics; Hazardous Chemicals: The Essentials; Understanding Bloodborne Pathogens; Infection Control: Basic Concepts; Essentials of HIPAA; Shoulder Dystocia: Prediction, Prevention, and Management; The Impact of Care Transitions on Outcomes and Readmissions; Handling Aggressive Behaviors; Providing Effective Internal Customer Service; Providing Customer Service; City-wide Required Acknowledgment; AED LifePak; Documentation: The Legal Side; Diversity, Equity, and Inclusion for the Healthcare Employee.</li> </ul> </li> <li>• Ms. Mullins announced there were no 2023 claims.</li> <li>• In 2023, Safety was the top risk based on frequency of incident/occurrence and severity.</li> <li>• Ms. Mullins also briefly discussed quarterly risk management assessment data/trend reports which are top risks broken down by quarter.</li> <li>• In 2023, there was an increase to 97 reported incidents.</li> <li>• Ms. Mullins discussed incidents reported by site/location. Some sites didn't have any incidents reported.</li> <li>• Ms. Mullins discussed the 2023 Risk management goals. <ul style="list-style-type: none"> <li>○ One goal was to improve and increase training and education. Ms. Mullins announced that the team completed this goal by organizing the first hands-on skill competency training session in partnership with Xavier University (given use of their nursing skills lab) and Relias Software (to track and document the skills training).</li> <li>○ Another goal completed was the efforts made to improve the culture of safety, identify, and reduce risks. The team is progressing with this as there was a 20% increase in incident reports from the previous year—the team has been encouraging submission of incident reports.</li> </ul> </li> </ul>	<p><b>M:</b> Mr. Robert Brown 2<sup>nd</sup>; <b>Action:</b> Dr. Camill Jones 10-0ssed</p>	<p>Ms. Angela Mullins</p>
--	--	--	---------------------------

	<ul style="list-style-type: none"> <li>• Ms. Mullins discussed the Completed Risk Management Activities, which include: <ul style="list-style-type: none"> <li>○ Hands-on Skills Competency</li> <li>○ Relias Training Software</li> <li>○ HIPAA Audit Tool</li> <li>○ 2022 WELL Software Initiatives</li> <li>○ Patient Experience Surveys</li> <li>○ Patient Suggestion Boxes</li> <li>○ Incident Reporting/Evaluation</li> <li>○ Claim(s) Report(s)</li> <li>○ New Automated External Defibrillator (AED)</li> <li>○ Health Center Administered Medication Audit(s)</li> </ul> </li> <li>• Ms. Mullins shared the 2024 Risk Management Goals. <ul style="list-style-type: none"> <li>○ Streamlining Incident Reporting &amp; Modernize Reporting tool (Electronic)</li> <li>○ Education/Training</li> <li>○ Improve Risk Assessment(s)</li> </ul> </li> <li>• Dr. Jones asked if there had been a decrease in the severity of incidents. Ms. Mullins said it depended on the category.</li> </ul> <p><b>Vote: Motion to Approve the 2024 Risk Management Presentation.</b></p>		
<p><b>Finance Update</b></p>	<p>Mr. Mark Menkhaus Jr. reviewed the financial data variance between FY23 and FY24 for the month of February 2024.</p> <ul style="list-style-type: none"> <li>• Please see the memo and presentation attached to the agenda.</li> </ul> <p><b>Highlights</b></p> <ul style="list-style-type: none"> <li>• Health Center Disaster hours were down 100%.</li> <li>• School Based Disaster Hours were down 100%.</li> <li>• Revenue decreased 6.38%. <ul style="list-style-type: none"> <li>○ Grant revenue decreased 98.89%.</li> <li>○ Self-paid patients decreased 9.28%.</li> <li>○ Medicare increased 1.67%.</li> <li>○ Medicaid decreased by 24.74%.</li> <li>○ Private Pay decreased by 2.07%.</li> <li>○ Medicaid managed care decreased 4.11%.</li> <li>○ 416—Offset decreased by 4.96%.</li> </ul> </li> <li>• Expenses increased 16.85%. <ul style="list-style-type: none"> <li>○ Personnel expenses increased 18.93%.</li> <li>○ Material expenses decreased 8.97%.</li> <li>○ Contractual Costs increased 12.78%.</li> <li>○ Fixed costs increased 25.60%.</li> <li>○ Fringes increased 21.70%.</li> </ul> </li> <li>• Net Gain was -\$711,482.39; decreased 115.00%.</li> </ul> <ul style="list-style-type: none"> <li>○ Invoices greater than 90 days are at 16% (below 20% is the goal).</li> <li>○ Invoices greater than 120 days are at 8% (below 10% is the goal).</li> <li>○ Days in Accounts receivable were 3.7 days.</li> </ul>	<p>n/a</p>	<p>Mr. Mark Menkhaus Jr.</p>

	<ul style="list-style-type: none"> <li>No additional commentary from the board.</li> </ul>		
<i><b>New Business</b></i>			
<b>Public Comments</b>	<ul style="list-style-type: none"> <li>No Public Comments.</li> </ul>	n/a	Mr. Tim Collier
<b>Documents in the Packet but not presented.</b>	<ul style="list-style-type: none"> <li>Efficiency Update is included in the packet.</li> </ul>	n/a	n/a

Meeting adjourned: 7:30 pm

Next meeting: May 8, 2024, at 6:00 pm.

The meeting can be viewed and is incorporated in the minutes: <https://fb.watch/rUVodSVwZs/>

---

Date: 4/10/2024  
Clerk, CCPC Board of Governors

---

Date: 4/10/2024  
Dr. Angelica Hardee, Secretary



# CCPC Board of Governors

Cincinnati Health Department

April 10, 2024

Board Members	Roll Call	3/13/24 Minutes	Resignation of Jeffrey Brewster	submission and acceptance ODH SBHC Expansion application, if awarded	Approve 2024 Sliding Fee Scale	Acceptance of 2024 Risk Management Presentation
Ms. Pamela J. Adams (final meeting)	X					
Mr. Jeff Brewster (final meeting)						
Mr. Robert Brown (final meeting)	X			M		M
Ms. Michelle Burns	X	2nd			M	
Mr. Timothy Collier-Chair	X					
Mr. Robert Cummings						
Dr. Angelica Hardee	X					
Dr. Camille Jones	X			2nd		2nd
Dr. Philip Lichtenstein	X	M			2nd	
Ms. Luz Schemmel	X					
Ms. Debra Sellers	X					
Ms. Jen Straw	X					
Ms Erica White-Johnson	X					
Dr. Bernard Young	X					
<b>Motion Result:</b>	<b>Quorum</b>	<b>Passed</b>		<b>Passed</b>	<b>Passed</b>	<b>Passed</b>

x *Present*  
  *Yay*  
  *Nay*  
  *Absent*  
  *Didn't vote, but present*  
M *Move*  
2nd *Second*

STAFF/Attendees	
Sa-Leemah Cunningham (clerk)	X
Joyce Tate, CEO	X
Geneva Goode, DNP	X
Mark Menkhaus Jr	X
David Miller	X
Edward Herzig, MD	X
Colleen Swim	X
Michelle Daniels, PhD	X
Ashanti Salter	X
Angela Robinson	X
Angela Mullins	X
LaSheena White	X

# CCPC Board of Governors

Cincinnati Health Department

April 10, 2024 Elections

Board Members	Vote: Election of Board Chair-Tim Collier	Vote: Election of Board Chair-Bernard Young, PhD	Vote: Elect Board Vice-Chair-Michelle Burns	Vote: Elect Board Vice-Chair Dr. Camille Jones	Vote: Elect Board Secretary-Dr. Angelica Hardee
Ms. Pamela J. Adams		X		X	No
Mr. Jeff Brewster					
Mr. Robert Brown		X		X	Abstain
Ms. Michelle Burns	X		X		X
Mr. Timothy Collier	X		X		X
Mr. Robert Cummings					
Dr. Angelica Hardee	X		X		X
Dr. Camille Jones	X			X	X
Dr. Philip Lichtenstein	X			X	X
Ms. Luz Schemmel		X		X	<i>absent for vote</i>
Ms. Debra Sellers	X		X		X
Ms. Jen Straw	<i>absent for vote</i>		X		<i>absent for vote</i>
Ms Erica White-Johnson	X			X	X
Dr. Bernard Young		X		X	X
<b>Motion Result:</b>	<b>Mr. Tim Collier Voted in as Board Chair</b>		<b>Dr. Camille Jones Voted in as Board Vice-Chair</b>		<b>Dr. Angelica Hardee Voted in as Board Secretary</b>



Date: 4/23/2024

To: MEMBERS of the BOARD of HEALTH

From: Grant Mussman, MD MHSA, Health Commissioner

Copies: Leadership Team, HR File

Subject: PERSONNEL ACTIONS for April 23, 2024 BOARD of HEALTH MEETING

---

**NON-COMPETITIVE APPOINTMENT –pending EHS and/or background check**

**KAITLIN HARTFORD**

**DENTAL ASSISTANT**

**CCPC**

(Retirement vacancy)

Salary Bi-Weekly Range:

\$1,992.47 to \$2,104.81

General Fund

Kati Hartford is a certified dental assistant with 3 years of dental experience. She has experience working in oral surgery and had an externship with general dentistry. Kati received high recommendations from her references. We think she will be a great asset to the Cincinnati Health Department Dental Team.

**LARISSA HINES**

**MEDICAL ASSISTANT**

**CCPC**

(Promotional vacancy)

Salary Bi-Weekly Range:

\$1,992.47 to \$2,104.81

General Fund

LaRissa Hines graduated from Fortis College in 2011 with a Medical Assistant Diploma. She has over 10 years of experience as a medical assistant in different areas of primary care including internal medicine and general pediatrics. Ms. Hines has a desire to serve patients, families, and the community. Her skills, knowledge, and caring attitude with children and families will be an asset for the City of Cincinnati Primary Care – Millvale Health Center.

**LISA MILLER**

**DENTAL ASSISTANT**

**CCPC**

(Resignation vacancy)

Salary Bi-Weekly Range:

\$1,992.47 to \$2,104.81

Revenue Fund

Lisa Miller has 5 years of dental experience as a dental assistant. She has worked in pediatrics and general dentistry and has spent the past 3 years at an FQHC in Dayton. Lisa has a wide range of experience and received stellar recommendations from her references. We think she will be a great asset to the Cincinnati Health Department Dental Team.

**JASMINE O’NEAL**

**DENTAL ASSISTANT**

**CCPC**

(Resignation vacancy)

Salary Bi-Weekly Range:

\$1,992.47 to \$2,104.81

Revenue Fund

Jasmine O’Neal is a dental assistant with 5 years of experience. She has worked in pediatric dentistry, general dentistry and most recently, surgical dentistry. She has a strong public health/FQHC background working for CincySmiles and WinMed. She received positive reviews from her references, and we think she will be a great asset to the Cincinnati Health Department Dental Team.

**PERSONNEL ACTIONS for April 23, 2024 , BOARD of HEALTH MEETING**

**Page 2 of 2**

**MALIKA PORTER**

**DENTAL ASSISTANT**

**CCPC**

(Resignation vacancy)

Salary Bi-Weekly Range:

\$1,992.47 to \$2,104.81

General Fund

Malika Porter has over 20 years of dental experience as a dental assistant. She has worked in pediatrics, general dentistry and oral surgery and has 5 years of experience as a chair side dental assistant for a nearby FQHC. Malika has a wide range of experience, and we think she will be a great asset to the Cincinnati Health Department Dental Team.

**PROMOTION**

**HOLLY GRIFFIN**

**WIC PROGRAM COORDINATOR**

**WIC PROGRAM**

(Retirement vacancy)

Salary Bi-Weekly Range:

\$2,807.49 to \$2,905.74

Grant Fund

Holly Griffin has been selected for the vacant WIC Coordinator position. Holly received her bachelor's degree from the University of Cincinnati. She received Certified Lactation Consultant training and teaches breastfeeding classes. She previously worked at Good Samaritan Hospital. Holly brings with her years of WIC experience as a dietitian and site manager. She also does volunteer work in the community. She strives to improve customer satisfaction in the workplace.



**City of Cincinnati Primary Care (CCPC)**  
Patient Safety and Risk Management Plan

Effective Date: May 8, 2024

**POLICY/ SYSTEM MANAGER**

Name: Angela Mullins

Title: Quality/Nursing Administration

Contact: (513) 357-7332, angela.mullins@cincinnati-oh.gov

Review: 5/19,3/23,5/24

Biennial review required by the Chief Executive Officer (CEO).

_____	_____
Board of Governors Chair CCPC	Date
_____	_____
Chief Executive Officer CCPC	Date
_____	_____
Medical Director CCPC	Date
_____	_____
Chief Operations Officer CCPC	Date
_____	_____
Director of Clinical and Community Nursing	Date
_____	_____
Health Commissioner	Date

---

I. PURPOSE

The City of Cincinnati Primary Care (CCPC) Risk Management Plan outlines the organization’s Risk Management Program. The Plan supports the mission and vision of CCPC as it pertains to clinical risk reduction and patient, staff, and visitor safety at the health center facilities. It also outlines CCPC’s activities to reduce potential business, operational, and financial risks at the health center.

II. POLICY

Through standardized processes, CCPC will work to anticipate, identify, analyze, avoid and reduce risks affecting the health centers.

## **GUIDING PRINCIPLES**

The Risk Management Plan is the conceptual framework that guides the development of risk management and patient safety initiatives and activities. The plan is operationalized through the risk management and patient safety programs and policies of CCPC.

The patient safety and risk management programs of CCPC support the organization’s philosophy that patient safety and risk management are the responsibility of all health center staff. Teamwork and participation by health center management, providers, and staff are essential for an effective patient safety and risk management program.

CCPC supports the establishment of a “culture of fairness” that emphasizes the implementation of evidence-based clinical practices, analysis of errors and “near misses” using a process improvement methodology, and through the provision of constructive feedback, rather than blame. In such a culture, safety issues are readily and proactively identified, medical and patient care errors are reported and analyzed, mistakes are openly discussed, and suggestions for systemic improvements are welcomed. Individuals are held accountable for compliance with patient safety and risk management practices. If evaluation and investigation of an error or event reveal reckless behavior or willful violation of policies, disciplinary action can be taken.

