

Cascade Medical Center Board Minutes

March 17, 2021

CMC Conference Room/Zoom

12:00 pm – 2:10 pm

Trustees present in person: Jacque Zemlicka, David Gough

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

Members absent and excused: None

Others present: Tom Reinhardt, David Donnahoo, Teri Coombs, Sarah Hasbrouck, Dr. Ellsworth

Call to Order: Meeting called to order by David Gough at 12:01PM

Mission Moment: Jacque shared her experience volunteering at our COVID vaccine clinics. She is grateful for how rewarding the work is, and feels uplifted by the number of people who are excited and thankful for the work that is being done. She feel proud of our community and the hospital, and is glad to have been a part of it.

Oath of Office: David Croshaw swore his oath of office as a board trustee member for Cascade Medical Center and will fill the seat vacated by Antony Henry effective March 17th, 2021.

Approval of Agenda: A motion to move Agenda Item 4 to the end of the meeting as an Executive Session: “CEO Goals” was made by David Gough, seconded by Lesa Becker; all members were in favor, motion passes.

BOT Minutes:

The minutes from the February 17th, 2021 Board Meeting were reviewed. A motion to approve the minutes with the recommended change in wording on page two was made by Jacque Zemlicka, seconded by Rachel Smith; all members were in favor, motion passes.

Operations Report:

Medical Staff Minutes:

Tom provided a summary of the Medical Staff Minutes from March 10th, 2021. It was discussed that the format for Medical Staff Meetings was adjusted to include Pharmacy and Therapeutics at the beginning of the meeting to allow for the participation of all providers in P&T.

A suggestion was made to develop and include a capacity analysis in addition to the visit volumes within the Utilization Review was made by Mary Tracey. This will be developed and provided to the board in the next three months.

David Gough reiterated that it is important for the providers to be reviewing quality metrics via the quality dashboard at all future Medical Staff Meetings. Teri will add this as a standing agenda item.

The Utilization Review and Volume Trends for the month of February 2021 were as follows:

UTILIZATION REVIEW:

- Total ER Visits: 71 (87 February 2020)
- Total OP Visits: 16 (46 February 2020)
- Total Physical Therapy Visits: 298 (216 February 2020)
- Total Clinic Visits: 411 (435 February 2020)
 - Dr. Ellsworth: 86
 - David Hill: 61
 - Dr. Camarata: 76
 - Heather Lewis: 50
 - Dr. Dardis: 7
 - Courtney Hill: 53
 - Allison Dwyer: 23
 - Jamie Coffey-Kelly: 55
- Total Laboratory Visits: 261 (220 February 2020)
- Total Radiology Visits: 87 XR's, 25 CT's and 11 US's (97 XR's, 33 CT's, 10 US's February 2020)
 - Death – none
 - Blood Transfusions – none
 - Average Length of Stay for Inpatients – there were three inpatients in the month of February, ALOS 40.67 hours (six observation patients)
 - Leaving Against Medical Advice – none
 - Left Without Being Seen – none

PEER REVIEW:

For the fourth quarter, six charts were sent to the IHA for Peer Review as part of CMC's Ongoing Professional Evaluation Program (OPPE). All six charts were reviewed. No actionable items or deficiencies noted.

QUALITY REVIEW:

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

EMERGENCY DEPARTMENT CALL BACKS:

73 patients called / 0 missed = 100% 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	2	Rotor	
ENT		Fixed Wing	
Neurology		Ambulance	3
CCU	1	Private Vehicle	
ICU		Ambulance Rendezvous	
Obstetric		Contracted Psych	1
PICU			
Psych	1		

INPATIENT CARE PLANS:

The three inpatient charts in the month of February contained a complete Care Plan.

Financial Report:

David presented the new monthly volume report comparing visit volumes for each department to the current month's budget, as well as the prior month and the second prior month. A second, separate section on this report also compares all of this data as a FYTD metric. Mary suggested removing the budget information on the monthly data, but letting it remain in the FYTD section. This will be updated for future reports.

