



*Strengthening Oklahoma's Safety Net,
One Community At A Time*

Board Bulletin

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“Clean as a Hound’s Tooth”

Opportunities accompanied with challenges are on the horizon. Community health centers (CHCs) can boldly face the upcoming changes and ensure positive outcomes for the CHC plus the patients served by taking measures now. As CHC boards reflect on mission, vision and stewardship, there are three directives that must be heeded: 1) Be “clean as a hound’s tooth”; 2) Use solid growth strategies; and 3) Deliver high quality care.

Beyond Reproach

What does it mean for CHCs to be “clean as a hound’s tooth?” Google yields several definitions that include “very clean, innocent, without sin or wrong.” How does the board ensure that the CHC is beyond reproach?

- *Exercise ‘Duty of Care’* – To demonstrate ‘duty of care’, board members must exercise the same level of judgment that any other competent and prudent person would in a similar situation. While boards are never to manage day-to-day operations, they cannot be asleep at the wheel. The Health Resources and Services Administration (HRSA) Bureau of Primary Health Care (BPHC) CHC Program Expectations outlined in Policy Information Notice (PIN) 98-23 clearly outlines that it is the board’s responsibility to ensure CHC success. “Duty of care” in action means members attend and actively participate in board meetings. The board instructs their one employee, the CEO, to make sure staff reports are routinely provided so the board can carefully make informed decisions as ‘prudent’ leaders are expected to do. CHC boards invest time to review policies to minimize risk exposure, making updates when necessary and monitoring implementation to ensure compliance. Board members must require accountability from each other and from staff.
- *Study Monthly Reports* – CHC boards must have access to financial and clinical reports to determine if required performance measures are being addressed and moving in the right direction. It is impossible to effectively govern if board members are not carefully reviewing reports and asking questions about variances that appear from month to month. Patient and employee grievances should be reviewed by appropriate board committees to determine if issues are consequential and need full board attention. While it would not be efficient to review every complaint at the full board meeting, staff and the community will only have confidence that grievances are being addressed if the board has a system to prudently review concerns.
- *Examine the Audit Report* – Nonprofit organizations that receive more than \$500,000 in federal funding (most CHCs) are required to have an annual A-133 audit. The intensive audit is designed to provide assurance to the federal government that funds are being used correctly and reports are submitted to the Federal Audit Clearinghouse once completed. Hopefully, careful monitoring throughout the year will minimize audit findings and encourage staff to be accountable. The entire board should receive results prior to meeting with the audit representative to thoroughly discuss the final report. Findings must be addressed immediately to protect CHC financial management, ensure compliance with 330 regulations and adherence to applicable law.
- *Review the CHC UDS Report* – HRSA requires CHCs to submit Uniform Data System (UDS) reports annually for the prior calendar year – typically in February. UDS includes patient demographics, services provided, CHC staffing, quality of care, cost and efficiency of delivering services and sources/amounts of income. It is important for CHC boards to know what is being reported via UDS. Rollups are published for Oklahoma and the nation, allowing individual CHCs to see how they compare to state and national UDS reports. HRSA-required financial and performance measures are tied to UDS and the audit. CHCs should be monitoring UDS information throughout the year to track data and address performance issues in a timely manner.
- *Take Corrective Action When Necessary* – Once problems are identified, boards must take action to remedy the issues effectively and in a timely manner. This requires proactive policy development that includes corrective action protocols in place and ready to implement should the need arise.

Boards who diligently exercise ‘duty of care’ are less likely to be caught with unpleasant surprises. Boards who demand accountability from each other and from the CEO set the tone for excellence – resulting in CHCs that are indeed “clean as a hound’s tooth.” To review OKPCA’s entire *Board Bulletin* series, visit the ‘Programs’ section of www.okpca.org.

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