

RANGELY DISTRICT HOSPITAL
BOARD OF DIRECTORS MEETING
October 29, 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
Jodi Dillon, HR Director/Executive Assistant
Wendi Gillard, Compliance Officer
Wesley White, Interim CFO
Jimmy Dillon, Controller

Renea Harden

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 September 24, 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 presented
- B. **General Public:** Lisa Piering, Town of Rangely Manager addressed the board regarding the Town of Rangely's budget and requested funds from Rangely District Hospital to help with Rangely Dispatch Center, as they dispatch for us.

IV. MEDICAL STAFF REPORT

- B. Review of Medical Staff Report:** Minutes of the September 2020 minutes were presented for review. A motion was made and seconded to accept the meeting minutes as presented. The motion carried unanimously. **(ACTION/TAKEN/CLOSED)**

V. COMPLIANCE REPORT

- A. Quality:** Quality data submission is due to CMS for Q2 at the end of this month. My priority will be ensuring that all Q2 data is gathered and properly submitted on time this week. MBQIP Q3 submission is due 10/30 also.
After Quality data is submitted, I will ensure all of the fall data is tallied and ready to present at the next Quality/QR/IC meeting so we can decide if we plan on keeping falls as our facility QAP! Next year.
- B. Risk:** The Safety Committee is scheduled to meet Tuesday 3 to begin implementing round 2 of the AHRQ Patient Safety Survey.
Falls continue to be the number one occurrence reported, mostly from Assisted Living where the residents are still “at home” and there is much less we can do to intervene. The Second highest occurrence reported are issues around medications. I am looking into medication error platform that CMS has in order to track them in a more meaningful way and see if there are any areas we can troubleshoot. I know Assisted Living is developing a Quality Project around Medication Errors for 2021, and we will see if it is needed anywhere else. Something to understand with medication issues is, it does not always = harm to the patient. Thankfully, that is a rare occasion. Our facility has policies and procedures in place to protect patients and our staff is amazing. You will always have human error as long as you have human beings.
- C. Compliance:** I have been working on what to put into my workplan for the upcoming year to stay in compliance with our Compliance Program. I will be meeting again with the Compliance Committee members soon to see what is keeping them up at night, narrow it down from there, and have them approved it.
We have begun the build into Relias Learning System and are just a couple of meetings away from completion. I have had our newest employees put on hold with their new hire training, and will have them be the first to try it out. As we have been exploring and learning the system we have found other exciting things. That will be useful in the future. We can do a live virtual training on donning and doffing PPE that will document the actual education, attendance, and a quiz that we create to evaluate comprehension. I think CDPHE surveyors will be very satisfied with this documentation! It’s a one stop shop.
COVID regulations continue to come down the pipe with grey areas that we must navigate through. There are orders that are specific to many facilities, but not specific to CHA hospitals. We spend many hours trying to ensure our patient and residents safety, while advocating for their rights in an area that has such a small number of positives. Both our staff and residents have been rock stars through it all.

VI. FINANCIAL REPORT

A. Financial Summary Report for October 29, 2020

- Current Issues
 - Auditor Selection for 2021 and the future: We need a motion to approve Chadwick, Steinkerchner, Davis & Co., PC, as the financial auditor for the next two years.
 - Approval of amended budget: Due to higher than expected nurse agency fees, as well as payroll costs related to having staff at the front door every day, the Hospital is requesting a budget amendment of \$300,000 (2% of original outlays). We will approve the increase at December's meeting as statutes require that we publish notices.
 - Cash Balances: Cash remains stable. We are expecting a large increase before year end as the SBA-PP loan is forgiven. We anticipate 100% loan forgiveness. Additionally, we anticipate another, smaller increase once we begin reporting for expenditures related to the CARES Act Provider relief fund money that we received.
- COVID-19
 - We have reclassified \$3.9 million in CARES act funds from unrestricted cash to a restricted long-term liability. We are still waiting on guidance, particularly for recording lost revenue, from HHS on requirements for CARES Act Provider Relief Funds. We will begin reporting for these funds in early 2021.
 - We have reclassified \$1.6 million in SBA-PPP loan funds from unrestricted cash to a restricted long-term liability. We are still working on collecting information for the SBA-PPP loan forgiveness application. We should be able to get 100% of the loan forgiven and will recognize revenue once the bank has approved our application.
 - We have reclassified \$75 thousand in SHIP grant funds from unrestricted cash to a restricted long-term liability. The first round of SHIP grant reporting seems to have been approved. We have also completed the second round of reporting, and have not hear of any issues with it. The remaining money will be used for COVID-related capital expenditures, and we will be able to use 100% of this grant.
- Stats:
 - Month to month stats remain down, though the overall annual picture is improving. The record number of Skilled Nursing Facility (SNF) days in September 2019 has been eclipsed by the number of SNF days last month. Inpatient (IP) census was consistently 5-6 patients for almost all of last month. Part of the explanation may be that Meeker is not talking SNF Patients due to COVID-19.
- Profit and Loss:
 - Patient Revenue was fairly high in most departments, though it is unclear if this trend can hold. Revenue for the month is 17% below last year and 5% above budget. This is mainly due to the fact that last September was a record month

