GRAYS HARBOR COMMUNITY HOSPITAL
BOARD OF DIRECTORS REGULAR MEETING
May 22, 2018

COMMISSIONERS PRESENT
Andrew Bickar, District 4
Michael Bruce, District 2
Miles Longenbaugh, District 3
Melanie Sturgeon, At Large 2
Robert Torgerson, At Large 1
Becky Walsh, District 5
Maryann Welch, District 1

OTHERS PRESENT
Niall Foley, Executive Director Finance
Tom Jensen, CEO, GHCH
Teresa Ramirez, Executive Assistant, GHCH
Members of the Public

BOARD EDUCATION

Kevin O'Neal, PI Chair and Nancee Long, PI Co-Chair, provided a presentation on continuous improvement.

CALL TO ORDER

President Welch called the meeting to order at 6:24p.

Public Comment – Agenda Topics
President Welch opened the meeting to members of the public for comment regarding topics listed on the agenda.

CONSENT AGENDA

Submitted under the Consent Agenda were the Hospital Board Minutes of April 24, 2018.

ACTION: A motion was made by Commissioner Bickar, seconded by Commissioner Longenbaugh and unanimously carried to approve the Consent Agenda.

BOARD DISCUSSION AND ACTION

Medical Staff Credentialing

Submitted was the Medical Staff Credentialing Report.

ACTION: A motion was made by Commissioner Walsh, seconded by Commissioner Torgerson, and unanimously carried to approve the appointment of Monique Semien, MD, from Provisional to Courtesy Staff for a period of two years in the Specialty of Medical Oncology.

ACTION: A motion was made by Commissioner Torgerson, seconded by Commissioner Walsh, and unanimously carried to approve the appointment of Joshua Albrektson, MD, from Provisional to Consulting Staff for a period of two years in the Specialty of Teleradiology.

ACTION: A motion was made by Commissioner Bruce, seconded by Commissioner Walsh, and unanimously carried to approve the appointment of Louis Muscarella, MD, from Provisional to Consulting Staff for a period of two years in the Specialty of Teleradiology.

ACTION: A motion was made by Commissioner Walsh, seconded by Commissioner Bruce, and unanimously carried to approve the appointment of Atul Patel, MD, from Provisional to Consulting Staff for a period of two years in the Specialty of Teleradiology.

ACTION: A motion was made by Commissioner Torgerson, seconded by Commissioner Bickar, and unanimously carried to approve the appointment of Peter Piampiano, MD, from Provisional to Consulting Staff for a period of two years in the Specialty of Teleradiology.

ACTION: A motion was made by Commissioner Sturgeon, seconded by Commissioner Walsh, and unanimously carried to approve the appointment of Huma Qureshi, MD, from Provisional to Consulting Staff for a period of two years in the Specialty of Teleradiology.

ACTION: A motion was made by Commissioner Torgerson, seconded by Commissioner Walsh, and unanimously carried to approve the appointment of Peilin Reed, MD, from Provisional to Consulting Staff for a period of two years in the Specialty of Teleradiology.

ACTION: A motion was made by Commissioner Sturgeon, seconded by Commissioner Walsh, and unanimously carried to approve the appointment of Robert Reuter, MD, from Provisional to Consulting Staff for a period of two years in the Specialty of Teleradiology.

ACTION: A motion was made by Commissioner Bickar, seconded by Commissioner Walsh, and unanimously carried to approve the appointment of Samuel Salen, MD, from Provisional to Consulting Staff for a period of two years in the Specialty of Teleradiology.

ACTION: A motion was made by Commissioner Sturgeon, seconded by Commissioner Walsh, and unanimously carried to approve the appointment of Alix Vincent, MD, from Provisional to Consulting Staff for a period of two years in the Specialty of Teleradiology.

ACTION: A motion was made by Commissioner Torgerson, seconded by Commissioner Sturgeon, and unanimously carried to approve the reappointment of David Mareth, MD, as Active Staff for a period of two years in the Specialty of Anesthesiology.

ACTION: A motion was made by Commissioner Torgerson, seconded by Commissioner Walsh, and unanimously carried to approve the appointment of Carey Martens, MD, as Courtesy Staff through July 31, 2018 in the Specialty of OB/GYN.

CHAIRMAN'S REPORT

Communication

Per Commissioner Torgerson's request, Commissioner Welch appointed Miles Longenbaugh as the new Chair of Board Finance Committee.

