

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

**May 27, 2021**

Due to CoVid-19 protocols, the meeting was offered via tele-conference. Those in attendance: Commissioners: Robert Rosencrantz, Lois Robertson, Lynnette Elswick, and Susan Johnson; Chief of Medical Staff, Dr. Aaron Reinke; Executive Officers: Kim Manus, Joseph Clouse, Theresa Hollinger, and Chris Wagar. Others: Casi Densley, Jane Tilley; Casey Scott, Jennifer Johnston, Becky Dana, Nicole Kingery, Sara Rainey, Lindsey Bourneville, Candace Abraham, Chelsea Stumph, Trina Gleese, Jenny Smith, and Nancy Shaw.

Excused: Commissioner Terry Zakar and Tom Wilbur, CEO.

CALL TO ORDER:

Lynnette Elswick, Vice Chairperson called the meeting to order at 10:00 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. It was noted there was no Executive Session.

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

APPROVAL OF PREVIOUS MEETING MINUTES

The April 28, 2021 meeting minutes were presented for approval. Commissioner Johnson commented the April minutes should be revised. Following discussion, the minutes will be changed to reflect that all Board of Commissioners encourage and welcome participation at Board meetings from District staff and members of the public and request that audience members register with the Board for the purposes of consideration of time and to allow an engaged, informational discussion. The April 28, 2021 meeting minutes will be presented for approval at the next regular meeting.

BUSINESS FROM THE AUDIENCE:

Safety Committee Annual Report. Tim Rumph, Safety Committee Chairperson presented the 2020 annual report to the Commission.

Tim explained that under normal circumstances, today's presentation would have been more robust; however, due to CoVid, the monthly meetings were minimalized. He noted the attendance remained between 12-15 participants throughout the year – (despite ZOOM challenges), which Tim believes evidences our employee's commitment to the District's safety program.

The falls, medication errors and employee injuries were in-line with historical values, he noted.

Tim reported that a goal of the Safety Committee is to ensure every dept. is inspected twice a year; this goal was accomplished in 2020, even in light of the challenging circumstances. It was determined there was nothing significant to jeopardize the safety of our patients or employees. Tim noted that any issues that were identified were corrected very quickly.

Commissioner Rosencrantz asked if the data sets are consistent with previous years, or did they evolve given the changes in demands on the hospital? Tim responded, noting that the data that he received was

consistent with previous years; however, not all representatives were able to attend in 2020, which may have slightly skewed the data.

Tim noted there were some resident behavioral issues reported at RMVAC – these were discussed and solutions were proposed. Robert clarified that he was referring to the elements that are being tracked vs. the number of incidents. Tim stated that one of the Committee’s goals was to ensure that each dept. was being routinely inspected as related to the Environment of Care plan. As a result, David Mall, Plant Engineer developed customized forms. Tim noted that he and Dave will finalize the reporting forms with plans to bring them to the Safety Committee in the next few months.

Tim was thanked for his informative report.

Chris Wagar reported that the virtual video conferencing camera, aka “Owl” has been moved to the center table. She noted the large video screen projects what the outside audience members are viewing; the laptop is considered the “host” computer connection. Virtual “roll call” will be added to future meeting agendas.

Chris explained that she would report in Tom Wilbur’s absence today.

Auditors Report – April:

Warrants disbursed: #219736 through #219757	8,681.80
Premier Warrants #301007 through 301286	1,104,223.83
Premier Electronic warrants: #400066 through #400088	339,596.83
Mountain West, Loan payment, disbursed 01/11/21	<u>40,000.00</u>
Total, warrants and disbursements	\$ 1,492,502.46
<u>Bad Debt/Charity: April, 2021, inclusive District Write-off</u>	\$ 70,967.08

COMMITTEE REPORTS:

Joint Conference: Dr. Aaron Reinke, Chief of Medical Staff reported the providers continue to work through issues with the Epic system transition and work flow issues. Patients are very pleased with the My Chart feature. The RHC discussed the possibility of inviting physicians from SHMC to provide additional training. Also, Dr. Reinke may spend dedicated time with the providers to assist them with individualized training. The new system has identified there were some work flow issues, which are being overhauled.

