



Memorial Hospital  
of Carbon County

**BOARD OF TRUSTEES**

**Regular Meeting**

October 24th, 2019

Minutes

10:00 am

**Members Present:**

Rod Waeckerlin, President  
Jason Campbell, Vice President  
Garry Goergen, Treasurer  
Jerry Steele, Secretary  
Mark Kostovny, Member

**Administration:**

Bob Quist, Interim CEO (via phone)  
Phil Reints, CNO  
Jon Smith, CFO  
Collin McDonald, Compliance/Risk Director  
Lisa Woodcock, Human Resources Director  
Stephanie Hinkle, Executive Assistant, Marketing and Communications Director

**Guests:**

Ron Vigus, QHR (via phone)  
Abbi Forwood, Legal Council (via phone)  
Rayetta Kirkley, ED Manager  
Dan Starr, EMS Manager  
Cody Lewis, Director of Facilities and Plant Maintenance  
Laura McKinnon, Mental Health Director WY Department of Corrections

Rod Waeckerlin, President, called the Memorial Hospital of Carbon County Board of Trustees meeting to order at 1000 hours.

**Approval of Agenda:**

Addition/Amendment to Agenda: Addition of item 10d; Capital Budget Substitution, Replacement of Hot Water Heaters.

Mark Kostovny made a motion and Garry Goergen seconded the motion to accept the agenda as amended. Motion carried.

**Approval of Regular Board Minutes:** Board of Trustees 09/26/19.

Garry Goergen made a motion and Mark Kostovny seconded the motion to accept the minutes as presented. Motion carried.

**Approval of Special Board Minutes:** Board of Trustees 10/07/2019.

Mark Kostovny made a motion and Jerry Steele seconded the motion to accept the minutes as presented. Motion carried.

**Guest Speaker:** Laura McKinnon, Mental Health Director WY Dept. of Corrections:

Ms. McKinnon addressed the topic of mental health in the community. Telehealth Services for Psychiatry was discussed as option. Bob Quist noted that we are proactively looking at Telepsych. McKinnon stated she is willing to help in whatever capacity needed.

Discussion: Mark Kostovny asked how the need for mental health services is currently being identified. Dr. Greg Johnson informed the Board that if an ED patient demonstrates a threat to either themselves or someone else, a mental health evaluation is performed. However, there is great need for community counselors and resources.

**Department Manager Report:** Rayetta Kirkley, ED Manager and Dan Starr, EMS Manager

Upcoming changes to the ED were reviewed including the following:

- Versa-Badge; ED physicians wear a “badge” that captures their time effectively and in turn increases reimbursement for time they are not providing patient care.
- Telemedicine, specifically Telestroke in conjunction with Wyoming Medical Center.
- Community EMS: A two-semester program for EMT’s to become trained to provide home health services to area patients. Medicaid covers the cost of the program in Wyoming. Funds are available through the State for training. Currently two EMT’s are enrolled in courses through Casper College.

Dan Starr provided a status update on the new ambulance. Unit was found to be missing several key items as originally ordered including monitor holder, grill guard, jump seat with child safety seat, and wrong bed. Dan stated he is following up with them daily.

**Medical Staff Report presented by Greg Johnson, MD:**

- Committee of the Whole suggested that Chief Anesthetist role be rotated yearly. Suggestion was approved and will begin 2020.

**Corporate Compliance Report presented by Mark Kostovny:**

- None

**Administrative Report: Consent Agenda**

- Chair Rod Waeckerlin asked Maureen Arnold about status of new clinic and how operations were going. Maureen informed the Board that clinic operations are going well and new providers are already making an impact. Dr. and Dr. Salter are incorporating into the facility well and she is receiving good feedback from patients. Mark Kostovny noted that the stone wall behind the reception area needs graphics or signage of some type. Bob Quist stated this is being worked on.

Garry Goergen made a motion and Jason Campbell seconded the motion to accept the items within the Consent Agenda as presented. Motion carried.

**QHR Report, Ron Vigus, QHR Regional Vice President:**

- Leading from the Middle Course: Course took place the first of October 2019.
- Case Management Survey: Scheduled for early December 2019.

- Rural Health Clinic: QHR is in the process of gathering data to begin working with MHCC on implementation. Monthly calls have been scheduled; January 2020 is estimated start date for project.

**Financial Report:**

**Jon Smith, CFO:**

September showed a profit from operations of \$128,357.00 and total net income of \$144,404.00.

**YTD Highlights for September 2019 included:**

- Gross Patient Revenue was \$4,639,671.00.
- Net Operating Revenue was 3,045,681.00.
- Deductions were 47.3% of gross revenue.
- Total operating expenses were \$2,473,844.00.
- Salaries and Benefits were \$1,115,790.00 combined.
- Month to Date Net Gain of \$144,404.00.
- Year to Date Net Loss of \$353,770.00.
- Current Days Cash on Hand is 108 as of September 30<sup>th</sup>, 2019.
- Current Days in Accounts Receivable is 84.3.

