

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

June 24, 2021

Due to CoVid-19 protocols, the meeting was offered via tele-conference. Those in attendance: Commissioners: Terry Zakar, Robert Rosencrantz, Lois Robertson, Lynnette Elswick, and Susan Johnson; Executive Officers: Tom Wilbur, Joseph Clouse, and Theresa Hollinger; Others: Michelle Nedved, Newport Miner; Jen Allbee, Jenny Smith, Casi Densley, John Stuiwenga, Jane Tilley, Becky Dana, Carol O’Leary, Regan Ireland, Chelsea Stumph, Jenny Smith, and Nancy Shaw.

Excused: Chief of Medical Staff, Dr. Aaron Reinke; Kim Manus, Chris Wagar, Casey Scott, Trina Gleese, Susan Schwartz, Chelsea Stumph, and Jennifer Johnston.

CALL TO ORDER:

Terry Zakar, Chairperson called the meeting to order at 10:04 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 reason to conduct an Executive Session.

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

APPROVAL OF PREVIOUS MEETING MINUTES

The April 22, May 19 and May 27, 2021 meeting minutes were approved via a motion made, seconded and unanimously passed.

BUSINESS FROM THE AUDIENCE:

There was no business from the audience.

Auditors Report – May:

Warrants disbursed: #219758 through #219769	13,903.32
Premier Warrants #301287 through 301524	1,037,450.01
Premier Electronic warrants: #400089 through #400097	109,143.46
Mountain West, Loan payment, disbursed 01/11/21	<u>40,000.00</u>
Total, warrants and disbursements	\$ 1,051,353.33
<u>Bad Debt/Charity: May, 2021, inclusive District Write-off</u>	\$ 72,140.25

COMMITTEE REPORTS:

Joint Conference: Dr. Aaron Reinke, Chief of Medical Staff was not unavailable so there was no report.

CoVid Update: Jenny Smith referred to the CoVid report, noting that NHHS Laboratory has performed over 15,000 CoVid tests since March 2020. Jenny complimented the Admitting staff as well for registering the patients.

Jenny pointed out the case rate trends are decreasing and noted Pend Oreille County case rates of 105 per 100,000 residents over the past 14 days; fewer than 25 are considered safe levels.

Our masking policy has been updated to reflect that employees can be un-masked in four District buildings, provided they are fully vaccinated. Jenny's weekly update now includes information related to CoVid variants of concern vs. variants of interest. The most prevalent CoVid variant is the B117; the most concerning is the Delta variant. The vaccine is effective against these variants, Jenny noted.

Theresa H. requested an addition to the Community section of the CoVid report, noting that our ER has expanded case capacity following a remodel of the ER waiting room to include four additional bays.

Jenny explained that Theresa H. will be assuming all CoVid reporting duties which is currently a 7 day per week requirement.

Tom welcomed and introduced Carol O'Leary, our new Director of Information Technology.

HR Update: Joseph Clouse, HR Director, provided the current Open Positions report; there are approx. 25 current open positions. He noted that MultiCare is offering a hiring incentive (sign-on bonus) of \$20,000 for RN's and OR Techs; \$10,000 for ER Techs; and \$5,000 for MA's, etc.; the payouts are doubled for an employee referral. Joseph noted the District recognizes employee referrals and suggested expanding it for all open positions over the next 3 months in an effort to remain somewhat competitive in the recruiting market. Sue Johnson also added that MultiCare recently offered an 11-12% pay raise, depending upon the job code/department.

Joseph indicated the District's compensation plan/methodology and annual Milliman survey data is under review and he will be forwarding recommendations thru the Finance and Personnel Committees in the next few weeks/months. Commissioner Zakar noted that there was a huge turnover in our MA's, including some long-term District employees. Joseph noted the clinic is down two MA's; one who had been searching for a new job for quite some time and one due to personal reasons (vs. low pay). Tom added that recruiting and hiring will be an ongoing dilemma. The group engaged in a discussion on the challenges in the local and regional job market.

Joseph explained that the District's employer paid family medical leave benefit was extended to cover time off (due to CoVid) through June. Joseph asked whether the board desired to extend this beyond June, noting that ARPA has authorized it this until the end of September. Several employees continue to call out sick (must if they are experiencing CoVid-like symptoms) and are absent for 2-3 days until test results are confirmed or they have recovered. All of this sick time has been paid by the District and employee EII has remained unused since last August. Joseph noted the program has been very generous to employees, noting we opted to extend this to all clinical staff members (who were exempt under the law). It was optional beginning in January and the District continued the program for all staff for an additional six months.

