



Thursday April 25th, 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; Jeff Lang, CEO; Michelle Reyna, CFO; Terri Brandt-Correia, CNO; Linda Maxon, CDO; Andrea Love, HIM Manager.

Members Attending via Virtual: Becky Sanders, Quality; David Elmer, Board Member; Garrett Smith, Fox Group; Absent: Shala Kudlac, General Counsel; Brock Millet, CoMS; Michelle Erickson, Revenue Cycle Director
Visitors/Public Attendance: None.

1. Call to Order at 7:29am

2. Public Comments and Correspondence

3. Approval of Minutes

a. Regular Board Meeting, April 4th, 2024

MOTION: To approve the minutes of the Regular Board of Directors meeting held on April 4th, 2024; as written and presented.

ACTION: Mast/Dr. Sinnott; Unanimous Approval

4. Quality Report – Becky Sanders

a. Safety Dashboard Quality Report

i. Becky reviewed the Safety dashboard. There was one equipment failure and three workplace violence incidents. Becky discussed the formation of the threat assessment workgroup to review cases.

1. Jeff noted we are doing a better job at addressing workplace violence incidents and encouraging employees to report. We hope to continue to see the number of reports increase, which means we are doing a better job of reporting it.

ii. Business office dashboard - Becky commends Michelle Erickson for hands on training and cooperation with discharge planning which has driven the improvement to forms completion.

iii. Controller - excellent job getting quality data; included a pass-fail program for AP.

iv. Dietary – temperatures fell out of rotation due to the checks being assigned to a person and that person being out for a while. Checks will be assigned to a position in the future.

v. Employee Health – Becky reviewed the workman’s comp incidents. A safer sharps program was started due to several needle sticks – a new safety needle has been implemented. Has started the safety rounding effort.

vi. Facilities - Fire Drills loop closure and reporting noted.

- vii. HIM - Scanning accuracy - and instituted a good idea.
- viii. Human Resources - Personnel files audits are showing good improvement, but still below expectations.
- ix. Informatics - after hours calls go to a phone tree, creating an awareness on submitting a work order.
- x. Materials Management - ice storm delay was noted as the cause for stock outs. Working on par level adjustments are ongoing.

5. Monthly Departmental Reports:

- a. Compliance Report/ Annual Plan – Garrett Smith/Andrea Love
 - i. Garrett reviewed the Q3 compliance report for the Board included in the packet.
 - ii. Andrea - reported that she is developing a HIPPA risk assessment bi-annually. She will observe and coach each department. She reviewed the five investigations that concluded with no reportable events. 3 were near misses and 2 were instances corrected with re-training.
 - iii. Andrea gave an example of a near miss.
- b. Revenue Cycle Annual Report – Michele Erickson - Absent

6. Medical Staff Report – Jeff Lang

- a. Credentialing Recommendations from Medical Staff - Alison Green
 - i. *Initial Appointments for Board Approval: term: April 25, 2024- April 25, 2026*
 - 1. Galen Church, DO - Emergency Medicine
 - ii. *Other- Change in Status*
 - 1. Amanda Krantz, FNP- AHP Active **change to Active**
 - 2. Heather Day, CRNA- AHP Active **change to Active**
 - 3. Rebecca Brisco, PA-C- AHP Active **change to Active**
 - 4. Nicole Janke, FNP- AHP Active **change to Active**

MOTION: To approve the provider listed: Dr. Galen Church for membership to the CVH Medical Staff with the privileges requested as recommended by the Medical Staff Committee.

ACTION: Dr. Sinnott/Mast; Unanimous Approval

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

- a. Operational Update
 - a. In the OR the new Washer and Sterilizer have been installed.
 - b. Traveler Pharmacist, Laura - very familiar with CAH and Cerner. Mike Cole is happy for the help and is hoping for possible retention.
 - c. Daisy award winner of the year - May 6th at 9am. Would appreciate it if the Board would participate in voting.
 - d. A trending increase in volumes for inpatient daily census was reviewed. Challenging discharges were noted. The new core staff have increased skills, and we are engaging less traveler time. Dr. Simmonds will give instruction on postoperative care for her patients.

