



Coquille Valley Hospital

Thursday April 4th, 2024, at 7:30am

BOARD OF DIRECTORS MEETING MINUTES

Virtual Attendance Option: [Click here to join the meeting](#) - Meeting ID: 268 548 674 211
Passcode: WRc3wz Or call in (audio only) +1 929-346-7276, 98582851# Ph Conf ID: 985 828 51#

Attendance: Colleen Todd, Board Chairman; Dr. James Sinnott; Vice Chair; Dan Mast, Board Secretary/Treasurer; Mark Libby, Board Member; David Elmer, Board Member; Jeff Lang, CEO; Michelle Reyna, CFO; Terri Brandt-Correia, CNO. Linda Maxon, CDO; Shala Kudlac, Board Counsel; Mike Cole, Pharmacist; JR Edera, HR Director; Brock Millet, CoMS;

Members Attending via Virtual: Becky Sanders, Quality;

Visitors/Public Attendance: None

1. Call to Order At 7:31am

2. Public Comments and Correspondence – Rotary appreciates the oranges for Easter Hunt, and the catered food for Jerry Wadsworth’s Retirement, would like signs for catering.

3. Approval of Minutes

a. Regular Board Meeting, February 22nd, 2024

b. Special Board meeting, March 11th, 2024

MOTION: To approve the minutes of the Regular Board of Directors meeting held on February 22nd, 2024; and the Special Board Meeting on March 11, 2024; as written and presented.

ACTION: Mast/Libby; Unanimous Approval for both meeting minutes submitted.

4. Monthly Departmental Reports:

a. HR Quarterly Report and Annual Competencies – JR Edera

i. JR presented the quarterly human resources report. CVH has 215 employees currently. CVH hired 24 new employees during the quarter and had 8 separations. JR reviewed the turnover by department and was excited to report no nursing separations during the quarter. JR reported the turnover rates for the organization and compared them to previous quarter’s. CVH’s turnover is at our lowest point since before the pandemic and we have back filled all most all of our open positions since the pandemic started. Most notably, nursing positions are very close to being completely filled.

ii. The CVH Health Fair and Garden Starting Party were successful, well attended and a positive community event with over 400 people participating. JR notes the next employee event will be Hospital Week upcoming on May 13th.

b. Pharmacy Annual Report – Mike Cole

i. Mike discussed a recent change in our drug wholesaler. Mike discussed the operational changes necessary due to the change in the wholesaler.

ii. Mike reviewed the purpose of the InstyMed machine in the ER. The InstyMed machine is a retail pharmacy dispensing location with 100 different medications in the machine currently. This means that

patients can get their full prescription course prior to leaving the ED. Unfortunately, the Change Health Care cyber attack impacted our ability to transmit prescriptions to the machine.

- iii. Mike provided an update on the P & T committee. Mike notes that Pipeline, the company we use for pharmacy order verification, has been slow to complete their work during the overnight hours. He will be addressing this issue and increasing monthly meetings with them.
- iv. April 22nd - A new travel pharmacist will be working with Mike. He is looking forward to the help after almost a year of solo working.
- v. Terri informed the Board it has been a real boost in the quality of care having a pharmacist on staff. Mike participates in our ED codes and is a valuable member of the team. Yesterday was a challenging day, Terri recounted 2 stroke patients arrived 3 minutes apart in the morning. Multiple traumas and all rooms filled in the ER; they used additional rooms on the inpatient side. Jeff and Terri pulled in Clinic providers, and an ER provider on his day off. All hands-on deck and all nurses helped. ER was finally cleared at 8:30pm last night.

