



Board of Trustees Meeting (Reconvened)

March 9th, 2023

Minutes

10:00 am

Members Present:

Rod Waeckerlin, *President*
Mark Kostovny, *Vice President*
Jerry Steele, *Secretary*
Lisa Engstrom, *Member* (via Zoom)

Absent Members:

Gary Goergen, *Treasurer*

Administration:

Ken Harman, *Chief Executive Officer*

Guests:

Abbi Forwood, *Legal Counsel* (via Zoom)
Lena Moeller, *Legal Counsel* (via Zoom)

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

Approval of Agenda:

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

Administrative Report - Consent Agenda:

- The Board did not have any questions, comments, or concerns about the reports within the Consent Agenda.

Department Head Report: Joel Tchafack, *Pharmacy Director*

- This month, Mr. Joel Tchafack was selected to present his department report to the Board. Mr. Tchafack reviewed his department's current projects, such as: 340B Program kick off (internally); introducing new drug compounding procedures; working to reduce drug overrides for nursing staff; isolating EMS drugs in Pyxis machines (per EMT level and scope of care); and renewing our Pharmacy license.

Discussion: There was discussion about how the 340B Pharmacy programs work; internally and with other local pharmacies. The reimbursement for the hospital participating in this program also was discussed at the internal and external levels. Reimbursement/financial savings is handled through a program called MacroHelix. Mr. Tchafack provided great detail about the program and provided examples to the Board as to how this program works. There was also a brief discussion about a list of drugs that Pharmacy has access to that is "approved" for the program. There was a similar conversation about any insurance companies that are "approved" for this service too. Mr. Waeckerlin expressed how he would like to see the Pharmacy services grow towards an outpatient setting further down the road.

At this time, the Board agreed to allow for Mr. Gemelli to present the Pharmacy Policies; item New Business: 18. b., i. – xlv.

New Business:

- **Pharmacy Policies, Brendan Gemelli, Pharmacist**

Mr. Gemelli stated all policies listed on the Open Session Agenda (see agenda for all policies) need Board approval, however, the policies he would like to point out contain the largest changes that requires the Board's attention. Mr. Gemelli reviewed the list of policies and answered any questions the Board had as appropriate.

Policy 2: Weekly audits of controlled substances. Med/Surg and ICU will perform counts on Sunday night shift. The other units will perform the counts on Monday.

Policy 3: All discrepancies will be resolved within 24 hours. If not these discrepancies will be reported to the compliance officer and the department manager.

Policy 9: All adverse drug reactions shall be reported and reviewed in accordance with this policy.

Policy 14: The use, wastage, or disposal of C-2 through C-5 drugs in anesthesia shall be documented fully. A pharmacist or designee shall audit anesthesia controlled substance records.

Policy 15: Disposal of controlled substance patches will be in the presence of a witness.

Policy 17: Pharmacy will not furnish medications to patients upon release from the facility. The only allowable exception is the take home packs dispensed through the emergency room.

Policy 24: All medication errors shall be reported and reviewed. This includes circumstances or events that have the capacity to cause error.

Policy 26: Pharmacy will be part of facility-wide process improvement activities.

Policy 43: Only properly labeled prepackaged medications listed on the emergency department dispensing list may be dispensed to ED patients. Other medications, even though on the facility formulary and stocked in the facility, may not be dispensed to emergency department patients.

Policy 47: All patients receiving an order for IV vancomycin will automatically be managed by a pharmacist, unless otherwise specified by the physician.

Policy 48: All orders for a medication not on formulary will automatically be switched to a medication on formulary by a pharmacist, unless otherwise specified by the physician.

The Board of Trustees returned back to item 10. Consent Agenda for further discussion.

Administrative Report - Consent Agenda Continued:

Discussion: The Board would like to see department heads report once monthly, in person, to present their department report. Ms. Webster and Mr. Harman stated to the group this was currently happening per the Board's request in December. Mr. Harman and Ms. Webster will select the departments each month, however, if the Board would like to choose a department, they are more than welcome to let Mr. Harman or Ms. Webster know who they would like to present. The Board

expressed they would like an Outpatient Services report (currently, Outpatient Services is made up of ER, Trauma, Pharmacy and OR; OR will be selected as the next department to present to the Board).

