

DECATUR COUNTY HOSPITAL BOARD OF TRUSTEES

MEETING MINUTES

March 23, 2022 – 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), Tara Spidle (CFO), Kelly Barker (CNO), Jo Beth Smith (CHRO), and Shannon Erb (Director of Marketing and Business Development), and Dr. Ed Wehling (Chief of the Medical Staff).

I. CALL TO ORDER

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

II. AGENDA APPROVAL

Teri Foster made a motion to approve the agenda and Larry Griffin made the second. Motion carried unanimously.

III. PUBLIC COMMENT

Sheri Frost shared some positive comments concerning the hospital she received from community members.

IV. CONSENT AGENDA

Linda Chastain made a motion to approve the following Consent Agenda items with a second by Sheri Frost: (1) Regular Meeting Minutes February 2022 (2) February 2022 Accounts Payable (AP): \$960,285.00 (3) February 2022 Payroll: \$510,017.00 (4) Accounts Receivable Write-Offs February 2022: \$87,616.00. Motion carried unanimously.

V. MERCYONE REPORT

Candy Jordan presented the MercyOne report.

VI. MEDICAL STAFF REPORT

Dr. Wehling presented the Medical Staff report. The Decatur County Hospital Medical Staff held their regular meeting on Wednesday, March 16 2022 beginning at 8:30am. During that same meeting, the following appointments et. al. were unanimously approved:

Medical Staff Appointments:

Sarah Tweedy, CRNA

Medical Staff Reappointments:

Michael Flaum, MD (Senior Life Solutions)

From Provisional to Full Status:

Stephanie Ezebuio, MD (Emergency Department/ Hospitalist);

Leigh Gilburn, DO (Emergency Department/ Hospitalist);

Sumin Li, MD (Emergency Department/ Hospitalist); and

Samantha Specht, CRNA.

Dr. Wehling noted the approval of the Medical Staff for the above referenced appointments, reappointments, and status changes and requested that the Board of Trustees confirm the same. Sheri Frost made a motion to approve the appointments et. al. as previously described and Teri Foster made the second. Motion carried unanimously.

Dr. Wehling further discussed with the Board the recent meeting of the Trauma Committee to include training/ education initiatives related thereto and upcoming mock trauma drills for the staff. The next regular meeting of the DCH Medical Staff is scheduled for Wednesday, May 18 2022.

VII. CEO UPDATE

Mike Johnston presented the CEO Update to the Board of Trustees as below:

- Update on construction progress for the new Outpatient Clinic building and second (2nd) operating room. Despite some minor issues with materials, we remain on schedule for completion in September 2022 and expect to be moved in and operational no later than November 2022.
- **Urology** - We have secured an additional day for Dr. Gallagher's clinic each month beginning in April 2022 bringing him to a total of two (2) days per month. In April, he will be here on the first (1st) and fourth (4th) Wednesday. Beginning in May 2022, Dr. Gallagher's clinic will switch to the second (2nd) and fourth (4th) Tuesdays of each month. This should allow for increased patient capacity and, as a result, increased growth in his clinic.
- **Orthopedics** - Beginning in May 2022, orthopedics will add a third (3rd) day in the month to be staffed by a mid-level provider. This provider will handle follow-up appointments, other routine visits etc. The idea is to free up Dr. Homedan's time to see new patients and devote more time to performing surgeries.
- **Endocrinology** - Dr. Kawji's new clinic is ongoing this week. To-date, he has seen (or has scheduled) a total of twenty-six (26) patients. Referrals have been received from more distant geographical regions such as Creston, Chariton, and Centerville here in Iowa and from a large swath of northern Missouri. This is due primarily to the scarcity of this service in those areas and Shannon's marketing efforts. We expect continued growth in this area especially as patient word-of-mouth testimonials spread.
- **New MRI Vendor** - Our new MRI vendor will commence operations here at DCH on April 06, 2022. The previous vendor, Shared Medical Services (SMS), has been replaced by Alliance HealthCare Services, Inc. after multiple incidents involving scheduling and/ or availability from SMS which resulted in a large number of patients being re-scheduled on short notice and on a frequent basis. This in and of itself is unacceptable. These issues were further complicated by SMS taking the mobile MRI unit to other area hospitals to meet their patient needs at the sacrifice of DCH patients and their schedules. The new service will have additional availability and we will share the truck with only one (1) other hospital in the region thus seriously mitigating the possibility of many of the issues seen with Shared Medical Services. SMS will continue to do our PET scans for now.

