

# MEETING MINUTES RECORD

Meeting: Board of Directors

Date: May 24, 2018

Location: Conference Center

Start time: 6:30 pm

Adjourn time: 7:50 pm

Members present: Lynn Clayton, Charlie Kyte, CC Linstroth, Charlie Mandile, Michelle Muench, MD, Steve O'Neill, Rhonda Pownell, Fred Rogers, Pete Sandberg

Members excused:

Members absent:

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

Others present: David Emery (LWV), Ben Martig (City)

Issue/Problem	Discussion/Conclusions	Action	Follow-up/Resolution																								
1. Call to Order and Approval of the Agenda	The meeting was called to order by Charlie Mandile at 6:30 pm. Charlie reminded the board that we have a new audio system and asked the board to use the microphone closest to them when they are speaking so everyone in the room can hear.	A motion was made by Steve O'Neill and seconded by CC Linstroth to call the meeting to order and approve the agenda as presented. Motion carried.	Closed.																								
2. Consent Agenda	Supporting documentation was included in the packet for all items on the Consent agenda: Meeting Minutes <ul style="list-style-type: none"> <li>04/26/18 Board Meeting</li> <li>04/26/18 Governance &amp; Planning Committee</li> </ul>	A motion was made by CC Linstroth and seconded by Fred Rogers to approve the Consent Agenda as presented. Motion carried.	Closed.																								
3. Reports																											
• Hospital Chief of Staff Report	No report.	Information only.	Closed.																								
✓ Motion to Approve Applications for Medical Staff Membership/ Privileges	<p>Dr. Meland presented the following medical staff applications to the Board for approval, in Dr. Reister's absence, from the Medical Executive Committee:</p> <p><u>Appointments:</u></p> <table border="1" data-bbox="386 1461 930 1766"> <thead> <tr> <th>Prac #</th> <th>Privilege</th> <th>Category</th> </tr> </thead> <tbody> <tr> <td>3947</td> <td>Teleradiology</td> <td>Teleradiology</td> </tr> <tr> <td>3958</td> <td>Teleradiology</td> <td>Teleradiology</td> </tr> <tr> <td>3954</td> <td>CRNA</td> <td>AH:I</td> </tr> <tr> <td>3955</td> <td>Mental Health</td> <td>AH:I</td> </tr> <tr> <td>3957</td> <td>Teleradiology</td> <td>Teleradiology</td> </tr> </tbody> </table> <p><u>Reappointments</u></p> <table border="1" data-bbox="386 1808 930 1934"> <thead> <tr> <th>Prac #</th> <th>Privilege</th> <th>Category</th> </tr> </thead> <tbody> <tr> <td>3728</td> <td>Teleradiology</td> <td>Teleradiology</td> </tr> </tbody> </table>	Prac #	Privilege	Category	3947	Teleradiology	Teleradiology	3958	Teleradiology	Teleradiology	3954	CRNA	AH:I	3955	Mental Health	AH:I	3957	Teleradiology	Teleradiology	Prac #	Privilege	Category	3728	Teleradiology	Teleradiology	A motion was made by Lynn Clayton and seconded by Steve O'Neill to accept the recommendations from the Medical Executive Committee on the appointments, reappointments and advancement of provisional status. Motion carried.	Closed.
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3947	Teleradiology	Teleradiology																									
3958	Teleradiology	Teleradiology																									
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3728	Teleradiology	Teleradiology																									

Issue/Problem	Discussion/Conclusions				Action	Follow-up/Resolution
	3729	Teleradiology	Teleradiology			
	7433	IM/Cardiology	Affiliate			
	3770	Teleradiology	Teleradiology			
	3680	Teleradiology	Teleradiology			
	3194	Otolaryngology	Affiliate			
	3726	Teleradiology	Teleradiology			
	3801	IM/Cardiology	Active			
	3868	Anesthesiology	Active			
	<u>Provisional Status</u>					
	<u>Prac #</u>	<u>Privilege</u>	<u>Adv</u>	<u>Ext</u>		
	3917	Mental Health	X			
	3912	Mental Health	X			
	3907	Mental Health	X			
	3903	Teleradiology	X			
	3913	Mental Health	X			
	<u>No Action Required</u>					
	<u>Voluntary Resignations</u>					
	<u>Prac #</u>	<u>Privilege</u>	<u>Category</u>			
	3775	Internal Medicine	Active			
	3843	Family Medicine	Active			
	3883	Mental Health	AH:I			
	3894	Mental Health	AH:I			
<ul style="list-style-type: none"> <li>CMO Report</li> </ul>	<p>Dr. Jeff Meland reported on the following:</p> <ul style="list-style-type: none"> <li>The Cancer Care Committee is a new medical staff committee that has been meeting since the beginning of this year. They are a multidiscipline committee, including representation from imagining, radiation oncology, primary care, and general surgery. The committee is very engaged and already making a difference in the care we provide.</li> <li>Dr. Valerie Lemaine, plastic surgeon, started this week. She will be working closely with the general surgeons related to reconstructive surgery for breast cancer patients.</li> <li>The hospitalist program is going well. We recently added three new physicians, and are starting to see an increase in higher acuity patients.</li> </ul>				Information only.	Closed.