One of the focused areas of priority that came out of the Annual Board Education was to improve communication with employees and the public. In terms of the public, one such strategy is to provide information during City Council meetings. Administration and assigned Board members have already attended Aberdeen, Hoquiam, and Cosmopolis Council meetings. Scheduled in the future are Council meetings with Montesano, Ocean Shores and Westport. Along with Mr. Jensen, some Board members will also be attending Rotary tomorrow. In terms of employees, some of the Board members are attending the hospital Employee Forums, which are being held this week. Included in the forum presentation is a slide for a Board member to address regarding high level strategies of the Board.

In an effort to keep the Mission of the hospital in the forefront of Commissioner's minds, Commissioner Torgerson read the Mission, Vision, Values, Standards, and Desired Future State of Grays Harbor Community Hospital.

COMMITTEE REPORTS

Board Quality Report

Commissioner Walsh provided report on the May Board Quality Committee meeting. See Attachment A for notable information.

CEO/Trustee Patient Safety Summit; Commissioner Walsh brought forward a topic addressed during the Summit that focused on care provided to patients based on their economic level, race, etc., as well as unconscious biases. Commissioner Bruce added that staff burn-out and its correlation to the patient's experience was also addressed. It was also shared that overall mental health can be improved upon through the simple exercise of thinking about three positive/happy things each week to be thankful for.

Roundtable discussion on the reduction in workforce and the ability of remaining employees being able to maintain high levels of production and/or care, and the importance of identifying employee burn-out and offering resources for employees to decompress. Continuous improvement efforts are essential in improving job processes.

Board Finance Report

Commissioner Torgerson provided report on the May Board Finance Committee meeting. See Attachment B for notable information.

ADMINISTRATION

Executive Suite Summary Report
Submitted was the Executive Suite Summary for May, which included the presentation being provided at City Council meetings, as well as an updated HMG Recruiting Report.

Navigant; Mr. Jensen brought forward that Revenue Cycle has been the primary area of focus, with daily calls and meetings being held between Mr. Foley and Navigant. Navigant will be kicking off training with the Care Transition Team tomorrow. Navigant Subject Matter Experts have been essential in achieving improvement outcomes. Navigant and the hospital are looking into optimizing the 340b Program.

- Pharmacy; Mr. Foley brought forward that the Interim Pharmacy Director identified discrepancies in information not being captured on claims. Discrepancy in the system has been corrected for current and future claims, and efforts have been underway to rebill old claims from 2017 and 2018.
- Director of Quality; It was noted that Kris Morrison has submitted her resignation. Efforts are underway to explore engagement with an interim director.

OLD BUSINESS

Branding; Commissioner Welch, Commissioner Torgerson, Mr. Jensen, and Ms. Long met with Navigant to discuss branding. The long-term/end-of-year plan is to resurrect activity around rebranding, and the unification of clinic/hospital systems. Ms. Long will be developing a marketing plan to include internal and external initiatives. Commissioner Torgerson reminded the Board of its previous approval for Mr. Jensen to move forward on rebranding efforts.

NEW BUSINESS

None

GOOD OF THE ORDER

None

PUBLIC COMMENT – General

President Welch opened the meeting to members of the public for comment.

Jeff Cook commended Commissioners and Hospital Executives for their outreach within the community. He also shared positive feedback he received from a community member regarding their appreciation in being asked for feedback on their hospital stay. He noted an article written by Karen Barkstrom who was complimentary of the hospital.

ADJOURNMENT

The meeting adjourned at 7:19p.

Attachment A ..... Board Quality Report

CipherHealth Post Discharge Calls

- Ms. Chapman brought forward that the majority of calls received by CipherHealth has been very positive. July - December 2017, 1,365 patients were called. Of those, 76% engaged with the call as defined by answering the first clinical question. There were 181 patients with issues that triggered an intervention by staff, with an average response time of three hours. Patient engagement was 77% for COPD program, 76% for Inpatient Program, 74% for CHF program. Readmission rates combined across all programs are approximately 2.1% percentage points lower for patients who interacted with the CipherHealth call.

