



BOARD OF TRUSTEES

Regular Meeting

September 2, 2021

Minutes

10:00 am

Members Present:

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

Administration:

Ken Harman, *Chief Executive Officer*
Jon Smith, *Chief Financial Officer*

Guests:

Abbi Forwood, *Legal Counsel* (via phone)
Woody White, QHR, *Vice President Finance* (via phone)

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 in recognition of the loss of Lance Corporal Rylee McCollum of Bondurant, WY during the Afghanistan attacks, as well as for those affected by COVID-19, followed.

Approval/Amendment of Agenda:

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

Approval of Board of Trustees Open Session Minutes from 07.29.2021:

Mark Kostovny made a motion, and Jerry Steele seconded the motion to accept the minutes from the regular meeting on July 29, 2021 as presented. Motion carried.

Employee Recognition presented by Rod Waeckerlin, *Board President*:

- President Waeckerlin recognized Chandra Buchholz, Executive Assistant, as the Employee of the Month for her exceptional work and willingness to help the organization with any task.

Medical Staff Report presented by Ken Harman, *Chief Executive Officer*:

- Dr. Lumb was seeing patients so CEO Harman presented the Medical Staff Report.

Mr. Harman informed the Board that they continue to have discussions regarding wound care, survey readiness, peer reviews, quality processes, and COVID. He added that the Medical Executive Committee approved a protocol for administering monoclonal antibody infusions/injections in the hospital, and they continue to work through the revisions of the Medical Staff Bylaws and the creation of new policies for the Medical Staff. The revisions will allow them to have more flexibility with the ever changing regulations and should be ready for board approval next month.

The Medical Executive Committee recommended approval of credentialing for the following individuals:

- Oleg Ivanov, MD – Cardiology: Courtesy Staff Reappointment
- Wendy Gersing, PhD, PsyD – Psychology: Allied Health Reappointment
- Direct Radiology – Telemedicine Staff
 - Russell Kosik, MD
 - Boa Nguyen, MD
 - Anjali Roy, MD
- Adam Crawford, APRN – Certified Registered Nurse Anesthetist: Allied Health Reappointment
- Wagner Veronese, MD – OB/GYN: Locum Tenens Staff Appointment

The Medical Executive Committee also recommended the following individuals to be moved from provisional status to full, unrestricted membership:

- Daniel Madsen, MD – Radiology (MIA): Courtesy Staff
- Cory Spicer, MD – Radiology (MIA): Courtesy Staff
- James Lamousin, MD – Psychiatry (QLER): Telemedicine Staff
- Gary Mikesell, DO – Family Medicine: Active Staff

Mr. Harman noted that Dr. Mikesell recused himself from the discussion regarding his appointment.

New Provider Introduction: President Waeckerlin welcomed Dr. Jennifer Motley, OBGYN, to MHCC. He thanked her for taking the call to Rawlins and commented that, after just a few short months, she is already very well respected in the community. Dr. Motley asked for the Board's help to continue to spread the word about the OB services that we have at MHCC.

Administrative Report - Consent Agenda:

Discussion: Treasurer Goergen asked for clarification about the addition of staff that was reported. CEO Harman informed him that some of them are just relocations as a result of the movement of the General Surgery Clinic to the new property, while there will be a few new positions as a result as well. He further explained that, with the separation of the three clinics that are currently together, we will have to add a receptionist or two, and we will be adding FTEs in the Business Office as well in order to bring the billing back in house, which have all been budgeted for.

Marketing Director Stephanie Hinkle shared the new patient communicator folders that have recently been purchased to be implemented for our inpatients. The folders have tabs that information is added to, starting from admission through discharge, and follows the patient throughout their stay in the hospital. Mrs. Hinkle explained that the nursing staff is getting trained on using them, as they will be the designated person walking through the information with the patient. The hope is that these will help improve our communication with our patients, and, in turn, create a better experience for them.

Discussion: Board Member Kostovny voiced his concern that the Compliance Line number is not posted on any of MHCC's materials. There was also some discussion about implementing the patient communicator folders in other departments in the future, as they can be customized to fit the different needs. In addition, the Board expressed their desire to have a financial consultant for every patient, regardless of insurance status.

President Waeckerlin also asked Mrs. Hinkle about the outcome of the golf tournament fundraiser for the Foundation, to which Mrs. Hinkle responded that, although they are still wrapping up final numbers, it looks like they will have close to a \$40,000 profit and have received very good feedback so far. She reiterated that the money will go to help with the purchase of the new video technology in our OR.

