

BOARD OF DIRECTORS MEETING
Lower Umpqua Hospital District (LUHD)
Wednesday, September 22, 2021 - 7:30 a.m.
Via Conference Call
Call Ext. 1320 from inside the district - or -
541-271-2110 from outside the district
Pin code 64824 Pin code
MINUTES

Those Board Members in attendance include Ron Kreskey, president and Lee Bridge. Also present by phone were board members Karen Bedard, Cheryl Young and Tamara Szalewski. Others in attendance include Paul Connolly, Dr. Jason Sargent, Felisha Miller, NP, Jennifer Green, Holly Tavernier, John Chivers, and Jamie Swafford.

Those employees and members of the public attending by phone include: Mary Chambers, Sheri Aasen, Rio McGee, Kammy Rose, and Steve Miller, hospital attorney.

- I. CALL TO ORDER & INTRODUCTION
- II. VISITOR'S AGENDA – No visitors requested time to address the board.
- III. CONSENT AGENDA
 - A. Approval of the Board of Directors meeting minutes dated August 25, 2021
 - B. Approval of September 2021 expenditures and authorization to set aside for October 2021 expenditures
 - C. Medical Staff Credentialing
 - Cynthia Wornstaff, FNP, Family Medicine-Courtesy- September 22, 2021 to January 31, 2022
 - Direct Radiology-Schedule ITamara Szalewski requested that the minutes contain more detail of conversations that occur during the meeting. After discussion, **Cheryl Young moved to approve the Consent Agenda as presented. Lee Bridge seconded the motion and it passed unanimously. (5-0)**
- IV. REPORTS & PRESENTATIONS
 - A. Nursing Services Report – Jennifer Green

Jennifer reported that 83% of LUHD staff are either fully or partially vaccinated. The vaccination status of 20 staff members is unknown. Those unvaccinated employees who request exceptions from vaccination will potentially be allowed to work remotely (if appropriate to their job) or use additional safety measures and PPE. The deadline for vaccination is October 18th. Any employee not vaccinated or exempt by that date will be put on unpaid leave. They will not be able to use PTO. Jennifer reported that a Quality/Risk Management person has been hired and is scheduled to begin work on Monday. The District has obtained 10 doses of Monoclonal antibody treatment (mAbs). Two doses were administered this week. Incident Command continues to meet weekly. All licensed beds have been set up to be used in case of COVID surge. Additional staff would be needed in order to use those beds. Following OHA guidelines, the District has amended the visitation policy. No visitors are allowed in the Emergency Department. Minors are allowed one parent/guardian, one support

person is allowed for those needing help. End of life situations are allowed more flexibility for visitation. Acute Care patients are allowed one visitor per day – one support person. The clinics allow one support person per patients. The District will participate in the Great American Shake Out in October. Emergency boxes are being prepared to be distributed – they will contain flashlights and emergency radios. Discussion followed regarding coordinating communications between LUHD and outside agencies. Jennifer will work with Lee Bridge and Dan Tolman to coordinate communication with outside agencies. Discussion followed regarding a COVID positive patient who was not allowed to be seen at the Same Day Clinic. Tamara will work with Jennifer to address this grievance. Jennifer will research the incident and determine how to address such issues in the future.

B. Finance Committee – Lee Bridge

Nothing to add to the minutes of the Finance Committee meeting.

C. Medical Staff –Dr. Jason Sargent

Dr. Sargent reported that the District also has doses of Remdesivir available for COVID-positive patients. Remdesivir and Monoclonal antibodies are distributed by allocation. The District is experiencing increasing requests for COVID testing. EMS crews no longer rapid test every patient before transporting them to the hospital. They are testing symptomatic cases as appropriate. Dr. Sargent reported that the Hospitalist group has been doing great work with COVID patients in the Ashland area. They have been able to provide advice and useful information to the medical community in Reedsport. Discussion followed regarding information given to COVID patients who are asked to self-quarantine at home. Dr. Sargent will work with Jennifer Green to make sure information provided to patients is standard throughout the District, including suggestions to take Vitamin C, D3 and zinc. Discussion followed regarding providing information to the public with suggestions for keeping healthy as we enter into the fall respiratory infection season. Dr. Sargent reported that the District is adding Telehealth service options to allow patients to have a virtual visit with a provider in lieu of an in person visit in the clinic.

