



BOARD OF TRUSTEES

Regular Meeting

March 25, 2021

Minutes

10:00 am

Members Present:

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

Administration:

Ken Harman, *Chief Executive Officer*
Jon Smith, *Chief Financial Officer* (via Zoom)
Collin McDonald, *Compliance and Risk Management Director*
Dr. Johnson, *Chief of Staff*

Guests:

Abbi Forwood, *Legal Counsel* (via Zoom)
Woody White, *VP, QHR* (via Zoom)
Susan Porter, *Lab Quality Assurance Manager*
Cody Lewis, *Director of Facilities*

Rod Waeckerlin, President, called the Memorial Hospital of Carbon County Board of Trustees meeting to order at 10:02am. The Pledge of Allegiance and a moment of silence for those affected by COVID-19 followed.

Approval/Amendment of Agenda:

President Waeckerlin requested to add “MHCC Health Center - Platte Valley Construction Update” and “MHCC Family Practice Clinic - Hanna Renovation Update” to Old Business.

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

Approval of Regular Board Minutes from Board of Trustees 02.25.2021:

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

Department Report for Laboratory presented by Susan Porter, Lab Quality Assurance Manager:

- Ms. Porter shared a PowerPoint presentation giving an overview of the Laboratory department, including staffing, equipment, revenue and accomplishments for 2021. She also noted that Vitalant changed their blood bank contract this year. Starting March 1st, they will be charging a 50% re-stocking fee for every unit that is shipped back to them, which has forced the Lab to re-evaluate their inventory. Additionally, Ms. Porter mentioned that some of the equipment needs to be replaced and will be included in the budget request for FY2022.

Discussion: The Board commended Ms. Porter on her tremendous work on the improvements in the Lab. When asked how the Board could help her, she responded that she needs some equipment replaced and needs their support in trying to make a cultural change amongst the staff. CEO Harman assured the Board that the equipment needs will be evaluated and prioritized during the budget process over the next few weeks.

Medical Staff Report presented by Greg Johnson, MD, Chief of Staff:

- Dr. Johnson reported that Medical Executive Committee continues to do ongoing policy reviews. Dr. Long, the Medical Director for the Lab, is revising a number of policies to update standard procedures.

The Medical Executive Committee recommended credentialing for the following individuals:

- Paul Fonken, MD (RPG) – Family Medicine: Active Staff Reappointment
- Brett Talbot, MD (MIA) – Radiology: Courtesy Staff Reappointment
- Edward Zimmerman, MD – Emergency Medicine: Courtesy Staff Reappointment
- Hingwan Yu, DO (RPG) – Internal Medicine: Locum Tenens Staff Appointment
- Michael Goralka, MD (RPG) – Internal Medicine: Active Staff Appointment
- Roland Kafuuma, MD (RPG) – Internal Medicine: Active Staff Appointment
- Jeffrey Liubicich, MD (QLER) – Psychiatry: Telemedicine Staff Appointment
- Atman Shah, MD – Cardiology: Courtesy Staff Appointment

MEC also recommended Carey Lake, APRN-Family Nurse Practitioner, for full unrestricted privileges, and Dr. Abels requested to be added back on as active staff, rather courtesy staff, in order to have a vote on the committee.

Marketing Video Presentation presented by Stephanie Hinkle, Marketing and Communication Director:

- Mrs. Hinkle shared two marketing and recruiting videos that CGI created for us. She explained that these videos will help us to be able to market MHCC as a very modern and cutting-edge business leader in the industry. Some of the various ways in which she envisions them to be used are at job fairs, business expos, and in our lobbies, in addition to our website and social media outlets. The hope is to be able to build on these each year, being able to focus on different service areas as they grow.

Discussion: The Board expressed their satisfaction in the quality of the videos and the opportunity to market MHCC in such a professional and contemporary way.

Administrative Report - Consent Agenda:

Discussion: It was noted that the Lab policies were included in the Consent Agenda since they are clinical and have been reviewed and approved by Lab Medical Director Dr. Long and the Medical Executive Committee.

Board Member Kostovny inquired about whether there were going to be additional vaccination clinics in Medicine Bow and Hanna. CEO Harman informed him that Public Health has been doing clinics in the outer lying communities, but he wasn't sure of the dates. He assured him that he would look into it. Mr. Kostovny suggested advertising it at the Post Office in Hanna, and President Waeckerlin recommended using the mobile clinic to conduct some clinics.

