



# Coquille Valley Hospital

## Thursday, August 22nd, 2024, at 7:30am

### DISTRICT BOARD OF DIRECTORS MEETING MINUTES

Virtual Attendance Option Available

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; Linda Royal, CDO; Shala Kudlac, General Counsel; Andrea Love, HIM Manager & Privacy Officer, Becky Sanders, Quality. Tony Waite, RT Manager.

Members Attending via Virtual: Mauricette Montredon, FOX Group; Terri Brandt Correia, CNO.

Absent: Dr. Brock Millet, CoMS

Visitors/Public Attendance: None

1. Call to Order 7:30am
2. Public Comments and Correspondence- none.
3. Approval of Minutes
  - a. Regular Board Meeting, July 25th, 2024

**MOTION:** To approve the minutes of the Regular Board of Directors meeting held on July 25<sup>th</sup>, 2024 as written and presented.

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

4. Compliance 2<sup>nd</sup> Quarter Report – Andrea Love / Mauricette Montredon
  - a. Andrea reported that training for departmental teams is ongoing. Becky met with the team to share department metrics for quality goals. Andrea is doing HIPPA training both in person and virtually. Risk assessments were noted, and data will come to the board soon. 3 compliance audits were pulled in quarter 2 and those went well. Andrea has new policies to share with FOX group. For her 15 privacy incident investigations in 2<sup>nd</sup> Quarter:
    - i. 3 cases were closed with sanctions to employees after determination of unauthorized access had occurred.
    - ii. 8 cases closed with no violation.
    - iii. 2 cases closed with unauthorized disclosure.
    - iv. 1 case closed as unsubstantiated.
    - v. 1 case still in open investigation status.
    - vi. The Board asked about the 3 cases with sanctions - malicious? Andrea noted that the person was overly concerned about a patient, with no malicious intent. Jeff noted the policy with appropriate sanctions and levels of intent and event.
  - b. Mauricette Montredon went through the report from FOX Group identifying the objective for focus this quarter and the status of each point as it relates to the compliance program. She asked the Board for questions, and none were heard.

5. Monthly Departmental Reports:

a. Respiratory Therapy – Tony Waite

- i. Number of employees: 3 staff with one traveler in bound September 3<sup>rd</sup>. Tony is working with HR on Recruitment.
- ii. Work - overview of services
  1. Current Work in Outpatient:
    - PFT's 4-10 wk
    - Holter Monitors 4-10 wk
    - Sleep studies 6 wk
    - Overnight Oximetry 6 wk
  2. Inpatient Standard Respiratory care given
- iii. Volumes
  1. General Overall the summer has not seen the typical increases Level COPD symptoms
  2. Up/Down (trends) Trending a bit lighter than inpatient volumes - Working with Scheduling team to balance daily/weekly Volumes.
- iv. Growth Areas / New Equipment / New Services
  1. Researching Fit testing program for N95 Looking for new process and equipment for fit testing for N95; he will submit a proposal for this later.
- v. Challenges - over past year
  1. Scheduling outpatients/Outpatient volumes – working with scheduling to flatten the appointments to a steady daily rate.
- vi. The Board asks about this season's Covid impact. Tony reported he has noticed only single digit admits, most positives are staying home.
- vii. Jeff commended Tony for his innovative Facebook recruitment, yielding a good result.

6. Quality Report – PCS Clinical Quality – Becky Sanders

- a. Becky reviews the PowerPoint Clinical dashboard for Cardiopulmonary- explaining the orange results and commends Tony for his focus.
- b. The clinic is reviewing if data is being abstracted accurately from the charts. Becky presented the data and will have the team focus on the process. Using the example of flu vaccine the Board asks if the measure is the mention of the service or the result when the patient receives the vaccine. Becky answered that It's the mention and the notation of that in the chart.
- c. Healogics did a great job on the measures, Terri noted that Healogics won an award recently for best healing rate in the Western Region. We look forward to celebrating that in the media. The Board asks if there are any patients coming to the service from outside our district or just our providers' patients. They would need to do data collection for that metric. Cancellation rate improvement was noted.
- d. Imaging safety education for foreign object in MRI was explained.

