

RANGELY DISTRICT HOSPITAL
BOARD OF DIRECTORS MEETING
June 25, 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
Jimmy Dillon, Financing

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
- D. Jason Kurrasch, Secretary/Treasurer resigned from the Rangely District Hospital Board of Directors citing conflicting work schedule.
- E. A motion was made and seconded to appoint Keith Peterson to the Board of Directors. The motion carried unanimously. **(ACTION/TAKEN/CLOSED)**.
- F. Newly appointed board member Keith Peterson was sworn in by John Payne, Chairman of the Board.
- G. A motion was made and seconded to accept Brad Casto as Board Secretary/Treasurer. The motion carried unanimously. **(ACTION/TAKEN/CLOSED)**.

II. APPROVAL OF MINUTES

- A. Minutes of the Rangely District Hospital Board of Director's meeting dated May 28, 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: Letter from Mary Dillon:

I would like to address comments made by a community member at the last board meeting that were misleading. The statements challenged the integrity of a good man and, frankly, reflect a misunderstanding of the facts.

Those facts are simple. Jim Dillon has been working from home since last September. Since that time, he has faithfully executed the duties of his job, he has remained available to the hospital staff by phone and email whenever necessary. There is not a shred of evidence to suggest that he has neglected his responsibilities, or that the hospital has suffered because of the changed circumstances in his work.

So, the suggestion that the salary he receives is a waste of taxpayer dollars is not only unsupported by the facts, but is also carelessly taints the reputation of a man who has demonstrated his loyalty to this town. For example, against the advice of medical professionals, Jim delayed necessary medical treatment in order to ensure that the hospital remained financially sustainable-he has quite literally put this community before his own health.

It is unfortunate that I need to speak on this matter at all, but I would be remiss if I allowed the comment made in the last board meeting, which called into question Jim's integrity and unwavering dedication to the Rangely community, to go unchallenged.

John Payne spoke with Mary Dillon and assured her the Board knows of Jim situation and what he has done for the Rangely District Hospital and our Community. We can not say enough good about Jim. John appreciates Jim very much and hopes and prays for his recover.

B. General Public: Dr. Kim Young was introduced and said he is looking at the Rangely area.

IV. MEDICAL STAFF REPORT

- A. Review of Medical Staff Report:** Minutes of the April 09, 2020 Medical Staff Report were presented for review. A motion was made and seconded to approve the report as presented. The motion carried unanimously. **(ACTION/TAKEN/CLOSED)**
- 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. Continuing to watch mandates and other information that relate to COVID-19 for compliance, quality, infection control and updating as needed.
- B. Did a mock run through with Eagle Crest to help them prepare for the possibility of caring for a resident onsite that is suspected/COVID positive. We made sure they had clean/dirty areas, clean/dirty staff, a procedure for passing medication, supplies, etc. into and out of the resident room. We also discussed where they should don/doff PPE and reviewed proper PPE.
- C. Continuing to watch CDPHE Regulations on COVID.
- D. Submitted necessary information for subpoena request for case we've been working on with the State Board of Nursing.
- E. IT is attempting to get a hold of the Random Drug Screen Company so we can reinstall it on my computer, so far, they have not had luck.
- F. Quality: It's been "Patients Over Paper", there was a MBQIP Flex Program meeting with CRHC on June 18th that was rescheduled for July 1st. That meeting should give a good picture of what reporting will be beginning to look like, what is optional and what will be required, I did want to give you an idea of the Quality Measures I monitor on a regular basis and other things I do around Quality. I have a month census for both inpatient and outpatient visits. The measures I monitor are inpatient influenza immunization, inpatient pneumonia, inpatient sepsis, 30-day readmissions, advanced directives, outpatient visits. The measures I monitor are inpatient influenza immunization. Inpatient pneumonia, inpatient sepsis, 30-day readmissions, advanced directives, outpatient check pain, outpatient AMI, outpatient stroke, outpatient left without being seen, outpatient abdominal pain, ER return in <72 hours, high ED utilization, emergency department transfer communication, CPOE, unassisted falls, ED physician call and arrival times, hospital associated infections, gross days in AR, days cash on hand, and benefits as a percentage of salary and employee turnover. A lot of these measures are pulled manually from the charts on Athena since there is no way to run a report on them. Some of the measures have a report built. Last week I spoke with Jesse our new Care Coordinator about some of the ED measures to see if we can coordinate with him to work on getting our High ED Utilization number down (this will check boxes for the HTP project as well), the ED returns (24hr, 72hr, multiple times in a month etc.) and others. I think he will be a good resource for this. I also help develop the facility Quality Assurance Performance Improvement project, over the last couple of years we have been working on falls. I help individual departments develop their own Quality Projects too.
- G. Risk: I receive the Occurrence Reports for the facility. I help promote a Just Culture for our staff and really encourage our managers to use the occurrence Report Follow-Up Form to help walk through that. This will also help facilitate any policy change needed that management becomes aware of through this process. I follow through problem areas, high risk areas, and state reportable incidents and ensure that patient safety is secured first and foremost, then ensure all changes are made to prevent these incidents in the future. I also make these reports to the state. I provide education or facilitate educators to come onsite and provide education for staff.
- H. Compliance: I have written the compliance program for Rangely District Hospital and will be setting up the Compliance Committee. That was getting ready to be rolled out as COVID hit, we will have to take this day by day. I watch for Federal Register information for changes

