

Cascade Medical Center Board Minutes

January 20, 2021

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 12:03PM

George provided notice to the Board of Trustees that Anthony Henry tendered his letter of resignation effective January 18th, 2020.

Approval of Agenda: A motion to approve the agenda was made by Jacque Zemlicka, seconded by Rachel Smith; all in favor, motion passes.

BOT Minutes:

The minutes from the December Board Meeting were reviewed; the addition of October and November 2020 for the \$127k of funds offset to CARES will be included in the revision. A motion to approve the minutes once updated was made by Lesa Becker, seconded by David Gough; all members were in favor, motion passes.

Mission Moment:

COVID-19 vaccine has arrived, and the community response has been positive. CMC employees and local EMS agencies have been provided with the vaccine already.

Operations Report:

Medical Staff Minutes:

Tom presented the Board with the minutes of the Special Meeting on December 22nd, 2020 as well as the regular Medical Staff Meeting on January 12th, 2021, which include the Utilization Report and Volume Trends, for review.

The purpose of the Special Meeting on December 22, 2020 was to approve the revised Medical Staff Bylaws, which will be reviewed with the members of the Board today.

Tom did notify the members of the board that overall, volumes are currently down from last year which is most likely a result of the pandemic and resulting changes in behavior while seeking healthcare.

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

UTILIZATION REVIEW:

- Total ER Visits: 105 (100 December 2019)
- Total OP Visits: 23 (27 December 2019)
- Total Physical Therapy Visits: 259 (332 December 2019)
- Total Clinic Visits: 439 (503 December 2019)
 - Dr. Ellsworth: 86
 - David Hill: 45
 - Dr. Camarata: 67
 - Heather Lewis: 69
 - Dr. Dardis: 34
 - Courtney Hill: 87
 - Jamie Coffey-Kelly: 51
- Total Laboratory Visits: 399 (210 December 2019)
- Total Radiology Visits: 87 XR's, 33 CT's and 9 US's (98 XR's, 37 CT's, 10 US's December 2019)
 - Death – none
 - Blood Transfusions – none
 - Average Length of Stay for Inpatients – there were three inpatients in the month of December, ALOS 57.25 hours (two 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). Five have been reviewed and one is pending. No actionable items or deficiencies noted.

QUALITY REVIEW:

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

EMERGENCY DEPARTMENT CALL BACKS:

74 patients called / 18 not indicated / 12 missed = 86% 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	3	Rotor	
ENT		Fixed Wing	
Neurology	1	Ambulance	9
CCU	1	Private Vehicle	
ICU	4	Ambulance Rendezvous	
Obstetric		Contracted Psych	1
PICU			
Psych	1		
Burns (Utah)			

INPATIENT CARE PLANS:

There were three inpatients in the month of December; all of the charts contained a complete care plan.

The roles of Chief of Staff and Medical Director were discussed, as Dr. Ellsworth currently holds the designation for both positions.

Jamie provided additional information on the roles of the Mobile Crisis unit as well as the Designated Examiner. She spoke about the process, describing when to involve the Mobile Crisis unit which allows easier access to a DE in the event that we have a patient needing to be placed on a hold for more than 24 hours. They are also able to assist with patient placement when needed to other facilities within and outside of the state.

Financial Report:

David presented the financial report, noting that December revenue is still below budget due to the impact of COVID on volumes across the service lines. David noted that currently Net Income is ahead of budget although it is a negative number, due to known seasonality.

Provider Privileges:

Sarah presented three providers from the University of Utah for Telemedicine-Credentialing privileges for a term of two years from today's date.

A motion to approve Dr. Joanna Grudziak, Dr. Sarah Lombardo, and Dr. Sudha Jararaman as presented to the Board of Trustees, was made by Mary Tracey, and seconded by Lesa Becker; all members were in favor, motion passes.

CEO Report, Old & New Business:

Approval of Medical Staff Bylaws:

The current Medical Staff Bylaws were reviewed by the Medical Director, CEO and outside council, in conjunction with Board Member, Dr. David Gough. One noted change still needing to be included, and will be included on the agenda for the next Medical Staff meeting in February, is the updated requirements for timeliness of documentation to now reflect that chart notes need to be completed within 24 hours for all Facility charts and 48 hours for Clinic charts.

Also updated were that Paramedics are no longer eligible to be members of the Active Medical Staff.

Dr. David Gough made a motion to accept the revised Medical Staff Bylaws as long as the inclusion of the proposed changes to timeliness for documentation are included at the next Medical Staff Meeting. Lesa Becker seconded the motion; all members were in favor, motion passes.