The CCPC Risk Management Plan guides the development, review, and revision of the organization’s policies and procedures with respect to identified risks and loss prevention strategies. The plan provides the foundation for developing policies and procedures for risk management activities, including:

- Claims management
- Complaint Resolution
- Confidentiality and release of information
- Provider and staff education, competency validation, and credentialing
- Reporting and management of adverse events and near misses
- Event investigation and follow-up
- Trend analysis of events, near misses, and claims

## **RISK MANAGEMENT LEADERSHIP**

The ultimate authority for the patient safety and risk management activities of the CCPC rests with the CCPC Board of Governors (Board). The Board will approve the CCPC Patient Safety and Risk Management Plan on a biennial basis. Annually, the Board will be presented with a report on the patient safety and risk management activities of CCPC.

The leadership of CCPC Risk Management will be shared by the CCPC Chief Medical Officer (CMO), the Director of Nursing (DON), and the Risk Manager. The Risk Manager will lead day-to-day risk management activities of CCPC and supervise the Quality Management Team in its patient safety and risk management activities. The Risk Manager will also chair the Risk Management Committee. (See Administration and Committee Structure)

## **DEFINITIONS:**

- **Adverse event or incident:** 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.
- **Claims management:** Activities undertaken by the risk manager to exert control over potential or filed claims against the organization and/or its providers. These activities include identifying potential claims early, notifying the organization’s liability insurance carrier and/or defense counsel of potential claims and lawsuits, evaluating liability and associated costs, identifying and mitigating potential damages, assisting with the defense of claims by scheduling individuals for deposition, providing documents or answers to written interrogatories, implementing alternate dispute-resolution tactics, and investigating adverse events or incidents.
- **Failure mode and effects analysis:** A proactive method for evaluating a process to identify where and how it might fail and for assessing the relative impact of different failures to identify the parts of the process that are most in need of improvement.
- **Loss control/loss reduction:** The minimization of the severity of losses through methods such as claims investigation and administration, early identification and management of events, and minimization of potential loss of reputation.
- **Loss prevention:** The minimization of the likelihood (probability) of a loss through proactive methods such as risk assessment and identification; staff and volunteer education, credentialing, and development; policy and procedure implementation, review, and revision; preventive maintenance; quality/performance review and improvement; root-cause analysis; and others.
- **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 (e.g., a procedure almost performed on the wrong patient due to lapse in verification of patient identification but caught at the last minute by chance). Near misses are opportunities for learning and afford the chance to develop preventive strategies and actions. Near misses receive the same level of scrutiny as adverse events that result in actual injury.
- **Patient Safety Goals:** National Patient Safety Goals (NPSGs) for ambulatory care, established by the Joint Commission. The purpose of NPSGs is to improve patient safety by focusing on problems in healthcare safety and how to solve them. 2010 goals include:
  - Identify patients correctly.
  - Use medicines safely by labeling them appropriately and taking precautions with anticoagulants.
  - Review patient medications; communicate and educate about current medication regimens.
  - Prevent infections.
- **Potentially compensable event (PCE):** An unusual occurrence or serious injury for which there is neither an active claim nor institution of formal legal action but that, in the



- organization's judgment, is reportable to the party (or parties) providing the medical malpractice insurance. Examples include a fall with injuries, delay, or failure in diagnosing a patient's condition, an adverse reaction to treatment, and significant complaints from a patient or family regarding care or treatment, and an attorney request for medical records.
- **Risk analysis:** Determination of the causes, potential probability, and potential harm of an identified risk and alternatives for dealing with the risk. Examples of risk analysis techniques include failure mode and effects analysis, systems analysis, root-cause analysis, and tracking and trending of adverse events and near misses, among others.
  - **Risk assessment:** Activities undertaken to identify potential risks and unsafe conditions inherent in the organization or within targeted systems or processes.
  - **Risk avoidance:** Avoidance of engaging in practices or of hazards that expose the organization to liability.
  - **Risk control:** Treatment of risk using methods aimed at eliminating or lowering the probability of an adverse event (i.e., loss prevention) and eliminating, reducing, or minimizing harm to individuals and the financial severity of losses when they occur (i.e., loss reduction).
  - **Risk identification:** The process used to identify situations, policies, or practices that could result in the risk of patient harm and/or financial loss. Sources of information include proactive risk assessments, closed claims data, adverse event reports, past accreditation or licensing surveys, medical records, clinical and risk management research, walk-through inspections, safety and quality improvement committee reports, insurance company claim reports, risk analysis methods such as failure mode and effects analysis and systems analysis, and informal communication with healthcare providers.
  - **Risk management:** Clinical and administrative activities undertaken to identify, evaluate, prevent, and control the risk of injury to patients, staff, visitors, volunteers, and others and to reduce the risk of loss to the organization itself. Activities include the process of making and carrying out decisions that will prevent or minimize clinical, business, and operational risks.
  - **Risk Management Information System (RMIS):** A computerized system used for data collection and processing, information analysis, and generation of statistical trend reports for the identification and monitoring of events, claims, finances, and more.
  - **Risk retention:** Internally driven financing mechanisms (e.g., self-insured retentions) intended to pay for accidental and uninsurable losses.
  - **Risk transfer:** Techniques involving the process of shifting the financial burden of losses to an external party or parties (e.g., insurance, contracts).

- **Root-cause analysis:** A process for identifying the basic or causal factor(s) that underlie the occurrence or possible occurrence of an adverse event.
- **Sentinel event:** Defined by the Joint Commission as an unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof. Serious injury specifically includes loss of limb or function. The phrase “or the risk thereof” includes any process variation for which a recurrence would carry a significant chance of a serious adverse event.
- **Triggering Methodology:** A method of measuring harm related to the occurrence of adverse events. The method utilizes a clearly defined list of patient events (also known as a “trigger tool”) against which patient medical records are screened. Screening criteria are based on high-risk areas, or those areas identified as “red flags” through event reporting or as a result of a severe adverse event (e.g., new diagnosis of cancer, nursing home placement, use of more than five medications, high-risk pregnancy).
- **Unsafe and/or hazardous condition:** Any set of circumstances (exclusive of a patient’s own disease process or condition) that significantly increases the likelihood of a serious adverse outcome for a patient or of a loss due to an accident or injury to a visitor, employee, volunteer, or other individual.

## GOALS AND OBJECTIVES

The goals and objectives of the Risk Management Program are to:

- Improve patient safety and minimize and/or prevent the occurrence of errors, events, or system breakdowns which can lead to harm to patients, staff, or others at the health center. To achieve this goal, the health center employs proactive patient safety and risk management activities.
- Minimize the adverse effects of errors, events, or system breakdowns when they do occur.
- Minimize losses to the organization by proactively identifying, analyzing, preventing, and controlling potential clinical and operational risks.
- Assure compliance with regulatory, legal, and accrediting agency requirements.
- Protect human and other resources.

## SCOPE AND FUNCTIONS

### Functional Interfaces:

- Claims Management
- Corporate and regulatory compliance
- Credentialing and Privileging
- Disaster Preparedness
- Employee health
- Event, incident, accident, and near miss reporting and investigation
- Facilities
- Finance and billing
- Human resources
- Infection control
- Information technology
- Legal and contracts
- Marketing and public relations
- Nutrition services and WIC Program
- Patient and family education
- Peer Review
- Performance Assessment
- Pharmacy and therapeutics
- Product and materials management
- Provider and staff education
- Quality improvement
- Safety and security
- Social service programs
- Volunteers

### Risk Management Program Functions

- Developing systems for the reporting of adverse events, near misses, and potentially unsafe conditions. Reporting responsibilities include internal reporting and external reporting to regulatory agencies.
- Developing and implementing event reporting policies and procedures.
- Collecting and analyzing data to monitor the performance of processes which involve risk or that may result in adverse events.
- Overseeing the organization's risk management information flow and reporting. This system may include:
  - Attorney requests for medical records
  - Committee reports and minutes
  - Outcome studies
  - Event, incident, and near miss reports
  - Medical record reviews
  - Notice letters or lawsuits

- Nursing reports
  - Patient complaints
  - Root cause analysis
  - Provider and other medical professional input
  - Results of analysis of high-risk processes
  - Root cause analysis of sentinel events
- Analyzing data collected on adverse events, near misses and potentially unsafe conditions. Reporting on the analysis to providers and staff to give feedback and develop corrective actions to limit the recurrence of future related events.
  - Ensuring compliance with data collection and reporting requirements of internal programs and government, regulatory, and accrediting agencies.
  - Facilitating the implementation of patient safety initiatives, such as: improved tracking of systems for preventative screenings and vaccinations, medication safety systems, and falls prevention programs.
  - Facilitating and ensuring provider and staff participation in risk management and patient safety education programs.
  - Facilitating a “culture of safety” within the organization. This requires an atmosphere of trust in which all providers and staff members can freely discuss safety problems and potential solutions without fear of retribution.
  - Proactively advising the CCPC management on strategies to reduce unsafe conditions and improve overall safety for patients, staff, and visitors at the health center.
  - Reducing the occurrence of events that may result in losses to the organization’s facilities or equipment.
  - Preventing and minimizing the risk of liability to the organization, and protecting its financial, human, and other assets.
  - Reporting claims and potentially compensable events to the organization’s medical malpractice insurance providers in accordance with the requirements of the insurance policy.
  - Establishing and staffing the CCPC’s Risk Management Committee.
  - Developing and monitoring effective transition of care processes.

## **ADMINISTRATIVE AND COMMITTEE STRUCTURE**

### **Risk Manager:**

The Risk Manager (RM) is the overall coordinator and supervisor of CCPC’s risk management and patient safety activities. The RM is supervised by the organization’s Chief Executive Officer (CEO) and supervises the staff of the Risk Management Committee (the Quality Management Team). The Chief Medical Officer (CMO) and the Risk Manager share the responsibility for risk management and patient safety.

Risk Manager Duties include:

- Interfacing with administration, providers, and staff across operational lines to implement, monitor, and achieve the goals of the program.

- Overseeing the day-to-day risk management and patient safety activities of the organization.
- Ensuring the investigation and reporting of adverse events, near misses, and potentially unsafe conditions.
- Ensuring the investigation and resolution of patient complaints.
- Analyzing trends in risk management and patient safety event reports.
- Ensuring the development and implementation of risk reduction activities of the CCPC, by changes in policies and procedures.
- Acting as primary contact between the CCPC and outside agencies on risk management issues.
- Chairing the CCPC's Risk Management Committee. Ensuring the minutes of the committee are distributed to the CCPC administration, providers, and staff in a timely fashion.
- Reporting on the risk management and patient safety activities of the CCPC to administration, providers, and staff on a regular basis.
- Reporting to the CCPC Board of Governors on the organization's risk management and patient safety activities annually.

### **Risk Management Committee**

The Risk Management Committee, formerly the Process Improvement Committee (PIC), meets quarterly. It is a multi-disciplinary committee which includes representatives of: Administration, Providers, Nurses, Pharmacy, Dental, and Mental Health Services. The committee is chaired by the Risk Manager. The duties of the Risk Management Committee include:

- Discussion and resolution of patient complaints
- Discussion and evaluation of incidents, including medication error reporting
- Discussion of any claims made against CCPC or its providers
- Discussion and recommendations for any patient or staff safety issues
- Recommendations for provider and staff education concerning risk management and safety issues

All discussions of the Risk Management Committee occur in a confidential manner, with patient names, provider names, staff names, and site names redacted. The RM Committee minutes are also free of patient, provider, staff, and site information.

Staffing for the Risk Management Committee is provided by the CCPC Quality Management Team. The Team is responsible for distributing the Risk Management Committee minutes in a timely fashion.

### **Risk Management and Patient Safety Education**

A successful risk management and patient safety program requires involvement of all CCPC providers and staff. To appropriately train providers and staff on these issues, CCPC requires its providers and staff to complete annual training provided through the Relias Learning Management system and at times other outside training resources. Courses are selected based on regulatory requirements, staff learning needs, and areas of high clinical risk.

### **Risk Management Report**

The Risk Manager and the Quality Management Team compile a report on risk management and patient safety activities of CCPC on an annual basis. The report details the efforts made to identify and reduce risks and reports on the success of the efforts. The report also communicates the outstanding issues on risk reduction that need input and/or support for resolution. The report includes data on: event trends, claims analysis, credentialing activity, relevant provider and staff education, and other related activities.

The Risk Manager presents the risk management report to the CCPC Board of Governors on an annual basis.

### **CONFIDENTIALITY**

All documents and records that are part of the Risk Management and Patient Safety Program are privileged and confidential to the extent provided by state and federal law. Confidentiality protections include peer review protections, attorney client privilege, and attorney work product. All identifying information for patients, providers and staff is removed from event reports, incident reports, and patient complaints prior to discussion by the Risk Management Committee. No identifying information is included in the committee minutes or other reports. Medical providers may be able to apply the federal privilege and confidentiality protections granted by the Patient Safety and Quality Improvement Act of 2005 to its patient safety events, data, and reports, referred to in the law as patient safety work product, by creating a patient safety evaluation system.

**DATE:** May 8, 2024  
**TO:** City of Cincinnati Primary Care Governing Board  
**FROM:** Mark Menkhaus, Jr., CFO  
**SUBJECT:** Fiscal Presentation March 2024

**Fiscal Presentation**

Fiscal Presentation for March 2024.

- For FY24, as of March 2024, Cincinnati Primary Care had a net loss of \$1,241,309.82.
- In FY23, March had a net gain of \$4,098,434.31. Comparing FY24 with FY23 shows a decrease of \$5,339,744.13. This decrease is due in part to the Medicaid Maximization payment from FY21 that was received in October 2022 in the amount of \$4,831,974.95.
- Revenue decreased by \$347,036.01 from FY23. This was mainly due to the Medicaid Maximization payment. (The FY23 Medicaid Maximization payment was received on 5/3/2024 in the amount of \$5,735,273.94 and will appear on the monthly report for May.)
- Expenses increased by \$4,992,708.12 from FY23. The increase is filled positions and a corresponding increase in Fringe benefits. The increase is also due to Harm Reduction Services and document storage fees from FY23 being paid in FY24.
- Here are charges for disaster regular hours and overtime as it relates to COVID-19 for FY24 and FY23 for February.

