

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

April 22, 2021

Due to CoVid-19 protocols, the 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, Dr. Aaron Reinke; Executive Officers: Tom Wilbur, Kim Manus, Theresa Hollinger, and Chris Wagar. Others: Michelle Nedved, Newport Miner; Casi Densley, John Stuiivenga, Jane Tilley; Casey Scott, Jen Allbee, Jennifer Johnston, Becky Dana, Jan Steinbach, Regan Ireland, Jenny Smith, and Nancy Shaw.

Excused: Joseph Clouse, Chief of Human Resources.

CALL TO ORDER:

Terry Zakar, Chairperson, called the meeting to order at 10:02 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 Rosencrantz commented that audience members wishing to address the Commission at an open board meeting should register with the Board in order to maintain an orderly agenda. He noted that last month an audience member spoke at the latter time in the meeting.

The Board of Commissioners encourage and welcome participation at Board meetings from District staff and members of the public and prefer audience members register with the Board for the purposes of consideration of time and to allow an engaged, informational discussion.

Commissioner Rosencrantz asked whether Jan Steinbach was going to speak at the meeting – he noted it was not indicated on the agenda. Tom indicated that Jan will discuss our NHHS influenza vaccination policy and related findings under Business from the Audience.

Regan Ireland noted that she was also invited to provide an EPIC update; Tom indicated that she would be providing the same standing report to the Board for the next several months.

Commissioner Johnson commented that Doris Hiebert attended the March meeting of her own volition, noting that staff members have the right to come to the meeting. Robert clarified that he was under the impression that Sue invited Doris to speak at the meeting; Sue stated that she did not.

Robert further explained that, if Doris had registered with the Board, Regan Ireland would have been in attendance and could have provided information and answered certain questions. Commissioner Zakar pointed out the Doris works in the ER, and was unlikely to attend until time permitted.

A motion made, seconded and passed unanimously approved the Consent Agenda.

APPROVAL OF PREVIOUS MEETING MINUTES

The March 25, 2021 meeting minutes were approved via motion made, seconded and unanimously passed.

BUSINESS FROM THE AUDIENCE:

District Flu Vaccination Policy - Jan Steinbach reported our employee influenza policy is posted to the District's intranet-site and offered to make copies for the Board. The District policy presently requires either immunization or a declination statement, including a reason as to why. The current flu immunization rate among employees is 71%; Jan noted that 17% of employees previously vaccinated for influenza declined; Jan explained that COVID was one of the reasons to opt out, NHHS falls within the National CDC 5-year statistical average for health care professional immunizations. Jan also noted that flu vaccines are generally only 40-50% effective because of variant drifts within seasons and years.

Theresa Hollinger inquired about District protocols for those who decline the vaccine; Jan explained employees are required to wear a mask, report any influenza-type illness, participate/sign-off for continuing education and explain the reason for declination. Commissioner Zakar asked whether this is monitored; Jan indicated that infection control and managers monitor the data. Reasons for declination have included fear of needles or chemicals in the vaccine, illness following the vaccine, feelings that the efficacy is ineffective. Egg-free vaccines are available as an alternative.

Jan thanked Commissioner Rosencrantz for submitting his questions prior to the meeting and noted that the District hosts influenza vaccination campaigns that include departmental competitions, drawings for gifts and other incentives. In addition, any staff member may obtain a vaccination at the nurse's station medication room at any time and during all shifts. Vaccination clinics are also held near key departments that cover a variety of shifts.

Commissioner Sue Johnson referred to an article that Dr. Radke shared, noting that there is evidence that physicians have contracted the flu from patients, as well as patients getting the flu from staff.

Jan explained there were 39 critical access hospitals (CAH) in Washington and our Rural Collaborative includes 19 CAH member hospitals. Jan polled the 19 facilities (9 responded, including NHHS) all have very similar influenza policies for staff. Only two facilities, Summit Pacific and Snoqualmie Valley have mandatory policies. Jan noted that Providence Health Systems does not require employees to have the flu vaccine as a condition of employment; their policy is very similar to Newport's. Jan noted Providence's declination form states "for sincerely held convictions or religious beliefs" and/or "medical exemptions for allergies."

Sue noted that Providence's policy requires employees to receive the flu shot if they work in a high risk area. Jan is not aware of any repercussions for folks that have declined when policies require proof of reason. She noted that Group Health implemented a mandatory policy with a process to present the reason for declination to a Board or disclose the church the employee attends. The policy was changed, however, as it bordered on discrimination with regards to personal convictions.

