

**BOARD OF COMMISSIONERS
PUBLIC HOSPITAL DISTRICT NO. 1 OF PEND OREILLE COUNTY**

February 25, 2021

Due to CoVid-19 protocols, this meeting was offered via tele-conference. Those in attendance: Commissioners: Robert Rosencrantz, Lois Robertson, Terry Zakar, Lynnette Elswick and Susan Johnson; Chief of Medical Staff, Aaron Reinke, MD; Directors: Tom Wilbur, Kim Manus, Joseph Clouse, Susan Schwartz, and Chris Wagar. Others: Casi Densley, John Stuiwenga, Jane Tilley; Chelsea Stumph, Casey Scott, Trina Gleese, Jen Allbee, Jennifer Johnston, Becky Dana, Regan Ireland, Jenny Smith, Lori Stratton, Jenny Cooper, and Nancy Shaw.

CALL TO ORDER:

Terry Zakar, Chairperson, called the meeting to order at 10:03 a.m.

READING OF LEGAL NOTICE:

The regular meeting legal notice was distributed as required.

APPROVAL OF AGENDA / CONSENT ITEMS:

Included in the consent packet: Meeting Agenda, Auditors Report and Uncompensated Report.

Commissioner Johnson requested an addition to the agenda, noting she invited Dr. Radke to attend to discuss flu vaccinations and a potential policy to require new hires to start receiving flu vaccines.

APPROVAL OF PREVIOUS MEETING MINUTES

Commissioner Rosencrantz stated he has substantial concerns regarding the meeting minutes and opened the floor for others to comment on preparation of the minutes and content. Tom W. responded, noting the compilation of meeting minutes has been the same for 16+ years. Nancy Shaw, Admin. Asst. records/notes the meeting, from which she types/transcribes basic minutes within a week. Thereafter, Tom finalizes the minutes when he completes the Board packet in the 3rd/4th week of the month; he uses Nancy's outline and keys his final edits toward the key topics/actionable items from the meeting. He noted he has never listened to an audio recording of a meeting, ever, and that the 2-3 hour meeting is generally vetted down to 4-5 pages of "core" content.

Commissioner Rosencrantz explained that at the conclusion of the January meeting the Commissioners made it clear the minutes should be a concise reflection of what was agreed to and discussed. Robert noted that when he reviewed the minutes, he did not feel they accurately reflected what occurred. He explained that when he requested an audio recording from Nancy Shaw, the e-mailed file only contained a two second recording. Nancy explained that her recorder had broken at the meeting and she had forgotten the recording was only two seconds; she noted most of the meeting was documented by her hand notes and on her phone.

Tom noted it was rare, but the recorder has faulted over the years at various meetings, but there was no nefarious intent. He asked the Commissioner's for any changes/edits that they felt may have been omitted or could be clarified; he would be happy to make any changes/additions as they saw fit.

Commissioner Rosencrantz stated that he was not prepared to approve the January 28 minutes, noting the other Board members may make their own decision. Commissioner Elswick offered a suggestion that the January meeting may have been recorded via Zoom. Chris added that going forward, all meetings should be recorded on Zoom; the Board concurred.

Tom again requested that the Board members submit any edits or changes for the January meeting and Nancy will update the minutes. It was also decided that all future meeting minutes be transcribed within a week following the meeting and submitted to Board Secretary, (Lois Robertson) for initial review.

Organizational Chart: Commissioner Zakar pointed out that she noticed that the Org. Chart included in the packet materials did not reflect QA/PI dual control between Theresa H. and Chris W. She felt it was made very clear that QA/PI should report to the CNO.

Tom W. noted that QA/PI effectively works with every department and reports to every Chief/Director and asked Jen Allbee, RN, QA/PI Mgr., to provide an overview of her function. Jen explained that each District service line (clinic, hospital, residential care) has quality metrics and every District department is required to measure quality metrics in the form of a PI Project. Issues/reporting items can be identified during State survey, mandated DOH/WSHA/Collaborative reporting, or a District desired project to improve quality/service. Most departments report their quality presentations to the Quality Council throughout the year, though CoVid response/EPIC conversion has interrupted the 2020 routine.