Chris expressed that she wished to acknowledge to the Board members that Dr. Reinke’s assistance with transitioning to the Epic system has been invaluable. Regan and Candace’s help has proven to be of great benefit.

Finance: Casi Densley, Controller, presented the April financial statements, explaining that cash is low because claims were held from surgery, OB, etc. DZA will begin their field work next week; the cost report is due August 2<sup>nd</sup>; Casi explained that she outsourced assistance. The PRF, Provider Relief Funds application is due – Casi pointed to Page 2 on the Balance Sheet – “Unearned Revenue” and “Deferred Revenue” (for CoVid) this partly being the reason why cash is down - a large portion (\$.6M) of the Unearned Revenue is due to the Medicare advanced payments of \$5.4M, received a year ago.

Casi explained that in April, Medicare began withholding 25% of payments to begin paying down the advanced payments. The Deferred Revenue (CoVid information) has been submitted to DZA for the Paycheck Protection Program (P3) Loan forgiveness of \$4.8M - received as a portion of that balance.

Once the application is submitted, it could take up to 5 months to ascertain if the loan (and how much) would be forgiven. At that point, this revenue will be recognized for the current year. The other \$4.3M of the Provider Relief funds information has been provided to DZA to calculate – a portion will be recognized in 2020 and a portion in 2021. DZA is also providing information for the DSH audit – Casi explained that the dept. has been inundated with deadlines and found it necessary to request outside assistance.

Noridian completed the 2017 desk review recently in an effort to review the ER physician scheduling and shift coverages. Initially, we were required to pay back approximately \$200K – this was since reduced to \$45K. The dept. continues to fine-tune the new Paycom system and is working on PTO accruals; one of the reasons why benefits are down at present. Casi explained that when people take PTO, it is recorded as paid out, vs. the amount that people are earning. It was accurately recorded at the end of 2020 – as the system only reports at year-end vs. month to month. The Epic GL feeds are being worked through in the new Premier system.

Casi stated that Premier members are not willing to travel to our site for training; therefore, the Budget & Financial Reporting (BFR) training has been postponed.

HR Update: Joseph Clouse, HR Director, provided the current Open Positions report. Joseph noted that many of the applicants for the Compliance Officer position are over-qualified with high salary expectations; a qualified candidate submitted a resume last week.

Joseph explained 6 people graduated from our recent NA-C class; only 1 of those individuals applied for a position at the District, which was part-time. Another class is being scheduled to occur as soon as possible.

The H-R dept. has been somewhat short staffed, as Lisa has been out of the facility for the past 2 weeks. Agency staff will provide assistance for the AP Clerk position beginning Monday.

The HR Dept.'s priority this year is to fully utilize the Paycom system. Applicant tracking is anticipated to be online next month. The performance module and compensation management modules should be completed by year end. The time and attendance modules are working well, Joseph noted.

Commissioner Elswick asked for the current FTE count; Y-T-D is 306; since the last payroll, the count is 300. Joseph expects to have a departmental report available with number of people hired, as compared to actual and budgeted.

Quality/PI: Jen Allbee, Quality Manager was not in attendance at the meeting. Chris Wagar reported on her behalf. The Committee has been developing an updated peer review process utilizing the Health Care Safety Zone platform to document and report peer review issues. The process will be finalized at the next QA/PI meeting.

On a strategic level, Jen Allbee's role is being expanded throughout the District in our goal to become a highly reliable organization. Chris defined this as being the organization will develop a framework for safer, reliable and effective care by focusing on a high level of leadership involvement, a safety-focused culture and dedication to continuous learning and improvement. Chris shared a graphic and discussed the concepts of a reactive vs. systematic method of investigation and discovery.

A Key Performance Dashboard is being developed that will provide meaningful information to address issues in need of improvement. Managers will provide a monthly report to evidence progress as well as a performance improvement statement, expected results to include measurable data.

Transparency will also be a focus; Chris plans to publicize the key performance indicators, PI projects and results. Chris noted that the Committee is considering participating in a form of quality accreditation, similar to Joint Commission, as evidence of the District's commitment to being a highly reliable organization.