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, Senior Vice President:

- Mr. White reported that they are working diligently on the master facility plan for the new hospital. They will also be putting together a list of items that have not been accomplished under the consulting agreement with QHR. Mr. White added that QHR is beefing up their staffing in order to provide better services to their clients, and they are building two new 501(c)3 facilities in Texas. In addition, Mr. White noted that QHR is revising their 52 best practices which will be instituted at MHCC.

Discussion: President Waeckerlin commented that the Board is working with QHR on the renewal of their Purchasing Agreement and will take Mr. White's email this morning under advisement. They are also trying to get the Consulting Agreement to have the same renewal date. CEO Harman expressed that, although the agreements are very beneficial to MHCC, the Board will need to have some discussions about what direction they want to take. Mr. Waeckerlin noted that a decision needs to be made by the end of October, and it does not have to be approved by the County Commissioners since it is just a consulting agreement.

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

- Mr. Kostovny reported that there were no calls on the Compliance Line this last month. However, he noted that there were four calls from the beginning of August that were follow-ups to the previous calls made, which were all dealt with. Mr. Kostovny added that some issues were mentioned at last month's meeting that were further discussed in Executive Session, and, while there were employees wanting to know the outcome, he stated that if an individual was not contacted during the investigation, then they do not need to concern themselves with it.

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

- Mr. McDonald reported that COVID continues to be the number one focus, as we move to a red visitor status and implement new mask policies for our employees. He added that we continue to work on survey readiness and complaints and grievances. Mr. McDonald shared the new reporting form for incidents, complaints, and grievances, which showed that, in August, there were 3 HIPAA investigations, 12 incident reports, 5 complaints, 2 grievances, 1 risk issue, and 1 medication error, which have mostly all been resolved.

Discussion: Treasurer Goergen asked if grievances were only from employees, to which Mr. McDonald replied that no, they are patient involved. However, he noted that most incident reports and complaints are filled out by employees. The Board also asked to have the Compliance Line complaints added to the report moving forward.

Open Session dismissed for a 5-minute restroom break at 10:55am.

Open Session resumed at 11:00am.

Quality Report presented by Christina Baugh, Director of Quality and Infection Prevention:

- Mrs. Baugh explained that incident reports encompass a lot of things, including HIPAA, grievances, and complaints, and can be very confusing so she has put together a flow chart for the Compliance Committee to review. To help with confusion, all reports will go to Mr. McDonald, and then he will distribute them to the appropriate party.

Mrs. Baugh informed the Board that, with the increase in COVID cases and while waiting to determine if a vaccine mandate will be implemented, all employees will be required to wear a KN95 or surgical mask at all times while in the building, unless they are fully vaccinated and working alone in a private office or eating and 6-feet from others, and a fitted N95 mask will be required during any interactions with patients. In addition, unvaccinated employees will be required to be tested every other week, and, if they do not complete testing within that week's timeframe, they will be sent to HR for disciplinary action. She noted that testing has been made available at the Family Practice Clinic, in the hospital Laboratory, and in the ER for after-hour employees in order to make it more flexible and convenient for them.

Mrs. Baugh also reported that a protocol has been put together for administering monoclonal antibody infusions and injections. She explained that this therapy treatment is only given to patients that meet a specific criteria, but, in general, it is intended for mildly symptomatic patients or those that have just had an exposure. She also noted

that Jessica Seldomridge will be the designated triage person to facilitate radiology and lab testing and the location that the infusion or injections will be administered.

Mrs. Baugh also shared a couple of her own ideas about how to deal with managing complaints, specifically on social media, and how to help with communication across the organization, which include providing a designated phone number for complaints to be filtered through and adding a facilitator to help with directing traffic between the physicians and the clinics to help close the loop.

Discussion: In regards to the monoclonal antibody treatment, Treasurer Goergen asked if there is a cost associated with it, to which CEO Harman replied that it is minimal, with just the cost of the saline and the nurse fee. Secretary Steele also inquired about whether there was a concern about the medication being rationed. Mr. Harman said that, right now, we are able to get 38 doses per week, most likely because it is not being publicized in the media; however, that could change in the future.

There was some additional discussion regarding the current visitor status. It was clarified that, since we are in red status, there are zero visitors allowed, with the exception of end of life. OB deliveries are also allowed to have two support people who have both been tested prior to the delivery and are required to leave after delivery. Mr. Harman commented that he does not see us moving out of red any time soon, and a request for some National Guard support has been submitted to the State. He added that MHCC will be opening up their drive thru testing clinic again, in hopes that, with more testing and more stringent masking in the hospital, it will help reduce risk. Mr. Harman also noted that, while there is an ICU crisis across Wyoming and all six of MHCC's ICU beds are full at the moment, we still have capacity in MedSurg to take care of patients. However, he added, it is almost impossible to transfer patients anywhere else. He assured the Board that the situation is being evaluated daily.

