

HOSPITAL BOARD  
Meeting Agenda  
August 25, 2020 at 1:00pm

[Virtual Zoom Meeting – Instructions Attached](#)

**CALL TO ORDER**

- I. Excused Absences

**EDUCATION**

Emergency Department Operations – Dr. David Mendelson, ED Medical Director and Heidi Malloque, ED Director

**CONSENT AGENDA**

- I. Hospital Board; Draft Minutes of July 28, 2020

**BOARD ACTION**

- I. Medical Staff Credentialing – August Report
- II. Chairman’s Report

**COMMITTEE REPORTS**

- I. Board Quality August Report – Committee Chair
- II. Board Finance August Report – Committee Chair
- III. GHCH Foundation Board August Report – Committee Representative

**ADMINISTRATION**

- I. Executive Suite Summary Report August – Tom Jensen, CEO
  - A. HMG Provider Recruiting – August Report

**OLD BUSINESS**

**NEW BUSINESS**

- I. Board Education September
- II. Good of the Order

**PUBLIC COMMENT**

- I. Comments/Questions from Public

**NEXT MEETING**

Tuesday, September 22<sup>nd</sup>

6:00p

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**GRAYS HARBOR COMMUNITY HOSPITAL  
BOARD OF DIRECTORS REGULAR MEETING  
July 28, 2020**

**COMMISSIONERS PRESENT**

Michael Bruce, District 2  
Becky Walsh, District 5  
Chris Thomas, District 1  
Scott Dilley, At Large 2  
Lynn Csernotta, District 3  
David Quigg, At Large 1

**OTHERS PRESENT**

Niall Foley, CFO, GHCH  
Tom Jensen, CEO, GHCH  
Cindy Reynolds, Exec. Asst., GHCH  
Chris Majors, Director Public Relations, GHCH

Members of the Public

**ABSENT**

Andy Bickar, District 4

**EDUCATION**

Mr. Jason Halstead, Director of Quality, Risk and Compliance, provided an informative overview of the hospital's accrediting body, Det Norske Veritas (DNV-GL). Provided was regulatory background of why we seek accreditation. Highlights include:

- Accrediting Organizations (AO) survey, certify and enforce procedures.
- DNV-GL performs annual surveys.
- In addition to DNV-GL, the Washington State Department of Health requires unannounced inspections every 18 months.
- There are 2 components within DNV-GL;
  - NIAHO Accreditation Standard; the NIAHO standards are the focus of each annual survey for the first three years. Focus is on sequence and interaction of processes, snapshot of the organization, positive demeanor of the survey team, designed to support day to day operations, refocuses resources of the organization, fosters good habits and sustainability, and focuses on continual improvement.
  - ISO 9001; The ISO 9001 standards are gradually introduced during the first three surveys. The ISO 9001 standards begin after the 3<sup>rd</sup> survey and continue thereafter. These standards are not required under Conditions of Participation, they are a process approach that fits healthcare and facilitates change, the plan-do-check-act cycle of quality assurance and performance improvement is utilized, the platform allows stability and sustainment, primary component consists of "internal audits", and corrective action plans are utilized.

Commissioner Quigg inquired whether DNV will provide training into the ISO 9001. Mr. Halstead stated DNV will provide some guidance and the hospital will be responsible for learning the standards and carrying out the processes.

**CALL TO ORDER**

Chairman Bruce called the meeting to order at 6:00p. Due to the COVID Pandemic's ongoing restrictions, today's meeting was conducted via Zoom meeting (audio only).

**CONSENT AGENDA**

Submitted under the Consent Agenda were the Hospital Board Draft Minutes of June 23, 2020.

**ACTION:** A motion was made by Commissioner Quigg, seconded by Commissioner Csernotta, and unanimously carried to approve the Consent Agenda.

## **BOARD DISCUSSION AND ACTION**

### **Medical Staff Credentialing**

Submitted was the July Medical Staff Credentials Report for Board review and approval.

**ACTION:** A motion was made by Commissioner Walsh, seconded by Commissioner Quigg, and unanimously carried to approve the July Credentials Report.

