



Coquille Valley Hospital

JANUARY 05, 2022 at 7:30am

BOARD OF DIRECTORS MEETING MINUTES

Attendance: Colleen Todd, Board Chairman; Dan Mast, Board Secretary/Treasurer; Dr. James Sinnott, Board Member; Clay Davis, Board Member; Jeff Lang, CEO; Terri Brandt-Correia, CNO; Shala Kudlac, Board Counsel; Pete Grindel, Interim Plant Ops Manager; Andy Hoyle, Dir. Informatics & Technology; JR Edera, Director HR;

Members Attending via Zoom: Becky Sanders, Quality & Risk; Michelle Reyna, CFO

Visitors/Public Attendance: None

Absent: Dr. Brock Millet, Chief of Medical Staff.

1. Call to Order at 7:31am
2. Approval of Minutes
 - a. Regular Board Meeting December 1, 2022
 - b. Special Board Meeting December 19, 2022

MOTION: To approve the minutes of the Regular Board of Directors meeting on December 1, 2022; & The Special Board of Directors Meetings on December 19th, 2022 as presented.

APPROVAL: Sinnott / Mast; Unanimous Approval

3. Public Comments and Correspondence - None
4. Medical Staff Report
 - a. Medical Staff Report – none provided.
5. Departmental Reports
 - a. HR Quarterly Report – JR Edera
 - i. JR Edera presented the 4th quarter HR report. CVH employs 176 employees as of January 2023 and hiring has stabilized. A graph on turnover was reviewed; nursing had one turnover in Q4. A total of 50 separations for the year, 39 females and 11 males; separation type graphs are explained. Length of service and exit interview items were clarified for each quarter. Key additions were highlighted, as well as recruiting & retention for the year were reviewed. Jeff noted the good culture within the departments. JR adds that there is a lot of positivity in the organization now. He observed that Nursing students are enjoying their time here.
 - ii. JR provided an update on the new Paid Leave Oregon Law. CVH evaluated purchasing private coverage but chose to participate in the State plan as it was more cost effective.
 - iii. JR expects a return to normal from COVID with employee turnover stabilizing and CVH continuing to have success in filling open positions.
 - b. Safety / Disaster Planning – Pete Grindel

- i. Fire system and other required annual maintenance and inspections are completed and up to date. Fire drills are performed every 3 months. Generator is being tested monthly. The Lab is not experiencing any equipment issues related to generator testing.
- ii. Emergency operations – we are planning to add more disaster food stored on site over the next year. Potable water is provided by Vend West and we hold approximately two weeks of supply on hand. We are evaluating adding a foldable drop tank for non-potable water.
- iii. Move out/emptying of the East Wing for the new construction is being managed. East building is now 70% empty. Tad is working on moving items out of the building, some will be donated. A donation to area hospice agencies of beds was suggested by the Board.
- iv. Pete reviewed a meeting with county, city, school districts and police / sheriff. The school is looking at relocating our generator and hot water heater to the school district, as well as some of the kitchen equipment.

c. Annual IT Department Report – Andy Hoyle

- i. Andy gave a report on workforce changes and re-organization of staff; reviewing the new roles of his staff, promoting Ava to IT Manager. An overview of IT services, Cerner optimization, process improvements were explained. Andy reported the success of the Vitals Link BMDI devices; and a new workflow for technical support service: call schedule new members;
- ii. Volume of work orders, Cerner SRs and special projects were reviewed.
- iii. Board asked if we anticipate continuing our EMR service with Cerner. Andy would like to keep the idea of an EMR change tabled at least until the building is done. Terri notes that we have seen traction from Cerner on patient care and safety issues, they seem much more responsive. Andy will continue to evaluate EPIC and Cerner as go forward options.
- iv. New Firewalls that protect against even mobile phone threats have been installed. Andy gave an example of an alert that was managed.
- v. Mindray has now interfaced with Cerner. Andy gave an example of a patient that was monitored from the ER suite through their radiology exam and back as well as from PACU through to the Surgery suites.
- vi. The Pyxis machines have been upgraded and are functioning well.
- vii. Network switches are currently being installed. We are now working with a 10 Gigabyte network; and have a dedicated line to Eugene for radiology. The platform moved from 21 old servers from 2012. This enabled CVH to move from Windows 2008 to the new high speed file servers and run more up to date applications.
- viii. PharmaWatch Fridge monitors are up and working.
- ix. Health Information Exchange (HIE) Integration – we have improved some interoperability, there are still some records from the outside that are unreadable and improvements will be made.

