DECATUR COUNTY HOSPITAL BOARD OF TRUSTEES MEETING MINUTES June 24, 2020 – 5:30pm

PRESENT: Linda Chastain, Denise Elefson, Guy Clark, Sheri Frost, Teri Foster, and Larry Griffin

ABSENT: Travis Miller

OTHERS PRESENT: Mike Johnston (CEO), Tara Spidle (CFO), Arlene Ranes (CNO), Jo Beth Smith (CHRO), Dr. Ed Wehling (Chief of the Medical Staff), and Dr. Erika Brown (CMO).

I. CALL TO ORDER

Linda Chastain called the meeting to order at 5:30 p.m.

II. AGENDA APPROVAL

Sheri Frost moved to approve the meeting agenda as published. Teri Foster seconded the motion. Motion carried.

III. PUBLIC COMMENT

Sheri Frost called to the Board's attention several positive comments she had received from the community on Drs. Loutfi (Neurology) and Strittholt (Orthopedics). Linda Chastain discussed the importance of succession planning for Board members.

IV. CONSENT AGENDA

Larry Griffin made a motion to approve the following Consent Agenda items with a second by Sheri Frost: (1) Regular Meeting Minutes May 2020 (2) May 2020 Accounts Payable \$893,552 (3) May 2020 Payroll \$440,566 (4) Accounts Receivable Write-Offs May 2020 \$89,661.08. Motion carried.

V. FINANCIAL REPORT

Tara Spidle presented the financial report for May 2020.

- Total Gross Revenue was \$2.7 million in May. Operating gain of \$48,862 in May with a net gain of \$138,215 after taxes.

Sheri Frost moved to approve the financials for May 2020 with a second from Guy Clark. Motion carried.

ACTION ITEMS:

<u>Fiscal Year (FY) 2021 Budget:</u> Tara Spidle provided the full Board of Trustees with the proposed budget for FY 2021. It was noted that the Board Finance Committee had reviewed and approved the Fiscal Year 2021 budget at a meeting held on June 24, 2020 at 4:30 p.m. Following the presentation and a brief discussion, Sheri Frost made a motion to approve the FY 2021 budget with a second by Teri Foster. Motion carried.

<u>Seim Johnson Audit Documents</u>: Final documents engaging Seim Johnson to conduct the financial audit for Fiscal Year 2020 were presented to the Board of Trustees for their approval. Larry Griffin moved to accept and authorize the engagement which was seconded by Guy Clark. Motion carried.

Resolution Naming Depositories/ Authorization to Invest Funds: The "Resolution Naming Depositories" was amended to raise the limit of deposits which could be made to any one (1) bank account to \$8 million. The

previous limit was \$5 million. The "Authorization to Invest Funds" is reviewed and renewed on an annual basis. It authorizes the Chief Executive Officer (CEO) and the Chief Financial Officer (CFO) of Decatur County Hospital to invest hospital funds under guidelines established by the Board of Trustees. After a brief discussion, Sheri Frost made a motion to approve both documents as presented with a second from Guy Clark. Motion carried.

VI. MEDICAL STAFF REPORT

Dr. Wehling presented the Medical Staff report.

VII. MERCYONE REPORT

No MercyOne Representative was present at the meeting.

VIII. CLOSED SESSION

At 6:03 p.m., a roll call vote was called for the Board to go into closed session to discuss the following:

- Marketing Strategies and Similar Proprietary Information: Iowa Code 21.5(1)(L)

The vote results were: Linda Chastain – aye; Denise Elefson – aye; Sheri Frost – aye; Guy Clark – aye; Teri Foster – aye; and Larry Griffin – aye. Those present in addition to the Board members were Mike Johnston, Tara Spidle, Arlene Ranes, Jo Beth Smith, Dr. Ed Wehling, and Dr. Erika Brown.

With a consensus of the Board members obtained to do so, the Board returned to open session at 6:46 p.m. The Board members present when the open session reconvened were Linda Chastain, Denise Elefson, Sheri Frost, Guy Clark, Teri Foster, and Larry Griffin. Those present in addition to the Board members were Mike Johnston, Tara Spidle, Arlene Ranes, Jo Beth Smith, Dr. Ed Wehling, and Dr. Erika Brown.