5. Quality Report – Becky Sanders/ Jeff Lang

- a. Jeff reviewed the Medical Staff quality dashboard prepared. Surgical cases for the year are down 22%, Orthopedics are up 55%; Dr. Simmonds practice is ramping up, 7 major surgeries are scheduled in the next 4 weeks.
- b. Jeff reported that Mike Spalding in Materials negotiated implant costs and received a 50% reduction in cost.
- c. Patient Days and volumes trends by provider were reviewed. Dr. Edwards is our busiest provider in the hospital. Length of stay is down from last year – well below our 4-day maximum. Jeff notes extended recovery isn't on the spreadsheet yet, our length of stay restrictions have been reinstated and our average is under the required threshold.
- d. Computerized Provider Order Entry (CPOE) results were reviewed. we are seeing some improvements, the Pipeline changes are impacting the averages, and we are working on that, ER providers are performing well. On the Inpatient side, the providers are between 40-60%. We continue to wait for Cerner to advance a ticket to remove protocol orders and Pipeline verification work from negatively impacting these numbers.
- e. Medication Reconciliation data was reviewed. The Board asks for clarification on Med Rec - Jeff explains the factors around this quality measure. Board members commented on the challenges around this.
- f. Jeff reviewed the Closed Record Review performance to audit items.
- g. The statistics for medical staff meeting attendance by provider & patient satisfaction scores by provider were reviewed.
- h. Jeff explained Patient satisfaction process and the continued challenge of low volumes.

- i. Peer review process improvements are ongoing. Reviewed 3 cases and all were appropriate. Two grievances and automatic trigger with one change in condition of a patient.

6. Medical Staff Report – Jeff Lang

- a. Credentialing - Alison Green / Jeff Lang
 - i. Jeff reviewed Dr. Hudson's new practice and surgical help. Chris Gordon's temporary status. Medical Staff reviewed and recommended.
Initial Appointments for Board Approval: term of appt is April 4, 2024- April 4, 2026
 - i. Carmen Hudson, MD (Wound Care Surgery) - Active
 - ii. Christopher Gordon, DNAP, CRNA - Courtesy AHP - Temporary status granted 3/20/2024.

MOTION: To approve the providers listed: Dr. Carmen Hudson and CRNA Christopher Gordon for membership to the CVH Medical Staff with the privileges requested as recommended by the Medical Staff Committee.

ACTION: Dr. Sinnott/Elmer; Unanimous Approval

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

- a. Policy Approval
 - i. Terri reviews the new sentinel event & serious reportable event policy and chest pain protocol and dyspnea policy.
 - ii. Terri reviewed the HIPPA compliant portal for EKG reads from BAH for the Cardiac Cath. Lab and the policy explains the process for transition of care expeditiously. We have used it a few times and it works well.
 - i. *Sentinel Event & Serious Reportable Event Policy – 4 pgs.*
 - ii. *Chest Pain Protocol and Dyspnea Policy – 2pgs.*

MOTION: To approve the policies as written as requested and recommended by the Medical Staff Committee.

ACTION: Elmer/ Dr. Sinnott; Unanimous Approval

- b. Dr. Sinnott asks if the Board can do something for the staff in recognition of the day they had yesterday. Terri noted Nursing and housekeeping. Jeff notes that the hospital is becoming busier with more complex patients.
- c. Terri notes the inability to transfer appropriately. Our nurses are becoming more comfortable in taking care of more critical patients. The nursing staff is always getting younger, and we are seeking preceptorships for our nurses. Now that we are out of Covid the focus is returning to trauma and our group is willing to take on this challenge. The medical staff is encumbered with the lack of general surgery availability, they are beginning to have more confidence in the nursing staff's ability to take care of a wider variety of patients. Sacha has been instrumental in encouraging and coaching staff. Terri reiterates that Sacha supports and teaches the nurses and is a great resource for them.

- d. Terri notes the Joint commission lab audit is in September. Our interim Infection Preventionist Rose Walke- Patterson, has a broad depth of experience. She is a great addition, and we hope she is going to become a permanent. Jeff is happy with the remote work that is being utilized at the hospital.
8. Finance Committee Report – Michelle Reyna, CFO / Dan Mast
Michelle reviewed the recent fraud on the account and explained the process to prosecute.

