

DECATUR COUNTY HOSPITAL BOARD OF TRUSTEES

MEETING MINUTES

September 29 2021 – 5:30pm

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

ABSENT: None

OTHERS PRESENT: Mike Johnston (CEO), Jo Beth Smith (CHRO), Shannon Erb (Director of Marketing and Business Development), Dr. Ed Wehling (Chief of the Medical Staff), Dr. Erika Brown (CMO), and Mike Trachta (VP – MercyOne).

I. CALL TO ORDER

Denise Elefson called the meeting to order at 5:30 p.m.

II. AGENDA APPROVAL

Linda Chastain made a motion to approve the agenda as presented and Sheri Frost made the second. Motion carried unanimously.

III. PUBLIC COMMENT

Linda Chastain discussed a patient issue.

IV. CONSENT AGENDA

Larry Griffin made a motion to approve the following Consent Agenda items with a second by Teri Foster (1) Regular Meeting Minutes August 2021 (2) August 2021 Accounts Payable (AP): \$1,123,121.00. (3) August 2021 Payroll: \$511,734.00 (4) Accounts Receivable Write-Offs August 2021: \$63,458.00. Motion carried unanimously.

V. PUBLIC HEARING

Denise Elefson opened the public hearing as to the proposed plans, specifications, form of contract, and estimated cost of the operating room and outpatient clinic expansion project at approximately 5:36pm. Proper notice of the hearing as required by state law was published in the Leon Journal-Reporter on September 15, 2021. No members of the public were present at the hearing and no verbal or written comments by the public were received from any of the Board members. The public hearing closed at approximately 5:50pm.

V. MEDICAL STAFF REPORT

Dr. Wehling provided the Medical Staff update to the Board of Trustees. He highlighted several issues of late in the transfer of critical patients to tertiary care centers. Many of the larger hospital facilities in Des Moines such as MercyOne, Unity Point, and others are experiencing severe bed shortages due, among other factors, to staff shortages and higher than usual volume of both COVID and non-COVID patients. The resulting issue is prolonged wait times for critical patient transfer and, in some cases, the outright inability of a facility to receive such a patient. Dr. Wehling also updated the Board on progress in procedural-based training for clinical staff and providers at Decatur County Hospital.

VI. MERCYONE REPORT

Mike Trachta presented the MercyOne Report.

VII. CEO UPDATE

Mike Johnston presented the CEO Update as follows:

Sealed bids for the construction of the proposed Operating Room and Outpatient Clinic Expansion project were opened just after 2:00pm on September 29, 2021. Representatives of the contractors were present both on-site and virtually to witness the opening as was Todd Wehr from Shive-Hattery (architect). Four (4) general contractors bid the project as follows:

- \$3,900,000 – ATO Builders
- \$4,325,000 – Graphite Construction
- \$4,815,000 – Carl A Nelson Construction
- \$6,488,930 – Boyd Construction

The Board of Trustees was also reminded of state regulations governing public construction projects as follows:

- Within 30 days of the date of the bid opening, Public Entity may, by resolution, award the contract for the public improvement to the lowest responsive, responsible bid, or, reject all bids received and fix a new date for receiving the bids.
- Responsive: Bidder has bid according to the specifications without any conditions, qualifications, or exclusions and in compliance with the bid form and other documents.
- Responsible: Bidder has the capacity, not only financially, but also the skills, manpower, and performance ability to complete the project as specified.

ATO Builders was determined to be the lowest bidder based on the dollar amount of their submitted bid. As they had successfully completed and submitted all required specifications, bid form, and other required documents, ATO had met the definition of a “Responsive” bidder as well.

As the Board has thirty (30) days from the bid opening in which to make a determination, Mike Johnston recommended to the Board that two (2) weeks be taken for a proper due diligence investigation to be conducted into ATO Builders for a determination as to whether or not they met the definition of a “Responsible” bidder. The Board of Trustees agreed with this recommendation and instructed the CEO to take the necessary steps to complete due diligence in this matter.

ACTION ITEMS:

- **Resolution Adopting Plans, Specifications, Forms of Contract and Estimated Costs for the Proposed Operating Room and Outpatient Clinic Expansion Project.** Based on the aforementioned recommendation, this item was tabled until completion of the due diligence investigation.
- **Resolution Awarding the Construction Contract for the Operating Room and Outpatient Clinic Expansion Project.** Based on the aforementioned recommendation, this item was tabled until completion of the due diligence investigation.
- **Resolution to Set Public Hearing Date on New Debt for the Operating Room and Outpatient Clinic Expansion Project.** By resolution, the Board set October 13, 2021 at 1:00pm as the date and time for the hearing required by state law. The Chief Executive Officer was instructed to ensure that public notice of the meeting was published in accordance with the requirements of state law. Linda Chastain made a motion to approve the resolution and Rebekah Mendenhall made the second. Motion carried unanimously.

- **Approval of Revised Organizational Chart.** Larry Griffin made a motion to approve the organization chart with a second by Teri Foster. Motion carried unanimously.
- **November 2021 Board Meeting.** It was noted that under the regular schedule of Board meetings, the November 2021 meeting would fall on November 24, 2021 which is the day before Thanksgiving. Sheri Frost made a motion to move the regular meeting of the Board to December 01, 2021 and that this should be the last regular meeting of the Board of Trustees for calendar year (CY) 2021. Teri Foster made the second. Motion carried unanimously.