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

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

- Mr. White was absent from the meeting. There was not a QHR report this month.

Corporate Compliance Report presented by Mark Kostovny, Board of Trustees, *Vice President*:

- Mr. Kostovny was absent from the Compliance meeting held prior. No report was presented this month.

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

- Mr. McDonald provided the Compliance Report this month. He stated there was one patient complaint made to the ComplianceLine regarding their medications not being refilled. The patient had not seen their provider in seven months and the provider required a follow up before they were able to refill the patient's medications. Mr. McDonald followed up with the patient.

MAPS report is still in process with QHR. Mr. McDonald expressed his appreciation for those departments that are working on findings made in person during the audit.

There have been several HIPAA reports filed with Mr. McDonald; two violations were self-reported. Education has been provided to both individuals. Mr. McDonald shared that he was one of those who had a violation, self-reported and completed his education. Mr. Harman noted that the same processes for handling a violation were followed for Mr. McDonald as would be for any other employee. This way we can ensure consistency across the organization.

Mr. McDonald stated that Revenue Cycle and Pharmacy complaints are trending down due to the new processes put in place.

Mr. McDonald communicated that his chart auditing process is much easier with Cerner. He is able to find any possible violations quicker as all chart tracking is held in a single report, called P2 Sentinel.

As far as Risk Management goes, Mr. McDonald provided a brief report about the projects in Materials. The new Materials Director is set to start on March 21st. We also had a State visit regarding follow up items from the Life and Safety Survey; there is one follow up item we need to supply the State with.

The Board of Trustees took a brief break from 10:52am to 10:56am.

Quality Report presented by Ken Harman, *Chief Executive Officer*

- Ms. Baugh was absent for her report; Mr. Harman presented on her behalf.

Mr. Harman provided the Board with the highlights from the last Quality Committee meeting. He expressed his appreciation for Ms. Baugh and stated that this is the best run Quality program he has seen. Her attention to detail and passion drive her to make this program a success. She takes her job very seriously and is very thorough.

There are a number of departments that are achieving their goals, which is allowing room for focus on new goals. Ms. Baugh has been assisting managers with changing processes and addressing complaints.

Mr. Harman stated one new goal Administration would like to focus on is Patient Safety, specifically two patient identifiers (full name and date of birth, for example). This will allow for Administration, along with department managers, to track and trend our weaknesses and strengths. Ms. Thorvaldson will help address any educational pieces for employees that need remedial training. One example Mr. Harman provided was barcode scanning for medications. Putting a major focus on this area during the Cerner build, go live and post go live allows for us to put another barrier between the patient and danger. Now we can identify if the right medication is being administered to the right patient. This practice was being done prior, by nursing staff, but having essentially two modes of patient/drug verification helps us to protect our patients better.

Return on Investment Report: Cerner, Abbie Webster, *Executive Assistant/EHR Administrator*

- Ms. Webster provided an overview of the financial impact of Cerner thus far (numbers were ran via reports from Mr. Smith prior to his departure). Mr. Kostovny felt the numbers were not accurate and requested the Board see factual numbers in the future.

Ms. Webster also brought to the attention of the Board, the amount of open SR's (services requests out to Cerner's IT team). She explained that the amount of open SR's and the timeframe of the open tickets are not unique to MHCC; it is an issue for all Cerner CommunityWorks clients. She further explained to the Board how Cerner presented a fix, however, it's a long term goal, not immediate. MHCC and Cerner will continue to work together to address open tickets going forward. The Board asked Ms. Webster to continue to update them about the open SR's.

President Waeckerlin asked to come back to agenda item Old Business as there were previous topics he would like to address. The Board of Trustees agreed and the next item, Highway to Health, was addressed.