With Mr. Waeckerlin's prompting, the Board agreed that, moving forward, they would like to do a walk-through in each department when they do their department report.

Mark Kostovny made a motion, and Jerry Steele seconded the motion to approve the Consent Agenda as presented. Motion carried.

QHR Report presented by Woody White, QHR, Vice President, Finance:

- Mr. White reported that QHR is working with the MHCC Administration team on a number of items. Some of them include the semi-annual contractual allowance and bad debt review and semi-annual financial operations review, the strategic planning retreat, and the electronic health record system selection process. He also noted that they are going to try to resurrect the compliance and risk assessment that was put on hold due to COVID and will be doing a managed care assessment within the next 2-3 months.

Mr. White added that QHR is going to do three regional meetings throughout the year, in addition to the annual conference in Phoenix, AZ in February/March. He expressed his desire to have the MHCC team join them in Nashville, QHR's home, for their regional meeting.

Discussion: President Waeckerlin asked when the financial review would be available, to which Mr. White said it should be ready by the May board meeting.

Corporate Compliance Report presented by Mark Kostovny, Board of Trustees, Member:

- Mr. Kostovny reported that the Compliance Committee met yesterday and there were no calls on the Compliance Line last month. He added that they discussed the purpose of the meetings since there has been so much turnover since the committee originally started, and they will be revisiting this next month.

Mr. Kostovny commented that being on the committee really gives him an opportunity to hear about things going on within the hospital that he wouldn't normally know. Two things that were reported this month were the dissatisfaction in the temperature scanners not being able to do what they were intended to do and the different mask requirements for different departments. He noted that Christina Baugh gave a great presentation on what a CDC guideline is versus a state mandate.

Discussion: Treasurer Goergen inquired about a little more information on the different mask requirements. CEO Harman explained that, while everyone in the hospital is required to wear a mask, there are different requirements for what kind of mask, depending on which department it is and if they have direct patient contact. A cloth mask is sufficient for non-clinical areas, while N95 masks are required in clinical areas or for direct patient contact, such as screeners. Mr. Harman also pointed out that each department is allowed to decide their own visitor policy based on their needs and risk. Stephanie Hinkle is constantly putting communication out on Facebook to try to keep the community informed.

The Board thanked Mr. Kostovny for his time serving on the committee.

Compliance and Risk Report presented by Collin McDonald, Compliance/Risk Management Director:

- Mr. McDonald reported that there were no reports on the Compliance Line. He also added that the Compliance Committee will be reading and revising the charter next month to reflect the purpose of the committee, which is to identify and report problems to Mr. Kostovny and to help close the loop with the Quality Committee. The implementation of the Root Cause Analysis Committee is an additional step in completing the process.

Some other items that Mr. McDonald reported are that the EHR selection process is moving along, which will make HIPAA audits much easier by having one system. A Root Cause Analysis was done on the Abbott rapid COVID tests, after receiving several false positives, and it was decided to do a state test with every rapid test to validate results until the problem can be fixed. He also noted that IT security is ever changing, and there will most likely be several new policies coming through in order to keep us compliant with current regulations. Finally, Mr. McDonald added that FM Global, the building insurance company, was here yesterday to do an inspection; their focus really seemed to be on safety this time.

Discussion: There was some additional discussion regarding the EHR system change. CEO Harman said the plan is to have the decision made by this July, with an implementation date of July 2022, and he clarified that the change in systems will allow us to send one statement, for the clinics and the hospital, to our patients, which alleviate a lot of confusion and frustration for them.

It was also noted that the new ambulance is supposed to be delivered in August-September.

Open Session dismissed for a 10-minute restroom break at 11:25am.

Open Session resumed at 11:35am.

Quarterly Program Report on the Quality Assurance Performance Improvement Plan presented by Christina Baugh, Director of Quality and Infection Prevention:

- Mrs. Baugh shared a PowerPoint presentation outlining the progress that has been made with the QAPI plan. She reviewed the purpose of the plan and gave an overview of what has been accomplished since its implementation in September 2020. She reported that Quality Council is meeting once per month, and each department is responsible for selecting quality indicators to report to the committee quarterly. A Root Cause Analysis Committee has also been created to help close the loop on implementing and following through on process changes. In addition, CMS data reporting is being distributed out to some of the frontline workers in order to help ensure accountability and staff buy-in. Mrs. Baugh added that some short-term projects for the committee are to continue working with individual departments to identify and measure their quality indicators, doing mock inspections for the State Focused Survey for COVID processes, and working on better manager participation with HCAHPS.

