



Coquille Valley Hospital

Thursday September 26th, 2024, at 7:30am
DISTRICT BOARD OF DIRECTORS MEETING MINUTES
Virtual Attendance Option Available

Attendance: Colleen Todd, Board Chairman; Dr. James Sinnott; Vice Chair; Mark Libby, Board Member; Jeff Lang, CEO; Michelle Reyna, CFO; Linda Royal, CDO; Terri Brandt Correia, CNO; Shala Kudlac, General Counsel; Andrea Love, HIM Manager & Privacy Officer, Becky Sanders, Quality. JR Edera, HR Director; Sacha Pogue, Nursing Clinical Director.

Members Attending via Virtual: None

Absent: Dan Mast, Board Secretary/Treasurer.

Visitors/Public Attendance: None

1. Call to Order 7:30am
2. Public Comments and Correspondence - none.
3. Approval of Minutes
 - a. Regular Board Meeting, August 22, 2024

MOTION: To approve the minutes of the Regular Board of Directors meeting held on August 22, 2024, as written and presented.

ACTION: Dr. Sinnott/Libby; Unanimous Approval

4. Monthly Departmental Reports:
 - a. HR Quarterly Report – JR Edera
 - i. JR reviewed a Power Point Presentation highlighting our full-time employee volumes from our low of 150 to 262 now. This quarter there were 24 employees hired with 14 separations. Turnover rate is steady at 4.88% for the year. Only one nurse transition for this quarter. Key additions include 5 nurses hired and 5 new provider hires as well as 3 Medical Assistants.
 - ii. Discussion was heard on reenrollment with insurance being passive this year, making it far easier than last year.
 - b. HIM Annual Report – Andrea Love
 - i. Andrea spoke about going paper light and e-fax. Destruction of records 16,000 destroyed one quarter of the way. Organizing and making the chart process for reporting easier. The forms committee meets regularly headed by Andrea to review and standardize forms. Education on chart completeness and regulatory standards for billing is ongoing. Andrea has conducted 8 provider audits this year and now we have 18 providers. Andrea will sit for the RHIA certification exam soon. Over the next year adding a position and working on the CHIPS certification for privacy and security.
 - ii. She explained the amount of paper charts and X-rays in the clinic attic. HIM will purge heavy items out of the clinic. Goal is to become paper

light; while there has been some pushback, she is continuing to work on simplifying workflows. As an example, CVH should be electronically signing death certificates to streamline this requirement.

- c. Nursing and Clinical Annual Report – Sacha Pogue
 - i. Sacha presented a thorough Power Point Presentation for the board. She explained her role and outlined an organizational overview of her roles in the ED, OPI and M/S Departments. She expanded that within the statistic of 49 employees, 26 are employed FTE's, 3 are part time, 17 are PRN, and only 3 are contracted staff, she outlined the success in recruitment, facilitating growth. She outlined the year over year growth in Medical/Surgical: with the Census average of 4.4 in 2023 climbing to 5.02 in 2024; Trauma Volumes saw a 20% increase the ED was steady with 114 more patients visiting the ER in FYE2024. Outpatient infusion climbed by 48 patients and continues to rise.
 - ii. Sacha explained the methodology and advantages of abstracting and monitoring data in collaboration with the Quality Director and adherence to regulatory requirements
 - iii. She highlighted community education efforts conducted this last year. The Annual Skills Fair and the Champions Program in the ER was explained, with the successes shared to the Board.
 - iv. Recent equipment acquisitions and utilization were discussed and the impacts to improved patient care was shared.
 - v. Sacha briefly touched on the Accreditation and Certifications achieved in the Joint Commission Accreditation and our Trauma Program that Nurse Beans has taken a leadership role in.
 - vi. Challenges were reviewed, Sacha is working on Standardizing processes for all nurses and clinical managers. AiDA will be utilized as of today. Implemented resource nurses. She brought the Boards focus to her strategies for the upcoming year with Educational support for clinical staff and expanding the Champions program to more departments
 - vii. Terri commended Sacha who recently completed her bachelor's degree and is now working on her master's and has received a scholarship for CNO certification.
 - viii. Jeff invited Sacha to talk about a new program. Sacha explained the new hospitalist medicine program will help us keep patients here. This will have a positive outcome for nurses, family, patient and community and provide the services that our community deserves.