ACTION ITEMS:

Proposed North Parking Area: DCH is currently leasing land from the City of Leon just north of the entrance to the Emergency Department (ED) and west of the day care facility. In the short term, this property will be used to augment our parking during construction of the new Outpatient Clinic (OP) building. In the spring to early summer of 2022, some portion of the current concrete parking lot on the northeast side of the facility will be closed to allow for grading, paving, and other related work to be performed. While part of the lot will remain open and serviceable, additional employee parking will be necessary and is the reason the aforementioned land was initially leased from the city. Permission has been secured as part of the lease to add gravel to a large portion of the property to facilitate parking and pedestrian transit through the area. Two bids have been received for the gravel work as follows:

- DCLI - \$15,587.50; and
- Swartzentruber Construction - \$26,200.00.

Mike Johnston requested that the Board of Trustees approve the bid from DCLI based on the quoted price with the required services to be implemented on a time table at the CEO's discretion. Linda Chastain made a motion to approve the quote from DCLI and the expenditure related thereto. Larry Griffin made the second. Motion carried unanimously.

Intellimed Market Data and Analytics Service: Mike Johnston presented a proposal from Intellimed for market data and analytics services. Discussion was held with the Board regarding the usefulness and need of this product with additional input provided by Shannon Erb. Mike Johnston noted that the quoted annual price was \$14,586.00 to be paid on a quarterly basis though contract negotiation may reduce this cost somewhat. He requested that the Board of Trustees approve the CEO to acquire and implement this software at a cost not to exceed the quoted amount referenced above. Sheri Frost made a motion to approve as requested with a second from Rebekah Mendenhall. Motion carried unanimously.

VIII. FINANCIAL REPORT

Tara Spidle presented the financial report for February 2022:

Total gross revenue was \$2.8 million in February 2022. February had an operating loss of \$136,532.00 with a net loss of \$44,520.00.

The single audit related to the use of CARES Act and other HRSA funds received and utilized in FY2021 has been completed by Seim Johnson with no negative findings. They have not yet finalized the FY2021 hospital audit due to pending federal regulations related to out-of-network status that have not yet been received.

Larry Griffin made a motion to approve the financial reports for February 2022 with a second from Linda Chastain. Motion carried unanimously.

IX. CLINICAL AND QUALITY IMPROVEMENT INITIATIVES

Kelly Barker updated the Board as to current clinical and quality improvement initiatives as follows:

At present, we are 88% complete with our chest pain accreditation project with twenty-eight (28) days remaining in which to submit for accreditation. We expect an accreditation survey in April 2022. Performance metrics for February 2022 were reviewed with the Board of Trustees. These metrics include the following:

- Door to EKG time less than ten (10) minutes;
- Door to Troponin Accession;
- Heart score documentation;
- Non-invasive eschemia evaluation discussion with the primary care provider;

- “Door-In, Door-Out” times for STEMI patients;
- “Door to Needle” time; and
- Review of any thirty (30)-day episodes of readmission.

Additional efforts in the area of chest pain accreditation and quality improvement related thereto were discussed with the Board to include:

- Materials for community providers related to early heart attack care (EHAC);
- Plans for providing EHAC and Hands-Only CPR training to the public;
- Annual staff education;
- Maximizing efficiency of interdisciplinary teams in the treatment of chest pain patients and facilitating a reduction in the length of stay (LOS);
- Assessing lifetime risk for cardiovascular disease in all patients prior to discharge with applicable education provided;
- Medication reconciliation; and
- Partnership with county dispatch in recognizing cardiac presentations to include acute cardiac syndrome.

Kelly reported to the Board of Trustees on the following quality indicators for February 2022:

- 30-day readmissions;
- Medical error tracking;
- Adverse drug events;
- Patient falls;
- 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;
- Antibiotic “time-outs” performed during morning patient rounds; and
- Hand hygiene monitoring

X. HR UPDATES

Jo Beth Smith provided the HR Update as follows:

- This annual employee engagement survey through MercyOne will be a shortened format and will not include PRN staff. Additional information will be forthcoming.
- February 2022 employee turnover data

- Welcome to Tammy Lamb returning as a PRN Environmental Services Tech and to Blake Shields as a PRN CNA.

XI. 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. ADJOURNMENT

The meeting adjourned at 6:54pm.

Guy Clark, Secretary