## **CHAIRMAN / COMMITTEE REPORTS**

### **Chairman's Report**

#### **Board Governance Education**

Chairman Bruce suggested postponement of the Board Commissioners Summer Education Retreat due to the restrictions of the COVID-19 pandemic, in accordance with the Governor's guidelines, and to ensure the safety of all the speakers, staff and Commissioners.

Commissioner Quigg added the Commission should set a good example by following the proven medical guidelines of the county. Commissioners voiced support of the CDC, government, and county guidelines and raised the fact that school will be returning to the new school session at that same time.

Chairman Bruce stated he will continue to research meaningful educational opportunities for the Commissioners. Electronic devices will be provided to the Commissioners so they can better participate in virtual meetings. Commissioners were reminded they can contact the Chair or Administrative team at any time if they have questions or concerns. Commissioners were also reminded to submit any courses taken through Washington State Hospital Association to the Board Governance Education website in order to receive educational credit.

## **COMMITTEE REPORTS**

### **Board Quality Report**

Commissioner Quigg provided report on the July Board Quality Committee meeting. Of note;

- Appreciation was expressed for Mr. Halstead who has taken a proactive role in the Quality Department and goes above and beyond in so many areas.
- The multidisciplinary team making up the Board Quality Committee is amazing; the brain trust is phenomenal.
- An Action Tracker is used to identify, review and track matters on a monthly basis through to completion.
- The Committee is looking forward to seeing ongoing positive changes in the Emergency Department with what could be considered the face of the organization.

- Improvements have been made to the Strategic Dashboard. It is easier to read, follow and to see anomalies. Ms. Johnson of the Quality Department has helped to thin this report down making it cleaner and more efficient.
- HCAHPS are measures that are the soft skill side of the hospital, primarily customer service and customer interactions. Commissioner Quigg reported the Quality Committee agreed to request approval to develop an adhoc group that will take a deeper dive into the HCAHPS measures. A multidisciplinary group was identified that will include Providers, Commissioners and staff.

Chairman Bruce gave approval as Board President for the Board Quality Committee to move forward with development of an adhoc group for HCAHPS improvement.

### **Board Finance Report**

Commissioner Thomas provided report on the July Board Finance Committee meeting. Of note;

Highlights for June 2020:

- (-) COVID-19 Impact
  - 13% reduction in MTD total OP volumes compared to same period 2019; 25% reduction YTD
- (-) Surgical Volumes
  - IP Surgical cases 26% below target MTD, 10% below YTD
  - OP Surgical cases 56% above target, 18% below YTD

Consolidated Financial Summary:

Net Operating Revenue:	\$ 11,613,030
Total EBIDA Expenses:	\$ 7,170,009
EBIDA Gain (Loss)	\$ 4,443,021
Net Operating Gain (Loss):	\$ 4,055,076
Net Income Gain (Loss):	\$ 4,274,135

Financials / Statistics:

- Appreciation expressed for staff that provide the financial data and figures. The Board Finance Committee appreciates the work.
- Overall, June was a better month for volumes compared to the two prior months, although we continue to operate at volumes below expectations as COVID impacts services and patient utilization.
- All of the Payroll Protection Program funds have been utilized to date.
- If you remove the stimulus funds received, the organization has seen a \$5.7M operating loss as of June 30 due to significantly lower volumes over the past 3 months and without the ability to flex staff down as quickly as the revenue declined.
- Net patient revenue \$36M; roughly \$9M loss on true operations.
- Property tax revenue from district was received; \$378k.
- Net income; \$7.7M.

- Medicare case mix index is down 5%.
- Medicare length of stay is down 8%.
- OP registration is down from target and down from prior year YTD.
- OP surgical cases were above target MTD; below target YTD.
- All patient indicators are trailing on a downward slope compared to expectations.
- We are unsure whether additional relief funding will be received. The goal is to conserve and utilize the cash we have received during potential tough months ahead.
- The Patient Financial Services team continues to work on bringing AR down; as of June it is down from \$96M to \$77M. It is anticipated to be at goal by early fall.

