



**February 24, 2022 at 7:30am**  
**BOARD OF DIRECTORS MEETING MINUTES**  
**Virtual Attendance Option**

Attendance: Colleen Todd, Board Chairman; Dan Mast, Board Secretary/Treasurer; Clay Davis, Board Director; Ray Wheeler, Board Director; Jeff Lang, CEO; Michelle Reyna, CFO; Terri Brandt-Correia, CNO; Jennifer Storts, Laboratory Manager; Shala Kudlac, Board Counsel; by Zoom.

Minutes: Beth Heatongrindel, Exec. Assistant

Visitors/Public Attendance: Tim Schroeder, CVH Pharmacist

1. Call to Order 7:29am

- a. Introductions between members of the Board and Terri Brandt Correia, CVH CNO occurred as this was Terri's first meeting.

2. Public Comments and Correspondence

- a. None noted.

3. Approval of Minutes

- a. The Regular Board Meeting minutes of January 27, 2022, were reviewed. A Board members questioned if anything was done to appreciate the nurses and staff as was discussed at the last meeting. Board Chair Todd indicated she personally thanked many of the staff members on behalf of the Board, and that she will make it a point to continue in the future as well.

**Motion:** To approve the minutes of the Regular Board Meeting of January 27th, 2022; as presented.

**Action:** Wheeler / Davis; Unanimous Approval.

4. Medical Staff Report – Dr. Brock Millet

Medical Staff Report: In the absence of the Chief of Staff, Jeff Lang indicated there were no credentialing applications to bring to the Board this month.

5. Departmental Reports

- a. Quality - Terri Brandt-Correia / Jeff Lang

- i. Jeff provided an overview of the quality program refresh that was currently underway. A dashboard is being created which will bring in all areas currently being measured/tracked as well as introduce other measures. A presentation at the next Board meeting will occur regarding the dashboard and the measures. Jeff and Terri also reported they had an applicant for the Quality Manager position. Jeff and Terri will be discussing the position with the candidate soon and expect that we will finally fill the position. The candidate has worked with Terri in other locations and is excited to work with Terri again at CVH.

b. Lab – Jen Storts

- i. Jen Storts provided a laboratory update. Jen provided her update based on her CY 2021 Goal performance, noted below:
  1. Press Ganey - Courtesy of the person drawing blood – 84<sup>th</sup> percentile for the year, scoring a 4.
  2. Non-COVID lab volumes increase by greater than 10% (goal) this past year, scoring a 4.
  3. Increased Successful Urine Culture Collection in ED – 77.4%, scoring a 2.
  4. Increasing sputum test collection with pneumonia diagnosis significantly exceeded goal and scored a 5.
    - Jennifer’s overall LEM score was 3.8 for CY 2021.
- ii. Jen relays that staffing continues to be challenging with COVID. An employee recently resigned due to Covid burnout – phlebotomists are in very short supply right now, however, we are covering in the short term. There was conversation from the Board that staffing problems were a significant theme of the AHA conference this year.
- iii. There were several questions related to COVID testing both at the lab and by people with home test kits by the Board.
  1. Jennifer explained that the Omicron variant has been very mild. We are now seeing patients without any symptoms who are testing positive on a PCR test prior to surgery or on admission to the hospital who were unaware they recently had COVID.
- iv. Jen reported that the laboratory recently had a State laboratory inspection and they received no deficiencies.

6. Patient Care Report – Terri Brandt-Correia; CNO

a. Dietitian Order Policy

- i. CVH has never had an on-site dietician. Now that we do, the Dietician and the Medical Staff have been discussing the Dietician’s role as it relates to modifying diet orders for patients. The Inpatient Attending physicians are excited about having a dietician and would like to utilize her to the maximum of her license and training.
- ii. Terri reviewed the Dietician order policy with the Board. The policy was reviewed by the Medical Staff and comes with their recommendation for approval.

