



BOARD OF TRUSTEES

Regular Meeting

September 23, 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)

Rod Waeckerlin, President, called the Memorial Hospital of Carbon County Board of Trustees meeting to order at 10:00am. The Pledge of Allegiance and a moment of silence in recognition of those affected by COVID-19 followed.

Approval/Amendment of Agenda:

President Waeckerlin requested to move the Financial Report up to immediately follow the Medical Staff Report and then for the Board to move into Executive Session after that.

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

Approval of Board of Trustees Open Session Minutes from 09.02.2021:

Mark Kostovny made a motion, and Jerry Steele seconded the motion to accept the minutes from the regular meeting on September 2, 2021 as presented. Motion carried.

Employee Recognition presented by Rod Waeckerlin, Board President:

- President Waeckerlin recognized Brenda Eaton, ICU RN, as the Employee of the Month for her dedication to taking of MHCC's patients and willingness to always step up to help out in any situation.

Medical Staff Report presented by John Lumb, MD, Chief of Staff:

- Dr. Lumb informed the Board that the Medical Executive Committee is having discussions about a provider/patient communication project to help improve patient care, as well as discussions regarding some inappropriate transfers out of the ER due to one of the hospitalists being problematic with accepting admissions here. He added that the use of monoclonal antibody therapy passed and about 20 treatments have been given this week alone.

Dr. Lumb also reported that the Medical Executive Committee recommended the approval of 3 reappointments and 2 new appointments with no issues, and for one provider to be moved from provisional status to full, unrestricted status. He also noted that one of the hospitalists resigned in order to pursue private practice.

Financial Report presented by Jon Smith, Chief Financial Officer:

- Mr. Smith reported that August 2021 showed a profit from operations of \$13,194 and a total net income of \$13,302 as compared to a budget of \$201,212. Revenues for August were higher than at any point since the beginning of COVID-19 at nearly \$5.4 Million; however, they are still lower than the budgeted total of over \$5.6 Million.

Gross revenues were 3% below budget for the month, while operating expenses were 6% below budget. 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. Mr. Smith noted that patient revenues are increasing due to COVID-19, and we are adjusting our specialty services to help them grow, as was projected as part of the FY22 budget. He added that surgical and OB volumes must grow, along with primary care services, for us to achieve or budget.

Mr. Smith also noted that the number of days' cash on hand were 91.6 on August 31st compared to 121.8 on July 31st. 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. In addition, our cash collections dropped to 72% due to some issues with the QHR purchase of Resolution. However, we adjusted our 5-day bill hold to 3 days, which provided a \$1 Million drop in one week to our DNFB.

Mr. Smith further added that the second PPP loan of \$2 Million has officially been forgiven and will be recognized on the September financials, and that we also continue to look for additional grant opportunities.

Discussion: Board Member Kostovny asked if the \$2 Million PPP loan will affect the cash, to which CFO Smith said it had already been reflected in our cash and has been spent; however, it will disappear as a liability on the balance sheet and will be recognized as income, spread out over the next 10 months, on the income statement.

Treasurer Goergen verified that Woody White and QHR are aware of the repercussions MHCC had as a result of the purchase of Resolution.

Garry Goergen made a motion, and Mark Kostovny seconded the motion to approve the financials for period ending 08.31.2021 as presented. Motion carried.

Garry Goergen made a motion, and Mark Kostovny seconded the motion to approve the vouchers for period ending 08.31.2021 as presented. Motion carried.

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

Jerry Steele 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:

Jerry Steele made a motion, and Mark Kostovny seconded the motion to recess the Board of Trustees Public Meeting for Executive Session at 10:35am. Motion carried.

The Board convened to Executive Session at 10:35am 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 Jerry Steele seconded the motion to resume the Board of Trustees Public Meeting at 12:25pm. Motion carried.

Administrative Report - Consent Agenda:

Discussion: President Waeckerlin commented that the reports are very well done and helpful and that the effort does not go unnoticed.

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

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

- Mr. White was not present so there was no report from QHR.

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

- Mr. Kostovny reported that there was one call on the Compliance Line last month. He said it was pertaining to the same HR issue that had been reported on in the previous month. After investigation, no compliance issue or any other substantive issue was found to be involved, and, rather, it appears, with the information that was given, to be a personality issue. Mr. Kostovny noted that he provided an answer to the complaint but more specifics need to be provided if there are still concerns. He added that the complainant is anonymous so he is not able to talk to he or she directly.

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

- Mr. McDonald shared the monthly complaint report, which indicated that there were 3 HIPAA investigations, 15 incident reports, 5 complaints, 2 grievances, and 1 medication error. He noted that there were no findings through the HIPAA investigations, and one incident report was the ER reporting that a patient left AMA because they had to wait in their car too long.

Mr. McDonald also informed the board that a sprinkler head busted in the OR, but he assured them that the damage was contained and there wasn't any significant loss so an insurance claim will not be filed.

