

# **Niobrara County Hospital District Board of Trustees**

## **Board of Trustees Meeting Minutes**

**August 11, 2020 5:30 pm**

The Niobrara County Hospital District Board of Trustees met in the Training room at Niobrara Community Hospital in Lusk, Wyoming. In attendance were Mr. Mark Groh, Chairman; Mr. Travis Krein, Vice Chairman; Ms. Shelly Larson, Treasurer; Ms. Randi Ross, Secretary; and Mr. J.V. Boldon, member. Attending from RCI was Nick Doucette, CEO and Dana Gilliland, CFO.

**Mr. Groh called the Public Session to order at 5:30 p.m.**

A quorum was verified.

### **Acceptance of the Agenda**

**Ms. Ross moved to accept the agenda with the addition of landscaping and new board members. Mr. Krein seconded the motion. There was no discussion. Motion carried 4-0.**

### **Public Comments**

Ms. Larson received a good report on ER care.

### **Policy Approval**

Nick presented 4 policies. HR\_011 Drugs & Alcohol which was updated and three new clinic policies - RRHC\_03 ECF Physician Rounding, RRHC\_012 Normal Lab/Radiology Reporting and RRHC\_013 Outdated Medication.

**Ms. Larson moved to accept the policies as presented. Mr. Krein seconded the motion. There was no discussion. Motion carried 4-0.**

### **Executive Operational Report**

The report is attached to these minutes. It was asked if NCH can trade in IV pumps for new ones, Nick will check. We will have department updates at the next meeting. The WRS increases result in 9% for the employee and 9.25% for the employer.

### **Old Business**

Feasibility Study – waiting on net revenues

COVID reporting requirement & NHSN enrollment – we need to enroll with CDC's National Healthcare Safety Network (NHSN); this was not done when the letter was received by previous management. We must report even if it is zero. Currently the Wyoming Hospital Association (WHA) reports for all WY hospitals but we still need to enroll.

Departmental COVID tracking – Dana is working on a list of everything that can and should be included. She will have to backtrack because HMS did not track anything. She is looking for the attestation of the \$261,000. COVID dollars need to be spent by the end of the year but there are no guidelines for reporting at this time.

Medicare Annual Wellness Visit program – these will be starting immediately. The clinic will utilize an automated phone call campaign encouraging a no cost annual visit to patients aged 65 and over. We expect to see increased volumes over the next few months.

Radiology contract update – The Radiologist we previously used closed his practice and a new contract was signed by HMS (Nathan). The new contract with V Rad was set up as fee for service which means we were to do the billing for their radiologists. The terms of the contract were not shared with the revenue cycle or business office personnel so we have not billed nor do we want to do their billing. Nick is updating the contract so they will do their own billing.

### **New Business**

Staffing updates – DON candidates were interviewed and Marne Siebke has been hired as the FT DON. We are looking for a House Supervisor. A staff member in the billing office will not be returning from FMLA so Nick is taking the opportunity to restructure the Business Office. He will combine coding and billing into one position. There will be one position for the clinic and one position for the hospital. We will keep the contract coder to oversee and do quality checking for a period of time.

Dr. Behringer – returning 8/13/2020. He will work 11 shifts this month and will then get involved in other areas.

340B program administration and future plans – the program has not been administered properly in the past. Nick explained the process to the board. If we choose to continue with the program, we will need to develop policies. At this time Nick wants an analysis done to determine if the program will be financially viable.

Landscaping – it was brought to the attention of the board that the landscaping around the hospital was in need of attention. A list was given to Nick for the Facilities personnel to take care of. We will follow up at the next meeting.

New board members – the filing deadline for hospital trustee is August 24, 2020

Proposed renovation project plan – the board toured the facility with Nick to look at the proposed changes due to infection control. Many of the temporary structures will need to become permanent.

**Meeting adjourned at 7:35 p.m.**

## July 2020 Operational Summary

In the month of July, NCHD saw a significant increase in ED and inpatient volume. Preliminary total gross patient revenue reported is over \$700,000, also a significant increase from the prior month. With the increase in emergency department volume came a significant increase in traumas and codes; though the clinical staff performed well through these emergent scenarios, the continued treatment of critically ill patients has generated some negative emotional responses from staff. To address the high stress nature of treating highly emergent patients, a clinical debrief plan has been established to review cases afterwards with all involved clinical staff. This will serve to summarize what went well in patient care, to identify gaps in procedure or training, and to allow staff to unwind after a stressful case.

NCHD held multiple interviews for the DON position and is considering candidates for the role. The interim DON has also updated nursing scheduling, which has resulted in decrease salary costs for the nursing department.

A hailstorm resulted in minor damage to the roof, but this was repaired by maintenance. The chiller on the roof was also damaged, but maintenance was able to repair the unit, avoiding a costly replacement. The CT a/c unit also required repair, not caused by the hailstorm; the CT machine was made available only in emergent situations for a few days, but was repaired and is back to being fully operational.

Nurse practitioner visits in the clinic have continued to increase, which is a good indication that clinic business is returning to normal volume, even in the slow summer months. The nurse practitioner has also established a weekly rounding on all ECF patients, resulting in better continuity of care and increased efficiency in addressing patient concerns.

The Alaris IV pumps were issued a mandatory recall, which is being addressed one IV pump at a time. One IV pump is currently with Alaris and another unit will be sent when the first is received back at the hospital.

HR started the process to obtain group health insurance quotes. These quotes will not be provided until the fall, however the hospital feels starting the process early allows full evaluation of all possible options.

The lease for the lab analyzer expired; the hospital elected to purchase the analyzer instead of lease, as the expected savings of purchasing the analyzer vs continued leasing is substantial.

Wyoming Retirement contributions were increased by .25% for employee contributions and .25% for employer contributions, which will result in a minor increase in retirement expense for the year.