

BOARD OF DIRECTORS MEETING MINUTES Tuesday, January 26, 2021 6:00 p.m.

MEMBERS PRESENT:

Mike Lewis -via Teams
Greg Muehlenbein -via Teams
Paula Hatfield -via phone
Wayne Morris- via Teams
Larry Rowland-via Teams
Kelly Karcher -via Teams
Kenny Aydt -via Teams
John Warner- present

MEMBERS ABSENT:

Christina Epperson

OTHERS PRESENT:

Victoria Woodrow, CEO
Justin Epperson, CFO
Patty Blazier, CNO
Glenna Sutton, Compliance Officer
Bryan Russell, Quality Director
Holly Hubele, ASC

Mike Lewis, Board President, called the meeting to order at 6:00 p.m.

Roll call was taken and with a quorum present, the meeting proceeded.

Topic of Discussion		Description	Action Taken
Public Comment		No comments were made.	
Review of Minutes from Decer 17, 2020	mber	Regular session minutes were reviewed.	Wayne Morris made a motion to approve the December 17, 2020 Board of Directors Regular session minutes. Greg Muehlenbein seconded the motion. Motion carried.
December 31, 2020 Financial Statement Narrative		Justin Epperson, CFO, reviewed the December 31, 2020 finances and statistics.	Wayne Morris made a motion to approve the December 31, 2020 Financial
Balance Sheet		Current Assets Cash – HMHD has an operating cash balance of \$11,665,534 which is an increase of \$99K from the previous month. Accounts Receivables- The net patient receivable balance decreased by \$438K over the prior month to \$2,179,231. Other Receivables- Increased by \$14K over the prior month to \$262K. Inventories and Other Assets- Decreased by \$10K leaving a balance of \$610K.	Statement. Kelly Karcher seconded the motion. Roll Call Vote: Wayne Morris-Yes; Kelly Karcher-Yes; Larry Rowland-Yes; Kenny Aydt-Yes; Greg Muehlenbein-Yes; Paula Hatfield-Yes; John Warner-Yes. Motion carried.
	it.		

Balance Sheet (continued)

Current Liabilities

Accounts Payable-

\$2.7M is the total in Payables for December which includes \$824K for regular business payables.

Long Term Liabilities-

Remained at \$18,385,060, the outstanding amount of bonds payable by HMHD, the Payroll Protection Program (PPP) and the REDLG loan for the roof.

Income Statement

Gross Patient Revenue-

Total revenue was \$2.9M, which was \$85K above budget.

Gross Patient Revenue is broken down into two areas:

- -\$2.73M Hospital Revenue (\$101K above budget)
- -\$152K Clinic Revenue (\$16K below budget)

Deductions

Contractual adjustments and bad debt allowances are recorded at 51% of gross revenue, which is below the previous month of 57%.

Operating Expenses

Total operating expenses of \$1,671,210 represents an increase of \$227K from the prior month.

Income Statement (continued)	Net Income	
	The net loss of \$38K	
	represents a decrease of	
	\$50K from the prior month.	ĺ
	-	
	Revenue was solid, but down	
	from the previous month.	
	The post-Thanksgiving	
	increase in COVID cases	
	fortunately did not	
	materialize. December was	
	much higher in expenses	
	than normal. Some of this	
	was due to expenses that will	
	be reimbursed by the Health	Ĵ
	Department (\$70K),	
	Employee Benefits related to	
	calendar year end paying of	
	all outstanding in-house	
	health claims (this is needed	
	so our re-insurance can be	
	applied, if needed) which	
	were \$60K over budget, and	[
8	closing costs related to the	
	REDLG loan, which amounted	
	to over \$10K.	
	Cook Callagtions	
×.	Cash Collections Cash collections were \$2.6M	
	in December, up \$1.2M from	
	last month.	
	last month.	
Final Adjustments to the Bottom	None	
<u>Line</u>		
	Justin Epperson stated that	
	the Operating Supply looks	
	out of sorts due to COVID-19	
	expenses. It is estimated that	
	it will be September 2021	
	before the determination of	

how the Provider Relief Fund

(PRF) will be done. The application for Provider Relief Fund forgiveness has been completed.

