

Cascade Medical Center Board Minutes

December 16th, 2020

CMC Conference Room

12:00 pm – 2:04 pm

Trustees present in person: None

Trustees attending remotely via Zoom: George Greenfield, Lesa Becker, Jacque Zemlicka, Rachel Smith, Mary Tracey, and David Gough

Members absent and excused: Anthony Henry

Others present: Tom Reinhardt, David Donnahoo, Teri Coombs, and Sarah Hasbrouck

Call to Order: Meeting called to order by George Greenfield at 12:01PM

Approval of Agenda: Motion to approve the agenda was made by George Greenfield; all in favor, motion passes.

BOT Minutes:

The minutes from the November Board Meeting were reviewed, there were no corrections noted. A motion to approve the minutes as they stand was made by Jacque Zemlicka, seconded by Lesa Becker; all members were in favor, motion passes.

Quality Moment: The hospital has had an increase in very ill COVID patients, for which we used our two retrofitted negative pressure rooms. During the times in which these rooms were used, our staff showed exemplary skill and commitment to the patients, with one instance having two RN's in the room to stabilize the patient for multiple hours on end, and the rest of the staff supporting them by running supplies and providing support from the outside of the building through the protective partitions.

Operations Report:

Medical Staff Minutes:

Teri presented the Board with the December 8th, 2020 Medical Staff Minutes, which include the Utilization Report and Volume Trends, for review.

Tom did notify the members of the board that overall, volumes are currently down about 3% from last year for all services lines when combined. Lab volume is up significantly while all other departments are down, most likely a result of the pandemic and resulting changes in behavior.

The Utilization Review and Volume Trends for the month of October 2020 were as follows:

UTILIZATION REVIEW:

- Total ER Visits: 86 (101 November 2019)
- Total OP Visits: 11 (39 November 2019)
- Total Physical Therapy Visits: 272 (305 November 2019)
- Total Clinic Visits: 395 (488 November 2019)
 - Dr. Ellsworth: 61
 - David Hill: 55

Dr. Camarata: 87
 Heather Lewis: 31
 Dr. Dardis: 35
 Courtney Hill: 62
 Allison Dwyer: 22
 Jamie Coffey-Kelly: 42

- Total Laboratory Visits: 388 (255 November 2019)
- Total Radiology Visits: 72 XR's, 29 CT's and 12 US's (87 XR's, 33 CT's, 11 US's November 2019)
 - Death – two, both major traumas brought in by EMS (separate accidents)
 - Blood Transfusions – two, both major traumas
 - Average Length of Stay for Inpatients – there were two inpatients in the month of November, ALOS 18.63 hours (three observation patients)
 - Leaving Against Medical Advice – none
 - Left Without Being Seen – none

QUALITY REVIEW:

All provider response times were within the 30-minute window.

EMERGENCY DEPARTMENT CALL BACKS:

68 patients called / 14 not indicated / 4 missed = 94.4% success rate

TRANSFERS:

All transfers were noted to be of appropriate mode. The following reasons were cited for services and/or equipment needed at CMC to keep patient here:

<i>Transfers</i>		<i>Mode</i>	
Surgery		Rotor	1
ENT		Fixed Wing	
Neurology	1	Ambulance	2
CCU		Private Vehicle	1
ICU	2	Ambulance Rendezvous	
Obstetric		Contracted Psych	
PICU			
Psych	1		
Burns (Utah)			

INPATIENT CARE PLANS:

There were two inpatients in the month of November; both of the charts contained a complete care plan.

Pharmacy and Therapeutics: No medication errors reported in September, October or November. Bamlinivimab was added to the Outpatient Pharmacy to be given to at-risk COVID outpatients.

Dr.Gough suggested a reaching out to local EMS to be involved in ongoing process improvement.

Financial Report:

Similar trend in November as in October, low volumes and high supply costs related to COVID. Extra attention is being paid to any costs that are related to COVID and reimbursable by the CARES Act funds. Currently there is an estimated \$127k in expenses that will be offset by CARES funding, which will be “charged” to the CARES Act fund on a quarterly basis but have not been recognized within the current financials. There is also still no clear guidance on recognizing lost revenue due to decreased volumes due to COVID. David is working with CMC Auditors at Wipfli to come up with a reasonable process for this.