ED Operations Report

- Noted was a 10% decrease in patient volumes, which could be attributed to a tapering off of seasonal viral infections.
- Noted was a 2.54% increase in left without being seen, which could be attributed to decreased physician hours, as well as decreased nursing staff that has not been optimized to match patient loads.
- ED Throughput; In the process of redesigning work flows and implementing a new staffing model to better accommodate seeing patients in the triage area. Additionally, Team Health is going to provide a PA-C for the triage area. An RPI Workshop is going to be conducted involving all the stakeholders within the department.
- MC/MD; Medicaid stayed relatively static with a 0.13% increase for April. Medicare saw a 1.72% increase, which gives a 77.27% Medicare/Medicaid payer mix equating to an overall increase of 1.85% over the previous month.

Sepsis

- Lack of documentation on the severity of illness for Sepsis patients remains the primary reason for bundle non-compliance. Physicians with Bundle non-compliance will be receiving performance improvement letters addressing issues that are identified. A severe Sepsis quiz was given during the Clinician Skills Fair for Nursing. Additional educational materials were provided to the Emergency Department Chair for ER Provider education.
- A slight rise in Overall Sepsis Mortalities was noted in January, with a steady decline in February and March.
- Pneumonia is clearly the number one mortality infectious source.

Nursing Outcomes Quality Report

- Overall, metrics are revealing good performance with compliance.
- Submission of data on IUSS Loads will change to quarterly reporting.
- A decline was noted on overall restraint compliance. Some missing documentation has been identified. Re-education will be provided to nursing staff and house supervisors on audits, as well as early communication when documentation deficiencies are identified.

Quality Report

- There were no patient safety events reported.
- Improvement was noted in a majority of areas within the Strategic Planning Dashboard.
- Timely Reporting of Critical Tests; An improvement was noted from 80% in March to 97% in April.
- Survey Readiness; Initiatives are on hold until Navigant efforts wind down a bit more. The AMP tool is in place, which allows staff to conduct a mock survey within their area as a means of evaluating survey compliance.
- HMG Clinics will be added to the Joint Commission website.
- Probe and Educate; The Hospital is in the initial phases of a Probe and Educate on Myocardial Perfusion Scanning. The first two data pull requests have been received and a team will meet to review documentation in order to assess risk, and develop a mitigation plan if needed. A total of 27 records will be reviewed during this process.
- Results from the Culture of Safety survey will be reviewed next month.
- An adjustment is being made to the Board Quality Reporting Schedule, which will allow more time for responsible parties to submit thoughtful responses to the data. The revised schedule will be presented next month.

Harbor Medical Group

- Ongoing transition is underway with the Rural Health Clinics, including development/ compliance toward JC rules and regulations. Working with Pharmacy related to drug policies, in order to establish appropriate control of medications. Working with Laboratory related to lab testing.

Blood Use Report

- Metrics are fully meeting targets.
- Blood Product Wastage; One incident of wastage was noted that occurred during a trauma; however, metrics remains under target.

Infection Control Report

- The majority of the metrics continue to be well below the national benchmark.
- Implementation of High Flow Oxygen therapy has had a significant positive impact on ventilator associated events.
- C-Difficile cases have been at zero the past three months.
- Employee blood/body fluid exposures have been sporadic. Cases increase when working with psychiatric and dementia patients.

Utilization Review

- Geometrical Length of Stay has been added to the report - a mean length of stay for a diagnosis-related group assigned by CMS. During the year of 2017 we had 427 cases (10.5% overall) that were flagged as inpatient excessive days - Medicare patients that had a Length of Stay (LOS) that was greater than MC's Geometric Length of Stay for that billed diagnosis code. There was a decrease in Q1 2018 to 85 cases (8.8%).
- Average length of stay is increasing over time with a slight corresponding increase in severity of illness (Case Mix Index) for 2018.
- Avoidable days are those hospital days that are caused by delays that occur across the continuum of care. There is no specific trend noted. As the Care Transition Team builds its program, improvement is anticipated.
- Denials; In January, there were seven incidences in which the insurance was not notified of admission due to the transition in Patient Accounts. This has been resolved. In April, there were only two denials for failure to obtain pre-authorization.
- 30-day Readmissions; AMI and Heart Failure rates are higher than state/national averages; Pneumonia/ Stroke are lower than national averages; however, higher than state averages; COPD/Total Knee and Hip are lower than state and national averages.

