



Coquille Valley Hospital

March 23, 2023 at 7:30am

BOARD OF DIRECTORS MEETING MINUTES

Virtual attendance option available

Attendance: Colleen Todd, Board Chairman; Dan Mast, Board Secretary/Treasurer; Clay Davis, Board Member; Jeff Lang, CEO; Michelle Reyna, CFO; Terri Brandt-Correia, CNO; Becky Sanders, Quality & Risk; Mike Cole, Pharmacist; JR Edera, HR Director; Shala Kudlac, Board Counsel; Abram Jenks, Owners Rep. Kloth Group; Dr. Brock Millet, Chief of Medical Staff;
Members Attending via Zoom: Kayla Van Lieshout, Kloth Group;
Visitors/Public Attendance: None

1. Call to Order 7:30AM
2. Public Comments and Correspondence: Facebook post; postcard included in board materials. Facebook post noted and post card.
3. Appointment of new Board Member, Mark Libby
Colleen called for a motion to appoint Mark Libby as a new Board member; it was noted that he has registered with the elections office and will be running in the next election.

MOTION: To approve the appointment of Mark Libby to membership of the CVH Board of Directors as of March 23, 2023.

APPROVAL: Mast/Davis; Unanimous Approval

4. Approval of Minutes
 - a. Regular Board Meeting February 23, 2023

MOTION: To approve the minutes of the Regular Board of Directors meeting on February 23rd, 2023; with correction of typo.

APPROVAL: Mast / Davis; Unanimous Approval

5. Department Reports
 - a. Pharmacy Annual Report- Michael Cole
 - i. Mike provided a brief overview of the major responsibilities of the pharmacy department including management of the Pyxis machines and the hospital's medication safety program, the infusion program startup, and the antibiotic stewardship program.
 - ii. They have supplied an extra crash cart backup for emergencies.
 - iii. It was noted that Covid increased the amount of medications stored and he expects medication outdate costs to increase slightly. Antibiotic stewardship changes were explained and the cost savings of targeting specific syndrome with interventions was detailed.

- iv. Outpatient infusion has increased year over year to nearly double previous volumes.
 - v. Mike noted the work in Policies and Protocol with Terri and that the Board will see pharmacy policies in Terri's report. He commended Serena's work on the formulary.
 - vi. Mike discussed the planned Drug-room to Hospital Pharmacy conversion planned with the building project.
6. Public Hearing on Clinical Addition and Hospital Expansion Project was opened at 7:49am. No members of the public were present nor had any joined online. The public hearing was publicized with public notice.
- a. Jeff noted the documentation for the public meeting was included in the Board packet. Abram Jenks, Owners Representative with the Kloth Group presented the findings included in the packet on the determination that a construction manager/general contractor (CMGC) would be advantageous to the project.
 - b. Abram relayed that we are currently working with the Architect from Davis Partnership on schematic design. The CMGC will facilitate finalization of design, phasing and procurement during construction. The CMGC method of construction will allow for a better project outcome by decreasing the costs and construction time.
 - c. Abram reviewed the Oregon requirements for public bidding and discussed the process for the RFP, detailing the project needs. Abram reviewed the RFP and the contractor selection process. Abram also discussed the USDA requirements associated with an alternate construction method.
 - d. Based on the findings that utilizing an alternate construction method, specifically the CMGC method, would be advantageous to the project, Abram requested a recommendation from the board to request and the alternate method.

MOTION: The Coquille Valley Hospital Board of Directors moved to approve the findings in the conclusion in accord with ORS279C as presented and will grant a public improvement contracting exemption as stated.

APPROVAL: Sinnott/Mast, Unanimous approval

7. Department Reports continued:
- a. HR Annual Report and Competencies - JR Edera
 - i. JR presented the quarterly HR report and noted that we currently have 176 employees and hired 13 people last quarter. We ended the quarter with 6 voluntary separations. Year to date CVH's turnover rate is 3.4%. He reported that there were no separations in the nursing department for the quarter. Separation types and reasons from exit interviews are reviewed.
 - ii. Key additions included FNP Tyanna Bergeron; Swing bed / UR / Discharge: Jodi McCollum, RN; and Employee Health Nurse, Jeannie Zantotto, RN.
 - iii. Current open positions are reviewed.

- iv. JR reviewed the HRSA Loan Forgiveness program - 60% loan forgiveness with 2 year / and 85% with 3-year commitment. Six nurses have applied; in May the grants are presented.
- v. Hospital week May 8th through the 12th. Wednesday is the Dr. Sinnott Award day. April 3rd is the end of the mask mandate and Paper Airplane Contest.

