



BOARD OF DIRECTORS MEETING MINUTES

Tuesday, March 23, 2021

6:00 p.m.

MEMBERS PRESENT:

Mike Lewis
Kenny Ayt
Christina Epperson
Paula Hatfield- via Teams
Kelly Karcher-via Teams
Wayne Morris
John Warner

MEMBERS ABSENT:

Greg Muehlenbein
Larry Rowland

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. This meeting was held at the Hamilton County Schools Administrative Center located at 804 Golf Course Road, McLeansboro, Illinois and will be the site of all future meetings unless communicated otherwise.

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

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Topic of Discussion	Description	Action Taken
<p><u>Public Comment</u></p>	<p>No comments were made.</p>	
<p><u>Review of Minutes from February 23, 2021</u></p>	<p>Regular session and Executive session minutes were reviewed.</p>	<p>Kenny Aydt made a motion to approve the February 23, 2021 Board of Directors Regular session minutes. Christina Epperson seconded the motion. Motion carried.</p> <p>Kenny Aydt made a motion to approve the February 23, 2021 Board of Directors Executive session minutes. Paula Hatfield seconded the motion. Motion carried.</p>
<p><u>February 28, 2021 Financial Statement Narrative</u></p>	<p>Justin Epperson, CFO, reviewed the February 28, 2021 finances and statistics.</p>	<p>Wayne Morris made a motion to approve the February 28, 2021 Financial Statement. Paula Hatfield seconded the motion.</p>
<p><u>Balance Sheet</u></p>	<p><u>Current Assets</u> Cash HMHD has an operating cash balance of \$12,459,547 which is an increase of \$944K from the previous month. Accounts Receivables- The net patient receivable balance decreased by \$632K over the prior month to \$2,001,696. Other Receivables- Decreased by \$52K over the prior month to \$153K. Inventories and Other Assets- Decreased by \$31K leaving a balance of \$620K.</p> <p><u>Current Liabilities</u> Accounts Payable- \$6.8M is the total in Payables for February which includes \$817K for regular business</p>	<p>Roll Call Vote: Wayne Morris-Yes; Paula Hatfield-Yes; Kenny Aydt-Yes; Christina Epperson-Yes; Kelly Karcher-Yes; John Warner-Yes. Motion carried.</p>

<p><u>Balance Sheet (continued)</u></p>	<p>payables. This amount includes PRF funds (\$3.7M) that await loan forgiveness.</p> <p>Long Term Liabilities- Long-term liabilities are at \$18,375,393, the outstanding amount of bonds payable by HMHD, the Payroll Protection Program (PPP) and the REDLG loan for the roof.</p>	
<p><u>Income Statement</u></p>	<p>Gross Patient Revenue- Total revenue was \$2.6M, which was \$300K below budget.</p> <p>Gross Patient Revenue is broken down into two areas:</p> <ul style="list-style-type: none">- \$2.5M Hospital Revenue (\$244K below budget)- \$112K Clinic Revenue (\$56K below budget) <p>Deductions Contractual adjustments and bad debt allowances are recorded at 61% of gross revenue, which is above the previous month of 56%.</p> <p>Operating Expenses Total operating expenses of \$1,349,557 represents a decrease of \$212K from the prior month.</p> <p>Net Income The net loss of \$256K represents a decrease of \$332K from the prior month.</p> <p>February saw a large amount of cash collected from patient accounts. This was the best cash month HMHD</p>	

<p><u>Income Statement (continued)</u></p>	<p>has experienced in several years. As that cash was collected, which was mostly Medicare and Commercial dollars, the contractuals on those accounts were realized. The only two A/R buckets to increase were Medicaid and Private Pay, which have the highest contractual reserves. This resulted in our contractual percentage coming in at 61%, which makes having a good net income impossible. Net Day in A/R dropped 14 days as a result of this, as well. February was a very good month for cash and the balance sheet, but less favorable for our bottom line.</p>	
<p><u>Final Adjustments to the Bottom Line</u></p>	<p><u>Cash Collections</u> Cash collections were \$2.2M in February, up \$900K from last month.</p> <p>None</p> <p>Justin Epperson stated that the month of February had 10% fewer days and there was a decline in activity.</p> <p>Salaries and wages were lower than previous months due to February being a short month. Salary reviews will be a main focus during the next 6-months</p> <p><i>A Credit Balance Total line has been added under</i></p>	