FY2020 Annual Report:

Tom presented the Annual Community Report, which came about as a suggestion from the Strategic Planning Committee. Feedback was provided by the members of the board, including utilizing audited financial data, as well as updating pictures to include current providers.

CEO Report, Old & New Business:

CEO Update:

Tom provided an update of continued improvements, including a full day Saturday clinic. The lab expansion has also been completed, now providing a separate room for phlebotomy (blood specimen collection) outside of the lab.

CMS Hospital Recertification Survey:

Surveyors from the Bureau of Facility Standards of the Idaho Department of Health and Welfare spent a week with us in November to do both our “2020 Infection Prevention and Control as it relates to COVID” Audit, as well as our triennial hospital license recertification audit.

There were no deficiencies notes in the Infection Prevention and Control of COVID.

For the broader recertification survey, there were deficiencies noted, largely due to lack of documentation, out-of-date policies, and organizational structure related to the Governance of quality oversight. A more formal QAPI (Quality Assurance Process Improvement) program is being implemented to help correct for this, which will incorporate the new Quality Program requirements mandated of Critical Access Hospitals beginning March 30, 2021.

Additionally, there will be continued work in our Employee Orientation and overall HR policies to close gaps in personnel record keeping, such as having signed job descriptions on file.

COVID Update:

COVID rates continue to climb, with a 14% positivity rate being reported thus far in December. COVID Vaccination trainings have begun, and we expect to be able to give vaccinations to the staff here the week of December 21st, with approximately half of the employees requesting to receive the vaccination so far.

CY2021 Work Plans:

Tom provided copies of both the Medical Staff Meeting work plan for 2021 as well as the Board of Trustees Meeting work plans for 2021. This will cover the requirements for every policy to be reviewed by both the Medical Staff, as well as the Board of Trustees.

Committee Reports:

Finance Committee:

Members:

Mary Tracey, Chairperson
Jacque Zemlicka
David Donnahoo
Tom Reinhardt

The Finance Committee did not meet since the last Board meeting. The Committee will meet quarterly, and as needed in 2021, exact dates yet to be established.

Quality Assurance, Performance Improvement and Compliance Committee:

Members:

Lesa Becker, Chairperson
Rachel Smith
David Gough
Aline Lee
Tom Reinhardt
Teri Coombs

The Quality Assurance, Performance Improvement and Compliance Committee did not meet this past month, however going forward they will increase meeting frequency to monthly to address any follow up items that came out of the survey.

Strategic Planning Committee:

Members:

Anthony Henry
David Gough
Mary Tracey
Tom Reinhardt
Jack Knoblock
Karolyn Plehal
Ann Young

The Strategic Planning Committee did not meet and has no update to provide.

Executive Session:

An Executive Session was not held at the meeting on 12/16/2020.

Other/Next Steps:

Board Education Module:

Lesa Becker provided a presentation on the Board's Role in Oversight of Quality and Compliance. Group discussion surrounded defining appropriate high-level data and which key quality indicators would be appropriate for the members of the board to receive in a governance capacity.

Board Education Plan: What is the best way to identify topics for future Board education? George Greenfield asked with the upcoming requirements for QAPI changing, perhaps this should be the next board education topic.

Topics for the next meeting:

- Jacque suggested the topic of board succession planning, as it typically occurs during the January meeting. Tom will email a review of the current Trustee term statuses to the board members.
- Approval of the updated Medical Staff Bylaws.
- Potential reconnection with Dennis Sandow to measure CMC employee satisfaction.

Meeting Evaluation:

Lesa Becker conducted a meeting evaluation. Members felt the meeting went well, and appreciated it being kept to the two-hour limit. Lesa's efforts to continue to improve the not only the quality of Board meetings, but also her contributions to the Quality Committee are acknowledged and appreciated.

Adjournment: George Greenfield adjourned the meeting at 2:04PM.

