

MEETING MINUTES RECORD

Meeting: Board of Directors

Date: February 27, 2020 Location: Conference Center Start time: 6:30 pm Adjourn time: 9:55 p.m.

Members present: Steve O'Neill, Lynn Clayton, CC Linstroth, Charlie Mandile, Pete Sandberg, Fred Rogers, Sarah Carlsen, Jessica Peterson White

Members absent: Bob Shepley, MD

Staff Present: Steve Underdahl, Jerry Ehn, Scott Edin, Jeff Meland, MD, Tammy Hayes, Betsy Spethmann, Bobbi Jenkins (recorder)

Others present: David Emery (LWV), Mayor Rhona Pownell, Ben Martig, City Administrator

Issue/Problem	Discussion/Conclusions	Action	Follow-up/Resolution																								
I. Call to Order and Approval of the Agenda	<p>The meeting was called to order by Steve O'Neill at 6:31p.m. Steve noted that the Board will be going into Closed Session following the regular meeting this evening.</p> <p>Items from the consent agenda were included on the portal:</p> <ul style="list-style-type: none"> Meeting minutes (approve) <ul style="list-style-type: none"> ✓ Board Meeting – 01/30/20 Policy: Verification of Providers Ordering Tests, Treatments and Procedures 	<p>A motion was made by Sarah Carlsen and seconded by Fred Rogers to approve the consent and regular agenda as presented. Motion carried.</p>	<p>Closed.</p>																								
II. Reports																											
<ul style="list-style-type: none"> Hospital Chief of Staff Report 	<p>No report</p>																										
1. Motion to Approve Applications for Medical Staff Membership/ Privileges	<p>Dr. Meland presented the applications for membership and privileges in Dr. Holt's absence (copies included on the portal). There were no issues with any of the medical staff files.</p> <p><u>Appointments</u></p> <table border="1" data-bbox="386 1381 938 1675"> <thead> <tr> <th>Prac #</th> <th>Privilege</th> <th>Category</th> </tr> </thead> <tbody> <tr> <td>4030</td> <td>Behavioral Health</td> <td>AH:I</td> </tr> <tr> <td>4031</td> <td>Optometry</td> <td>AH:I</td> </tr> <tr> <td>4028</td> <td>Pathology</td> <td>AH:D</td> </tr> <tr> <td>4029</td> <td>Behavioral Health</td> <td>AH:I</td> </tr> </tbody> </table> <p><u>Reappointments</u></p> <table border="1" data-bbox="386 1724 938 1927"> <thead> <tr> <th>Prac #</th> <th>Privilege</th> <th>Category</th> </tr> </thead> <tbody> <tr> <td>3815</td> <td>Behavioral Health</td> <td>AH:I</td> </tr> <tr> <td>3819</td> <td>Behavioral Health</td> <td>AH:I</td> </tr> </tbody> </table>	Prac #	Privilege	Category	4030	Behavioral Health	AH:I	4031	Optometry	AH:I	4028	Pathology	AH:D	4029	Behavioral Health	AH:I	Prac #	Privilege	Category	3815	Behavioral Health	AH:I	3819	Behavioral Health	AH:I	<p>A motion was made by Lynn Clayton and seconded by Jessica Peterson White to accept the recommendations from the Medical Executive Committee as presented. Motion carried.</p>	<p>Closed.</p>
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4030	Behavioral Health	AH:I																									
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Issue/Problem	Discussion/Conclusions			Action	Follow-up/Resolution
	3822	Behavioral Health	AH:I		
	7009	EM/FM/ Acupuncture	Active		
	7102	EM/FM	Active		
	3826	Behavioral Health	AH:I		
	3827	Behavioral Health	AH:I		
	3829	Behavioral Health	AH:I		
	3837	Behavioral Health	AH:I		
	3839	Behavioral Health	AH:I		
	<u>Provisional Status</u>				
	<u>Prac #</u>	<u>Privilege</u>	<u>Adv.</u>	<u>Extend</u>	
	3862	OB/GYN	X		
	<u>No Action Required</u>				
	<u>Prac #</u>	<u>Privilege</u>	<u>Category</u>		
	3762	Orthopedic Surgery	AH:D		
	3237	Orthopedic Surgery	Active		
	3976	Radiology /Teleradiology	Affiliate		
	3979	Behavioral Health	AH:I		
III. Presentations/ Discussion/ Action Items					
<ul style="list-style-type: none"> Approval of Ambulance Rechassis 	<p>Jerry Ehn presented a request for a planned remount and refurbish of ambulance 315 onto a Ford van gas chassis (copy of formal request was included on the portal). The vendor will completely overhaul the module, and will include improved safety features, including a power-LOAD stretcher, crew restraint system (shoulder harness) and Ferno iNTRAXX™ equipment mounting system.</p> <p>Two quotes were received. Everest was selected due to lack of detail in the second quote. Everest is also an established vendor for NH+C. The</p>			<p>A motion was made by Lynn Clayton and seconded by Pete Sandberg to approve remounting ambulance 315 as presented by Everest at a cost of up to \$175,000.</p>	<p>Closed.</p>

