



Coquille Valley Hospital

April 27, 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; Mark Libby, Board Member; Jeff Lang, CEO; Michelle Reyna, CFO; Terri Brandt-Correia, CNO; Michelle Erickson, Revenue Cycle Director; Shala Kudlac, Board Counsel; Andrea Love, HIM Manager, Privacy Officer;

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

Visitors/Public Attendance: None

1. Call to Order 7:30AM
2. Public Comments and Correspondence
3. Oath of Office of new Board Member, Mark Libby
Board member Mark Libby recited the Oregon Oath of Office and signed the State of Oregon notice to the elections office.
4. Approval of Minutes
 - a. Regular Board Meeting, March 23, 2023
 - b. Board Education Meeting, April 5th, 2023
MOTION: To approve the minutes of the Regular Board of Directors meeting on March 23rd, 2023; and the Board Educational Session on April 5th, 2023 as presented.
APPROVAL: Davis/Mast; Unanimous Approval
5. Department Reports
 - a. Revenue Cycle Annual Report- Michele Erickson
 - i. Michele reviewed departmental staffing levels. The department usually has 23-24 employees, currently at 19, with 3 new employees coming on board soon. Barriers to recruitment include daycare for working parents.
 - ii. Focus has been AR and Coding, reducing time to billing. Good team working together. Statistics last year 65 total days in AR, today 44 days, our goal was 50. DNFB decreased by 4.4 days, at 9 days, the goal is 7 days.
 - iii. Good switchboard operator added to department, a formerly retired nurse.
 - iv. Michele reports that the two self-pay assistants have increased the financial assistance applications by 25.
 - v. Board asks about co-pays for patients, Michele explains the details of that process. The Board gives kudos to the admitting staff.
 - vi. Michele notes the assistance with Oregon Health Plan sign ups her staff provides to patients for Medicaid.

- b. Compliance Quarterly Report – Garrett Smith, Fox Group – POSTPONED.

- 6. Closed Session at 7:44am
 - 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.
- 7. Open Session at: 8:02am

- 8. Medical Staff Report – Jeff Lang.
 - a. Medical Staff Report – postponed.
 - b. Credentialing
 - i. Reappointment:
 - 1. Dr. Rachel Davisson, ER – Active
 - 2. Dr. Nicole Rush, Optometry - Courtesy
 - 3. Dr. Jason Bell, Orthopedic – Courtesy
 - ii. New
 - 1. Dr. Ashley Calvert, Optometry – Courtesy
 - 2. Radiology Associates (list of 24) Tele- Rad – Courtesy

Akshay Gupta	Corey Orton	Jean Paul Colon Pons	Jonathan Sims
Alex Dabrowiecki	Dariusz Zawierucha	Jeff Anderson	L. Paul Wilson
Alex Schabel	David Tsai	Jerrell Ingalls	Marius Pakalniskis
Ashley Buice	Dmitriy Kazimirko	John Dohrman	Robert Gunderman
Bernardo Isuani	Donald Garbett	Jon Ekstrom	Ryan Tade
Brandon Roller	Erik Young	Jonathan Jo	Stephan Thiede

- iii. Relinquished/Resigned/Without Reply
 - 1. 02.25.2023 – Dr. Basil Pittenger; Dr. Edward Piepmeier
- iv. Jeff reviewed the providers up for reappoint and new credentials including the full credentialing for 24 Telerad providers.