Discussion: CEO Harman commented that we don't want to collect data just to collect data; we want to use it as quality assurance measures and to have everyone take some ownership. He also noted that the purpose of the Root Cause Analysis Committee is to investigate near misses and find a solution to the problem in 2-3 meetings, and then report that to Quality Council.

Board Member Kostovny suggested, and the Board agreed, to have the Director of Quality give a monthly report, similar to Compliance, in order to help the Board with oversight of Quality.

Program Return on Investment Report for Carbon County Therapy presented by Jon Smith, Chief Financial Officer and Dan Starr, Emergency Department Manager:

- Mr. Smith shared a PowerPoint presentation summarizing the status of the partnership with MHCC and Fremont Therapy Group now organized as Carbon County Therapy. The management and administration started October 1st, 2020, while the billing and collecting processes started in January 2021, due to some unforeseen difficulty in getting the billing side transferred over. The ROI shows the number of physical therapy modalities (15-minute therapy sessions) for MHCC increasing from 300 to 800 with Carbon County Therapy, and a \$113,000 positive return on investment, after the \$20,000 loss that MHCC incurred after start-up.

Discussion: CEO Harman noted that the estimated rate of return was expected to be double when this partnership was presented; however, he assured the Board that the cash will go up, as the cash collections are 60-90 days behind. He also added that there has been some frustration with the marketing aspect, as the co-branding has not gone as expected. That aspect is still being worked through. President Waeckerlin asked for another update in 90 days.

Financial Report presented by Jon Smith, Chief Financial Officer:

- CFO Smith reported that February 2021 showed a loss from operations of -\$208,144 and a total net income of \$44,879 as compared to a budget of -\$103,645. Volumes were largely down in many key service areas during the month due to continuing effects of COVID-19, as well as operational changes in the areas of obstetrics and orthopedics. Anticipated cost report funds for FY21 added \$275,000 to the bottom line during the month, and COVID-19 relief funds were at \$221,000, which contributed to a gain in net income. Gross patient revenues were 35% below budget and operating expenses were 10% below budget.

Mr. Smith also noted that the number of days' cash on hand were 136.3 on February 28th compared to 100.8 on January 31st, due to receiving \$2 Million in funds for the PPP loan, and total cash was a little over \$12 Million at February month's end.

Discussion: Treasurer Goergen asked if the expenditures for the last PPP loan were able to be accounted for accurately. Mr. Smith assured him that DZA had submitted them, and we had \$4.8 Million in expenditures that were actually eligible; \$2.2 Million in just salaries alone, excluding benefits, was submitted.

Mark Kostovny made a motion, and Jerry Steele seconded the motion to approve the financials for period ending 02.28.2021 as presented. Motion carried.

Garry Goergen made a motion, and Mark Kostovny seconded the motion to approve the vouchers for period ending 02.28.2021 as presented. Motion carried.

Open Session dismissed for a 30-minute lunch break at 12:55pm.

Open Session resumed at 1:25pm.

Old Business:

- **MHCC Health Center - Platte Valley Construction Update – Ken Harman, Chief Executive Officer:** Mr. Harman informed the Board that construction on the clinic is moving along quickly now. The interior finishing touches are being done over the next couple of weeks, the heating and A/C systems will be balanced in 2.5-3 weeks, and the natural gas meter will be installed on April 7th. The x-ray machine has already been delivered and furniture will be delivered the last week of April. Mr. Harman assured the Board that he and Facilities Director Cody Lewis feel as though the May 5th completion date is reasonable at this point. Further, Mr. Harman explained that MHCC will get temporary occupancy for all but the physical therapy section of the building, until that area and the landscaping and fencing are complete.

Discussion: President Waeckerlin inquired about a variance on the fence, to which Mr. Harman replied that they will not request one; they are planning to do a vinyl fence. Mr. Waeckerlin also asked them reconsider doing zero scape, as it seems to be more maintenance in the long-run.

- **MHCC Family Practice Clinic - Hanna Renovation Update – Ken Harman, Chief Executive Officer:** CEO Harman reported that the contracts for the electrician, the plumber, and the HVAC company have been signed. The MHCC engineering staff will do the general contracting and framing, and the flooring is yet to be finalized. He added that the plan is to build an adjacent room for the HVAC equipment the last week of April and to have the duct work inside the building replaced the first week of May. The mobile clinic will be set up in front of the clinic during this time.