New Business Continued:

- **Highway to Health, Stephanie Hinkle, *Marketing and Communications Director***

Ms. Hinkle presented the revamped Highway to Health program that will now incorporate Health and Wellness (formerly known as Health Fair) blood draws year round. She reviewed the changes of the program: ability to bill insurance, new lab packaging, pricing; and we can now incorporate Cerner, which will streamline this service in a more efficient way than we previously could offer.

Discussion: Ms. Hinkle spoke about these services being offered at Holly Frontier Sinclair. There were concerns about the registration training and experience with the registration process at the clinic level. The overall risks were pointed out to the Board: Communicate appropriately (Sinclair vs Public); Registration process and billing; Business Office process for billing.

During the discussion, Mr. Steele asked if we reached out to the State Penitentiary to see if they would like to participate. It was determined that we have not, but Mr. Harman and Ms. Hinkle expressed interest in doing so.

There were further details provided about out of pocket costs (none) and what insurances qualify (any plans that support preventative health). There was also clarification about self-pay pricing.

Additionally, Ms. Hinkle communicated to the Board about the upcoming Care Fair that will be held at the Jeffery Center on April 29th from 10:00am to 2:00pm. This will be used as a resource fair, very

similar to how the traditional Health Fair was ran. Ms. Hinkle also stated that we would be offering blood draws at this event too.

Before moving into any additional New Business items, the Board decided to address Old Business.

Old Business:

- **2nd Floor Clinic**

President Waeckerlin inquired about the second floor and requested a project update. Mr. Harman stated we are waiting for Rapid Fire Protection to send us their testing documentation. The State will not sign off on the project until this has been turned in. It was communicated to the Board that Mr. McDonald has been trying to reach out Rapid Fire Protection to obtain this documentation, but they are not answering or returning calls. Administration will continue to follow up.

- **FEMA Update**

Mr. Harman stated that Mr. McDonald signed off on the paperwork and now we are waiting for a response that will determine a date we should expect the FEMA money. The Bank of Commerce will also want a definite date documented in a letter before a Line-of-Credit can be approved. Senator Barrasso and the Wyoming Hospital Association are also pushing to move this along.

- **MHCC Board/Carbon County Commissioners Round Table**

Mr. Waeckerlin stated to the rest of the Board that he is going to schedule a Round Table with the Board and County Commissioners on March 21st to ask them for more support pertaining to MHCC. A time is yet to be determined.

The Board took a short break from 11:59am to 12:04pm. At this time the Board of Trustees returned to addressing New Business items.

New Business Continued:

- **Nursing Policies, Janessa Mann, *Director of Nursing: Inpatient Services***

Ms. Mann reviewed the nursing policies with the Board of Trustees and answered their questions appropriately. The Board thanked Janessa for all her hard work.

1. Medication Administration
2. LPN IV-C Medication Administration
3. IV Pump 360 Drug Library Update Protocol

Mark Kostovny made the motion, and Jerry Steele seconded the motion to accept the Nursing Policies as presented. Motion carried anonymously.

- **IT Policies, Matthew Brooke, *IT Manager***

Mr. Brooke reviewed the IT policies with the Board of Trustees and answered their questions appropriately.

1. Access Control Unique User Identification
2. Audit Controls & System Activity Review
3. Security Management Process
4. Protection from Malicious Software
5. Workforce Security
6. Facility Controls & Access Validation



Discussion: There was brief discussion about IT security training for employees and security set up for the Data Center.

Mark Kostovny made the motion, and Jerry Steele seconded the motion to accept the Nursing Policies as presented. Motion carried anonymously.

Adjournment:

Mark Kostovny made a motion, and Jerry Steele seconded the motion to adjourn Board of Trustees public meeting at 12:20 pm with no further business coming before the Board. Motion carried unanimously.

The next Board of Trustees meeting will be March 23rd, 2023.

Respectfully submitted.

Abbie Webster, *Executive Assistant*

Jerry Steele, Board of Trustees, *Secretary*