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	<p>selected vendor quote is \$174,712.87. The budgeted amount is \$175,000.</p> <p>Turnaround time from time of approval is three to four months. A cost of a new ambulance is estimated at \$230,000, plus the cost for the power load stretcher at an additional cost of approximately \$60,000. Steve Underdahl commented that we generally see a new or remounted ambulance request annually so our fleet of five doesn't age at the same time.</p> <p>There was discussion about the increased miles we are seeing on our ambulances, mostly due to longer transfers for mental health patients due to the shortage of mental health beds in the surrounding area.</p>		
<ul style="list-style-type: none"> Replace Hospital Building Automation and Security System 	<p>Jerry Ehn presented the recommendation to update our current hospital building automation system and security system to a web-based system (copy of formal request was included on the portal). Our current system will be at end-of-life at the end of 2020. The proposed system provides automated control and monitoring of the heating, ventilation and air conditioning systems along with controlling door access. It also includes the clinic which is currently on its own system.</p> <p>The cost to update is \$175,545. The amount included in the budget is \$145,000. The difference of \$30,545 will come from the budget for asphalt replacement.</p> <p>It was noted that our operating rooms have specific needs related to temperature and humidity levels. Our infection rate is one of the lowest in the state, which is felt to be directly related to temperature and humidity levels.</p>	<p>A motion was made by Fred Rogers and seconded by Sarah Carlsen to update the Andover control system to a web-based system at a cost of \$175,545.00. Motion carried.</p>	<p>Closed.</p>
<ul style="list-style-type: none"> Hospital Board Orientation 	<p>Ben Martig, Northfield City Administrator, and Mayor Rhonda Pownell reviewed the City of Northfield's orientation for new board members, and refresher course for experienced members (copy of slides included in the packet).</p> <p><u>Objectives.</u></p> <ul style="list-style-type: none"> Review key documents of the city and the applicable hospital enabling provisions. 	<p>Information only.</p>	<p>Closed.</p>

