

Garfield County Public Hospital District No. 1

Board of Commissioners

Amended Minutes of Regular Meeting: Monday, June 4, 2018

Attending: Cindy Wolf, Chris Herres, Gary Houser, Jen Dixon, Steven Cannon

Staff Attending: Julie Leonard, Bill Waites, Stacy Linscott and Caroline Moore

Public Attending: Steve Huebner, and Sarah Cave, Jenness Evanson, Andrew Craigie, Tom Millsbaugh, and Tammi Bragg

Meeting Called to Order at: 6:00 pm

Conflict of Interest Statement: None Noted.

Consent Agenda:

- Board of Commissioner Minutes (05/07/18) & (05/17/18)
- Finance Committee Minutes (05/29/18)
- Medical Staff Minutes (05/18/18)
- QAPI and Infection Prevention Committee Minutes (05/18/18)
- AP Vouchers (05/01/18--05/31/18)
- Payroll Vouchers (05/10/18)

Motion was made to approve all consent items as presented

Moved by: Steve Cannon & Seconded by Chris Herres

Motion approved & passed by vote

New Business:

Huebner Advisory – Steve Huebner and Sarah Cave from Huebner Advisory started with introductions and asked for each person in the room to give a quick background and reason for their interest in this topic. Everyone voiced their opinions for fundamental changes, challenges and concerns.

Steve and Sarah both gave brief backgrounds of their working experience with healthcare in the greater Puget Sound area. They have an in-depth understanding of the market dynamics and challenges of the rural healthcare systems/hospitals working throughout the Northwest in Washington State. Together they bring a strong history of Board experience and facilitation skills. He and Sarah have collaborated in a number of projects together. One of their jobs is to listen to the concerns of the community and the challenges that are unique to GCHD.

Steve spent the last 28 years in finance practicing as an audit partner in the healthcare industry with Arthur Anderson, LLP from 1974-2002 and then with KPMG, LLP from 2002-2012 until he retired. Steve

has served on healthcare system Boards, specifically, Intermountain Healthcare. Out of 22 hospitals 14 are rural and smaller than Pomeroy. Steve is very familiar with the low-populated rural areas and is very focused on the solution of how to serve rural healthcare. Steve went on to say, "We've really determined one of the best things you can do is to leave care in the communities because that is the best for the communities, best care for the patients, and best all the way around."

Sarah has extensive working experience in the healthcare system. She finished her master's degree in Healthcare Administration in 1997 in Seattle. She went on to work with ECG Management Consultants She has a worked a total of 15 years as a healthcare administrator. Her background area of expertise is strategy and business development. Sarah is very familiar with the rural Critical Access Hospitals (CAH) and Public Hospital Districts and their challenges. "Appropriate care close to home" was the biggest resonating theme among CAHs. She has extensive experience in organizing and forging of relationships between healthcare systems. She continues to run her own consulting business and works together with Steve on many projects such as strategic planning and governance, affiliation projects, and currently they are working with a public hospital in Sitka, Alaska. In terms of partnering with other hospital facilities, between the two of them Steve and Sarah have worked with every major healthcare system to include Providence, Kadlec Medical Center, and Virginia Mason.

A proposal was distributed outlining the proposed consulting services. 1. Information gathering which will consist of surveys and interviews with stakeholders, data collection, and market/internal assessment. 2. Prepare and professionally facilitate two Board strategic planning sessions. 3. Arrive at clear strategic priorities and initiatives.

A breakdown of the strategic planning process consists of 3 phases:

1. Phase 1 – Environmental Assessment

- Refine approach and frame "big picture" issues and strategic options
- Perform individual stakeholder survey/interviews
- Assess existing data and identify additional data needs
- Complete internal organizational assessment in coordination with GCHD Board

2. Phase 2 – Set Future Direction

- Board visioning and strategic goal-setting
- Board scenario planning session with considerations of alternative future
- Board strategy formulation session

3. Phase 3 – Strategic Plan Development

- Prioritization and sequencing of strategies
- Draft a strategic plan with clear priorities, strategies, tactics, success measures/targets
- Strategic plan endorsement

The preliminary estimates of fees were discussed and broken down into the 3 phases from June – October 2018. Steve's hourly rate is \$250 and Sarah's is \$175. In an effort to keep the costs down, Sarah will be doing a large portion of the process planning and taking on more of the hours to receive the most

value. Steve will be available for the onsite meetings and any financial challenges and decisions that might need to be made. The total proposed fees have been estimated just under \$20,000.

Motion was made to accept the preliminary proposal for consulting services by Sarah Cave Consulting and Huebner Advisory as presented.

Moved by: Chris Herres & Seconded by Jen Dixon.

Motion approved & passed by vote.

New Business

- **Review and Approval of HR Update for Extended Illness Bank (EIB) in Employee Handbook** – A request was made for the wording in the EIB statement to change to state that if an employee has a sickness, an illness, or an admission into a hospital with proof of doctor's documentation they be allowed to use their EIB immediately.

Motion was made to approve the update to the EIB wording in the Employee Handbook

Moved by: Steve Cannon & Seconded by Chris Herres

Motion approved & passed by vote

- **Review and Approval of HR Update for HRA Card Usage and Expenditures** – A request was made to allow employees to use their HRA card for dental services.