Sue Johnson stressed that the medical staff issued this request (employee flu vaccinations), specifically for new hires, and to require proof of reason for declination. She also pointed to a recent poll in the Newport Miner newspaper citing 57% of those polled felt that health care workers should receive the flu and CoVid vaccine.

Commissioner Rosencrantz extended thanks to Jan for time spent researching the comparative data and information. Tom W. noted that his "straw poll" of the Board resulted in only two members being in

favor of a mandated vaccination program at NHHS; Commissioner Zakar clarifying she did not favor a mandated program. Tom added that we have the foundational elements for future policy development.

Jan Steinbach explained that all new employees are offered the influenza vaccination and sign a declination statement with reasons provided. Sue stated that they are not required to actually prove the reasons; the physicians have indicated that this is a new trend in the industry. Sue stated that the physicians will be very disappointed in this decision.

Theresa Hollinger noted she believes masking has become a “new normal” that will likely continue and evolve; regardless of flu season, masks will probably be required for at least a year. An engaging discussion followed related to vaccinations and statistics.

Auditors Report – March:

Warrants disbursed: #219712 through #219735	3,141.66
Premier Warrants #300631 through 301006	1,363,688.17
Premier Electronic warrants: #400045 through #400065	249,092.40
Mountain West, Loan payment, disbursed 01/11/21	<u>40,000.00</u>
Total, warrants and disbursements	\$ 1,655,922.23
<u>Bad Debt/Charity: March, 2021, inclusive District Write-off</u>	\$ 127,596.88

COMMITTEE REPORTS:

Joint Conference: Dr. Aaron Reinke, Chief of Medical Staff reported we are experiencing the typical Epic conversion challenges even though feedback from Providence staff was very positive – they were very complimentary of our preparedness. There remain minor frustrations, but those are expected to resolve as staff work through the process. Tom noted in-person assistance would be beneficial. Dr. Reinke noted that he has committed one day per week to assist providers in the clinic. He noted that patient appointments have increased after a lengthy lull and providers have returned to a full schedule.

Dr. Reinke was thanked for his report; Tom commended his personal efforts and assistance and Chris added that both Dr. Aaron and Tessa Reinke have been very engaged in the process.

Finance: Casi Densley, Controller, presented March financial statements, explaining that Epic “go-live” occurred mid-month which impacted ER and clinic claims so the financials do not include all revenues. Casi anticipates a better accounting will be available in April. In addition, our providers in clinic have reduced patient loads by 50% (Epic transition) and the billing office has been training this month.

Regarding our Medicare advance payments (\$5.4M advance received May 2020) – Casi explained that it will be depleted using 25% of paid claims for 11 months, and then at 50% of claims thereafter. If any remains after 18 mos. (unlikely), we can return the remaining funds or devise a new repayment plan.

Casi stated the accounting department has been busy with upcoming audits, cost reports, and our new systems reconciliations and has contacted resources to provide us assistance. DZA Accounting Firm is willing to assist with CoVid audit/return preparation (PPP & CAREs). Casi anticipates the department will be caught up within the next month or so. She is also checking into additional face-to-face onsite training (requested by staff) for the new Premier/BFR financial systems; she noted that all training to date had occurred virtually. Casi speculated it would take up to a year (thru Oct.) to see a fully functioning programs transition.

Casi noted our Mountain West Bank CD/Clinic loan is due (balloon) on May 10th. The balance due on the existing loan is \$2.2M and our current CD/Loan rates are 1.2% / 3.6% (2.4% spread); the new rates will be 0.25% / 2.25% (2.0% spread) for an overall rate reduction of 0.4%. Kim added that there is no penalty for early repayment and we are allowed up to four withdrawals during the 5-year term, if needed. Commissioner Rosencrantz stated that he requested this information and is supportive of approval (to be addressed under Action Items). Kim stated that the funds will be delegated to the Board-Designated Funds; all agreed.

HR Update: Joseph Clouse, HR Director, provided the current Open Positions report; though he was not in attendance at the meeting. Commissioner Rosencrantz asked why a new Financial Counselor position was posted; Kim stated it was a replacement for an employee that left the District and noting it was not a new position just a new posting.

Commissioner Johnson asked how many employees remain on unemployment or furloughed. Casey Scott stated there are no longer any employees furloughed; Sue asked if all employees have returned to their full schedules – it was noted all but one staff is back to full staffing. Sue and Terry asked that the final position be reviewed to moving back to full-time staffing.

Quality/PI: Jen Allbee, Quality Manager reported that Acute Care recently celebrated 161 days without a patient fall; our current record remains 184 days. The unit is being rewarded for their efforts with tacos and pizza for all shifts.