Commissioner Robertson requested a cost estimate if the benefit were extended to September. Joseph anticipated there will be approximately 20 employees participating by the end of the current pay period. Sue Johnson asked how many employees tested positive for CoVid and how many were vaccinated. Two employees tested positive during the past pay period and two were out due to family member illness, though only one ultimately tested positive. NHHS staff vaccination rates were just over 50%.

Sue suggested a payment incentive for employees to receive the vaccine; Tom W. noted that the benefit has been very gracious and it has allowed employees to maintain/build-up their EII banks. Joseph noted approx. \$125K has been paid out since January. There was no action necessary; the extension of the benefit will expire on June 30, 2021.

Finance: Casi Densley, Controller, presented May financial statements and noted that we had submitted our final PPP (aka P3) loan forgiveness paperwork and fully expect the full \$4.8M will be allowed; however, the response could take up to 5 months to approve. The \$4.8M will be recognized in 2021. According to our auditor's (DZA), the calculation on our CARE's Act funding (thru 2020) should cover the full offset of the \$4.5M of CARES Act funds received; Casi stated we should retain all funding without penalty or payback. The final \$3.8M will be recorded to our 2020 financials. The only wrinkle would be if our 2020 Medicare cost report (the team is working to complete/submit all cost report work papers to DZA) would include a settlement greater than \$763K. In that instance, we would need to review CoVid expenses in order to fully offset the CARE's money. We have tracked all CoVid related expenses, including payroll hours.

Casi noted that since Epic went live mid-March our cash balances are down; noting that the business office Epic training did not start until after implementation (by design and standard procedure) and our first claims submission was the 3rd week of April (and taking the standard two to eight weeks to receive payment). Casi offered comparisons of 2021 vs. 2020 average monthly revenue collections noting the last couple of months have been halved (\$1.5M vs \$3.5M). She also noted we had paid out \$1.2M for the Epic conversion in January, which also impacted cash, and that they will be monitoring revenue and collection trends very closely over the coming months.

Lynnette Elswick asked whether Dr. Vandersloot's services are publicized on the District website, etc. Tom stated that services are listed on the District website as well as on Facebook.

Quality/PI: Jen Allbee, Quality Manager shared key metric data for the Emergency Dept. that included: arrival-to-provider contact, arrival-to-room, and arrival-to-departure times; ECG threshold times within 10 minutes, 10-15 minutes and greater than 15. She noted that some of the information could be off due to unfamiliarity with the new Epic system and data entry of certain information in "real-time" and noted admit time to receive pain medication threshold has been met (within 0-90 minutes).

Robert Rosencrantz questioned the return to ED and left without being seen numbers, noting he felt they were very high; Sue Johnson noted the information can be somewhat subjective and Jen also explained the variety of reasons that patients leave without being seen.

Nurse productivity dashboards were shared that provided the number of patients nurses have seen, average acuity, door-to-triage time (6 minutes), time spent performing triage (5 minutes), the room-to-nurse time, and admit time. Jen noted comparisons were to national benchmarks. Physician productivity data indicated 607 patients were seen. Room-to-doctor time was at 12 minutes; the doctor-to-discharge time was 82 minutes.

Commissioner Johnson commented that her mother was recently in the ED and received excellent care and was admitted quickly.

Epic Conversion: Regan Ireland reported that we were entering a stabilization phase under the Epic conversion. Issues are being corrected in coordination with Providence staff members, which is typical of the process, Dr. Reinke continues to work with providers, and a training program is being developed for new employees. Regan noted that eventually many staff members will participate in self-directed education via an e-learning module provided by Providence. She noted an upgrade is scheduled on Sunday at 2 a.m.; education will be self-directed. Clinical users will see visual changes and tip sheets are provided that outline the changes.