Discussion: Mark Kostovny inquired how the benefits from the large projects implemented could be gauged and how increased revenue will be determined. Jon stated that the Charge Master Review will provide an opportunity to review charges and reimbursement rates and make a plan of action if needed to improve those numbers. The Versa-Badge program has been projected to provide \$200,000 return in the first year and impact should be seen as early as 1<sup>st</sup> quarter of 2020. Bob Quist noted that receiving the Rural Health Clinic status will be instrumental as this will greatly increase reimbursement levels. Jason Campbell asked for clarification on the line item for Purchase Services and what is included in that category. Smith reported that this is largely contract staff and travelers.

**Approval of Financials for period ending 09/30/2019 was requested.**

Garry Goergen made a motion and Mark Kostovny seconded the motion to approve the financials for the period ending 09/30/2019 as presented. Motion carried.

**Approval of Vouchers for period ending 09/30/2019 was requested.**

Garry Goergen made a motion and Jason Campbell seconded the motion to approve the vouchers for the period ending 09/30/2019 as presented. Motion carried.

**Capital Budget Substitution presented by Jon Smith, CFO and Cody Lewis, Director of Facilities and Plant Maintenance**

- Cody Lewis updated Board on status of existing water heaters. There are four water heaters for the facility; currently two have stopped working. Mr. Lewis also noted that the existing heaters do not have regulators and therefore there is no control over the fuel supply. Ideally, all four should be replaced as the other two are near end of life. New heaters can be installed as soon as next week. Bid for two heaters has been received but not for four.

Discussion: Jon Smith informed the Board that budgeted IT projects had come in under budget and there are funds that can be reallocated to cover water heater replacement. Jason Campbell stated that all four heaters should be replaced if budget allows.

Jason Campbell made a motion and Garry Goergen seconded the motion to approve the purchase of four hot water heaters up to \$54,000.00. Motion carried.

**Compliance Report:**

**Collin McDonald, Director Compliance/Risk:** Mr. McDonald provided an update on falls; there was one incident during October. Risk Management Insurance renewal is coming up; decisions regarding insurance options will be delayed until new CEO is in place.

Discussion: Mark Kostovny asked CNO Phil Reints if one fall was acceptable. Reints replied that no; no falls are acceptable. Zero falls should always be the goal and reporting is key.

Open session dismissed for a ten minute break at 11:15 a.m.

Open session resumed at 11:25 a.m.

**Quality Report:**

**Christina Baugh, Quality Director**

A Dashboard example was presented to the Board; this will be the format used in future months to report Quality data. Existing program will be re-evaluated and changed as necessary. A Quality Plan will be developed and a Quality Risk Assessment will be conducted. Improvement measures will be evaluated with Department Managers. A Survey Readiness Team will also be initiated. Baugh also provided clarification on reporting falls; falls are in fact being reported and any incident is unacceptable. Fall-risk patients are identified and closely monitored.

Discussion: Maureen Arnold asked for clarification regarding complaint process and who should receive complaints. Christina Baugh informed Maureen and Board that complaints will now be reported to her.

**Old Business:**

- Wagon Circle Clinic Discussion, Bob Quist, CEO: Renovations are required to meet life safety requirements. Options are still being identified. There may be an opportunity to move surgical procedures currently taking place at Wagon Circle to other areas that would meet both surgeon and patient needs without expending \$900,000 to remodel Wagon Circle. Visiting providers could be scheduled in the existing facility and renovations would not be required. A bid from MOA to construct a free-standing clinic has been requested. Chair Rod Waeckerlin agreed with CEO that he is hesitant to spend that much money on such an old building.
- Saratoga Clinic Discussion, All: Vice Chair Jason Campbell stated that a potential provider has been interviewed. Valley residents have requested a Q&A session however plans need to be finalized first. Timeline is still looking like summer of 2020. Campbell would like to have a plan in place by November and then schedule a Q&A. Board of Trustees will build a new facility and will not pursue the existing clinic in Saratoga. This will ensure building meets all life-safety and RHC requirements. Jason Campbell noted that the Board attempted to reach out and collaborate with the Platte Valley Health Care Committee; these attempts were not well received.
- City of Rawlins/MHCC Land Trade: Bob Quist informed the Board that an email from City Attorney Amy Bach had been received stating “City staff was unaware” of transfer of land near water tower. Rod Waeckerlin noted that 13 acres has already been deeded to the City of Rawlins; the transaction to give the land east of hospital in Tully Park has gotten “lost” in the shuffle. Mr. Waeckerlin would like to see this issue resolved in the next 60 days.