  Readmissions typically occur within 12 days post discharge, so if interventions can occur or patients see their primary care provider within the first week, it could potentially avoid a hospital readmission. The highest percentages of readmissions are in the "dual eligible" (patients with both Medicare and Medicaid), those under the age of 65, Caucasian, and with other chronic conditions.

Family Birth Center Report

- There have been no Precipitous and Unattended Births since September of 2017 (deliveries that occurred rapidly and potentially without the presence of a physician). However, in the month of May alone, two incidences occurred, with no negative outcomes.
- There have been no Intrapartum Traumas since October of 2017 (fractures, brachial plexus injury, cephalohematoma).
- There have been no reported Stillborn cases since October of 2017 (death of a fetus with gestation of twenty or more weeks).
- The Apgar score is a measure of the physical condition of a newborn infant for heart rate, respiratory effort, muscle tone, response to stimulation, and skin coloration. A score of 10 represents the best possible condition. There have been no cases of Apgar cases <7 since November of 2017. A correction was noted, in that January should reflect 1 case vs 2.
- All OB/GYN Nurses are required to recertify in NRP (Newborn Resuscitation Protocol) every two years in. Four nurses are training as certified NRP Instructors, to be completed in December.
- There have been no VBAC's noted in the past two years (Vaginal Birth after Cesarean is a process were a patient who has delivered previously by Cesarean is allowed to labor and deliver vaginally).
- There continues to be a decrease in the number of elective inductions of labor, with a total of three for the 1st quarter of 2018.

Attachment B ..... Board Finance Report

Financials

- April highlights:
  - (+) IP Volumes
    - Acute admits 3% above target for the month; -8% YTD
    - Total LOS below budget by 19%
    - IP surgical cases 33% above target; minutes 32% above target
  - (+) RHC Conversion to Hospital Based Departments
    - Rural Health Clinics converted to the hospital on schedule 4/16/18.
    - Interim cost report next step towards cost based reimbursement
  - (-) OP Volumes
    - Registrations down 5% from target; -9% YTD
    - ED visits down 10% from target; -10% YTD
    - OP surgical cases down 17% from target, -12% YTD
- The newly formed Care Transition Team has been instrumental in managing patient stays and improving accuracy of patient classification with continued process improvements anticipated.
- Overall, in April the hospital met the productivity goal of 25th percentile. Financial benefits will be more evident when severances have been paid in full from the reduction in workforce.
- Supplies; Negotiations were successful with Stryker regarding pricing of orthopedic implants, which will result in significant savings.
- Professional fees are elevated due to Navigant fees.
- Increased reimbursements from Medicaid and RHC are anticipated in August.
- Cash has improved and ended at $5,147,215 for April. The hospital is at approximately 20 days liquid cash. As the cash flow slowly improves, efforts will be made to improve payment terms with vendors.
- AVEC has been effective in decreasing insurance A/R. The hospital is at approximately 70% in being 0-90 days out with A/R on insurances. The target is 80%.
- Next week, a Revenue Cycle Steering Committee will begin conferencing on a weekly basis to include GHCH, AVEC, Express, VEE, and Navigant.
- Patient Days continue to trend below target; however, with admissions meeting budget, managing length of stay is a positive due to high level of DRG payers.
- Outpatient Registrations and ER Visits continue their trend below budget.
- Inpatient Surgical Minutes have been above target the last two months, and Outpatient Surgical Minutes continue below target.
- April Consolidated Financial Summary:

Total Revenue:	$30,094,541
Revenue Deductions:	$22,742,003
Net Operating Revenue:	$ 7,618,545
Total Expenses:	$ 8,593,382
Net Income:	$ (970,630)

LTGO bonds

- Mr. Jensen and Mr. Foley met with Cain Brothers who are an underwriting division of KeyBank, and of which expressed interest in submitting a proposal to the hospital.

Navigant

- A great deal of progress has been made in a short period of time; however, adjustments are anticipated in those areas in which cuts in workforce has negatively impacted services. A Cash Model is in place, with a forecast to carry the hospital through the summer months, at which time the Medicaid and RHC reimbursements will increase cash flow. A true positive cash flow is anticipated around August/September.

Schedule Change

- A request was made and approved to reschedule the November 15th Board Finance Committee to November 26th.

MINUTES AND ATTACHMENTS APPROVED AND ADOPTED THIS 21st day of June, 2018.

ATTEST:

Teresa Ramirez
Recording Secretary

Commissioner Robert Torgerson
Secretary