CoVid Update: Jenny Smith referred to the CoVid report, noting she e-mailed it to the Board members. She continues to work with Jan Steinbach to ensure employee vaccinations are documented. To date, 138 employees are fully vaccinated. Vaccines are available on Tuesdays at Newport High School; Jan is assisting.

Jenny explained that the Pfizer's EUA was authorized by the FDA to provide vaccines to children 12 year and older. In May, the hospital the first 3 positive CoVid cases in over a month. As of today, there is 1 positive case on the ACU.

Cumulatively, 62 employees have tested positive for CoVid. Masking is somewhat of an issue since the Governor lifted restrictions; however, healthcare facilities must adhere to strict masking requirements. Commissioner Johnson asked what the vaccination rate is for NHHS employees; Chris indicated it is 39%; she noted that WA State reports approximately 49% are fully vaccinated with 11% having had the first dose. Pend Oreille County residents are 27% fully vaccinated with 5% initiated.

Chris reported that the Dept. of Health performed an Infection Control Assessment & Response, aka "ICAR" at the assisted living facilities. Over 85% of the residents are fully vaccinated at RMV and 83% at RMAC. The DOH was impressed with our efforts at our residential care facilities and complimented our work as going "above and beyond" in keeping our residents safe. There were no major outbreaks at the facilities and employees are being tested every other week – if there are positive cases, testing will occur weekly.

Epic Conversion: Regan Ireland was not in attendance; Candace Abraham reported the 360 meeting was held at the beginning of the month. Since then, workflow service line meetings have been reinstated. The sessions were originally developed to facilitate each dept. in working through Providence's prescribed workflow education while joining them to our current processes. The goal is to take a deeper dive into the workflows since the users have had the opportunity to familiarize themselves with the new system.

Candace and Regan have worked together to create a balance to facilitate clinical care for our patients while maintaining data integrity. In addition, end users are being educated to access and create reports – i.e. infection control, quality, etc.

Theresa mentioned that at the beginning of the 360 meeting, there was dedicated leadership team time with Providence members to discuss the ticketing process, responsiveness, attention to our needs, etc. She noted she was pleased with the response and improvement plan. The remainder of the day was spent with each individual team to dedicate time around specific programs – i.e. ER, Lab, etc. Each Providence leader was prepared and on time. Feedback was positive from the managers and takeaways included specific issues to address.

CEO Report

Sr. Leaders “Big Bullets” – Chris announced that each Sr. Leader would provide a report to the Board.

Human Resources Report - Joseph stated that the HR Dept. will be focusing primarily on employee services and Paycom. Training and Development will focus on NAC classes with plans to develop a Customer Service workshop to include employees of Environmental Services, Dietary and Facilities. The EVS dept. will focus on the handling and disposal of chemicals and waste. Dietary will work on healthier menu choices and also ensure staff are cross-trained. In addition, staff members will receive specialized chef training.

Facilities - The Facilities dept. will receive training for environmental safety to include electrical, HVAC and technical skills.

Finance – Kim Manus reported that the dept. is focusing on utilizing the new systems to ensure that managers are fully trained. Coding, quality measures are playing a key role in doing business in a value-based health care system.

Kim reported that Healthy Connections (Medicaid plan) recently contacted her to notify the District we must join a value-based organization within 1 day in order to continue to see Medicaid clients. A contract was signed; Kim noted there is no downside risk in 2021; key measures will be reported to the program; we also provide data to Molina, Amerigroup, Idaho Medicaid plan, the ACO, Blue Cross of Idaho also utilizes tier measurements to determine cost of care and quality measures.

The billing office plays a key role to ensure that coding is accurate. Kim responded to a question from Commissioner Robertson and explained that our participation provides opportunities to share in earnings; however we also share in losses, as a group. Chris stated that we also participate in the WA Medicaid value-based programs. We received approximately \$45K from the Amerigroup contract; in addition, we are paid a per-member, per month to offset the cost of care coordination. Idaho Medicaid implemented a 3-level tier program – up to \$4 per member, per month. Casi Densley noted that we received approximately \$70K from the Amerigroup program in April.