CEO Update:

Tom provided an update of the CMS Hospital recertification survey. The surveyors stayed less than 24 hours, and were very impressed with the amount of work completed in the short period of time. They provided notification of a complete resolution/correction of all previously found Conditions of Participation that were out of compliance. Work will continue on the QAPI program development.

The annual financial audit by Wipfli is still in process. Once completed, a full review will be provided to the Finance Committee of the Board, and then an overview will be provided to the Board Members.

The new website has launched, and now includes both the Annual Report as well as online COVID-19 vaccination registration.

The Lab expansion has been completed and a Volunteer Program is currently in development.

COVID-19 Testing is trending downward, although positivity rate remains about 15%.

COVID-19 Vaccinations will begin taking place Jan 21 at the American Legion Hall and will follow the Tiers established by Central District Health for who is eligible for vaccinations.

Committee Reports:

Finance Committee:

Members:

Mary Tracey, Chairperson
Jacque Zemlicka
David Donnahoo
Tom Reinhardt

The Finance Committee met in January. A slide was provided showing an update of the CARES Act Fund usage, totaling around \$1,051,431 as of December 31st, 2020. Total CARES funds remaining are \$1,043,102 and at this time will need to be allocated by June 30, 2021.

Quality Assurance, Performance Improvement and Compliance Committee:

Members:

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

The Quality Assurance, Performance Improvement and Compliance Committee did meet, and will be meeting monthly going forward. A charter was created for the QAPI program and approved by the members of the Quality Committee. A Quality Dashboard is in development to identify key metrics the facility will be tracking on areas of focus. This was shared with the members of the board.

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. With the resignation of Anthony Henry from the BOT, there is an opening on the committee.

Board Terms and Composition

Upcoming board member openings were discussed, including where each member stands within their current term. Instructions on completing the Declaration of Intent to run for a Board opening were provided. Position succession was also discussed, including Chairman Succession every three years.

Lesa Becker nominated Dr. David Gough as the next Vice-Chairman of the Board of Trustees, Jacque Zemlicka seconded the motion; Dr. David Gough abstained from voting, all other members were in favor. Motion passes; Dr. David Gough is now the Vice Chairman of the Board of Trustees.

Executive Session:

An Executive Session was not held at the meeting on 01/20/2021.

Other/Next Steps:

Board Education Module:

Tom and Lesa participated in the IHA Critical Access Hospital Conditions of Participation webinar. The link to view the presentation was provided via email by Tom, however it was noted that perhaps would be better suited for the Quality Committee members rather than general board education.

Board Education Plan:

IHA Information on changes to Healthcare Policy with newly elected members of government.

Topics for the next meeting:

- Election of New Board Member
- Updated on Annual Audit and Cost Report

Meeting Evaluation:

Lesa Becker opened discussion on what went well with the board meeting. Jacque Zemlicka was appreciative that Dr. Ellsworth was able to participate and looks forward to him attending in the future. Lesa appreciated the dialogue surrounding the Vice Chair discussion.

Adjournment: George Greenfield adjourned the meeting at 2:11PM.

Attachment A

Variance Detail Analysis - Dec 2020 FYTD						
Category	Budget FYTD Dec. 2020	Actual FYTD Dec. 2020	Variance to Budget	Variance %	Explanation	Correction/Action Plan
REVENUES						
Gross Revenue from Inpatient, Outpatient, ER, and Clinic	\$ 1,384,671	\$ 1,197,622	\$ (187,050)	-14%	Volumes continue to be affected by COVID, but appear to have stabilized for December. ER volume is down 10% to prior year, Clinic volume is down 13% to prior year, and PT is down 12%.	Currently, COVID cases are rising and are anticipated to rise in the aftermath of the holidays. We are entering the second round of COVID vaccines for CMC staff, and are optimistic to begin vaccines for other essential workers in January.
Gross Revenue from 340B Rx Plan	\$ 23,902	\$ 43,860	\$ 19,957	83%	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	\$ 154,918	\$ 255,946	\$ 101,027	65%	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 as well as Indigent Care Write-Off (which is down \$62K to prior year), but will adversely affect 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 contractuals and assess contracts to verify that adjustments are correct, and that contracts with insurance companies going forward are fair. Project TBD.
Indigent Care Writeoff	\$ 55,387	\$ 32,015	\$ (23,371)	-42%	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	\$ 239,673	\$ 686,718	\$ 447,044	187%	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	228,438	272,838	44,400	19%	Variance due to COVID Hazard Pay Bonus paid to employees in Nov, 2020.	No action needed.
Contract Labor	30,172	34,221	4,050	13%	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	64,420	153,303	88,883	138%	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	8,022	18,738	10,716	134%	\$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	68,193	81,869	13,676	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.	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			