

DECATUR COUNTY HOSPITAL BOARD OF TRUSTEES
MEETING MINUTES
September 28, 2022 – 5:30pm

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

ABSENT: None

OTHERS PRESENT: Mike Johnston (CEO), Tara Spidle (CFO), Kelly Barker (CNO), Shannon Erb (Chief Human Resources and Marketing Officer), Dr. Ed Wehling (Chief of the Medical Staff), and Kassi Hoxmeier (MercyOne).

I. CALL TO ORDER

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

II. AGENDA APPROVAL

Mike Johnston requested that meeting agenda be amended to remove the closed session. Sheri Frost made a motion to approve the agenda as amended and Teri Foster made the second. Motion carried unanimously.

III. PUBLIC COMMENT

Guy Clark commented on a recent patient experience in the Emergency Department of which he had knowledge and expressed his appreciation for the care provided by the staff and Dr. Miller.

IV. CONSENT AGENDA

Teri Foster made a motion to approve the following Consent Agenda items with a second by Larry Griffin: (1) Regular Meeting Minutes August 2022 (2) August 2022 Accounts Payable (AP): \$1,373,618.75 (3) August 2022 Payroll: \$804,924.00 (3 Payroll Month) (4) Accounts Receivable Write-Offs August 2022: \$85,326.35. Motion carried unanimously.

V. MERCYONE REPORT

Kassi Hoxmeier gave the MercyOne report.

VI. MEDICAL STAFF REPORT

Dr. Wehling presented the Medical Staff report. A regular meeting of the DCH Medical Staff was held on September 14, 2022 at 8:30am. Dr. Wehling gave a summary of the meeting and noted the Medical Staff's approval of the Bylaw revisions, staff appoints et al, and Courtesy Medical Staff authorization as described in the "CEO Update" section below.

As part of his report, Dr. Wehling described current changes in best practice related to traumatic injuries and the use of blood versus fluids to improve volume and pressure in patients with significant injury. He also described an item of laboratory equipment that the Medical Staff has requested the hospital administration to investigate for a possible acquisition. Quotes are pending and will be brought to the Board of Trustees for further discussion as may be applicable.

VII. CEO UPDATE

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

- Mike indicated to the Board that unless an objection was made, he intended to withdraw the hospital's application for a certificate of need (CON) from the State of Iowa for radiation therapy services. Information received as part of the application process indicates that the radiation therapy program in Creston, IA is under-utilized and significant additional capacity for new patients exists. Given the relatively close proximity and the extraneous capacity available, we are not able to make a case to the state that additional such services should be allowed. After some follow-up discussion, the Board of Trustees made no objection to withdrawal of the CON application.
- Installation of the new CT scanner is scheduled for October 2022.

- Due to current patient volume levels, the Rheumatology Clinic needs to expand available days of service in order to add capacity. We are currently considering consolidation with the Weight Loss Clinic such that Libby Allen will see either patient type on each of the fifteen (15) days per month she is on-site. This would greatly increase capacity while decreasing wait times for appointments.

Action Items:

- **Revised Medical Staff Bylaws:** The Board reviewed revisions to Article VII, Section 1 of the DCH Medical Staff Bylaws. This included subsequent edits throughout the bylaws to ensure, where applicable, that they were consistent with Article VII, Section 1. The Active Medical Staff considered and approved these changes at their regular meeting on September 14, 2022. Sheri Frost made a motion to approve the entirety of the revisions as presented and Guy Clark made the second. Motion carried unanimously.
- **Courtesy Medical Staff Authorization:** At their regular meeting on September 14, 2022, the Active Medical Staff recommended the waiver of certain provisions of Article VII, Section 2 for a specific member of the Courtesy Medical Staff as it relates to admitting privileges. Article VII, Section 2 allow for such a waiver where the Medical Staff and the Board of Trustees find that the same best serves the interest of the medical staff and the hospital. Sheri Frost made a motion to approve the waiver as recommended by the Active Medical Staff with a second by Teri Foster. Motion carried unanimously.
- **Medical Staff Appointments et. al.:** The Board reviewed the Medical Staff Appointments, Reappointments, Changes from Provisional to Full Status, Telemedicine Psychiatry Providers, and Medical Staff Category changes as enumerated on page two (2) of the approved meeting agenda. As previously noted, the Active Medical Staff approved the list at their regular meeting on September 14, 2022. Sheri Frost made a motion to approve as presented and Teri Foster made the second. Motion carried unanimously.
- **Approval of IT Infrastructure Equipment Purchase:** This represents infrastructure items needing replacement due to age and issues related thereto such as service availability and security at a cost of \$65,842.00. After review and discussion, Larry Griffin made a motion to approve the purchase with a second by Guy Clark. Motion carried unanimously.

VIII. FINANCIAL REPORT

Tara Spidle presented the financial report for August 2022:

Total gross revenue was \$3.56 million in August 2022. August had an operating loss of \$230,140.00 with a net loss of \$135,681.00 due almost entirely to the August being a three (3)-payroll month.

Larry Griffin made a motion to approve the financial reports for August 2022 with a second from Teri Foster. Motion carried unanimously.

IX. CLINICAL AND QUALITY IMPROVEMENT INITIATIVES

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

The American College of Cardiology completed our accreditation survey visit on September 12, 2022 and we are currently awaiting the decision of their accreditation committee. Dr. Sorrentino from Iowa Heart has agreed to be the supervising cardiologist for our chest pain program.

Chest Pain performance metrics for September 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 ischemia evaluation discussion with the primary care provider;
- “Door-In, Door-Out” times for STEMI patients;
- “Door to Needle” time;
- Review of any thirty (30)-day episodes of readmission; and

- A brief review of the quality improvement initiative presented to the American College of Cardiology during their accreditation survey.

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

- Quality Assurance/ Performance Improvement (QAPI) departmental-specific quality measures;
- 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
- Blood culture contamination rates.

Other Updates:

- Both a STEMI and a Code Blue simulation were conducted in September 2022 with hospital clinical staff.
- Nursing and EMS competency evaluations will take place in the last week of October 2022. Areas of assessment include, but aren’t necessarily limited to, ART lines, chest tubes, PICC line dressing changes, blood culture completion and sterile environment, glucose monitor proficiency, safe patient handling, restrain use, and suicide safety assessments.
- With respect to blood culture contamination, the hospital has identified and adopted a new product for use. It is a butterfly needle with a trapping chamber that holds the first 2mL’s of blood drawn to prevent any contamination from the initial insertion site.

X. HR AND MARKETING REPORT

Shannon Erb provided the HR and Marketing Report as follows:

- August 2022 employee turnover data.
- Welcome to Adrianna Livingston, RN and Sheryl Easton (PRN Medical Records).

Shannon 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.

XI. ADJOURNMENT

The meeting adjourned at 6:36pm.