



**Wednesday August 30, 2023 at 7:30am**  
**BOARD OF DIRECTORS MEETING MINUTES**  
**Virtual attendance option available**

Attendance: Colleen Todd, Board Chairman; Dan Mast, Board Secretary/Treasurer; Mark Libby, Board Member; Dr. James Sinnott, Board Member; Jeff Lang, CEO; Michelle Reyna, CFO; Terri Brandt-Correia, CNO; Linda Maxon, Special Projects; Lucinda Tatman, Cardiopulmonary Manager;  
Members Attending via Zoom: Becky Sanders, Quality & Risk; Shala Kudlac, Board Counsel;  
Visitors/Public Attendance: None

1. Call to Order 7:35 AM
2. Public Comments and Correspondence - None
3. Approval of Minutes
  - a. Regular Board Meeting, July 27<sup>th</sup>, 2023
  - b. Special Board Work session, August 8<sup>th</sup>, 2023

**MOTION:** To approve the minutes of the Regular Board of Directors meeting held on July 27<sup>th</sup>, 2023 and Special Board Work Session of August 8<sup>th</sup>, 2023; as presented.

**APPROVAL:** Dr. Sinnott/ Libby; Unanimous Approval

4. Department Reports
  - a. Cardiopulmonary Annual Report – Lucinda Tatman
    - i. Lucinda reviewed a PowerPoint presentation for the Board explaining employment rate; services given in the hospital from Cardiopulmonary; She reviewed the COPD Action Plan Program in detail as it has the highest re-admission rate. She continued with an overview of outpatient services.
    - ii. She noted the Holter Monitor improvements made with Cardiopulmonary we currently have 20 monitor devices and the turnaround time can be less than 72 hours; can give the device to patients' same day if approved by insurance.
    - iii. She then focused on the new services implemented in the department and bringing these services to a wider range of patients including 68 Coos County first responders in Coos County coming to CVH for their required spirometer testing.
    - iv. The new glide scope was shown to Board. Employee and provider training has been done. She also explained the Jet Ventilation System.
    - v. Lucinda noted the volumes increased: inpatient by 59% over PY and Outpatient increase 13% over PY. She reviewed a year graph of volumes comparing IP/OP monthly for 2022 and 2023.
    - vi. Challenges were reviewed, lean staffing; engaging staff with check ins and support. Mitigation of burn out was noted. Interdepartmental

communication was highlighted as an opportunity for improvement – she advocated for intranet style newsletter.

5. Medical Staff Report

- a. Credentialing - Jeff reviewed the new providers presented.
  - i. Dr. Heidi Hanst, Family Practitioner, New – Active MS
  - ii. Dr. David Stone, New - Courtesy MS
  - iii. Scott Fineout, CRNA – New – Courtesy AHP
  - iv. Dr. Adharsh Ravindran, I.M., Re-Credential, Active MS
  - v. Dr. Jithu Pradeep, I.M., Re-Credential, Active MS
  - vi. Dr. Shane Weare, E.D., Re-Credential, Active MS