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	<ul style="list-style-type: none"> Understand the board's role in supporting the city. Consider factors that influence the ability to make consistent reasoned decisions that support the city's strategic vision. Articulate norms and behaviors that are valued to successfully lead and achieve community goals. <p><u>Dates to remember:</u></p> <ul style="list-style-type: none"> State of the City Address – March 16, Carleton College, Weitz Center – 6-7:30 pm Board and Commission Recognition Event – April 15, Carleton College, Weitz Center - 5-6:30 pm Board and Commission Training Event – October 21, location pending - 5-6:30 pm Holiday social and City Council appreciation banquet – December 17, Northfield Public Library atrium – 5-6:00 pm 		
<ul style="list-style-type: none"> Election of Board Officers 	<p>At the January Board meeting, the Board nominated the following Board officers for 2020:</p> <ul style="list-style-type: none"> Board Chair: Steve O'Neill Vice Chair: Fred Rogers Treasurer: Lynn Clayton Secretary: Bobbi Jenkins <p>The Chair and Vice Chair serve two-year terms. 2020 is year two of the two-year term. The Vice Chair moves into the role of the Board Chair after he/she serves two years as Vice Chair.</p>	<p>A motion was made by Sarah Carlsen and seconded by Jessica Peterson White to elect the officers as presented. Motion carried.</p>	<p>Closed.</p>
<ul style="list-style-type: none"> Nursing Services Update: Long Term Care Electronic Monitoring 	<p>Tammy Hayes, CNE, presented information on the 2019 Minnesota Statute section 144.6502 which authorizes residents in older adult service settings, including nursing homes, housing with services, and assisted living settings, to conduct electronic monitoring of their private living space (copy of slides included on the portal).</p> <p>Tammy reviewed what is allowed and resident requirements, as well as circumstances when the facility is authorized to remove the monitoring device. A list of approved devices will be maintained by the LTCC and a magnet will be placed on the door frame of the resident's room to identify that an</p>	<p>Information only.</p>	<p>Closed.</p>

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	electronic monitoring device is present. So far, no requests have been received.		
IV. Executive and Committee Reports			
<ul style="list-style-type: none"> • CEO Report 	<p>Steve Underdahl reported on the following:</p> <ul style="list-style-type: none"> • Corona Virus: NH+C is engaged in extensive preparations and in cooperation with other agencies. A public communication document was distributed at the meeting, which will also be shared with local media. It is likely to evolve over the next few weeks. <p><u>Strategic</u></p> <ul style="list-style-type: none"> • Expense rebasing / budget recovery: <ul style="list-style-type: none"> ✓ Target of \$3 million in additional savings (non-labor 19.4% and labor savings 80.6%). ✓ There is a plan in place to achieve savings. ✓ Efforts of the last two years focused primarily on non-labor savings. ✓ Some labor savings will not be recognized immediately due to separation arrangements. ✓ Important to note that we eliminated positions and layers and were not selecting individuals. ✓ Reviewed communication with staff and how changes were communicated with teams. ✓ Shared the new org chart and how work will get done. The next few months will be an adjustment on a learning curve. • Clinic building project: exterior walls framed and sheeted, roofing 90% complete, masonry work will begin next week, slightly ahead of schedule. • Birth center: structural steel installed, framing underway, concrete for roof being poured soon, on schedule. • Consumer facing technology: vendor evaluation complete - selected "Luma" as vendor. Preliminary focus on customer convenience issues. Targeting spring to start to release the first new features. Visit to Winona Health scheduled next week to meet with technical team regarding their E-visits program and platform. 	Information only.	Closed.

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	<ul style="list-style-type: none"> • Foundation: board met last week, continuing the forming work around our compelling case, as well as evaluating strategic partners. • Strategic Relationships: met with Mayo radiation oncology recently to review how we work together to serve the medical oncology and radiation oncology patients we serve. • The rural transformation council had its second meeting. The group is focusing on ways to leverage our efforts as rural independents. • Planning: Copies of the slides presented last month at the board meeting on history and current state were available this evening. A planning book will be provided at the March board meeting. David Willis from the Advisory Board will present to the board at the March meeting on the national level environmental scan, and Dr. Rahul Koranne from MHA, will present in April on a Minnesota analysis. Administration is working on a SWOT analysis. Will engage the board in a SWOT survey prior to the March meeting. <p><u>Operations</u></p> <ul style="list-style-type: none"> • Nice financial rebound in January. Some of the result related to good volumes and some good fortune. • Insurance product “site of service requirements” are growing. Insurance companies, including Cigna, Blue Cross Blue Shield of Minnesota and United have announced new site of service requirements. • Have experienced some steady growth in key programs. In 2019, Northfield clinic visits were up 15%, Urgent Care up 5%, and Express Care up 100%. • Faribault: Will be adding some primary care to our Faribault practice. Dr. David McIntyre will see patients three half days a week. Faribault primary care patients coming to Northfield increased over 40% in 2019. <p><u>Policy:</u></p> <ul style="list-style-type: none"> • The current Minnesota legislative session is underway: Non-compete Bill, Biosimilar Bill, and two separate insulin bills. 		