<b>Clinics</b>		
<b>Type Labor Cost</b>	<b>FY24</b>	<b>FY23</b>
Disaster Regular	\$15,312.24	\$45,136.77
Disaster Overtime	\$ 0.00	\$ 4,260.68
<b>Total</b>	<b>\$15,312.24</b>	<b>\$49,397.45</b>

<b>School Based</b>		
<b>Type Labor Cost</b>	<b>FY24</b>	<b>FY23</b>
Disaster Regular	\$2,838.72	\$39,294.34
Disaster Overtime	\$ 0.00	\$ 6,778.57
<b>Total</b>	<b>\$2,838.72</b>	<b>\$46,072.91</b>

**March Payor Mix Highlights:**

	Medicaid	Commercial	Medicare	Self-Pay
Medical	-2%	2%	0%	11%
Dental	11%	0%	0%	8%
School-Based Medical	-6%	-1%	0%	7%
School-Based Dental	8%	2%	0%	13%
Behavioral Health	8%	0%	-2%	17%
Vision	-9%	0%	0%	9%

**Accounts Receivable Trends:**

- The accounts receivable collection effort for February for 90-days is 18% and for 120-days is 9%. Our aim for the ideal rate percentage for 90-days is 20% and our 120-days is 10%. The rate for 90-days increased by 2% and the rate for 120-days increased by 1% from the previous month.

**Days in Accounts Receivable & Total Accounts Receivable:**

- The days in accounts receivable have increased slightly from the month before by 1 day. The days in accounts receivable are one of the lowest amounts in the previous 13 months.



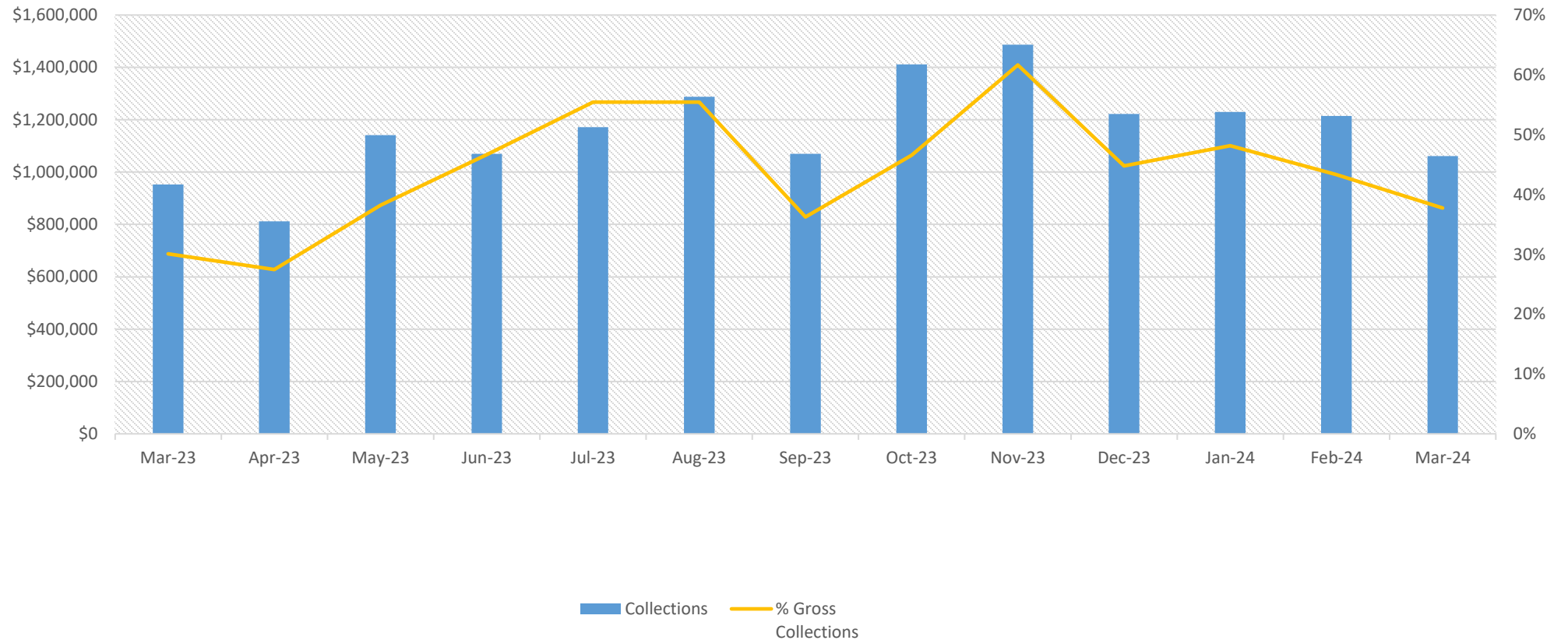
City of Cincinnati Primary Care  
Profit and Loss with fiscal year comparison  
March 2023 - March 2024

	<b>FY24 Actual</b>	<b>FY23 Actual</b>	<b>Variance FY24 vs F23</b>
<b>Revenue</b>			
8536-Grants\State	\$50,000.00	\$0.00	0.00%
8556-Grants\Federal	\$3,564,741.44	\$4,520,156.63	-21.14%
8563-Board of Ed Svc (School Nurses Sal.)	\$2,728,989.47	\$0.00	0.00%
8571-Specific Purpose\Private Org.	\$5,000.00	\$0.00	0.00%
8617-Fringe Benefit Reimbursement	\$0.00	\$0.00	0.00%
8733-Self-Pay Patient	\$661,622.92	\$725,811.15	-8.84%
8734-Medicare	\$3,900,780.86	\$3,732,274.61	4.51%
8736-Medicaid	\$7,200,940.10	\$9,616,237.35	-25.12%
8737-Private Pay Insurance	\$892,530.94	\$916,745.26	-2.64%
8738-Medicaid Managed Care	\$4,738,228.86	\$4,675,030.53	1.35%
8739-Misc. (Medical rec.\smoke free env.)	\$751,009.39	\$191,813.23	291.53%
8932-Prior Year Reimbursement	\$225,700.54	\$481,967.73	-53.17%
416-Offset	\$3,858,193.99	\$4,064,738.03	-5.08%
<b>Total Revenue</b>	<b>\$28,577,738.51</b>	<b>\$28,924,774.52</b>	<b>-1.20%</b>
<b>Expenses</b>			
71-Personnel	\$15,295,467.28	\$12,842,182.47	19.10%
72-Contractual	\$4,572,856.62	\$4,076,959.59	12.16%
73-Material	\$2,300,038.10	\$1,677,119.91	37.14%
74-Fixed Cost	\$1,516,419.45	\$1,189,189.56	27.52%
75-Fringes	\$6,134,266.88	\$5,040,888.68	21.69%
<b>Total Expenses</b>	<b>\$29,819,048.33</b>	<b>\$24,826,340.21</b>	<b>20.11%</b>
<b>Net Gain (Losses)</b>	<b>(\$1,241,309.82)</b>	<b>\$4,098,434.31</b>	<b>-130.29%</b>

