

**Southern Coos Health District
Board of Directors Meeting
Open Session Minutes
September 28, 2023**

- I. **Executive Session Call to Order 6:00 p.m.** Executive Session 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 shall be made in Executive Session.

II. **Open Session Call to Order 6:34 p.m.**

1. **Roll Call – Quorum established; one member absent:** Brent Bischoff, Board Chairman; Mary Schamehorn, Secretary; Norbert Johnson, Treasurer; Tom Bedell, and Pam Hansen, Directors. **Administration:** Raymond Hino, CEO; Jeremiah Dodrill, CFO; Cori Valet, CNO; Scott McEachern, CIO; Dawn Gray, Clinic Manager; Carrie Okey, HR Director; Philip Keizer, MD, Chief of Staff. **Others present:** Brian Kunkle, President, Healthcare Collaborative Group; Madelaine Yue, Experis Health Solutions. **Press:** None.

2. **Agenda Additions or Corrections**

No changes to the agenda.

Mary Schamehorn **moved to approve** the agenda as presented. Tom Bedell **seconded** the motion. **All in favor. Motion passed.**

3. **Motions from Executive Session**

- a. **Quality & Patient Safety Report.** Presented in Executive Session by Sharon Bischoff, Quality RN.
- b. **Risk & Compliance Report** presented in Executive Session by Barbara Snyder, Risk & Compliance.
- c. **Medical Staff Report Physician Credentialing & Privileging Report** presented in Executive Session by Dr. PJ Keizer, MD, Chief of Staff.

i. **2-Year Privileges – New**

Brook Wager, MD - Emergency Medicine
Kelly Lueck, NP - Emergency Medicine
Michael Ivanitsky, MD - Orthopedic Surgery
Amy Hinshaw, FNP - Family Medicine

ii. **2-Year Privileges – Reappointments**

None

iii. **Medical Staff Status Change**

John Bateman, MD –Privileges to lapse 09.30.23
Richard Foutch, DO – Privileges to lapse 09.30.23
Douglas Crane, MD – Additional Physician Privileges

iv. Direct Radiology Appointments & Reappointments – After Hours Reading Radiology
None.

Mary Schamehorn **moved to accept** the Quality & Patient Safety Report, the Risk & Compliance Report, Medical Staff Credentialing and Privileging Report as presented in Executive Session. Pam Hansen **seconded** the motion. **All in favor. Motion passed.**

4. **Public Input**

None.

III. **Consent Agenda**

1. **Meeting Minutes**

- a. Regular Meeting–08/24/23
- b. Executive Session–08/24/23 (provided in Executive Session)
- c. Special Meeting–09/21/23

2. **Monthly Counsel Invoice Robert S. Miller III – August 2023 Invoice #1366**
in the amount of \$625.

Mary Schamehorn **moved** to approve the Consent Agenda. Pam Hansen **seconded** the motion. **All in favor. Motion passed.**

IV. **Staff Reports**

1. **CEO Report**

Raymond Hino, CEO, presented a summary of his monthly report. **Covid-19 & Infection Prevention:** Due to the recent uptick in Covid infections following rescinding of State mask mandates, we are requiring staff to mask when in close contact with other employees and patients. We also require employees that are living with a COVID-19 positive individual to mask at work. The patient care trailer, equipped with a negative pressure room, ordered with COVID funds, and pick-up truck to pull the trailer, are due to arrive by end of month. The annual Drive Through Flu Vaccination Clinic this year will include an option for COVID vaccination. **DNV Survey:** On September 11 we received notification that our Plan of Corrective Action, submitted last month, has been approved. The next action required is to submit a report of objective evidence of correction for our 5 non-conformities no later than December 11. Congratulations to the Quality team and all staff for this achievement. **Surgery Services:** We look forward to working with Dr. Michael Ivanitsky, a long-time local orthopedic surgeon, hopefully to begin in October. This month we are pleased to present to the board an additional service opportunity to offer the specialty service of hand and plastic surgery, included in more detail later on the agenda. **Emergency Physician Services:** Southern Coos continues to staff our emergency department by direct contracting with ER physicians and experienced Nurse

