

**GRAYS HARBOR COMMUNITY HOSPITAL
BOARD OF DIRECTORS REGULAR MEETING
August 25, 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
Andy Bickar, District 4

OTHERS PRESENT

Niall Foley, CFO, GHCH
Tom Jensen, CEO, GHCH
Cindy Reynolds, Exec. Asst., GHCH
Chris Majors, Director Public Relations, GHCH
Dr. David Mendelson, ED Medical Director
Heidi Malloque, ED Nursing Director

Members of the Public

ABSENT

EDUCATION

Dr. David Mendelson, Medical Director of Emergency Services and Heidi Malloque, Nursing Director of Emergency Services provided a presentation on the Patient Experience in the Emergency Department.

Dr. Mendelson explained how the patient experience is measured. Patients are surveyed following their visits by an external agency that provides the survey outcomes to the hospital. These scores are referred to as "HCAHPS" and are collected to support improvements in internal customer services and quality related activities. These scores are also tied to reimbursement. High HCAHPS scores can boost hospitals' Medicare/Medicaid reimbursement, while a low score can decrease funding by as much as 2 percent. It is vital to understand how patients perceive their care because perception equals their experience.

Dr. Mendelson articulated a paradigm shift is taking place. It is no longer the sickest person is seen first and everyone else waits. Now, all patients must be seen as soon as possible. He reported the ED is lobbying for additional nursing staff, hiring board certified ER physicians, improving processes with evaluation and testing and focusing heavily on the "front end" of the patient visit.

The ESI (Emergency Severity Index) system is used to categorize ED patients by evaluating both patient acuity and resources needed; levels 1-5 with 1 being the most critical. Approximately 15% of the patients are admitted, 5% are transferred out, and approximately 80% return home (levels 3-5). Of those 80%, many can be seen, diagnosed and returned home directly from the triage area.

The ED leadership team is enlisting a Provider In Triage (PIT) program. A doctor will work in triage alongside a nurse to see, diagnose, treat, and return patients home.

With the process improvement work that has begun in the ED, the left without being seen scores have already shown improvement. Dr. Mendelson indicated progress is being made.

Commissioner Walsh stated she is impressed with the improvements being made in the Emergency Department.

CALL TO ORDER

Chairman Bruce called the meeting to order at 1:02p. Due to the COVID Pandemic's ongoing restrictions, today's meeting was conducted via Zoom meeting.

CONSENT AGENDA

Submitted under the Consent Agenda were the Hospital Board Draft Minutes of July 28, 2020.

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

BOARD DISCUSSION AND ACTION

Medical Staff Credentialing

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

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

CHAIRMAN / COMMITTEE REPORTS

Chairman's Report

Hospital Contacts

Chairman Bruce reported a quick reference contact list was sent out to the Commissioners. This list contains contact name, phone numbers and emails of subject matter experts who Commissioners can refer constituents to when they have questions or concerns.

Adhoc Committee for Expansion/Rebranding

Chairman Bruce brought forward an adhoc committee will be formed to discuss future expansion and rebranding in an effort to keep Board progress moving forward. One Commissioner each from the Finance and Quality Committees will participate in the adhoc group so information can be relayed to their respective committees. It is anticipated the first adhoc meeting will be held prior to the September Board Quality and Board Finance meetings.

COMMITTEE REPORTS

Board Quality Report

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

- The HCAHPS sub-committee met for the first time. It was very exciting to see the involvement of our providers.
- In an effort to promote greater understanding of the hospital quality measures, the committee continues to refine the strategic dashboard.
- The Quality team and the hospital continue to invest a great deal of time supporting COVID related activities. Appreciation was expressed to all who are going above and beyond in providing drive through COVID testing in support of our community.

Board Finance Report

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

Highlights for July 2020:

- (-) COVID-19 Impact
 - 15% reduction in MTD total OP volumes compared to same period 2019; 24% reduction YTD
- (+/-) Surgical Volumes
 - IP Surgical cases 1% above target MTD, 9% below YTD
 - OP Surgical cases 64% above target, 11% below YTD
- (-) IP Acute Volumes
 - Acute admits 12% below target MTD, 6% below YTD
 - Patient Days 17% below target MTD, 10% below YTD

Consolidated Financial Summary:

Net Operating Revenue:	\$	6,967,638
Total EBIDA Expenses:	\$	7,538,213
EBIDA Gain (Loss)	\$	(570,575)
Net Operating Gain (Loss):	\$	(954,020)
Net Income Gain (Loss):	\$	(688,752)

Financials / Statistics:

- Overall, we continue to operate at volumes below expectations.
- COVID continues to directly impact operating costs driving increase in areas such as screening staff hours, purchase of more PPE at higher prices, and staff and PPE related expenses for drive through testing. There have been a handful of COVID outbreaks in the county which have caused a tremendous increase in drive through testing.
- No additional relief funds were received in the month of July.
- The Senate continues to negotiate on whether to provide another stimulus package. At this time, it is understood the recent negotiations exclude funds for hospitals.
- It is anticipated we will be dealing with COVID and the financial burden until at least June of 2021.
- Medicare Case Mix Index was at 1.61.
- HMG and RHC visits exceeded expectations for the month.
- OP Revenue is being driven higher by surgical cases.
- Bad Debt has been slowly increasing. GH County is in the top 2-3 counties for state unemployment.
- Cash balance; \$33M
- Days Cash on Hand; approx. 150
- Days Revenue in AR; between 75-80 days. It continues to be projected to arrive at goal of 55-65 days by end of year.
- All the Payroll Protection Program funds have been utilized to date.
- OP Registrations slightly above target.
- The 2021 budget process will be starting in the next few weeks.

Commissioner Quigg requested an update on the Medicare loan as to whether the loan will be forgiven. Mr. Foley reported there is no change - it remains unknown whether the loan will be forgiven. WSHA and other national associations continue to work on behalf of the healthcare providers to see the loan forgiven. No CARES Act funding was received in July and it remains unclear whether additional funding will be received in the future.

GHCH Board Foundation Report

Commissioner Walsh provided report on the August Board Foundation meeting. Of note;

- June and July 2020 financial reports were reviewed.

Highlights for June 2020:

Cash and Other Assets;	\$ 6,871,956
Revenue;	\$ 62,571
Expenses;	\$ 64
Net income (Loss);	\$ 62,507

Highlights for July 2020:

Cash and Other Assets;	\$ 7,135,655
Revenue;	\$ 263,760
Expenses;	\$ 60
Net income;	\$ 263,700

Financial / Statistics:

- The hospital repaid the Line of Credit in full with interest. The repayment was approved to be moved into the investment accounts.
- Mr. Glasgow reported the market is making steady strides which is positively affecting the investments.
- Two funding requests were approved; two gurneys for the ED and 10 telemetry units for inpatient units.
- Two GHCH Auxiliary scholarships and two GHCH Foundation Medical scholarships were awarded.
- The Foundation Board will be providing an updated membership list including term limits to the Board of Commissioners.
- Two previous Board Commissioners have expressed interest in joining the Foundation Board and there are two additional candidates to be vetted. The approval of membership has been postponed until in person meetings resume.

Commissioner Walsh reported that Board Foundation approved Dr. Steven Rupert for membership in early 2019, however, this membership has not yet been approved by the Hospital Board.

Chairman Bruce called for approval to add Dr. Steven Rupert as a member to the Foundation Board.

ACTION: A motion was made by Commissioner Walsh, seconded by Commissioner Dilley, and unanimously carried to approve membership of Dr. Steven Rupert to the Foundation Board.

Executive Suite Summary Report

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

- The hospital and county have seen a significant increase in positive COVID cases along with several outbreaks within the county. The hospital continues to provide the drive through testing for the county and last week performed 250 tests in the drive through alone.
- Appreciation was expressed for the Registration Department, Nursing Directors, Nursing Administration, OB RNs, and Laboratory staff that are processing the drive through tests.
- A hospital team 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.

Commissioner Quigg inquired whether the patients designated on the daily report as “rule out” COVID are sick enough to require hospitalization. Mr. Jensen confirmed yes, if the patient is listed on the daily infection control report they do require hospitalization.

Commissioner Csernotta noted one of the morning reports indicated the MRI was down. Mr. Jensen confirmed a specific repair was needed and the machine is now operational. The MRI is located in the outpatient area of Grays Harbor Imaging.

Chairman Bruce inquired whether the hospital was still considering in house COVID testing. Mr. Jensen responded yes. Research has been conducted on which machine would best support the hospital and people of the county. The new machine is on order and will be able to perform several tests in addition to COVID.

OLD BUSINESS

None.

NEW BUSINESS

Board Education

For the month of September Board Education, the Director of IT will be invited to present on the department’s accomplishments since the June 2019 ransomware attack.

GOOD OF THE ORDER

Commissioner Walsh brought forward a letter received from the Director of Downtown Aberdeen Committee. Commissioners were asked to consider providing a letter of support for the Downtown Aberdeen Committee to apply for a grant that would fund an economic recovery plan for the long

term growth of the City of Aberdeen. The grant was being offered through the GH Community Foundation. The letter of support is due by August 27, 2020.

The Commissioners reviewed the information and indicated their agreement in providing the letter of support. Commissioner Thomas stated he had not yet had an opportunity to review the information and informed Ms. Reynolds he would inform her of his decision later in the day.

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 2:08pm.

MINUTES AND ATTACHMENTS APPROVED AND ADOPTED THIS 22nd day of September, 2020.

ATTEST:



Cindy Reynolds
Executive Assistant



Commissioner Walsh
Board Secretary