Commissioner Csernotta inquired as to the goal of AR. Mr. Foley responded the AR goal is \$55M.

- In order to generate a positive cash flow we will need to consider additional furloughs or staffing adjustments to meet lower volumes.
- ED has been significantly impacted through COVID with a 50% decline in visits. June showed slight improvement and July has looked a little better. It does look like the ED may be slowly recovering.
- We are going outside the normal distribution channels in order to provide appropriate PPE and meet the hospitals need. PPE data is tracked and reviewed every morning. Exam gloves and isolation gowns are the most difficult items to obtain. We are using reusable items whenever appropriate.

### **GHCH Board Foundation Report**

No meeting report provided as there was no July Board Foundation meeting. Requests were received for ED gurneys and telemetry units. Both of these items are currently being voted on by the Committee via email. Mr. Foley added the hospital has repaid the line of credit with interest and there is no longer a balance owed.

### **Executive Suite Summary Report**

Submitted was the Executive Suite Summary Report, as well as the HMG Provider Report for July. Of note;

- Mr. Jensen reported participation in the Greater Grays Harbor Business Forum where Karolyn Holden, Director of the GH County Public Health Department was the featured guest speaker. Mr. Jensen articulated that Ms. Holden gave an excellent presentation on the current pandemic and thoroughly answered tough questions. The County's Public Health Department has been a vital asset for the local hospitals during the pandemic.

Commissioner Quigg asked for an update on reopening elective surgeries. Mr. Jensen reported elective surgeries are increasing each week and the Emergency Department is showing improvement as well.

**OLD BUSINESS**

None.

**NEW BUSINESS**

Board Education

The August Board Education selected was an update on the Emergency Department to be provided by Dr. David Mendelson, ED Medical Director and Heidi Malloque, ED Nursing Director.

**GOOD OF THE ORDER**

**PUBLIC COMMENT** – General Topics

Chairman Bruce reported no public questions or comments were received in advance of the meeting.

**ADJOURNMENT**

Chairman Bruce called for meeting adjournment.

All Board members were in unanimous agreement to adjourn the meeting.

The meeting adjourned at 6:53 pm.

**MINUTES AND ATTACHMENTS APPROVED AND ADOPTED THIS 25<sup>th</sup> day of August, 2020.**

**ATTEST:**

\_\_\_\_\_  
Cindy Reynolds  
Executive Assistant

\_\_\_\_\_  
Commissioner Walsh  
Board Secretary

**GRAYS HARBOR PHD 2  
CREDENTIALS REPORT  
August 2020**

<b>APPOINTMENTS/REAPPOINTMENTS</b>			
<b>EMERGENCY DEPARTMENT</b>			
<b>NAME</b>	<b>SPECIALTY</b>	<b>STAFF</b>	<b>TERM OF APPOINTMENT</b>
Lecomte, Normand, PA-C	Emergency Medicine	APP	9/1/2020-9/1/2022
Nattkemper, Craig, DO	Emergency Medicine	Provisional to Active	9/1/2020-9/1/2022
<b>PRIMARY CARE DEPARTMENT (Family Practice/Medicine and Primary Care)</b>			
<b>NAME</b>	<b>SPECIALTY</b>	<b>STAFF CATEGORY</b>	<b>TERM OF APPOINTMENT</b>
Fryberger, Sarah, MD	Pediatrics	Locum Tenens	08/30/2020-08/30/2021
<b>MEDICINE DEPARTMENT including Hospitalist</b>			
<b>NAME</b>	<b>SPECIALTY</b>	<b>STAFF CATEGORY</b>	<b>TERM OF APPOINTMENT</b>
Freeburg, Joseph, MD	Neurology/Telestroke	Consulting by Proxy	08/25/2020-08/25/2022
Ogami, Kyle, MD	Neurology/Telestroke	Consulting by Proxy	8/25/2020-08/25/2022
Patel, Kishan, MD	Neurology/Telestroke	Consulting by Proxy	8/25/2020-08/25/2022
<b>DIAGNOSTIC SERVICES</b>			
<b>NAME</b>	<b>SPECIALTY</b>	<b>STAFF CATEGORY</b>	<b>TERM OF APPOINTMENT</b>
Piampiano, Peter, MD	Teleradiology	Consulting	06/01/2020-06/01/2022
Whitten, Richard, MD	Pathology	Consulting	09/01/2020-09/01/2022
<b>SURGERY (Anesthesia/Ophth/Ortho/OB GYN Sections)</b>			
<b>NAME</b>	<b>SPECIALTY</b>	<b>STAFF CATEGORY</b>	<b>TERM DATES</b>
Fish, Randolph, DPM	Podiatry/Wound Care	Active	09/01/2020-09/01/2022
<b>REQUEST FOR ADDITIONAL PRIVILEGES - None</b>			
<b>NAME</b>	<b>SPECIALTY</b>	<b>ADDITIONAL PRIVILEGE REQUESTED</b>	
<b>CHANGE OF STAFF STATUS - None</b>			
<b>NAME</b>	<b>SPECIALTY</b>	<b>STAFF CATEGORY</b>	<b>TERM DATES</b>
<b>RESIGNATIONS</b>			
<b>NAME</b>	<b>SPECIALTY</b>	<b>RESIGNATION DATE</b>	