Practitioners as allowed by Oregon state law and Southern Coos bylaws. Scheduling is going well with a pool of local contracted physicians and a locums firm to fill in any gaps that may occur. **Meetings with Other Healthcare Administrators:** Mr. Hino met with Eddie Larsen, the new CEO at Coast Community Health Center, and is looking forward to working together to serve the community. Thank you to board member Norbert Johnson for the introduction to John Reeves III, the new Director for the Confederated Tribes of Coos County's new Health Clinic in Coos Bay. Mr. Reeves recently toured Southern Coos and expressed interest in referring patients to our facility. **Leadership Academy:** The first year of the management training program went very well. We will continue the monthly training without an outside vendor. **Discussion:** Dr. Ivanitsky is able to begin performing cases without any special requirements, but a new table will be needed to perform anterior hip replacements at an estimated cost of \$8,000. The Southern Coos Health Foundation may be able to assist. Post surgical pain management is available with our existing Pain Management program led by CRNA, Victoria Schmelzer.

At this time Mr. Bischoff suggested moving forward with a new business topic as a courtesy to the vendor attending remotely. See below, New Business item #3. Healthcare Collaborative Group-Facility Master Plan Presentation - Brian Kunkle, President.

2. Clinic Report

Dawn Gray, Clinic Manager, presented the Clinic Report. August registrations increased by 12% over prior month despite one physician being out of office for 2 weeks. Primary care providers increased average daily patient visits 8.4. Dr. Webster, visiting ENT/Dermatology, saw 20 patients. The year-to-date loss remains below budgeted projection but with departure of our FNP Vincent Tyson, our visits will be down in September. The Chronic Care Management (CCM) program was successfully initiated in August. The program coordinator position is now open and we are recruiting to ensure uninterrupted CCM services. Thank you to Kirsten Aasen for her excellent work to bring this program forward. Advanced Health required Timeliness of Care metrics reported quarterly were reviewed and an update on PCPCH quality measures tracked with improvements in our measures, requiring manual tracking due to the current EMR not being capable. **Discussion:** Visiting dermatologist Dr. Webster can see 20 patients a day as an independent physician who does not use our EMR. Same day, acute care visits have been available, thank you to Dr. Preslar and Dr. Wong. Amy Hinshaw, FNP, will start next and will soon see patients. Each provider has 2 same-day appointment slots on their schedule. OHSU has received our application with tier 3 PCPCH attestation completed today by Ms. Gray, providing increased reimbursement for our Medicaid patients, will help with our mandatory reporting. Tier 3 will increase our revenue by \$8-9K per month. Thank you Sharon Bischoff, Barbara Snyder, Scott McEachern and the team for their assistance on this project. Clinic EMR optimization efforts have been ongoing but have not improved to substantially improve productivity as desired.

3. CNO Report

Cori Valet, CNO, provided a summary of hospital clinical operations for the month of August including current staffing report and clinical department full time employee

statistics. One per diem nurse transitioned to full time. In response to a request from last meeting, we are currently utilizing 5 agency nurses while Lower Umpqua is using 2 currently. We are excited to have welcomed Colleen Lorenz, our new Surgical Services manager, with 32 years of nursing experience and 19 in surgical leadership roles. Colleen is doing great work in less than one month in competency training and other preparation to begin work with Dr. Ivanitsky. Respiratory Therapy has been stressed with one vacancy. The New Chemistry analyzer is fully installed and 89% of testing performed in August was completed in-house at SCHHC. The new BD Pyxis medication management system project planning is in progress with “go-live” in December. Surgical Services had the highest month on record with pain procedures. The operating room light installation is complete; we are looking forward to offering orthopedic surgical cases and other potential surgical services soon. The Emergency Department participated in a pediatric trauma simulation training opportunity with REACH Air, simulating a beach accident in Langlois with live video review by observers including transfer to higher level of care and full debrief also available for ongoing training. This was funded by a grant from the Oregon Office of Rural Health. ED volume is trending higher than prior year with increased hospital admissions. **Discussion:** There has been an increase in Covid cases through the Emergency Department.