Jen explained that she had worked with Heidi Hedlund (prior QA/PI), who reported thru HR; Pete Peterson (Clinical), and now Chris Wagar (Ops). She stated Quality projects can also be driven by District events/outcomes, such as root cause analysis and explained she only makes contact at the Director level if a manager needs direction; also, if a Director should be notified of specific incidents. Tom noted the Org. Chart has virtually nothing to do with how quality plan/manager PI plans are formulated; our operators (manager/leads) drive it, Directors generally get updates only to ensure target compliance. Chris W. pointed out many departments that produce Quality reports are not clinical

Commissioner Johnson stated she felt it made sense for QA/PI to report to the CNO and asked if the QA/PI Committee is mandated and/or does the State recommend RN oversight? Tom indicated that a QA/PI Committee is required for Hospitals (via RCW/DOH) and Clinics/RMV via CMS Conditions of Participation. Jen Allbee noted that within our Collaborative hospital group, approx. one half use RN oversight. Tom noted that DOH/WSHA/Collaborative works collectively drive many hospital-based quality metrics/initiatives and that the QA/PI Committee/reporting process has multiple layers that ultimately roll up to the Board. Terry stated that she has been involved with the District's QA/PI processes for some time, including Peer Review as well; she felt it is better managed with RN oversight. Tom noted that he agreed - Jen Allbee provides that oversight.

Tom reiterated that it will take time to onboard the CNO and she will need to familiarize herself with all of our managers and processes and WA State rules. He noted again that the Org Chart reflects only a snapshot in time; we have shifted roles over the past 2-3 years, but only began revamping the Org Chart last fall; and, 2021-22' will bring about even more work/changes with the addition of behavioral health and our ACO reload. Chris added that her role with Covid Incident Command has been exhausting and will continue when Theresa arrives; the CNO will need to have time to adjust to her new position.

Tom provided the organizational chart that was disseminated to all manager/leads. There was discussion regarding chain of command, which has shifted and changed over the years, and operation, oversight, and communication; Sue noted there are a number of departments (with nursing processes) that "blend" functions – for example, informatics and nursing. Tom added that a number of functions (discharge planning, patient intake/UR, behavioral health) are all examples of other departments that provide a spectrum of services across all facilities.

Commissioner Robertson added that she agrees that great communication circumvents problems. The Board members agreed that adjustments can be made to the organizational chart as required.

Nancy requested clarification regarding approval of the organizational chart; **Commissioner Robertson moved to approve the organizational chart dated February 19, 2021; the motion was seconded and passed unanimously.**

The following consent agenda items were approved as presented by motion made, seconded and passed.

Auditors Report – January:

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|---|------------------|
| Warrants disbursed: #219592 through #219672 | 176,055.57 |
| Premier Warrants #300107 through 300347 | 1,249,044.52 |
| Premier Electronic warrants: #400005 through #400025 | 283,137.39 |
| Mountain West, Loan payment, disbursed 01/11/21 | <u>40,000.00</u> |
| Total, warrants and disbursements | \$ 1,748,237.48 |
| <u>Bad Debt/Charity: January 2021, inclusive District Write-off</u> | \$ 146,508.93 |

OTHER BUSINESS

EPIC Conversion: Regan Ireland presented an Epic update, noting there were 16 days remaining until EPIC Go-Live. She noted that the delay of our go-live date afforded everyone extra time to practice and better prepare for the system conversion and most everyone was happy they got the reprieve.

Key events, timelines, and task milestones discussed: template build workshop, schedule and registration conversion, workflow dress rehearsal, and provider optimization workshops. She noted that all end users are being encouraged to practice at least 2 hours/week, even though our technology and training are considered “green” with 2,661 modules and 3,956 hours of formal training completed.

Providence will provide up to 30 on-site assistors (not all available at once) during the first two weeks of implementation and we will provide even the non-clinic departments (such as environmental service) one-on-one support during the go-live period. All staff members have been strongly encouraged to seek help if they need assistance and our internal informatics crew will plan to be available 24/7.

Dr. Aaron Reinke noted that most providers are not afforded the time it takes to learn the system’s nuances and customization features, so he has been working diligently to build the features in advance in an effort to streamline processes. Regan noted an OB provider, surgeon, anesthetist and other MD’s from the Providence team will be on hand during go-live and she will be available to provide one-on-one assistance for weeks following go live.

Tom and the Commissioner thanked Regan, Dr. Reinke, and the entire implementation team for their efforts to get Epic up and running.