- e. Laboratory troponin measure was explained. Med/Surg chest pain measure miss was noted, and Becky correlated that to the Lab measure miss. Sacha and Becky are working on a hardwired process with nurse order sets for chest pain patients. Our stroke protocol has had great success, and she will use that to re-focus on chest pain. Falls in ED/Inpatient were noted. The difficulty in pain control charting was explained. The moderate sedation score wasn't done once, and the metric was affected from 100 to 83.
- f. Pharmacy - ED medication scanning challenge was explained. James Beans, RN is meeting one on one with nurses on the med scanning and has improved month over month.
- g. Surgical Services - James is working on manager rounding to improve patient satisfaction.
- h. The Joint Commission metrics were compared by month.
- i. The year-to-date medication errors documentation and scanning were noted. Near miss reporting was explained, Becky noted that the Pipeline response time has improved.

7. Medical Staff Report – Jeff Lang (Dr. Millet on Vacation)

- a. Medical Staff Report

8. Credentialing Recommendations and Updates

- a. New Appointment
  - i. Mary Lou Freitag, FNP-C, Family Practice – Active
- b. Reappointments
  - i. *James Morrow, DO- Emergency Medicine- Courtesy*
  - ii. *Babak Baharloo, DPM- Podiatry- Courtesy*
  - iii. *Chandra Matadeen-Ali, MD-Telemedicine Sleep Medicine- Courtesy*

**MOTION: To approve the credentialing recommendations of the Medical Staff Committee as presented.**

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

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

- a. Operational Update
  - a. Radiology is now fully staffed with traveling techs. Schon is still recruiting for permanent placement. We have more days available for ultrasound as our part-time tech has left her job in Bandon and is able to provide more days here at CVH.
  - b. The Joint Commission will survey the lab on September 17<sup>th</sup>-19<sup>th</sup> CVHD is prepared and looking forward to the visit.
  - c. House Bill 2697 - Staffing law, mandating nurse to patient ratios expanded to include professional, technical and service staff committees. The formation of these, as well as a staffing plan needs to be completed prior to December 31, 2024. Tony has stepped up to serve on this committee. We are on target to complete this on time.
  - d. A Pharmacist candidate will be touring today and hoping to be successful in recruiting them.

- e. The Board asked if we are short of pharmacists – Terri responded that we have been short for around a year. CVH did hire a traveling Pharmacists, which worked out well. Her contract has ended and has no desire for permanent placement due to upcoming retirement. Hoping to be able to offer permanent employment.
  - f. Jeff noted the results of the last staffing survey investigation. Terri explained that we are no longer subject to survey as the State will transition to a complaint driven process. This unfortunately means we must respond to each complaint. Recently we had a nurse file a complaint, stating CVH had no Nurse Staffing Committee approved nurse staffing plan. Much research into meeting minutes from the last three years to determine this was unfounded. We had conversations with the OHA attorney on this topic and she was a great help. We did receive notice from the OHA, that allegations were unfounded as we did have a staffing plan in place. After January 2024, there are fines associated with not adhering to our committee approved nurse staffing plan. We did discover an opportunity for more thorough meeting packets and minute taking and are doing so moving forward to assure accuracy and documentation of actions by the committee.
- b. Policy Approval
- a. *Coquille Valley Hospital & Clinic Quality Assurance Plan – 6 pages*