4. CFO Report

Jeremiah Dodrill, CFO, provided a summary of Finance Department operations for the month of August. The finance team, Moss Adams fiscal year 2023 audit field work is complete and CLA (Clifton Larsen Allen, CPAs) is finalizing the Medicare Cost Report that will drive net revenue adjustment. The annual fiscal year audit will be presented to the board in October. Government Accounting Standards have changed recently regarding how Subscription-Based Information Technology Arrangements (SBITAs) are accounted; the finance team is working closely with the audit firm to evaluate these to ensure proper implementation. SCHHC has contracted with the Healthcare Collaborative Group to help create a Master Facility Plan. Joe Kunkel, President, was included in the agenda for this meeting, presenting an outline of the project plan, noted in these minutes under New Business. **Discussion:** Mr. Kunkel represents a limited consulting role with his experience with rural markets in the Pacific Northwest.

5. CIO Report

Scott McEachern, CIO, reviewed reports from prior month on Information Systems, Health Information Management, and Marketing. **Information Systems:** Cyber Security will continue to be a priority with stats indicating an increase in impersonation attacks in August. We are seeing continued improvement with patch management. **EMR/ERP Selection Process (Electronic Medical Record/Enterprise/Enterprise Resource Planning):** A special public meeting was held on September 21 with members from the consulting firm, Experis, who provided an overview of the process used to identify the current system recommendations and cost of ownership. In follow-up to that meeting the Health District Foundation and other philanthropy have been added to the financing model in addition to the existing grant opportunity. Madelaine Yue from the consulting firm, Experis Health Solutions, provided further clarification on decommission cost estimates still being assessed. Decommissioning is the

retiring an EMR system and removal of all associated data from the network. This includes patient, financial and clinical data. The three-year-term for contract renewal with CPSI is February 2024. CPSI loss of market share, related anticipated rate increases, potential acquisition and related product support issues were discussed. Another special meeting will be held to include proposed project financing/funding, revenue cycle and operational assessment, and review of growth initiatives to all be considered before a final decision can be made; date to be announced.

6. SCHD Foundation Report

Mr. McEachern, SCH Foundation Executive Director, provided the monthly Foundation Report. The annual Golf for Health Classic, was held in September with the sponsor event party at Bandon Dunes on September 15 and signature golf scramble with other fun activities at Bandon Crossings on September 16. We had 114 golfers this year including a retired PGA professional. Earnings are now over \$78,000, exceeding the “stretch goal” of \$75,000. Thank you to all of our sponsors, Foundation Board, and community volunteers, and to Alix McGinley and Amy Moss-Strong, who made this another great event. **Discussion:** The event elevates the hospital in the community. Positive feedback was received how the event has elevated year after year.

7. Strategic Plan Report

Ray Hino, CEO, presented a summary on progress of Strategic Plan initiatives. Human Resources strategic initiatives are all near completion. The new compensation plan rollout is complete. The new employee evaluation program rollout, using ADP, is complete. The EMR project is at 67% completion as we near decision making. The Community Health Needs Assessment should be complete by end of year. DNV Accreditation is complete. Growth and Marketing initiatives are nearly complete with the rebranding process in progress. The Hospital of Choice initiative is at 71% with focus on development of new programs. Development of a Facility Master Plan, discussed earlier in this meeting, is at 47% with more work to be done. **Discussion:** Regarding Emergency Preparedness, we will be completing a tabletop active shooter drill in the near future. Regarding the Compensation Plan, merit-based recognition, a concern brought forward by staff at a previous Board Meeting, should be added. A workshop will be scheduled to develop a new strategic plan.