Annual Foundation Update - Jenny Smith, Foundation Director introduced the Foundation board members in virtual attendance – Kim Manus, Jenny Cooper, and John Stuiwenga, and noted that 2020 was truly a year requiring adjustment. John Stuiwenga was welcomed to the Foundation Board as the new Treasurer. She also thanked Lori Stratton, who has been very willing to learn and take on all tasks in her support of the District as we tried to adapt/respond to the pandemic. Jenny assumed Incident Command in October to support Chris W; Lori Stratton has been assisting in organizing the vaccination clinics and our on-line website scheduling system has proven to be successful, as well.

Jenny outlined 2020 Foundation efforts/contributions: 3D Mammography, Healthy Kids Snack Bag/Reach Out & Read programs, installation of the Touch Source Directory and residential care support via a communication infrastructure grant that funded 20 tablets, headphones, 2 smart TV's, and telehealth licenses. She noted a plaque will be displayed near the mammography room in recognition/ thanks to supporters and high-level pledge donors of the 3D unit.

The Foundation received over \$30,000 in CoVid-related support in the form of PPE, meals, coffee, hand-made masks, etc. Jenny explained that the Foundation Charter accepts all forms of donations, which legally allows the inclusion of hospital staff.

The 2020 Iron Sommelier event set an all-time fund raising record; our Festival of Trees event, modified due to CoVid, still raised \$21,000+ thanks to the generous sponsors and community supporters; in addition, the Foundation will continue to be a recipient of the Innovia Foundation grant to fund communication technology and equipment for our residents.

On the downside, some 2020 events were cancelled due to the pandemic: our Annual Golf Tournament, Pregnancy & Little One's Health Fair (scheduled in April); Annual Fun Run, and the Women's Health Seminar did not occur. However, in spite of it all, Foundation revenues were down only 18% for 2020; but expenses were reduced by 56%, so fundraising net revenue totaled \$82,000. Jenny noted the Foundation's effective contributions (the most significant number) amounted to \$118,000 in 2020.

Jenny noted that the 2021 Iron Sommelier has been cancelled but our golf tournament is still on schedule to occur at the Highlands Golf Course in June – Jenny noted the Foundation Board will make the final decision the next couple of months.

The Annual Letter of Agreement was presented for approval. Jenny was thanked for her efforts and support from the Board and audience.

COMMITTEE REPORTS:

Joint Conference: Dr. Aaron Reinke, Chief of Medical Staff noted that providers are continuing to work towards the Epic conversion, while still meeting the challenges of CoVid and seeing patients. Med. staff is looking forward to Theresa's arrival and the prospect of a new building. They are also in full support of the addition of behavioral health services and the Aim grant.

Finance: Casi Densley, Controller, presented January financial statements. She noted that it has taken time to adjust to being live on the new Premier accounting system. The budget/financial reporting (BFR) system is being rolled out and managers are receiving training; additional training is planned thru the end of April. Casi is working to make adjustments and fine-tune the financial reporting process and shared highlights of the new system's functionality. Chris added that she and Joseph recently completed the BFR training and were very impressed with the features of the software program.

Casi explained that Accounting and Purchasing departments have been on the new system for a few months; noting it takes time to adjust to the new interfaces for Premier, soon-to-be Epic, and Paycom accruals being developed. The staff is really looking forward to the post "go-live" training in April to answer questions and troubleshoot issues.

The accounting firm of DZA has begun its financial audit; the December data will take several months to finalize due to reconciliation of the two systems. There were no further questions.

HR Update: Joseph Clouse, HR Director, referred to the Current Open Positions report as of February. He noted that we continue to recruit for the Case Management position; a viable candidate was in the queue for the Compliance Officer position but then declined our offer. A zoom interview will occur next week with a newly interested candidate. A second interview has been scheduled with a Social Worker candidate. Joseph noted that six positions have closed since last month.

Joseph pointed to the FTE count for the month of January at 308 – the year ended at 312; due primarily to additional staff necessary for EPIC training and CoVid response; Joseph anticipates that the FTE count will not decrease until after EPIC is functionally stable.

Commissioner Johnson requested job descriptions for the Chief Officers; Joseph indicated that he will forward these to all Board members.

Flu Vaccines: The Infection Prevention Committee has historically encouraged all staff members to be vaccinated; but NHHS's staff vaccination rates still run in the 70-75% range, one of the lowest in Washington; most healthcare setting vaccination rates are above 90%, with most at 95-98%. The Committee has proposed we mandate influenza vaccinations for all future hires. Dr. Shannon Radke introduced herself and presented an article [Mandatory Influenza Vaccination] related to the flu and healthcare personnel being vaccinated. She explained the barriers, pros and cons, and highlights of the article and noted that resistance to mandated vaccinations is especially high in this area; along with misconceptions about vaccinations, in general.