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	<ul style="list-style-type: none"> Policy and Advocacy: In the current politically charged environment, significant policy swings can become more likely. Steve Underdahl is serving as the committee chair of the MHA Policy and Advocacy Committee and serving on the AHA Regional Policy Board providing input to national policy priorities. Closing thoughts: Thanked the board and colleagues at the City and community leaders for their support as we make difficult choices to adjust to a rapidly changing healthcare market. 		
<ul style="list-style-type: none"> Financial Report 	<p>Scott Edin presented the January financials (copy available on portal): January Key Drivers:</p> <ul style="list-style-type: none"> Observation days were 56% over budget Clinic visits were 29% over budget Endo procedures were 22% over budget ED Visits were 8% over budget Birth were 24% under budget Inpatient days were 6% under budget Ambulance runs were 5% under budget <p>January 2019 Financial Outcomes:</p> <ul style="list-style-type: none"> Net operating revenues were \$840K over budget Operating expenses were \$17K over budget Net operating income was \$424K (\$823 over budget) <p>Days cash on hand is 245. Scott noted that the drop in days cash on hand is primarily due to three pay periods in the month of January.</p> <p>There was discussion among board members related to concern related to a decrease in births over the past few years at the same time as we are expanding in this area. It was noted that year-to-date we are one birth below budget. It was noted that we are making some changes in practices to meet the needs and have also been looking at more marketing opportunities. There was a request from a board member to see more data on past and projected births.</p>	Information only.	Closed.

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<ul style="list-style-type: none"> Community Relations Committee Oral Report 	<p>CC Linstroth reported on the Community Relations Committee meeting which met prior to the board meeting this evening:</p> <ul style="list-style-type: none"> The committee would like to Board to have access to the Rice, Dakota and Scott county public assessments as a resource for the planning retreat in May. The links will be forwarded to the board in the near future. The committee finalized the recommendation for the full board on the recipients for donations in 2020. The names of the organizations were read aloud. The committee asked to board to consider approval at tonight's meeting. Following discussion, the board recommended this come back to the board in March, including a list of recipients for consideration. Minutes from the meeting will be included in the March board packet. 	<p>Charlie Mandile recused himself from discussion and voting due to a conflict of interest as HealthFinders has been a recipient of awards in the past and was included in the list for consideration again this year.</p>	<p>Bring formal request back to the board in March for consideration.</p>
<p>V. Roundtable, Announcements and Questions</p>	<p>NA</p>	<p>NA</p>	<p>NA</p>
<p>VI. Pending Items</p>	<p>There were no pending items. The Board took at short break at 9:10 pm before the Closed Session.</p>	<p>None</p>	<p>None.</p>
<p>VII. Closed Session</p>	<p>The Board went into closed session for the purpose of <i>Strategic Planning (pursuant to Minn. Stat 144.581, subd 5 for the purpose of discussion of marketing activity related to the hospital's competitive position with other health care providers that offer similar goods and services.</i></p>	<p>Information only.</p>	<p>Closed.</p>
<p>VIII. Adjourn</p>	<p>The meeting was adjourned at 9:55 p.m.</p>	<p>A motion was made by Fred Rogers and seconded by Pete Sandberg to adjourn the meeting. Motion carried.</p>	<p>Closed.</p>