Dietrich, Kenneth, MD	Pediatrics	10/22/2020
Marasigan, Justin, DO	IM/Gastroenterology	7/17/2020
Privrat, Alysia, PA-C	Emergency Medicine	8/4/2020
<b>REQUEST FOR LEAVE OF ABSENCE - None</b>		
<b>NAME</b>	<b>SPECIALTY</b>	<b>EFFECTIVE DATE OF LEAVE</b>
<b>DELINQUENT LICENSURES/CERTIFICATES - None</b>		
<b>NAME</b>	<b>SPECIALTY</b>	<b>DELINQUENT LICENSURE/CERTIFICATE</b>
<b>LAPSE IN PRIVILEGES - None</b>		
<b>NAME</b>	<b>SPECIALTY</b>	<b>LAPSE IN PRIVILEGES DATE</b>



PEOPLE



The [Beacon Award Winner](#) for the month of August is Mark Reynolds, IT Communications Technician. Mark has been a part of the GHCH IT Team for a total of 24 years, 7 years as a contracted vendor and 17 years on staff. Words that were used to describe Mark are dependable, loyal, hard-working, dedicated, polite, nice, and a team player. Mark is one that if the team needs him, he will always answer the phone and help, even if he is on vacation floating down a river or bringing a youth group on a high adventure camp. He isn't required to do this but does it because he cares and is committed to the organization. One staff person noted Mark drove all the way to Kirkland, after hours, to pick up a part to fix the department's phones. Many times he has taken on new projects that go beyond his expertise and learned them to ensure the delivery is perfected and the work is high quality. His Director says this level of hard work and commitment is not something that can be taught, it comes from within. Congratulations Mark and thank you for exemplifying the seven gold standards!

The [RN Residency Program](#) is in full swing. This year's residents come to us from a variety of colleges; Grays Harbor College, South Puget Sound Community College in Olympia, OHSU in Portland, and a University in Texas. The residents will be working in the Medical/Pediatrics Units, Surgical Unit, CCU, Family Birth Center, and the Emergency Department. They have a 5 week rotation including team preceptorships, out rotations, didactic work, and home department shifts. Because this year's residents did not receive the usual hands-on precept time in their nursing programs due to the pandemic, the Residency Program has been modified to accommodate and ensure their training is well rounded. This is a great group of 8 individuals who have joined our hospital team and we look forward to being a part of their clinical education and growth.

It is with great appreciation and some sadness that we announce the retirement of [Steve Norman, Director of RehabVisions](#). Steve has worked for RehabVisions for 33 years, here in Grays Harbor for 10, overseeing the Aberdeen, Elma, and Westport Offices for GHCH and the South Bend Office for Willapa Harbor. Steve has been a great partner and a tremendous asset to our community. Steve brought a level of steadiness and kindness to Grays Harbor Community Hospital and we will greatly miss him.