## New Business:

- RPG Hospitalist Presentation, Kelly Hudson, RPG Senior Partner: Ms. Hudson provided a partner performance review including the following highlights:
  - MHCC Program Expectations:
    - Core group of primarily FP Providers
    - Provider continuity
    - Physician Leadership
    - Workflow consistency
  - Alignments:
    - Cultural
    - Financial
  - 2020 Growth Platforms
    - Enhance clinical coverage; outpatient clinic staffing
    - Nurse mentorship
    - Increased Swing Bed use
    - Surgery support platform
    - Telemedicine
- November and December 2019 Meeting Dates: Due to upcoming holiday season, meetings will be held November 21<sup>st</sup> and December 19<sup>th</sup>.
- Policies, Bill Minion, OR Manager:
  - Traffic Control in Operating Room
  - Observers/Visitors in the Operating Room (Excluding Vendors)
  - Vendors in the Operating Room
  - Admissions and Care of the Recovery Room (PACU and Short Stay) Patient
  - Surgical Consent Policy (New)
  - Safety Monitoring in the Operating Room
  - Prevention of Surgical Room/Suite Fires and Fire Action Plan

Discussion: Garry Goergen asked, with the exception of the Surgical Consent Policy, are the other policies the practice of MHCC? Mr. Minion stated that yes, these policies are the normal practice; the policies have been updated however to ensure accuracy. Bob Quist noted that there will be multiple policies coming before the Board in future months; consent agenda format for policies is an option. Bill Minion stated that policies have already been through two other levels of review before going to Board. Garry Goergen would still like to see policies presented to Board and hear directly from managers. Policies will continue to be presented to the Board.

Jason Campbell made a motion and Mark Kostovny seconded the motion to accept policies as presented. Motion carried.

- MBT Contract, Jon Smith, CFO: Smith noted the agreement included the addition of a third IT position to meet growing IT needs.

Discussion: Potential for IT Manager (currently MBT employee) to become MHCC employee. If this occurs, an addendum will be needed to document change. Per standard practice, a sign-on bonus would be offered to this individual.

Jason Campbell made motion and Mark Kostovny seconded the motion to accept the MBT Agreement as presented. Motion carried.

Note: Board of Trustees Annual Training did not occur as planned due to length of meeting. Training rescheduled for November 2019.

- **Open Discussion/Citizen Participation:** Jan Gulbrandson informed the Board that she is seeing an increase in 3D Mammography patients; patients from surrounding areas, including Laramie and Riverton, are scheduling appointments. She also noted that she is receiving support from patients in the Platte Valley for MHCC to pursue a clinic in Saratoga. Lastly, she has heard many positive comments about Dr. Wallace and Dr. Debra Salter in their short time at the clinic.

**Recess Board of Trustees Public Meeting to Executive Session.**

Mark Kostovny made a motion and Garry Goergen seconded the motion to go into Executive Session. Motion carried.

Board convened to Executive Session at 1305 hours.

**Resume Board of Trustees Public Meeting.**

Mark Kostovny made a motion and Jason Campbell seconded the motion to resume the Board of Trustees public meeting at 1630 hours. Motion carried.

**New Business Continued:**

- A. Credentialing:
1. L. Christopher Bachman, MD – Radiology: Courtesy Staff Reappointment
  2. Kent Kleppinger, MD – Pediatrics: Courtesy Staff Reappointment
  3. Direct Radiology: Telemedicine Staff Appointment
    - i. Kristen Grubb, MD
    - ii. Yuming Yin, MD
  4. Chere Bohr, APRN – Family Nurse Practitioner: Allied Health Staff Appointment
  5. Eric Schubert, MD – Neurosurgery: Courtesy Staff Appointment
  6. Stephen Parden, MD – General Surgery: Courtesy Staff Reappointment
  7. Daniel Wandsneider, DO – Family Medicine: Active Staff Appointment
  8. Razi Saydjari, MD – General Surgery: Courtesy Staff Appointment
  9. Debra Salter, MD – Family Medicine: Active Staff Appointment
  10. Wallace Salter, MD – Family Medicine: Active Staff Appointment

Mark Kostovny made a motion and Jerry Steele seconded the motion to approve Credentialing Privileges 1-10 as presented. Motion carried.

- B. Provisional Review
1. Amanda Bisby, APRN – Nurse Practitioner: Allied Health Staff (recommend full, unrestricted membership)
  2. David Taylor, APRN – Certified Registered Nurse Anesthetist: Allied Health Staff (recommend full, unrestricted membership)

Mark Kostovny made a motion and Jason Campbell seconded the motion to approve Provisional Review 1-2 as presented. Motion carried.

- C. Additional Privileges Request:  
1. Matthew Rice, MD – EGD Request

Mark Kostovny made a motion and Jason Campbell seconded the motion to approve Additional Privileges as presented. Motion carried.

- D. Employment Agreements:  
1. Daniel Wandsneider, DO  
2. Patricia Shue, PNP

Mark Kostovny made a motion and Jason Campbell seconded the motion to approve Employment Agreements as presented. Motion carried.

- E. Wage and Salary Review:

Mark Kostovny made a motion and Jason Campbell seconded the motion to accept the wage and benefit review by Creel Group. Motion carried.

**Adjournment:**

Garry Goergen made a motion and Jerry Steele seconded the motion to adjourn the Board of Trustees public meeting at 1650 hours with no further business coming before the Board.

The next Board of Trustees meeting will be November 21, 2019.

Respectfully Submitted.

Stephanie Hinkle, Executive Assistant

Jerry Steele, Secretary, Board of Trustees

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