- x. Andy informed the Board we are currently working toward making finalized reports immediately available to the patient portal.
- xi. Andy reports that challenges include protecting against ransom ware attacks and while there is a shift in the industry to out-source this to contractors, we have chosen to keep this in house. Andy further explains that he has engaged a company called Critical Insights and we have a robust response plan, our detection ability to threats and mitigation processes have improved. Our cyber liability insurance requires a response plan and we are ready to submit that soon. Our Fair Warning service is also active and has identified potential chart breaches. We are also improving on our onboarding / off-boarding procedures for employees.
- xii. Strategies for the year: Considering EPIC – evaluating the OCHIN service; fine tuning the PACS and radiology workflow – templating 3D mammography; Clinic scanning is being addressed. An incident response plan is being developed.

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

- a. Connect to Purpose - Terri reviews a good note from a patient's family that she read to the Board.
- b. Operational Report
 - i. Trauma Survey on December 13th – was well attended by Trauma registrar, Trauma coordinator, Administration, EMS and the Trauma physician. They had 3 findings and were impressed with the work accomplished. The wins included that EMS attendance was impressive and they commended them for good field work identifying traumas. The attendance of Administration during trauma survey was impressive. Sacha has revamped the trauma suites, they were noted to have good visual cues. They appreciated that the rapid infuser training was accomplished with Amanda Bemetz. Also that several nurses were cross trained including additional CME training and upkeep. It was confirmed that ATLS training is needed for the trauma director. Dr. Weare. Sacha revised the trauma flowsheet to make it more intuitive for nurses. The trauma coordinator will enter traumas into the Trauma One System to assure all measures are met. We revamped the call list to facilities for intake. We now have an action plan for process improvement.
 - ii. We will initiate tracking for CME required for providers on our Trauma team to have 8 hours of training yearly. There is a statewide trauma course available to attend. We will also have a trauma team led community education which will be either: stop the bleed, car seat installation, or fall prevention in 2023. This was a virtual survey and was successful.
 - iii. Working with the Oregon Health Authority – they awarded temporary nursing help to CVH and other Oregon hospitals. CVH received 4 temporary nursing employees for which they pay 75% of wages for 8 weeks. These are highly trained, experienced and motivated nurses.

They have assisted with some of our more challenging patients. We can request another 4 weeks from them at a 50/50 salary split.

- iv. Terri gives insight to the challenges over the last few weeks with increased behavioral health needs patients. Transfers are difficult with many barriers to care; with many agencies involved and the level of resources needed in our community and our education surrounding that has increased. Terri also reviewed the limited options available for behavioral health patients in our area.

7. Quality Report – Becky Sanders, Quality Manager / Jeff Lang

a. No Medical Staff meeting in December – no credentialing

b. Medical Staff Quality Report

- i. Jeff shared the medical staff quality report with the Board. Patient satisfaction scores were significantly better with just about all providers meeting/exceeding targets. Performance related to Computer Provider Order Entry and Medication Reconciliation measures continued to trend well below target. Jeff explained we are looking at these measures are being recorded/reported through Cerner as it appears based on the performance something is not being captured correctly. Once we are sure the Cerner system is capturing the measure correctly we will work with the Medical staff to ensure there is a process defined to achieve targets on these measures.
- ii. Closed chart review showed strong performance by all providers.
- iii. Procedures by type and physician indicated a strong year for G.I. and at mid-year we have a higher volume than last year.
- iv. Discharge volumes by physician and average length of stay were reviewed.

8. Finance Committee Report – Michelle Reyna / Dan Mast

a. Financial Results – November 2022

- i. Profit & Loss Statement
- ii. Patient Days – are unfavorable -18% YTD; Swing Days favorable 18%; Total patient days unfavorable -8.5%; The Board noted that our Budget is much higher than prior year for adjusted patient days and we are still favorable by 13.8%.
- iii. Clinic unfavorable 14% YTD - will see three new providers join us soon and the new FNP provider's schedule is filling up with 12 patients on average per day.
- iv. Lab and radiology are slightly under budget, but over prior year volumes.
- v. Surgery inpatient low and outpatient high. Jeff adds that surgeries that used to be inpatient are much improved from last year. Coding these surgeries are different from last year.
- vi. Total FTE's YTD are 157.7; Days cash 149. DNFB static year over year. Days in A/R will need improvement.