Program Return on Investment Report presented by Jon Smith, Chief Financial Officer:

- Mr. Smith shared an overview of the Panacea Scribes Program, which is a scribe program that was implemented in MHCC's clinics after continuous struggles with providers not completing patient charts. Panacea Solutions is an American company that hires foreign physicians that are assigned to each of our providers and attend each patient visit to do the documentation in the patient chart. Mr. Smith reported that the cost is \$1,920 per month per provider, or about \$21,000 per month total, but MHCC has gone from having to write off \$80,000, due to incomplete charting, to \$0 being written off since the program started. He added that it is hard to quantify the return on investment, as the clinical quality for the patient is greatly improved by this service, and it has been a valuable recruiting tool, as providers love having it available to them as well.

Financial Report presented by Jon Smith, Chief Financial Officer:

- Mr. Smith reported that July 2021 showed a loss from operations of \$15,799 and a total net loss of \$12,341 as compared to a budget of \$201,212. Revenues for July were higher than any month during FY2021 at nearly \$4.9 Million; however, compared to a budget of over \$5.6 Million, it was still a slow start to the new fiscal year.

Gross revenues were 13% below budget for the month and the fiscal year, while operating expenses were 3% below budget for the month. Net revenues were \$2.9 Million compared to a budget of \$3.1 Million or 7% below budget for the month and the fiscal year. Although swing bed and surgical inpatients and outpatients were extremely low compared to budget, emergency services, lab, and radiology did grow. COVID-19 has provided us a significant amount of inpatient and ICU volume overall, especially into the month of August.

Mr. Smith also noted that the number of days' cash on hand were 107.1 on July 31st compared to 121.8 on June 30th. The reason for cash reduction is due to the clinic in Saratoga and RF180 unit for Radiology, as well as that CMS began to take back funds for the Medicare Advanced Payment Loan that was taken at the start of the pandemic. He added that, as we are nearly complete with the clinic and radiology equipment, we will begin to see cash increase in Fall 2021.

Mr. Smith further added that we have submitted our forgiveness application for the second PPP loan of \$2 Million, and the \$4.2 Million of CARES Act funds will be shown on the FY2021 audit final totals.

Discussion: Treasurer Goergen clarified that, although patient revenues were up this month, they were still 40% below budget.

President Waeckerlin asked if the BHG Patient Lending Program will apply to old accounts with MHCC, to which Mr. Smith replied that yes, our financial counselor is reaching out to them to offer them the loan, as there are \$4 Million on the books right now that are self-pay.

Secretary Steele inquired what the plan is to stabilize our cash position. CEO Harman acknowledged the decreased cash due to the recent property purchase, the renovations on the Hanna and Ortho clinics, and the Medicare Advance Loan repayments; however, he assured him that he and CFO Smith are aggressively seeking other funding opportunities through the USDA and FEMA to get reimbursement for some projects that have been done due to COVID. He also reiterated that the addition of the BHG Patient Lending Program will help add some immediate cash as well. Mr. Smith also noted that he and Pharmacist Joy Ohnstad are working on getting 6 years' worth of owed money from the 340B program.

Garry Goergen made a motion, and Jerry Steele seconded the motion to approve the financials for period ending 07.31.2021 as presented. Motion carried.

Mark Kostovny made a motion, and Jerry Steele seconded the motion to approve the vouchers for period ending 07.31.2021 as presented. Motion carried.

Old Business: There were no agenda items.

Open Session dismissed for a 5-minute restroom break at 12:15pm.

Open Session resumed at 12:20pm.

New Business:

- **Patient Care Services Contracts Quality Monitoring Report – Ken Harman, *Chief Executive Officer*:** Mr. Harman informed the Board that the CMS Conditions of Participation state that hospitals should monitor and evaluate its Patient Care Services, which are patient services provided by outside vendors, such as the hospitalist program, physical therapy services, and the laboratory pathology services for MHCC. He explained that he implemented an evaluation system that was sent out to department managers and providers in order to acquire ratings and information about each patient care vendor. Overall, the ratings and comments were good and all the vendor contracts for these services should be kept. However, Mr. Harman noted that there is some concern about the hospitalist group, Rural Physicians Group, not being able to provide stable coverage and the quality of documentation having declined in the recent months. He concluded that Summit Pathology was the highest rated at 92%, and the contracted dietician was the lowest rated at 50%, which is still considered adequate.
- **Health Insurance 6-Month Update – Ken Harman, *Chief Executive Officer*:** Mr. Harman shared a summary report that Novos provided reflecting the health insurance costs for June 2021. He noted that there have been some savings on claims this year, and MHCC does not expect the premium to go up, and, in fact, may actually see the premium go down. Mr. Harman added that July is seeing some positive trends as well, and HR Director Lisa Woodcock is pulling together some information for the Board to look at next month in order to have a discussion about whether the health benefit structure should be redesigned to make it more equitable for all our employees. He also commented that he would like to bring this report to the Board at least semi-annually, if not quarterly.

Open Discussion/Citizen Participation: President Waeckerlin asked Ms. Buchholz to share a monthly report on the EHR conversion moving forward. Ms. Buchholz informed the Board that weekly implementation meetings with Cerner have begun, and Cerner has stated that we are ahead of schedule and look to be in very good shape. She added that the IT hardware assessment has been complete, and we are starting to work on some early data collection to get things going. In addition, we have had conversations with MedHost and Athena letting them know about the change and have sent out notification letters to all of our vendors that may be affected by the conversion.

Board Member Kostovny inquired about the parking arrangements for the Mobile Clinic since winter is approaching once again. CEO Harman assured him that he is working on a couple of places, but, since the joint venture with the County did not occur as expected, we are back to square one. President Waeckerlin commented that he would like to have a permanent place for it when the new facility is built but agreed that a temporary solution needs to be found by next month.

Motion Recess Board of Trustees Public Meeting to go to Executive Session:

Garry Goergen made a motion, and Mark Kostovny seconded the motion to move the Board of Trustees to Executive Session. Motion carried.

Recess Board of Trustees Public Meeting for Executive Session:

Mark Kostovny made a motion, and Garry Goergen seconded the motion to recess the Board of Trustees Public Meeting for Executive Session at 12:50pm. Motion carried.

The Board convened to Executive Session at 12:50pm 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, Garry Goergen and seconded the motion to resume the Board of Trustees Public Meeting at 2:30pm. Motion carried.

New Business Continued:

• **Credentialing:**

- Oleg Ivanov, MD – Cardiology: Courtesy Staff Reappointment
- Wendy Gersing, PhD, PsyD – Psychology: Allied Health Reappointment
- Direct Radiology – Telemedicine Staff
 - Russell Kosik, MD
 - Boa Nguyen, MD
 - Anjali Roy, MD
- Adam Crawford, APRN – Certified Registered Nurse Anesthetist: Allied Health Reappointment
- Wagner Veronese, MD – OB/GYN: Locum Tenens Staff Appointment

Mark Kostovny made a motion, and Jerry Steele seconded the motion to accept the Medical Executive Committee's recommendation to approve credentialing privileges for the individuals listed above and as presented. Motion carried.

• **Provisional Reviews:**

- Daniel Madsen, MD – Radiology (MIA): Courtesy Staff
- Cory Spicer, MD – Radiology (MIA): Courtesy Staff
- James Lamousin, MD – Psychiatry (QLER): Telemedicine Staff
- Gary Mikesell, DO – Family Medicine: Active Staff

Mark Kostovny made a motion, and Jerry Steele seconded the motion to accept the Medical Executive Committee's recommendation to approve full, unrestricted privileges for the individual listed above and as presented. Motion carried.

• **Employment Contracts:**

- Patti Shue, PNP – Nurse Practitioner Employment Contract (Renewal)

Mark Kostovny made a motion, and Jerry Steele seconded the motion to accept the Nurse Practitioner Employment Contract for Patti Shue, PNP, as presented. Motion carried.

- David Taylor, CRNA – CRNA Employment Contract (Renewal)

Mark Kostovny made a motion, and Jerry Steele seconded the motion to accept the CRNA Employment Contract for David Taylor, CRNA, as presented. Motion carried.

- Bob Keel, PA-C – Physician Assistant Employment Contract (Amendment)

Mark Kostovny made a motion, and Garry Goergen seconded the motion to accept the amendment to the Physician Assistant Employment Contract for Bob Keel, PA-C as discussed. Motion carried.

Adjournment:

Mark Kostovny made a motion, and seconded the motion to adjourn the Board of Trustees public meeting at 2:32pm with no further business coming before the Board.

The next Board of Trustees meeting will be September 23, 2021.

Respectfully Submitted.

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

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