**MOTION: To approve the providers for Credentialing as presented and recommended by the Medical Staff.**

**APPROVAL: Dr. Sinnott/ Mast; Unanimous Approval**

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

- a. Operational Report – a PowerPoint presentation was reviewed with the Board and included in the packet.
  - i. Employment status update given; new RN hires in Med Surg and ED (3 Resource RN, very successful) One of the travelers requested a permanent part-time position.
  - ii. a Swingbed update - new coordinator, Jodie McCullum working with Terri and has worked well with providers and outside organizations. She is a discharge planner this role is becoming more complex.
  - iii. Terri reviewed the Swingbed duties and increased responsibilities and challenges. She explained Interqual and hopes to interface with Cerner in the future.
  - iv. Vanessa Mohrbacher is reviewing and accepting appropriate Swingbed patients. Jodie is reaching out to referral sources and requesting patients; with limited OT, reviewed advertising and complexity.
  - v. Radiology review – we have two travelers now and will have a small gap in Ultrasound and will be working on replacement with a traveler filling in. Will work with Radiology and scheduling for appropriate prep for exams and scheduling of Ultra Sound exams.
  - vi. Surgery - two RN's on maternity leave. Will have a new surgeon Uro/GYN working on equipment, supplies and post op management.
  - vii. Pre Admission Testing (PAT) Clinic - discussion was heard on those plans. Working towards a Center of Excellence for Joints.
  - viii. October Clinical Skills day, October flu vaccine clinic. October Eclipse.
  - ix. Last POC for Nurse staffing done and submitted.
  - x. Ms. Becca Ferrer will start as clinical educator in September.
  - xi. Kudos in seven different areas were shared with the Board.

- b. Joint Commission Accreditation Update
  - i. Terri went through all departments
    - 1. Terri reviewed the areas and highlights per chapter. Gap analysis has been completed for nearly all areas. Transplant Safety is an area where we don't have a lot of experience here and are reviewing the elements needed.
    - 2. Lab will be separate and more onerous.
    - 3. Surveyors from JCAHO will arrive after November 1<sup>st</sup>, 2023.
- c. Policy Approval
  - i. Pharmacy Policies:
    - 1. *Nitroglycerin IV infusion Protocol*–1 page
    - 2. *T-PA orders for Acute Ischemic Stroke protocol* – 4 pages
    - 3. *Pharmacy and Therapeutics approval process* – 1 page
  - ii. Cardiopulmonary Policies:
    - 1. *Fit Testing Policy* – 2 pages
    - 2. *Small volume nebulizer protocol* – 5 pages
    - 3. *Return of Spontaneous Circulation (ROSC)* -3 pages
  - iii. Clinical Nutrition Policies:
    - 1. *Order Writing for Dietitians* – 1 page
    - 2. *Calorie Count Form* – 1page
    - 3. *Enteral Feeding and Flushing* – 4 pages
  - iv. Revenue Cycle & Admitting/Registration Policies:
    - 1. *Charge Master Maintenance* – 3 pages
    - 2. *Patient Rights & Responsibilities* – 2 pages
    - 3. *Provision of Culturally Competent, Effective Communications to patients* – 4 pages
    - 4. *Patient's Right to Visitation* – 3 pages
    - 5. *Patient's Right to Notify Others of Inpatient Admission* – 1page
  - v. Other Departmental Policies:
    - 1. *Cleaning, Disinfection and Sterilization Guidelines* – 3 pages
    - 2. *Interim Life Safety Measures* – 4 pages
    - 3. *Privacy Manual* – 25 pages

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

**APPROVAL:**                **Mast/Libby; Unanimous approval**

- 7. Quality Report – Becky Sanders
  - a. Clinical Department Quality Dashboard Review
    - i. Becky noted Blood Transfusion report and explained the difficulty with charting in Cerner.
    - ii. Ticket to ride process was explained.
    - iii. Falls had good documentation

- iv. Moderate sedation documentation was noted.
- v. Secret Shopper for Hand Hygiene program was explained.
- vi. Medication Safety is making progress.
- vii. Trauma - Call out for transfer (difficult to get an accepting hospital) James Beans is heading this process and doing well.
- viii. Fall details were reviewed
- ix. Complaints and Grievances are reviewed. 4 were substantiated.
- x. incidents are being reported and near misses are growing. 70 - 6 are in workgroups.
- xi. Becky showed the 7 areas of focus and explained the antibiotic stewardship work with statistics. Data sets are being built.
- xii. Workplace violence is our 2nd highest percentage of Action Cue. Working on signage for ER and Clinical contract agreement.
- xiii. Patient Satisfaction comments were reviewed for 3 departments.
- xiv. 3 month look forward was reviewed.