5. Quality Report – Medical Staff Quality – Becky Sanders/Jeff Lang

- a. Becky reviewed the Quality presentation. She commented that the Surgical volumes showed strong orthopedic volumes; and that with current demand, Dr. Ferrer could have more time. Discharges are trending down and pt days have increased. Discharge planning efforts were reviewed, the utilization review position recently transferred into ED nursing. Medication reconciliation was noted with some downward trends in August, focus will be adjusted to correct

this. Closed chart review with lower scores in clinic will be worked on. CPOE was outlined and Becky noted that the Pipeline team impacts some of these scores. Press Ganey results are still suffering from low volume surveys. Meeting attendance was noted as higher. Peer review measures examples were discussed. OPPE at reappointment was explained. Chart review indicators were given as an example. Becky explained the importance of peer-to-peer feedback. FPPE at Initial Appointment - Jeff commented that March had 2 FPPE's without a denominator and we are waiting for cases to be reviewed. Under FPPE for cause, Becky noted there were none for 2024.

6. Medical Staff Report – Dr. Millet

a. Medical Staff Report

- i. Quiet no issues. ER providers schedule challenges were noted.

b. Credentialing

i. Initial Appointments

- Ji Min Jung, DNAP, CRNA- Anesthesiology- Courtesy
- Jae Min Jung, CRNA- Anesthesiology- Courtesy
- Stephanie Riccalarsen, MD-Family Medicine-Courtesy

Dr. Millet introduced the candidates. Jeff confirms all are with clean files and no issues.

MOTION: To approve the Initial Medical Staff appointments as presented and recommended by the Medical Staff.

ACTION: Dr. Sinnott/Libby; Unanimous Approval

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

a. Operational Update

- a. Lab focused Joint Commission was postponed due to surveyor illness until October 29-31. We are extremely ready and ran tracers as if Joint Commission was here for practice.
- b. OR Manager attrition was noted. Surgical RN, Darron Pealock has prior management experience and has taken the interim clinical role duties with Terri taking the administrative role. She noted that this is a difficult position to fill and retain.
- c. CRNA challenges and engagement of the locums' group was explained. Alison Green is helping with this effort.
- d. Rose Walker Patterson indicated that she is considering joining CVH full time.

b. Policy Approval

- a. *Water Management Program – Legionella – IP/EOC – 6 pgs.*
- b. *Laboratory Infection Prevention plan – Lab – 1 pg.*
- c. *Bloodborne Pathogen (BBP) Exposure Control Plan – IP – 12 pgs.*