<p><u>Capital/Building/Grounds</u></p>	<p><i>Financial Stats on the Key Statistics page. Credit balances are expected and will continue to be tracked and resolved.</i></p> <p>Capital budget is in process and will go to the Board in April.</p> <p><u>Surgery GlideScope Quote</u> The HMHD Emergency Department retains a GlideScope for emergency use but another one was requested by Anesthesiology to house in the OR for difficult intubations. The GlideScope would provide extra safety precautions with the total cost being \$18,167.50</p>	
<p><u>COVID-19 Response</u></p>	<p>Victoria Woodrow, CEO discussed the current COVID-19 Response and Provider Relief Fund (PRF) Planning.</p> <p>-Personal Protective Equipment (PPE) Supply is strong at HMHD. Vaccinated employees can now use simple surgical masks unless they are treating a COVID-19 positive patient.</p> <p>-The rapid Quidel Solana PCR testing is now in place and storage freezer installed. All COVID labs are now completed in-house with confirmation given within 24 hours.</p>	<p>Kenny Aydt made a motion to approve the Surgery GlideScope quote of \$18,167.50. John Warner seconded the motion. Motion carried.</p>

<p><u>COVID-19 Response (continued)</u></p>	<p>-Vaccinations – 100 Johnson and Johnson doses arriving weekly due to HMHD being selected as 1 of 9 Illinois Critical Access Hospitals to participate in the Governor’s CAH Vaccine Program. Vaccinations for the public will be scheduled weekly at both HMHD clinics. To schedule a COVID vaccine, call 618.643.5859.</p> <p>-Patient Care Staffing is stable with RN increases and COVID Bonus Shift Incentives in place. The nurse manager position has been filled.</p> <p>-Provider Relief Fund Planning has a completion Goal of June 2021 with the following goals:</p> <ol style="list-style-type: none">1. Permanent Negative Air rooms on Med/Surg architectural planning has started. A proposed floor plan has been received to modify Med/Surge and install anterooms to serve retrofitted isolation room.2. Permanent Negative Air Clinics; 11 new installations beginning3. The outdoor MABAS tent used for COVID testing will be removed on April 7, 20214. Maintenance Ticketing System for improvement of environment of care response and tracking. Review and approval will	
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<p><u>COVID-19 Response (continued)</u></p>	<p>take place at the April 27, 2021 Board of Directors meeting.</p> <ol style="list-style-type: none"> 5. HVAC Monitoring – monitoring of HVAC efficiency of all RTUs (Roof Top Units) on track to be completed. 6. Carpet Removal – Clinics, Imaging/Lab waiting, Offices will begin in April 7. Damaged Vinyl Floor Replacement – ER, Med/Surg, etc. Floor coverings have been determined with project slated to begin in May. 8. Fabric furniture recovering is slated to begin late March 9. Received 32 PAPRs 	
<p><u>Reports</u></p>	<p><u>Quality & Performance Improvement Report</u> Bryan Russell, Quality Director reviewed the Quality and Performance Improvement Report.</p> <p><u>Fiscal Year '20 - '21 Human Resource Goals:</u></p> <p>Patient Experience The Human Resources Manager will provide monthly education for staff on HR Policies and Procedures. Goal: 100% Results: 100%</p> <p>Population Health The Human Resources Manager will provide ongoing education for staff</p>	<p>Kenny Aydt made a motion to approve the Quality and Performance Improvement Report. Wayne Morris seconded the motion. Motion carried.</p>