FY 2024 – February Results for Coquille Valley Hospital District

Financial Statistics:

- a. IP – Days favorable MTD driven by increased admissions of 12 over budget. YTD our IP Admissions are favorable to budget by 5.5%. We had 21 IP admits from our ED in February and 18 admissions into Extended Recovery from surgery for a total of 20.8 days and an average length of stay of 1.2 days.
- b. Extended Recovery – We had 18 patients who were moved from surgery to the IP floor in February resulting in 20.8 days, average daily census of .7, and an average length of stay of 1.2 days.
- c. Swing bed Days - Unfavorable in February driven by a lower average length of stay of 12.5 compared to the 13.8 budgeted. We were on budget in SB Admissions with 4 in February. YTD our SB days were unfavorable by (23.5%) driven by decreased SB admissions combined with an unfavorable to budget ALOS of 12.3 days per patient.
- d. Total Days (IP + SB) – MTD favorability of 16% and unfavorable YTD by (13.4%). Our Total ADC YTD was favorable 16% and YTD total days are unfavorable by (13.4%).
- e. ED Visits – unfavorable MTD with 496 visits and unfavorable YTD by (1.9%) or 80 visits. We averaged 17.1 patients per day in January and 17.2 YTD.
- f. Adjusted Patient Days – Favorable MTD and YTD.
- g. Clinic Visits/RVUs – Clinic Visits were unfavorable in February by (27.9%), but RVUs were favorable by 21.5%. YTD Clinic Visits are unfavorable (19.5%) and RVUs are unfavorable (5.7%).
- h. Lab – Unfavorable MTD by (9.5%) 669 tests and unfavorable YTD by (9.9%) or 5,293 tests. We are over 15% favorable to PY. We budgeted for a 23% increase in IP and 28% increase in OP volumes over PY.
- i. Radiology – Unfavorable MTD by (5.1%) or 53 exams and slightly unfavorable YTD by (1.6%) or 130 exams. Favorable over 10% over PY. We budgeted for a 15% increase in our OP volumes over PY.

- j. IP Surgeries – We had 1 IP surgery in February by Dr. Johnson for a Quadriceps tendon repair and are unfavorable YTD by (85.3%). This is because surgeries previously performed as IP are now performed as OP due to insurance guidelines.
- k. OP Procedures – Unfavorable MTD by almost (37%) or 21 procedures and unfavorable YTD by (25.8%) or 116 procedures. This is driven by the decrease in Ophthalmology services that are no longer performed and a decrease in the number of procedures performed by Dr. El Youssef (was averaging 25 procedures/month, December was 11, January was 4, and February was 6). Ferrer 7 (6 colonoscopy and 1 EGD); Hobson 5 (1 hip/4 knees); Johnson 13, and Simmonds had 5. We budgeted for a 5% increase in OP Procedures over PY. Jeff commented that our total patient days are up 6% and that doesn't include extended recovery. We are seeing a 28% increase in patient days and everything is up significantly over last year.
- l. FTEs – We ended February with 183.4 FTEs compared to 158.9 this time last year. JR reported 215 employees.
- m. Days Cash on Hand - We had 199 Days COH at the end of February with 36 days restricted for future Capital compared with 175 Days COH this time last year.
- n. Total Days in A/R – 66.7 compared with 52.2 this time last year. the Board asked about details - Coding is delayed due to vacations, and separations as well as outsourced coding vendor, will transition to another vendor soon that is more adapt at CAH.

Income Statement:

- o. Gross Revenue – We ended February with \$5.4M in Gross Revenue and \$42.4M YTD February is favorable to budget by 3.1% and YTD by 2.4%, which is driven by our OP Services, Surgery, and Clinic Operations. We are 22.7% favorable in Gross Revenue over PY.
- p. Contractual Deductions – We booked another \$100K payable to Medicare related to the model in February and currently have a YTD Payable of (\$838K) in the books for FY24. The Board asks when we must pay it back. Michelle notes they recoup in October usually adjusted on the payment checks to us.
- q. Other Operating Revenue – Favorable MTD related to the recognition of \$142K in grant revenue, but unfavorable YTD due to where the risk and profit share revenue was budgeted.
- r. Operating Expenses – Unfavorable MTD and YTD driven by:
 - a. Food, Drugs & Supplies:
 - b. Feb unfavorable (\$154K) – Implants (\$203K) partially offset by favorability in lab of \$22K, WC of \$10K, and MP Clinic of \$7K.