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

ACTION: Dr. Sinnott/Libby; Unanimous Approval

8. Finance Committee Report – Michelle Reyna, CFO / Mark Libby

a. Financial Results – August 2024

- i. Department Statistics
- ii. IP – Admissions and Days were unfavorable MTD and YTD but are favorable over PY. We had 15 IP admits from our ED in August and 11 admissions into Extended Recovery from surgery for a total of 15.5 days and an average length of stay of 1.4 days. Michelle commends Sacha for follow through with forms signing.
- iii. SB Admissions – Unfavorable MTD, YTD, and over PY.
- iv. SB Days – Unfavorable over (41%) in August driven by decreased admission and ALOS to budget. YTD SB Days slightly favorable despite unfavorable admissions due to an increased ALOS compared to budget.
- v. Total Admissions just over 4% favorable to budget in August and 1.5% favorable YTD. We have almost doubled our Admissions over PY YTD.
- vi. Total Patient Days (IP + SB) and Total ADC were both – Unfavorable to budget MTD and YTD, but favorable over PY.
- vii. ED Visits – We had 555 ED visits in August and averaged 17.9 patients per day. Favorable just over 3% MTD and YTD and 4.6% over PY.
- viii. Adjusted Patient Days – Unfavorable almost (8%) in August and (1.6%) YTD to budget, but favorable almost 45% over PY.
- ix. Clinic Visits/RVUs – Clinic Visits and RVUs were both Unfavorable in August to budget. YTD Clinic visits were slightly unfavorable to budget, but RVUs were favorable by over 14%.
- x. Lab – Favorable MTD, YTD, and over PY.
- xi. We budgeted for a 5% increase in Lab in FY25.
- xii. Radiology – Unfavorable (9%) and (10%) in August and YTD, respectively. Unfavorable just over (3%) over PY. When we bring SCOA on, we expect these volumes to meet/exceed budget.
- xiii. We budgeted for a 6% increase in our OP volumes in FY25.
- xiv. IP Surgeries – We did not have any IP surgeries in August. We should see IP surgeries ramp up if/when our SCOA contract comes to fruition.
- xv. OP Procedures – Unfavorable in August by almost (49%) and unfavorable almost (45%) to budget YTD. Unfavorable over PY by (4.5%).
- xvi. El Youssef 0; Ferrer 19; Hobson 3; Johnson 12, and Simmonds had 5.
- xvii. We budgeted for a 94% increase in OP Procedures in FY25.
- xviii. FTEs – We ended August with 197.7 FTEs compared to 169.9 this time last year.
- xix. Days Cash on Hand - We had 168 Days COH at the end of August with 33 days restricted for future Capital compared with 173 Days COH this time last year and 32 of those restricted for future capital.

- xx. Total Days in A/R – 68.6 compared with 55.3 this time last year. \$10.9M in Gross A/R of which \$8.4M is within 90 days and \$9M is within 120 days. The Board asks about AR - Michele will be educating the clinic staff on coding and will have the provider indicate a level (i.e. 1,2,3,4). Jeff notes the process of the receivables leaving within 10 days on average and working collaboratively with the clinic providers. Claims are getting denied so we are working to refine that process. Will reduce days in unbilled and ensure clean claims to be paid quicker. Will implement the requirement for the provider level assessment in the chart.
- xxi. Statement of Revenues (Income Statement)
- xxii. Gross Revenue – We ended August with \$5.5M in Gross Revenue, unfavorable to budget by almost (14%). YTD we have \$11.3M in Gross Revenue, unfavorable to budget by (7.5%). We are favorable over PY by just over 12%.
- xxiii. Contractual Deductions – We booked to our Medicare model payable of (\$233K) which resulted in a pickup of almost \$77K.
- xxiv. Medicare recouped \$731K by 8/16/2024 combined with the \$675K they recouped in July totals the \$1.4M they needed to recoup related to the FY24 interim Medicare CR payable. This had a negative effect on cash in August.
- xxv. Other Operating Revenue – Favorable to budget and PY.
- xxvi. Operating Expenses – Slightly Unfavorable MTD, but Favorable YTD by almost 6%. Largest YTD variances from budget include:
 - 1. Salaries & Wages: \$436K unfavorability primarily driven by ED (\$228K); Admin (\$196K) budgeted in MSO; Clinic (\$88K); Anesthesia (\$42K); Lab (\$23K); partially offset by savings in Hospitalists of \$115K.
 - 2. Contract Labor: \$300K favorability driven by Admin \$213K MSO/Contract Staff combined with Anesthesiology \$80K related to SCOA.
 - 3. Food, Drugs, and Supplies: Supplies budget includes increases for SCOA volumes.
- xxvii. Statement of Net Position
 - i. Net Operating Loss of (\$140K) in August and YTD Net Operating Profit of \$250K.
 - ii. Non-Op revenue variance MTD is related to the Bed Tax that was booked in July but budgeted in August. YTD we are flat.
 - iii. Net Loss for August was (\$58K) and YTD Net Profit of \$206K.
- b. Review of Scheduled of Cash and Investments on Balance Sheet
 - i. Cash decreased by (\$1.1M) primarily driven by the cash recouped by Noridian related to the FY24 interim MCR combined with the increase in PP&E.