The REDLG came through in December.

Before moving to Harris software, A/R and bad debt clean-up is being done by the Business Office to ensure a smoother transition into Harris. During the clean-up, a few patient credit balance refunds were found from 2003-2007. A policy will be created and utilized regarding unclaimed cash and property.

Credit balances are now being reviewed regularly.

Capital/Building/Grounds

Justin Epperson, CFO stated that HMHD borrowed 2-beds from SSM while waiting on the shipment of 2-new beds for Med/Surge. The quote for the Stryker beds has been included in the packet and show the cost as \$8,875.00 per bed. The new beds arrived January 25, 2021 and the beds from SSM will be returned.

New Stryker beds for the ED will go on the capital schedule for next year.

	COV	<u>ID-19</u>	Res	po	nse
--	-----	--------------	-----	----	-----

Victoria Woodrow, CEO discussed the current COVID-19 Response.

- -Region 5 Mitigation Level Is now at Phase 4
- -Personal Protective Equipment (PPE) Supply – Is strong at HMHD
- -Testing -awaiting rapid Quidel Solana PCR
- -Vaccinations Phase 1b; point of distribution upon vaccine availability to Rural Health Clinics (RHC)
- -Hamilton County COVID Planning & Preparedness Team is meeting twice weekly
- -Patient Care Staffing COVID Bonus Shift Incentives in place
- -Provider Relief Fund Planning has a completion Goal of June 2021 with the following goals:
- Permanent Negative Air rooms on Med/Surg with architectural planning to start
- 2. Permanent Negative Air Clinics; 11 new installations beginning February
- Maintenance Ticketing System – improve environment of care response and tracking
- HVAC Monitoring monitoring of HVAC efficiency of all RTUs (Roof Top Units)

BOARD OF DIRECTORS MEETING MINUTES January 26, 2021 Page 7

COVID-19 Response (continued)	 Carpet Removal – Clinics, Imaging/Lab waiting, Offices Damaged Vinyl Floor Replacement – ER, Med/Surg, etc. Fabric Furniture Recovering Additional PAPRs – 32 total 	
Reports	Quality & Performance Improvement Report Bryan Russell, Quality Director reviewed the Quality and Performance Improvement Report.	Kelly Karcher made a motion to approve the Quality and Performance Improvement Report. Kenny Aydt seconded the motion. Motion carried.
	Fiscal Year '20 - '21 Education and Discharge Planning Goals: Patient Experience Transitional Care patient assisted with shower every other day and bed change daily. Goal: 90% or greater.	
	Population Health Transitional Care patient will receive education of home safety prior to discharge home Goal: 90% or greater.	
	Reducing Cost Transitional Care patient will receive a follow up phone call within 72 hours of discharge to prevent	

readmission.

Reports (continued)

Goal: 100% called.

Care Team Well-being

A departmental Needs
Assessment will be
completed one time per year.
Feedback from this
assessment is a valuable tool
in understanding needed
equipment and opportunities
for process improvements.
Goal: One Needs Assessment
will be completed for each
department. Feedback will be
evaluated during Quality
Committee.

The Needs Assessments have been received and will be compiled.
Performance Improvement Committee Teams (PIC) continue to meet.

Compliance Report

Glenna Sutton, Compliance
Director, stated that in
December there was one
alleged HIPAA incident
reported, and after the
Compliance Team met and
the investigation was
performed, it was
determined to be unfounded.

The Compliance plan which was approved by the Board at the last board meeting has been placed on the HUB for employees to read and acknowledge

Larry Rowland made a motion to approve the Compliance report. Wayne Morris seconded the motion. Motion carried.

Reports (continued)

No calls were received to the compliance hotline in December.

Quarterly Safety Summary

Victoria Woodrow, CEO reviewed the Q2 Safety Summary stating that no issues were noted for the following:
Fire Drills, Security, Medical Equipment, System Failures, Utilities Management, Risk

Management, or Hazardous

Waste.