V. Monthly Financial Statements

Jeremiah Dodrill, CFO, provided a summary of the financial statements for the month of July, including a review of Gross Revenue and Volumes, Deductions from Revenue, Labor Expenses, Professional Fees, Purchased Services, and Supplies. August results are disappointing and relate specifically to revenue issues. Deductions from revenue were higher than expected due to growth in aging and a couple of larger denials. **Discussion:** Insurance denials are often related to medical necessity assessments, meeting specific inpatient criteria and diagnosis. Southern Coos uses a service that assists with the appeal process of these denials. Some hospitals are dropping Medicare Advantage due to the number of denials. Emergency Department physician staffing is above budget with the termination of the OPYS contract. We are

renegotiating those contracts anticipated to complete by first quarter of calendar year 2024 with the creation of our own group led by one of our physicians. Outpatient visits were down 10%; loss of \$202,000. Expenses were at or below budget. Compensation plan adjustments will be effective in October. Inpatient volumes were positive but swingbed was down. New opportunities exist with networking for referrals. Imaging volume was strong. Respiratory was strong and clinic performance was better than expected, as reported earlier. Current financial Anesthesiology and Surgical Services on the cost to charge ratio indicates we need to get cases.

VI. Old Business

1. New Policies for Review & Approval

- a. 170.001 Safety Management Program
- b. 170.002 Authority of Safety Officer

Ray Hino presented the two Safety Management policies returned for approval following correction of committee names and qualifications of safety officer added.

Mary Schamehorn **moved** to approve policies 170.001 and 170.002 as presented. Tom Bedell **seconded** the motion. **No discussion. All in favor. Motion passed.**

2. Quality Assurance & Performance Improvement Plan-DNV Revisions

Revisions suggested during the August DNV survey have been added and are ready for review and approval by the board.

Tom Bedell **moved** to approve the revised QAPI plan as presented. **Discussion:** Board members appreciated having the revisions highlighted for review. Norbert Johnson **seconded** the motion. **All in favor. Motion passed.**

VII. New Business

1. Recommendation to Discontinue Employee Retention Bonuses

Mr. Hino reviewed this recommendation from Administration to be compliant with the Oregon Equal Pay Act and in alignment with the recent compensation plan updated to meet market pay grades. All other regional hospitals have discontinued retention bonuses for staff. If approved, the related policy language will be edited in accordance.

Mary Schamehorn **moved** to discontinue staff retention bonuses. **Discussion:** Statistics indicated an equity issue in the low number of employees who qualified for the bonus. Tom Bedell **seconded** the motion. **All in favor. Motion passed.**

2. Hand, Wrist and Plastic Surgery Business Plan

Ray Hino, CEO, provided an introduction regarding the opportunity to work with local plastic surgeon, Sharon Monsivais, MD, as a full-time employee. This has the potential to further increase surgical volumes. A financial analysis

was completed including industry benchmarks and range of RVUs. There are no substantial equipment needs. Discussion included anticipated insurance payer mix, contract term of 2-years, productivity requirements, productivity bonus, current RVUs produced, and monthly financial reporting to the Board. Risks include not getting referrals as anticipated. Dawn Gray, Clinic Manager, is supportive. The start date is projected to be January 1, 2024. A special board meeting will be scheduled to review final negotiated contract to include an exit clause, monthly financial reporting, and 90-day reviews.

Pam Hansen **moved** to have Administration complete a contract and return to the Board of Directors for review. Mary Schamehorn **seconded** the motion. **All in favor. Motion passed.** A special meeting for this single agenda item to be scheduled as soon as possible.