MOTION: **The Coquille Valley Hospital Board of Directors moved to approve the credentialing and privileges as presented and recommended by the Medical Staff.**

APPROVAL: **Mast/Davis, Unanimous approval**

- 9. Patient Care Report – Terri Brandt-Correia, CNO
 - a. Connect to Purpose
 - i. Terri notes a Daisy Award nomination from a patient that was on the floor for two weeks and the patient wrote a Daisy Award for all staff.
 - ii. Terri related a call received by Becky, that a patient gave a very good review to her and that we were a great hospital. Rachel and Jessica in the ER were highlighted.
 - b. Operational Report

- i. All of our recent Surveys are all still in process and waiting for response from the State.

c. Policy Approval

- i. *Informed Consent -7 pages*
- ii. *Adult Diabetic Ketoacidosis Dosing Algorithm – 5 pages*
- iii. *Blood and Blood Products Administration – 11 pages*
- iv. *Patient Complaint and Grievance Process – 6 pages*
- v. *Bladder Management Protocol – 8 pages*
- vi. *Ketamine Sedation Protocol for Emergency and Critical Care – 2 pages*
- vii. *Moderate/Procedural Sedation – 9 pages*
- viii. *AMA – Against Medical Advice – 4 pages*
- ix. *Consent-Refusal of Treatment – 3 pages*
- x. *EMTALA – Medical Screening Exam – 6 pages*
- xi. *Occurrence Reporting and Processing (Incident Reports) – 3 pages*
- xii. *High Risk & Serious Reportable Events – 3 pages*
- xiii. *Disclosure of Unanticipated Outcome/Events – 3 pages*
- xiv. *Patient Consent Forms – 2 pages*
- xv. *Risk Management Plan – 3 pages*
- xvi. *Pharmacy – Epinephrine-Hypotensive Crisis Drip Protocol – 2 pages*
- xvii. *Pharmacy – Amiodarone Protocol – 2 pages*
- xviii. *Pharmacy – Nitroglycerin IV Infusion Protocol – 1 page*
- xix. *Pharmacy – Epinephrine – Anaphylaxis Protocol – 2 pages*
- xx. *Pharmacy – Amiodarone Protocol – 2 pages*
- xxi. *Dexmedetomidine info sheet and workflow – 3 pages*
- xxii. *Pharmacy – Ketamine Sedation Protocol – 2 pages*
- xxiii. *Pharmacy – Vasopressin Infusion Protocol – 1 page*
- xxiv. *Pharmacy – Dopamine Infusion Protocol – 2 pages*
- xxv. *Pharmacy – Acetylcysteine Administration Protocol – 1 page*
- xxvi. *Diltiazem (Cardizem) Info sheet protocol – 1 page*
- xxvii. *Pharmacy – Dopamine – Hypotensive Cardiac Infusion Protocol – 1 page*
- xxviii. *Pharmacy – Lidocaine IV Infusion Protocol – 1 page*
- xxix. *Terri notes that we could just send a list and noted that she could send COI pies of clinic policies.*

MOTION: **The Coquille Valley Hospital Board of Directors moved to approve the 28 policies as presented.**

APPROVAL: **Mast/Davis, Unanimous approval**

10. Quality Report – Becky Sanders

- a. Postponed report to May meeting.

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

- a. Financial Results – March 2023
 - i. Michelle reviewed the statistics for March - trends on Admissions / Patient Days were unfavorable to Budget, but above prior year. Total

patient days were unfavorable by 46% for the month and almost 21% for year to date. We are averaging about 4.7 patient daily census and budgeted 6.0 for year to date.

- ii. ED visits were 10% above budget month and 17% favorable to last year's volumes.
- iii. Adjusted Patient Days in March were unfavorable to budget by 13.5% but favorable to budget year to date by 8.4% year to date and 37.8% over prior year.
- iv. Clinic Visits were under budget for month, year and prior year. However, RVU's were strong at 2218 wRVUs for the month.
- v. Lab is favorable to budget for month by 11.3% and 10.5% compared to last year. Radiology was unfavorable by 13.5% for the month due in part to not having ultrasound coverage. A traveling ultrasonographer was secured for the month of April.
- vi. No Inpatient Surgeries for March, however Jeff explained most joint replacements are now being done as an outpatient. Joint replacement procedures are favorable year to date over last year and compared to budget.
- vii. Michelle explained the mix of outpatient procedures. Of the cases done in March, 11 procedures were Orthopedic. Terri notes the potential volume increases for surgical cases with current staff. Our year to date volumes have climbed 41% over prior year for outpatient surgeries.
- viii. Our FTE's were comparable to last year.
- ix. Days Cash on Hand is lower than prior year and stands at 170 days.
- x. The days in AR are at 29.8 and total days outstanding are at 46.9. Michelle notes the phenomenal job in reducing this number by the recycle group.