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

a. Financial Results – July 2023

- i. Michelle started with the statistics – FY24 budget for ALSO is calculated based on the average of 3.89 days. Swing and Obs FY24 budgeted ALOS is based on an average of 13.46 days.
- ii. Patient days unfavorable to budget by (32%).
- iii. SB days are favorable to budget by almost 26% or 14 days.
- iv. Total Patient Days is unfavorable to budget by (35%).
- v. Observation Admissions and days do not include post-surgical overnight observation stays less than 24 hours or ED stays. 2 or 3 people usually stay after surgeries on active OR days, so Michelle will work with IT to capture that data to include in these statistics if it is possible. Jeff notes that the limitations of the program and manual capture efforts for these statistics.
- vi. Total Admissions were 39 for the month which is (35.0%) unfavorable to the 60 budgeted for July.
- vii. We have a Total Average Daily Census of 4.9. Michelle explained that this number does not include the IP census in Observation status.
- viii. ER visits are flat to budget.
- ix. We had 1,264 adjusted patient days in July, which was slightly unfavorable to budget by (2.3%).
- x. We had 1,100 clinic visits in July, compared to a budget of 1,509. One provider was on vacation and contributed to the unfavorability.
- xi. We had 2,508 RVUs in July compared to a budget of 2,988, resulting in unfavorability of (16.1%).
- xii. Lab is unfavorable to budget by (22.5%) with 5,041 tests compared with a budget of 6,506.
- xiii. Total Radiology exams are unfavorable to budget by (11.0%) with 920 exams compared to a budget of 1,034.

- xiv. We had 2 Inpatient surgeries in July, Dr. Johnson procedures are starting to increase in FY24. We are currently (50%) unfavorable to budget for IP surgeries.
- xv. We had 43 OP surgical procedures in July and budgeted 56, resulting in unfavorability of (23.2%). ElYoussef had 32, Johnson 12, and Hobson 1.
- xvi. We ended July with 164.2 FTEs compared with 151.2 FTEs in July 2022.
- xvii. Michelle broke out restricted and non-restricted Days Cash on Hand; In non-restricted we had 135 days Cash on Hand and 30 days Cash on Hand restricted. We had 165 total days Cash on Hand at the end of July compared with 179 in July 2022.
- xviii. Total days in A/R as of July 2023 was 59.6 and we had 59.2 in July 2022.
- b. Statement of Revenues, Expenses & Change in Assets
  - i. Gross Revenue was \$4.84M for the month of July and is following the same trends as our volumes in each area. Inpatient and Swingbed gross revenues are unfavorable to budget both MTD and YTD, while all other areas are unfavorable with the exception of our ED and Clinic MTD revenue.
  - ii. We had \$4.8M in gross patient revenue compared to a budgeted \$5M, resulting in unfavorability of (2.4%).
  - iii. Total contractual deductions from gross revenue were \$1.8M, which was favorable for MTD by 18%.
  - iv. Charity care is budgeted at 2% of gross revenue and bad debt is 3%, as in the past.
  - v. Net Patient Care Revenue was \$3M and we budgeted \$2.8M, resulting in favorability of 9.9%.
  - vi. We have \$3.1M in total revenue in July 2023 compared with a budget of \$2.8M, which results in favorability of 9.9%.
  - vii. Contract labor is decreasing with direct hired positions. Five open positions in clinic resulted in favorability of Employee Benefits of 18.1%. There was a contracted RT timesheet delay causing us to be unfavorable in contract labor by (8.1%).
  - viii. Total operating expenses were \$2.9M for July, which is favorable by 1.8%.
  - ix. Total Net Income for the Month of July was \$269K.
  - x. Board had a question on Clinic visits and availability. Jeff explains RVU and threshold for bonuses. Improvement will be made on noticed initial and follow-up visit wait times, which are longer than average. Suggestion of a standby list to fill any appointment times; Jeff will discuss with the scheduling team.
- c. Balance Sheet
  - i. Michelle noted the (\$1M) decrease in cash in July.
  - ii. AR increased by \$1.8M.
- d. Approval of Disbursements over \$25,000
  - i. C-Arm at \$156K and 5 Stretchers at \$65K are included in July.