Financial data and the variance table were also discussed with the members of the board. Seasonality and the impact of COVID still continue to keep volumes below budget; however, there is still grant funding available to allocate towards reimbursement of lost revenue due to low volumes from COVID.

Provider Privileges:

Sarah presented Dr. Ronald Ellsworth, who is requesting reappointment to the Medical Staff with Active privileges for a term of two years from today's date. A motion to approve Dr. Ellsworth's reapplication as presented to the Board of Trustees was made by David Gough and seconded by Jacque Zemlicka; all members were in favor, motion passes.

David Gough questioned if there was a quality/peer review element to the reappointment requirements. There is not currently a requirement for this within the Medical Staff Bylaws, however it will be made a discussion item for a future Medical Staff Meeting for consideration given all the work currently being done on QAPI.

CEO Report, Old & New Business:

Communications Update:

- Facebook activity up: New posting done on a weekly basis.
- New content is being uploaded on the website to keep driving traffic to it.
- The COVID Vaccine clinics are a great opportunity to provide ongoing community education about both CMC and topic like Honoring Choices Idaho.
- A new billboard will be going up soon, and will be changing more frequently to focus on all of the care we offer at CMC. This next billboard will focus on care for the whole family.

Legislative Update:

Tom provided updates that could impact CMC on every level from Federal to Local. Most notably the elimination of the work requirement for Medicaid eligibility on a Federal Level and the removal of the mask mandate by Central District Health for Valley County.

COVID Update:

COVID-19 Testing is trending upward so far in March; positivity rate has risen to about 9.7%.

COVID-19 Vaccinations will continue to take place at the American Legion Hall and will follow the Tiers established by the State in terms of who is eligible for vaccinations.

Committee Reports:

Finance Committee:

Members:

Mary Tracey, Chairperson
Jacque Zemlicka
David Donnahoo
Tom Reinhardt

The Finance Committee did not meet in March.

Quality Assurance, Performance Improvement and Compliance Committee:

Members:

Lesia Becker, Chairperson
Rachel Smith
David Gough
Aline Lee
Tom Reinhardt
Teri Coombs
Sarah Hasbrouck
Dr. Camarata
Chantel Williams

The Quality Assurance, Performance Improvement and Compliance Committee did meet. The QAPI display boards is now located within the hospital and will feature the monthly PIP, as well as patient satisfaction for the clinic and ER callbacks for the public to review. The Quality Dashboard while still in development, but was presented to the members of the board for input and review. CMC has also joined the Healthy Connections Value Care Agreement with St. Luke's Health Partners.

Strategic Planning Committee:

Members:

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. They plan on meeting again in April, and will provide an update then.

Board Terms & Composition

Discussion of the May 2021 election for the two eligible board seats occurred. Both members understand how and by when to file their Declarations of Candidacy with Valley County if they so choose.

Executive Session:

An Executive Session was conducted in accordance with IDAPA 74-206(1)(b) to discuss Personnel. A motion was made by George Greenfield to enter into an Executive Session, the motion was seconded by Jacque Zemlicka; role was taken of all members; motion to enter into Executive Session carries. Members entered into Executive Session to discuss Personnel at 1:41 PM.

The members exited executive session at 2:08 PM. No decision was made.

Other/Next Steps:

Board Education Module:

Lesa spoke about the IHA's webinar on the Medicare Condition of Participation, and spoke on the work it is generating within the Quality Committee. Future discussions are in the works on the direction of board education.

Agenda Topics for Next Meeting:

- Rachel asked that we discuss Contractual Adjustments in the future, perhaps getting more education.
- CEO Goals for Final Determination

Adjournment: David Gough adjourned the meeting at 2:10PM.