Emergency Preparedness: Initiated Code Disaster on March 9, 2020 due to COVID-19 with daily briefings with Administration members, IC Nurse, Safety Officer, Local EMA, Local EMS and Hamilton County IDPH. Meetings moved to twice weekly in May of 2020 and they continue.

Quarterly walk- through for Safety/Infection Control and HIPAA Inspections took place on November 4, 2020 for the Hospital and McLeansboro Family Clinic. The off-site Carmi Clinic and Senior Enrichment inspections were performed individually on November 9, 2020. Noted issues have been resolved.

Reports (continued)

2020 Security Risk Analysis and Action Plan 2021

Victoria Woodrow, CEO stated that this assessment is required by HMHD auditors and will help minimize risks associated with IT data loss, security breaches and disruptions/disasters. The SAR assessment prepared by System Solutions expresses that HMHDs overall level of risk is low.

A Security Risk Assessment Action Plan was created and action items are in the process of completion. Greg Muehlenbein made a motion to approve the 2020 Security Risk Analysis. Paula Hatfield seconded the motion. Motion carried.

Policies

COVID-19 Voluntary

Vaccination

Purpose: In accordance with Hamilton Memorial Hospital District's duty to provide and maintain a workplace that is free of known hazards, HMHD is adopting this policy to safeguard the health of the employees, their families, patients and visitors; and the community at large from infectious diseases, such as COVID-19 that may be reduced by vaccinations. This policy will comply with applicable laws and is based on guidance from the Centers for Disease Control and Prevention, Illinois Department of Public Health, and the local health department, as applicable

Larry Rowland made a motion to approve the COVID-19 Voluntary Vaccination Policy. Kelly Karcher seconded the motion. Motion carried.

Policies (continued **RHC Chart Closing** Wayne Morris made a **Purpose:** To ensure timeliness motion to approve the RHC of Rural Health Clinic (RHC) Chart Closing policy. Kelly office note completion which Karcher seconded the promotes effective patient care, motion. Motion carried. aids other RHC providers in the care of the patient, and aids in timeliness of billing. Economic Interest Statement and The Economic Interest Conflict of Interest Statements Statements and the Conflict of Interest Statements were mailed to the Board members on 1/26/2021. Once they are received back to Administration, the **Economic Interest** Statements will be taken to the Court House. **Executive Session Recordings** Discussion and/or Action to destroy Executive Session recordings for months prior to July 2019 under 2.06 Section C of the Open Meetings Act. **CEO Report** Paula Hatfield made a motion Victoria Woodrow, CEO to destroy Executive Session stated that the Culture of recordings prior to July 2019. Safety is an employee survey Kenny Aydt seconded the based on their attitudes and motion. Motion carried. behaviors toward patient safety at HMHD. The survey was composed of 35 questions and 68 employees responded. 72% ranked the overall safety as perfect or

very good.

CEO Report (continued)	Key Statistics for December	
	Net Days in A/R – 52	
	Days Cash on Hand-271	
	Due to the COVID-19 CARES	
2	Act funds in May	
	Statistics for the month of	
	<u>December</u>	
	Eyes: 4	
	Revenue driver/ER visits:	
	322	
	CT scans: 158	
	Clinics combined had	
	1144 patient visits	
	Carmi: 449	
	McLeansboro: 695	
	Acute Admissions: 40	
	Lab: 6711	
Executive Session	Transitional Care: 17	Wayne Morris made a
		motion to enter into
		Executive Session at 7:00 pm.
		Kenny Aydt seconded the
		motion. Motion carried.
Executive Session (continued)		John Warner made a motion
		to exit Executive Session at
		7:35 pm. Paula Hatfield
		seconded the motion.
		Motion carried.
Meeting Adjournment		Wayne Morris made a
		motion to adjourn the
		meeting at 7:36 pm. Paula
		Hatfield seconded the
		motion. Motion carried.

HAMILTON MEMORIAL HOSPITAL DISTRICT

John Warner, Secretary Board of Director