Commissioner Johnson noted that typical vaccination policies afford contingencies for health or religious reasons; however, our policies will require updating. Tom noted that the District cannot mandate vaccinations for only "clinical staff" and that, as a healthcare facility, we really should be setting the example rather than be the exception.

Reasons for declining the vaccine (religion, allergies, naturopath, choice) were discussed. Sue Johnson noted the CDC recommendations against refusal and noted most hospitals have fully evolved their policies to require vaccines with only very, very limited exceptions. Tom noted our District history (providers have never been unanimous in support, Board/staff reluctance, etc.) and noted our current policy states that those employees who do not receive the flu vaccine are mandated to wear a mask during the influenza season.

Commissioner Johnson inquired if the Board could simply vote on moving forward with implementing a new policy, but it was determined by the Board to hold any vote until an actual policy had been developed. Discussion ensued with all on how to improve our vaccination rate (to 98%) with or without a mandate or condition of employment, personal choice/liberties, what to include under any potential mandate (flu vs. flu+), and how to potentially structure a "phase-in" time line.

Dr. Radke supports moving forward with a new employee requirement, noting if people understand it is a condition of employment requirement, it is not being forced upon anyone. It was decided that Tom would work thru legal counsel to review and submit a policy to the Board.

Quality/PJ: Jen Allbee, Quality Manager submitted the 2021 Quality Assurance/Performance Improvement Plan for review and approval. The policy outlines the District's structured approach to QA/PI and the three components of the QA/PI Plan. She noted that the plan is reviewed and approved periodically by the Governing Board and the only significant change is the update for the HealthCare Safety Zone software program references. **A motion made, seconded and passed unanimously approved the 2021 Quality Assurance Performance Improvement Plan.**

CoVid Update: Jenny Smith noted that the latest CoVid update information was emailed to the Board. To date, over 1,400 vaccinations (891- 1st dose; 555- 2nd dose) have been administered and it has been a daunting task to order, schedule, and organize the clinics. Presently, we have 190 vaccines in-house (Moderna, 2nd doses) and Jenny anticipates we will receive up to 200 Pfizer (1st dose) vaccines this week; scheduled for Saturday (this week) and Monday, March 12th.

In addition, Johnson & Johnson vaccines will likely be available in the near future, which is a single-dose vaccine with lower efficacy (especially for recipients over 60). Jenny offered to share the FDA report for anyone interested in the information and noted WSHA announced that they do not anticipate hospital facilities will receive the J&J vaccines, as hospital facilities have greater capability to store the Pfizer and Moderna vaccines (due to temperature storage requirements).

Jenny announced that the hospital vaccine hotline is currently open and accepting messages and an online tool is also available for vaccine pre-registration. After our last in-take we had approx. 600 people interested, but as we started scheduling the latest vaccine clinics we found out that about 200 of those had already received a vaccination elsewhere.

PPE – Jenny explained that we received counterfeit 3M N95 masks and will continue working with WSHA and Homeland Security in cooperation with the investigation. The masks have been sequestered should the need arise to turn them in for the investigation.

A total of 60 staff members have tested positive for CoVid 19 since the beginning of the pandemic. Jenny commended all of the staff members involved in collecting 12,000 tests since March 10th. To date, 628 cases have been confirmed for Pend Oreille County residents. There are 36 active cases – the positivity rate per 100K residents is 270 over the past 14 days. Safe levels are considered to be at or below 25 cases per 100K people in a 2-week period. Bonner County has 240 active CoVid cases with just under 3,000 confirmed positive cases.

Staff morale has improved; Jennifer Johnston, RN, ACU Mgr. reported low inpatient census for approximately two weeks with no CoVid patients, giving the staff some reprieve. The Newport Miner recently published a positive article commending the effort.

Jenny continues the rigorous reporting process; noting WA Health has added a new data set that identifies whether we have vaccine available and are taking appointments. The intent is to allow people to access the WA finder tool to determine eligibility and locate a place to obtain their vaccine. The NHHS name appears on the website; however, is not an active link. Jenny is hopeful this will change in time and has reached out to our community partners to encourage them to communicate to her if they feel there are vulnerable residents at risk and in need of the vaccine.