b. Profit and Loss Statement

- i. Total patient care revenue is \$4.06M for March; unfavorable to budget for the month by 12% and slightly favorable for the year at 3.3%. Jeff notes surgery revenue is 105% favorable over last year due to the relationships with the SCOA orthopedic providers and recent changes to the general surgery model.
- ii. Deductions for the month were favorable to budget by 16.8Q% and 4.2% for the year. Net patient care revenue is unfavorable to budget by 8.6% for the month and favorable to budget year to date by 8.2%. Other operating revenue is significantly favorable to budget due to reclassifying BAB income to this account versus offsetting interest expense.
- iii. Expenses were reviewed. Contract labor is almost 80% unfavorable to budget or the year. Food, Drug and supplies is unfavorable to budget year to date by 23% and the variance is completely related to increases in implant expense due to the increase in orthopedic volumes. Corresponding revenue associated with these supplies in include in outpatient revenue.

iv. Operating loss for March was (\$322K). Total Net loss for year (\$990K).

c. Balance Sheet

- i. Operating cash increased by \$84K, otherwise mostly unchanged from last year.
- ii. Quarterly HUD report was reviewed as were the items out of compliance. Michelle explained Jeff will write a turnaround plan for the quarter to submit to HUD as required under the regulatory agreement.

d. Approval of Disbursements over \$25,000

- i. Michelle explained that there was nothing out of the ordinary, mostly contract staff as a bulk of our expense.
- ii. The board noted a change in orthopedic surgical implant vendors and costs related to the new providers doing cases.

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

ACTION: Davis/Mast; Unanimous Approval

e. Review of scheduled cash and investments

- i. General account noted for being higher than usual, Jennifer will move \$1M to LGIP at 3.75%.
- ii. Michelle noted that US Treasury insurance coverages is up to \$45M insured and the Umpqua account is insured up to amount of deposit.

f. Capital Requests

- i. Trophon2 – transducer sterilization system for \$11,898.
- ii. Omlid & Swinney remodel of alarm for West Clinic for \$23,100; replacing fire alarm system to same system as Hospital.

MOTION: To approve the Capital request of the Trophon 2 transducer cleaner and Omlid & Swinney alarm system as presented for \$11,898 and \$23,100 respectively.

ACTION: Davis/Libby; Unanimous Approval

g. FY 24 Budget Schedule

- i. Michelle will have Beth notice the press and send meeting invites to attendees.

12. Administrators Report – Jeff Lang, CEO

a. Operational Update

i. Financial Improvement Update

- 1. Jeff noted we were expecting financial performance to turn positive in February. This is normal as CVH has large end of the year performance payments paid in May. In March the FY 2022

Cost report settlement and lump sum payment for FY 23 YTD received. When CVH booked these payments and adjusted the Medicare Cost Report model tool the model showed we had a \$1M unfavorable swing in one month. CVH's Medicare model shifted from receivable of \$600k to a payable of \$300K.