**Motion:** to approve the policy Order Writing for registered Dietitians as presented.

**Action:** Dr. Sinnott /Wheeler; unanimous approved.

7. Finance Committee Report – Michelle Reyna / Dan Mast

a. Financial Results – January 2022

- i. Michelle reviewed statistics for January 2022 with a comparison to budget. Board asked about any barriers to ramp up for new physicians. Conversation centered around patient need and marketing opportunity to

be explored. Jeff notes that the Terrell group is in the process of doing a marketing update.

- ii. Michelle noted that the Budget was formulated with healthy increases; Volumes were exceeded in ED. Jeff noted the hospital inpatient conversion rate from ED was impacted by staffing limitations.
- iii. 13 travel nurses in hospital currently, 2 more expected next weeks. Jeff has had conversations with Oregon entities experiencing the same challenge. Board asks that HR send letter of retaining new travel nurses and the past nurses that have resigned.
  1. Conversation around Travel nurse pay for local area hospitals are a huge draw. Oregon legislation is working on limits to Travel pay increases, as well as limits to pay for out of state nurses. Jeff notes the complications to these limitations.
  2. Terri notes the draw to rural area for nurses.
- iv. Conversation centered on surgical increase for our OR. Jeff notes we have picked up volumes from Bay Area's shut down of their operating room.
- v. Michelle reviews the FTE's; Days Cash on hand, DNFB, Days in A/R.
  1. Michelle notes that A/R team is under \$7M and has collected \$1M in the last few months. Jeff notes great performance in Revenue Cycle.
- vi. The Income Statement was reviewed
  1. Michelle reviews with a focus on Outpatient and ED positive performance to budget. Our deductions to revenue due to contractals were consistent with prior months.
  2. Total Revenue was unfavorable compared to budget this month
  3. Expenses were favorable in contract over budget for month to date and year to date.
  4. Year to date net operating income is: \$61,729.
  5. (\$3274) total loss for the month with a Total net income year to day of: \$617,587.
- vii. Board notes conversation on more grants from federal due to COVID.
- viii. The Balance Sheet was reviewed.
  1. \$1M transferred to LGIP; most accounts are unchanged. Jeff notes the \$1.9M HRSA funds for Rural distribution in phase 4, currently booked as deferred revenue on the balance sheet; will be recognized on our P&L as qualifying revenue with offsetting expenses.

b. Approval of Disbursements over \$25,000

- i. The Board reviewed and approved the checks over \$25,000

**Motion:** To approve payment of the disbursements over \$25,000 for the month of January 2022; as recommended by the Finance Committee.

**Action:** Wheeler/Davis; Unanimous Approval

- c. Review of scheduled cash and investments

- i. Michelle reviewed the bank cash and investment statement with the Board, noting the move to LGIP of \$1M from Banner Merchant account.
  - ii. Jeff notes that cash will decline over the next month with a provider payment and the settlement.
- d. Capital Requests
- i. Demolition of the derelict house on 880 W 7th Street.

**Motion:** To approve payment of the Capital request to employ Johnson Rock as presented for \$12,000 and as recommended by the Finance Committee.

**Action:** Davis/Wheeler; Unanimous Approval

8. Administrator's Report – Jeff Lang

a. Financial Partner Selection Update

- i. Jeff provided an overview of the work done by the Finance Committee in selecting a financial partner for our project. The Finance Committee interviewed the partners authorized by Board at its last meeting. The Finance Committee used a performance scoring grid to determine that Stroudwater GCL was the strongest partner. Of note, all potential partners agreed that USDA funding was the likely best funding source for CVH at this time.
- ii. Jeff reviewed the Stroudwater GCL proposal terms with the Board. One feature the Finance Committee really liked with the Stroudwater proposal was that it addressed all phases of the project from planning and application to interim and permanent financing, and included rate locks as of the proposal acceptance date for both the interim/construction loan and any guaranteed loan USDA may require.
- iii. USDA application process guidance and experience, will submit the Pre-application materials in July, short time window. Interim project loan rate locked - 150bps over 2-year treasury. HUD payoff and construction loan.
- iv. The Board discussed Sources/Uses of funds for the project. There is understanding that the Sources/Uses of funds will be determined closer to the time financing is to be accepted. Because of our need to borrow more than we refinance, CVH may be rolling additional expenses into the project versus paying down existing debt.
  - 1. There was discussion by the Board members on the Finance Committee regarding the goal of having the post project debt service being less than what CVH is currently paying.
- v. Next Steps
  - 1. Jeff reviewed the next steps in the process and provided an overview of the significant board action times. It was also affirmed that Design/Build is not a preferred method with the USDA – and as such is not expected to be utilized during this project.
  - 2. There was considerable Board discussion related to the need to build temporary (longer term) housing in the community to assist with recruitment of staff.

