

RANGELY DISTRICT HOSPITAL
BOARD OF DIRECTORS MEETING
July 30, 2020

BOARD MEMBERS PRESENT

John Payne, Chairman
Shad Peters, Vice Chairman
Brad Casto, Director (Secretary/Treasurer)
Diana Sizemore, Director
Keith Peterson, Director

OTHERS PRESENT

Kyle Wren, CEO
Dr. Abby Urish, COS
Jodi Dillon, HR Director/Executive Assistant
Wendi Gillard, Compliance Office
Wesley White, Interim CFO
Jimmy Dillon, Controller

I. WELCOME/CALL TO ORDER

- A.** A quorum being present, this regular meeting of the Rangely Hospital District Board of Directors was called to order at 6:00 p.m. by John Payne, Chairman of the Board.
- B.** Pledge of Allegiance
- C.** Prayer

II. APPROVAL OF MINUTES

- A.** Minutes of the Rangely District Hospital Board of Director's meeting dated June 25, 2020 were presented for review. A motion was made and seconded to accept the meeting minutes as presented. The motion carried unanimously. **(ACTION/TAKEN/CLOSED)**

III. PUBLIC FORUM

- A. Correspondence:** No Correspondence was presented
- B. General Public:** Anthony Doris, Corbin Lucero and Brielle Lucero addressed the Board presenting information regarding 4-H and Rio Blanco County Fair. An official invitation was extended to the Rangely District Hospital Board of Directors to attend the County Fair.

IV. MEDICAL STAFF REPORT

- A. **Review of Medical Staff Report:** May 2020 Medical Staff cancelled.
- B. A motion was made and seconded to approve Kathryn A. Klima, MD; Samuel L. McMurry, DO; Chelsea M. Jeanko, DO; Veronica Sue, MD; Jesus A. Sanchez Contreras Jr., DO; Earl E. Schott III, MD; Annie K. Lim, DO; Viral M. Patel, DO; - Diversified Radiology-Consulting Staff. **(ACTION/TAKEN/CLOSED)**
- C. A motion was made and seconded to approve Michael Letzing, MD; Christopher Pettis, MD; Jacquelyn Smith, DO; Diversified Radiology-Consulting Staff. The motion carried unanimously. **(ACTION/TAKEN/CLOSED)**
- D. A motion was made and seconded to approve Charlie Brunson, JR; Daniel Duffey, MD; General and Intervention Medicine Cardiology Consulting Staff. The motion carried unanimously. **(ACTION/TAKEN/CLOSED)**

V. COMPLIANCE REPORT

- A. **Quality:** "Patients Over Paper" has ended and regular Quality Reporting has begun. Q1 is due to CMS on August 1st and QHi Data is due on July 31st. I have been busy gathering and inputting data into QHi and will be uploading into the CMS platform next week. They have a new platform and other than Quality Net, so I will be learning how to access and upload there. Kyle has talked about setting aside a time (I believe outside of the regular Board meeting) to go over the measures I monitor and the dashboards I can present to you, I am happy to do that anytime after I have Quality Data turned into CMS. I am hoping to schedule a Quality Committee/Utilization Review meeting with Lois in August to get that back up and going, we have those meetings on the last Wednesday of the month so the minutes will not be ready by the next time Board Packets are made.
- B. **Risk:** I have had a lot of communication with the contact from the State Board of Nursing about the documentation sent in the last month. He was able to get all of his questions answered and is turning in his report to the State Board this week. He said since we were the reporting entity, we will get a letter containing the results of their decision. I will update you on that when I receive that.
I was excited while I was submitting data on QHi to find that they have more fall measures. I will be adding these to our facility Quality Project, I think they will give us a better look with more areas to benchmark. Previously we only had four measures to benchmark against. Now there are twelve: Unassisted falls Per 100 Patient Days, Long Term Care falls per 100 LTC days, Number of Unassisted Falls, Unassisted Falls Per 1000 Patient Days, Unassisted Falls Per 1000 LTC Days, Percentage of Unassisted Acute Patient Falls with Injury, All Falls with or Without Injury, Fall Risk Assessment Within 24 Hours of Admission, All Patient Falls with Minor Injury or Greater, Repeat Falls, Total Fall Rate, Injurious Fall Rate.
- C. **Compliance:** We had a Focused Infection Control Survey at Eagle Crest. That went well and our Exit Interview was citation free, pending all policies/procedures and proof of training related to COVID-19 are acceptable upon receipt. They did say not to expect to hear anything for months due to how far behind they are at CDPHE. We are confident in our Policies/Procedures and training and hopeful that all documentation was sufficient. The

Random Drug Screen Software has been reinstalled, all employees are in the system and we have been performing Random Drug Screens. So far, the process with the software has been fine.

I have combed through Health Streams and notified managers of any employees that are not in compliance with these. The platform continues to give our employees problems due to adobe flash player. The last time I spoke with someone at Health Stream he said our contract was up in September. I am hoping maybe we can find something else.

I have been continuing to watch mandates and other information that relate to COVID-19 for Compliance, Quality, Infection Control and updating as needed.

VI. FINANCIAL REPORT

A. Financial Summary Report for June 2020:

1. CURRENT ISSUES:

- A. Cash Balances: Cash balances remain high due to
 - 1) COVID distributions
 - 2) Unusually high SNF days
 - 3) Increased property tax revenues
- B. 2019 Financial Audit and Cost Report: There remain a couple of items on the audit but it is nearly complete. Our cost report is essentially complete, and we are waiting on audited financials for any adjustments that may need to be made. We should be able to present the audited financials at the next board meeting.
- C. Home Health Revenue is Preliminary: Normally we record revenue as billed charges. However, after the April ransomware attack we are still in the process of rebuilding patient accounts and are not yet ready to send out any claims. We are recording unbilled charges accrued in their place. They are subject to change, but are for now an adequate indicator of Home Health Activity.