**MOTION:** To approve the policy, as recommended by the Medical Staff Committee as written and presented.

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

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

a. Financial Results – July 2024

- i. Inpatient – Admissions and Days were unfavorable MTD and YTD. CVHD had 15 IP admits from our ED in July and 16 admissions into Extended Recovery from surgery for a total of 18.1 days and an average length of stay of 1.1 days. Continuing the trend of favorability over PY.
- ii. Swing bed Admissions – On budget for July, Flat over PY.
- iii. SB Days – Almost 48% favorable in July driven by our higher than budgeted admissions - a target for admissions would be 22.7% and CVHD are a little higher than normal.
- iv. Total Admissions were flat to budget for the month, but favorable by 120% over PY
- v. Total Combined Patient Days (IP + SB) and Total ADC were both – Unfavorable to budget in July, but favorable over PY by 36.8%.
- vi. ED Visits – CVHD had 553 ED visits in July and averaged 17.8 patients per day. Favorable in July to budget and over PY by 4.3%.

- vii. Adjusted Patient Days – Favorable almost 5% in July to budget and favorable over PY.
- viii. Clinic Visits/RVUs – Clinic Visits and RVUs were both Favorable in July to budget and over PY by 42.4%.
- ix. Lab – Favorable in July by 38.6% and over PY by 34.7%. CVHD budgeted for a 5% increase in Lab in FY25.
- x. Radiology – Unfavorable almost (12%) in July, but favorable 5.4% over PY. CVHD budgeted for a 6% increase in our Outpatient volumes in FY25.
- xi. IP Surgeries – CVHD did not have any IP surgeries in July. CVHD should see IP surgeries ramp up when our SCOA contract comes to fruition.
- xii. OP Procedures – Unfavorable in July by just over (40%), but favorable to PY by 2.3%.
- xiii. Our team:
  - 1. El Youssef 5
  - 2. Ferrer 13
  - 3. Hobson 5
  - 4. Johnson 15
  - 5. Simmonds 7
- xiv. CVHD expects a 94% increase in OP Procedures in FY25.
- xv. FTEs – CVHD ended July with 195.6 FTEs compared to 164.2 at this time last year.
- xvi. Days Cash on Hand - CVHD had 180 Days COH at the end of July with 33 days restricted for future Capital compared with 165 Days COH this time last year and 30 of those restricted for future capital.
- xvii. Total Days in A/R – 73.0 compared with 59.6 this time last year. \$10.9M in Gross A/R of which \$8.7M is within 90 days.

b. Income Statement:

- i. Gross Revenue – CVHD ended July with \$5.7M in Gross Revenue, slightly unfavorable to budget in July, but favorable 18% over PY. Same drivers continue for revenue of \$5.7M again this month.
- ii. Contractual Deductions – CVHD booked a \$300K payable towards our FY25 Medicare Model Payable in July. Medicare recouped \$675K of the \$1.4M FY24 interim Medicare CR payable, which had a negative effect on cash in July.
- iii. Other Operating Revenue – Favorable to monthly budget by 28.9% and over PY by 38.6%.
- iv. Operating Expenses – Favorable to budget, but unfavorable over PY primarily driven by:
  - 1. Food, Drugs, and Supplies;
  - 2. The supplies budget included increases for SCOA volumes, covering the expected increase in surgical implants.

- v. Bed Tax of \$449K was booked in July along with corresponding receipt of revenue.
- vi. Net Profit for July was \$263K, favorable to budget and over PY.

c. Balance Sheet:

- i. Cash decreased by (\$300K) primarily driven by the (\$800K) decrease in A/R partially offset by the \$500K increase in A/P.
- ii. Estimated 3<sup>rd</sup> Party Payor Payable net decrease of (\$375K) related to a (\$675K) reduction related to Medicare recoupments partially offset by a \$300K increase related to the FY25 July Medicare Model adjustments.
- iii. Net Position – Temporarily Restricted – Increased by \$10K related to a new grant received from OHSU Oregon Office of Rural Health to establish “food pharmacies” in our Coquille and Myrtle Point clinics and to increase access to primary care/mental health services.
- iv. Net Position Temporarily Restricted YTD reflects the amount of restricted grant funds of the \$79K left to be spent. Discussion was heard on restricted accounts and Reitman funds spent.