- e. Terri mentioned that the nurse staffing law changed for Oregon and the OHA nurse call structure was reviewed. We have applied for a variance for our staffing plan and to gain the ability to create a more sympathetic ratio for our nurses in our staffing plan. There is now a transition from survey format to a complaint driven audit plan. We are allowed to vary from the staffing plan, there is an increase workload with the recording process. We have refuted the one complaint received and are waiting for the OHA to make a judgement on that complaint.
 - f. Terri reviewed the logistics of the law and components of the law that need further direction. A graphic flowchart illustrates the complexity of the complaint process with OHA. We have a collaborative patient centered culture and will maneuver through this.
 - g. Discussion was heard on the flexibility of our staffing plan and an example was given of addressing an unexpected call out or patient surge.
8. Finance Committee Report – Michelle Reyna, CFO / Dan Mast
- a. Financial Results – March 2024
 - b. **Statistics:**
 - i. In-Patient Days – Days favorable MTD driven by increased admissions at almost 19% over budget. YTD our IP Admissions are favorable to budget by almost 7% but were unfavorable YTD in days by almost (15%). CVH had 25 IP admits from our ED in March and 10 admissions into Extended Recovery from surgery for a total of 11.4 days and an average length of stay of 1.1 days. There were not any surgeries performed in the last week of March.
 - ii. Swing-bed Days - Unfavorable in March driven by lower admissions in March compared to budget due to the inability to get qualified referrals. YTD SB days are unfavorable (23.4%) driven by decreased admissions combined with a lower ALOS compared to budget.
 - iii. Total Days (IP + SB) – Unfavorable MTD by (10.3%) and YTD by (13.1%). Our Total ADC was unfavorable MTD (10.3%) and YTD (13.1%).
 - iv. ED Visits – There were 548 ED visits in March, a favorability of 2.6% over budget and YTD (1.4%) unfavorable to budget. The ED averaged 17.7 patients/day in March and 17.2 patients/day YTD.
 - v. Adjusted Patient Days – Favorable MTD and YTD. Jeff noted that the totals are running a day less than budget on inpatient. Extended recovery brings this number back to the budget. There is favorable variance to prior year on all volumes, which are significant increases.

- vi. Clinic Visits/RVUs – Clinic Visits were unfavorable in March (26.7%). YTD Clinic Visits are unfavorable (20.5%). RVUs were unfavorable in March (6.6%) and YTD (5.8%).
- vii. Lab – Unfavorable MTD by (1.4%) and unfavorable YTD by (8.9%). The lab achieved over 16.4% favorable to PY. Michelle noted that lab was budgeted for a 23% increase in IP and 28% increase in OP volumes over PY.
- viii. Radiology – Favorable MTD by 2.2% and slightly unfavorable YTD by (1.1%). Favorable almost 12% over PY. Michelle stated that Imaging was budgeted for a 15% increase in OP volumes over PY.
- ix. IP Surgeries – There were not any IP surgeries in March creating an unfavorable YTD of (86.8%). Michelle explained that this is because surgeries previously performed as IP are now performed as OP due to insurance guidelines.
- x. OP Procedures – Unfavorable MTD (37.5%) and unfavorable YTD (27.1%). This was 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, who was previously averaging 25 procedures/month, currently: December was 11, January was 4, February was 6, and March was 14. Dr. Ferrer completed 8 procedures (8 colonoscopies); Dr. Hobson performed 1 (1 knee); Dr. Johnson performed 10 (5 hips/4 knees/1ankle), and Dr. Simmonds had 2 gyn surgeries. Michelle explained that we budgeted for a 5% increase in OP Procedures over PY.
- xi. FTEs – March ended with 190.6 FTEs compared to 156.7 this time last year.
- xii. Days Cash on Hand – There were 187 Days COH at the end of March with 35 days restricted for future Capital compared with 170 Days COH this time last year.
- xiii. Total Days in A/R – 70.1 compared with 46.9 this time last year.
 - 1. Jeff noted we are having a good year, we budgeted aggressively, and we are doing well over the previous year. Total patient days 8% increase and 30% in patient days, this will affect Medicare reimbursement in our cost report, last year was a slight receivable and this year we should expect a payable. He noted MRI and CT are also up from last year.