2. COVID-19:

- A. We have received a significant amount of cash related to the COVID-19 pandemic. We are currently researching the appropriate accounting presentations for these funds, and anticipate some changes to financial statements next month.

04.10.2020 CARES ACT	\$395,042.00
04.21.2020 ROCKY MOUNTAIN HEALTH FOUNDATION	\$3,000.00
04.24.2020 CRHC SHIP GRANT	\$74,419.00
05.06.2020 CARES ACT	\$3,471,823.00
05.07.2020 SBA PAYCHECK PROTECTION PROGRAM LOAN PPP	\$1,627,785.00
05.11.2020 CHA ASPR GRANT	<u>\$7,230.00</u>
TOTAL	\$5,579,299.00
- B. All the Rocky Mountain Health Foundation grant money was used to purchase iPads so that patients utilizing our SLS service could do remote appointments.

- C. All CHA ASPR Grant funds were used for PPE and minor equipment.
- D. Our facility has met the requirements to have the SBA-PPP forgiven.
- E. The first round of reporting is done for the SHIP grant. We will be using the rest of the money for equipment purchases.
- F. Our intent is to use the CARES act distributions to cover lost revenue and purchases related to COVID-19. We are currently waiting on guidance as to reporting requirements.

3. STATS:

- A. Stats are continuing to improve but remain low due to the COVID-19 pandemic. June has seen a high number of swing and acute days, but extended care days are down and are likely to remain down for some time.

4. PROFIT AND LOSS:

- A. **REVENUE:** Revenue is 1% less than last year and 5% less than budget. Revenue for most departments is still down, but higher than usual acute/SNF and IV Therapy utilization are helping to boost revenue.
- B. **GROSS PROFIT:** Gross Profit is 8% better than last year and 20% better than budget.
- C. **TOTAL EXPENSE:** Total expense is 11% more than last year and 4% over budget.
- D. **PAYROLL EXPENSE:** Payroll expense is 6% more than last year and in line with budget.

- 5. A motion was made and seconded to accept the June 2020 Financial Report as presented. The motion carried. **(ACTION/TAKEN/CLOSED)**

VII. OLD BUSINESS/CEO Report

- A. **COLORADO HOSPITAL ASSOCIATION:** Ben Anderson with CHA is coordinating interviews about the impact of COVID on rural healthcare. He is creating a playbook for future use on the impact its created. This is scheduled for August 03, 2020.
- B. **RURAL HEALTH CLINIC TRANSITION:** We are still waiting for a response from the State.
- C. **IT UPDATE:** Insurance will cover the \$25,000 fee for rebuilding Meditech after the Ransomware attack. Our new pages will be live at the end of August.
- D. **HOSPITAL FOUNDATION:** We will have the final by-laws by the end of the week. We need to schedule a meeting with the foundation board to discuss the application process.

VIII. NEW BUSINESS/CEO Report

A. HOSPITAL POSITION UPDATE:

- 1) **Wesley White**: Interim CFO, has started and after the first week things are going very well.
- 2) **Provider Search**: Dr. Aaron Stewart will be here Saturday, August 9th for a short interview and then we will show him our facility and community. Dr. Junco is also interested and is going to get back with us. Both are finishing family practice residency and would start May 2021.
- 3) **Leslyn Joseph, NP**: Signed a contract for 5 years, currently looking for a place to rent.
- 4) **Nursing**: Kelly Christian will start full time in the middle of August and Rachael McPhail from California will start August 25th. We will be fully staffed in nursing, and finishing up one locum contract of 16 weeks.
- 5) **Internal**: Christena Hairston from the business office moved to Medical Records. Shauna Wells, Accounts Receivable, relocated to Montrose and Laurie Baker will fill her position from SLS. We will be looking for a candidate for SLS shortly.

B. EVALUATION PROCESS:

- 1) We are implementing an evaluation process in which employees and supervisors will be evaluated. This will all be done on an excel form with points associated with each line item. Certain sections will be objective and mandatory to stay in compliance. Other sections will be for specific departments. A percent will then be tallied on the final page. Depending on what percentage value an employee obtains determines the wage increase from 0-3% for the following year.
- 2) Wage increases will be based on performance.
- 3) A couple of issues upon hire was the discrepancy of wages in certain departments. Just one example is nursing wages, after several years of not having at least a cost of living increase the wage eventually falls behind the local, western slope and national average. This was not limited to nursing but across hospital department as a whole.
- 4) The other concern was with our overall evaluation process. It seemed like year after year HR and Compliance had to remind employees several times to finish mandatory health stream policies. Also, evaluations were not tied to incentive to finish them. Administration had to track down evaluations constantly.
- 5) We will budget for this every year so if we don't have the funds for the increase, obviously we will decrease the percentage wage increase. In order for us to stay competitive and comply with all the regulatory mandates this will help substantially.

IX. BUSINESS FROM THE FLOOR

- A. A motion was made and seconded to accept a bid from Quality Carpet to replace flooring at Eagle Crest. **(ACTION/TAKEN/CLOSED)**

B. EXECUTIVE SESSION

- A. No need for Executive Session

X. ADJOURNMENT

- A. A motion was made and seconded to adjourn. The meeting adjourned at 8:20 pm.

Submitted By:

Brad Casto, Secretary/Treasurer, Board of Directors

Date

Jodi Dillon, Executive Assistant/HR Director

Date