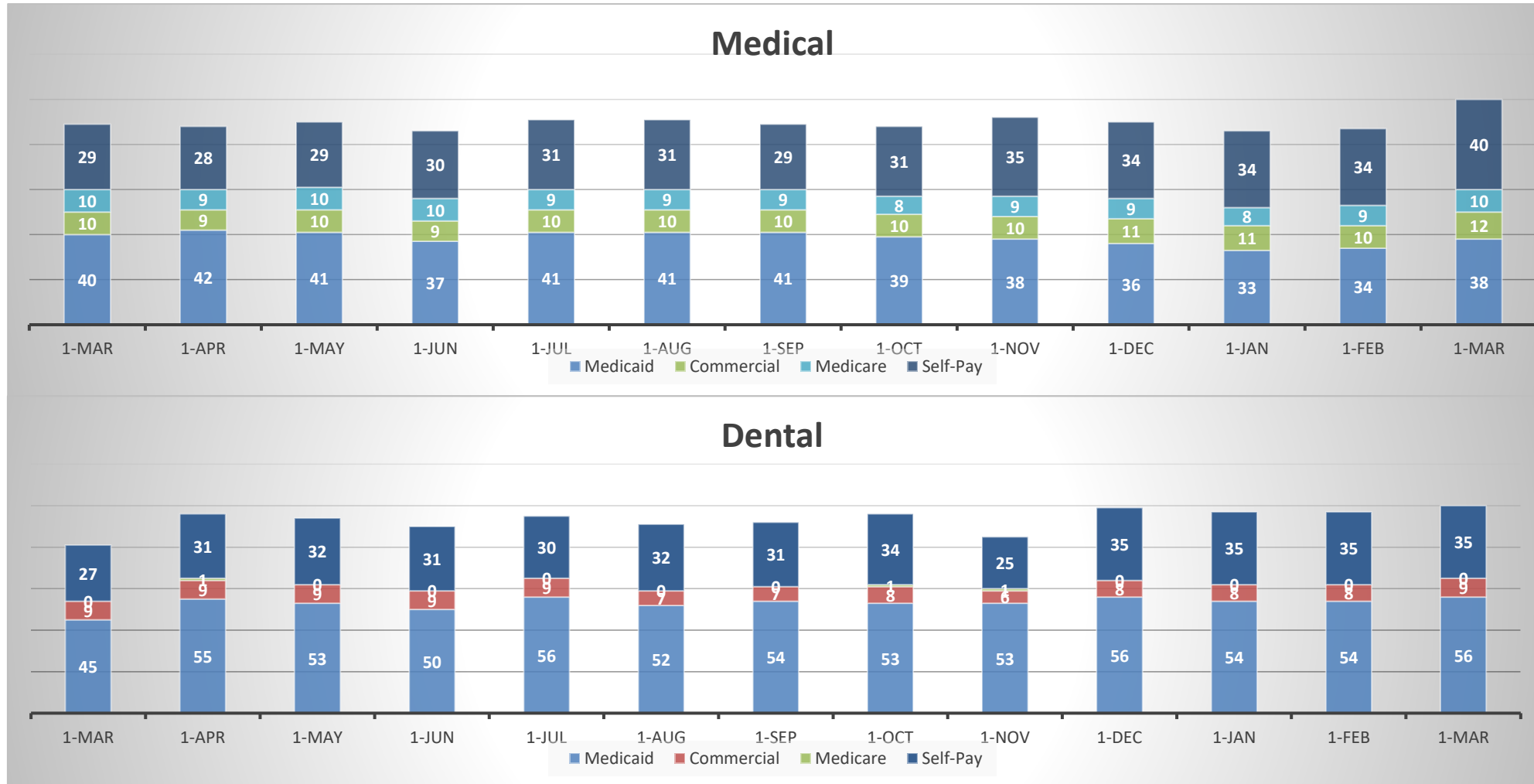
CHD/CCPC Finance  
Update  
May 8, 2024

# Revenue Presentation

# Monthly Visit Revenue

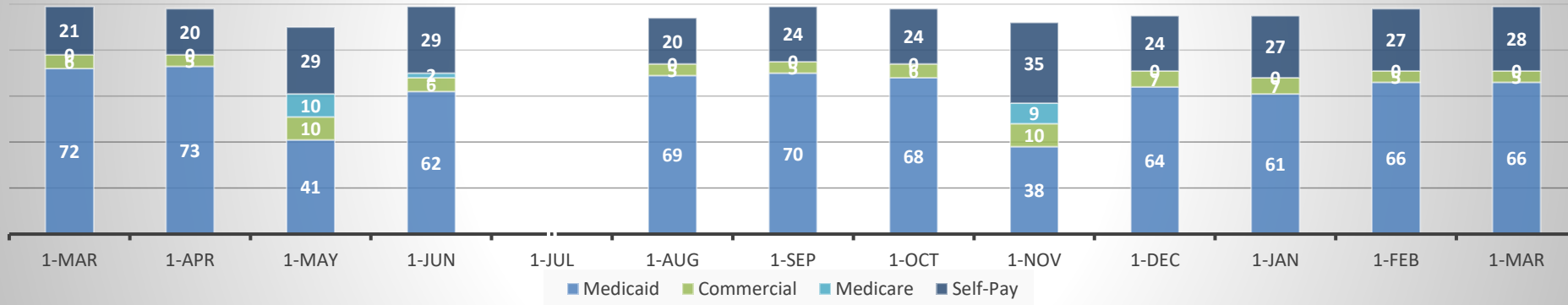


# Payor Mix

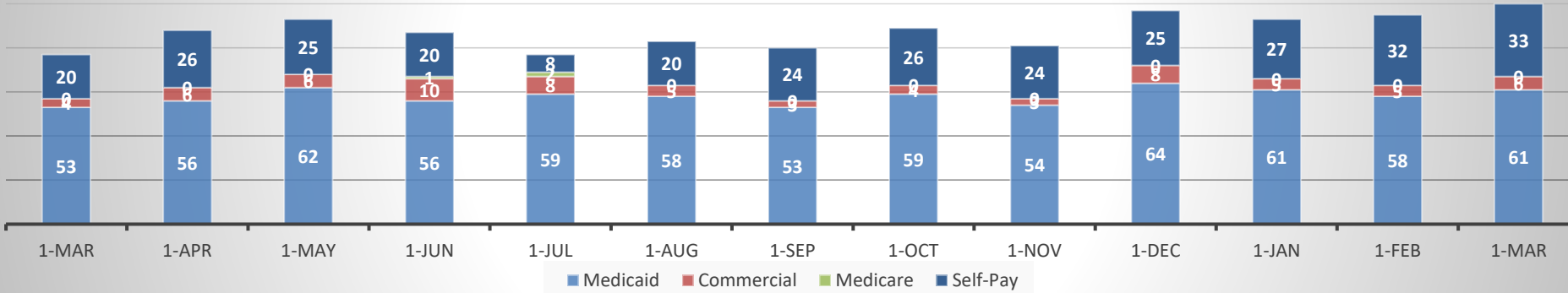


# Payor Mix

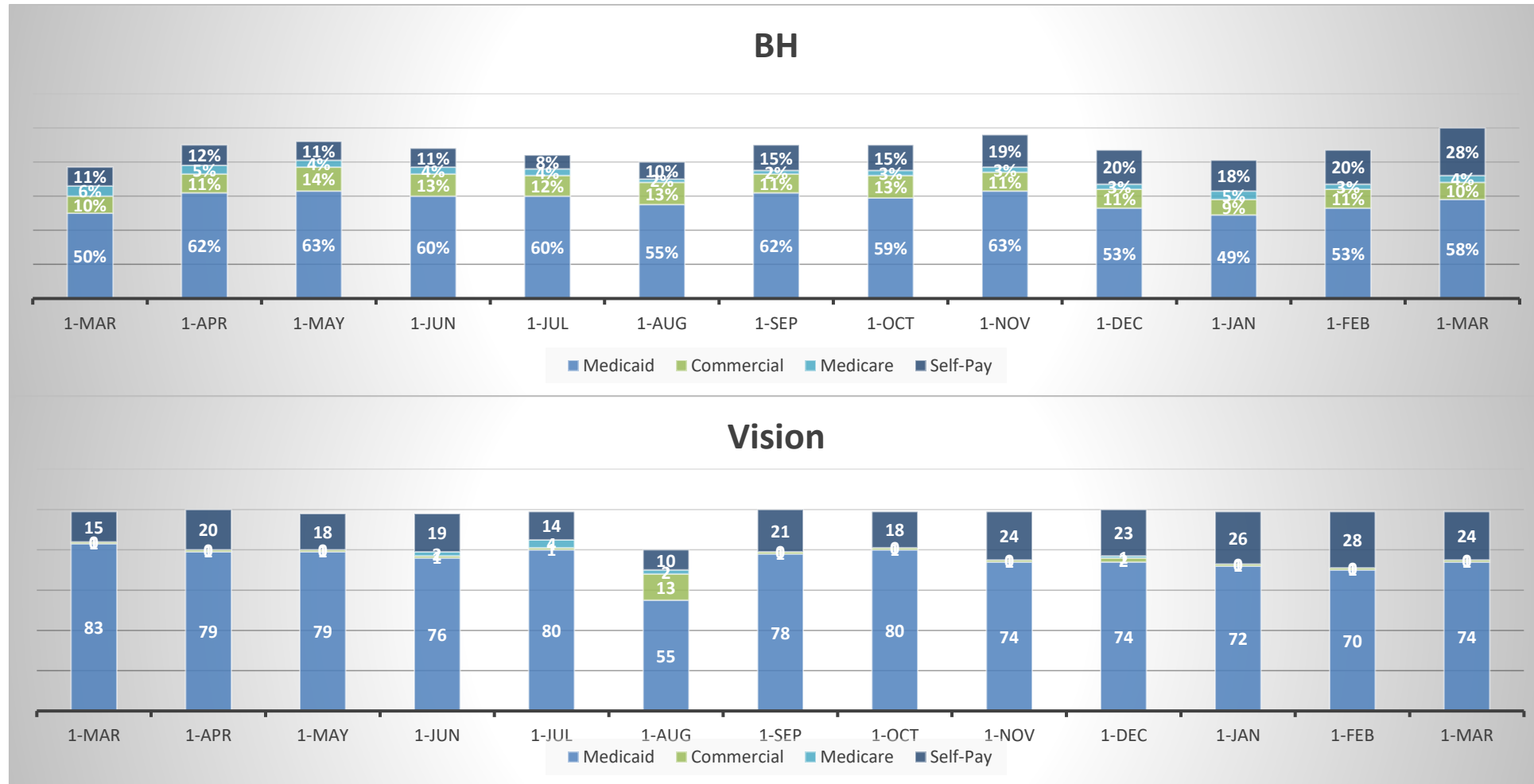
## SBHC - Medical



## SBHC - Dental

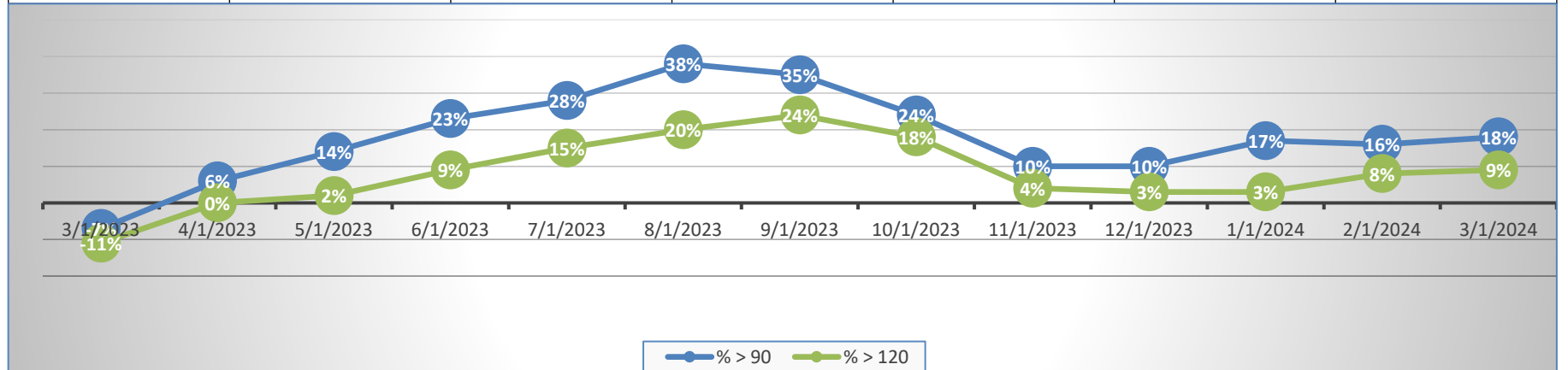


# Payor Mix

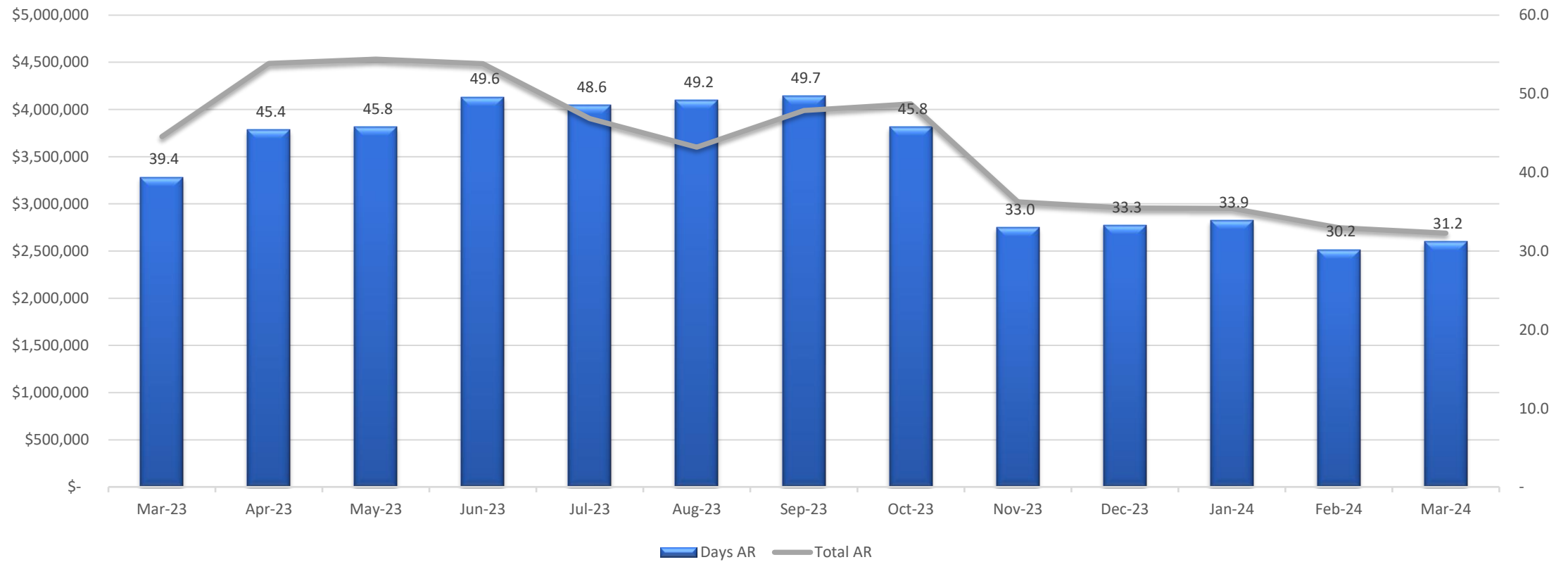


# AR Trends

Aging Period	Insurance March	Patient - All March	Patient - On Pmt Plan March	Patient - Not on Pmt Plan March	Total March	% Total March
0 - 30	\$1,335,199	\$155,744	\$796	\$154,948	\$1,490,943	50.44%
31 - 60	\$490,086	\$139,750	\$473	\$139,277	\$629,836	21.31%
61 - 90	\$213,837	\$103,312	\$730	\$102,582	\$317,149	10.73%
91 - 120	\$183,047	\$54,197	\$908	\$53,289	\$237,244	8.03%
121 - 150	\$121,164	\$37,192	\$675	\$36,517	\$158,355	5.36%
151 - 180	\$199,237	\$29,729	\$378	\$29,351	\$228,966	7.75%
181 - 210	\$23,514	\$14,446	\$211	\$14,235	\$37,961	1.28%
211+	(\$27,618)	(\$116,898)	\$639	(\$117,537)	(\$144,516)	-4.89%
<b>Total</b>	<b>\$2,538,466</b>	<b>\$417,471</b>	<b>\$4,809</b>	<b>\$412,662</b>	<b>\$2,955,937</b>	
<b>% &gt; 90</b>	<b>20%</b>	<b>4%</b>	<b>58%</b>	<b>4%</b>	<b>18%</b>	
<b>% &gt; 120</b>	<b>12%</b>	<b>-9%</b>	<b>40%</b>	<b>-9%</b>	<b>9%</b>	