Chris noted that if we demonstrate a per-member, per-year cost savings, and we meet a certain number of the chosen quality measures, we would receive a specific percentage return – i.e. 2 measures = 40%; if all 5 quality measures are met, 100% would be returned.

Chief Nursing Report – Theresa reported that she has been preparing for survey. She has also been involved in the Collaborative’s nurse executive group in an effort to better understand WA State specific nuances. Policies and procedure processes are under review to form a unified approach across departments. Theresa is also placing an emphasis on incident reporting utilizing the HC Safety Zone program to ensure all incidents are being reported and that follow up is communicated.

Patient satisfaction survey data interpretation and follow up will be a focus. Theresa announced we are replacing the Press Ganey software program with Survey Vitals. Theresa plans to engage our nurses in quality and process improvement at the front-line level and provide the tools for them to become engaged in process improvement.

The Surgery dept. will begin total hip replacements. Theresa is researching into cost savings and better pricing options in conjunction with the Collaborative.

Other items of focus include: optimizing Epic functionality relating to caregiver interface, DKA patient education, reviewing ER patient through-put and triage, restraints use, and addressing space challenges. The environment will be continuously reviewed before and during the new construction.

Theresa is addressing outpatient volumes and staffing adjustments in an effort to facilitate improved patient through-put as well as scheduling and promoting the service line.

2021-22' District Planning - Chris will be focusing on District-wide operations in our effort to provide the best care for our patients, residents, and community. She noted we are starting up an integrated behavioral health service line utilizing the Collaborative' s care structure to improve mental health and clinic outcomes starting in Q2 2021, with a goal to be fully operational by Q4 2021.

Chris explained we are applying for a Premera grant; following our application and interview last week the prospects appear positive. Chris announced Crystal Schluter was recently hired; she is a licensed, independent social worker. Crystal will provide services at the clinic and hospital for established patients in the hospital, or for those with increasing needs. Dr. Matelich will oversee behavioral health services as the provider champion. The clinic is re-focusing on population health initiatives and Medicare ACO. Our value-based goal remains to reduce overall cost of health care by promoting patient engagement while providing preventative care, developing care plans and reducing ER visits. In addition, we will focus on reviewing inpatient utilization, chronic care management, advanced care planning while promoting community programs to address social determinants of health in identifying bottlenecks.

Foundation/Marketing/Residential Care – Chris noted she is overseeing these service lines; she will work with managers to outline our Strengths, Weaknesses, Opportunities and Threats and strive to seek what we do well and also turn our weaknesses into strengths, while marketing services to the community.

Chris has set 3 goals for residential care services: 1) improve staffing stability (over the next 4 months); 2) Open a 4<sup>th</sup> neighborhood at RMAC by Q4-2021; 3) Develop memory care and be licensed by Q1 – 2022.

Infection Control – Chris stated the goal is to improve management of employee health documentation and tracking by Q4-2021.

Social Services – staff members have been cross training in UR case management; the ACU and ER staff members are being trained to perform social service tasks to provide comprehensive coverage and expanded services for our patients

Facilities Remodel/Expansion – Tom, Chris and Doug Hammond have been meeting with members of Trinity/NAC architectural firm to develop the order of magnitude cost for construction. Due to the complexity and scope of the project Trinity invited a construction company to participate in estimating the costs.

Sr. Leader / Board Education – June 29<sup>th</sup> was confirmed as the meeting date to occur at the Camas Center from 8-4:00 pm.

OTHER BUSINESS

Commissioner Elswick noted that RCS clients are complaining that the bond included a memory care wing; community members have expressed frustration at having to seek services in Spokane or Coeur d'Alene. Lynnette suggested a public announcement to explain our position and reasons for the delay.

Chris explained we could not apply for a memory care license until the facility was occupied for a year. Lynnette asked whether we were aware of this before or after the bond approval. NHHS discovered this requirement after the bond was approved as we progressed through negotiations of rates with WA state. Chris stated that in August 2020, the first significant wave of CoVid was seen in the community (after 4<sup>th</sup> of July); December it became worse. Chris stated that we are fully committed to opening the memory care unit. It was noted that the RMAC facility has 54 available beds with 47 occupied; RMV census is 40 – with 44 available beds. The memory care wing consists of 18 beds.