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Motion was made to approve the usage of the HRA card for dental services

Moved by: Gary Houser & Seconded by Jen Dixon

Motion approved & passed by vote

CEO/Superintendent and Managers' Report: – Julie Leonard

Julie reviewed each manager's departmental reports.

- Dr. Park will be the Medical Director over the clinic, providers in clinic, and Chief of Staff over Medical Staff for Medical Staff Meetings. He will be the supervising physician over clinic PA staff, conduct monthly/quarterly peer review of clinic mid-level staff, be available for consultation to providers in clinic as needed, and be a primary care provider in clinic on Fridays.
- Dr. Klingner will be the Medical Director over hospital Swing Bed, Acute, ED/Trauma, and Observation, as well as a provider in ED. She will be the supervising physician over hospital PA staff, conducts monthly peer review of ER mid-level staff, be available for consultation to providers in ER/LTC/Acute/Swing/hospital as needed, and be a provider in the ED according to Omni scheduling. Dr. Klingner will act as back-up for clinic MD in the event of Dr. Park's absence, and Dr. Fife will act as back-up for ED/Trauma in the event of Dr. Klingner's absence. Of note, there was not a contract change for any of the physicians.
- **Dietary** – Allie is working with HR to hire 2 new part-time employees; one employee is graduating and leaving the area, the other does not wish to work while going back to school to pursue a higher education. She continues to work with Shannon, RD, to complete policies and procedures for Dietary, and is working on completing annual reviews this week.

- **Clinic** – Bill continues to work on the process of developing a long term provider retention plan by working with the mid-level providers in hopes of establishing a long-term committed provider group. Tara is back from maternity leave working PT and Marsha is filling in when Tara is not working. Clinic visits are up nearly 30% with 1,074 patients from April 2017 as compared to 1,531 patients April 2018. Athena implementation for the clinic is moving along quickly.
- **Lab** – We recently hired a Medical Licensed Technician (MLT) for the Lab Department that will start June 18th and we've also hired a Lab technician who will start training next week. Lab is up 49 over 2017 with 599 tests YTD in April 2018 compared to 550 tests YTD in April 2017.
- **Radiology** – We are still actively searching for 2 licensed radiology techs but in the meantime, we will be looking for 2 traveling rad techs to make sure our Radiology Department shifts are covered properly. Visits are up 23 over 2017 with 77 images year-to-date (YTD) in April 2018, compared to 54 images YTD in April 2017.
- **Physical Therapy** – We are still looking for a PT traveler who can cover for 13 weeks and cover for vacation and cover while Athena is being implemented. Numbers of visits are growing as they are on track to hit 189 this year; once we have a traveler hired the numbers should double.
- **Emergency Department** – ED visits are holding steady with a little dip in the numbers in April but in May they increased significantly. In 2017 last year we had 1 inpatient, this year we have 13.
- We currently have two Nurse Assistant Certified (NAC) positions available. The Nursing Department is continuing to update the GCHD's policies and procedures along with providing in-servicing for all nursing staff.
- **Business Office** – Accounts Receivable (AR) days are 43.9 which has come down by 3 ½ days since February. Self pays are 14.5 in AR days. We are exceeding our goal for \$500,000 a month in revenue since July 2017.
- IT is working with Athena and its progression is going well and continues to move forward.
- **Facility** – The Central Supply Provider Room is being converted into an on-call sleeping room for any traveling techs that need a place to sleep after working a shift. We are also converting the Sunroom into another sleeping area in the Pataha House which will give us 4 bedrooms. The cost for providing rooms for traveling techs, RNs, providers is \$8 an hour less which equates to \$800 less a month. All the booking of the rooms will be scheduled by Caroline Moore. The new furniture arrived and was placed in the Dayroom for the residents. Maintenance is also working lawn maintenance for both the Hospital and Clinic grounds, and Pataha property. GCHD participated in the Active Shooter Exercise on Saturday, May 19th, which went very well and a lot was learned from this event which will be shared at the next All-Staff Meeting.
- **Administration** – We are in the process of applying for 2 new Visa cards to replace the old one we have. This is in an effort to have stricter controls over the charges and who has control of the cards.
- **Business Office** – AR days are 43. They've had 16 people take advantage of the 20% prompt pay discount totaling \$11, 048. Patient payments totaled \$4,527. Clean claims and denials are trending well. We have an average clean claim rate of 92% with best practice 85% and the average in the US is %75. Average denial rate is 9% in the US, Pacific NW region is 10.9%, and best practice is 5% and is we are at 3%.

Reports:

1. **Financials** – Julie Leonard distributed the financial statements as well as the Summary Balance Sheet for April 2018. The cost reports are done and the packets will be given to each of the Board member. GCHD is expecting to receive \$349,283 from Medicare for 2017.

