

Cascade Medical Center Board Minutes

May 20, 2020

CMC Conference Room

12:00 pm – 2:30 pm

Members present: George Greenfield, Jacque Zemlicka, and Mary Tracey

Members attending via Zoom: Lesa Becker, Rachel Smith, and David Gough

Members absent and excused: Anthony Henry

Others present: Tom Reinhardt, Teri Coombs, and Sarah Hasbrouck

Call to Order: Meeting called to order by George Greenfield at 12:05 PM.

Mission Moment: Teri shared a recent patient experience, where an unnecessary visit to the Emergency Room was avoided for a local patient when the ED team, specifically the provider and RN on shift recognized the patients' needs from a previous visit that week, and were able to provide her the needed medications by delivering them to her home instead.

BOT Minutes:

Minutes from the April 15th, 2020 meeting were reviewed. There was a suggestion to document the method of how members attend meetings, if needed for reference in the future. There were no corrections; a motion to approve the minutes was made by Jacque Zemlicka, seconded by Mary Tracey; all members were in favor, motion passes.

Operations Report:

Medical Staff Minutes:

Teri presented the Board with the May 10th, 2020 Medical Staff Minutes, which include the Utilization Report and Volume Trends, for review. It was requested that the data in future Utilization Reviews have telemedicine visits carved out from in person clinic visits.

The Utilization Review and Volume Trends for the month of May 2020 were as follows:

UTILIZATION REVIEW:

- Total ER Visits: 106 (95 May 2019)
- Total OP Visits: 23 (48 May 2019)
- Total Physical Therapy Visits: 169 (327 May 2019)
- Total Clinic Visits: 415 (488 May 2019)

Dr. Ellsworth: 87

Chantell Williams: 7

David Hill: 81

Dr. Dardis: 49

Louise Michels: 118

Allison Dwyer: 9

Krista Niezwaag: 7

Jamie Coffey-Kelly: 57

- Total Laboratory Visits: 264 (266 May 2019)
- Total Radiology Visits: 96 XR's, 40 CT's and 4 US's (122 XR's, 37 CT's, 5 US's May 2019)
 - Death – none
 - Blood Transfusions – one
 - Average Length of Stay for Inpatients – there were two inpatients in the month of May, ALOS 55.00 hours (four observation patients)
 - Leaving Against Medical Advice – none

QUALITY REVIEW:

All provider response times were within the 30-minute window.

TRANSFERS:

All transfers were noted to be of appropriate mode. The following reasons were cited for services and/or equipment needed at CMC to keep patient here:

Transfers

Surgery	6
ENT	
Neurology	
CCU	
ICU	3
Obstetric	
PICU	
Psych	
Burns (Utah)	

INPATIENT CARE PLANS:

There were two inpatients in the month of May, both charts contained a complete care plan.

Financial Reports:

Tom presented updated financials for April, as well as Variance Tables. These were reviewed by the member of the BOT and have been included as Attachment A following the official version of the minutes for this meeting.

Medical Staff Privileges:

Sarah presented a request for Active Privileges to be granted to Courtney Hill, PA-C, with a start date of June 24, 2020. The credentialing packet was reviewed and included the recommendation to grant these privileges from the Medical Staff at their meeting on May 10th, 2020.

Mary Tracey motioned to accept the request of Courtney Hill, PA-C to be granted Active Privileges at Cascade Medical Center for a term of 2 years beginning June 24th, 2020. This motion was seconded by Jacque Zemlicka; all were in favor, motion passes.

CEO Report / New Business/ Unfinished Business:

CEO Update:

Tom notified the board that the new Spacelabs Patient Monitoring system is functioning, but required additional Wifi repeaters to be installed for more extensive coverage throughout the facility.

Athena has introduced a new mobile based application for providers called AthenaOne. This will allow providers to access their inboxes as well as allow them to react to lab/radiology results and prescription requests via their mobile phones. Dr. Ellsworth will be the first adapter for this application.

All provider positions are now filled.

There is a new billboard now displaying both wayfinding information to CMC, as well as a reminder to wear masks at this time.

CMC has been the recipient of two new grants. The first grant was awarded by the Idaho Women's Charitable Fund for providing assistance in increasing Integrated Behavioral Health within our community. This grant will primarily support Courtney Hill's work. The second grant was awarded by the Idaho Health Facilities Authority to assist with ongoing Campus Master Planning.

FY2021 Budget Process and Timeline:

Tom reminded the members of the board that budget season has begun. All CMC managers will be working on FY2021 budget worksheets during the first part of June to allow the Finance Committee time to review these in the end of June. The proposed budget will be presented to the members of the board at the July 2020 meeting for review. The public budget hearing will be during the August 2020 meeting of the board.

Results of Social Action Research with CMC Staff:

Dennis Sandow presented the results from his Social Action Research survey of the CMC employees. He found that most of the employees who responded to his interview question, consider the environment almost family like. The employees feel both supported and empowered by their leadership and each other. They feel a strong sense of community towards each other, as well as our patients and their family members.

Dennis reported that the culture at CMC is one that most companies aspire for, and that we should be proud of the work we are doing.

