

**Southern Coos Health District
Board of Directors Meeting
Open Session Minutes
January 26, 2023**

I. Executive Session Call to Order 6:00 p.m. Under ORS 192.660(2)(c) to consider matters pertaining to the function of the medical staff of a public hospital licensed pursuant to ORS 441.015 Licensing of facilities and health maintenance organizations. No decisions were made in Executive Session.

II. Open Session Call to Order 6:31 p.m.

1. Roll Call - Members Present: Brent Bischoff, Board Chairman; Mary Schamehorn, Secretary; Norbert Johnson, Treasurer; Pamela Hansen, Tom Bedell; Directors. **Administration:** Raymond Hino, CEO; Jeremiah Dodrill, CFO; Cori Valet, CNO; Scott McEachern, CIO; Dawn Gray, Clinic Manager; P.J. Keizer, MD, Chief of Staff. **Via remote link:** Barbara Snyder, Risk & Quality Manager. **Others present:** Robert S. Miller, III, Legal Counsel; Kim Russell, Executive Assistant. **Press:** None.

2. Motions from Executive Session

a. Quality & Patient Safety

Two reports were presented in executive session, the Quality and Patient Safety Report and the Quality Risk and Compliance Report. The Quality Assurance and Performance Improvement Plan is included later in the open session. See below.

b. Medical Staff Credentialing & Privileging

Dr. Philip Keizer presented the following recommendations from Medical Staff for approval by the Board of Directors, as discussed in Executive Session:

2-Year Privileges – New Appointments

Paavani Atluri, MD – Courtesy – Hospitalist
Bhaskar Ongole, MD – Courtesy – Hospitalist
Rajesh Ravuri, MD – Courtesy – Hospitalist
Vincent Tyson, NP – Courtesy – Family Medicine
Fernando Dietsch, MD – Courtesy – Emergency Medicine

2-Year Privileges – Reappointments

None

**Direct Radiology Appointments & Reappointments – After Hours
Reading Radiology Group**

Troy Belle, MD – Courtesy - Reappointment

Medical Staff Status Change

Ann Kellogg, DO – Status Change - Active to Courtesy
Brent Hatch, PA-C – Courtesy – New PA Ortho Surgery Privileges

c. Teaching Facilities/SCHHC Agreement – Universal Agreement

With any teaching college/university that requests placement of a medical student for preceptorship.

d. Idaho College of Osteopathic Medicine Rotation Student

Preceptor: Dr. Douglas Crane; Medical Student: Blair Davis - to begin rotation mid-January 2023

Norbert Johnson **moved** to accept the Quality and Patient Safety report and approve Medical Staff recommendations as presented. Mary Schamehorn **seconded** the motion. **No further discussion. Motion passed.**

3. Approval of Agenda

Mary Schamehorn **moved** to approve the agenda. Pam Hansen **seconded** the motion. **Discussion:** Mr. Hino requested that as a courtesy to the CLA presenter from a later time zone that the CLA presentation be moved forward. **All in favor. Agenda approved with modification.**

See below under VII. New Business, 1. Clifton Larson Allen Review of Cost Report – Diane Petrik, CAH Medicare Cost Report Reimbursement Specialist for a summary of the presentation..

4. Public Input

None.

III. Consent Agenda

1. Meeting Minutes

a. Regular Meeting – 12/15/22

2. Monthly Counsel Invoice Robert S. Miller III – None.

Mary Schamehorn **moved** to accept the Consent Agenda. Pam Hansen **seconded** the motion. **No discussion. All in favor. Motion passed.**

IV. Staff Reports

1. CEO Report

Ray Hino, CEO, provided highlights from the CEO Report for the month of December. Covid infection rate is down in Coos County but at this time there is no change to the current masking policy in patient care areas. The Emergency Department physician sleep room is being moved from where it has been, in a patient room on the Med/Surg floor, back to its original location in the non-patient care side of the building. This move will create an additional negative pressure inpatient room. The Surgical

Services Department will be ready to take orthopedic cases on February 17. Evidence to support the DNV plan of correction was submitted a day early on January 25. Mr. Hino has been granted a \$1,000 scholarship to attend the National Rural Health Care Association annual policy meeting in Washington D.C. February 6-9 where he will meet with legislators. He was asked to report back to the board who else will be attending from the Oregon delegation.