QUALITY

[COVID-19 Crisis Update](#)

- [COVID19 Drive through Testing](#); From Melanie Brandt, Chief Nursing Officer (CNO).  
There is a tremendous amount of work that goes into making drive through COVID testing available to the community. I would like to share a "day in the life of the drive through testing process." It first starts with a referral faxed over from the Department of Health or a call to the hospital's Nurse Triage line. Alice Skupnick, Director of Family Birth Center, and her FBC staff are responsible for collecting the faxed referrals and phone calls to determine testing needs. Alice or one of the nurses calls the person to screen them, fills out information for registering, and then schedules the patient for a drive up appointment. The documentation then goes down to Registration where Cheryl Goodwin, Director of Registration, and her team enter all the information gathered into the EMR to register and create the face sheet and labels. This paperwork is then collected by Patti Grah, Nursing Administration Assistant to provide to our screening group. The screening group fills out more paperwork, labeling, and making sure the appointment times are correct. This team consists of group of our Nursing and Clinical Directors and Managers:  
Jaime Tully, Director Medical/Pediatrics and Surgical Units  
Chrissy Boice, Manager Medical/Pediatrics and Surgical Units  
Valerie Norwood, Director Cardiopulmonary and Cardiac Rehab  
Jamie Gusdal, ED Trauma Coordinator  
Shannon Johnson, Director Critical Care Unit

Tracie Moen, Director HarborCrest  
and myself, Melanie Brandt, CNO



On the day of testing, the testers consist of a combination of three or four of the above named individuals who set up under the test tent and begin the testing cycle. One person “mans the desk”, matching the documentation to the correct person and labels the tube at time of swab. Another person is providing the consent form and verifying the patient’s name and DOB. Another is actually performing the swab. Once the test is complete, the lab tubes are taken to the lab for processing, the tent is cleaned, and the documentation is brought back up to the Nursing Administrative office to await results. All test results are collected; the negative test results are called back by myself, CNO, or one of the Directors; the positive test results are given to Rosemary Chapman, Director of Infection Control, who phones the patient. Rosemary also contacts the Department of Health.

The drive through testing has significantly increased with recent community outbreaks and we are now seeing an increase in the younger population being tested as well as family groups due to large personal gatherings. The hospital continues to work closely with the Department of Health for guidance and support.

- **COVID and PPE;** Due to supply chain constraints and higher demand of certain PPE items, it has been difficult to source items such as exam gloves, disposable isolation gowns, bouffants, and shoe coverings. Our Supply Chain team has worked diligently to successfully source these items from non-traditional vendors. We currently have adequate supplies on hand to meet our needs for the foreseeable future.
- **COVID and the Community;** Chris Majors, Director of Marketing and Public Relations is working with Dr. Zeigler, Pediatrician, to create links on the hospital website to help parents and children deal with remote learning and how to stay safe for in-person classes. Dr. Zeigler also has a blog on the website so she can provide pediatric updates to the community.
- **COVID and Finance;** COVID-19 continues to have a negative impact on our overall patient volumes, especially on outpatient services. However, one bright side is outpatient surgery has been quite busy since re-opening. The federal CARES Act funds has helped the organization through the pandemic ensuring we are able to obtain the necessary PPE and equipment and keep staffing available for any surge that may come. There continues to be debate in Congress regarding another round of relief funding for the economy. Healthcare providers and Administration is tracking the progress and working with local and state leaders to ensure we qualify for any additional COVID-19 relief that may come from the Federal government. David Bain, Director of Plant Services, and Melissa Paredes, Controller, are working on a FEMA project to prepare the facility for a potential surge in COVID patients by creating additional isolation rooms.