# Day in AR & Total A/R





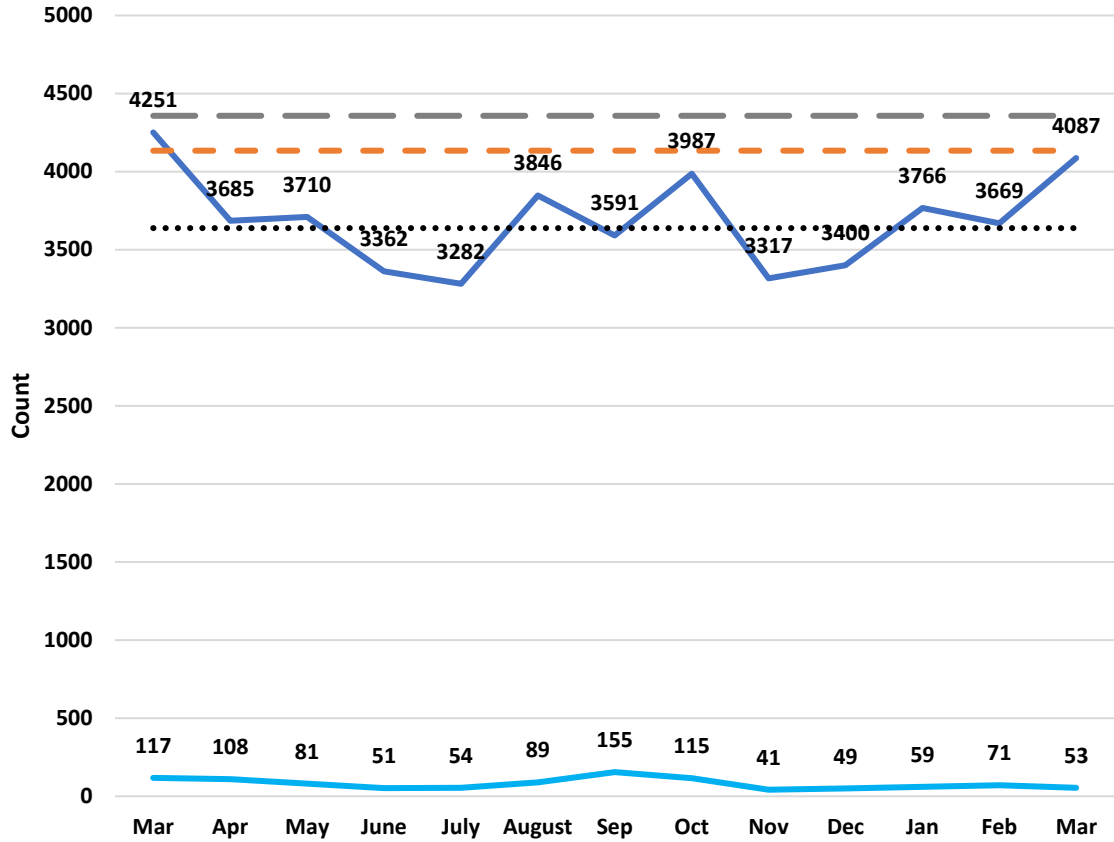


# **CCPC Board Meeting – Efficiency Update**

May 2024

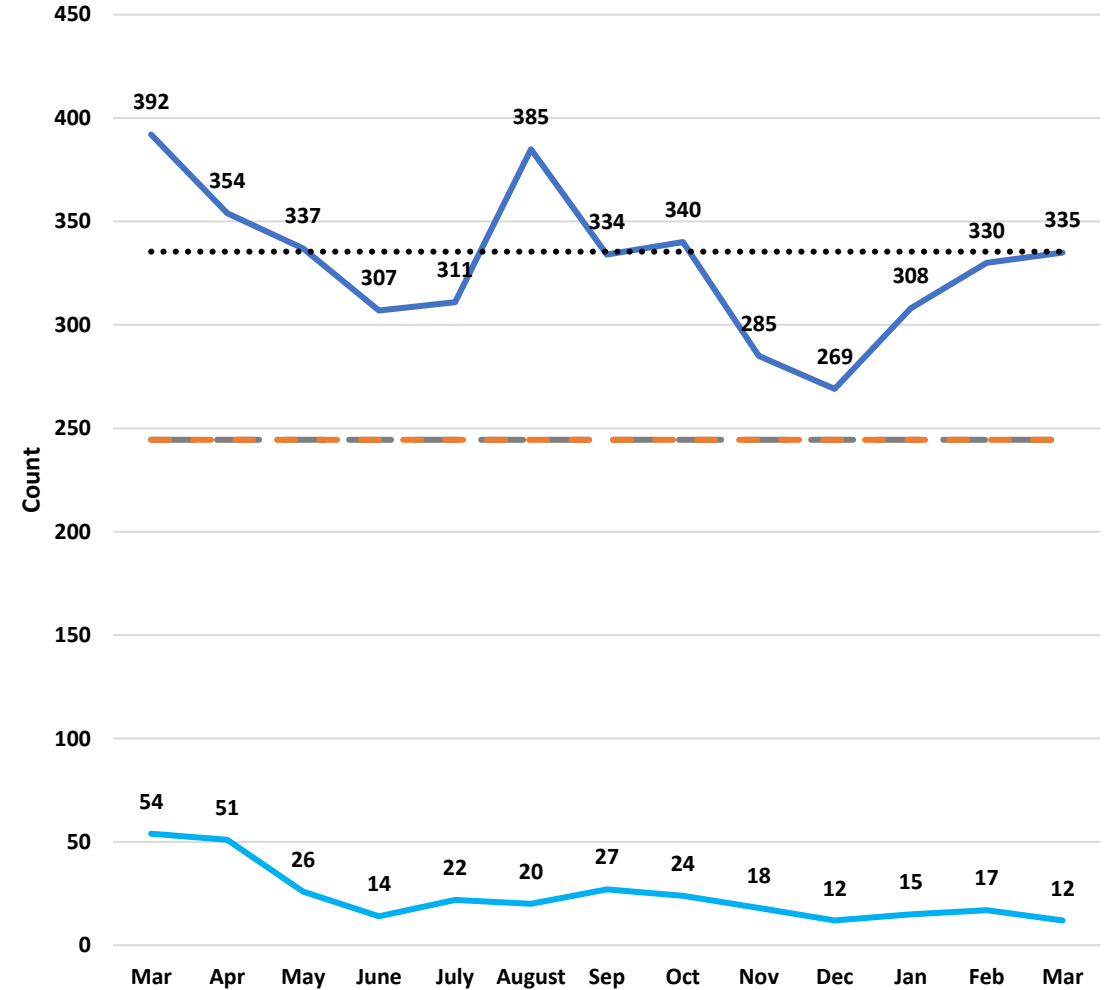
# **Medical/Behavioral Health**

### NUMBER OF VISITS - ALL LOCATIONS



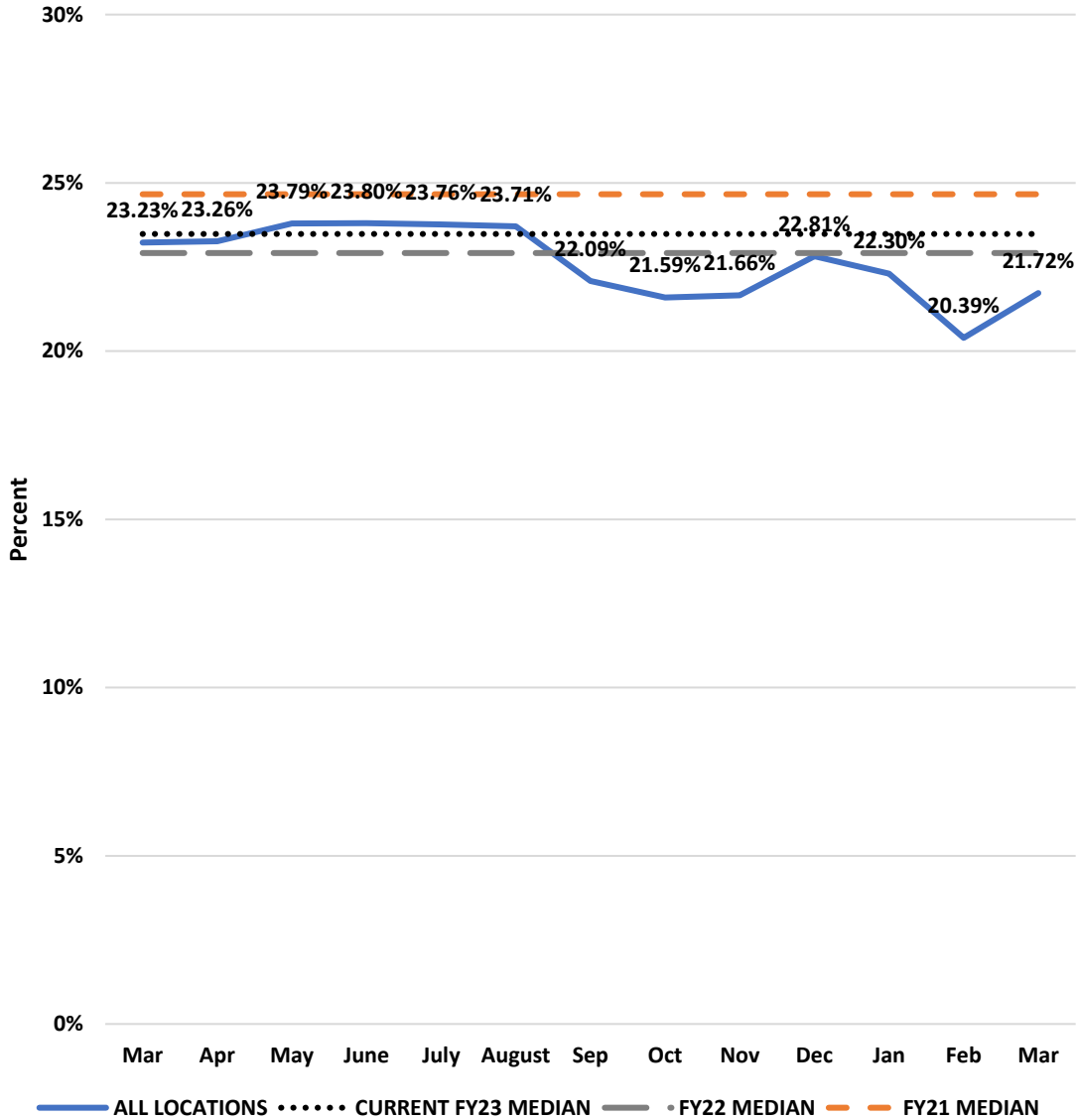
— ALL LOCATIONS     — TELEHEALTH VISITS     ..... CURRENT FY23 MEDIAN  
- - - FY22 MEDIAN     - - - FY21 MEDIAN