- ii. Jeff explained the dismissal of the bargaining attorney and will attend the meetings himself going forward. He indicated we are nearly done with bargaining.
- iii. Jeff updates that contract negotiations are continuing and there is a significant increase in nursing pay, so he would like to prepare the board for that.

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

**ACTION:** Mast /Dr. Sinnott; Unanimous Approval

- e. Review of scheduled cash and investments Balance Sheet
  - i. Question by the Board if prior Radiologist has cashed paychecks; not yet. Jeff will email that they will need to be re-issued as they are not valid after six months.
  - ii. Rate increase on LGIP to 4.30% in July, as per last meeting we have halved our LGIP account into restricted and unrestricted balances.
  - iii. Michelle reported that Umpqua Bank after researching the low interest rate on the Mortgage reserve has increased it to .52.

- f. Capital
  - i. Clinic Roof Replacement the company will patch until next spring.

**MOTION:** To approve the Capital request for a replacement of the clinic roof at a cost of \$124,855 as presented and recommended by the Finance Committee.

**ACTION:** Libby/Mast; Unanimous Approval

- g. Audit Update
  - i. Audit has been very smooth and they worked collaboratively with the team.
  - ii. Board reports the discussion with them went well; having Cash on hand after going into the construction project of 120 days was well received. Change in governance explanation was well received and understood.

## 9. Strategic Projects Update – Linda Maxon

### a. Myrtle Point Clinic Update

- i. Linda reviewed a PowerPoint presentation for the Board. She has executed the building lease, next will be design, demo and construction. was noted that the ATM was being removed. Jeff will conduct an RFP bid process for the construction.
- ii. Providers - Doctor and Nurse Practitioner are secured. working on outstanding positions parallel to opening of the clinic.
- iii. Will do marketing at the Myrtle Point Harvest Festival and share clinic opening information. We should have a sign on building by then. OSU

- extension agreed to help with dietary training. Excitement in Myrtle Point is good.
- iv. Funding plan was reviewed applications submitted and in process for construction and for programs, Linda will find long term foundational grants.
- v. Letters of support were received.
- b. Retail Pharmacy Update
  - i. Progress on lease, the pharmacy consultant was happy with the building. Will work on design and wrapping windows with vinyl and painting exterior. There will be designating ADA parking - city has economic investment funding 50% match.
  - ii. Board would like advertising to have the right expectation so not looking for a gift shop. How to explain the advantages of the retail? The suggested we appeal to those that want RX's fast with high quality service. As well as to make it extremely easy for insurance billing.
  - iii. Linda will speak to contracts and credentialing - we will focus on patient education as well as providers and staff to move scripts over to our pharmacy at the clinic level.
  - iv. Linda notes we will focus on DME as an opportunity for community benefit. Will employ someone that is Community Health Worker certified.
  - v. Hours of 10am to 6pm M-F was suggested by Board. Hired Pharmacists were noted.
- c. Fundraising Update
  - i. Linda reported on some of the other grants she was working on. "How to Grant" was submitted - \$300K for 3 years of apprenticeship programs for Medical Assistants (4 per year). We are a finalist. Students can be certified in conjunction the MA/CHW. Linda also submitted "Community Cares Grant" support for transportation by volunteer drivers. She is reviewing our fit with the "Robert Wood Johnson foundation" for a formal research grant through OSU on future of food for pre and post community health. Health of community could be studied and what impacts that make the differences. Medicare Longitudinal surveys can be done to measure the health engagement and trajectory of the community.

#### 10. Administrators Report – Jeff Lang, CEO

- a. Organizational Structure Update
  - i. A new organizational chart was shared with the Board, detailing the creation of a new senior leadership position titled Chief Development Officer. Duties were reviewed. Linda Maxon has accepted the position.
- b. Building Project Update
  - i. Financing Update
    - 1. Stroudwater Capital Services Termination - Jeff discussed issues including the fact that the rate changed after being told it was

locked, delays in processing application to USDA, not including correct forms, and poor communications, and overstepping boundaries as it relates to the project sources and uses. All project partners have been informed of the change. Stroudwater has refunded our deposit. We will also recoup or account for \$25,000 in good faith fees from the lender.