d. Review of Scheduled of Cash and Investments

- i. LGIP went from 5.2% to 5.3% and the Mortgage reserve went up to 5.45%.
- ii. The Board commented that we have spent some cash on new projects and that the cash would be higher if we weren't spending on projects. CIP was at \$1.75M so far; Jeff noted routine capital last year was \$2M.

e. Project Expenditures/Grants Tracking

- i. Not a lot of change there.
- ii. The Board asked if we are over budget on the project. Linda explained that the interior and IT, Security system came in higher than anticipated as it was initially quoted more than a year ago.
- iii. Jeff noted that the CVHEALTH will be responsible for cash flow for these entities in the future. He reminded the Board that we have established providers moving to Myrtle Point. Linda worries about the capacity of the provider as their panels will follow them and we may need to seek out and recruit new providers without panels. Our Clinic is scheduling 80 new patients a week for our clinic providers at the moment.

f. Approval of Disbursements over \$25,000

- i. Jeff noted that the Fedko spend will go up in October for a replacement ER provider.

- ii. Jeff highlighted that the building painting at the clinic is currently being done. Linda added that the clearing out of the overgrown landscaping was appreciated.

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

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

g. Capital Requests

- i. Exam Tables – MP Clinic: \$14,000
- ii. IMP Demayo Knee positioner, Surgery: \$23,500

**MOTION:** To approve the Capital request for the items listed as presented and recommended by the Finance Committee.

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

- h. Michelle updated the Board that the audit is going very well. Sage has the templates built and the first meeting and indicated that the reports need to be built and history input, she explained the challenge of the chart of accounts and will map out to the new system.

11. Strategic Projects Update – Linda Royal

a. Myrtle Point/Coquille Projects

- i. Linda updated the Board on the Myrtle Point Clinic with a list of punch items. The mud, texture and painting on the curved walls are done. IT wiring and flooring will go in next. They have retained and repurposed doors, as well as the tile in the front area to watch costs closely. Linda expects an opening date of Tuesday, October 1st. We will welcome the Myrtle Point city council to tour in the next few weeks.
- ii. Linda reviewed the outstanding items. Noting the owner repairs to the stucco. The Clinic provider recruitment is ongoing, FNP in the Myrtle Point area will move her practice to the new Clinic. Marketing postcards will be sent out early September.
- iii. Pictures of the interior work at the Myrtle Point Clinic were shown and explained. Linda would like to tour the Clinic with the Board in a few weeks after the flooring is done.
- iv. Pharmacy update – mud, painting, trim and doors. IT arrived this week and cabinets will come in soon. The nearly new carpeting was retained. She highlighted some of the outstanding items and the timeline. Our permanent Pharmacist and Pharmacy Tech have been hired; they both have experience and are local. The Pharmacy has 285 prescriptions in the waiting box so far. The Clinic MAs are vying for tee-shirts and incentives in exchange for educating the patients about the Pharmacy. Linda expects that we will start

conservative and then expand. The Board stresses that there should not ever be a line of patrons waiting, or we will be no different than the other pharmacy. Linda will have a weekly meeting on workflows. Linda will get posters of CVHD as well as a TV with looping videos to promote the Clinic and Hospital services. She commented that some of the locals have come in to say hi.

b. Provider Recruitment

- i. Linda reviewed the progress in the recruitment with the six recently signed contracts and upcoming interviews with more potential candidates. Linda commended Alison Green for recruitment and interviewing. A lot of providers are reaching out to us. We keep in contact and engagement with our recruits. Jeff gave some details on the candidates without a signed contract, explaining the likelihood of successful recruitment for each.
- ii. Linda supported one of our new NP's in starting a new practice for one of our new NP's who has a medical delay.

c. Grants & Fundraising

- i. Urban Development Grant is under consideration for \$30,000.
- ii. Oregon Energy Trust will reimburse for some of the energy saving features like LED lighting installed.

d. Clinic Operations

- i. Financially strong, staff are doing well, hiring MA's ahead of Provider hire dates. Working with Revenue Cycle to make sure we are ready for the new providers. New RAC Cards for employment prospects and new recruiting videos are available.

