GRAYS HARBOR COMMUNITY HOSPITAL
BOARD OF DIRECTORS REGULAR MEETING
August 28, 2018

COMMISSIONERS PRESENT
Michael Bruce, District 2
Miles Longenbaugh, District 3
Melanie Sturgeon, At Large 2
Robert Torgerson, At Large 1
Becky Walsh, District 5
Maryann Welch, District 1

OTHERS PRESENT
Niall Foley, Executive Director Finance
Tom Jensen, CEO, GHCH
Teresa Ramirez, Executive Assistant
Members of the Public

ABSENT
Andrew Bickar, District 4

CALL TO ORDER

President Welch called the meeting to order at 1:00pm.

EDUCATION

- County Hazard Mitigation Plan – David Bain, Plant Services Director; presentation on file.
  - A Resolution is being submitted to the District Board to adopt the GH County Multi-Jurisdiction Hazard Mitigation Plan.
- Evidence Based Leadership – Nancee Long, Chair, Leadership Transformation Team; presentation on file.

President Welch brought forward that Evidence Based Leadership initiatives correlate to the high-level priorities established by the Board. She also shared that she has attended Daily Report-Outs at the hospital, in which directors share the various initiatives they are addressing. President Welch extended praise for directors' and staff's hard work and teamwork in accomplishing as much progress and financials savings they have achieved in such a short period of time.

Absences
Commissioner Bickar provided notice that he would not be in attendance during today's meeting.

Action: A motion was made by Commissioner Walsh, seconded by Commissioner Longenbaugh, and unanimously carried to approve Commissioner Bickar's absence.

Public Comment – Agenda Topics
President Welch opened the meeting to members of the public for comment regarding topics listed on the agenda.

CONSENT AGENDA

Submitted under the Consent Agenda were the Hospital Board Minutes of July 24, 2018.

ACTION: A motion was made by Commissioner Torgerson, seconded by Commissioner Sturgeon and unanimously carried to approve the Consent Agenda.

BOARD DISCUSSION AND ACTION

Medical Staff Credentialing

Submitted was the Medical Staff Credentialing Report for July.

ACTION: A motion was made by Commissioner Walsh, seconded by Commissioner Bruce, and unanimously carried to approve the reappointment of Normand Lecomte, PA-C, as an Allied Health Professional for a period of two years in the Specialty of Emergency Medicine.

ACTION: A motion was made by Commissioner Torgerson, seconded by Commissioner Walsh, and unanimously carried to approve the appointment of Michelle Stone, DO, from Provisional to Active Status for a period of two years in the Specialty of Emergency Medicine.

ACTION: A motion was made by Commissioner Walsh, seconded by Commissioner Sturgeon, and unanimously carried to approve the reappointment of Bruce Worth, MD, as Active Staff for a period of two years in the Specialty of FP/Addiction Medicine.

ACTION: A motion was made by Commissioner Torgerson, seconded by Commissioner Walsh, and unanimously carried to approve the appointment of Laiandrea Stewart, MD, from Provisional to Consulting Staff for a period of two years in the Specialty of Teleradiology.

ACTION: A motion was made by Commissioner Bruce, seconded by Commissioner Sturgeon, and unanimously carried to approve the appointment of Juanito Villanueva, MD, from Provisional to Consulting Staff for a period of two years in the Specialty of Teleradiology.

ACTION: A motion was made by Commissioner Sturgeon, seconded by Commissioner Walsh, and unanimously carried to approve the reappointment of Richard Whitten, MD, as Consulting Staff for a period of two years in the Specialty of Pathology.

ACTION: A motion was made by Commissioner Torgerson, seconded by Commissioner Bruce, and unanimously carried to approve the reappointment of Randolph Fish, DPM, as Active Staff for a period of two years in the Specialty of Podiatry.

ACTION: A motion was made by Commissioner Walsh, seconded by Commissioner Bruce, and unanimously carried to approve the appointment of Eric Porritt, DO, as Locum Staff for a period of one year in the Specialty of Orthopedic Surgery.

