

Audubon County Memorial Hospital Board of Trustees

ANNUAL MEETING MINUTES

January 29, 2018

5:00 P.M.

ATTENDANCE

Present: Board Members: Brett Irlmeier, Michelle Sprague, Mark Kessler, Vicky Robinson, Marlene Ballou

Absent: Paul Schultz, Denise Kilworth

Others Present: Suzanne Cooner, Susan Stetzel, Kolton Hewlett, Melinda Alt, Dr. Jeffrey Maire

I. CALL TO ORDER

Brett Irlmeier called the meeting to order at 5:00 p.m.

II. AGENDA APPROVAL

Marlene Ballou made a motion, seconded by Vicky Robinson to approve the agenda with approval in accordance with the Code of Iowa Open Meetings Law. Motion carried

III. PUBLIC COMMENTS

No public comments.

IV. CONSENT AGENDA

It was moved by Vicky Robinson and seconded by Marlene Ballou to approve the Meeting Minutes of December 18, 2018.

V. HR/QUALITY/COMPLIANCE REPORT

1. The Quality Report was reviewed by Kolton Hewlett, Director of Organizational Excellence, which outlined current quality indicates that the organization is focused on and the progress that the departments are making. He noted several areas where we have shown good progress to correct issues.
2. The Compliance Report was reviewed by Kolton Hewlett, Compliance Officer. Highlights of the report included:
 - A new formal compliance reporting system through an outside compliance company, Lighthouse Services, was implemented and went live on 12/5/18. The system allows staff to report compliance concerns anonymously if they do not feel comfortable reporting concerns directly to the compliance officer. The policy was updated and information has been distributed to staff.
 - HIPAA/Privacy/Security Compliance Rounds were started in July. We conduct a risk assessment in a department each month and ask staff questions about the compliance program including privacy and security.
 - The Compliance committee conducted an annual effectiveness assessment and evaluation of the compliance program, which will be used as part of the compliance risk assessment. Program gaps or actions needed were evaluated, and action plans were developed. The group ranked each standard based on the risk level.
 - Over the next few months, the compliance Committee will be completing various risk assessments related to the Compliance Program, HIPAA, and Information Security. These risk assessments will be used as we develop our Auditing and Monitoring plan for FY 2020. We will also be developing a more formal auditing and monitoring process with standard forms, corrective action plans, and root cause analysis. A more formal Compliance Training and Education Plan is being developed for the organization.
 - The compliance committee continues to focus on various compliance activities related to revenue integrity, billing, coding, documentation, utilization review, clinical documentation improvement, policies/procedures, code of conduct, and conflicts of interest.
3. The Annual HR Report was reviewed with the Board of Trustees by Kolton Hewlett, Director of Human Resources. It was noted that ACMH has 105 employees which includes full time, part time and prn staff. The total of Full-Time equivalents (FTE) at the end of December was 72.

4. Kolton Hewlett reviewed the Board Code of Conduct/Conflict of Interest Statements with the Board of Trustees and statements were signed by each board member.

VI. FINANCIAL REPORT

The financial reports and budget scorecard were reviewed by Melinda Alt, CFO.

The financial report for the month for December Operating Statement “excess of revenue over expenses” for the month was \$20,870.10. YTD is \$73.88 compared to budget of \$45,194.97

Bad Debts are starting to get a little high and higher than budgeted. Some of this is due to the increase in Accounts Receivables and how we calculate bad debts. We continuing to stress collecting co-pays and continue to collect a portion up front for surgeries.

Melinda provided education on Accounts Receivables as requested by the board. She noted we are having more issues with commercial insurances and claims being paid timely and accurately.

Melinda asked for direction for this year's County Tax asking. The Board's recommendation was to stay with the 2.5% rate with no increase.

CD #23385 for \$1,053,544.04 at Landmands matured on 12/30/18. Landmands rate was 2.75%, Audubon State Bank 2.75% and Exchange State Bank 2.60%. Upon the approval and recommendations from board members Paul Schultz and Marlene Ballou the CD was renewed at Landmands at 2.75% for 12 months.

Two CDs at Landmands came due on 1/23/19 #23402 for \$709,932.25 and #23403 for \$419,109.76. Rate at Landmands 2.75%, Exchange State Bank 2.60% and Audubon State Bank passed on bidding. Upon the approval and recommendation from board members Marlene Ballou and Michelle Sprague the two CDs were reinvested at Landmands for 2.75% for 1 year.

VII. MEDICAL STAFF REPORT/APPOINTMENTS/REAPPOINTMENTS:

Dr. Jeff Maire gave the medical staff report.