12. Administrators Report – Jeff Lang, CEO

a. Building Project/Financing Update

- i. We are still waiting for their response from USDA regarding the 4<sup>th</sup> floor and our ability to take out a guaranteed loan. We are unable to move forward with USDA financing process until we have direction from USDA on those two components.
- ii. Once we hear from USDA, we will need to update the FFR and the PAR based on their last round of comments.
- iii. Concurrently we are gathering information on the use of a HUD 241 loan as an option instead of using USDA. Jeff explained this loan program to the Board. Interest rates have recently trended down making the difference between USDA money and other financing sources closer.
- iv. The Board noted that USDA is not meeting our needs from a timing perspective and there is no guarantee that they will commit funds. The Board expressed their frustration with the process and urged management to move forward expeditiously in getting financing secured for the building project.



b. Operational Update

- i. Provider Recruitment
- ii. The landscape of area healthcare continues to change, BAH will enter talks with a partner sooner than expected.
- iii. Jeff updated the Board on what he has heard (rumors) related to Bay Area Hospital reaching out to the nearby clinics to see if they have an interest in doing something jointly with the hospital and any potential suiters they would have as a means to increase the value of the transaction.
- iv. The letter to the editor in the World newspaper was discussed. Jeff addressed several misrepresentations in the article. Jeff reviewed CVH's compensation philosophy of being at median compensation at median production. CVH is paying providers slightly more than other clinics in the area due to the other clinics paying less than MGMA medians. Jeff has had several calls from providers looking for stability to stay working in the area.
- v. Jeff mentioned many clinics utilize non-compete covenants in contracts with providers. We are working with legal counsel to determine the current enforceability of restrictive covenants.
- vi. Community Provider Partnerships
  1. Community Health Improvement Plan Draft Report
    - Jeff briefly reviewed the requirement and the plan to address the most pressing issues identified:
      - i. Lack of access to primary & specialty care
      - ii. Lack of access to mental health services
      - iii. Effects of Chronic Conditions, including obesity
      - iv. Effects of substance abuse on our community
      - v. Lack of housing
    - Will finalize the improvement plan for Board approval next month.
    - He outlined details on each point with our plan to address the needs in our community.
    - The Board noted that the Jefferson School project should be used to showcase housing to recruit candidates. Jeff noted that we could purchase a house as a recruitment tool. The ability to rent an available house for up to 2 years while searching for a permanent place takes an element of worry out of the equation, it is a good hiring tool.

13. Board Chair Report

- a. AHA Rural Health Conference Attendance.
  - i. Dan prefers the timing of Rural Health Conf in February 2024. AHA Rural Health Conf. offers a wider range of topics. Mark prefers the

timing and location of it as well. Beth will reserve rooms on a refundable basis.

- b. Board member recruitment – Open Position.
  - i. Board Chair requests nomination. Rachel Osbon; Patrick Flynn; will need to see if they live in District. Beth will advertise the vacancy.
- c. Discuss the October and November meeting dates. The Board prefers to keep the September meeting on the 26<sup>th</sup>. the November meeting will be held on Dec. 5th and the December Meeting is on Jan.3rd.

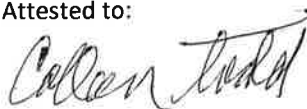
**14. Next Regular CVH BOD Meeting: Thursday, September 26th at 7:30 AM**

15. Adjourn Board Meeting 10:21am

Respectfully submitted:

Dan Mast, Secretary/Treasurer

Attested to:



Colleen Todd, Chairman