Resignations were noted:

- Gregory Bell, MD – Neurology/Telestroke
- Brian Fox, DO – Family Medicine
- Sarah Hudson, PA-C – Emergency Medicine
- Jason Lue, MD – Teleradiology
- Timothy Richardson, PA-C – Emergency Medicine

CHAIRMAN'S REPORT

WSHA Annual Mtg. / Board Governance
President Welch brought forward that WSHA's Annual Mtg. is scheduled October 11th and Board Governance Education on October 12th. Roundtable confirmation was conducted on Commissioners who will be attending.

Employee Forums
Forums are being conducted Wednesday, Thursday, and Friday this week. Roundtable confirmation was conducted on Commissioners who will be attending.

COMMITTEE REPORTS

Board Quality Report

Commissioner Walsh provided report on the August Board Quality Committee meeting. Notable information is as follows:

- Patient Advocate; An influx of calls related to the financial discounts that were offered to patients were addressed within a number of days. Navigant and PR/Marketing will be developing AIDET training for staff. Most often grievances are not entered as a grievance, as customers just need their concerns to be heard. The previous requirement of resolving a grievance within 7 days was inaccurate - the hospital has to respond to a grievance within 7 days. The highest number of grievances are related to access/transfer issues, communication, and missed diagnosis.
- ED Operations; The ED Throughput Committee is addressing a plethora of issues to decrease ED wait times and Left Without Being Seen. Triage Bay 1 was transformed into a functioning exam room where PA's can assess patients, conduct EKG's, etc. PA-C coverage has been extended and shifts have been adjusted so they correlate to the time of day/night in which the highest patient volumes occur. An increase in volumes was noted in July. In April, the no fly zone was eliminated in admitting patients to the units during shift change. Beginning in April, a significant increase in ambulance arrivals was noted.
- Core Measures; Aspirin on Arrival for AMI is being retired from the report. Other than a few months, GHCH has been meeting criteria since January, 2017. In relation to Median Time to ECG for AMI, at times, an EKG isn't immediately obtained as the patient is not always presenting with applicable signs and symptoms upon arrival.
- Mortalities; Sepsis continues as the top diagnosis for expired patients; however, GHCH is well below the national average. No issues of concern or trends have been identified
- Sepsis; Submitted was the Sepsis Review Worksheet that was sent to providers, which enables sepsis criteria to be more effectively addressed.

Policies
Submitted for Board approval were revised policies as follows:

- COM000 Corporate Compliance/Ethics Program
- COM003 Public Disclosure of Material Relating to Tax-exempt Charitable Org.
- COM010 Joint Venture
- COM011 Anti-Kickback
- COM014 Fraud and Abuse: False Claims, Payments and Records
- COM015 Anti-Fraud

ACTION: A motion was made by Commissioner Torgerson, seconded by Commissioner Bruce and unanimously carried to recommend to the Board approval of all aforementioned policies as presented.

Board Finance Report

Commissioner Longenbaugh provided report on the August Board Finance Committee meeting. Notable information is as follows:

Financials

July highlights:

(+) Expense Reductions
- Realizing savings in key initiative areas such as: workforce, supplies, and agency
- Truven Productivity at 105% of 25th percentile target for the month and 99% YTD

(-) IP Volumes
- Acute admits 8% below target; -8% YTD
- Acute Patient Days down 19% from target; -17% YTD

(-) OP Volumes
- ED visits 11% below target; -9% YTD
  - Left Without Being Seen dropped slightly in July.
- Surgical cases 25% below target; -14% YTD
- OP registrations excluding RHC visits 13% below target; -10% YTD

July Consolidated Financial Summary:

Total Revenue:	$29,707,981
Revenue Deductions:	$21,794,146
Net Operating Revenue:	$8,138,957
Total Expenses:	$8,625,683
Net Income:	$655,405

- Productivity tool being utilized to analyze and flex staffing. Expect more improvements and cost savings.
- Agency staff have been significantly reduced; however, a few agency staff have been added recently due to losses in the ED and CCU.
- HMG clinics' financials were negatively impacted, due to three full days of the EMR being down and the inability to see patients.
- Navigant has helped in a lot of areas to improve operational efficiencies; however, challenges continue within the revenue cycle. At Navigant's expense, they have increased the number of production support resources deployed to continue drilling down within revenue cycle and operations.
- The largest impact on cash in July was a scheduled semi-annual $1.7M payment made on the 2007 Bonds.
- Strategic initiatives are focused on reducing DNFB, which will have a positive impact on A/R by reducing days in A/R that are unbilled and shortening the time from discharge to payment.