**Medicaid Quality Incentive Program (MQI)** Hospitals in Washington State have the opportunity to earn a one percent incentive payment under the MQI Program. The incentive is included in the legislation creating the new Safety Net Assessment program. The payment is funded in part from the hospitals contribution to the Safety Net Assessment and federal matching dollars. The program is administered by the Washington State Hospital Association (WSHA). Each year in June, WSHA releases the program projects and measures that will be applicable for the reporting period of July-December. This is a coordinated effort that involves multiple hospital departments. This year we are focused on and are positioned well to receive the incentive by completing and reporting on the following projects/measures:

- Infection Prevention:
  - Colon Surgical Site Infection per 100 Procedures
  - Catheter Associated Urinary Tract Infections (CAUTI)
- Workforce Safety:
  - Workplace Safety Events
- General Care Measures:
  - Pressure Ulcer
  - Falls with Injury
- ER is for Emergencies
  - Percent of patients with five or more visits to the ED at the same facility with care guideline in place.
- Safe Deliveries:
  - Alliance for Innovation in Maternal Health (AIM)
- Medications for Opioid Use Disorder (MOUD):
  - Buprenorphine included in the facility formulary and at least 5 Data 2000 Prescribers

- Social Determinants of Health (SDOH) Screening:
  - Screening patients for SDOH needs – housing instability, food insecurity and Transportation needs.

## GROWTH



A hospital team, Tom Jensen, CEO, Dr. Joseph Stengel, Chief of Staff, Eric Timmons, Director of Diagnostic Services, and Brad Wallace, Director of Information Technology recently visited [Roger Saux Health Care Center](#) in Taholah. The hospital team was invited by the RSHC team to walk through the Clinic and discuss the potential of the hospital

providing diagnostic interpretive services for the clinic. The hospital was happy to take the opportunity to continue building relationship and work collaboratively with the Quinault Nation.

## GHCH Physician Services, LLC Recruiting Report

2020 GHCH Physician Services, LLC Recruiting Projection		
Provider/Specialty	Practice Location	Start Date
Pediatrician	East Campus, 3rd Floor	3rd Quarter, 2020
Addiction Medicine	CDU, East Campus 2nd Floor	2nd Quarter 2020
Hospitalist - PA-C (Nocturnist)	Hospital	1st Quarter, 2020
Orthopedic Surgeon	Aberdeen	2nd Quarter 2020
OBGYN - MD	Hoquiam	2nd Quarter 2020
Primary Care - Family Medicine MD	East Campus, 3rd Floor	3rd Quarter 2020
Primary Care - Internal Medicine MD	East Campus, 4nd Floor	3rd Quarter 2020
Primary Care - Family Medicine NP	RHC Clinic /Walk in	2nd Quarter 2020
Primary Care - Internal Medicine NP	East Campus, 4nd Floor	2nd Quarter, 2020

2020 GHCH Physician Services, LLC Provider Resignations			
Provider	Specialty	Practice Location	Resignation Date
Justin Marasigan, MD	Gastroenterology	Aberdeen, East Campus	July, 2020
Bruce Worth, MD	Addiction Medicine	Aberdeen, East Campus	May, 2020
Bryce Parent, MD	Addiction Medicine	CDU, East Campus 2nd Fl	October, 2020
Thomas Degan, MD	Ortho	Aberdeen	December, 2020
Marilyn Degan, NP	Family Medicine	Montesano - RHC	November, 2020

2020 GHCH Physician Services, LLC Recruiting			
Provider	Specialty	Practice Location	Start Date
Michelle Morholt, DNP-FNP	Walk-In, Family Med	Aberdeen	January, 2020
Heather Bertelson, MD	Hospitalist	Hospital	January, 2020
Kerbie Barrantes, NP	Family Medicine	Montesano	May, 2020
Kari Howry, NP	Internal Medicine	East Campus, 4th Floor	LOI Signed
Rachel Fought, FNP	FM - Prompt Care	East Campus - RHC	July, 2020
Fatima Gerard, FNP	Family Medicine	TBD	September, 2020
Jacqueline Flowers, FNP	Family Medicine	Montesano	September, 2020
Collette Kato, DO	Addiction Medicine	CDU, East Campus 2nd Fl	June, 2020
Bryce Parent, MD	Addiction Medicine	CDU, East Campus 2nd Fl	June, 2020