2. USDA has indicated they are agreeable to 100% direct loan for a much lower interest rate. This will get us closer to our goal of having debt service payment similar to what they currently are. We are also approaching other lenders, including a local bank, to participate in interim financing.
  3. Jeff reviewed that the project is currently \$4M over budget. The team continues to refine estimates and believes costs may be slightly high in estimates. The GM/CM is working on refining cost estimates and believes we may be approximately \$2.00M over reserved.
  4. Jeff shared that we will likely have to shell the 4th Floor and will need to change the program to reflect light storage space. CVH will need USDA approval for that change. There is the possibility we will have to delete the entirety of the 4<sup>th</sup> floor. The team is looking for space to relocate 4<sup>th</sup> floor services.
  5. Board notes that we will most likely run out of space earlier rather than later and is concerned that the gain isn't enough for the new building without the 4th floor. Also noted was the fact that waiting to do the 4<sup>th</sup> floor will not lower the costs.
- ii. Change orders -
1. A significant change order for the Klash group was reviewed. The change was related to increase in time spent on the project due to delay in construction. Jeff discussed the change order process and the board provided authority for Jeff to execute change orders and they would review details as project expense reports were made once the project was underway.
  2. Jeff explained the critical path forward for the building project. There is a disconnect between the financing and the architect schedule required to have construction begin in March. This disconnect will require CVH to be at risk for the architect fees as financing will not be approved until the architect work is completed. The Board authorized the CEO to continue forward with the design work such that construction beginning in March of 2024 was realistic.
- c. Clinic Space
- i. CVH is out of clinic space. Due to hiring Dr. Simmonds and Dr. Hanst, we need to utilize the space our LCSW currently uses for medical services.



Jeff worked with the provider and Waterfall clinic to transfer the practice to them in September.

- ii. Jeff provided an overview of the space issues on the CVH clinic side. Jeff will be approaching NBMC to discuss changes to their lease that would allow for CVH to use a portion of the room down the back hall way.
- d. New Service Line – GYN Surgery
  - i. New Provider - Dr. Simmonds' CV was shared and we are excited to be able to offer this service. Dr. Simmonds plans on joining CVH 3 days per week at the end of November.
- e. Governance Transition Update
  - i. Jeff reported Tom Schroeder was in the process of standing up the new corporation (Coquille Valley Health). Once that was completed the application to the IRS would be submitted.

11. **Closed Session – 10:57am**

ORS 192.660(2)(i) & ORS 192.660(8)

~ To evaluate the performance of an officer, employee or staff member.

12. **Adjourn Closed Session, Reconvene Open Session at 11:12am**

13. Board Chair Report

- a. Open Board Seat - David Elmer is our only applicant for the open board seat. Mr. Elmer is a highly respected community member who has served as the CEO of First Community Credit Union for a long time. He would be an asset on the CVH Board of Directors.
- b. There was discussion related to CVH's recent inquiry to First Community regarding their interest in potentially providing interim financing for our building project. Jeff reviewed the situation with CHV's compliance officer, who believed it was a manageable conflict if Mr. Elmer were appointed. Shala noted that the Oregon ethics commission has a hotline to query any conflict of interest for personal wellbeing.

**Motion:** To appoint David Elmer to position 2 on the CVH Board of Directors.

**Action:** Mast/Libby; unanimous approval.

14. **Next Regular CVH BOD Meeting: Thursday, September 28, 2023 at 7:30 AM**


15. **Adjourned meeting at: 11:20AM**

Respectfully submitted:



Dan Mast, Secretary/Treasurer

Attested to:



Colleen Todd, Chairman