Policies
Submitted for Board approval were revised policies as follows:

- A104 Conflict of Interest
- PA501 Charity Care Policy; a sliding scale adjustment that was made from 67% to 75% for individuals between 100 and 200% of the federal poverty guidelines.

ACTION: A motion was made by Commissioner Walsh, seconded by Commissioner Torgerson and unanimously carried to recommend approval by the Board of the aforementioned policies as presented.

GHCH Foundation Board Report

Commissioner Torgerson reported that a request from hospital was submitted and approved by the Foundation for ultrasound probes for the ED, which will make it easier for staff to provide more efficient care. The Tee it Up for Tots Golf Tournament is scheduled for September 13th.

ADMINISTRATION

Executive Suite Summary Report
Submitted was the Executive Suite Summary for August, which included the updated HMG Recruiting Report.

- Mr. Jensen referenced Paige Mellon-Jackson, the Beacon Award Winner for August, as a dynamite employee, not only within the department but in her relationships with local providers.
- Continue working toward agreement on the Forbearance letter.

Rural Health Clinic Reimbursement
Mr. Foley reported that three of the four clinics have been approved for RHC status for Medicare. When they were part of HMG, the maximum MC reimbursement rate was $86 per visit. As hospital-based RHC clinics, the Medicare reimbursement rate for one clinic is set at $201 per visit and the other two are set at $227 per visit. As cost reports are filed each year, the rate will be adjusted based on the cost of providing services. Medicare and Medicaid limits types of indirect costs that can be allocated. Medicaid rates will be set between $130-$137 per visit vs. the current rate of $36-$52 per visit. The first claims went out last week and it is anticipated that reimbursements from Medicare will begin this or next week, from the time period of April to present. Amerigroup, the largest Medicaid Managed Care Contract, should be signing an addendum to the contract this week, which will allow the hospital to bill claims starting on Friday. Premera should start billing next week.

The Montesano Clinic is being credentialed for the first time, which takes a bit longer and it is anticipated that it will be completed over the next few weeks. WipFli Consulting assisted with the RHC process, and the consultant indicated that this is one of the fastest transitions of clinics to RHC they have ever worked with to date. Every clinic and every provider had to be re-credentialed.

RHC Clinics:
- Aberdeen East (East Campus)
- F Street, Aberdeen (moved to East Campus)
- Hoquiam
- Montesano (still in process)

OLD BUSINESS

None

NEW BUSINESS

Board Education

- (Oct) Jackson Hewitt Recruiting Process

During WSHA's Rural Conference, a presentation was provided on a rural primary care clinic's successful response to the Opioid epidemic. President Welch recommended a presentation be provided to the Board on the hospital and HMG's practices around prescribing opioids.

Commissioner Torgerson added that the Opioid Replacement Clinic in Hoquiam has an interesting map that shows areas in which the highest numbers of prescriptions written that correlates to the highest addiction rates.

GOOD OF THE ORDER

None

PUBLIC COMMENT – General

President Welch opened the meeting to members of the public for comment.

Kyle Pauley; Expressed praise of staff and providers on 3rd floor for providing excellent, top notch care to a friend who was hospitalized for a significant period of time.

Glen Ramisky; Expressed kudos to the Board for getting the message out and providing information on the hospital to the media, as well as city council meetings. He is hearing more positive talk on the streets. He also thanked Teresa and Nancee for helping out with paperwork he needed. Additional information needs to be provided on the measures that have been taken, that the hospital is now turning the corner, and the results on where the hospital is today. A message needs to be delivered to the public on the new starting point and outlook, as well as the specific savings that has been achieved.

ADJOURNMENT

The meeting adjourned at 2:15p.

MINUTES AND ATTACHMENTS APPROVED AND ADOPTED THIS 20th day of September, 2018.

ATTEST:

Teresa Ramirez
Recording Secretary

Commissioner Miles Longenbaugh
on behalf of Robert Torgerson, Secretary