vii. Income statement

1. Gross revenue for the month of November was \$4.1M and we are 4.4% favorable YTD. Michelle noted we began accruing for an expected \$800,000+ performance payment from Advanced Health (1-1-22 to 12/32/22) as performance suggests we will receive payments in line with historical.
2. Medicare cost report adjustment was explained.
3. Net Patient Care Revenue favorable by 14% YTD.
4. 16% over budget in expenses for YTD mainly contract labor, food, drug and supplies, mostly implant costs.
5. Year to date net income is (241,731) YTD; we budgeted for a higher loss so we are favorable. We expect YTD net income to flip to a profit in the next few months.

viii. Balance Sheet

1. Michelle noted that the cash increase was offset by additional spend in contract labor.

b. Approval of Disbursements over \$25,000

MOTION: To approve payment of the disbursements over \$25,000 for the month of November 2022 and those that will accrue before the next meeting; as recommended by the Finance Committee.

ACTION: Mast / Davis; Unanimous Approval

c. Review of Cash Balances:

- i. LGIP is going up to 3.35% as of 01.06.2023 - mortgage reserve could be transferred to LGIP if we can have a restricted account and notice HUD.
- ii. When we get the new loan we will need to find a better rate for the reserve fund.
- iii. Jeff reports we are expecting a large check from SWOIPA, we are expected to receive \$850,000+. The additional monies are related to CVH employed physicians being included in this year (and going forward) in the SWOIPA capitation payments.

9. Administrator's Report – Jeff Lang

a. Building Project Update

- i. Jeff reports that the Preliminary Architecture Review (PAR) has been edited and submitted to the architecture group for their submittal to the USDA. This was slightly delayed due to negotiations on budget. Jeff removed \$800K from the equipment budget from the project which will now be included in the CVH's routine capital budget.
- ii. Schematic design process will begin in the next few weeks.
- iii. Jeff reports that the Build America Buy America Act implementation will increase the cost of materials more than expected. Will work on finishing the financial feasibility analysis, he expects the final application to be submitted to the USDA in March.

- iv. The visit with Eide Bailey was productive and he will work to tie things together with the needs and uses report.
- v. Jeff observed that the architect team and owner's rep are working well together to find good solutions.
- b. Operational Report
 - i. Professional Services - Radiology
 - 1. No update, conversation with RAPC to talk through their proposal and issues surrounding diagnostic mammograms. Currently we are on a month to month contract with our current Radiology group.
 - ii. Partnership Project
 - 1. Dr. El Youssef's first billing statement showed our volumes were performing well. Our PSA with Dr. ElYoussef is built around a per wRVU payment with a daily rate minimum. For the month of December, we exceeded the daily rate minimum for every day. We are now working on refining the system to ensure we are getting all patients referred for procedures to actually complete the procedures.

10. Adjourn Open Session at 10:17am

ORS 192.660(2)(e)

- *To conduct deliberations with persons designated to negotiate real property transactions.*

11. Adjourn Closed Session 10:29am

12. Administrator's Report Continued – Jeff Lang

- a. Legal Status Evaluation Update
 - i. Jeff reported that Tom Schroeder's wife is doing well and he is able to provide the education to the board regarding governance structures. We will look for meeting dates - next week or the week after, 7:30am - Monday / Tuesday 10th 7:30am or / 18th after 8:30am / Dr. Sinnott free 23-24-25 Dan/Clay - Jeff will check these dates with Tom.
- b. CY22 Incentive Comp Results - Jeff reviewed the goal spreadsheet for CY22 and goals for next year plan.

MOTION: To approve the Report of CY22 Incentive Comp Results.

APPROVAL: Davis/Mast Unanimous Approval

- c. CY23 Incentive Plan Draft - Jeff presented his performance goals for CY 23.

MOTION: To approve the Report of CY23 Incentive Plan Draft.

APPROVAL: Sinnott/ Mast; Unanimous Approval

13. Board Chair Report

- a. Review Calendar for 2023 - Reviewed.
- b. AHA Rural Health Conference – Conversation occurred around discussions of transportation a Van or Train to Seattle. OTH to Seattle.
- c. Board Member Vacancy - Beth was directed to place advertisement in the newspaper for the open board seat.

14. Next Regular Coquille Valley Hospital Board of Directors Meeting: Thursday, January 26th, 2023 at 7:30 AM.

15. Adjournment 10:56am

Respectfully submitted:


Dan Mast, Secretary/Treasurer

Attested to:


Colleen Todd, Chairman