Jen noted that the WRHC, aka The Collaborative is gaining members and is exploring an option to replace Press Ganey with Survey Vitals a new patient satisfaction vendor. Both are CMS-approved and the cost would be approx. \$6-8K less per year. Jen has participated in demonstrations of the product and plans to share a demo at the PI Committee meeting. The company offers electronic surveys in addition to paper surveys. Chris noted that she is impressed with the functionality and diversity of the program. Theresa noted another Survey Vitals feature offers an online rating of providers in the form of a link that is posted on websites (Google, Yelp, etc...).

Sue asked about the survey return rates, noting there were few comments this month; Nancy explained that approximately 100 surveys are returned monthly – (but not all surveys include comments). Chris suggested including Press Ganey overall reports that include benchmarking analysis statistics. Chris noted that Medicare requires a mailed (paper) HCAPS survey.

Jen provided an update on the DOH funding awarded to us for a community Paramedicine Program; we have identified and referred 26 patients (District residents) to the program; which provides patients with paramedic access for EKG's, assessments, blood draws, vital sign checks, fall risk assessments, and more – a process has been developed with our providers to address an immediate issues identified. Jen is working to establish a team to review how to sustain the program when the trial ends in June. Commissioner Johnson asked if the program removes an EMT from the system; Commissioner Elswick responded, noting Pend Oreille Paramedic's Chief paramedic's is presently dedicating his time to the program while the ambulance field service is fully staffed with paramedics and EMTs. Chris W. stated the paramedicine program will be beneficial and complement our ACO model.

Lynnette noted that volunteers have provided assistance. In addition, nine people have enrolled in the community health certification class offered by the State of Washington and several others are enrolled in the upcoming class. Effective May 16, there will be two full-time ambulance crews available for service 24/7; currently, the second ambulance is available only from 6 am until 6 pm.

CoVid Update: Jenny Smith noted a correction to her report relating to antibody therapy; the FDA revoked the emergency use authorization for single use Bamlanivimab treatment; it can be used in conjunction with other therapies and there also remain available alternatives for treatment. She noted the Tri-County and State is experiencing a 4th wave of Covid but the vaccines are proving to protect against severity of the virus. Jenny noted we remain working closely with NETCHD and local health jurisdictions to host vaccination clinics at the Newport Rodeo grounds, though demand for vaccines has declined dramatically. NETCHD will provide a few more 1st dose clinics – thereafter, responsibility will return to the patient and their primary care provider or local pharmacy, etc. Jenny noted that we have struggled to assist with our limited staffing, especially during the EPIC transition.

Chris stated that Jan Steinbach’s expertise, dedication, coordination and oversight of the community vaccination program was truly amazing – everyone thanked Jan for her diligence and work towards the goal.

EPIC Conversion: Regan Ireland will continue with routine updates and asked the Board members for topics of interest: graphics, statistics, etc.; Commissioner Rosencrantz commented that he is interested in employee morale. Training is also a topic of interest that Commissioner Zakar expressed.

Regan explained and discussed some of the challenges she has encountered in coordinating and streamlining training processes. She noted the transition phase with Providence remains in place; she has enrolled NHHS employees in the instructor-led classes (already-scheduled Providence class). Regan noted that within 6 to 9 months those instructor-led classes will be led by her and/or Candace. There are 6 classes that will be taught 1-2 times per year. Kim noted that we are also pursuing “elbow” support for our staff after EPIC has been up and running for a couple months.

Chris Wagar added that many managers have already discovered benefits of the new system and are thankful for a universal, patient record access. All agreed that we will experience many benefits and features that will prove to be very useful as we move forward.

Commissioner Zakar complained about the slow/lack of response when calling the clinic. Chris noted that she has been looking into the issues; Tom added that a phone feature is being considered to announce “all lines are busy,” with an offer to call the person back. Commissioner Elswick stated that she senses that staff is “stressed to the limit”. She requested that a gesture of appreciation from the Board members may be in order. Tom agreed, and noted that National Hospital Week is occurring in May. A daily recognition benefit will be awarded to employees in the form of complimentary meals, prizes, gift cards, etc.

Theresa Hollinger suggested sending a card of thanks from the Board as an appropriate gesture of appreciation. The board members agreed.

Superintendent’s Report

2021-22’ District Planning: Tom W. shared the concept “order of magnitude” format - analysis and drawings provided by Jeannie Natwick of Trinity/NAC. He noted existing facility space layout / year-built with overlay to new potential spaces/ footprint. Tom reviewed the layout, wayfinding and drawing concepts and noted this was “high level concept – only.” The audience and Board members discussed options and ideas for the expanded space, noting the benefits of added patient privacy and safety.