that may affect us, as well as any guidelines from CDPHE. If there are Compliance issues that come up at the facility I keep a log of that on the K drive and where we are at in that process, which is a regulation. I have an open-door policy for staff to come to me over any compliance issue they are concerned about so we can determine if it is a problem and take care of it right away if so. I set up staff with their required yearly compliance education on Health Stream and am in charge of running the list of the random drug screens to give HR.

VI. FINANCIAL REPORT

A. May 2020 Financial Report:

1. Cash Balances: Our cash balances are significantly higher than usual this month for several reasons:
 - a. We receive a couple million dollars every year from our Medicare cost report. This money is paid throughout the year based on SNF days, and normally we receive most of that money later in the year. However, due to a record number of SNF days last year, we got that money sooner. We would be receiving about the same amount of money but at a different time. It is possible that we will even have to pay up to \$300,000 of that money back.
 - b. We have received the bulk of our property tax levy for this year, and are seeing increased property tax revenue due to the passage of a mil levy increase last year.
 - c. We have received about \$1.6 million from the SBA Paycheck Protection Program as well as about \$3.7 million from the CARES Act Provider Relief fund.
2. 2019 Financial Audit and Cost Report: We are wrapping up both the audit and the Medicare Cost report.
3. Stats: Stats have improved over April, but are still down due to the COVID-19 pandemic.
4. Profit and Loss:
 - a. Revenue is 7% less than last year and 10% less than budget.
 - b. Gross Profit is 6% better than last year and 19% better than budget.
 - c. Total expense is 11% more than last year and 4% over budget.
 - d. Payroll Expense is 3% more than last year and 2% under budget.

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

VII. OLD BUSINESS/CEO Report

- A.** Ransomware Attack: We sent out letters to many affected patients. We have answered 10-12 calls at the hospital, and the call center has fielded 15. A handful have signed up for protection services. We are waiting to hear from insurance company if they will cover \$25,000, one-time fee for Meditech to re-install application to access date.
- B.** Coronavirus Update: We have two cases in the county, our hospital is moving forward with a plan starting July 2nd for LTC and Eagle Crest visitors. Policy will be a visitation waiver. In

short, one visitor per patient with two visits per month. The visitor will be tested for COVID, and negative screening results will be good for 48 hours. Nursing will be contacting families to go over the policy.

- C. Rural Health Clinic Transition: Waiting to hear back from the State on designation if we qualify for Medically Underserved Area (MUA)
- D. Health Fair Labs: Health fair draws went really well, numbers are down but those who came were very complimentary of our service, we had 160 lab draws. Two panic values and several high thyroid levels. The participants entered to win a prize, and Colby Goddard won the Traeger.
- E. Hospital Foundation: All the applications are in, next step, we need to schedule a time for interviews and selection.

VIII. NEW BUSINESS/CEO Report

- A. Colorado Hospital Association: Ben Anderson with CHA (Colorado Hospital Association) will be flying into Rangely to conduct interviews with staff, and the chairman of our board regarding the impact of COVID on rural health care. Ben specifically requested John Payne, Dr. Abbie Urish, and Paulo Fernandez to start with.
- B. Hospital Position Update: Provider Search-Ongoing with Colorado Hospital Association and Jackson Physician Search. Dr. Kim Young (Oklahoma), Dr. Joshua Welch (Steamboat) have made on site visits/interviews. There are other potential candidates I have reached out too and had phone interviews with. CFO update: Several applicants, after reviewing all applicants CNO- Paulo and I held 4 interviews 2 of which were internal and 2 externals.
- C. Tele-Speech: I signed a contract for tele-speech. This was headed up by Luke in Physical Therapy. This program will help our facility receive additional SNF patients which we otherwise would not be able to accept. We are not tied to monthly fees so if we don't use the services we don't owe anything.

IX. BUSINESS FROM THE FLOOR

- A. No business from the floor was presented.

B. EXECUTIVE SESSION

- A. No need for Executive Session

X. ADJOURNMENT

- A. A motion was made and seconded to adjourn. The meeting adjourned at 8:08 pm.