Commissioner Zakar commented that she was very impressed with her experience at the clinic when she received her vaccination. Chris Wagar credited the leaders of the vaccine clinics, Jan Steinbach and Lindsey Bourneville, noting we are fortunate to enlist their experience and knowledge.

Superintendent's Report

Tom noted that he had included a Priority 2 capital request to the packet that will be presented for Board approval next month. It is for new radiology room equipment (plain film); the existing room was installed in 2007 and is nearing end of life. Tom complimented Leif Furman, Rad. Mgr. for foregoing on fixed maintenance contracts (Tom's pet peeve) on the equipment and saving approx. \$25K per year for ten years - effectively "funding" the new equipment via the cumulative cost savings.

After discussion on the equipment vetting/pricing process, contract timing, and imminent need, **Commissioner Rosencrantz moved to approve the purchase of a Shimadzu x-ray unit in an amount not to exceed \$250,402.50; the motion was seconded and passed unanimously.**

Premera-AIMS Grant Application: Tom reiterated our 2021 key target of developing an integrated BH-SUD program within our clinics. We had looked at filing for this Premera/AIMS grant in 2020 (Covid pause) that works thru UW to assist clinics to develop a CMS coordinated care management (CoCM) program. AIMS Cohort-3 applications (\$240K grant) are now open (due the end of March) to launch the AIMS Program beginning July 1. We will continue to work with POCCS to enhance/coordinate services, but we need this to launch (develop well) our own programs.

Tom requested approval to move forward with starting the program; we have identified our PCP Lead (Dr. Matelich), have interviewed a LICSW and Psychiatrist Fellow to join our program, and our providers are full on-board.

A motion was made to move forward to apply for the Premera/AIMS grant to develop a BH_SUD coordinated care model (CoCM) in 2021; the motion was seconded and passed unanimously.

State of Reform: virtual conference slated for April 7-8. Tom noted there were a plethora of great break-out sessions on the State and Federal policy/legislative fronts and we will have locations available to view the sessions. All of the Board members indicated their interest in attending.

2021-22' Facility Planning – Our first planning session occurred with Hammond Consulting to explore facility concepts/engineering review. The primary focus remains on existing service needs for the ED, OR, therapies, Lab and specialty services. Tom encouraged the Board members to take a crack at proposing some plan options. Cost estimates, taxes, future cash flow streams and general concepts were discussed as related to the project.

2021-22 Medicare ACO – there are currently seven Collaborative member hospitals in the ACO with two more expected to join in 2022. Tom anticipates these programs will be imperative as we transition to value-based care.

ACTION ITEM AGENDA

Authorize the 2021 NHHS/Foundation Letter of Agreement – the District and Foundation desire to outline their relationship support. The agreement is reviewed/ approved annually by the Commission.

ACTION: The 2021 Letter of Agreement between Newport Hospital and The Foundation was signed and authorized via a motion made, seconded and passed.

Authorize 2021 Quality Assurance / Performance Improvement Plan. As presented, was previously approved.

EXECUTIVE SESSION

As permitted by RCW 41.05, the meeting was moved to Executive Session at 1:05 pm. for approximately 40 minutes to discuss personnel and credentialing matters.

RETURN TO OPEN SESSION

The Commission returned to Open Session at approximately 1:50 pm.

Per the recommendation of the Medical Staff Executive Committee, the Board of Commissioners approved the following privileges by motion made, seconded and passed unanimously:

PROVISIONAL STATUS

TeleNeurology:

James Jordan, MD

Axia Espinosa Morales, MD

Ravi U. Pande, MD

Maria Recio Restrepo, MD

REAPPOINTMENTS

On Site Radiology:

Brian Rich, M.D.

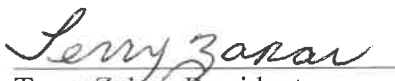
NEXT MEETING DATE

The next regular meeting of the Board of Commissioners will occur on Thursday, March 25, 2021 at 10:00 am. in the Sandifur meeting room. The meeting will be available via ZOOM.

ADJOURNMENT

There being no further business, the meeting adjourned at approximately 1:55 pm.

Minutes recorded by Nancy J. Shaw, Executive Administrative Assistant and Tom Wilbur, CEO.


Terry Zakar, President
Board of Commissioners


Lois Robertson, Secretary
Board of Commissioners