- c. YTD unfavorable (\$759K) – Implants (\$1M) partially offset by favorability in lab \$103K, Wound Care \$75K, and Clinic \$56K.
- s. Other Operating Expenses:
 - a. Jan unfavorable (\$58K) – Marketing for Turell (\$29K), non-cap equipment for Clinic (\$11K), Non-cap equipment for Surgery (\$5K), non-cap equipment for Pt Finance \$4K, and a license fee for Imaging totaling \$3.5K.
 - b. YTD unfavorable (\$259K) – Marketing for Turell (\$179K) and non-cap equipment for Clinic (\$69K)
- t. Net Operating Profit in February of (\$222K) and YTD profit of almost \$1.1M
- u. Non-Operating Revenue unfavorable MTD driven by timing of bed tax.
- v. Net Profit for February was \$245K and YTD was \$1.85M.
- w. Michelle noted that contract labor has significantly decreased, and food drug and supplies can go on our Medicare cost report.

Balance Sheet:

- x. Cash increased by \$1.5M primarily driven by \$358K from SWOIPA, \$832K related to our FY23 Medicare Cost Report filing, and \$350K related to our lump sum payment adjustment for claims from 7/1/23-1/25/24.
- y. Other Receivables include the accruals for the SWOIPA payments of \$600K and \$62K in sign-on bonuses that ex-employees have defaulted on that have been turned over to Western Mercantile for collection.
 - a. Approval of Disbursements over \$25,000

MOTION: To approve payment of the disbursements over \$25,000 for the month of February 2024 and those that will accrue before the next meeting as recommended by the Finance Committee.

ACTION: Mast/Dr. Sinnott; Unanimous Approval

- b. Review of scheduled cash and investments
 - i. Will move balance in Banner Bank to LGIP when it reaches \$1M.
- c. Grants and Project Expenditure tracking
 - i. CIP spending and grants received on spreadsheet.
- d. Capital Request
 - i. Terri notes the Flowmeter replacement and vacuum regulators in RT. Will improve patient care by getting this standardized and trained out.
 - ii. Microscanner will be replaced.

MOTION: To approve the Capital request for the items listed as presented and recommended by the Finance Committee. To be paid out of restricted memorial capital budget funds.

ACTION: Elmer/Libby; Unanimous Approval

The FY 2025 budget calendar was reviewed. 2 new prospective Budget Committee members will be contacted to determine willingness to serve.

9. Strategic Projects Update – Linda Maxon

a. Myrtle Point/Coquille Projects

- i. Linda reviewed a handout with the bids received and S&B James was selected as the most detailed and timeline accurate to our needs.
- ii. She reviewed the abbreviated compatibles on the bids and will review with the contractors for value added savings that she has identified with a goal of trying to reduce the overall cost of this project.
- iii. The Board commented that expediency and good detailed work will pay for itself in a few months and is a consideration with the bid review therefore important to keep in mind. Linda will contact S&B James and put them to work. Linda notes that the permit process has been completed and Coquille city council and Myrtle Point city council are excited about the projects.

MOTION: Approval to Negotiate a contract with S&B James for no more than their bid of \$658K

ACTION: Elmer/Dr. Sinnott; Unanimous Approval

b. Pharmacy

- i. Linda relayed an update on the Pharmacy project. We discovered a significant leak in the pipe outlet, the owner was responsive although the roofing contractor has been challenging to work with. The recent attempt to fix this has made it worse. The owner contacted and employed both a drain contractor and cleaning corp. She will work towards a resolution and has filed an insurance claim. This has resulted in pausing the build in pharmacy. We are on track with Permitting, zoning, credentialing, financing, and contracting with pharmaceutical companies.
- ii. We are considering a new location as an option. This potential change would cause a 3-month delay in all credentialing being revised and submitted and is not optimal at this point. We are ready on all fronts except with the building. Linda will work on the selected contractor; the current remodel bid was high. She will scrub the bid for savings. No local contractors bid on the project.

c. Health Fair report

- i. Linda commended the staff and Auxiliary members that helped. The response from the community was great. People spent a lot of time at