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

a. Operational Report

- i. Terri updated the Board on Nurse Staffing Bill H2697 - CNO meeting noted that the proposed language is better at relieving administrative burden and eliminates some of the onus on her and puts more emphasis on the staffing plan of the hospital. Nurse staffing ratio and staffing committees will be enhanced.
- ii. The CMS survey to be covered later.
- iii. State lab survey was great and the surveyor was impressed with the quality metrics that the department developed. The surveyor asked to share the lab's quality measures and report format with other facilities.
- iv. Radiology had a state inspection with no findings. Professional radiology reading services will be Transitioning to Radiology associates Eugene on March 30.

b. Policy Approval

- i. Pyxis Automated Med. Dispensing Device Maintenance
- ii. Vaginal Transducer Disinfection
- iii. Use of Patient's Home Medications
- iv. Administration of Oral Chemotherapy Therapy
- v. Chemotherapy Spill Response

MOTION: To approve the 5 Policies; as presented.

APPROVAL: Mast/Davis; Unanimous Approval

9. Quality Report – Becky Sanders

a. Quality Report – Patient Care

- i. Jeff and Becky reviewed the Medical Staff Quality Dashboard.
- ii. Utilization review data regarding admissions and discharges by provider was compared year over year. Patient days per physician and length of stay data was reviewed. Difficulties with appropriate discharges continues to be an issue and is the driver for the outliers.
- iii. Jeff reviewed the Surgical Utilization stats. - 454 total surgical cases from July to February, a 27% increase year to date. Significant volume growth in GI, mostly attributed to Dr. El Youssef.
- iv. Ophthalmology cases are expected to substantially decrease in the future as the new provider will be moving his cases to the surgery center in Coos

Bay. Dr. Eric Neispodzany expects to continue at CVH a few days each year.

- v. Inpatient surgical cases have significantly declined. Most total knees and hips are being done as outpatient procedures now due to insurance requirements. Patient outcomes continue to be very good.
- vi. Patient satisfaction scores by provider were very low last quarter and relate to a very low return rate (3-5 surveys per provider). We will be working with Press Ganey to ensure a higher number of returned surveys are collected going forward.
- vii. Closed chart review data was presented for Q4 2022 with performance being very strong. One physician was lower than expected, however, the provider had some medical issues at the time and those are resolved now. So far in Q1 that provider is 100%.
- viii. Medical Staff meeting attendance was reviewed and an action plan discussed to help drive attendance at meetings.
- ix. Medication Reconciliation scores were reviewed. A deep dive into the data occurred and CVH will be tightening up this measure to reflect percent of physician medication reconciliation on those patients where the nurse has fully completed the medication history.
- x. CPOE scores continue to be lower than goal. A deep dive into the data was conducted and it was noted protocol orders are showing up as non-CPOE instances as are all medication order verifications with the pipe-line pharmacists. These "orders" need to be scrubbed out of the data to get an accurate reflection of true performance.

10. Medical Staff Report – Dr. Brock Millet

- a. Medical Staff Report
 - i. Dr. Millet reports that medical staff is doing well.
- b. Credentialing
 - i. Dr. Sharon Monsivais, Plastic Surgery – Courtesy – Re-credential.
 - ii. Adam Clark, LCSW – Active – Re-credential.
 - iii. Tyanna Bergeron, FNP – Active – New

MOTION: To approve the Credentialing the three candidates; as presented and recommended by the Medical Staff.

APPROVAL: Sinnott/Davis; Unanimous Approval

11. Closed Session at 8:48am

- a. *ORS 192.660(2)(c) to consider matters pertaining to the function of the medical staff and all other matters relating to medical competency in the hospital.*

