



Minutes for Meeting Book - Board of Director Meeting October 28, 2021

10/28/2021 | 06:00 PM - (GMT-07:00) Mountain Time (US & Canada)

Rangely District Hospital

Attendees (11)

John Payne; Shad Peters; Diane Sizemore; Brad Casto; Keith Peterson; Kyle Wren; Jodi Dillon; Wendi Gillard; Paulo Fernandez; Jimmy Dillon; Wesley White

M. Norman

Notice:

The Board of Directors of the Rangely Hospital District shall conduct a regular meeting at 6 p.m., October 28, 2021 in the Meeting Room of Rangely District Hospital, 225 Eagle Crest Drive, Rangely Colorado

Public Comment:

Any member of the public may address the Board on matters which are within the jurisdiction of the Board. Please be mindful and considerate of others when addressing the Board as far as time goes. The public comment time is for questions and answers and for you to express your views. The Board may need more time to research your question and will reach out at a later date and will comment on the issue at the next board meeting.

I. Welcome/Call to Order

A. Roll Call

B. Pledge of Allegiance

C. Prayer

II. Approval of Minutes

A motion was made and seconded to approve the September 30, 2021 board minutes as presented.

Vote: The motion carried unanimously. **(ACTION/TAKEN/CLOSED)**

III. Public Forum

M. Norman requested \$1,000.00 to purchase car seats for New Eden.

A motion was made and seconded approve a \$1,000.00 donation.

Vote: The motion carried unanimously. **(ACTION/TAKEN/CLOSED)**

New Eden

PO Box 472

Rangely, CO 81648

A. Correspondence

B. General Public

IV. CEO Report

CEO NOTES

October 28th 2021

Surgery Suite/DME

- We are still in the data mining phases of both projects.
- We are currently researching ROI, work load, impact on total facility.
- Chris Thomas, CEO community and team sent over workload for Dr. Morse. In about an 8 months span Dr Morse performed 30 general surgeries from our area. We suspect more surgeries have been performed at St Mary's or in Vernal.
- Ideas for investment – Financing, Grant funding, Set-up account to set aside funds.
- Pitched the idea to the Hospital Foundation Board Tuesday.

Hospital Provider Update:

- Jackson Physician Search will continue efforts to find a physician to fill our opening. Posting on 3rnet and also with CRHC.
- Clinic Staff: Dr. Morwood (Chief of Staff/Medical Director Rural Health Clinic), Dr. Torgersen (July 2022), Leslyn Joseph, Kelsey Riggio, Vivian Dillon.
- Weekend ER: Dr Hsu, Dr. Sutton.
- Specialties: Dr. Laws (Cardiology) Dr. Morse (Endoscopies/Colonoscopies) Dr Joyce (OB/GYN)

COVID Update:

- Transmission around the community remains high. We have a few employees out with COVID. Nationally hospitalizations have decreased 10% and COVID cases have declined. Burn-out among healthcare personal as a whole is a huge concern. Solutions: Partnering with education programs (CNCC) to bring on more healthcare workers.

Foundation Update:

- Received PO for the Project. Prices for all previous bids are expected to be higher than original bid. \$150,000 might not stretch as far as previously predicted.

Marketing Campaign:

- Align Media was here Wednesday 27th shooting a video of the facility.

Customer Service:

- Implementing Phreesia, patient encounter portal in the clinic.

Christmas Party:

- Christmas Party – December 22nd. We will be doing a very similar setup as last year since COVID is still present.
- Last year we had the main course catered and Vicki did most of the sides.

\$200,000 SHIP Grant:

- We have been sitting on \$200,000 from a SHIP grant. It specifies to use the funds for COVID construction and or renovation.
- We currently have one negative pressure room. We are looking into making the other 3 inpatient rooms negative pressure. This can be accomplished by adding a few roof top vents, adding seals around the doors and a wall control device.

PTO Payout:

- This will be the first time our employees will have the option to cash out their PTO. We have a policy in place that our employees must have a minimum 120 hours left after the payout. 80 hours max for the year, forms must be in by November 1st.
- The board should expect to see a dip in cash reserves.
- Unknown how many will take advantage of this benefit.
- Next year if budget allows we will offer it in MAY and November.

COVID-19 4th Distribution:

- Jimmy has submitted information for the fourth round of COVID relief funds. Language for usage is more relaxed than the previous funds available. Our initial thoughts are to use it for COVID related capital expenditures slated for next year.
- DME Implementation
- Pay for new upgraded CT Scanner
- Offset the cost of the Ambulance
- IT upgrades

Phone Update:

- Still having phone issues with dropped calls. Daniel has been diligently working on the issue. Hoping to have it solved next week.