2. Clinic Report

Dawn Gray, Clinic Manager, presented highlights from her December report. Patient volume was down due to physician family emergency and illness. The locum tenens (temporary) Family Nurse Practitioner was able to see patients for those providers. Dr. Preslar who joined the clinic recently is already seeing an average of 10-11 patients a day with plans to see up to 15-16 per day. Our new locums FNP is seeing an average of 7 patients per day. Thank you to Shawn March, Clinical Informatics, for his support for provider success. A new Medical Assistant has been hired to replace Natalie Vincent who will be attending nursing school. The no show rate did not decrease in December due to holidays and patients who forgot to cancel, however, front office staff are calling patients and implementation of the Dialog Health texting tool will help moving forward.

3. CNO Report

Cori Valet, CNO, reviewed the CNO Report. Ms. Valet reviewed the staffing grid showing actual FTEs vs budget and contract staffing numbers. Actual FTE includes PTO and Worker's Compensation paid out in addition to hours worked. Training is underway for Med/Surg and ED RNs for PACU pre- and post-surgical care and post-anesthesia care unit. A new Ultrasound machine will be delivered mid-February. Leadership rounding on inpatients is going well with patients appreciating the administrative check-in and is generating good information as well as positive feedback. We are excited to be receiving Daisy Award program nominations and look forward to presenting awards at least two times per year. Emergency Department volume dropped slightly in December. **Discussion:** In response to a board member inquiry, Ms. Valet shared that, overall, current patient and staff indicators are positive, referencing the Strategic Plan as a valuable tool that supports goals and timelines.

4. CFO Report

Jeremiah Dodrill, CFO, provided a review department highlights for the month of December. Four physicians were negotiated out of the Western Healthcare emergency department physician staffing agreement settlement. Transition going well with new staffing company, OPYS. Work continues on physician contract benchmarking Fair Market Value (FMV), productivity standards, and incentives. Dr. Mitchell, a clinic provider, is not renewing her contract due to having to move from our area for personal reasons. We are pleased that another D.O. has verbally accepted a contractual offer, we anticipate to begin in May.

5. CIO Report

Scott McEachern, CIO, provided a summary of the CIO report. A major focus has

been placed on revenue cycle process streamlining with thanks to Shawn March, Clinical Informatics and Nick Lucas, ED RN Manager for their assistance targeting documentation deficiencies. Southern Coos is pursuing a USDA telemed grant opportunity, seeking \$200K to support telemedicine capacity in the SCHHC emergency department; the SCH Multi-Specialty Clinic; and to the Bandon School District, in support of the BSD school nurse program.

6. SCHD Foundation Report

Mr. McEachern, Foundation Executive Director, reviewed key performance indicators of for the month of December. Foundation board members Pam Hansen and Steve Reber are working with Scott to develop a strategic plan. Women's Health Day is scheduled to be held February 25 at the Bandon Community Center and Sprague Theater facilities, with 70 registrants so far. A D.O. and Ayurvedic practitioner is the keynote speaker and Dr. Paul Preslar is serving on the physician panel.

7. Strategic Plan Report

Mr. Hino provided a summary review of progress or changes in the report from prior month. The Exec Team now meets bi-weekly to review and update the strategic plan document. As of today 73% of 240 goals have are complete or on schedule. Goals needing attention that were behind original schedule are reduced to 1.7%. The national nurse recognition Daisy Award Program and employee pulse surveys and updating the employee of the month program have been added under employee recognition goals. **Discussion:** The EMR recommendation is anticipated in March. Regarding Outreach goal; Dr. Preslar and new physician onboarding in May will see pediatric patients and Medicare wellness visits are current focus toward profitability goals in Clinic.

V. Monthly Financial Statements

Jeremiah Dodrill, CFO, provided a review of the financial statements reported for the month of December. Deductions from revenue were higher than budgeted due to negative cost report settlement. The first 6-months of the fiscal year SCH was overpaid by CMS by \$800K. The CLA tool reviewed earlier tonight demonstrated how SCH is working to identify these variances monthly. Volumes were higher than budgeted, for example, the Emergency Department was 21% above budget, yet resulted in net loss of \$370K. Mid-year review shows improvement from prior year. Three key areas have been targeted for budget improvement, 1) clinic productivity; 2) outpatient volume improvements; 3) provider efficiencies. Rebuilding the surgical services department includes front-loaded costs that Medicare will reimburse at 40% at this time in the Cost Report settlement. Opportunity exists to bring up the Medicare payer mix to increase that percentage to further recover those startup costs.

