

**HARBOR REGIONAL HEALTH COMMUNITY HOSPITAL
BOARD OF DIRECTORS REGULAR MEETING
June 28, 2022**

COMMISSIONERS (Voting)

- (X) Michael Bruce, District 2
- (X) Chris Thomas, District 1
- (X) Scott Dilley, At Large 2
- (X) Lynn Csernotta, District 3
- (X) David Quigg, At Large 1
- (X) Andrew Bickar, District 4
- (X) John Shaw, District 5

OTHERS (Non-Voting)

- (X) Tom Jensen, CEO
- () Niall Foley, CFO
- (X) Dr. Anne Marie Wong, CMO
- () Dori Unterseher, CNO
- (X) Elizabeth Tschimperle, Exec. Dir. HMG
- () Chris Majors, Director Public Relations
- () Dr. Rachel Sell, Chief of Staff
- () Dr. Charles Best, Chief of Staff Elect
- (X) Cindy Reynolds, Exec. Asst.

Members of the Public

EDUCATION

An informative Board Education was provided by Adrian Uruqhart Winder, Attorney, relating to recent changes to the Open Public Meetings Act. These amendments to the Act have been driven by COVID-19.

CALL TO ORDER

Chairman Bruce called the meeting to order at 1:00p. Due to the COVID Pandemic's ongoing restrictions, today's meeting was conducted via Zoom.

CONSENT AGENDA

Submitted under the Consent Agenda were the Hospital Board Draft Minutes of May 24, 2022.

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

BOARD DISCUSSION AND ACTION

Chairman's Report

Board Education Workshop Fall 2022

The Board Education Workshop is confirmed for August 28-30 to be held at the Alderbrook Resort. Commissioners were asked to inform Ms. Reynolds of their desire to participate.

Medical Staff Credentialing

Submitted was the June Medical Staff Credentialing Report for Board review and approval.

ACTION: A motion was made by Commissioner Thomas, seconded by Commissioner Dilley, and unanimously carried to approve the June Credentials Report.

COMMITTEE REPORTS

Board Quality Report

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

- 1) Standing items of monthly, quarterly, semi-annual reports were received and reviewed.
 - o Quality, Risk, Compliance, and Privacy
 - Quality;
 - * The Quality Department is preparing for the 2022 Medicaid Quality Incentive rollout.
 - * Internal Audits Workgroup met and reviewed the Audit Plan.
 - * Objective Evidence for the Corrective Action Plan has been submitted to DNV Healthcare for review.
 - Risk;
 - * Complaints/Grievances; report presented and reviewed.
 - o ED Left without Being Seen
 - May data showed an increase to 4.7%
 - Overall average door to triage time for all patients in May was 19 minutes, no change from April.
 - Patient volume for the month has almost reached pre-pandemic volumes.
 - o Emergency Operations
 - Despite higher volumes in May, door to triage median times remained relatively static at around 15 minutes.
 - Third floor Medical Unit continues to run at full capacity.
 - o Sepsis
 - The Code Sepsis Pilot Project has concluded. It ran March 15 through June 15. Results show a decrease in mortality rate from 15% to 2.8%.
 - Recommendation from the Sepsis Committee will be to continue the program.
 - Special thanks and recognition was given to Karyn Mirante, Quality Dept., and Shannon Johnson, Director CCU, for their leadership and oversight in this program.
 - o Family Birth Center
 - Non-medically indicated inductions have maintained at 0% since March 2021.
 - Family Birth Center staffing is currently stable. Zero travelers are in the unit. One graduate RN will be joining the unit in August. One OB Tech is in training which will make a full complement to the staffing allotment.
 - o Infection Control
 - Surgical Site Infections are at zero.
 - An increase is being seen in MRSA.
 - C-Diff saw an increase due to one patient.
 - Working on a nurse initiated protocol for catheters.
 - Audits are being conducted daily.

- o Code Blue
 - 2021 saw an increase in the population of ages 40-79. A deep dive will be conducted to review causes.
 - A new measure has been added; Cardiac Arrest in progress prior to arrival at hospital.

Board Finance Report

Commissioner Dilley provided report on the June Board Finance Committee meeting. Of note;

Highlights for May 2022:

- (+-) Outpatient Volumes
 - Total OP registrations down 14% from budget; Up from 1% from PYTD
 - RHC visits up 21% from budget; 21% from PYTD
 - OP surgical cases up 22% from budget; down 10% from PYTD
 - Radiology visits up 3% from budget; up 3% from PYTD
 - ED visits up 1% from budget; even with PYTD
- (-) Acute Inpatient Volumes
 - Admissions 11% below target
 - Patient Days 13% above target
- (-) Length of Stay
 - Medicare LOS 13% above target YTD; up 25% over PY YTD
 - Total LOS up 11% from YTD target; up 11% from PY

Consolidated Financial Summary:

Net Operating Revenue:	\$ 8,760,518
Total EBIDA Expenses:	\$ 8,665,509
EBIDA Gain (Loss)	\$ 95,009
Net Operating Gain (Loss):	\$ (303,558)
Net Income Gain (Loss):	\$ (197,088)

Financials / Statistics:

- The organization saw a significant revenue increase this month.
- The overall number of travel staff has increased. The CNO will be working with agencies to lower rates when and where applicable. The RN Residency Program is upcoming which will increase total number of staff during the 8 week program until these staff are able to be absorbed into open positions within the departments.
- The Medicare Advance Loan continues to be paid down; \$4.5 YTD.
- AR has slightly increased due to the higher than average revenue however still within range.
- Days Cash on Hand; 72.

Discussion was held on cash on hand and future plans to reduce expenses.

GHCH Board Foundation Report

Commissioner Thomas provided report on the June Board Foundation meetings. Of note;

- May financials were presented. A 20% decline has been seen in the market. Discussion was held on spending limits per year.
- A request for funding Surgical Services equipment (new ureteroscopes) was presented however a lack of quorum required a vote by email request being sent to Board members.
- The event software contract is under legal review with the vendor.

Executive Suite Summary Report

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

- A Director of Surgical Services has been appointed effective June 26.
- The hospital was able to take its first Single Bed Certification. This compliance requirement was placed as part of the 2022 Budget Proviso. Special thanks was given to CNO Dori Unterseher and Care Transitions Director Phil Royer.

OLD BUSINESS

None.

NEW BUSINESS

Board Education

The June Board Education selected is Physician Recruitment to be provided by Ms. Elizabeth Tschimperle, Executive Director HRH Medical Group.

GOOD OF THE ORDER

Commissioner Quigg reported a tour of the Ocean Shores SeaMar Clinic was coordinated in June by HRH which included a GH County Commissioner. The facility is beautiful and staff were very friendly. It is clear this Clinic focuses on its community and family health. In addition to primary care, services offered are dental, mental health, and pharmacy. Patients can receive a continuum of care in one location. Many insurances are accepted including those patients who are unable to pay. An additional tour will be provided in July for Ocean Shores Mayor and an Ocean Shores City Councilman.

PUBLIC COMMENT – General Topics

Chairman Bruce reported no public 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 1: 41pm.

MINUTES AND ATTACHMENTS APPROVED AND ADOPTED THIS 26th day of July, 2022.

ATTEST:



Cindy Reynolds
Executive Assistant



Commissioner Thomas
Board Secretary