OTHER UPDATES:

- **Emergency Repair Undertaken Since Last Board Meeting:** The direct expansion (DX) unit on Air Handler Two (2) lost both of its compressors apparently due to a power surge and/ or short circuit. This unit provides supplemental cooling and humidity control to the operating room allowing the facility to maintain proper levels without having to start the larger air handler and chillers for one room. Better cooling and humidity control to maintain our required compliance levels is thus provided within the space and in a manner that is much more cost effective when this unit is functional. The cost of the repair was \$12,040.00. The Board Chairperson was contacted via email on August 30, 2021 and authorization received for this repair to be completed. The unit has since been fixed and is functioning properly.
- **Chief Nursing Officer (CNO) Position:** Melanie Hamaker has been named the interim CNO effective this week. Recruitment activities to permanently fill the open position are ongoing. Mark Mattes will remain a contract employee with Decatur County Hospital – working predominantly remotely with some onsite visits each month – to complete the Chest Pain Accreditation Project, continue quality assurance/ performance improvement (QAPI) activities, coordinate staff educational efforts, and additional duties.
- **CARES Act Funds Verification Submission:** The hospital will meet the September 30, 2021 deadline for submission of the required information.

IX. FINANCIAL REPORT

Tara Spidle presented the financial report for August 2021:

Total gross revenue was \$3.2 million in August. August had an operating gain of \$243,537 with a net gain of \$335,291. Linda Chastain made a motion to approve the financial report for August 2021 with a second from Teri Foster. Motion carried unanimously.

X. CLINICAL SERVICES AND QUALITY REPORT

Mike Johnston presented the Board with a report (prepared by Mark Mattes) and update on current clinical initiatives as follows:

- American College of Cardiology – Chest Pain Center Accreditation Process: Our application process is now 45% complete. Community education efforts required by the program are currently underway and include both in-person and web-based initiatives. Relevant metrics presented include door to EKG time, door to troponin accession, heart score documentation, non-invasive ischemia evaluation, door to needle time where appropriate, and review of thirty (30)-day readmission episodes.
- Education with respect to the emergency severity index (ESI) is to be conducted with staff and providers in the Emergency Department (ED).
- The ED now has a supply of pulse oxygenation monitors available for loan to applicable patients for at-home monitoring purposes where the Emergency Department provider deems such to be appropriate.

- Additional staff education (ongoing) includes mock trauma and STEMI drills, as well as a monthly educational series with respect to maternity and infant patients in the ED.

Quality Report:

Mark Mattes reported to the Board of Trustees on the following performance metrics for July 2021:

- 30-day readmissions;
- Medical error tracking;
- Adverse drug events;
- Blood incompatibility;
- Foreign objects retained after surgery;
- Air embolisms;
- Stage III or IV pressure ulcers;
- Catheter-associated urinary tract infections (CAUTIs);
- Central line-associated bloodstream infections (CLABSIs);
- Surgical Site Infections (SSIs);
- Hospital-Acquired Infections (HAIs);
- Clostridioides difficile (C-DIFF) infections; and
- Antibiotic “time-outs” performed during morning patient rounds.

In addition to the information reviewed above, Mark provided the Board members each with a written copy of the total hospital performance improvement metrics (by department) current through the end of August 2021 and a copy of quarterly HCAHPS scores to-date.

XI. HR UPDATES

Jo Beth Smith provided the HR Update as follows:

- Welcome to Hannah Whitmire, Admit Clerk, Jamie Segó, CNA, and Mark Pearce, EMT;
- Congratulations to Annie Ellis who will start a dual role working as an Outpatient Clinic Clerk while also continuing in her role as an Admission Clerk; and
- The hospital continues to move closer to a go-live date on our new payroll, human resources, and time and attendance system. Several staff members are now in the process of using both systems, known as “dual punching” to determine the accuracy of the build in the new software.

XII. MARKETING REPORT

Shannon Erb presented the marketing report to the DCH Board of Trustees. She provided the Board with an overview of current and planned marketing efforts as well as the results of previous campaigns.

XIII. CLOSED SESSION

At approximately 6:47pm, a roll call vote was called for the Board to go into closed session to discuss the following:

- Personnel: Iowa Code 21.5(1)(i)

The vote results were: Denise Elefson – aye; Sheri Frost – aye; Guy Clark – aye; Linda Chastain – aye; Teri Foster – aye; Larry Griffin – aye; and Rebekah Mendenhall – aye. Those present in addition to the Board

members were Mike Johnston and Mike Trachta. Mike Johnston left the room approximately half way through the closed session.

With a consensus of the Board members obtained to do so, the Board returned to open session at approximately 7:20pm. The Board members present when the open session reconvened were Denise Elefson, Sheri Frost, Linda Chastain, Guy Clark, Teri Foster, Larry Griffin, and Rebekah Mendenhall. Mike Trachta was present in addition to the Board members.

After returning to open session, the question of the CEO's compensation package for 2022 was called. Sheri Frost moved to approve with a second from Larry Griffin. Motion carried unanimously.

XIII. ADJOURNMENT

The meeting adjourned at 7:21pm.

Guy Clark, Secretary