Commissioner Rosencrantz commented that he attended the meeting and found the design team to be “top tier talent” with regards to conceptual design, engineering perspective and health care architectural experience. He commended Chris, Theresa and staff for their contribution to the effort. He added that he is confident that the project will employ the best talent available with well-reasoned positions.

Financing: Tom reviewed the “CEO version” of financial statements, noting District available funds and historic trends. Presently we have approx. \$26.4M in total cash, with \$5.4M of that due back to CMS. Tom estimates our project cost limit will need to be in the \$22-25M range. He pointed out that there remain approx. \$3.8M in Cares Act and \$4.8M in PPP funding that will eventually roll to the Income Statement in 2020-21, but also noted Feb./Mar. were very slow months for revenues and with additional overtime due to Epic and base platform conversions, the added expenses and inefficiency have crushed us (four month total loss = \$1.45M; net cash flow -\$645K; not including cost settlements).

2021 Core Planning: Our leader objectives are to review, design and cascade targets to line staff; whereby managers typically identify 2-3 key measurable performance targets/process changes. The core elements are based around three core strategies: driving operating efficiencies (bottom line); quality services (outcomes and patient experience); and strategic sustainability – service line expansion/affiliation. Tom anticipates it will take another 6 to 9 months for managers to fully integrate/automate our service/cycle under the new program platforms – so that will remain high priority for most. We will also try to reassess/right-size under value-based services/contracting and chronic disease management, ACO model, and practice integration concepts. Our Medicare ACO/informatics requirements will also remain a focus as we develop department QA/PI targets beginning in May and beyond.

Tom’s core priorities: #1) District business cycle: translating client needs, to orders, to accessible, timely service – all are accurately/timely documented and translated to a quality service, coded claim, and subsequent payment - in the most efficient, effective manner possible.

#2) Facilities planning ’2021-22: Tom reviewed the past 10+ years noting the steps taken (remodels, clinic, residential care complete), but we still need to resolve ED expansion, OP/ancillary, and specialty clinic services which will requires raze/rebuilding and increasing parking areas.

#3) Operations/margin: key focuses: RMV to “break-even” (staffing design, rates, 4th neighborhood), VBP models and associated informatics (our economic analysis will continue as we strive to obtain first dollar premium) and the shift to keeping people healthy vs. a pay-per-click service performance model.

Commissioner Zakar asked whether the 4th neighborhood would accommodate Alzheimer’s/dementia patients. Tom stated a “designated” unit would require an initial site survey (for which we should be in the queue) and special licensure application. He noted that when surveyed, we will inquire about our ground level (east neighborhood), which has the ability to secure gates in the Courtyard. Tom noted we already care for clients who are high cognitive impairment; we are just not able to care for the dementia elopers, due to security and lack of specialized staffing. On the standard care front, we have a NA-C class underway (up to 5 hires). Tom noted that an additional RMAC neighborhood would require 12-15 additional staff members. He anticipates that by Q3 we will know run rates and essential details.

Commissioner Elswick asked if we are permitted to deny admission to either facility. Chris stated that a thorough evaluation and assessment is completed to qualify residents for acceptance. It is not always our determination; at times the State can make the decision. Sue asked if there is a waiting list – Chris indicated there is not a waiting list at this time.

Tom went through the list of “Big Bullets” that were in the Senior Team’s queue (outlines for 2021-22’) and noted the entire Leadership Team would be meeting next week to overview our status and reset for the remainder of the year.

Premiera-AIMS Grant – Tom announced we are in the final phase to receive the Premiera-AIMS grant - to integrate BH-SUD programs under a coordinated care management model (CoCM) in our clinic. The grant is \$240K and UW will assist us to develop a sustainable CoCM over the 24 months. Their virtual site visit is scheduled for May 19th and we have hired a Licensed Clinical Social Worker (LiCSW) to onboard and start by Q3, 2021. We will also continue our affiliation with POCCS – who was awarded a \$390K Criminal Justice Grant by BHT; which is in development/launch mode.

2021-22’ ACO models – Tom will continue to seek out like-minded rural partners with which to participate and is trying to expand our rural member totals (to 25K-30K lives); in 2022 an additional 7,500 lives would be added if Jefferson and Mason General join (past RMACO members). Tom noted PSW (preparing to move into direct contracting with some of their lives) remains our best support option. Tom will continue to try and learn about the economics and quantification of risks/differences.