CEO Report: Tom referred to information outlining updated financial trends (15-year historical review) and noted his financials include the CARES Act and PPP funding being recorded on 2020 and 2021, respectively. He didn't go over detail data, just offered it as a baseline for reference. Tom plans to use it as we discuss future issues we will contemplate at our strategic planning session on June 29th; and to review future services, capital expansion and staffing shortages. The retreat will start with a WSHA hosted Board Education conference (9 am to 1 pm) offering four topics relating to leadership and Board/C-suite development. Tom offered a SWOT [Strengths, Weaknesses, Opportunities and Threat] sheets for the Board to consider/review and asked the Board to reflect on three goals they would envision being accomplished by June 2022. He noted that the Board conversations will continue over the next 3 months and anticipates the final targets will be in place by September/October. Tom plans to meet several times with the Board to discuss budget, wage changes, financial ramifications, and other topics, including:

Capital: Trinity/NAC completed the first order analysis on a 40K sf. building with a target to resolve space issues for the ED, outpatient treatment, specialty clinics, therapies, lab, reconfiguration of OR space, and remove administrative houses for parking. The cost estimate was \$27-\$29M (2022 dollars) to complete the entire package. Tom noted that Bouten Construction was engaged to assist with the project cost estimating, but it did not include the entire scope of work – the former LTCU area will also require remodeling to make it functional (move services) in order to demolish the circa '58 building. Brief discussion ensued on financing, the costing reliability, and potential project phasing.

Premera/AIMS (UW) Grant: we were awarded (\$240K) under the 3rd Cohort and will begin to initiate our Coordinated Care Model (CoCM) effective in October. Our CoCM program will involve a psychiatrist, LiCSW, and providers working in tandem with our clients. Crystal Schluter, LiCSW, has been hired to oversee our behavioral health services and will also work in conjunction with POCCS, who also recently received a Better Health Together grant to integrate care and address chemical dependency, counseling, and recidivism under the criminal justice umbrella. We absolutely desire to continue our work with POCCS.

ACO/VBP Care: we have started receiving data on ACO-21' (NWMHP and our seven Rural Collaborative hospital pod) and Tom noted that Jefferson and Mason General will be joining under the collaborative for the ACO-22' group. He noted the Columbia Basin collaborative group opted out of NWMHP and will probably stick with Caravan. The CMMI/Next Generation ACO version is no longer available so ACO-22' we will participate under the MSSP/Enhanced version, which functions essentially the same as the NextGen ACO. We should have approx. 20K rural lives in the program. Tri State Hospital is also considering NWMHP which would add another 2-4K lives to our rural pod.

Provider Recruiting/Contracting: on a positive note, Tom noted that volumes were gradually increasing as we recover from the Epic conversion and pandemic. We are presently looking to hire one ED provider and are in the process to develop a new value-based primary care provider contract. He met with the physicians last month and discussed burnout, anxiety and Epic training. Tom complimented Dr. Aaron Reinke for his assistance in training the providers on transitioning to the new system.

Tom invited the Board members to consider other topics of interest. He noted that the State surveyors should be arriving at any of our facilities at any time. The DOH is way behind and RMAC needs its first survey (required) prior to our requesting any Specialty Care licenses. Tom explained the State needs additional dementia/behavioral health units and is paying closer to costs (approx. \$300/day) for the service. Historically, RMV-AC hosts 75-80% Medicaid clients and we submitted data last week to DSHS/ALISA and will meet with them in the near future to discuss future contracting and rates.

We've hosted staff from Forks and Columbia Basin plans to visit in the near future to explore potential AL/EARC solutions for their communities. Bed availability for Medicaid-eligible clientele remains a dilemma, as the State does not provide adequate funds to keep facilities viable. Tom noted that, even with a guaranteed rate, our combined RMV facilities lose \$500K/year - very similar to our old LTCU losses. Opening the 4th RMV-AC neighborhood with specialty care would likely alleviate a portion of the financial issues; however, staffing and wages will remain a concern.

ACTION ITEM AGENDA

Revised Medical Staff Bylaws / Rules & Regulations – Theresa Hollinger summarized the red-line changes to the Bylaws presented to the Board. She explained that a complaint survey occurred in May, specifically citing an EMTALA issue. All staff has now received updated education on compliance with the law and our Bylaws now allows for specially trained obstetrical nurses (qualified medical personnel) to provide medical screening exam for complaints relating to labor, premature rupture of membranes or leaking fluids, and decreased fetal movement. Pregnant women that present to the ED with complaints such as abdominal pain (non-labor related) are required to be evaluated by an ER provider. If there is a question to rule out labor, an OB nurse can see the patient in the ED or the OB unit prior to discharge. Patients that present to the hospital claiming to be in active labor after conferring with their physician are not required to check in at the ED first. It was noted the OB nurse is not required to be in attendance in all cases. Other Bylaw changes noted: all references to the word “written” have been changed to “documented” and stipulated consequences for failure to complete records has been added in order to comply with national standards.