Mr. Harman also reported that framing on the second floor project has started, and that project is expected to be complete by the end of June, as well as the DEXA/nuclear medicine project. In addition, the design for the new MRI will be going to the State for approval, with demo starting in July. Mr. Harman commended the engineering staff for all of their work on all of these projects.

New Business: There were no agenda items.

Open Discussion/Citizen Participation: There was no discussion or comments.

Motion Recess Board of Trustees Public Meeting to go into Executive Session.

Jerry Steele made a motion, and Garry Goergen seconded the motion to move the Board of Trustees into Executive Session. Motion carried.

Mark Kostovny made a motion, and Garry Goergen seconded the motion to recess the Board of Trustees Public Meeting for Executive Session at 1:55pm. Motion carried.

The Board convened to Executive Session at 1:55pm to discuss personnel issues and to consider or receive any information classified as confidential by law.

Resume Board of Trustees Public Meeting.

Mark Kostovny made a motion, and Garry Goergen seconded the motion to resume the Board of Trustees public meeting at 3:35pm. Motion carried.

New Business Continued:

• **Credentialing:**

- Paul Fonken, MD (RPG) – Family Medicine: Active Staff Reappointment
- Brett Talbot, MD (MIA) – Radiology: Courtesy Staff Reappointment
- Edward Zimmerman, MD – Emergency Medicine: Courtesy Staff Reappointment
- Hingwan Yu, DO (RPG) – Internal Medicine: Locum Tenens Staff Appointment
- Michael Goralka, MD (RPG) – Internal Medicine: Active Staff Appointment
- Roland Kafuuma, MD (RPG) – Internal Medicine: Active Staff Appointment
- Jeffrey Liubicich, MD (QLER) – Psychiatry: Telemedicine Staff Appointment
- Atman Shah, MD – Cardiology: Courtesy Staff Appointment

Mark Kostovny made a motion, and Jason Campbell seconded the motion to approve credentialing privileges for the individuals listed above and as presented. Motion carried.

• **Provisional Reviews:**

- Carey Lake, APRN – Family Nurse Practitioner: Allied Health Staff (recommend full, unrestricted)

Mark Kostovny made a motion, and Jerry Steele seconded the motion to approve full, unrestricted privileges for Carey Lake, APRN as presented. Motion carried.

• **Medical Staff Status Change:**

- Duane Abels, DO – Emergency Medicine: Courtesy Staff to Active Staff

Mark Kostovny made a motion, and Garry Goergen seconded the motion to approve the change from Courtesy Staff to Active Staff for Dr. Abels as presented. Motion carried.

• **Resignation of Privileges:**

- Kyle Henneberry, MD (DR) – Radiology: Telemedicine Staff

Mark Kostovny made a motion, and Garry Goergen seconded the motion to accept the resignation of Dr. Henneberry as presented. Motion carried.

• **Employment Contracts:**

- Edward Andrew Jonassen, MD – Physician Employment Contract (New)

Jason Campbell made a motion, and Jerry Steele seconded the motion to approve the Physician Employment Contract for Dr. Jonassen as presented. Motion carried.

- Amanda Jones, PA-C – Physician Assistant Employment Contract (New)

Garry Goergen made a motion, and Mark Kostovny seconded the motion to approve the Physician Assistant Employment Contract for Amanda Jones, PAC as presented. Motion carried.

- Anna Jones, MD – On Call PRN Physician Employment Contract (New/Ratify)

Mark Kostovny made a motion, and Garry Goergen seconded the motion to approve the On Call Pro Re Nata Physician Employment Contract for Dr. Anna Jones as presented. Motion carried.

- Michael Goralka, MD – On Call PRN Physician Employment Contract (New)

Garry Goergen made a motion, and Mark Kostovny seconded the motion to approve the On Call Pro Re Nata Physician Employment Contract for Dr. Goralka as presented. Motion carried.

- **Consideration and/or approval of contracts and additional Board business:**

Jason Campbell made a motion, and Mark Kostovny seconded the motion to empower Mr. Harman and Crank Legal Group to contact, and negotiate with, all relevant and appropriate agencies in order to foster a synergistic community level answer to the issue of Carbon County Emergency Detentions.

Adjournment:

Jason Campbell made a motion, and Garry Goergen seconded the motion to adjourn the Board of Trustees public meeting at 3:45pm with no further business coming before the Board.

The next Board of Trustees meeting will be April 22, 2021.

Respectfully Submitted.

Chandra Buchholz, Executive Assistant
Jerry Steele, Secretary, Board of Trustees

crb