2. Following that update, CVH modeled what we anticipated the settlement to be for the remainder of the year and predicted the payable to shift to a breakeven by end of the year.
3. Factors to consider and effects.
 - Statistic Recap – total patient days has increased by 13% and adjusted patient days have increased 37% over last year.
 - Revenue Recap – total patient care revenue is favorable to last year by \$3.0M or 8%.
 - In cost based reimbursement this two factors tend to reduce the payment rates.
 - Expenses - expense items, with the exception of contact labor and supplies are all tracking consistently with last year.
 - Other expenses are up this year related to increase Implants associated with increases in orthopedic surgery volume. This is a good thing.
 - Higher implants costs give a boost to revenue in surgery, this is booked into outpatient revenue.
 - Contract labor has been the biggest challenge and is the driver of the current financial position.
 - Jeff explained we are targeting a \$2M annual improvement in operations.
 - i. Focus area are: Salary & Benefit and Contract Labor expense. Will start looking at staffing in each department based on industry benchmarks for each department's volumes.
 - ii. Jeff explained opportunity to expand revenue in Outpatient, and growing surgery.
 - iii. Sacha is looking at the nursing master schedule and looking at reducing the master to an ADC of 6 versus 8. We are also looking at ways to reduce the transfers out by 8 per month.
 - iv. We have also identified a potential under payment issue related to our 340 b contract pharmacy relationship with Safeway. We will continue to work through this issue and will update the board next month.
- ii. NBMC Collaboration Update

1. Jeff reviewed the potential partnership opportunities. General Surgery for 1 day a week, surgery in the morning and clinic in the afternoon. We are seeing a high volume of patients for the day. Dr. ElYoussef sees 12-16 patients in 3 hours in the Clinic. Dr. ElYoussef gave Jeff an update and appreciates the OR team and would like to expand coverage by recruiting a second surgeon for our area. Jeff will explore options.
 2. NBMC has taken a pause on the PSA idea with CVH in both MP and Coquille. Closed the negotiations on PSA.
 3. Would like to increase our space and add new FP and FNP. One provider in the Clinic generates \$750K and \$1M in clinic charges and in the hospital \$1.75-\$2M of hospital charges.
- iii. Provider Recruitment
1. We have a number of providers in our area who want to join CVH. We are out of space in current clinic.
 2. Jeff noted the challenges in establishing new clinics is finding the physical space and the location. Jeff reviewed a new organizational structures that would allow for additional flexibility in the locating of new clinics.
 3. A graphic depiction of a new operating structure illustrating the lease of services from hospital for the new Clinic Corp and impact was reviewed. Free standing clinics have lower reimbursement than provider based clinics, approximately 15% lower. The advantage of new locations is CVH could increase our hospital service lines such as lab, x-ray, and surgery.
 4. Linda Maxon has been hired as a temporary employee and is developing a freestanding clinic pro-forma for a clinic in another community.
 5. Jeff will talk about this concept more at the next governance session.
- iv. Orthopedic Service Line Update
1. We have experienced low volume with our employed provider, as such we gave notice to discontinue employment contract. A buy-out of his contract was required with a payout being effected on May 1st.
 2. Have interest in local orthopedic surgeon to provide services under a professional services agreement for one day a week.
- b. Building Project Update
- i. Design development stage is wrapping up soon.
 - ii. Financial Feasibility Analysis Jeff will meet with accounting team on a path forward. Possible hold at completion of Design Development.
 - iii. Adherence to budget continues to be a challenge.
- c. Survey & Enforcement Activity

- i. CVH had unannounced complaint investigations related to EMTALA and two separate complaint investigations. Jeff provided a synopsis of the exit conferences for each survey and potential citations. Jeff indicated the actual citations (if any) won't be known until the statement of deficiencies is received from the state.
- d. Hybrid Governance Update
 - i. Next work Session date TBA (5-10 or 5-11?)
 - ii. Would like to meet to finalize Bylaws and work on draft for Lease.

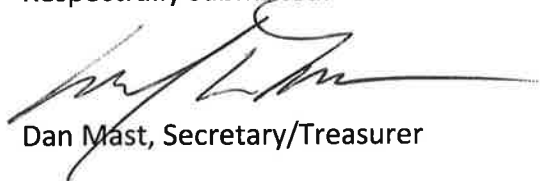
13. Board Chair Report

- a. Leadership Summit Registration complete, see handout.
- b. Hospital Week May 8-12

14. **Next Regular BOD Meeting: Thursday, May 25, 2023 at 7:30 AM**

15. Adjournment at 10:24am

Respectfully submitted:



Dan Mast, Secretary/Treasurer

Attested to:



Colleen Todd, Chairman