b. ACO Project

- i. Jeff updated the Board on progress regarding joining a Caravan Health ACO. In a recent pro-forma performed by Caravan Health, CVH was projected to have about a \$600,000 financial improvement over a 5-year period.

9. Board Chair Report

a. Bylaws Review

- i. The Board discussed the CVH Bylaws and noted the section related to Home Health agency is no longer relevant and could be removed. The Joint advisory committee will be a good thing to have as we move forward with our new quality program and implications to enhanced MS quality monitoring.

b. AHA Rural Health Leadership Conference Discussion

- i. Colleen provided the Board an opportunity to review topics and points of interest from the conference in Arizona.
- ii. Dan Mast noted the importance of Board oversight as it relates to Quality. Dan noted excitement for the new Quality process and looks forward to a more regular, consistent cadence going forward.
- iii. Dr. Sinnott noted the issue of cyber-attacks was significant at the conference. After much discussion the Board indicated a future education session on IT security would be a good use of time. The Board also discussed having as part of the education, a time to review down time procedures and facility policies to gain a better understanding of CVH's readiness. Discussion occurred about having a policy on what to do in the event of a ransom attack – do we pay or not?
- iv. Dr. Sinnott noted the Rural Emergency Hospitals workshop was based on a large city model and seems unrealistic. Senator Grassley from IOWA introduced the concept, but what came out of design work at CMS is not what was suggested as a solution. The current designation is not seen across the industry as particularly helpful.
- v. Ray Wheeler noted the workshops on the financial collapse of many rural hospitals and appreciates that we are in a good position.
- vi. The ET3 - emergency treatment triage and transport workshop was good. EMT / paramedics would visit patients in their homes. These programs have help reduce unnecessary 911 calls and for chronic conditions. Jeff notes this is similar to the community para-medicine program CVH has been trying to get started in our community.
- vii. Dr. Sinnott went to a few behavioral health meetings and we seem to be doing more than most.
- viii. The use of Z codes was discussed extensively by the Board. As there was universal confusion on how Z codes could be used/how they help, it was decided that a future brief presentation on Z codes would be helpful.
- ix. Dr. Sinnott notes the presentation by the National Geographic Photographer on adapting to change. Explained the role of Chief Hope

Officer, would be aware of and reach out to offer resources to retain employees.

- x. There was discussion on having a joint medical staff / Board meeting at some time in the future.
- xi. Colleen noted she went on rounds with Terri this morning.
- xii. Dr. Sinnott would like to visit with the nurses regularly. Catch people in the community to be able to find and improve experiences.
- xiii. Dan reports that the conference focused on affiliations and working with neighboring hospitals are important. Community Development was not as helpful for the hospital during the COVID tent events. County Emergency Services helped Coburg Oregon to distribute vaccines, 90% vaccinated rate in their county. Board training available on AHA website, free monthly webinar, newsletter, might be an option for education.
- xiv. Colleen reports - CEO and Board Chair meeting was good and gave good insight on relational dynamics.
- xv. Ray appreciated the conference and interactions were helpful. He gave highlights of learning, and building relationships.
- xvi. Dr. Sinnott noted that in natural disasters workshop the lecture noted that Wildfire wiped out 3 hospitals.

**10. Next Regular Monthly Coquille Valley Hospital Board of Directors Meeting: Thursday, March 24, 2022 at 7:30 AM**

11. Adjournment: 10:09AM

*Respectfully submitted:*

*Attested to:*



**Colleen Todd, Chairman**

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**Dan Mast, Secretary/Treasurer**

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