Theresa extended her thanks to Commissioner Zakar for her assistance in the Bylaw revision work. She noted that she will make some minor changes to confirm references to specific policies are accurate – specifically an abbreviation list and ED level of care policy. The Med Staff approved the revisions on June 17th; the approval by the Board is required by July 1st in order to correct our EMTALA citation.

A motion made, seconded and passed unanimously approved the amended Medical Staff Bylaws and Rules and Regulation as discussed and presented.

Capital Purchase – OR Lighting. The current OR lights (two arm system), installed in 1997 with an estimated lifespan of 10 years, have halogen bulbs, which are hot and have had a number of issues, the most significant being one unit, which cannot be replaced, was found to be emitting smoke and causing the need for urgent replacement. Theresa has obtained three quotes, with the highest cost not to exceed \$45,000. We will convert to an LED based (cooler operating/brighter light source) 3-arm system, allowing use of a monitor to observe surgery. The cost includes tax and installation.

Tom noted that the board will be informed of the final price/cost- there was no motion required.

OTHER BUSINESS

In support of our continuing partnership with Pend Oreille EMS, the ambulance service has leased the house and land on District property as a temporary solution.

The ER waiting room has been remodeled into four temporary ER bays to expand ER throughput. In addition, an ER provider from Montana will provide coverage on a trial basis (potential recruit).

Theresa explained that since the State has not conducted a survey for almost two years, Blue Cross of Idaho conducted a survey consistent with CMS survey guidelines. Members of BC of ID planned to conduct a virtual survey; however, after submission of the requested documents and information (with a 98% score), it was decided there was no need for a virtual site visit.

Commissioner Zakar reviewed our new e-mail group document and requested clarification; Tom stated that our operating "leader group" includes Directors, Managers and Supervisors; however, to try and make our meetings more effective (and save people some time) we divvied up the groups. Historically, the monthly Manager Meeting included everyone and, as all leaders are "working" managers, we have opted to break into smaller bi-weekly, monthly, and quarterly meetings.

The Milliman survey components/steps/methodology, annual wage and COLA increases were discussed briefly.

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

Reappointments:

Shannon Radke, M.D.	Family Practice
Jonathan Lueders, M.D.	Emergency Medicine
Lynn A. "Pete" Peterson, CRNA	Anesthesia

Reappointments – Off Site Teleneurology – Off Site Courtesy Status:

Benjamin Atkinson, M.D.	Todd Czartoski, M.D.
Theodore Lowenkopf, M.D.	Archit Batt, M.D.
Amit Kansara, M.D.	Minal Banushali, M.D.
Muhammad Farooq, M.D.	Sarabjit Atwal, M.D.
John Zurasky, M.D.	

Provisional to Full Status - TeleNeurology Off-Site Providers:

James F. Wany, M.D.	Neha H. Mirchandani, M.D.
Elizabeth Walz, M.D.	James Giles, M.D.
Madeline Nguyen, M.D.	

Resignations:

AB Harris, M.D. – Emergency Medicine
Mark Edens, M.D. – Radiology, effective July 31, 2021
Peter Remedios, M.D. – Radiology, effective July 9, 2021
Patrick Moran, M.D. – Family Practice Clinic Back-up, effective May 24, 2021

Withdrawals:

Stephen Thew, M.D. - Cardiology
Samathan Gallegos, NP-C, Cardiology
*Dr. Thew's schedule does not allow for on-site visit – anticipate application from another Provider of MultiCare Pulse Heart Institute in the near future.

EXECUTIVE SESSION

There was no Executive Session.

**BOARD OF COMMISSIONERS
PUBLIC HOSPITAL DISTRICT NO. 1 OF PEND OREILLE COUNTY
June 24, 2021**

NEXT MEETING DATE

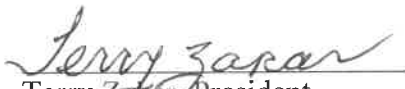
The next Special Board of Commissioner meeting will occur at 8:30 a.m., Tuesday, June 29, 2021 at the Camas Wellness Center.

The next regular Board of Commissioner meeting will occur at 10:00 a.m., Thursday, July 22, 2021 in the Sandifur meeting room. The meeting will be available via ZOOM.

ADJOURNMENT

There being no further business, the meeting adjourned at approximately 11:40 pm.

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


Terry Zakar, President
Board of Commissioners


Lois Robertson, Secretary
Board of Commissioners