Credentialing Discussion: Appointments and Reappointments of the following:

1. Initial Appointments to Allied Health Staff
 - a. Kassandra Mueller, PA-C
(had temp. privileges)
2. Initial Appointments to Consulting Medical Staff
 - a. Avera group (20 providers)
3. Resignations from Allied Health Staff
 - a. Katherine Frericks, Aud.
 - b. Gregory Kronenberg, CRNA
 - c. Eunice Mennenoh, PA
4. Resignations from Consulting Medical Staff
 - a. Suzanne Feigofsky, MD
 - b. William Young, MD
5. Resignations Other
 - a. Grayson LeDuc, (Mercy dietician)
 - b. Sandra Loos, (Mercy dietician)
6. Additional Privileges
 - a. Jeffrey Maire, DO

Board members reviewed the applications, the supporting documentation, the Chief of Medical Staff's recommendations from the Medical Staff, and information received during the credentialing and privileging processes. Based on this review, it is the Board's opinion that the above applicants meet the requirements for Medical Staff appointment, re-appointment, and clinical privileges requested. They have also accepted the above resignations. Motion was made by Mark Kessler and seconded by Michelle Sprague to approve the above credentialing.

VII. CEO REPORT/RISK MANAGEMENT REPORT

Suzanne Cooner reviewed the following with the board:

1. There have only been 19 patients of Anissa Irlmeier that transferred their care to another clinic after her resignation. That transferred their care. These were patients from the Manning area that followed her when she left Manning. Each stated they moved their care to be closer to home
2. Server project is almost complete. They are in final testing phase now. We are testing new computers in the clinical areas and the memory sticks have been placed in older computers to speed them up.
3. Price transparency has been added to our website to inform the public of our prices of the services we offer. This was a federal mandate.
4. Holding on the Business Office remodel due to a staffing issue. Will resume in about six weeks.
5. The Ablation machine has been purchased for the pain program. It will be operational after all the paperwork and testing is completed. This may take a few weeks to complete.
6. Avera eEmergency is scheduled to go online mid-April. Delay was due to internet issues.
7. Patients now receiving more choice for meals. An a-la-cart menu is provided for those patients not on a restricted diet who don't want what is on the regular menu.

Risk Management Report:

Suzanne Cooner reviewed the Risk Management report with the board. Moving forward Kolton Hewlett will assume responsibilities of Risk Management with Suzanne Cooner's assistance.

IX. APPROVALS:

1. Annual Review of Board Bylaws – Mark Kessler made a motion and seconded by Michelle Sprague to approve the Board of Trustees Bylaws. Motion carried.
2. PAC Policies/Procedure – Mark Kessler made a motion and seconded by Michelle Sprague to approve the PAC Policies/Procedures. Motion carried.
3. Interim CEO Services Agreement – Mark Kessler made a motion and seconded by Michelle Sprague to approve the Interim CEO Services Agreement with Jennie Edmundson Memorial Hospital. Motion carried.
4. Resume Funding Depreciation – Mark Kessler made a motion and seconded by Michelle Sprague to resume funding depreciation starting in February 2019. Motion carried.
5. Privacy Officer – Mark Kessler made a motion and seconded by Michelle Sprague to approve Kolton Hewlett as the Privacy Officer. Motion carried,
6. Hospital & Medical Staff Organizational Charts– Mark Kessler made a motion and seconded by Michelle Sprague to approve the Organizational Chart for Hospital & Medical Staff. Motion carried.
7. Medical Staff Rules and Regulations – approved by the Medical Staff. Made a motion and seconded by to approve the Medical Staff Rules and Regulations. Motion carried.

X. BOARD COMMENTS

Brett Irlmeier asked about our liability insurance. Melinda and Kolton will be sending out RFP's in the next month for possible consolidation of our policies.

Brett also commended Suzanne Cooner, CEO and the ACMH staff for the continued progress at ACMH.

XI. ADJOURNMENT:

The meeting adjourned at 7 p.m. with a motion by Mark Kessler and seconded by Vicky Robinson. Motion carried.

PAC policies Approved:

- Telehealth Services
- Secured Messaging Via Tiger Text
- Tornado Policy
- Notification of On-Call Staff
- Radiology Modality Schedule and Staff Call
- HIM Policies:
 - 1) Approved Abbreviations and Do Not Use Abbreviations
 - 2) Coding Responsibilities
 - 3) Concurrent Open Chart Review
 - 4) Designated Record Set
 - 5) Documentation in the Medical Record
 - 6) Health Information Management Scope of Services
 - 7) Information Management Plan
 - 8) Medical Record Number Assignment
 - 9) Medical Records on Litigation Hold
 - 10) Medical Records Needed for Patient Care
 - 11) Notice of Privacy
 - 12) Processing Orders
 - 13) Record Retention
 - 14) Release of Patient Information
 - 15) Reporting of Acute Agricultural Farm Injuries
 - 16) Rubber Stamp Signatures
 - 17) Scanning of Complete Medical Records Inpatient and Outpatient
 - 18) Security and Safeguarding of Medical Records
 - 19) Signature Verification