

GARFIELD COUNTY HOSPITAL DISTRICT  
BOARD OF COMMISSIONERS  
REGULAR MEETING

April 6, 2011

Meeting called to order at: 18:00

Present: Roger Dumbeck, Jenness Evanson, Vonni Mulrony, Pat Richardson, Jim Maves

Staff & Guests: Shannon Jones, Andrew Craigie, Jeff Jones, Ken Moyer, Barbara DeHerrera, Susan Morrow, Linda Baker, Cori Huggins (introduced)

PRESENTATIONS

1. Conflict of Interest Statement: If there is any item on the agenda that may represent a conflict of interest to any Commissioner they are welcome to notify the Chairperson at this time. No one has indicated any conflict of interests at this time.
2. Consent Agenda:
  - a. Board of Commissioners Minutes March 2, 2011
  - b. Finance Committee Minutes March 31, 2011
  - c. Quality Team Minutes March 2, 16, 30, 2011
  - d. Safety Committee Minutes – March 17, 2011
  - e. Board Standards Checklist
  - f. Scorecard
  - g. AP Vouchers 204125-204412 Total \$625,432.70
  - h. Payroll Vouchers 37641-37687 Total \$227,299.61

Items may be removed from the consent agenda on the request of any one member. Items not removed may be adopted by general consent without debate. Removed items may be taken up either immediately after the consent agenda or placed later on the agenda at the discretion of the assembly. A Motion was made by Pat to approve the consent agenda and seconded by Jenness, and passes with all in favor.

1<sup>st</sup> motion: Pat Richardson 2<sup>nd</sup> Jim Maves – Passed

3. Presentations/Committees

- a. Quality:
  - i. ICD-10 new coding standards & our process to achieve compliance by 2013 – Presentation conducted by Linda Baker; Health Information Technology Manager:
    1. HIPAA X12 version 5010 and NCPDP version D.0 are new sets of standards that regulate the electronic transmission of specific healthcare transactions, including eligibility, claim status, referrals, claims, and remittances. Covered entities, such as health plans, healthcare clearinghouses, and healthcare providers, are required to conform to HIPAA 5010 standards. This is the transaction platform for the up and coming ICD-10 requirement. Use of the 5010 version of the X12 standards and the

NCPDP D.0 standard is required by federal law. The compliance date for use of these standards is January 1, 2012.

2. The International Statistical Classification of Diseases and Related Health Problems 10th Revision (ICD-10) is a coding of diseases, signs and symptoms, abnormal findings, complaints, social circumstances and external causes of injury or diseases, as classified by the World Health Organization (WHO). The code set allows more than 14,400 different codes and permits the tracking of many new diagnoses. Using optional sub-classifications, the codes can be expanded to over 16,000 codes. Using codes that are meant to be reported in a separate data field, the level of detail that is reported by ICD can be further increased, using a simplified multi-axial approach. The International version of ICD should not be confused with national Clinical Modifications of ICD that include frequently much more detail, and sometimes have separate sections for procedures, so the new US ICD-10 CM has some 155,000 codes

3. Refer to PowerPoint presentation

ii. 2011 Staff Opinion Survey Results – very positive!

1. Suggested by Jim Maves to communicate with staff (i.e. paycheck stuffer) what healthcare costs are as compared to deductible or co-pay.

b. HUGS Auxiliary: No expenses to report.

c. Resident Council Report:

i. Some residents expressed facility can be too cold especially sitting under vents. Nursing staff is dressing residents in layers. Nursing staff expressing it is hot but remaining sensitive to the variability in individual temperature preferences.

ii. Nurse call system: Some reports of nursing staff going to room believing there was a call but patient did not signal for them. Resident and Jenness truly believe there may be a wiring or connectivity issue and would like the issue looked into and resolved. – Maintenance staff will address this with the vendor.

d. Medical Staff: Discussed Medical Home and Strategic Plan

e. Clinic Report: New run charts provided by Clinic Manager to reflect new 12 month rolling averages as the prior reporting was not a true reflection of progress and successes. Previously reported diabetes using 3 month rolling average and for CVD was 6 month rolling average. Recommendation made to better identify acronyms to improve clarity for non-clinical staff and interested stakeholders.

f. Safety Committee: The Committee did a walk through and a few minor concerns noted in the Safety minutes.

g. Finance Committee Report:

- i. Updated staffing.
- ii. Had a \$174,173 net loss in February due to Medicaid uncompensated care.
- iii. Accounts Receivable decreased to 53.19 days which is well within best practice.
- iv. Cash flow position allowed us to move \$25,000 from cash to capital repair and replacements reserve fund.