b. Income Statement:

- i. Gross Revenue – We ended March with \$5.6M in Gross Revenue and \$48M YTD. Revenue was favorable to budget both MTD and YTD driven by the OP

Services, Surgery, and Clinic Operations. CVH is 24.4% favorable in Gross Revenue over PY.

- ii. Contractual Deductions – The Medicare model as of March shows a YTD Payable of (\$838K) for FY 2024.
 1. Michelle continues to work with CLA on the interim cost report which is expected to net out to be about \$1.3M payable, However, she relayed that she is also expecting another \$400K in revenue from Advanced Health that will offset this difference.
- iii. Other Operating Revenue – Unfavorable YTD; this was due to the coding placement of where the risk and profit share revenue was budgeted.
- iv. Operating Expenses – Unfavorable MTD and YTD driven by:
 - v. Contract Labor: March was unfavorable (\$382K) – Invoices from Nov-Mar included in March due to the company submitting them late.
 - vi. Food, Drugs & Supplies: YTD unfavorable (\$811K) – Implants (\$1M) partially offset by favorability in Lab, Wound Care, and Clinic.
- vii. Net Operating Loss in March of (\$81K) and YTD Net Operating profit \$1M.
- viii. Non-Operating Revenue unfavorable YTD due to the timing of bed tax payments versus budget accrual.
- ix. Net Loss for March was (\$30K) and YTD CVH had a \$1.8M profit.
 1. Discussion heard on the variable parts of our financial components and the complicated effect on the Medicare cost reports.

d. Balance Sheet:

- x. Cash decreased by \$900K primarily driven by the \$800K increase in A/R.
- xi. Net Position - Temporarily Restricted YTD sum reflected the amount of restricted grant funds of the \$142K left to be spent.
- xii. The HUD Bond Covenants are all satisfactory and meet the required terms.
- xiii. Disbursements over \$25K
 - i. Washer cost, Cerner double payment and the recent remediation for asbestos cost in the old hospital were noted.

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

ACTION: Mast/Libby; Unanimous Approval

- i. Cash/Cash Equivalents - moved \$1M to LGIP to capture more investment interest on those funds.
- ii. CIP – New MOB/Retail Pharmacy & MP Clinic
- iii. Grants Tracking Spreadsheet/Temporarily Restricted; CIP; Presented to the Committee members in the handout.

e. Capital Requests

- i. Mamava Lactation Pod - \$27,400
 - 1. Terri surveyed the nurses that would use this pod and they are excited and have picked out key features.
- ii. Carpet in Clinic -\$36,890.

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 Reitman capital budget funds.

ACTION: Mast/Libby; Unanimous Approval

9. Strategic Projects Update – Linda Maxon

a. Pharmacy Proposal Approval

- i. This project is moving forward, working with the building owner, the leaks have been fixed and will continue to improve the roof this summer. Progress continues with walk through visits with the contractor.
- ii. The Board asked about the pricing and if any value pricing was realized. Linda has reviewed and will continue to look for cost reductions. Local contractors have not responded to the bid. The Board suggested reaching out directly to local contractors to submit RFPs in the future.

MOTION: Approval to Negotiate a contract with S&B James not to exceed \$465K.