Discussion: President Waeckerlin inquired about the length of time that people are having to wait in their car for the ER, as he has heard some complaints out in the community, and if the patient that left AMA had been contacted. CEO Harman replied that, while the Emergency Department is doing call-backs on about 40-50% of their patients, he can't answer for sure if that specific patient had been contacted. CFO Smith commented that the length of wait time really depends on the timing and how busy the ER is but assured the Board that a medic is sent out to check vitals while they are waiting. Director of Quality Christina Baugh added that all AMA's go to her, which then go to the Patient Care Committee so none of them go unnoticed.

Old Business: There were no agenda items.

New Business:

- **2021-2022 Quality and Patient Safety Plan, Infection Prevention and Control Plan, and Risk Assessment – Christina Baugh, Director of Quality and Infection Prevention:** Mrs. Baugh shared that there were very minor changes made to the QAPI plan that was presented to the Board last year. She explained that the focus this year is to ensure that the department managers understand their role in the quality assurance process and that they are accountable to the board for patient care as well. The hope is to ingrain these processes so they become second nature to the staff.

Mrs. Baugh noted that the Infection Prevention and Control Plan remains primarily the same as well. However, the focus for Infection Control this year will be on epidemics/pandemics, as well as authority, which grants the Infection Preventionist the responsibility to make decisions, to implement programs to effect maximum protection from infections, and to design and implement policies that relate to infection prevention and control.

Mrs. Baugh also presented the new Risk Assessment, which has changed significantly to reflect the current issues. The issues of note are construction, life safety, and plumbing, while she also noted that surgical site infections will remain on the list in order to ensure that the changes that were made carry forward.

In addition, Mrs. Baugh shared a flow chart showing the process that complaints go through. The purpose is to streamline the process and to give our employees a visual of who the complaint needs to go to depending on the scenario.

Discussion: CFO Smith noted that the Business Office has created a log to create any potential complaints. It was also clarified that an incident report is simply our way of capturing any issues or complaints, and a complaint then turns into a grievance if it goes beyond 30 days without a resolution, while a patient complaint is an automatic grievance. CEO Harman also commented that the changes being made with regards to quality are becoming real, as the managers are now using the tools that Mrs. Baugh is providing to them, rather than her trying to do all the work herself.

- **COVID-19 Vaccination Mandate – Ken Harman, Chief Executive Officer:** Mr. Harman informed the Board that, on September 9th, President Biden mandated that all healthcare facilities that receive Medicare/Medicaid are required to have all their staff vaccinated. However, he noted that we are still awaiting details about a deadline and what exemptions will be allowed so we are not doing anything until we have the facts. He added that, while it is our hope to not lose any employees, we may indeed lose some, and, although, we implemented more stringent masking and testing protocols to avoid a mandate, this has been imposed upon MHCC by the Federal Government.

Discussion: President Waeckerlin reiterated that the Board did not take action on this, but, rather, it has been forced upon us. He adamantly expressed that does not want to lose a single employee over this.

Open Discussion/Citizen Participation: Board Member Kostovny said that he forgot to mention in his Compliance Report that a policy is being created to fix the discrepancies in the Pyxis. He also noted that he has noticed the improved engagement of the Compliance Committee and their efforts at trying to make real change.

Radiology Manager Jan Gulbrandson commented that her family called the ER before bringing a family member in, and they gave them the option of staying home to wait for a call back or to come wait in their care outside of the ER. She praised their process and said that keeping the family in their comfort of their own home while waiting for a bed to open was a great option for them.

New Business Continued:

- **Credentialing:**
 - Direct Radiology: Telemedicine Staff Reappointments
 - Kristen Grubb, MD
 - Yuming Yin, MD
 - Razi Saydjari, MD-General Surgery: Courtesy Staff Reappointment
 - Gregory Tanner, MD-OB/GYN: Courtesy Staff Appointment
 - Joseph Ramharack, MD-Internal Medicine: Active 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:**
 - H. Lyle Pierce, MD – Urology: Courtesy 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 Dr. Pierce as presented. Motion carried.

- **Resignation of Privileges:**
 - Daniel Wandsneider, DO (RPG) – Family Medicine: Active Staff

Mark Kostovny made a motion, and Jerry Steele seconded the motion to accept the resignation of Dr. Wandsneider as presented. Motion carried.

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

- President Waeckerlin announced that the October 28th meeting will be cancelled, and the November meeting will be moved to November 18th, to include October business. Additionally, the December meeting will be moved to December 16th.

Adjournment:

Mark Kostovny made a motion, and Jerry Steele seconded the motion to adjourn the Board of Trustees public meeting at 1:10pm with no further business coming before the Board.

The next Board of Trustees meeting will be November 18, 2021.

Respectfully Submitted.

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

crb