### NUMBER OF VISITS - ALL BEHAVIORAL HEALTH

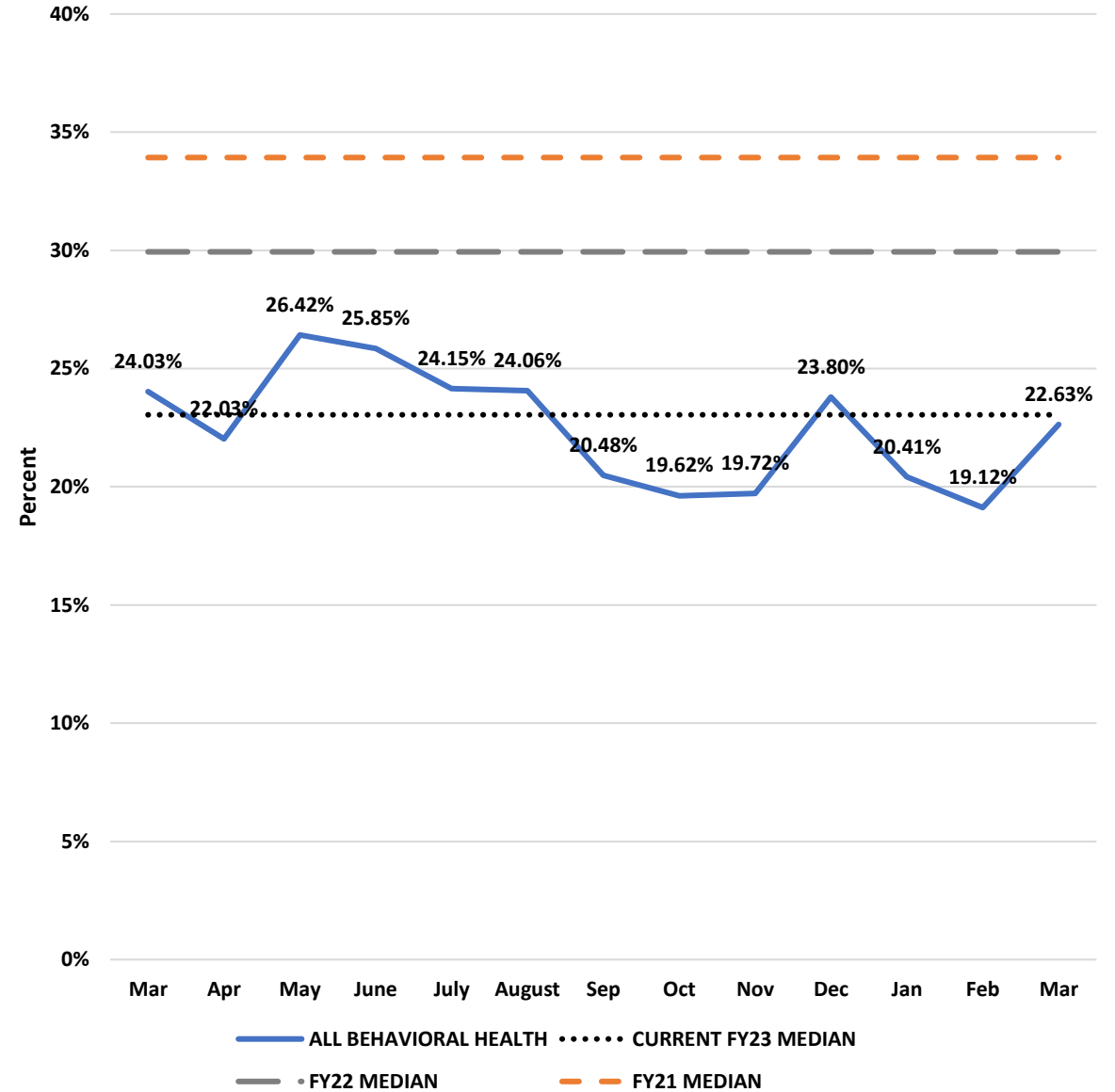


— ALL BEHAVIORAL HEALTH     — TELEMEDICINE VISITS  
..... CURRENT FY23 MEDIAN     - - - FY22 MEDIAN  
- - - FY21 MEDIAN

### NO SHOW % - ALL LOCATIONS

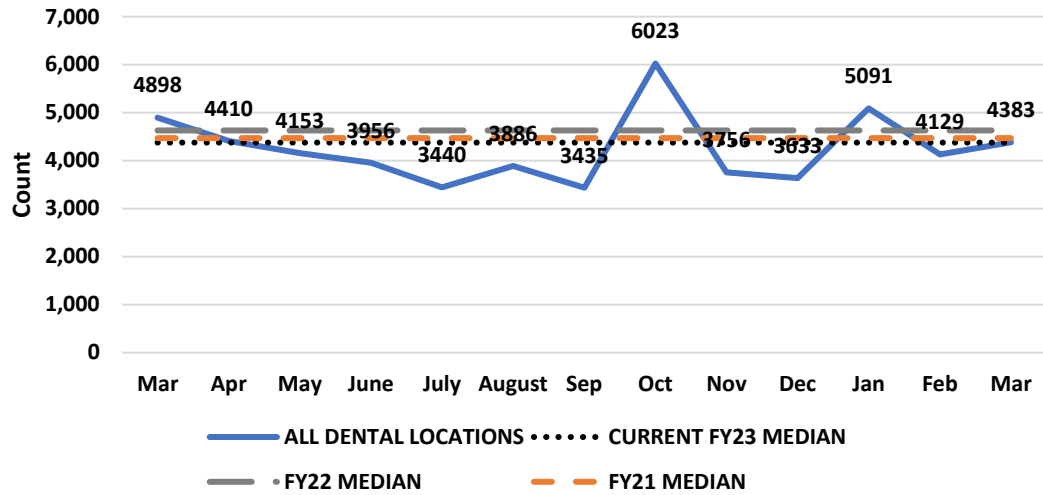


### NO SHOW % - ALL BEHAVIORAL HEALTH

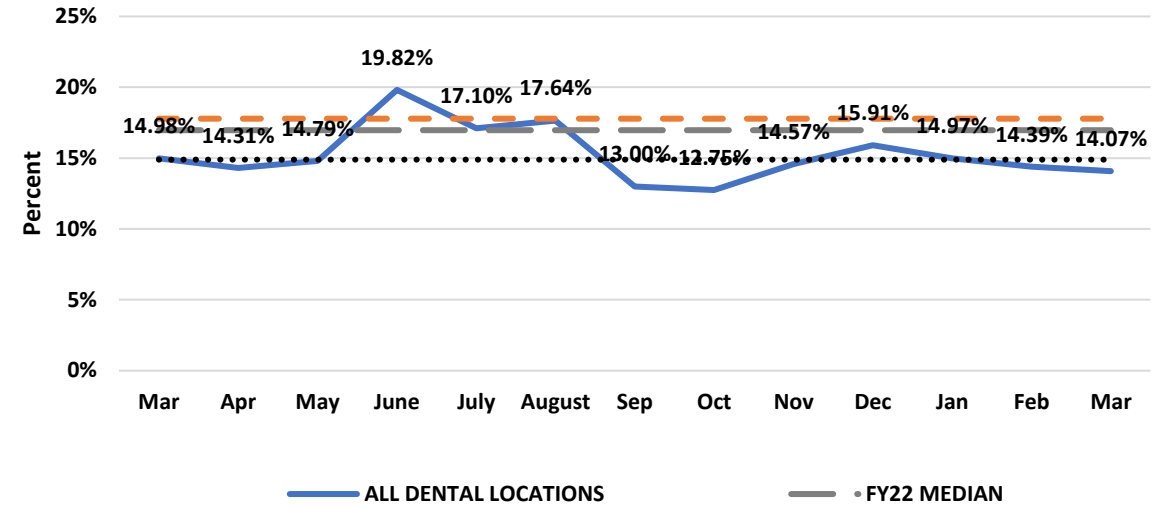


**Dental**

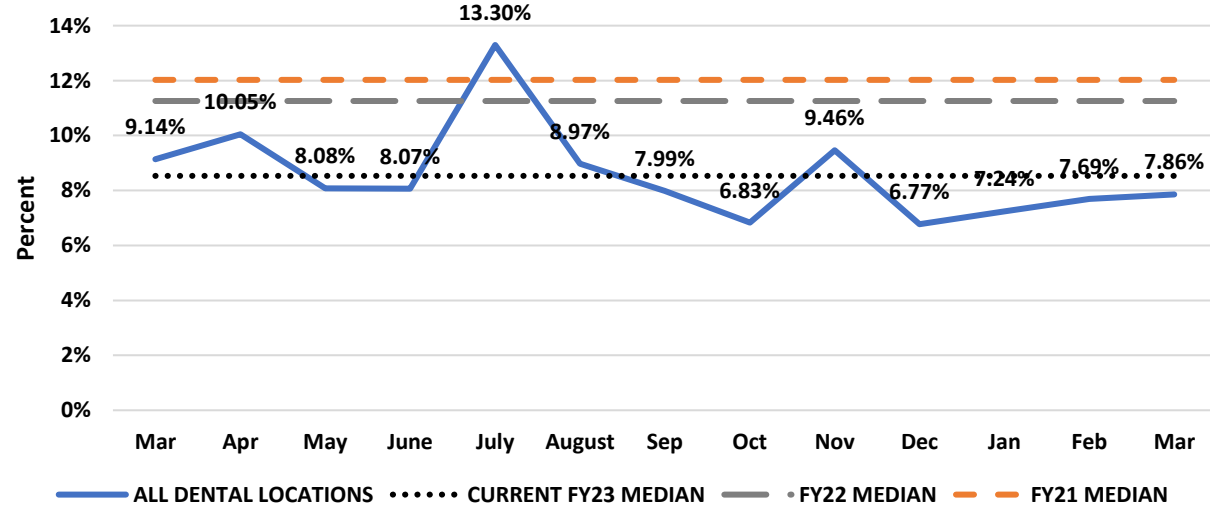
### DENTAL VISITS - ALL LOCATIONS



### DENTAL BROKEN APPT % - ALL LOCATIONS

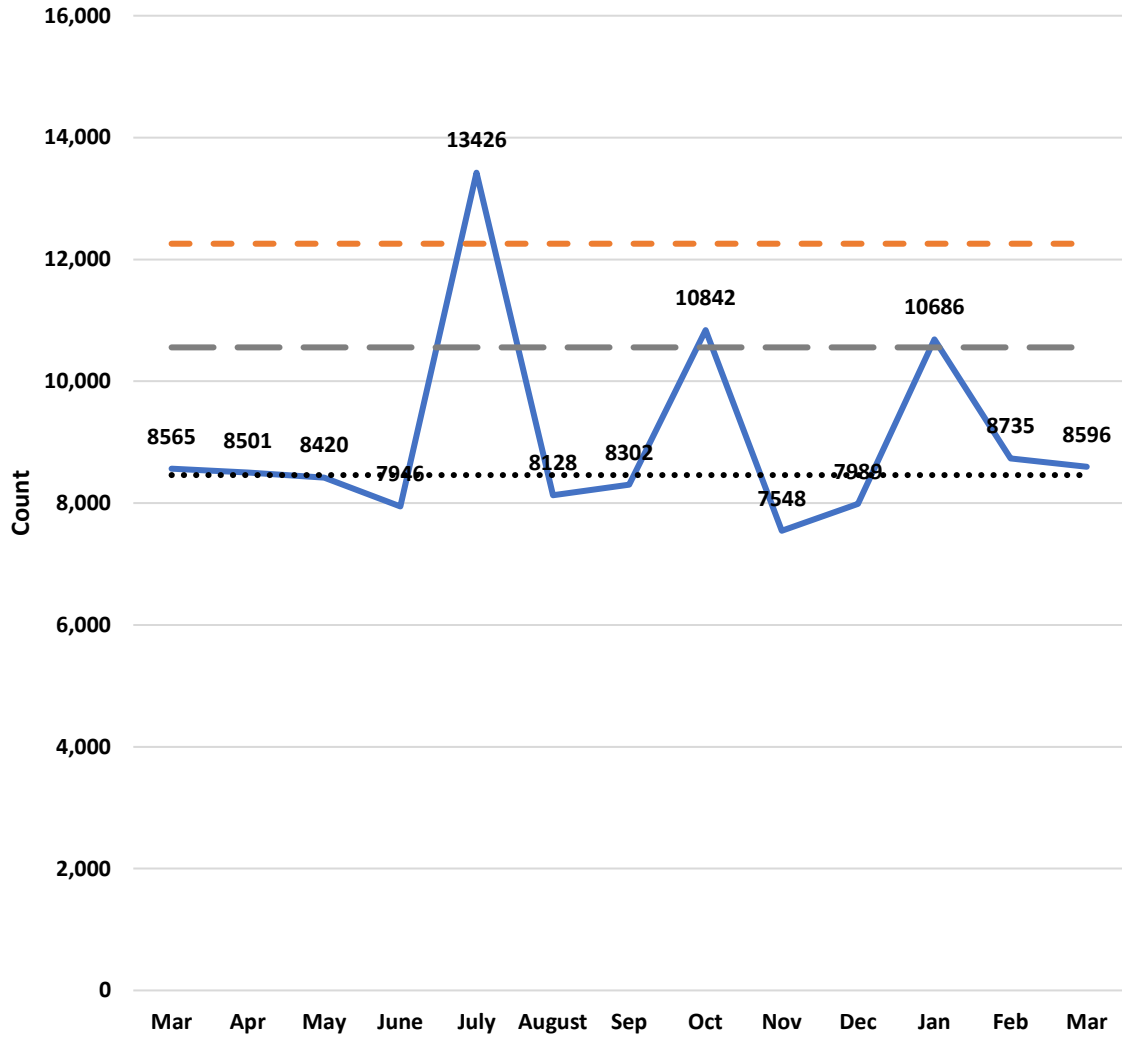


### DENTAL NEW PATIENT % - ALL LOCATIONS



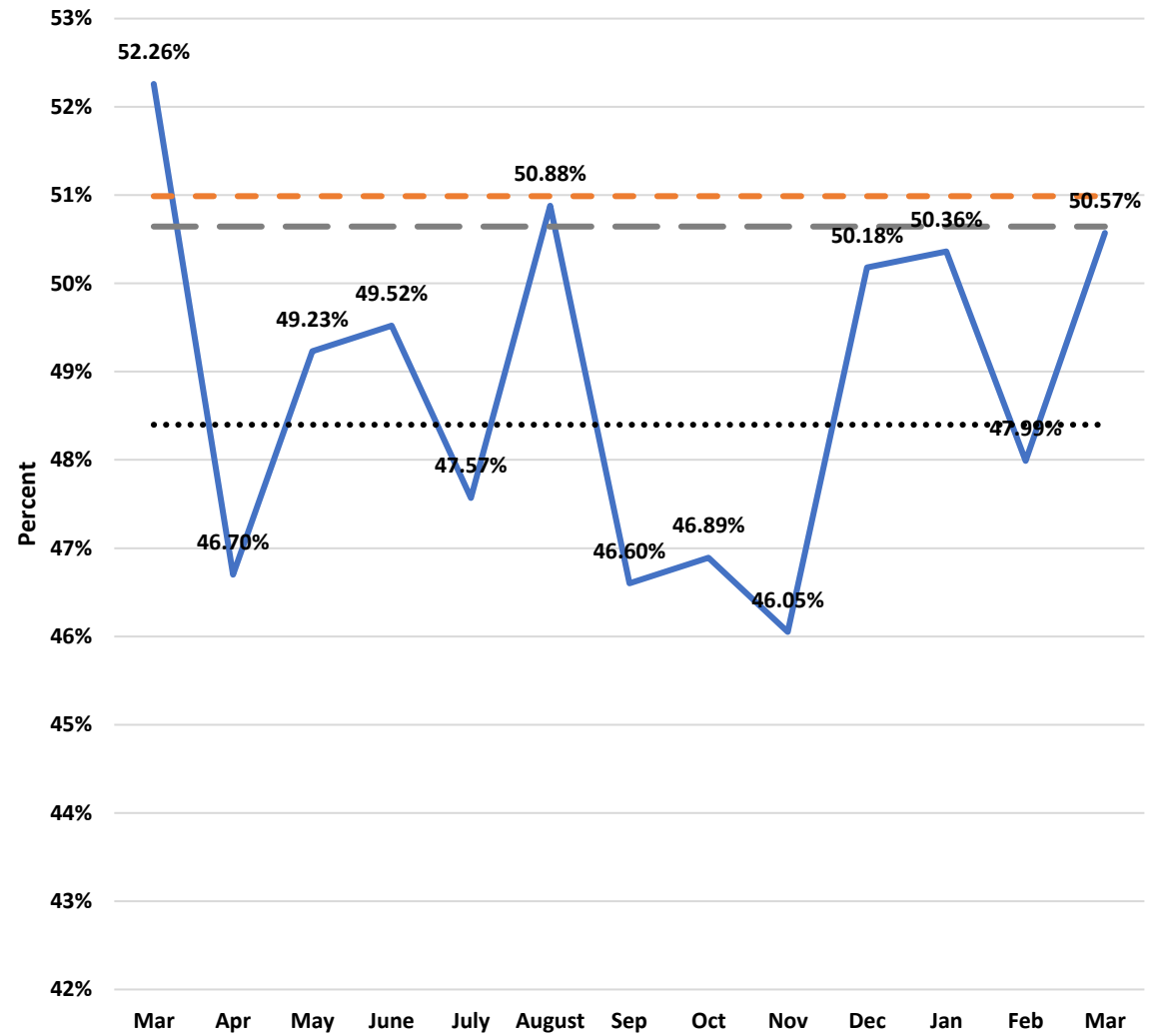
