

DELTA HEALTH
Board of Directors Meeting
Monday, July 19, 2021
Classroom B / Zoom for Public

PRESENT:

Jean Ceriani, Chairman	Tammy Smith, Member	Vickie Schauster, Exec. Director, Clinic Operations
Doug Speedie, M.D, Vice Chairman	Jody Roeber, CCO	Melissa Palmer, EDON
Bruce Mixter, M.D., Secretary/ Treasurer	Larry Vincent, CFO	Rhonda Katzdorn, Exec. Director, Human Resources
Matt Soper, Member (via Zoom)	Julie Huffman, CLO	Donica Harrison, Exec. Assistant Absent: Matt Heyn, CEO, Laura McCrackin, M.D., Chief of Staff

MEETING MINUTES:

I. CALL TO ORDER

The Board of Directors meeting was called to order at 5:31 p.m. by Chairman Jean Ceriani. Viewing of this meeting was made available to the public via video conferencing.

II. PUBLIC COMMENT

- A. Community member JoAnn Kalenak addressed the Board raising concern that the Board of Directors meeting agenda lists Executive Session as a standing agenda item in case the need arises to hold an executive session and does not include the topic(s) for discussion that are announced prior to each executive session. Ms. Kalenak read email correspondence from attorney Chris Mochulsky to CLO Julie Huffman.
- B. Community member David Moran introduced himself and his business providing a thumb drive regarding services his company provides.

III. CONSENT AGENDA

A. Approval of Previous Board Meeting Minutes

- The minutes from the June 28, 2021 Board Meeting were presented by Jean Ceriani.

ACTION: Dr. Speedie made a motion that the minutes of the June 28, 2021 Board meeting be accepted as amended. Tammy Smith seconded the motion. All were in favor. None were opposed. Motion carried.

IV. GUEST SPEAKERS

- A. Quality Department Presentation.** Quality Director Janel Webb (also the Patient Safety Officer) and Quality Improvement Nurse Brandi Vela made a presentation for the Board including Risk Assessment, Patient Safety Benchmarks and the Nurse Staffing Plan. The first quarter Risk Assessment reported occurrence reports and harm events. A new algorithm will allow risk stratification of the occurrence reports and will direct the more in-depth reviews of harm events by the Patient Safety Committee. The Patient Safety Committee is open to frontline staff and patients/families may also be present to give their input. Melissa Palmer, Executive Director of Nursing, and Matt Heyn, CEO, have been completing rounding on the inpatient units to seek input into any patient concerns. The patient safety presentation included survey results relating to the culture of patient safety and plans for improvement where needed as well as the avenue staff has to address patient safety concerns. As a result of the survey, a new curriculum regarding communication, and specifically communication regarding hand-off information, has been assigned to all clinical staff. The culture of safety survey will be given to all staff again in November. The

Nurse Staffing Plan included graphs of RN hours/patient day and productive nursing staff hours/patient day (RN, LPN, UAP) in the Medical Surgical and ICU Units and RN hours/patient days in the Obstetrics Unit. The Patient Safety Committee will continue to gather this data to monitor for any deviations and any related occurrences. During the first quarter, there were no occurrences related to staffing issues. Other patient safety improvement projects include bar code medication administration and improving the compliance of scanning both the patient's armband and medications with every medication administration; computerized physician order entry and increased compliance by all providers; pharmacy monitoring and involvement in medication reconciliation to reduce medication errors; using a safe surgery checklist with detailed areas that address patient safety prior to every surgery; improved orientation checklists for clinical staff and specific patient safety education during this orientation and beyond; and hand hygiene audits to ensure compliance to reduce the spread of infections.

- B. BKD Presentation.** BKD Principal Eric Rogers provided a progress update to the Board of Directors outlining 7 opportunities: revenue cycle (patient liability), code & documentation, revenue integrity, productivity efficiencies, supply chain, other (Surgery, ED and Home Health) and Delta Health identified initiatives. Eric provided a comparison of the initial estimated benefit, the projected estimated annualized benefit and the benefit to-date for each opportunity.
- C. Executive Director of Nursing** Melissa Palmer shared with the Board benefits Delta Health is realizing as a result of initiatives and tools BKD has provided and helped implement for several departments. More specifically, Melissa highlighted the following initiatives and works in progress:
- CDI. BKD has helped in building our CDI (Clinical Documentation Improvement) department assisting with policies and procedures and building a dashboard to track queries. In the last 2 weeks queries have enabled us to capture \$12,000 in additional billable services. Training has been provided for CDI staff, utilization review staff and coding staff. Physicians have also been given training in CDI and admission status.
 - CMI. Our Case Mix Index has already increased from 1.45 to 1.64 which will result in increased reimbursement.
 - ED. BKD has guided the process of building templates to better capture bedside procedure charges in the ED (almost complete) as well as visit level charges (10% complete).
 - OB. Patient status (outpatient vs. observation) is being reviewed to avoid losing revenue (10% complete). Charge sheets in OB are also being revised (80% complete). Staff training will be required.
 - Utilization Review (70% Complete). Our denial process is being improved to include our Hospitalists and other physicians to communicate with insurance companies to explain why their patient met medical necessity.
 - Point of Service Cash Collections. BKD has been instrumental in helping Delta Health develop a point of service cash collection process. Cash collections are typically about \$15K but increased to \$50K in June.