D. Financials – John Chivers

John reported that all \$4-million Paycheck Protection Plan grant funds have been fully forgiven. The District contracted with DZA to help with the Provider Relief Fund reporting. DZA determined that the District has \$6-million in appropriate expenses. The original PRF loan was \$4.2-million, all of which should be forgiven. This will give the District an additional \$2-million to charge against the up-coming round of PRF funding. PRF money can be used to capture lost revenue and increased costs due to COVID-19. John reported that the board was provided with July financials this month. Going forward, John plans to close the books earlier so the board can be presented with the most current report. Discussion followed regarding the \$4-million Medicare (CMS) advance, which has to be paid back. John reported that Medicare calculated a percentage of what the District was paid in the past and deposited that amount into the District's account. This was not something the District requested, CMS did it to keep hospitals from closing their doors at the beginning of the COVID crisis. CMS originally planned to begin taking back the funds after six months – and hold back 100% of what was due from them. They have since changed the plan so they are only withholding 25% each month – if they owed the District \$10,000, they would send \$7,500 to the District's account and write \$2,500 off the loan amount.

This loan is interest free for two years. Discussion followed regarding Trillium (Medicaid). Paul reported that the State assigned Trillium to LUHD patients. Because many medical providers have declined to accept Trillium, LUHD providers have found it difficult to refer patients to a higher level of care than is provided in the District. Laura Williams will be working with the State to try to resolve this issue by either making PacificSource the Medicare provider for District patients, or giving patients a choice of Trillium or PacificSource. Discussion followed regarding the District's retail pharmacy charges – they are up and down. John will do some research about this issue.

E. Administration – Paul Connolly

The e-rad PACS system, which stores radiology images and makes them available to the Radiologists, is experiencing server failure. After due diligence, it was determined that the Novarad system is the best choice for the District. The Radiologists, Dr. Quinn and Dr. Keiser, discussed the system with their peers and determined that it's the system that they prefer.

Paul reported that the new, grant-funded, flooring is almost completely installed at Dunes Family Health Care. There were enough funds remaining to purchase washable chairs for the waiting area. The building interior will be painted at a later time. The FCC hasn't announced the grant awardees at this time. The District applied for funding for Telehealth, including improved bandwidth and remote patient monitoring. The District has implemented crisis pay to incentivize employees in critical positions to work extra shifts to cover staffing needs.

The District has been working with SISU to optimize the Meditech program and fix workflow issues in billing, etc. They are currently making changes to Rehab to improve bills dropping correctly and timely.

District providers are working on a plan for opioid pain management, with a goal of weaning patients off high doses of narcotics. The clinics will be communicating with patients about the new plan and let them know what the choices for weaning off the medications will be. Narcotic prescribing has been a recruiting issue for providers who don't want to come to a place that has a history of writing a large volume of opioid prescriptions. Discussion followed regarding burned out staff at larger hospitals wanting to move to a smaller hospital. Holly reported that the District has been receiving an increased number of applications, but, not an increase in quality applicants. People are seeking an employer with fewer restrictions. The District follows all State and Oregon Health Authority requirements.

The new website is almost ready to launch. Content is being verified now. Paul reported that Rosa Solano is working on a newsletter, scheduled to be released in October. Paul reported that the District has grant funding to install a reader board. Discussion followed regarding working with KPNW for public service announcements and advertising.

V. UNFINISHED BUSINESS

A. Recruitment Update

Paul reported that Dr. Ian Coe was a strong candidate during his recent interview. He expressed an interest in working in Reedsport once he finishes his residency program

next summer. Paul will send a letter of offer to Dr. Coe. The District has received several nurse practitioner resumes. The most appropriate candidates will be scheduled for interviews. The clinics are seeking additional medical assistants. The District has an apprenticeship program for training medical assistants. Paul reported that the District has been successful in recruiting more in-state employees. It's easier to license/credential Oregon individuals and they are already aware of our climate.

The District is seeking a permanent Radiology manager. Three strong candidates have applied for the job. The District has been very successful at recruiting RNs – this is unprecedented in the District's history. Paul reported that the clinics urgently need additional MAs.