- ii. Estimated 3rd Party Payor Payable net decrease of (\$786K) related to a (\$731K) reduction related to Medicare recoupments combined with a (\$55K) reduction in the Medicare model payable.
- iii. Net Position Temporarily Restricted YTD reflects the amount of restricted grant funds of the \$79K left to be spent.

c. Approval of Disbursements over \$25,000

- i. Checks came in at a total of \$2.25M for the month.

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

ACTION: Dr. Sinnott/Libby; Unanimous Approval

Michelle noted that the LGIP will decrease next month to 4.89%.

The Principal Financial input will be put in this month. Michelle noted an issue to fix in that system.

a. Capital Requests

- i. RT Fit Testing upgrade - \$16,300 - Jeff explains the need for this post COVID for those that have had their smell/taste impacted.

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

ACTION: Libby/Dr. Sinnott; Unanimous Approval

b. Grants and Project Expenditure tracking

- i. Grants are at 152,000 and CIP is at \$1.750M

9. Strategic Projects Update – Linda Royal

a. Myrtle Point/Coquille Projects

- i. MP Clinic Building has transformed. Repairs to stucco were noted. She will discuss maintenance and housekeeping closer to the opening date. Linda explained the cost savings by maintained flooring and doors. She reflected upon the pictures of the exterior and interior for the Board. She reviewed progress of interior fittings. She gave a detailed outlook for the next 30 days of work before opening.
- ii. Pharmacy maintained carpet and cleaned up well. Linda explains that it is a large pharmacy with room to expand. Consideration for the extra space was discussed. Resource desks will be included in the area for education and help for patients. Linda notes the progress in systems and infill for the pharmacy. Prepping for prescriptions on day one and beyond. Utilizing Cerner system for data in what will be anticipated.
- iii. Next 30 days outlined for operations prep. Signage will be shared soon. Jeff noted the initial pro-Forma will most like be exceed in a large way. The 340b prescriptions from patient will be appreciated. Pharmacist Brandi Feger will be a great asset to the community.

iv. Provider Recruitment

1. Linda anticipates that the Myrtle Point Clinic will have a full panel of patients in the first 3 months and will need a 3rd provider.
2. Phenomenal recruitment has been achieved and most without recruitment fees just by word of mouth.
3. Board mentions that They are happy with NP and PA mix, but want MD, DO and more IM providers and Specialists will be needed so that we don't need to refer out as much. There is opportunity to attend to more complicated patients here.
4. Jeff noted that there are 5 providers from the NBMC clinic that approached him for placement.

v. Branding and Marketing

1. Linda encourages the Board to view the OPI video on Facebook/Website. RT education will soon be able to be accessed by patients on website. The Turrell group has increased CVH rotations on social media. Linda looks forward to soon being able to have online patient enrollment form. The Joint Commission certificates and posters for distribution throughout the buildings were shown to the Board.

b. Grants & Fundraising

- i. Linda reviewed the grants in process for the Board and future focus on grants and fundraising was discussed.