The tools BKD has provided will assist in capturing missed revenue by improved documentation and will be utilized indefinitely providing ongoing financial benefits to Delta Health.

V. FINANCIAL

- A. June 2021 Financial Reports,** CFO Larry Vincent presented a summary of the June financial reports highlighting the following:

June financials resulted in a net loss from operations of \$341,619 compared to a budgeted gain of \$160,177. Admissions for the month were 124 compared to budget of 107 and prior year of 110. Discharges for the month were 128 compared to budget of 105 and prior year of 100. Patient days for the month of June were 474 compared to budget of 351 and prior year of 365. ALOS for June was 3.70 compared to budget of 3.34 and 3.63 prior year. Average daily census was 15.7 compared to budget of 11.7 and prior year of 12.2. Hospital gross revenue for June was

\$17,268,414. Physician Prof Fee Gross revenue was \$2,448,784 and Home Health gross revenue for the month was \$239,434. Gross revenue was more than budget by \$1,194K; and deductions from revenue were more than budget by \$1,368K. Net revenue % for June was 38.88% compared to budget of 42.28% and prior year of 42.42%. Salaries, wages, and benefits were \$64K more than budget in June. Salary and contract labor expenses were less than budget by \$15K and group health expense was \$79K more than budget. Total expenses were more than budget by \$495K. Cash on hand decreased by \$487K in June. Capital purchases were \$70K. Accounts Receivable increased by \$730K in June. Supply expenses were 221K above budget. Interest on market sweep account totaled \$97.

ACTION: Tammy Smith made a motion to accept the June financial report as presented. Dr. Mixer seconded the motion. All were in favor. None were opposed. Motion carried.

B. Capital Expenditure Request

1. **Syringe Pumps.** CCO Jody Roeber presented a CER on behalf of the Anesthesia Department for Syringe Pumps needed to provide smooth and seamless delivery of anesthetic with maximized efficiency for the operating rooms while maintaining a high level of control and quality in all care areas, including the MRI suite.

ACTION: Dr. Mixer made a motion to approve the purchase of the Syringe Pumps in the amount of \$36,316.62. Tammy Smith seconded the motion. Matt Soper was opposed. All others were in favor. Motion carried.

VI. ADMINISTRATION

A. COVID UPDATE. CCO Jody Roeber reported a COVID-19 update to the Board. Highlights include:

- Delta Health continues to admit COVID positive patients.
- Delta Health offered 2 lunchtime vaccination clinics to employees in their families.
- As a healthcare facility, Delta Health is still mandated to have community members wear a mask when in our facility.
- Fully vaccinated patients are not required to be tested for COVID prior to surgery or procedures (biopsies, scopes, etc.).
- Vaccinated COVID positive patients are reportedly less sick than they would be if they had not received the vaccine. Most do not require hospitalization.
- As of last week there had been 183 COVID positive patients admitted to Delta Health Hospital. The death toll in Delta County as of last week was 55 and of those, 15 passed away in Delta Health Hospital.
- Counties with lower vaccine rates have seen a spike in COVID positive cases.
- The highest vaccinated population in Delta County is 65-75.
- Jean Ceriani added that the CDC reported that 95% of people hospitalized with COVID right now are unvaccinated.
- DH continues to give monoclonal antibodies when appropriate.

VII. MEDICAL STAFF

- A. **Medical Staff Credentialing.** Dr. Mixer presented the following update from the Med Exec Committee: The following credentialing applications were reviewed and approved in the July 14, 2021 Med Exec meeting:

New Applications: Joseph Jones, PA, West Elk Hotchkiss
Abbas Chamsuddin, M.D., Stat Rad
Dennis Jolanta, M.D., Stat Rad
Michael Klein, M.D., Stat Rad
Archana Lucchesi, Stat Rad

Marc Stauffer, M.D., SCL Cardiology
Asher Shafton, M.D., SCL Cardiology
Kent Winkler, M.D., SCL Cardiology
Anthony Chu, M.D., SCL Cardiology
Kent Dyke, M.D., SCL Cardiology
Carl Rouch, M.D., SCL Cardiology

Re-applications: Nicholas Radovich, M.D., Pathology
Henry Lewis, M.D., OB/GYN

ACTION: Dr. Mixer made a motion for the Board of Directors to approve the credentialing report as presented. Matt Soper seconded the motion. All were in favor. None were opposed. Motion carried.

B. Chief of Staff Report.

1. In Dr. McCrackin's absence, Medical Staff Coordinator Gwen Conrad informed the Board of Directors that the Medical Staff Bylaws have been fully updated to meet compliance requirements. Medical Staff will vote to accept the revisions in the August 17, 2021 medical staff meeting. The revised bylaws will then be brought to the September BOD meeting for Board approval.
2. Dr. Mixer added that in the July 14 Med Exec Committee meeting it was announced that Dr. Saliman is retiring. Dr. Saliman planned to champion Grand Rounds so they are in need of another volunteer to champion that committee. Dr. Richman has received a good response from the Physician Wellness Committee. The next meeting is planned for July 28th.

VIII. EXECUTIVE SESSION – None.

IX. ADJOURNMENT

ACTION: Tammy Smith made a motion to adjourn the meeting. Dr. Mixer seconded the motion. All were in favor. None were opposed. Motion carried.

With no further business from the floor, Board Chairman Jean Ceriani **ADJOURNED** the meeting at 7:02 p.m.

Bruce Mixer, M.D., DCMHD Board Secretary/Treasurer

Date