ACTION: Libby/Mast; Unanimous Approval

b. Project updates:

- i. Linda anticipates the completion of both projects at the end of July/early August. Pharmacist Zane is working with the contractor applying his experience with pharmacy code adherence and compliance with federal requirements.
- ii. Marketing to patients and educating on prescription transfer is in progress at the clinic. The current target will be 25 prescriptions filled on the first day.

c. Clinic update:

- i. Working with patients to understand what to expect from the clinic and convey our expectations from them as well. Currently the clinic has low no-show rates, Linda will be working on further reducing this. Transportation is an issue for the no shows. Triage and resource nurses

are reaching out and finding solutions to the barriers to attending their appointments. Staff are supported with these guidelines and expectations. Leadership has been working with Medicaid, coordinating with them to address challenging patients for better outcomes. Jeff noted we have text reminders and personal calls to patients by staff to remind them of their appointments.

- ii. In the Clinic work continues making registration of patients more efficient.

d. Social Determinants of Health

- i. Addressing health related social needs in the community by working with the local food bank, we are able support the patients with a food share allotment in our clinic that providers can give out to patients during the appointment. Linda stressed the importance of both this nutritional support and addressing transportation needs that restrict patients. She explained the Z codes & PRAPARE form process for reimbursement. The process to give patients resource services for food insecurity, power bill help, etc. Sarah Cornelison is managing the project and has good experience with this.
- ii. Revision of the phone tree, and Patient Portal text messaging system at the Clinic was discussed.

10. Administrators Report – Jeff Lang, CEO

a. Building Project Update

i. Financing Update

1. USDA

- Jeff reported he communicated a request to restart application based on CVH's decision to retain ownership/control of the Hospital (not utilize a lease with CV Health). Jeff had a conversation with the State Director and received her verbal authorization to contact local office rep to restart application review.
- Jeff discussed the timeline as it relates to financing. Jeff's concerned that if we aren't complete with the process we will have to roll the feasibility report forward again and this will delay the process event longer. Each and every delay costs CVH significant dollars. The Board expressed its concern that the process is taking too long.
- The building project is \$4M over at GMP – We achieved \$650K in reductions that do not reduce scope, however, finding more reductions will be hard. Changes to some finishes were noted, these however, are not changing the quality of fit and finish. Construction escalation between May and September is estimated at \$500,000 which will further exacerbate the problem.

- Pacific Power would like a new electrical service for this building. A fault current study may need to be conducted to determine if the current electrical panels are adequate.
 - The board asked about MRI replacement. Still in process of consideration. The radiology manager has plans for more modalities and new services.
2. Management Agreement with CVHEALTH to be reviewed today. Will press forward to the USDA office.
- b. Operational Update
- i. Provider Recruitment
 1. General Surgery - two providers have inquired; one is coming to visit, and another is considering times for a visit.
 2. A 2025 provider resident has not touched base recently, we expect that she will come to visit this summer.
 3. Primary Care - Jeff related the recruitment progress, there are two candidates coming for visits in May.
 4. ER provider recruitment remains a challenge.
 - ii. Community Health Needs Assessment
 1. CHNA survey will be going out via email to the community.
 2. Community/Provider Forums - Jeff noted Mill Casino times on April 30th for the public at 2pm and providers at 6pm.
 - iii. Inpatient and Surgical Volumes increase.
 1. Jeff explained our increase in surgical volumes and the additional inpatient volumes are starting to stretch our current coverage systems. The Clinical team, Sacha, James & Terri are developing a system to handle the volume increase of hospital patients. The team will be looking at ways to ensure we can adequately cover 8 patients on the floor on average with 2 surgical patients per day.
 2. Terri added that the leadership structure might change on the floor and what that might look like. Terri reviewed potential changes in MS/ED leadership as well as outpatient services.
 3. The Board notes that a revision to our current hospital coverage system could help CVH support fewer patient transfers. Jeff agreed there are pros and cons of every hospital coverage model and that we need to consider the desires of our medical staff.

11. Recess CV Hospital District Board Meeting 10:02am

12. Re convened at 10:50

13. Board Chair Report

- a. Conference travel plans for July 20-23

14. **Next Regular CVH BOD Meeting: Thursday, May 23rd, 2024, at 7:30 AM**

15. Adjourned Board Meeting 10:55am

Respectfully submitted:



Dan Mast, Secretary/Treasurer

Attested to:



Colleen Todd, Chairman