Attachment A

Variance Detail Analysis - Nov 2020 FYTD						
Category	Budget FYTD Nov, 2020	Actual FYTD Nov, 2020	Variance to Budget	Variance %	Explanation	Correction/Action Plan
REVENUES						
Gross Revenue from Inpatient, Outpatient, ER, and Clinic	\$ 903,047	\$ 798,730	\$ (104,317)	-12%	Volumes continue to be affected by COVID. ER volume is down 17% to prior year, Clinic volume is down 12.7% to prior year.	Currently, COVID cases are rising and the state has reverted back to Stage-2. We anticipate our volumes may continue decrease if the pandemic worsens. We are increasing our efforts to respond to the virus.
Gross Revenue from 340B Rx Plan	\$ 15,588	\$ 27,605	\$ 12,016	77%	Revenue from 340B is reported 2 months in arrears. This will be updated as amounts are received from the vendor (Macrohelix)	None.
Off-sets to Revenue						
Contractual Adjustment	\$ 101,034	\$ 158,084	\$ 57,051	56%	There are several factors that drive contractual adjustments: 1) contractual adjustments will vary significantly month-to-month as claims are adjudicated by payers, 2) we have been successful in enrolling uninsured patients Medicaid, which will reduce Bad Debt Expense (which is down \$15K to prior year) as well as Indigent Care Write-Off (which is down \$38K to prior year), but will increase Contractual Adjustments, as Medicaid pays the least. Taking these factors into account, we are still continuing to monitor Contractual Adjustments, and seek a payment vetting solution.	Need to conduct audit of payor contractals and assess contracts to verify that adjustments are correct, and that contracts with insurance companies going forward are fair. Project TBD.
Bad Debt Expense	\$ 19,265	\$ 18,674	\$ (591)	-3%	Bad debt expense is continuing the favorable trend experienced at the end of FY 2020. In 2020 CMC began improved insurance and patient information collection in the ER.	Continue to improve operations to optimize collections.
Indigent Care Writeoff	\$ 36,122	\$ 22,015	\$ (14,107)	-39%	Enrollment in Idaho Medicaid Expansion continues to grow, with the statewide enrollment now hitting the original projection. Locally we are having success in retroactive eligibility for some patients, shifting revenue from sliding scale write-off to Medicaid receipts.	Continue to enroll patients in Medicaid. Support IHA lobby of Idaho legislature to maintain support of Medicaid expansion and budget.
Other Revenue	\$ 159,603	\$ 144,926	\$ (14,676)	-9%	Variance is due to straight-lining of budgeted Donations and Grant Revenue as it is not known when Donations/Grants will post. Additionally, CARES Act Provider Relief Funds, which are not included in the budget, have not yet been applied to FY 2021	Continue to engage potential donors and grant funding sources in FY 2021. We anticipate applying CARES Act Provider Relief Funds on a quarterly basis
EXPENSES (Unfavorable Variances > \$5,000 from Budget YTD)						
Benefits	152,292	191,286	38,995	26%	Variance due to COVID Hazard Pay Bonus paid to employees in Nov, 2020.	No action needed.
Contract Labor	20,114	28,751	8,636	43%	Contract Labor invoices (lab worker - 100% COVID related). Vendor experienced a billing issue that prevented them from sending out invoices for several months. We notified the vendor we were not being invoiced, and they corrected the issue.	No action needed. Lab worker through mid-November and then will be evaluated as COVID develops.
Supplies	42,013	97,856	55,842	133%	Supply costs are higher than expected because of medical supply and drugs purchased, including COVID related supplies, extra PPE. Additionally, 340B drug expenses are coded to Non-Chargeable Expense to match methodology in audited financials.	Need project to assess purchasing arrangements and GPO options. Leadership to develop supply chain strategy.
Repairs & Maintenance	5,348	16,699	11,351	212%	\$8,400 Tri-Plex expenses (interior work and driveway grading and repair). \$3,300 of COVID-Related expenses installing security cameras (to monitor hospital entrances). posted in October.	No action needed. Tri-plex is now in use and ready for winter. CARES Act Provider Relief Funds are still covering COVID-related expenses
Depreciation & Amortization	43,189	54,290	11,101	26%	Capital equipment purchases incurred in late FY19 and into FY20 drove D&A higher than budget. Some items (e.g., modular buildings) are COVID related. FY21 will see purchase of \$100k in new lab equipment hitting depreciation.	No correction planned. Some items will "age-off" our depreciation schedule in 2021 as they become fully depreciated.
Favorable variances in Green Unfavorable variances in Red						