**Pharmacy**

### PHARMACY NUMBER OF FILLS - ALL LOCATIONS



— ALL PHARMACY LOCATIONS 
 ⋯ CURRENT FY23 MEDIAN  
- - - FY22 MEDIAN 
 - - - FY21 MEDIAN

### PHARMACY ESCRIBE % - ALL LOCATIONS

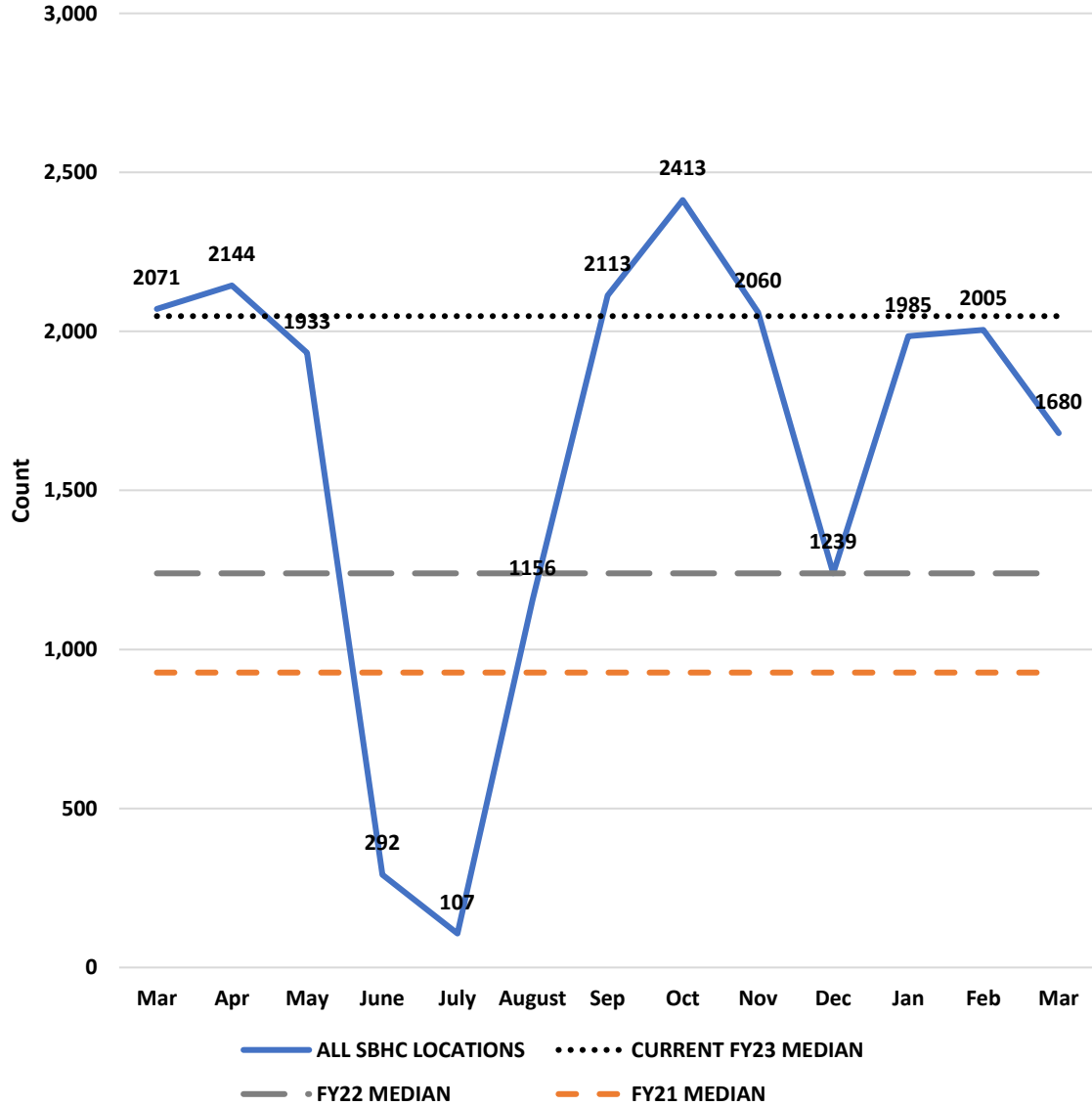


— ALL PHARMACY LOCATIONS 
 ⋯ CURRENT FY23 MEDIAN  
- - - FY22 MEDIAN 
 - - - FY21 MEDIAN

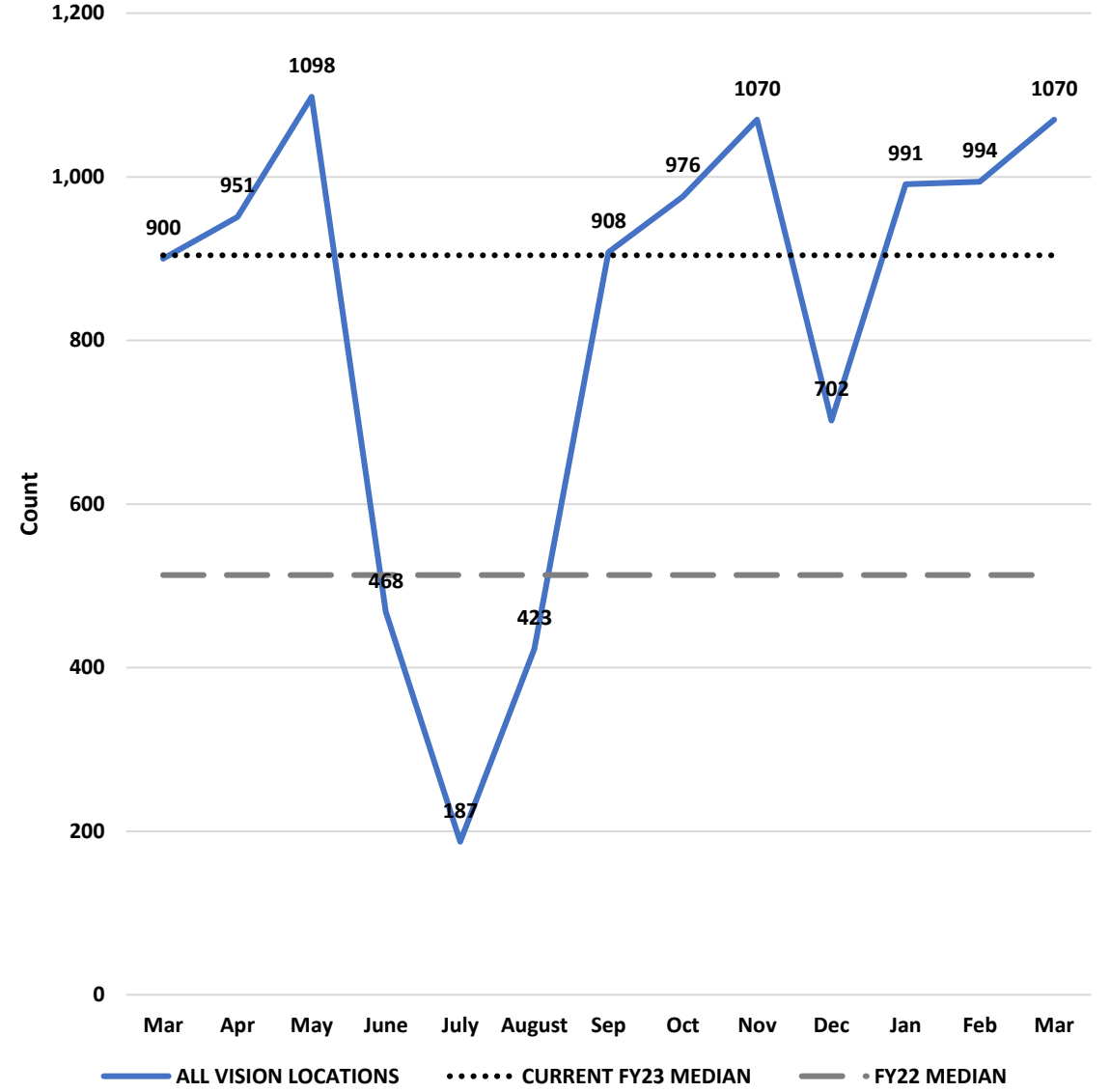


# **School Based Health Centers**

### SBHC VISITS - ALL LOCATIONS

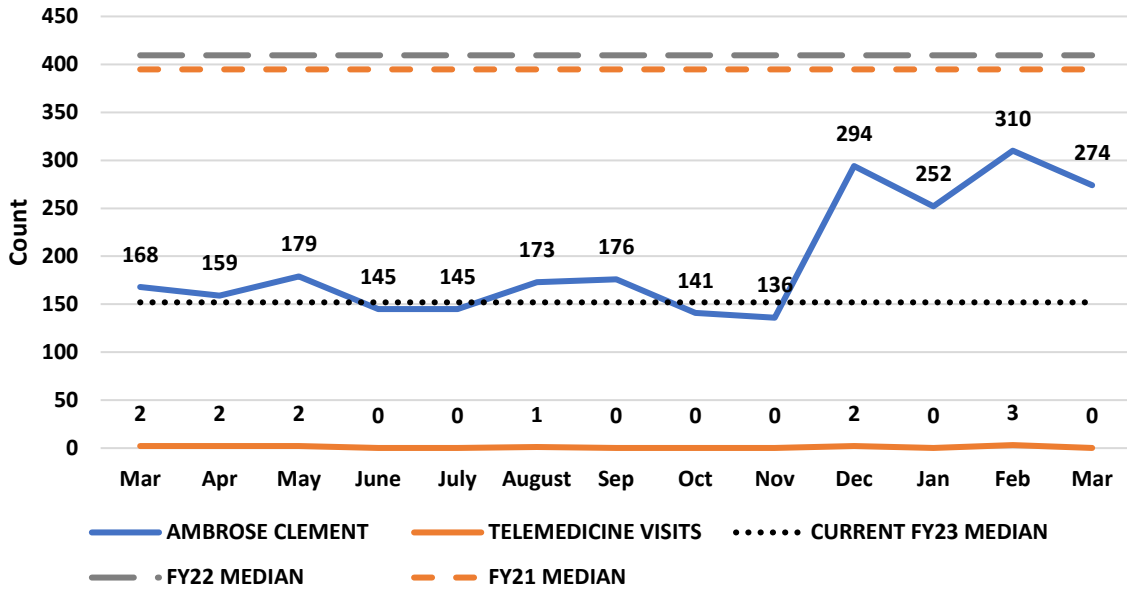


### VISION VISITS - ALL LOCATIONS

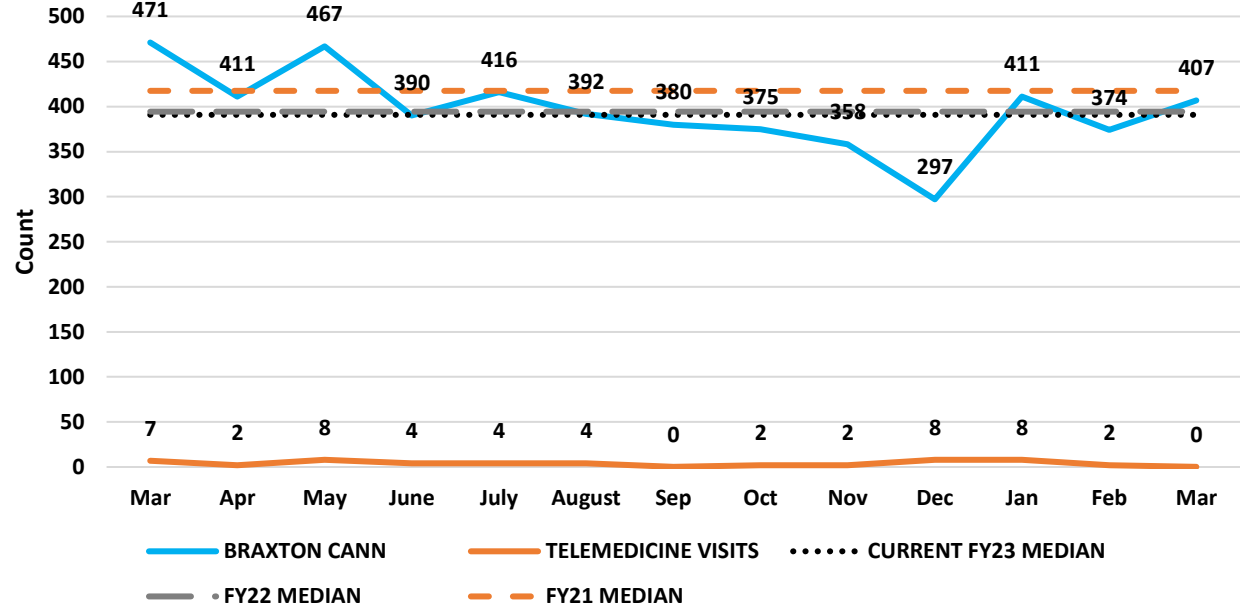