10. Administrators Report – Jeff Lang, CEO

a. Building Project Update

i. Financing Update

1. USDA response on the 4th floor was discussed. They asked for new analysis and new requirements to consider moving forward. Jeff summarized that the USDA is essentially separating the 4th floor as an alternate option. Redesign from architects will be expensive and CVH will most likely have to bear the cost of this option. Jeff notes that he is not able to determine if USDA will approve the 4th floor option or the loan. He questions the efficacy of paying the cost of nearly \$170K to get this redesign done.
2. Jeff has engaged HUD and will be moving forward with exploring the possibility of the 241-loan. If approved, we will borrow funds at a rate of 4.75% to 5.5%. The delta between these two loans will not be as significant. HUD financing offers a slightly higher payment due in part to shorter amortization. Importantly, they are excited about the opportunity to work with CVH to provide another loan. HUD has approved us already for removal of the old hospital. They will also recognize the equity contribution of that money.
3. Jeff explained the analysis of feasibility in going with the HUD 241 loan. He will ask the Board for a final decision in early October.

4. Jeff noted that the 4th floor will add to the overall cost by about \$15,000 a month.
 5. Board appreciated the difference between HUD and USDA.
- b. Operational Update
- i. Hospital Medicine Program
 1. Jeff reviewed the program, Sacha and nurses are really excited about this change with the added support available for inpatients. He talked about the progression of coverage in our hospital. Census and acuity volumes are increasing. The current on-call program is inefficient for our volumes and acuity. The burden for our providers being pulled between their inpatient and clinic patients is becoming larger. ED providers are not appropriate providers for inpatient cases.
 2. New coverage models have been considered. considerations and work in EHR efficiencies are noted. Telemedicine intensivist will cover from 7pm to 7am. Our Hospital provider would also read EKG/PFT. The Provider Clinic would add a floating NP to cover practices whose provider is on a hospital medicine rotation, including answering emails, attending to acute, urgent and crisis call for the provider practice. The Board notes that the hospital doctor can potentially get home for a night of sleep.
 3. Jeff outlines the new coverage model schedule and cautions that if CVH loses a provider for the 1 in 5 model we must provide a locum to cover. CVH currently pays \$1600 instead of \$1475 at another area hospital. Board asks about how to deal with subpar care by a provider. Jeff said that the FPPE/OPPE system would review that, and the contracts are such that we can alter or terminate the contract swiftly. Board consensus is to approve the model. This will help curtail our transfers out. Consulting with the telehealth intensivist at night is a good solution. Dr. Millet has been given a contract and he has indicated he would like to stay with NBMC, if he would like to participate, a 1 in 6 model would be on the table as well. Board appreciates the work life balance as a great recruitment tool. With the Board consensus, Jeff will finalize the contracts and implement a go live around January.

- c. Community Health Improvement Plan
 - i. Jeff reviewed the elements of the CHNA implementation plan for approval by the Board.

MOTION: To approve the Community Health Improvement Plan as presented.
ACTION: Dr. Sinnott/Libby; Unanimous Approval

- d. CVHEALTH Operating Loan (indebtedness request)
 - i. Loan approved from Advanced Health for start-up costs for both the Myrtle Point and Coos Bay Clinics in the amount of \$900,000.

MOTION: To grant approval to CVHEALTH to take on an operating loan, secured by their accounts receivable, in the amount of \$900,000 to fund the start-up of their operations.

ACTION: Libby/Todd; Unanimous Approval - Dr. Sinnott abstained from vote

d. CVH Health Update

- i. governance redesign can be enacted with the elimination of USDA. We can pause the CMG build out and do a MSA agreement for the time allotted by CVHD admin to CVHEALTH. CVHD will retain all executive staff, and this simplification will save us probably \$15,000 to stay under one umbrella.

11. Board Chair Report

- a. AHA Rural Health Conference Attendance Rooms update
 - i. Feb 23-26
- b. Board member recruitment – Open Position.
 - i. Discussion was heard on having no response to the newspaper notice for potential Board candidates.

12. **Next Regular CVH BOD Meeting: Thursday, October 24th at 7:30 AM**

13. Adjourn Board Meeting At 10:44am

Respectfully submitted:



Dan Mast, Secretary/Treasurer

Attested to:



Colleen Todd, Chairman