12. Open Session at 8:53am

13. Finance Committee Report – Michelle Reyna, CFO / Dan Mast

- a. Financial Results – February 2023 Statistics

- i. Michelle reports that inpatient admissions are above budget for February but still under for the year by 42 admissions, the budget was modelled after last year's actual and we had a slow February so that number is low. The average length of stay for the year and average daily census is on budget and just slightly under budget.
 - ii. Swingbed admissions had 5 total with 3 new and slightly unfavorable year to date. Average length of stay was a low budget item so the variance is off. Slightly under budget year to date for swing.
 - iii. Total admissions were budgeted high and we are unfavorable by 57% for year to date.
 - iv. Total patient days which are combined inpatient and Swingbed are on budget for the month, and unfavorable to budget by -16% for the year
 - v. ED is favorable to budget by 15% for monthly. year to date was 10% favorable. We had 37 patients in the ED on Tuesday's 24 hour.
 - vi. Adjusted patient days are 11.4% favorable YTD.
 - vii. Clinic is under for the year by 13%
 - viii. Lab had a busy month with 29% favorable for February. 3% favorable ytd.
 - ix. Total radiology is on budget for YTD. We found a new Echo tech traveler who will restore that service.
 - x. Outpatient surgery were 30% favorable YTD.
 - xi. Michele highlighted the incremental growth this year over last year and the outpatient business is overall now 80% of our revenue. ED is up 17% over prior year. Outpatient is 53% OPY.
 - xii. Michelle noted the increase in volume and the interim payments received from Medicare caused a significant swing in the cost report estimation tool of \$1.0M in the month.
- b. The Income Sheet
- i. Michelle showed that we had \$4M in Revenue for the month of February. She concentrated on the year to date variance and noted that we are \$4M (13%) over last year in total.
 - ii. In deductions, the contractual was unfavorable monthly and on budget year to date, primarily related to the \$1.0 M swing in MC cost report reserve.
 - iii. Our Net patient revenue was favorable year to date and \$4m in income over last year.
 - iv. Expenses were still showing 80% over budget for the year on contract labor. Supplies and pharmacy are driving the over budget for the year by 25% unfavorable. Jeff noted that Dr. Johnson has done 3 totals for the week, driving supplies up for surgeries.
 - v. In other expenses, Michelle showed that property tax revenue was misplaced under the expenses and she will move it.
 - vi. For the year we were over budget on expenses by \$2.5 M.
 - vii. Bed Tax in February shows \$470K.

- viii. In total we are at a net loss of \$653k for February and total of loss \$668K for the year, which is close to on budget.
- ix. The account activity shows a decrease from prior year in cash of (\$1.7M) in part, due to the estimated payable of \$339K.
- x. Jeff reports that Sacha reduced 3 contract labor nurses and we are hiring full time, employed nurses for the floor.

c. Approval of Disbursements over \$25,000

MOTION: To approve payment of the disbursements over \$25,000 for the month of February 2023 and those that will accrue before the next meeting; as recommended by the Finance Committee.

ACTION: Davis/Mast; Unanimous Approval

- a. Review of scheduled cash and investments
 - i. Michelle notes the LGIP interest rate was is still to 3.75% as of 01/27/2023.
 - ii. There was an Increase of \$2M in accounts.
 - iii. Auditors from CLA will be here the week of August 7th.
 - iv. Michelle informed the Board our Umpqua accounts are additionally insured up to the amount in our accounts.
- b. Capital Request
 - a. The Board reviewed the Capital Requests.

MOTION: To approve the Capital request of the of the Complete Morphboard system and Defibrillator Analyzer, as presented

ACTION: Davis/ Mast; Unanimous Approval

14. Administrators Report – Jeff Lang, CEO

- a. Building Project Update
 - i. Design Development continues with room level detail being discussed.
 - ii. Items of interest are being worked through, Jeff commends the team and managers working collaboratively to find solutions. Challenges are starting to surface related to pharmacy layout, surgery and OR flow, (both of these are problems associated with construction regulations) and the ability to replace the hyperbaric chamber in the future. The next meetings are Tuesday/Wednesday of next week.
 - iii. The Preliminary Architectural Review (PAR) was accepted and two minor information requests are being produced to submit to USDA for full application in early April.
 - iv. Davis Partnership is currently working on updating the schematic Design Pricing based on the revised drawings. We are over budget by \$1M; Jeff reviewed the plan with Abram to reduce contingencies by \$200K working with architects to find further value engineering items for cost savings. It

was noted that we may need to phase scope. Jeff will stay firm on the \$20M set budget.

- v. Held the first pre-design conference with FPS (plan reviewer at the State) our next step is to get drawings and functional narrative to submit.

b. Radiology

- i. Jeff updated the Board on recent connectivity issues with Dr. Keizer and Dr. Quinn, which appear to be related to internet speed between CVH and their homes. Additionally, Phillips updated their viewer software and this update was not extended to the physician's home computer versions. Andy in IT researched the internet speed concerns and determined it was not on our end, however, we are at the mercy of the ISP connection speeds down the wire. He did open a ticket with his internet service provider. Dr Quinn has a few different internet providers including a dish at his cabin in Idaho and that creates some slower image downloads.
- ii. We have executed a contract with Radiology Associates and included a site bill format that shows approximately \$140K in annual savings. Contract has performance measures and requires general reads within 24 hours and stat reads within 30 minutes. Current performance is 2 hours for non-stat exams and 8 minutes on stat and ED exams.