for SNF visits, and stats were largely normal because we weren't then dealing with the COVID-19 Pandemic. Revenue year to date is 2% below last year and 2% below budget. Revenue for most departments is still down year to date, but higher than usual IP/ACUTE/SNF and IV Therapy utilization are helping to boost revenue. Home Health has also been exceptionally Busy.

- **Gross Profit:**
 - Gross profit is 21% above budget for the month and 4% above budget year to date. Gross profit is 10% below prior year for the month and 5% below prior year to date.
- **Payroll Expense:**
 - Payroll expense is 2% more than last year and 3% below budget as a result of higher salary expenses in Nursing, Pharmacy, PT and Accounting.
- **Total Expense:**
 - Total expense is 7% above last year and 3% above budget.

A motion was made and seconded to accept the October 2020 Financials Report as presented. The motion carried. **(ACTION/TAKEN/CLOSED)**

A motion was made and seconded to appoint Chadwick, Steinkerchner, Davis & Co., PC, as the financial auditor for the next two years. The motion carried. **(ACTION/TAKEN/CLOSED)**

VII. OLD BUSINESS/CEO Report

Hospital Position Update:

- Dr. deGaston officially announced he was signing with us. I'm excited for his arrival, very motivated and all references have been excellent.
- Dr. Morwood had a really good interview and will decide in the coming months.
- Dr. Pratt will be here November 7th.
- Holly L. resigned early 10.23.2020

Eagle Crest

- Flooring and Windows have been installed.

COVID Update:

- 3 active cases in Rio Blanco County. All are isolated cases, we need to be cautious about surrounding areas.

Rural Health Clinic Transition:

- Geographical HPSA designation has been granted. CRHC will be assisting in the transition, we formed a committee and will be meeting bi-weekly for updates and progress. Total time frame of project will take 6-8 months.

IT Update:

- Meditech rebuild still in progress, glitches on the clinic side.
- We are installing an automated answering system with the phone so you choose your department or extension.

VIII. New Business/CEO Report

Hospital Foundation:

- Kyle had a meeting with Bernie 10.19.2020, he will be setting up another meeting with the foundation board shortly.

Colorado Health Foundation Grant:

- Tammy and Jimmy worked hard on a grant with the Colorado Health Foundation. RDH was awarded \$20,000 dollars for PPE supplies. List of items on the website, only gloves and sanitizer are available at the moment.

October 31st

- Trunk or Treat at 5:00pm, in front of the Hospital

Board Packets

- Do we want to go digital? Boardpaq?

Christmas Party

- Our 2020 Christmas Party was officially canceled as CNCC cannot host us.

Compliance

- Rangely is number one for Compliance in the State of Colorado!

IX. BUSINESS FROM THE FLOOR

- A. No business from the floor presented.

X. EXECUTIVE SESSION

- A. No need for Executive Session.

XI. ADJOURNMENT

- A. A motion was made and seconded to adjourn. The meeting adjourned at 8:23 pm.

Submitted By:

Brad Casto, Secretary/Treasurer, Board of Directors

Date

Jodi Dillon, Executive Assistant/HR Director

Date