V. Medical Staff Report

September 2021 Medical Staff meeting was canceled.

A. Initial Appointment-Jianwei Chang Dillon, NP-Family Medicine-Rangely District Hospital

A motion was made and seconded to appoint Jianwei Chang Dillon, NP-Family Medicine-Rangely District Hospital.

Vote: The motion carried unanimously. **(ACTION/TAKEN/CLOSED)**

VI. CNO/COO Report

October 28th, 2021

CNO/COO Notes

Nursing

- 2 travelers (one RN, one LPN). Two RN students passed their LPN NCLEX and are licensed to work
- HTP was submitted last month and we are waiting for feedback
- PCC implemented and going well
- Census
- 154 ER visits (about 41 COVID) 73 inpatient days
- 12 LTC Pts
- 4 wound care patients

Respiratory

- PRN RT resigned. Looking at options to keep department staffed

Dietary

- Dietary manager will be getting surgery later this year. A couple of the staff members will be stepping up to help fill the need

Eagle Crest

- Automatic doors for fire safety

VII. Compliance Report

COMPLIANCE REPORT October 2021

- HTP: The Implementation Plan was submitted last month and we are awaiting feedback/scoring on the plan from HCPF. We suspect that will come around the 28th of this month.
- Q2 2021 Quality Reporting has been submitted to CMS.
- Home Health Quality Reporting is as follows.....
- RDH QAPI Falls: Q1 had 12 falls, 2 near miss falls. Q2 had 34 falls, 1 near miss falls, Q3 had 2 falls (there may be more sitting on someone's desk for processing, things were on hold during

our outbreak). The significant decrease in falls is largely in part to a resident with repeat falls transitioning over to LTC.

- I have attached the Quality activities spreadsheet so you can see the various projects each department is working on. RDH policy is that every department have a QA project and we are working hard on moving into a quality culture.
- Jodi and I attended the COPIC Risk Management Forum a couple of weeks ago. It was insightful and always brings things into light that we can miss. I plan on incorporating information from the forum into the Risk management Plan next year. I also am completing a COPIC assessment, to ensure our key risk areas are being managed appropriately. Each activity with COPIC gives our facility points, and I believe we have earned the maximum this year. This should give us a 10% discount on our premium.
- The Revenue Cycle Committee: Waiting on physical contract for several payers. Coding audit for the clinic.
- Relias: Yearly Relias Learning Modules are due 11/1/2021.
- COVID: We are currently awaiting response from the state on our waiver application. I imagine we will not hear anything until the federal government hands down their regulations.
- 21st Century CURES Act: We are currently out of compliance with the CURES Act, otherwise known as “The Information Blocking Rule”. The act addresses barriers to accessing electronically stored patient information by providers, patients and others entitled to it. The information covered by the Rule is very broad. Initially, it comprises most electronic health information (EHI—in HIPAA terms, ePHI—used interchangeably). Until October 6, 2022, this will consist of the data elements of the US Core Data for Interoperability (USCDI) v.1 standard. These are: Allergies and intolerances, Assessment and Plan, Care Team Members, Clinical Notes, Goals, Health Concerns, Immunizations, Laboratory, Medications, Patient Demographics, Problems, Procedures, Provenance, Smoking Status, Unique Device Identifiers and Vital Signs. NOT: Medical imaging studies themselves; only the reports. After October 6, 2022, the definition of EHI becomes broader to include all: 1. Medical records and billing records about individuals 2. Other records used, in whole or in part, by physicians to make decisions about individuals. This probably includes medical imaging files. (If a provider or a patient would use it for medical decision making, and it’s stored electronically, it’s included.) We have reached out to Athena and opened cases. We are also revising our medical records release to come into compliance, which will likely include the patient not having to sign a release form.

VIII. Financial Report

A motion was made and seconded to approve the financial report as presented.

Vote: The motion carried unanimously. **(ACTION/TAKEN/CLOSED)**

IX. Business from the Floor

X. Executive Session

A motion was made and seconded to go into executive session. Basis for Executive Session:
Negotiations 24-6-402(4)(e) C.R.S.

Vote: Motion Carried

A motion was made and seconded to exit executive session for negotiations 24-6-402(4)(e) C.R.S

Vote: The motion carried unanimously. **(ACTION/TAKEN/CLOSED)**

A. Basis for Executive Session: Negotiations 24-6-402(4)(e) C.R.S.

XI. Adjournment