c. Operational Update

i. Radiologist Coverage

- 1. A Diagnostic Mammogram process was developed. Radiologists will immediately read and perform a patient consult via telehealth. If needed, the patient will be scheduled for interventional work in Eugene in a day or two following the diagnostic mammogram.
- 2. Other interventional radiology scope is still to be determined and we are exploring options. We have low volumes, 3-4 per month and will work through a referral option with Bay Area Hospital.
- 3. Critical value communications will occur radiologist to providers immediately upon read.
- 4. CVH will transition from Dr. Keizer and Dr. Quinn reading to Radiology Associates on March 30th at noon. This will ensure any IT issue are addressed during normal business hours – no IT issues are expected.

ii. State Survey Activity

- 1. CVH had a visit from the State Survey Team Last week – which was triggered by an EMTALA complaint.
- 2. Upon completing the EMTALA survey, the Survey team opened a complaint investigation related to 3 complaints dating back to 2020.
- 3. Jeff explained that EMTALA violations are a condition of participation – and all elements of EMTALA were looked at.

Based on the exit conference we believe we will receive at least one deficiency. CVH will submit a plan of correction to CMS regional office and we are likely to have an on-site revisit survey. When they return will likely conduct a full survey.

4. Fines are often part of the process.
5. Specific details of the complaint were reviewed. It was noted that the state surveyors reviewed the video surveillance for the ER the day in question.
6. State will analyze the Left without Treatment and Left without Being Seen (LWOT/LWOBS) and ER log both handwritten and in Cerner. Terri explained the paper log is a holdover of pre-electronic log days – and probably needs to be discontinued.
7. There was concern that there needs to be better notes in registration process and more detailed notes in patient chart from nursing side on conversation and conclusion especially for LWOT/LWOBS patients around why they are leaving.
8. State Complaints during survey.
 - Terri provided details on the cases reviewed by the State Surveyors.
 - Surveyors found the claim unsubstantiated for allegation that the lab was not fully functional.
 - Potential findings could include:
 - Communications could be improved; specifically, the process and policy to document and track specimens and communications when equipment is down. Terri noted the communication breakdown when Preventative Maintenance Service took longer than normal, this was not communicated to staff. Terri noted more formal communication and reoccurring communication needs improvement.
 - ER Case with a minor was reviewed. - Unsubstantiated Allegation. There was concern regarding our informed consent form which has already been updated. There was also one record where the provider note was placed into chart later than 48 hours, which is CVH policy.
 - Sign in sheet arrival times versus actual registration time in EHR may be an area of concern.
 - Terri shared with the Board that this complaint was also a grievance and that the State Surveyors commented that they liked the grievance investigation and the letters sent to the complainant, that there was sufficient detail to show that CVH took the complaint seriously.

- Use of space complaint - FPS (Facility Planning Services) was not properly notified prior to using space in a different manner. The areas of specific concern were:
 - i. Baby exam room, wound care office, isolation room, storage rooms, LDRP room to triage waiting rooms, East Wing / Nuclear Med.
 - ii. Jeff and Terri toured with State Surveyors and looked at current use versus the approved use based on the blue prints.
 - iii. Jeff will submit a request to update the use of rooms to FPS in the near future. The State Surveyors recognize that many issues will be corrected in the building project.
 - Jeff noted the positives with the survey – Quality department detailed work was a great help in this survey process.
 - Terri reports that she has experience with surveys and the Surveyor. She explained that the policies were newly updated thanks to the managers.
 - Jeff noted the surveyors appreciated the patient records especially the nurse and provider notes.
9. Provider recruitment: Jeff reviewed two new experienced Family Nurse Practitioners have recently joined the Clinic. A new nurse practitioner will join in June after licensing is achieved from the State. Our new Family Medicine MD is expected in August. We also have some outreach physicians that have expressed interest in more surgical time in our operating rooms.
10. Jeff will find a date for new governance information session. This will cover a typical bylaws review.
11. Next steps will include the information feedback session regarding Bylaws. Then after feedback Tom will present a copy of the Bylaws for review. Then lease elements review, articles creation, submission process to IRS, transaction documents (Bylaws, Articles, Lease) IRS will take 3-6 months to complete, then the Healthcare over-watch committee will take a few months.
- iii. Policy Approval
1. SLS Updated Policies – (10 total)

MOTION: To approve the 10 updated Senior Life Solutions Policies; as presented.

APPROVAL: Mast/Davis; Unanimous Approval

15. Board Chair Report

- a. Leadership Summit Registration

- i. Beth will arrange flights, accommodation and registration.

16. Next Regular BOD Meeting: Thursday, April 27, 2023 at 7:30 AM


17. Adjournment 10:28am

Respectfully submitted:



Dan Mast, Secretary/Treasurer

Attested to:



Colleen Todd, Chairman