2. **Medical Staff Committee** – Jen Dixon

The Medical Staff Bylaws were reviewed and an adjustment will be made regarding the wording “doctor” which will be changed to “provider/practitioner.” This will be reviewed at the next Medical Staff Meeting and then submitted for approval by the Board in July 2018. Kayleen and Susie attended a Medicare Wellness Conference in Pullman. Much discussion was emphasized on the problem-focused office visit versus the Medicare Wellness visit, distinguishing the different criteria between the two. Dr. Park has asked that the providers to increase the percentage of their Medicare Wellness visits in order to meet the criteria for quality measures. The nurses are working on a workflow to maximize the time and the process of filling out the screening questionnaire. The Social Media Policy was reviewed and discussed. The clinic is going through a lot of changes due to scheduling of new clinic hours and working with the providers to optimize their schedules to accommodate more visits. Sonny will be working Monday through Thursday and Rhonda will be working Monday through Friday. Clinic hours are now extended on Tuesday, Wednesday, and Thursday from 7 a.m. to 5 p.m. This is in an effort to meet the demands of patients who would like to be seen earlier in the morning.

3. **Hugs** – Jenness Evanson

The residents are really enjoying the recliners in the Dayroom; they are very comfortable and the residents seemed pleased with them. The \$500 scholarship was awarded to high school senior, Stacey Barnett, who wants to become a pediatrician. Stacey is invited to the Hugs Meeting on June 20th where the check will be presented to her at that time.

4. **Resident Council Report** – Cindy Wolf

The meeting was held last month and 10 people were present. The residents commented how much they like the new chairs in the Dayroom. Allie brought in different examples of aprons that they can wear during meals and they choose what they thought to be the best selection. These are reasonably priced at between \$25-\$27 per dozen. She would like to order 3 sets so that there are always plenty of clean ones. Jayd explained that Dr. Klingner will be seeing the Swing Bed patients from this time forward. She will be more accessible to the patients and will be available on Tuesdays, Wednesdays, and Thursdays, as opposed to only Fridays. The residents are planning to have a Father’s Day Party as well as a special meal on that day. A recent service visit from an exterminator was discussed concerning the elimination of spring bugs and there were no complaints. Jayd discussed the rooms for the Medicare short-stay visits may require more chairs as the staff has to borrow the chairs from the dining room to use when patients are occupying those rooms. There were no other issues or concerns from the residents at this time.

5. **Governance Report** – Cindy Wolf

There is no report this month.

6. Finance Committee Meeting – Steve Cannon

The financial numbers are looking good so far this year as GCHD is operating in profit partly due to some Medicare adjustments that puts the total up to about \$205,000; however, if a licensed radiology technician is not hired it could greatly decrease. We have about 2.8 million dollars and are at 193 days with cash on hand. HRG gave a presentation and Stacy, Business Office Manager, is beating every best practice measure they have and is doing a phenomenal job. We do have a credit from an overpayment that we have to make up for \$268,000 as of April. This is down from \$400,000. Cash liability is \$143,000 from Medicaid who pays at about 33%. McKinstry Consulting Firm will be walking through the facility later this week to offer a free estimation as to what it would take to update our hospital. This information would be helpful in passing on to Huebner Advisory Team. Budget spreads for every department were reviewed and discussed.

Public Comment: – Tammi Bragg

The first question was pertaining to HRG and if we are still using them. The Board answered, “yes for now.” The services will be reduced once Athena takes over and we will negotiate lower fees for Legacy wind-down. We are still using them to credential our insurance companies which have helped us tremendously. Tammi stated that some community members are still concerned with using HRG. The Board stated that our Billing Department has massively improved and encourages people to reach out and call the Billing Office with questions and concerns. “Unless we know there’s a problem we can’t fix it.” Tammi commented, “They are just certain that if they raise a fuss then it’s just going to get worse.” The Board strongly encouraged people to ask questions and voice their concerns because that is how things get changed and improve. It was reiterated by the Board that the billing is submitted less than 3 days, and most of the time it is at 2.5 days which is beating the turnaround for standard industry best practice. Tammi was asked to please relay that we also have a charity program for those who are struggling to make payments. It was strongly suggested by the Board that if anyone is having difficulty understanding their bills or paying for them to please call or come to the Billing Office to discuss their account. The second question Tammi asked was pertaining to the new ED physician’s employment wanting to know if her employment is through GCHD or an agency. Of note, Dr. Klingner is employed by Omni, a locum agency.

Tom Millspaugh complemented the Board for the information and preparedness regarding the strategic planning and all the people involved, especially Steve Huebner and the Sarah Cave. He commented that this advisory team has a very good reputation and Tom appreciates that they will be working with the Board and community members in the coming months. His last comment was to thank GCHD for doing such a good job. He specifically mentioned the positive financials, the increase in the income generated through services provided, the low ARs days compared to the national average and best practice standards, and finally the large check for \$349,283 that is forthcoming from Medicare.

Meeting adjourned at: 7:40 p.m.

Executive Session RCW 42.30.110 (1)(g) To evaluate the qualifications of an applicant for public employment or to review the performance of a public employee. Executive session was called to order: at 7:45 p.m.

Executive Session adjourned at: 8:00 p.m.



Cindy Wolf, President



Chris Herres, Secretary



Gary Houser, Commissioner



Jen Dixon, Commissioner



Steven Cannon, Commissioner