

# Garfield County Public Hospital District No. 1

## Board of Commissioners

**Minutes of Regular Meeting: Monday, May 7, 2018**

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

**Staff Attending:** Julie Leonard, Barbie Bowlin, Marni Herres, Bill Waites, Julie Waites, Kayleen Bye and Caroline Moore

**Public Attending:** Jenness Evanson, Fred Zack, and Tom Millspaugh

**Meeting Called to Order at:** 6:00 pm

**Conflict of Interest Statement:** None Noted.

### **Consent Agenda:**

- Board of Commissioner Minutes (04/02/2018)
- Finance Committee Meeting (04/30/18)
- Quality Committee Meeting Minutes (04/27/2018)
- AP Vouchers (04/05/18 - 04/18/18, 04/19/18 - 04/25/18)
- Payroll Vouchers (04/19/18)

*Motion was made to approve all consent items as presented.*

*Moved by: Chris Herres & Seconded by Steven Cannon.*

*Motion approved & passed by vote*

### **Reports:**

#### **1. Quality Report – Jen Dixon**

Jen gave an update from the April 2018 Quality Committee Meeting. Departmental quality matrix was discussed to be sure all indicators are being tracked. The reporting is going well and all Managers are meeting their designated goals. Polices continue to be updated and placed in ADP for review. Athena is still on target to go LIVE on 9/5/2018.

#### **2. Safety Report – Cindy Wolf**

Safety Zone Report was discussed and IT is working on identifying any problems and is ensuring that it updates correctly. Fire drills and hands-on training are conducted quarterly. Double-sided key pads will be added to the Swing Bed side of the hospital and Central Supply for ensured safety. The HR Department will be bringing in a list of L&I claims for the committee to begin accessing quarterly, annually, and by admission. Training for all employees will begin towards

the end of May for safe-patient-handling. New training modules will be available through Relias which was bought out by Swank. These modules will have the ability to track licensures and will notify the employee as well as the supervisors when they are due.

The Safety walk-through was conducted on May 3<sup>rd</sup>. Several managers and employees formed groups outside of their normal work areas went to each department to and made lists to identify safety issues. The data will be compiled and discussed at the next Safety Meeting and the results will be addressed by the Maintenance Department to begin correcting issues.

The County is conducting an Active Shooter training that will be held on May 19<sup>th</sup>, 2018 at the Pomeroy Jr. Sr. High School. GCHD has been asked to participate and will receive credit for Region 9 district for the Emergency Preparedness Program. Next year the County would like the hospital to hold the event.

### **3. Finance Committee – Steven Cannon**

The Chargemaster is in the process of being updated. There was a recovery of a fraudulent check recently of \$18,965.25. GCHD is offering a 15% discount off bills for prompt pay and several people have taken advantage of this savings. We are actively looking for a temporary Physical Therapist to cover for vacations and help meet the PT demands of our community. We currently have a 5-week backlog for physical therapy.

Julie Leonard, Interim CEO/CFO, had a meeting with Huebner Advisory to discuss the future of our hospital. This company specializes in strategic planning for Critical Access Hospital (CAH). They will discuss, analyze, and look at alternatives to determine the best path for our facility. We need to go forward with a plan this year to prepare for the government bundled payment charges as this will have a fairly large impact on GCHD. One of the changes that will be implemented by 2020 will be per patient per month payments. CMS is describing this program as a patient-centered medical home and having hospitals take care of patients as a whole.

There are a variety of different payer programs that the government will begin in 2018 starting with Emergency Departments (ED). Revenue recognition and valued-based payments are other aspects of the payer program. We are one of the 13 CAH at risk and we want to be prepared by having a path to follow and a solid plan in place when it starts. Of note, this program will affect all hospitals across the nation.

The CEO and the Business Office Manager will attend a conference in Washington D.C. in June to learn more about bundled payment plans. The cost for this conference will be reimbursed by a SHIP grant by meeting certain criteria measures. Of the 13 CAHs, only 4 hospitals will be attending the 3-day conference.