Discussion followed regarding waivers to hire unvaccinated individuals. Paul reported that the District does not have that option. The state of Oregon has a very strong mandate on healthcare from the governor and OHA to not hire unvaccinated individuals. There are waivers for licensing requirements – EMT and MAs are allowed to provide additional services that were not allowed in the past.

A. COVID Surge Report

The District removed excess equipment to a storage unit in order to open more rooms for patient care. Rooms 101 and 102 are currently set up as COVID rooms with negative pressure. They will be equipped with remote monitors. Jennifer Green reported that the District has the capability of turning six additional rooms into negative pressure rooms for infectious patients, should the need arise to keep COVID patients in the hospital. The hallway can also be set up to be negative pressure and can be used for overflow patients. The District recently kept a COVID positive patient who would normally have been transferred. No rooms were available at any of the higher level facilities. The Hospitalist continues seeking a place to transfer the patient. Dr. Ator provided a number of suggestions to District providers from her experiences treating COVID positive patients in Ashland. One suggestion was to purchase baby monitors to enable staff to keep close watch on the patient and the equipment readings remotely, instead of entering the room numerous times per shift and having to don and doff full PPE. Dr. Sargent reported that the District is averaging six tests a day. The number of positive readings is decreasing. COVID patients tend to remain in hospitals longer than other types of patients. Even with decreasing numbers of positive cases, the numbers in hospitals are not declining significantly. Discussion followed regarding people who had negative tests one day and tested positive the next. Dr. Sargent reported that the rapid test does have false negatives. However, if a patient is tested three days in a row, one of those tests will be positive if he does have the virus. Providers can order the longer test, it has to be sent out to a reference lab, and takes several days to get the results. Paul reported that larger hospitals are sending lower acuity / non-COVID patients to LUHD and other Critical Access Hospitals to open beds in the larger facilities for COVID patients.

VI. NEW BUSINESS

A. Resolution 2021-15 – Bank Authorization

Umpqua Bank has requested this authorization to add John Chivers to the District's accounts. Steve Miller reminded the board that the District should be going out to bid

for loans, just like they do for other purchases. After discussion, **Lee Bridge moved to adopt Resolution 2021-15, authorizing Paul Connolly and John Chivers on the District's accounts with Umpqua Bank. Tamara Szalewski seconded the motion and it passed unanimously. (5-0)**

B. Policy Revision – P 97 Employee Payroll Deductions

Discussion followed regarding the need to remove language from the policy about deducting debt from an employee's last paycheck. Language was added to require an authorization form for any payroll deductions. After discussion, **Cheryl Young moved to approve the policy changes. Lee Bridge seconded the motion and it passed unanimously. (5-0)**

C. Capital Request

1. Cepheid Gene Xpert Analyzer for COVID-19

Paul reported that the medical staff and laboratory staff recommended purchasing this analyzer to expand the capability for COVID testing. Discussion followed regarding the expiration for approval for COVID PCR testing. Dr. Sargent reported that this analyzer can test for other infections – Strep for example. PCR testing has been used for a long time for many things other than COVID. The BioFire analyzer is much more expensive to use and is less specific than the Cepheid analyzer. After discussion, **Karen Bedard moved to approve the purchase. Lee Bridge seconded the motion and it passed unanimously. (5-0)**

2. Mindray Cardiac Monitors

Mindray monitors are currently used in LUHD's surgery department. There is no standardization of monitors in the rest of the facility. The plan is to purchase monitors for rooms 101 and 102 (negative pressure, infection control rooms) with the centralized monitoring system located in the emergency department so the staff can remotely monitor the status of patients in those rooms. This will ensure that patients are closely monitored and that staff will not have to enter the room to check the patient's status – using a lot of PPE unnecessarily. This item is paid with Capital Budget funding, not grant funds. The plan is to eventually purchase Mindray monitors to be used throughout the nursing floor to standardize care. After discussion, **Tamara Szalewski moved to approve the purchase. Lee Bridge seconded the motion and it passed unanimously. (5-0)**

VIII. ADJOURNMENT

the meeting was adjourned at 9:12 am.

APPROVED THIS 27th day of OCTOBER 2021

Ronald Kreskey, President

Leon Bridge, Secretary