Robert Rosencrantz commented on his recent attendance at the State of Reform conference, noting that if, by 2027 we are meeting the needs of our residents and community, (while remaining viable), we have reached a true State of Reform. He added his comments and projections for his future vision of healthcare reform will need to include use of artificial intelligence, robotics, telemedicine, at-home hospitalizations, etc. He noted these will all likely ultimately result in lower hospital admissions.

Tom agreed with Robert’s take on value based models into the future, noting that we will lean towards caring for our community in the most efficient, manageable way possible.

Manager/Board Education – a Leader Team (managers+) retreat is scheduled for April 29-30th to go over a District post-pandemic reset. Admittedly, many are experiencing burn-out from the pandemic and system conversions; however, Tom noted we need to start the process of thinking beyond and he looks forward to meet with the group to discuss post-Epic conversion strategic planning.

Tom will also schedule a Strategic Planning session with the Board/ Senior Team leaders to map our next 1-3 year plan. It was decided that June 28-29th would be feasible for all attendees.

ACTION ITEM AGENDA

Resolution No. 2021-002 grants authority to the CEO and District Board Chairperson to sign the loan documents to refinance the District’s outstanding loan. The resolution was unanimously approved via motion made, seconded and passed.

House/Garage – Lease of space. In support of our continuing partnership with POEMS to ensure ambulance services remain viable in our community, Tom proposed leasing to them the District-owned home on Spruce Street. The location and proximity to the hospital would prove beneficial for both the hospital and POEMS (see community paramedic program). He noted the house has been vacated since purchase - the property was acquired to be razed for future expansion (parking). In addition, we would lease a portion of shop/garage to be built on the property – presently the District leases storage space and will eventually need to build a District shop somewhere on campus to hold our shop, tractors, etc...

April 22, 2021

For the interim, we are proposing to construct garage (specs TBD) that could be deconstructed and moved, should a future site be more attractive as assessed during our 2021 facilities planning and final designs. Tom solicited comments from the Board with regards to potential ROI on the proposal.

Commissioner Rosencrantz noted that he is uncertain as to return-on-investment, without market assessments, noting it would depend on what POEMS would pay vs. a private party. Tom noted he would accept a minimal rental fee; as the house is empty (no functional use) and eventually we will need a storage building to store equipment currently occupying various District garages. The ultimate goal remains to ensure that ambulance services remain outside the umbrella of the District, where a PHD operated service would cost us (functional losses) in excess of \$1.0M per year.

Commissioner Rosencrantz added that we would like to support POEMS and noted that all agree that EMS/ambulance services are vital to the health of our community. However, key questions remain whether NHHS should subsidize a private entity and requested additional considerations on the matter. As the Board is responsible for the taxpaying residents of PHD #1, they need to ensure that if a subsidy were to take place it is the best alternative and should indicate the reasons with a fully-informed, robust discussion and analysis, noting the implications of: 1) losing the service altogether, 2) being forced to pay an exorbitant price for the service/alternatives, and 3) ensuring Board fiduciary duty.

There was no action taken. Tom will bring an updated analysis and review of implications and lease rates to the Finance Committee and/or Board meeting.

EXECUTIVE SESSION

As permitted by RCW 41.05, the meeting was moved to Executive Session at 1:30 pm. for approximately 25 minutes to discuss real estate and credentialing matters.

RETURN TO OPEN SESSION

The Commission returned to Open Session at approximately 1:55 pm., and per the recommendation of the Medical Staff Executive Committee, the Commissioners approved the following:

Initial Provisional Appointment:

Benjamin Good, MD – Emergency Medicine Bruce R. Geryk, MD – TeleNeurology

Reappointments – Active – Family Medicine / ER

Jeremy Lewis, DO Aaron Reinke, MD

Reappointments – Courtesy

Family Practice: Clayton Kersting, MD. ED: Curtis Gill, DO
Mark Pruitt, DO

General Surgery: Chase Williams MD
Nathan Kanning, MD

NEXT MEETING DATE

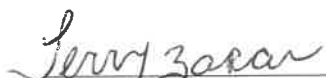
The next regular Board of Commissioner meeting will occur 10:00 a.m., Thursday, May 27, 2021 in the Sandifur meeting room. The meeting will be available via ZOOM.

ADJOURNMENT

**BOARD OF COMMISSIONERS
PUBLIC HOSPITAL DISTRICT NO. 1 OF PEND OREILLE COUNTY
April 22, 2021**

There being no further business, the meeting adjourned at approximately 2:10 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