### **4. Financials – Julie Leonard**

Julie discussed and reviewed the financials. Emergency Department visits have gone up; Swing Bed visits are up, and all of our services have increased overall. The revenue generating departments have gone up in Radiology with 4 EKGs, Lab visits are up, and the Clinic had a total of 1,590 visits last month. We are down to 119 days cash-on-hand at the first of the year but overall, this is very good. Julie will provide the Board with a copy of the Garfield County Treasurer Report. A comparison list was made from January, February, and March of 2017 verses January through March of 2018. Revenue gross profits are up and our expenses were only up \$23,000 last year in January. Rolling totals from April of 2017 to March of 2018 were discussed. In August of 2017 a big Medicare payment was received so profits fluctuated.

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

Survey was completed by the Department of Health and GCHD is recertified. The Clinic recertification will be taking place within the next 6 months. Policies are continuing to be set up in ADP and IT will ensure that each of the Board members will be given access to review polices. Athena is still progressing with an anticipated go live date of September 5<sup>th</sup> 2018. Medical Staff Bylaws are being reviewed and will be discussed at the next Meeting. Sonny Talbot, PA-C would like to participate in a preceptorship for PA-Cs and medics in the near future.

The current lab courier is not meeting the needs of our hospital and as a result, there have been discussions to look into different options for reference labs. The Radiology Department is currently looking for full-time a radiology tech to crossed-train in the Lab Department.

In response to the community's needs, the Pomeroy Medical Clinic will be offering trial extended hours during the first weeks of May. Beginning May 1, 2018, the Saturday Clinic will be suspended during our trial extended hours. Hours will be Mondays 8 a.m. to 5 p.m., Tuesdays 8 a.m. to 6 p.m., Wednesdays 7 a.m. to 6 p.m., Thursdays 7 a.m. to 6 p.m., and Fridays 8 a.m. to 5 p.m. The Pathology Regional Laboratory's last pickup is at 6:30 p.m.

Kayleen Bye and Susie Bowles will attend a Medicare Wellness Conference in Pullman on April 25<sup>th</sup>.

**6. Hugs Committee Report – Jenness Evanson**

HUGS selected a \$500 scholarship for one high school senior from Pomeroy High School who has chosen an education in healthcare. The individual was among 6 applicants. The senior will be announced at graduation in June 2018.

Resident Council has recently approached the HUGS Committee about replacing the dining room chairs. The Committee has approved the purchase of 17 chairs for a total of \$2,742.71. The residents are very pleased and are anticipating the arrival of the new chairs. A comment was made about the recent exchange of the Clinic chairs that are now in foyer and how nice it looks. This Friday, May 11<sup>th</sup> is the Mother's Day Social and HUGS always provides for the beautiful flower centerpieces for the Dining Room tables.

Jeness submitted 3 bills for Board approval which include: 1) \$500 senior high school scholarship 2) \$159.00 for the flower centerpieces and 3) \$2,742.71 for 17 dining room chairs totaling \$3,401.71.

*Motion was made to approve the bills of \$500, \$159.00, and \$2,742.71 for a total of \$3,401.71 as presented.*

*Moved by: Chris Herres & Seconded by Jen Dixon*

*Motion approved & passed by vote*

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

- Cindy attended the Resident Council meeting and 11 people were present. The first item on the agenda was the discussion of finances. The balance for Resident Council Fund is \$1,373.55 which is used for the resident's outings, community events, and paying for entertainment. Jody Peasley was introduced to the residents as our Lead Housekeeper. She also brought in samples of the curtains that are soon to be replaced in each of the residents' rooms and they were all in favor of them. They are planning a Mother' Day Tea on Friday, May 11<sup>th</sup> and discussed their special Sunday dinner on the 13<sup>th</sup>. Another event they are planning is a trip to Chief Timothy Park that is planned for next month. It was confirmed that all bathrooms are wheelchair accessible. Next week is National Hospital Week and several activities are planned to include both the employees and our residents.

**8. Governance Report – Cindy Wolf**

It was suggested that the July Board Meeting be changed due to the 4<sup>th</sup> of July holiday. When a Board Meeting has to be changed it becomes a Special Board Meeting. The Board will decide which day works best and announce the day and time of the Special Board Meeting in July. Cindy requested that all the Board members let her know on a quarterly basis when they are planning vacations as soon as possible so she can plan ahead in case someone needs to fill in for a Committee Meetings or call in for a Board Meeting.

**New Business:**

**Resolution 18-04 – Julie Leonard**

Resolution 18-04 concerning Garfield County Health Fund, was read in its entirety by Chris Herres, Secretary, Board of Commissioners.