### ACTION ITEM AGENDA

**House/Garage – Lease of space.** Kim explained that the District is not in the business of renting property; however, if it is demonstrated to be a benefit to the hospital organization, the arrangement is considered legal. The District will construct a moveable shop structure for District storage use.

In the interim, the ambulance service will utilize the space for an ambulance barn. The house on the property is vacant; the proposed rent is \$400 per month for the house and \$400 per month rent for the shop (once constructed). Any improvements to bring the property to livable conditions is the responsibility of Pend Oreille Emergency Medical Service – “POEMS”. A list was included in the board materials.

Kim believes the arrangement to be a “win/win” for both organizations and will allow another 24/7 person to be employed by POEMS. Commissioner Robertson asked how we arrived at the \$400 amount and whether it is comparable to other properties in the County. Kim pointed out that the fair market value lease for this type of space is comparable to space the District rents for storage.

Commissioner Rosencrantz stated that he finds this to be responsive to his previous request to articulate a plan to address the issue that we have a financial obligation with the over-arching issues to ensure the community has EMS services available.

**In support of our continuing partnership with POEMS, and to ensure ambulance services remain viable in our community, the agreement to lease space to Pend Oreille EMS was approved via motion made, seconded and passed. For the record, Commissioner Elswick abstained from voting.**

**Stryker Life Pak Price Increase.** Theresa explained the budgeted amount for the equipment was \$14,000 - based on an older quote, which involved a trade in. The increase is \$145 over budget. She explained that we plan to purchase an additional Life Pak unit for the OR next year. Theresa will continue to bargain for a future price. Robert Rosencrantz clarified the amount to be “plus tax”; **Kim indicated the shipping costs are not typically known; sales tax is 7.7%; therefore, a motion made, seconded and passed unanimously approved the cost of \$14,145 plus tax and shipping.**

**Capital Purchase – Carpet Replacement RMV.** Kim explained that the new Premier system’s approval process involves requisitions and invoice approvals. Several weeks ago, Kim received an invoice for carpeting at RMV in the amount of \$13,613. Kim related the invoice/approval purchasing process. Capital improvements require Board approval; the carpet was already installed when the

purchase order was submitted; Kim noted that a statement will be generated to the managers outlining purchasing guidelines and parameters along with additional training. Managers will also be required to sign a statement of understanding to comply; this will be included in the employee's file. Kim noted that non-compliance will be grounds for discipline – up to and including termination from employment. The carpet was purchased for 6 resident rooms and was in need of replacement.

Commissioner Rosencrantz asked whether the purchase required Board approval; Kim noted the purchase occurred after-the-fact and will appear on the Capital list; however, all capital purchases require Board approval. The Board's approval demonstrates that the board members have been informed of the capital purchase as an item exceeding \$5,000.

**Following discussion, Commissioner Robertson motioned to approve the capital purchase; prior to seconding the motion, Commissioner Rosencrantz stated that disclosure has been made to the Board of Commissioners of the improper approval of a capital expenditure for carpeting; the motion was carried and unanimously passed to retroactively authorize the capital purchase to replace carpeting at River Mountain Village for 6 rooms in the amount of \$13,613.**

NEXT MEETING DATE

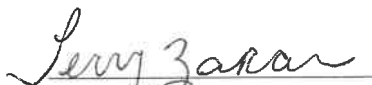
The next regular Board of Commissioner meeting will occur 10:00 a.m., Thursday, June 24, 2021 in the Sandifur meeting room. The meeting will be available via ZOOM.


A Special Board meeting will occur 8:30 a.m. to 4:00 p.m., Tuesday, June 29, 2021 at the Camas Center.

ADJOURNMENT

There being no further business, the meeting adjourned at approximately 12:20 pm.

Minutes recorded by Nancy J. Shaw, Executive Administrative Assistant.

  
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Terry Zakar, President  
Board of Commissioners

  
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Lois Robertson, Secretary  
Board of Commissioners