VIII. CEO UPDATE

Mike Johnston presented the CEO Update as follows:

- Iowa House File 692, approved by the state legislature and signed into law by the governor, addressed the issue of having six (6) out of seven (7) hospital board members up for election in 2022. The existing statute was amended to provide that in 2022, wherein six (6) trustees are to be elected, the four (4) who receive the highest number of votes will each serve four (4) year terms. The other two (2) will serve only two (2) year terms.
- Iowa House File 2486 has been approved by the state legislature and is currently awaiting action by the governor. It extends the filing deadline for hospital board candidates to not less than sixty-nine (69) days prior to the election.
- Mercy Affiliates PPE Group Buy: Several of the Mercy affiliate hospitals (at last count nine (9) including DCH) have gotten together to complete a large, group buy of personal protective equipment (PPE). Supply shortages continue and it is vital that we have sufficient PPE to not only deal with a potential second wave of COVID-19 but also to continue normal operations, especially elective surgeries. This requires supplies such as gloves and gowns that we typically take for granted but which are increasingly harder to obtain. Product samples have been obtained and, following a review, were deemed to be acceptable. Permission to participate in this process was obtained from the Board Executive Committee on Thursday, June 18, 2020 based on program deadlines. The estimated cost to DCH is \$87,000; however, this expense will come directly out of the COVID-19 relief funds provided by the federal government. The cost, at this point, is only estimated as it depends on how many hospitals are in the final order group and the size of purchase made by each.

- Spine Clinic: Dr. Foster's new spine clinic will begin on Friday, June 26, 2020.
- Outpatient Clinic Visits: Based on activity through June 23, 2020 and scheduled visits through the end of June 2020, Outpatient Clinic visits for June will be approximately 434 versus only 255 in June of 2019. This represents a 70% increase. This is the largest single month total for outpatient clinic visits known at DCH and easily beats the previous record of 382 set in January of 2020. Our outpatient business appears to be on the rebound following the COVID-19 interruptions.

ACTION ITEMS:

Approval of FY 2021 Strategic Plan: Guy Clark made a motion to approve the FY 2021 Strategic Plan as presented and discussed in the closed session. Sheri Frost made a second. Motion carried.

Approval of Additional Pandemic Readiness Purchases: The Board of Trustees was presented with a list of pandemic readiness supplies by the CEO to be purchased utilizing COVID-19 funds provided by the federal government. These items represent a list of general supplies and capital equipment with a total estimated cost of \$687,320.00. Mike Johnston requested that the Board approve the purchase of all of the items detailed but on a schedule to be determined at the discretion of the CEO and CFO. Teri Foster made a motion to approve the purchase list as presented with a second by Denise Elefson. Motion carried.

X. CLINICAL SERVICES AND QUALITY REPORT

Arlene Ranes presented the report on Clinical Services and Quality Improvement Initiatives.

Med-Surg Unit:

- As part of our swing bed program improvement plan, we now actively evaluate all acute patients for possible swing bed admission in daily rounds. Results to-date have been encouraging and we still find that many community members are not aware of this program
- A questionnaire has been added for all participants to complete upon admission to skilled care. This is designed to assist us in tailoring the care provided to fit the individual needs of the patient.
- 1 New RN hired, she has passed her boards and is orienting. We have incorporated time spent in surgery, infusion, PACU, Lab, and RT. This will help her learn all phases of our hospital plus she will be starting IV's, accessing ports, and drawing labs. These skills are not refined in nursing school.

Emergency Department:

- We have added follow up calls to transferred patients by the ED manager. This will give us valuable information from a customer service perspective and a quality perspective.
- The ED Committee meets monthly on a monthly basis and we have finished our gap analysis. Dr. Brown leads these meetings. Dr. Brown will be sending out the results to the committee to identify areas that we can improve upon.
- A meeting debrief based on a recent incident was in the Emergency Department. Drs. Brown, Wehling, and VanMaanen participated along with the staff that were present. This was a positive meeting and we worked together as a team to identify opportunities for improvement. These included, but were not

limited to, implementing changes such as moving equipment to make it easier to find, adding debriefing after events, and better communicating role assignments.

Surgery:

- 1st total knee replacement performed on Monday. Patient is doing well. The surgery went well and we had all needed equipment here.
- Hemi arthroplasty was performed today. This patient was able to get her surgery here locally. The surgery went well.
- Our total knee patient attended a "joint camp" with PT and nursing. She also was able to listen to her favorite country music during her surgery based on a spinal anesthetic with a block and sedation.

XI. HR UPDATES

Jo Beth Smith gave the HR Update.

NEW HIRES

- Cassie Amsberry, full time C.N.A.
- Billie Hershberger, prn C.N.A.
- Rhonda Johnson, part time Admit Clerk
- Shyann Wetterling, full time Admit Clerk
- Kaitlynn Gingerich, full time RN

Auxiliary will be hosting their annual Golf Tournament on Saturday, August 1, 2020 at the Leon Golf and Country Club.

XII. ADJOURNMENT

The meeting adjourned at 7:26 p.m.

Sheri Frost, Secretary