Committee Reports:

Finance Committee:

Members:

Mary Tracey, Chairperson
Jacque Zemlicka
George Greenfield
Tom Reinhardt

The Finance Committee met with Umpqua Bank to review the purpose of currently held accounts, and will determine if any future changes are needed at a later date.

Quality Assurance, Performance Improvement and Compliance Committee:

Members:

Lesa Becker, Chairperson
Rachel Smith
George Greenfield
Aline Lee
Tom Reinhardt
Teri Coombs

The Quality Assurance, Performance Improvement and Compliance Committee did meet in April. They continue their focus on patient satisfaction scores both for the Inpatient and Outpatient departments. The clinic also is monitoring Quality Indicators related to diabetic patient care.

Strategic Planning Committee:

Members:

Anthony Henry
George Greenfield
Tom Reinhardt
Karolyn Plehal
Ann Young

The Strategic Planning Committee did not meet in April, however the survey asking for input on the current and future state of services at CMC will be finalized and sent out via email blast and social media for those interested in to complete.

Executive Session:

There was no Executive Session in April.

Other/Next Steps:

Agenda topics for next meeting: plans for COVID CARES Act funding; hiring plans for CFO position; continued discussion on the role of a Governing Board, perhaps education on Governance versus Management.

Adjournment: The meeting was adjourned by George Greenfield at 2:25 PM.

The next meeting is scheduled for June 17th, 2020 at 12:00 pm.

Attachment A

Varlance Detail Analysis - April 2020 FYTD						
Category	Budget FYTD Apr 2020	Actual FYTD Apr 2020	Variance to Budget	Variance %	Explanation	Correction/Action Plan
REVENUES						
Gross Revenue from Inpatient, Outpatient, ER, and Clinic	\$ 2,711,460	\$ 3,569,129	\$ 857,669	32%	Overall volumes and gross revenue are trending significantly higher than budget, primarily due to strong ER, Inpatient, and clinic revenue. YTD this has offset the more recent revenue deficits due to COVID, especially in PT.	No action necessary
Gross Revenue from 340B Rx Plan	\$ 81,638	\$ 1,225	\$ (80,414)	-99%	340B revenue was below budget in Oct/Nov, due to providers not being included in the program. In December we added the missing providers and Macrohelix applied the 340B credit (revenue) retroactively. Settlement with pharmacy didn't occur in January, resulting in a deficit.	The retroactive processing resulted in a payable from Watkins Pharmacy to CMC of approximately \$50,000. We have agreed that Watkins can pay CMC over time, with the plan to be caught up by 9/30/20.
Off-sets to Revenue						
Contractual Adjustment	\$ 207,609	\$ 435,049	\$ 227,441	110%	Higher volumes and charges means higher contractual adjustments (write-offs). Still, write offs are disproportionately higher than the revenue variance, so need to investigate.	Need to conduct audit of payor contractuals and assess contracts to verify that adjustments are correct. Project TBD.
Bad Debt Expense	\$ 69,142	\$ 96,300	\$ 27,158	39%	October and November Bad Debt was higher than budget. As expected, bad debt expense leveled out after the summertime claims worked through the bad debt/charity care process. Bad Debt was below budget for Dec, Jan, and Feb but rose again in March and April.	No action necessary.
Indigent Care Writeoff	\$ 69,142	\$ 175,565	\$ 106,422	154%	CMC implemented the indigent care "sliding scale" program in Fall of 2018. The actual dollar amount written off continues to far exceed the estimate. March's actual indigent care write off in March and April are the smallest of the year and close to budget for those months, suggesting that our action plan may be starting to work.	CMC Business Office has reexamined the criteria applied to indigent care applications including documentation required to qualify. Our modified practice still complies with NHSC guidelines regarding proof of indigency. We are aggressively helping uninsured patients qualify for Medicaid.
EXPENSES (Unfavorable Variances > \$5,000 from Budget YTD)						
Supplies	147,639	204,086	56,446	38%	Supply costs are higher than expected because of medical supply and drugs purchased. Volumes have been higher in most departments, accounting for much of the increase. Additional spending for PPE related to COVID.	No action needed. Drug purchases fluctuate throughout the year. We expect to be within budget, adjusted for actual volumes, at year end.
Repairs & Maintenance	6,060	20,415	14,355	237%	Projects scheduled for completion in FY19 drifted into FY20, especially electrical work. Additional expenses related to triplex repairs.	No action needed. COVID prep expenses and creating additional work space in clinic (renovation) will increase expenses in Mar-April.
Minor Equipment Purchase	2,132	13,518	11,386	534%	Additional small equipment purchases for COVID (e.g., air handlers, tent)	No action needed.
Hospital Insurance	16,743	28,456	11,713	70%	YTD variance through January due to timing of insurance premium payments (not spread equally throughout the year).	No correction planned. We will be over budget through the year due to slightly higher premiums than budgeted and old invoices from FY19 for Worker's Comp premiums that were not paid and subsequently caught up in FY20.
Depreciation & Amortization	153,400	227,184	73,784	48%	Capital equipment purchases incurred in late FY19 drove D&A higher than budgeted, and will continue throughout FY20.	No correction planned. In fact, D&A will go higher still as a result of anticipated purchases this year of a \$125k cardiac monitoring system (replacement) and possibly a \$45k lab analyzer.