OLD BUSINESS

1. Update on capital projects:

- a. Nurse Call System: See notes above under resident meeting. UL approval issue has been resolved by vendor and all pull cords in bathrooms have been replaced; electrical inspector has signed off on the project.
- b. Tub Room: Blue Room Architects are putting final touches on drawing, obtaining tub vendor list and computing costs. Hope to have details to finance committee via email very soon and present to DOH for approval. This project has been identified by the Board Chair as a priority and staff agrees.
- c. LTC Boilers (hot water heaters) need to be replaced. One services resident rooms and showers and other services laundry and dietary. One leaks and the other only has one element working. When installed in 1974 they exceeded needs regarding size and can be replaced with more efficient, smaller units which will decrease water and electrical load. There will be some down time during replacement. Total cost should not exceed \$31,402.50. Recommended funding from Capital Repair and Replacement reserve. Emergency approval requested, Vonni motioned, Roger seconded and unanimously provided.
- d. EHR Taskforce Update: A lot of hard work being done by the Team with numerous Rapid Cycle Process Walks in an effort to provide District a comprehensive Electronic Health Record System needs and wants list. These efforts will be consolidated into a Request for Proposal that will be sent to vendors. Rapid Cycle Team has been invited to present via webcast to Rural Healthcare Quality Network at 10:00 Tuesday, 4/12/11. Funding for the system is always a risk but we have confidence that the federal funding that was promised will be forthcoming; however, it is important we move swiftly but purposefully on our implementation efforts.

Public Comment:

Jenness had positive conversation regarding GCHD with Gordon McClain, former Administrator in Colfax Hospital and currently a hospital Commissioner in Oregon.

NEW BUSINESS:

1. Resolution 11-4 Capital Asset Disposal: Motion was made by. Motion made by Vonni, Jenness seconded and unanimously approved.
2. Small Works Roster – no new projects in January or February 2011.

ADMINISTRATOR

1. Reports & Correspondences:

a. Correspondence

- i. Abbreviations List
- ii. Kate's Presentation at the WRHA Conference
- iii. Meeting with WHF Staff
- iv. Staff Newsletter
- v. Pomeroy High School Newsletter
- vi. RHQN Newsletter
- vii. County Health Rankings Report
- viii. Dayton has requested Joint Commissioner meeting at the Columbia Memorial Hospital on Monday, April 25, 2011, 5:30 PM – 8:00 PM. Dinner 5:30 PM – 6:00 PM and training 6:00 PM – 8:00 PM. Ben Lindekugel will facilitate the training. GCHD Board of Commissioners asking for date to be Wednesday, April 27, 2011.
- ix. Budget in Olympia: WA Hospital Association reported that the state is going after the safety net assessment funds in an effort to fill a \$5.1 billion budget shortfall. There was some robust dialog and another meeting set for next Tuesday. Hospital Medicaid rates also targeted. Proposing to limit non-emergency visits to three per year for Medicaid patients to save \$76 million. Rural Health Clinic payment methodology change will impact us by approximately \$5,000. Nursing home reimbursement calculation will impact us by approximately \$47,500 for 2011. Finally physical therapy reimbursement decreased to 24 units (approx. 6 visits) per year for 21+ years of age. The Executive and Management Teams are meeting and will be developing a response plan to address these decreases.

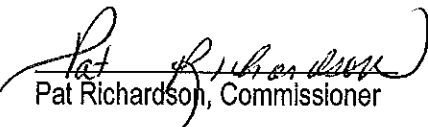
A 10 minute break was taken at

Regular meeting recessed at 8:55 PM.

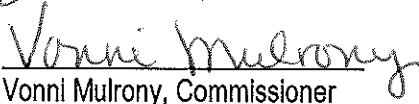
Executive Session: RCW 42.30.110 (g) to evaluate the qualifications of an applicant for public employment or to review the performance of a public employee.

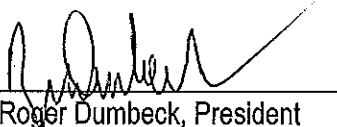
Meeting was adjourned at 9:14 PM. Motion made by Roger and Vonni seconded and passed

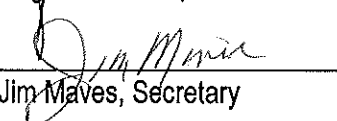
Next meeting will be May 4, 2011

  
Pat Richardson, Commissioner

  
Jenness Evanson, Commissioner

  
Vonni Mulrony, Commissioner

  
Roger Dumbeck, President

  
Jim Maves, Secretary