<p><u>Reports (continued)</u></p>	<p>regarding the 457-employee funded retirement plan and enroll more employees. Goal: 100% Results: 100%</p> <p>Reducing Cost The Human Resources manager will obtain information regarding new insurance options for staff and work on implementing the best option. Goal: 100% Results: 100%</p> <p>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. Result: 100%</p> <p>Performance Improvement Committee Teams (PIC) continue to meet: EPIC Steering Team: Meeting weekly for Epic migration planning. SSM Epic sample affiliation agreement has been received and is under review by the Epic Steering Team members for their specific modules and out of contract cost. These will be evaluated and</p>	
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<p><u>Reports (continued)</u></p>	<p>included capital planning and budgeting for FY '22 and FY '23. SSM has requested completion of a discovery template by HMH Epic Steering team including vital information about current state hardware, software, and interfaces. The lengthy document is in process and will be completed by March 24, reviewed by the executive team with System Solutions management and provided to SSM Epic group in early April.</p> <p>Hamilton Hub Intranet & Web Team: Continue to meet bi-monthly to improve the functionality and end-user satisfaction of the intranet platform. Content development and electronic form creation to remove paper process throughout the organization continue. The education Annual Learning Plan for FY 22 is nearing completion.</p> <p>SSM Hospitalist Documentation Delinquencies & Death Certificate PIC: SSM physician hospitalist documentation has improved greatly due to increased communication by HIM to SSM group; thus, reducing the amount of outstanding documentation needs to complete billing for final stay of HMH swing-bed patients.</p>	
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<p><u>Reports (continued)</u></p>	<p>Process has been communicated for physician hospitalist to complete documentation the day of the patient round and to consistently tele-round on patients with APP hospitalist at HMH at the same time each day.</p> <p>SSM hospitalist administrative director, Hollie Colle has received information from HMH to transition processing of death certificates to an electronic process through the State of Illinois death records services. This will greatly improve the timeliness of death certificates received by funeral directors for patients expiring at HMH.</p> <p><u>Compliance Report</u></p> <p>Glenna Sutton, Compliance Director, stated that in February there was one alleged HIPAA incident reported regarding a third-party element embedded within an application used by HMHD. Currently, HMHD is waiting for more information to decide whether further action is required.</p> <p>No calls were received to the compliance hotline in February.</p>	<p>Wayne Morris made a motion to approve the February Compliance report. Christina Epperson seconded the motion. Motion carried.</p>
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<p><u>Policies</u></p>	<p><u>Electrostatic Sprayer</u> Purpose: To sanitize an area after a patient has been discharged or services rendered.</p>	<p>Christina Epperson made a motion to approve the Electrostatic Sprayer policy. John Warner seconded the motion. Motion carried.</p>
<p><u>Board Self-Evaluation</u></p>	<p>The Board Self-Evaluation forms will be mailed to the Board members this week and will have a return envelope.</p>	
<p><u>Executive Session Recordings</u></p>	<p>Discussion and/or Action to destroy Executive Session recordings for months prior to <i>September 2019</i> under 2.06 Section C of the Open Meetings Act.</p>	<p>Paula Hatfield made a motion to destroy Executive Session recordings prior to September 2019. Kenny Aydt seconded the motion. Motion carried.</p>
<p><u>CEO Report</u></p>	<p>Victoria Woodrow, CEO stated that the Hamilton Memorial Hospital Community Benefit Report for Fiscal Year 2020 has been completed and will be distributed to all Hamilton County residents in April. Highlights of the report include HMHD celebrating 60-years of service and COVID-19 response.</p> <p><u>Key Statistics for February 2021</u> --Net Days in A/R – 49 --Days Cash on Hand-287 Due to the COVID-19 CARES Act funds in May</p> <p><u>Statistics for the month of February 2021</u> -- General Surgery/Scopes:17 -- Eyes: 10</p>	

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<p><u>CEO Report (continued)</u></p>	<p>--Revenue driver/ER visits: 275 --CT scans: 142 --Lab: 5842 --Clinics combined had 912 patient visits Carmi: 313 McLeansboro: 599 --Acute Admissions: 25 --Transitional Care: 13</p> <p>Victoria Woodrow announced that Bryan Russell would be transitioning from Quality and ED Director to Director of Educational Services and Discharge Planning. Jenee Wilson, RN will become the new Quality, Compliance and Risk Director.</p> <p>Victoria Woodrow, CEO explained that Organizational Process Improvement is an important element that lays the framework in which HMHD uses to systematically improve the way care is delivered to patients. Information is derived from quality analysis of key metrics. Performance Improvement Committees (PIC) teams are established when issues arise or process improvement is needed. Goals for improvement are then created, tracked and reported monthly to the Board of Directors and Continuous Quality Improvement Committee (CQIC).</p>	
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<p><u>CEO Report (continued)</u></p>	<p><u>Hospital Quality Star Ratings</u></p> <p>The Centers for Medicare and Medicaid Services (CMS) uses methodology to calculate and display overall hospital-level quality using a star rating system. The goal is to improve the usability of quality measurement data and improve the ability of patients to make important healthcare decisions. The CMS 2021 Overall Hospital Quality Star Ratings process has been updated and will be based on a variety of measures across these five areas: Mortality, Safety of Care, Readmissions, Patient Experience, and Timely Effective Care.</p> <p>Victoria Woodrow, CEO stated that HMHD’s yearly liability insurance costs are impacted through risk pooling with Illinois Provider Trust (IPT). Updates will begin in April to IPT’s Risk Exposure Adjustment Program (REAP) criteria and will be based on four areas of review: Enhanced Recovery Post Surgery, Discharged Against Medical Advice, Apparent Agency, and Improving Diagnostic Process in Clinic Settings.</p>	
<p><u>Executive Session</u></p>		<p>Wayne Morris made a motion to enter into Executive Session at 7:13 pm. Kenny Aydt seconded the motion. Motion carried.</p>

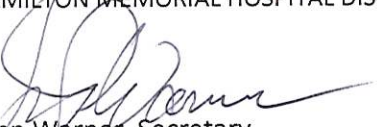
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<p><u>Executive Session (continued)</u></p> <p><u>Meeting Adjournment</u></p>		<p>Wayne Morris made a motion to exit Executive Session at 7:55 pm. Christina Epperson seconded the motion. Motion carried.</p> <p>Kenny Aydt made a motion to adjourn the meeting at 7:56 pm. Paula Hatfield seconded the motion. Motion carried.</p>
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HAMILTON MEMORIAL HOSPITAL DISTRICT



John Warner, Secretary
Board of Director