3. Healthcare Collaborative Group-Facility Master Plan Presentation - Brian Kunkle, President

This presentation was moved forward in the agenda, immediately following the CEO Report as a courtesy to the presenter. Mr. Kunkle provided background on the work and experience of his organization and the process utilized in the healthcare facility master planning RFP process. **Discussion:** Before a major expansion is considered, there are specific areas of need such as the Laboratory and Emergency Department waiting area that may be addressed. The 2024 budget includes \$250,000 to start this project, also included in the strategic plan. Fee proposals from design firms will help drive decisions. A multi-tiered approach is used to optimize the existing facility to improve the patient experience and functionality. Oregon and Washington have a number of qualified firms. The RFP for architectural planning and engineering study will be presented to the board.

4. FY23 Election of Officers-Board of Directors

Norbert Johnson nominated Tom Bedell for the Treasurer position. Mr. Bedell accepted the nomination. Other officers indicated they are willing to be reappointed to current positions.

Mary Schamehorn **moved** to accept the nomination of Tom Bedell for Treasurer and reappoint Mr. Bischoff as Chairman and herself as Secretary. Pam Hansen **seconded** the motion. **All in favor. Motion passed.**

VIII. Open Discussion and Adjournment

A special meeting will be held on October 9 at 6:00 p.m. to review additional information regarding the proposed specialty surgical service for consideration. The next regular meeting will be held Thursday, October 26, 2023, with Executive Session at 6:00 p.m. and Open Session to immediately follow at approximately 6:30 p.m. Meetings are open to the public in the main conference room of the hospital at 900 11th Street SE, Bandon, Oregon.

At 8:39 p.m. the meeting was adjourned.


Brent Bischoff, Chairman 10-26-2023


Mary Schamehorn, Secretary 10-26-2023

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September 28, 2023 - 6:00 pm.**

I. Executive Session

Executive Session 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 shall be made in Executive Session.

Members Present: Brent Bischoff, Board Chairman; Mary Schamehorn, Secretary; Norbert Johnson, Treasurer; Tom Bedell, and Pam Hansen, Directors. **Administration & Reporting Managers:** Raymond Hino, CEO; Philip Keizer, MD, Medical Staff Chief of Staff; and Barbara Snyder, RN, Risk, Quality & Compliance Manager. **Also in attendance:** Michele Winchell, Medical Staff Services Coordinator. **Press:** None.

1. Quality & Patient Safety Report

Barbara Snyder provided a review of submitted reports. Sharon Bischoff, Quality RN has given her official notice of resignation but following a scheduled vacation she will continue as per diem while needed until a replacement is hired. The Quality & Patient Safety report in the Board meeting packet is the original report that was presented to the Quality & Patient Safety committee this month. The data had been modified after the committee meeting by both Informatics and the Quality department with a disagreement as to the correct data. The CEO determined that the report should not be changed after the Q&PS committee meeting approval and that the original report would go to the Board. Disagreement on the data will be rectified. Norbert Johnson requested that expected completion dates be added to the monthly Quality dashboard. After consideration of the DNV survey, the Quality and Patient Safety committee have decided to revise the QAPI (Quality Assurance Performance Improvement plan) to reflect changes recommended by DNV. The revised QAPI is included in the public meeting packet for approval in open session.

2. Risk and Compliance Report

Barbara Snyder, provided a summary of her printed report for the month of August. A robust billing audit process must be developed; Barbara and Cathy Mann, Revenue Cycle Manager, have begun preliminary work in this area. One general liability risk was identified that was reported; Dr. Crane has been using his un-licensed office assistants to assist in performing colonoscopies. This practice has been discontinued at SCHHC. Barbara Snyder and Brenda Sund, Controller, will be evaluating the insurance services across the facility to ensure that there are no gaps or duplications.

3. Medical Staff Credentialing & Privileging Report

P.J. Kiezer, MD, Medical Staff Chief of Staff presented the monthly medical staff report with the physician credentialing and privileging report approved in Open Session and included in Open Session minutes.

II. Adjournment

No decisions were made in Executive Session. At 6:31 the meeting moved to Open Session.


Brent Bischoff, Chairman 10-26-23


Mary Schamehorn, Secretary 10-26-23