# **Supplemental Slides**

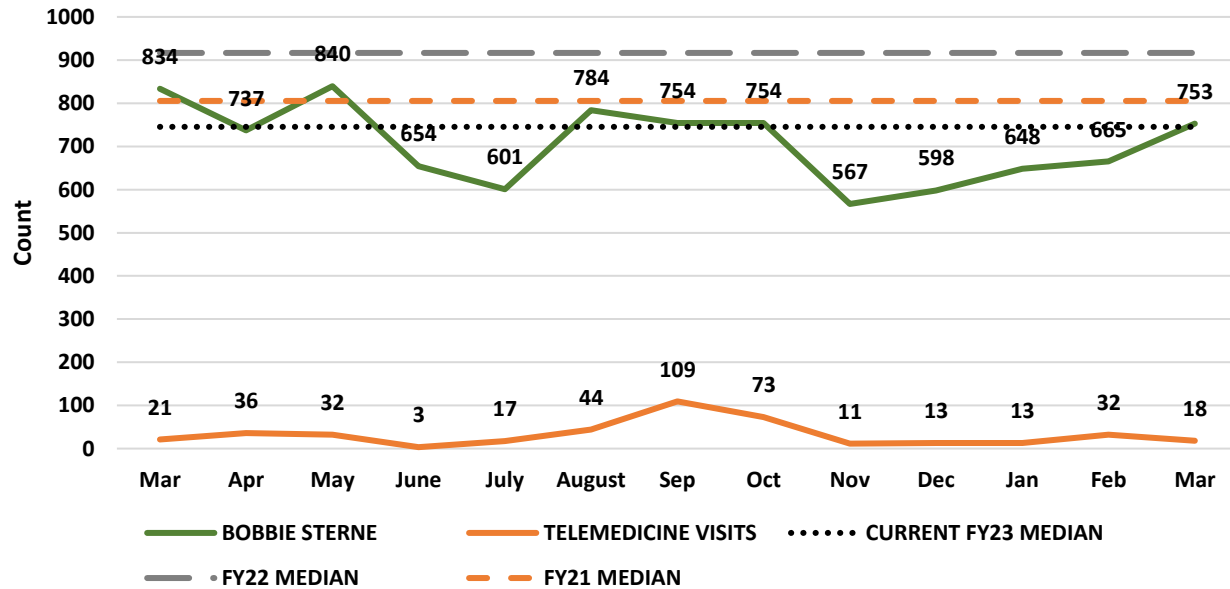
### AMBROSE



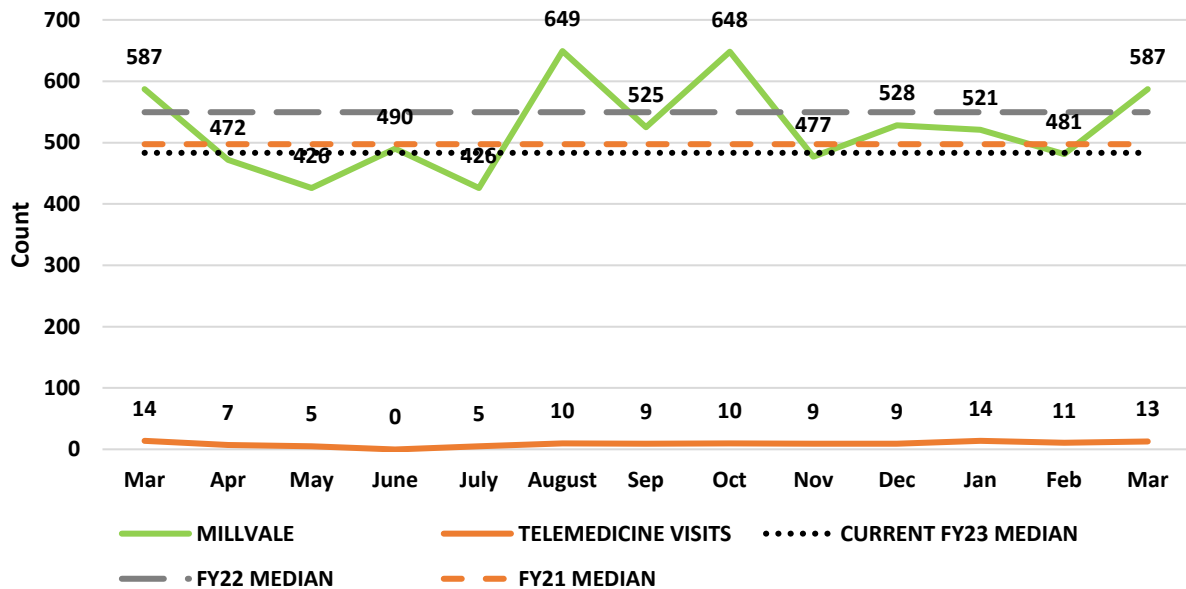
### VISITS



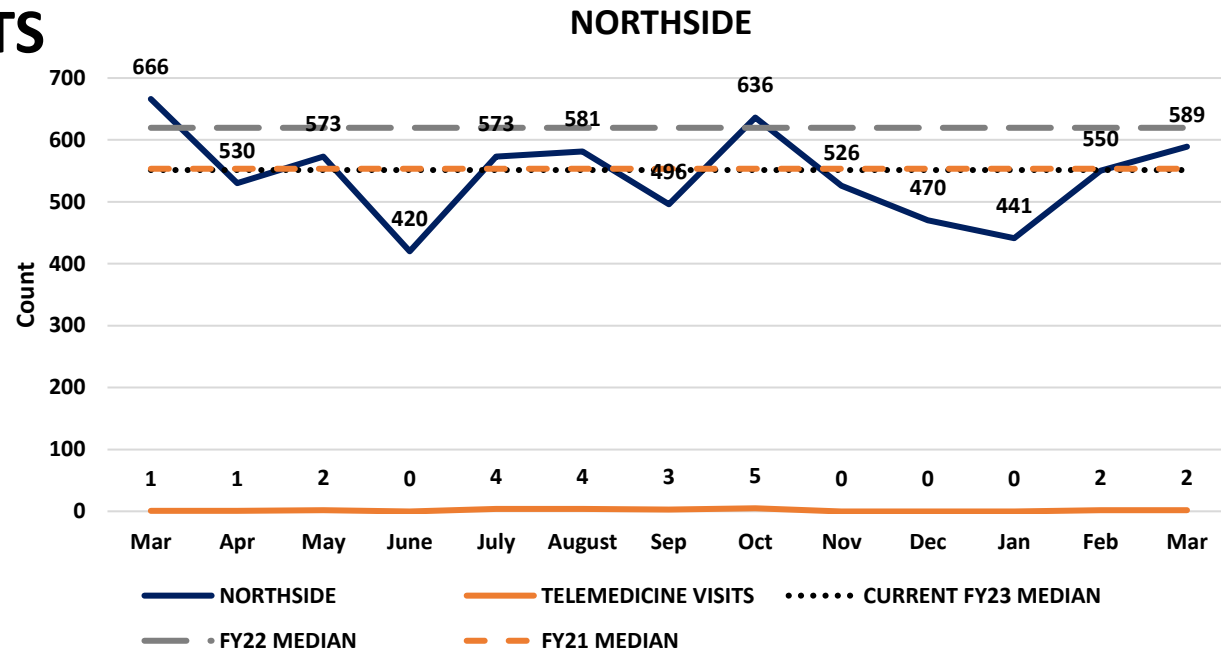
### BOBBIE STERNE



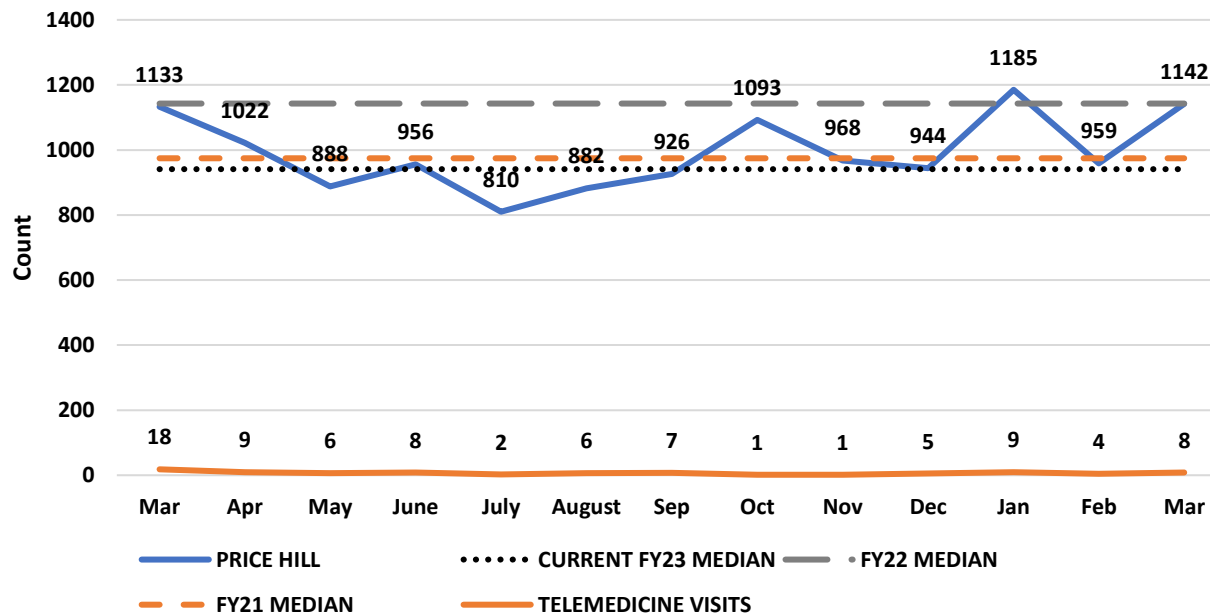
### MILLVALE



### VISITS

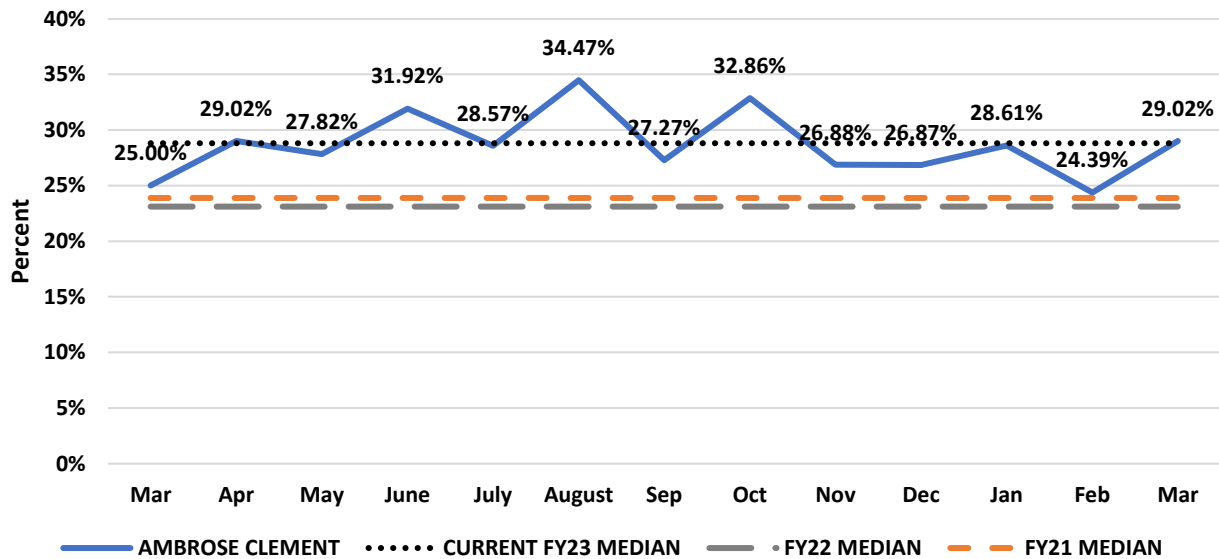


### PRICE HILL

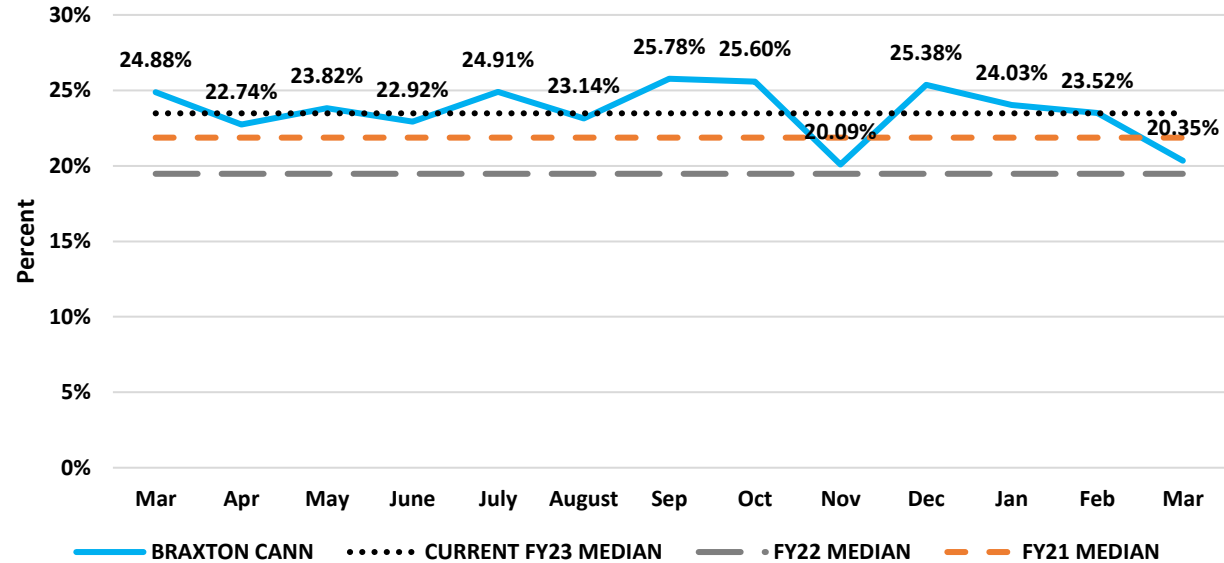


# NO SHOW PERCENT

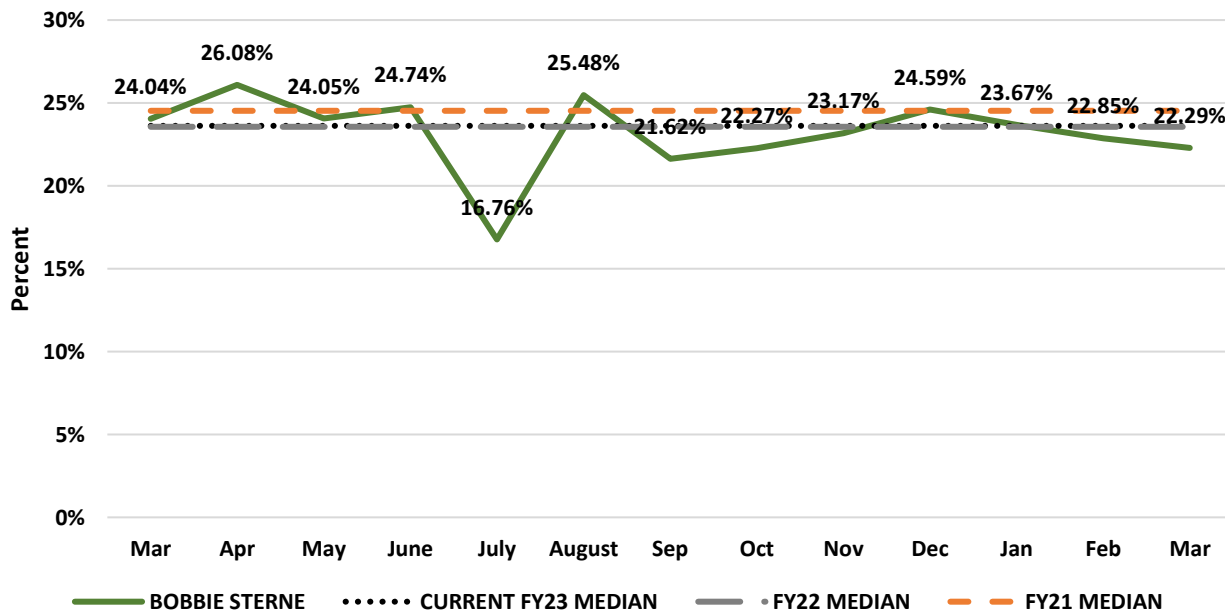
## AMBROSE



## BRAXTON CANN

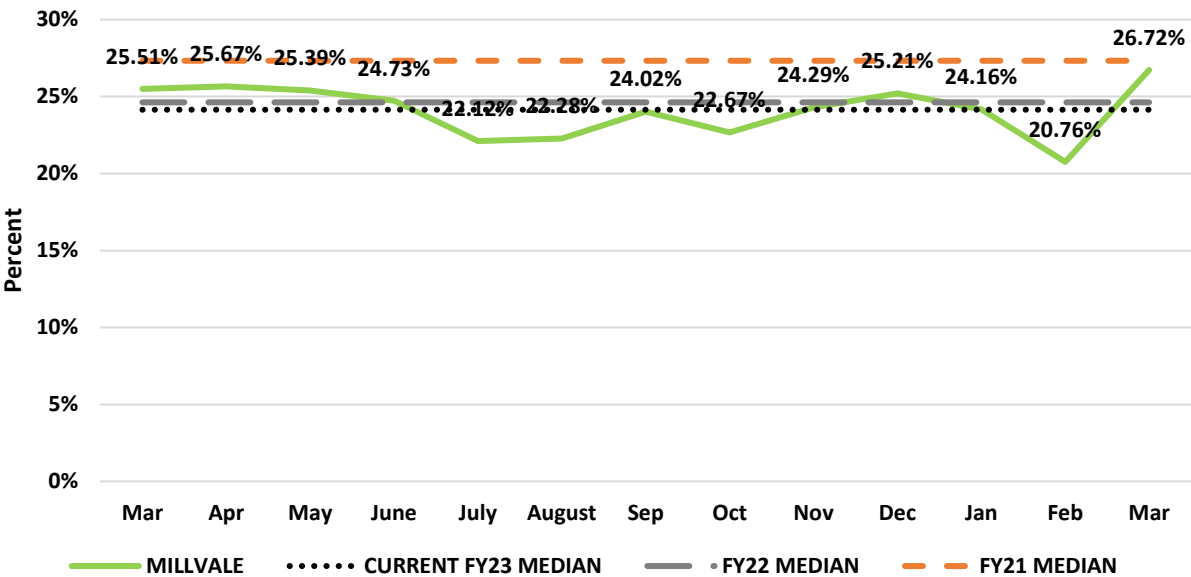


## BOBBIE STERNE

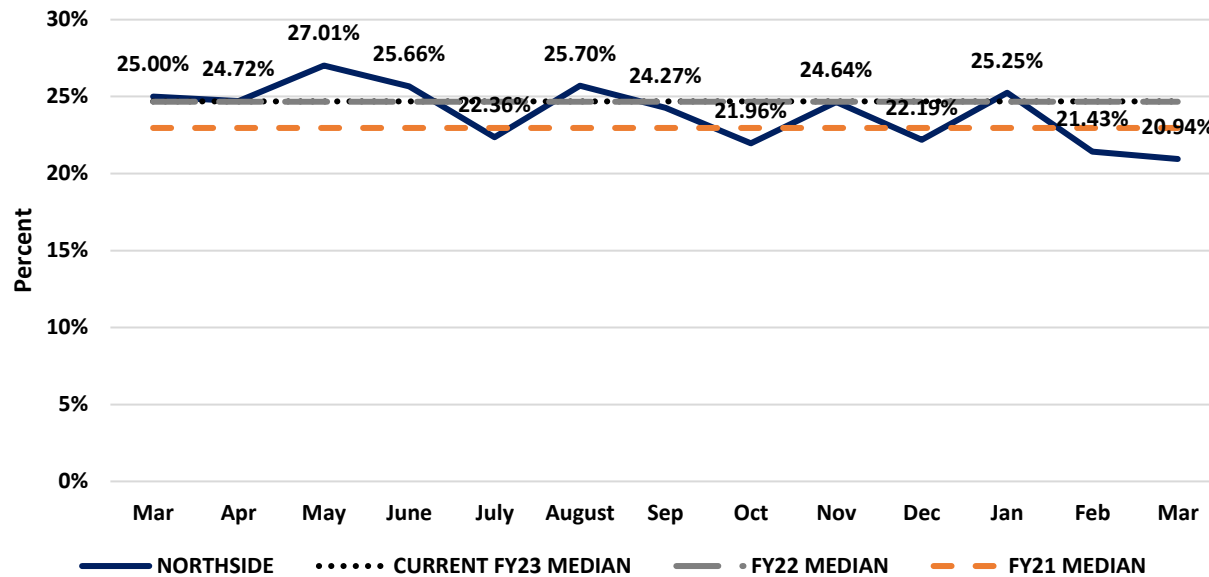


# NO SHOW PERCENT

## MILLVALE



## NORTHSIDE



## PRICE HILL

