

**Southern Coos Health District
Board of Directors Special Meeting
Minutes
January 21, 2023 4:00 p.m.**

I. Call to Order

At 4:00 p.m. the meeting was called to order.

1. Roll Call

Members Present: Brent Bischoff, Board Chairman; Mary Schamehorn, Secretary; Norbert Johnson, Treasurer; Pamela Hansen, Tom Bedell; Directors.
Administration: Raymond Hino, CEO. **Press:** None.

II. Board Self Evaluation

Chair Bischoff explained that this is a single agenda meeting. Called solely for the purpose of reviewing the recently completed SCHD Board of Directors Self Evaluation. He started the meeting by explaining that the Board's responsibilities include:

- Hire a CEO
- Evaluate the CEO
- Oversight and approval of policy
- Approval of the Budget

Survey Tool

There was discussion among the Board members that the Self Evaluation Survey tool, provided by Governance Institute, seemed to be more appropriate for a Not-for-Profit Hospital, rather than a governmental hospital like SCHHC. The Board requested that the CEO search for and obtain a Self-Evaluation Tool for future years that is more specific for a District Hospital Board.

Executive Summary

- The Board felt that an overall score of 8.4 on a 10 point scale was good for a new Board and new CEO. This was an improvement over the previous year overall score of 6.2.
- The Board rated itself high (9.2) in Positive, Meaningful, Engaging Experience and high (9.4) in Opportunity to Influence Strategy, Culture and Performance.
- On Core Responsibilities, the Board rated itself equal to National Top Box Scores for Financial Oversight (60%) and Strategic Direction (32%).
- On Core Responsibilities, the overall Board was surprised at the low rating for

Quality Oversight (25%), Board Development (8.6%) and Community Health & Advocacy (20%).

- The low Quality Oversight score was surprising because the Board has a representative on the Quality Committee and there seems to be a good flow of communication from Quality to the Board. The overall low score may be due to Board uncertainty about the medical staff credentialing process.
- The Management Oversight low score (10%) was attributed to the fact that the new CEO has only been on board for 10 months. So there has not been an annual review cycle to review at this time.
- There is an identified need for Board Development. However, the Board feels that bringing an outside consultant for a local training program, would be preferable to individualized online training modules.
- As far as education topics, the Board requested more training on DNV accreditation, Quality Oversight and Board Development topics.
- The importance of Community Health and Advocacy was stressed by some Board members. Board members were encouraged to attend as many community events for the hospital as possible. It is understood, that Board members are busy and it is not possible to attend everything.
- One Board member requested that management be sure to invite Board members to employee recognition events, such as the upcoming DAISY award event.
- One Board member requested information on steps that Board members must take in order to run for re-election on the Board.

Lowest Performing Questions

- The Board rated itself low on spending more time on active deliberation and discussion on strategic priorities, than on hearing reports. However, the majority of the Board feels that the management reports are very important and the amount of time spent on receiving reports is appropriate.
- The Board rated itself low on setting goals for Board and Committee performance. It was felt by the overall Board that this is reflective of uncertainty on committee goals and performance. There are only 2 "subsidiary boards." They are the Southern Coos Health Foundation and the Finance Committee. Tom wants to poll Finance Committee members to see if they feel that this is an effective committee.
- Although the self-assessment survey refers to annual goals, it is understood by our Board that our Strategic Plan meets the requirement for annual goals.
- The Board rated itself low on consultation with medical executive committee and staff appointments and credentialing and privileges. This is an opportunity for a Board education topic.
- The Board rated itself low on formal orientation for new board members. This, too, is an opportunity for a Board education topic.
- The Board rated itself low on competency-based governance principles and

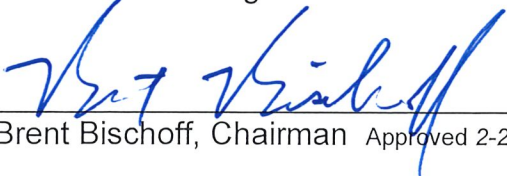
board leadership succession planning. It was felt by the majority of the Board members that these questions were more appropriate for a not-for-profit Board or a corporate Board, than for a publicly elected Board. Mr. Hino did point out that although we cannot choose our Board members, that it is a good idea to identify potential future Board members and get them involved in the Finance Committee, and the Foundation Board.

Other Observations from Self-Assessment

- Most Board members commented that the phrasing of the questions on this self-assessment survey were not geared towards a public district board and were difficult to give a grade to. We need to find a survey that is tailored towards a district hospital Board of Directors.
- It was difficult to give a high score to Community Health & Advocacy because the Community Health Needs Assessment is out of date. (I actually looked into this and found that the SCHHC Community Needs Assessment is not out of date. The last 1 was adopted in December of 2020 and is effective for 3 years).
- The medical staff credentialing process is still a mystery for most of our Board members. Mr. Hino explained how the process works and that there are 3 levels of approval for each medical staff application before it comes to the Board. The 3 levels are (1) Medical Staff Coordinator; (2) Medical Staff Credentials Committee and (3) Medical Staff Executive Committee. Mr. Hino stated that some medical staff applications are denied at earlier steps in the process and never reach the Governing Board. The Board requested to be informed if there are denials of membership applications and/or privileges which would help the Board to have confidence that the credentialing system is working properly.
- Mr. Hino explained that all of the CMS required quality indicators (e.g. slips, falls, infection rates, surgical complications, deaths, etc.) are now reported to the Board. The Board asked if Peer Reviews are being reported to the Board. Mr. Hino said that he would make sure that they are.
- Mr. Hino was asked if the Medical Staff Bylaws are in need of revision. He said yes. The Board recommended that Medical Staff Bylaws revision be added to the Strategic Plan.

III. Adjournment

There being no further business, the Special Board meeting adjourned at 5:08 p.m.


Brent Bischoff, Chairman Approved 2-23-2023


Mary Schamehorn, Secretary Approved 2-23-2023