Attachment A

Variance Detail Analysis - Feb 2021 FYTD						
Category	Budget FYTD Feb. 2021	Actual FYTD Feb. 2021	Variance to Budget	Variance %	Explanation	Correction/Action Plan
REVENUES						
Gross Revenue from Inpatient, Outpatient, ER, and Clinic	\$ 2,287,718	\$ 2,108,086	\$ (181,632)	-8%	Nearly all of our volumes (with the exception of Lab and Ultrasound) are below budget and prior year as a result of the COVID-19 pandemic.	We are continuing to respond to COVID-19, and have completed several highly-successful vaccine clinics. • We will see a favorable adjustment on our Cost Report for COVID vaccines we provide to Medicare recipients, plus we are enrolled in a grant from the ID Dept of Health and Welfare which reimburses CMC for providing COVID vaccines (see <i>Other Revenue</i> for additional information).
Off-sets to Revenue						
Contractual Adjustment	\$ 255,952	\$ 458,720	\$ 202,768	79%	Adjustments vary significantly month-to-month as payers adjudicate claims. • CMC has been successful in enrolling uninsured patients in Medicaid. Our Medicaid charges have increased 72% in calendar year 2020 over calendar year 2019. However, we are seeing contractual adjustments also increase from approximately 42% in 2019, to nearly 50% today, compounding the Contractual Adjustment expense. We are still continuing to monitor Contractual Adjustments, and are seeking a payment vetting solution.	Need to conduct audit of payer contractuals and assess contracts to verify that adjustments are correct, and that contracts with insurance companies going forward are fair. Project TBD.
Bad Debt	\$ 57,795	\$ 67,345	\$ 9,550	17%	February saw a Bad Debt Expense favorable to budget by over \$6K. Bad Debt Expense will follow the seasonality of volumes and revenue by approximately 6 months, so we anticipate Bad Debt Expense to continue to come more in line with budget as the year progresses.	Continue to monitor Bad Debt and work with the Business Office to work to further minimize bad debt risk.
Indigent Care Writeoff	\$ 91,509	\$ 57,938	\$ (33,571)	-37%	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	\$ 399,276	\$ 841,390	\$ 442,114	111%	Net of CARES Act PRF, Other Revenue is \$14,025 unfavorable to budget. Variance is due to straight-lining of budgeted Grant Revenue where actual payment timing may vary and is not predictable. • February saw a grant payment from the ID Dept of Health and Welfare in the amount of \$2,560 for COVID vaccines we administered prior to February. We are expecting an additional payment in March in the amount of \$16,015 for COVID vaccines administered in February.	• Continue to engage potential donors and grant funding sources in FY2021. We anticipate applying CARES Act Provider Relief Funds on a quarterly basis • During one of our February COVID vaccine clinics, a patient was so impressed with our operation, she spontaneously donated \$200 to CMC on the spot! • We will continue to apply CARES Act Provider Relief Funds on a quarterly basis for lost revenue and expenses attributable to COVID-19
EXPENSES (Unfavorable Variances > \$5,000 from Budget YTD)						
Benefits	380,729	419,461	38,732	10%	Variance due to COVID Hazard Pay Bonus paid to employees in Nov. 2020. Benefits in January were \$6k below budget, and total personnel costs are only \$2k above budget FYTD	No action needed.
Contract Labor	50,286	34,221	(16,065)	-32%	Contract labor is back below budget, however, we anticipate needing to hire a contract Radiology Technologist in the summer if we are unable to fill the current department vacancy.	Continue to work to fill vacancy.
Supplies	106,433	252,476	146,042	137%	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	13,370	26,276	12,907	97%	\$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). Expenses for February were at budget	No action needed. Tri-plex is now in use. CARES Act Provider Relief Funds are still covering COVID-related expenses
Depreciation & Amortization	109,109	131,289	22,179	20%	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. Note: Depreciation Expense dropped \$2,800 due to the CT being fully depreciated as of January 2021.	No correction planned. Some items will "age-off" our depreciation schedule in 2021 as they become fully depreciated, however, Depreciation Expense is currently projected to be higher than budget for FY 2021.
Favorable variances in Green Unfavorable variances in Red						