*Motion was made to approve Resolution 18-04 as presented.*

*Moved by: Steve Cannon & Seconded by Jen Dixon*

*Motion approved & passed by vote*

**iSTAT Machine – Julie Leonard**

A request has been made from the Laboratory Department for a new iSTAT Machine to replace our PT-INR (Prothrombin Time – International Normalized Ratio) machine and our blood gas analyzer. A proposal has been submitted in the Board packets stating the PT-INR machine is broken, and cannot be fixed as it is obsolete and no service is available for repairs. This

machine is used on a daily basis, sometimes up to 10 times a day, and is critical for our Emergency Department as it checks levels of Coumadin, a type of medication for heart patients. The blood gas analyzer is also not functional at this time. The cartridges cost \$1,400 and these need to be replaced every 30 days. The 1st quote for a newer machine cost is \$22,000 with a trade-in value of \$1,000. The additional costs that are listed are for the materials and the service contract. The 2<sup>nd</sup> quote is for a brand new model for \$12,180 with a trade-in value of \$5000; however, this is only for a PT-INR machine. Additional costs listed are \$2,500 a year for cartridges. The 2<sup>nd</sup> quote for the iSTAT machine will perform both PT-INR and blood gases for half the cost of what of replacing both machines.

There have been several cases in the ED where having a functional PT-INR and blood gas machine would have been very helpful. Currently since our machine is not working, the PT-INRs are being sent out by Pathology Regional Laboratory (PRL). The results for blood-thinning tests need to be back in 24 hours but because they are being sent out, GCHD sometimes does not receive the results for 48 hours. Since PRL does not offer courier service over the weekend, it can be Monday before we have the results. Without a new iSTAT machine, it significantly lowers our ability to function in the ED to its optimal capacity.

*Motion was made to approve a purchase of an iSTAT machine for an estimated cost of \$12,180.58 plus \$2,500 a year for cartridges as presented.*

*Moved by: Chris Herres & Seconded by Jen Dixon*

*Motion approved & passed by vote*

#### **Huebner Proposal — Julie Leonard**

Julie recently attended the CEO conference where she was in contact with Ben Lindekugel, Director of Association of Washington Public Hospital District, who suggested that Julie discuss strategic planning with Huebner Advisory to help decide what the best path to take. They will put together a preliminary draft proposal for cost and a timeline of what they could offer. Their proposal is comprised of 3 different phases with 3 separate timelines; 1<sup>st</sup> Phase- June-July 2018, 2<sup>nd</sup> Phase-August 2018, 3<sup>rd</sup> Phase-September-October 2018. Some of the items of discussions were concerning the bundled payment payer program and what kind of impact Federally Qualified Healthcare vs. Rural Healthcare vs. Assisted Living facilities have on our future. Huebner Advisory would also help with the partnering of bigger healthcare facilities as well. The first meeting would be a consult that would cost less than \$5,000. The next step would be to meet with the Board to discuss their vision for GCHD. The Advisory team would reach out to the community by conducting meetings and surveys on the Board's recommendations. The Board was in agreement to proceed and pursue a strategic planning proposal with Huebner Advisory; Julie will be in contact with them tomorrow to set up a consult meeting.

#### **Prompt Pay and Financial Assistance — Julie Leonard**

There have been 28 charity assistance applications; of the 28 four have been processed and 7 are pending as they are awaiting their tax filing for 2017. Two people have taken advantage of the prompt pay discount of 15% and one account was paid in full for \$900.00. A suggestion was

made to increase the prompt pay to 20% between now and September before the implementation of Athena September 5, 2018. Athena will not collect debt on aging accounts. The Board's decision was to approve the increase of prompt pay assistance to 20%.

**Chargemaster – Julie Leonard**

The chargemaster is almost completed. The findings have been that our current chargemaster's prices are well below the recommended Medicare and Medicaid rates. We need to be competitive with the Valley's rates as well. Before the next regular Board Meeting a Special Board Meeting will be held in 2 weeks to review and approve the chargemaster with day and time to be determined.

**Medical Staff Advancement – Marni Herres**

Marni gave a brief synopsis concerning medical advancements for hospital credentialing. Providers have to be approved through 1-year advancement. At the last Medical Staff Meeting, the statuses of the providers were reviewed by Dr. Park and Dr. Klingner. All providers have to be evaluated in order to complete advancement to active status. Dr. Park completed the professional practice evaluations and performed a chart review on all the providers and has recommended that the providers either be advanced to active status or to courtesy status. Marni named each provider and Dr. Park's and Dr. Klingner's recommendations for the Board's approval for Medical Advancement.