VI. Old Business

1. None.

VII. New Business

1. Clifton Larson Allen Review of Cost Report – Diane Petrik, CAH Medicare Cost Report Reimbursement Specialist.

As a courtesy to the presenter, this item was moved forward on the agenda to immediately follow approval of the agenda. Ms. Petrik provided a review of Medicare Cost-Based reimbursement for Critical Access Hospitals which is based on a formula of actual vs. patient volumes from the prior period, that may fluctuate. If volume decreases below the prior period on which the Medicare advance payment is calculated, this creates an “overpayment” in the Cost Report that must be returned. The Cost Report can be generated multiple times per year to offset large corrections. Additionally, Southern Coos utilizes a tool from CLA, Axiom, that allows Southern Coos to track and identify volume fluctuations and other components such as provider statistical reporting, to anticipate and prepare for financial conditions, monthly. Data is stored and accessed by the program for ongoing tracking and forecasting accuracy. Ms. Petrik reviewed Axiom reports and report detail for the Board. Medicare Advantage is not included in the Cost Report. **Discussion:** Board members inquired about conditions that may create an underpayment from Medicare, where volumes increase from the prior period, and how those are handled. If the final settlement determination is greater than payments already made, an underpayment will be declared, and CMS will make a lump-sum payment.

2. Quality Assurance & Performance Improvement Program (QAPI) FY23

Barbara Snyder, Risk and Quality Manager, presented the QAPI Plan for FY23, a comprehensive plan that meets DNV and CMS requirements, approved 12-20-22 by the Quality and Patient Safety Committee, to be reviewed and renewed annually each fiscal year. This plan defines the Quality Committee, sets standards for evaluations of medical staff and specific department detail supporting patient care and the overall hospital environment.

Mary Schamehorn **moved** to approve the QAPI Plan as presented. Norbert Johnson **seconded** the motion. **Discussion:** It was noted that under Quality and Patient Safety Committee, the plan states that “all committee actions are tentative pending official Board of Directors approval,” referring to committee decisions. The committee includes a board member liaison, currently Mr. Johnson, a Medical Director, currently Noel Pense, DO, members of the Quality department and other department managers. **All in favor. Motion passed.**

3. Budget Reallocation-Budgeted Cardiac Monitoring System Capital Purchase

Mr. Dodrill, CFO, presented an SBAR review (Situation, Background, Assessment, Recommendation) regarding the cardiac monitoring system replacement approved in the current budget at an estimated \$230K. After evaluation of multiple competitors, management has tentatively selected Mind Ray cardiac monitors estimated to cost \$268K that includes improved patient care features. Due to improved contract negotiations and deferrals of other equipment purchases, the difference of \$38K may be supported with a reallocation from the surgical services capital budget. Mr. Dodrill

requested approval to reallocate \$38K from the orthopedic surgical services capital budget, with \$32K remaining for future capital needs within the facility. **Discussion:** This amount within an approved budget does not specifically require board approval; items over \$15K not included in the budget require board approval. Administration wished to be transparent with this reallocation within the current capital budget.

Mary Schamehorn **moved** to approve the reallocation of capital budget funds previously dedicated to the orthopedic surgical services project as described to support the purchase of the Mind Ray cardiac monitors. Pam Hanson **seconded** the motion. **Discussion:** An onsite product demonstration of the cardiac monitors was provided to staff as a part of the decision process resulting in staff recommendations for this product. **No further discussion. All in favor. Motion passed.**

VIII. Open Discussion & Adjournment

The next regular meeting will be held on February 23, 2023 at Southern Coos Hospital & Health Center, 900 11th Street SE, Bandon, Oregon. This meeting will be open to the public following OSHA and OHA guidance for masking in healthcare facilities, and available to view via the Southern Coos Hospital website and Facebook social media page.

At 8:18 p.m. the meeting adjourned.


Brent Bischoff, Chairman Approved 2-23-2023


Mary Schamehorn, Secretary Approved 2-23-2023