- the tables. Our Pharmacy table and new provider tables were well attended by lots of families.
- ii. Challenges included presentations because of the acoustics in the building and presentations will not be repeated next year. The effort was worth the time. Relationships were made connection with the Lions, SCA for the Blind, rides from volunteers, Coos Health and Wellness were a good addition.
 - iii. Jeff added that Pharmacy table was popular, the excitement in the community was more than expected. He is hopeful that the fix for the building is imminent. The Board asks if the pharmacy can be re-bid, and we can reach out to locals.
- d. Fundraising Update
- i. Grants submitted for Congressional Funding / earmark funds.
- e. Community Outreach/Marketing
- i. Work continues with the Turell Group. Scheduling and front counter are informed on each marketing campaign sent out with speaking points and advertising on Medicare wellness and pharmacy. We continue to be aware of the costs. We now have a new recruitment video with our providers. Linda is working with human resources to create a new recruitment presentation/outreach toolkit that will be used for recruitment events/job fairs/community outreach that will ensure CVH standouts out at events.

10. Administrators Report – Jeff Lang, CEO

- a. Building Project Update
 - i. Financing Update
 - 1. Jeff notes that USDA is recognized as preferred path - sent a clarifying email to affirm the possible use of a management agreement. He received a response from the state director for Oregon that they will review and consider it.
 - 2. Our prior schedule is now pushed back 3-4 months. As we have been discussing, the bids came in significantly over budget, approximately \$4.5M. We are looking for value engineering options or ways to decrease the costs. Jeff explained the items identified for reducing costs will not get us close to the \$4M mark, and we are faced with the hard decisions of scrapping the 4th floor or increasing the budget.
 - 3. The Board noted that with our current building, we really wanted a wow effect and now we have the best-looking hospital in the area. They would like to be careful not to lose that. We might need to have more room to expand providers over the current plan of 12. We need to plan in our current footprint, building up is our only option. The Board expresses spending more money now is better than regretting and spending more later.

4. Jeff asks for direction from the Board on pushing contractors for savings or moving forward with Increasing the budget. The consensus of the Board is to both look for cost savings and continue with the 4th floor.
5. Jeff discussed getting USDA back processing our application. The Board has previously indicated USDA financing and our building project is our #1 priority and takes precedence over the governance change. Jeff will work to ensure the processing of our application is restarted.
6. The Board believes that this investment will bring more money into the hospital and the increase in revenue will, in time, pay for these improvements. Jeff indicated he would be having a conversation with USDA about the budget and would come back later to review updates to the sources and uses as well as the financial feasibility report regarding the appropriate overall cost of the project and/or equity CVH will put in.
7. The Board feels strongly we need to keep the 4th floor and ensure our “fit and finish” matches our organization. Increased ability in attracting good employees was helped by positive first impressions, by projecting successful growth, it creates growth. The risk of not doing this is worse than doing it. Perceptions of the hospital are made by how successful and professional it looks. We want to expand the hospital, this aids in employee and provider recruitment and retention.
8. Jeff will look for cost savings and recognize the need to increase the budget. We will need to keep tenant remodel improvements as well.

b. Operational Update

- i. Physician Recruiting - Confederated Tribes are building out expanded primary care in our area and are aggressively recruiting providers. They have hired a couple of providers recently who were employees (or considering employment) of CVH.
- ii. A general surgery candidate will visit this summer, currently in residency - will be available June of 2025. Another candidate has accepted a position elsewhere. Another one is scheduled for a visit soon.
- iii. ER providers - no movement.
- iv. CHNA, joining with BAH to combine under CLA. Will do a community forum and help prioritize the survey results with community members and then providers. Jeff reviews the pre-survey and then presentation of data and then nominal groups to prioritize the data. We will reach out to community leaders to invite them to survey. After the CHNA we will do our own program for future projects.

11. Adjourned Board Meeting 10:02am

12. Reopened CVHD Board Meeting at 12:20pm

13. Board Chair Report

- a. Review Conference Options and confirm availability for attendance.
 - i. Discussion heard on conference choices the consensus is to go to the July AHA Conference.
- b. Budget Committee RSVPs – one response.
 - i. Beth will contact two suggested members.

14. **Next Regular CVH BOD Meeting: Thursday, April 25th, 2024, at 7:30 AM**

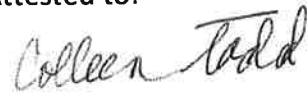
15. Adjourn Board Meeting 12:24pm

Respectfully submitted:



Dan Mast, Secretary/Treasurer

Attested to:



Colleen Todd, Chairman