*Motion was made to approve medical advancement to active or courtesy status to each provider named as presented.*

*Moved by: Steven Cannon & Seconded by Jen Dixon*

*Motion approved & passed by vote*

**CEO/Superintendent Report: – Julie Leonard**

Julie reviewed each manager's departmental reports.

- The ED visits are up.
- 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.
- Lab has put into place a courier log and to track the specimens that are picked up and denied by PRL. The Lab state inspection is due July 2018.
- Radiology is still actively looking for a tech that can cross-train as a lab tech as well.
- Business Office 43.9 days in Accounts Receivable (AR) which has come down by 3 ½ days since February. Self pays are 14.5 in AR days. We exceeding our goal for the \$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.
- Physical Therapy continues to be very busy. We do have a temporary PT that will cover May 11<sup>th</sup>, 14<sup>th</sup> and 15<sup>th</sup>. Currently we have 3 separate companies looking for PT coverage for all of August and September to help our physical therapist get caught up from 5-6 week backlog, cover for vacation, and allow time for training with Athena implementation.

- Pomeroy Medical Clinic is in the process of developing a long term provider retention plan and by working with the mid-level providers in hopes of establishing a long-term committed provider group. Rhonda Freeman, ARNP, has agreed to remain until next spring and possibly longer in order to find a provider who is committed to serving our community. Our nursing staff is committed to offering the best possible care and Marcia Baden, RN, has graciously agreed to remain on staff until Tara Cochrane, RN returns from maternity leave. Patient flow in the clinic continues to improve and we hope to see a younger patient base as we develop a stable provider group. Bill Waites, PA-C, is helping to stabilize the clinic needs while seeing patients and developing a primary care practice. Two of our nursing staff attended a Medicare Wellness Conference in Pullman they will develop and implement plans for Medicare Wellness Visits. Upcoming Vaccines Immunizations Survey will take place next Monday.
- Allie, Dietary Department Manager, is working on reviewing and updating policies and working on department standards of practice. The Registered Dietician will help review and update diet-related policies. Employees will continue to be trained on ordering tray tickets, menus, and compiling AP and produce schedules when Allie is gone on maternity leave in September. She continues to work on an order plan with Sysco for first priority in the event of an emergency. She will be participating in National Hospital Week and catering for a Meet and Greet for providers on May 16<sup>th</sup>. She will be attending the all-day training session in Pasco on May 17<sup>th</sup>.

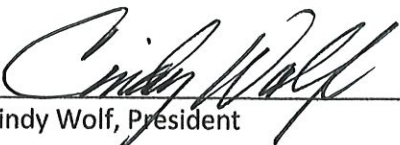
**Public Comment:** – Fred Zack

Fred had 2 questions and a comment. His first question was concerning the 2018 year-to-date loss asked if this was on an accrual or cash-flow basis (response was accrual) and asked if GCHD is on the positive side of a cash basis. His second question was regarding the year-to-date annual billable services compared to the past years of 2016 and 2017 and questioned if they are they better or worse. The reason for his concern is that if the number of patients using GCHD is going down and revenue per patient is going down then we are still going to have problems. Fred made a comment about his concern for moving forward towards strategic planning for GCHD. He believes this is imperative and has to be implanted immediately and highly recommended bringing a consultant to begin creating a skeleton plan to start the process. He also suggested the development of 5 likely scenarios:

- 1) Weigh the options of having independent operation with severe bundling payments.
- 2) Weigh the options of having independent operation with reasonable bundling payments.
- 3) Consider cooperative operations with 50/50% outside facilities.
- 4) Consider cooperative operations with 80% outside facilities and 20% from GCHD.
- 5) Consider the possibility and impact of GCHD closure with 20% from Medicare, insurance companies and from GCHD. Fred was thanked for his insightful questions and comments.

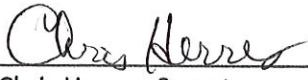
**Meeting adjourned at:** 7:37 p.m.

**Executive Session:** Executive Session was held for up to 1 hour. It ended at 8:09 p.m.

  
Cindy Wolf, President

  
Gary Houser, Commissioner

  
Steven Cannon, Commissioner

  
Chris Herres, Secretary

  
Jen Dixon, Commissioner