Issue/Problem	Discussion/Conclusions	Action	Follow-up/Resolution
<ul style="list-style-type: none"> <li>NH+C Clinic Report</li> </ul>	<p>Dr. Ben Flannery reported on the following:</p> <ul style="list-style-type: none"> <li>Express Care is now open, with positive feedback from patients.</li> <li>A pediatrician is starting in August and will be seeing patients in Northfield, as well as one of the other clinics.</li> <li>Dr. Christina Gonzalez-Mendez, OB/GYN provider, started this week. She is from Puerto Rico and speaks fluent in Spanish.</li> </ul>	Information only.	Closed.
4. Presentations/ Discussion/ Action Items			
<ul style="list-style-type: none"> <li>Approval of City/Hospital Governance Committee</li> </ul>	<p>Feedback from the Board last month was incorporated into a revised draft of the City/Hospital Governance Committee structure (copy included in packet). The Board discussed and made the following recommendations:</p> <ul style="list-style-type: none"> <li>Change "Medical Center Bylaws" to "NH+C Bylaws" as it is the legal name.</li> <li>"City Ordinances" does not need to be capitalized as it is not the name of official documents.</li> </ul> <p>There was a question related to the term of this committee. The recommendation is to develop findings within six months. Charlie Mandile commented that they would like to finalize members of this committee in the near future and encouraged board members interested in participating to contact him.</p>	<ul style="list-style-type: none"> <li>A motion was made by Charlie Kyte and seconded by CC Linstroth the approve the document with the changes noted. Motion carried.</li> <li>Charlie Mandile and Mayor Pownell will make the committee appointments.</li> </ul>	Forward appointments to the City Council to confirm.
<ul style="list-style-type: none"> <li>Patient Care Update: Include Always</li> </ul>	<p>Tammy Hayes, CNE, presented on "Include Always", a Minnesota Hospital Association campaign (copy of slides included packet). The goals are:</p> <ul style="list-style-type: none"> <li>Motivation to embrace the Include Always journey wholeheartedly and with true passion,</li> <li>New perspective on patient and family engagement,</li> <li>Culture change,</li> <li>Dedicated person, and</li> <li>Functioning patient and Family Advisory Council (PFAC) in every hospital</li> </ul> <p>Include Always Steering Committee was formed in August of 2016, including ten staff members. Scope of the committee:</p> <ul style="list-style-type: none"> <li>Development, implementation and support of a functioning PFAC</li> </ul>	Information only.	The board requested an update at a future meeting.

Issue/Problem	Discussion/Conclusions	Action	Follow-up/Resolution
	<ul style="list-style-type: none"> <li>• Culture change to patient and family partnership</li> </ul> <p>There are eight patient partners on the PFAC. Orientation occurred in January of 2018, and they hold monthly meetings.</p> <p>PFAC Work:</p> <ul style="list-style-type: none"> <li>• Quality reports</li> <li>• "Walk Abouts" <ul style="list-style-type: none"> <li>✓ Northern Lights Café</li> <li>✓ The Birth Center</li> </ul> </li> <li>• Committee participation</li> <li>• Patient/Family stories</li> </ul> <p>The board asked questions related to the recruitment of additional members of the PFAC, and criteria for being a member. They also suggested that it would be beneficial to hear from the PFAC to get the customers' voice at the board level. Tammy replied that it is a goal of the group to have a voice at the board level.</p>		
5. Executive and Committee Reports			
<ul style="list-style-type: none"> <li>• CEO Report</li> </ul>	<p>Steve Underdahl reported on the following:</p> <p><u>Strategic:</u></p> <ul style="list-style-type: none"> <li>• Express Care Open House was held on May 22<sup>nd</sup> with about 75 people attending. They will begin extended hours during the week and on weekends on June 9<sup>th</sup>.</li> <li>• ACO initial data indicted we have some work to do. Annual wellness visits are an area we will be measured. This is an area we need to develop a process/system.</li> <li>• Following the May Board Retreat, the Strategic Plan was reviewing by senior staff incorporating feedback from the board. The updated plan will be reviewed later this evening in closed session.</li> <li>• Administration is refreshing EHR alternate options. A more detailed update will occur in June.</li> <li>• The Long Term Care Center received a 5 Star rating again for the 7<sup>th</sup> consecutive year.</li> <li>• Refreshing past analysis and assumptions for an ASC.</li> </ul> <p><u>Operations</u></p> <ul style="list-style-type: none"> <li>• Good financial results in April, which is felt to be supported in part by</li> </ul>	Information only.	Closed.

Issue/Problem	Discussion/Conclusions	Action	Follow-up/Resolution
	<p>rebased efforts. We still have \$1 million remaining in savings to meet our goal.</p> <ul style="list-style-type: none"> <li>• A new benchmarking and productivity tool is being acquired, and will be rolled out later this summer to help determine how efficient we are.</li> </ul> <p><u>Policy</u></p> <ul style="list-style-type: none"> <li>• The Governor vetoed the Omnibus Supplement Spending Bill, which included various opioid spending provisions.</li> <li>• Price Transparency is a new law effective 07/01/19. Will require good faith estimates within 10 business days, no contract can prohibit disclosure of pricing information, and primary care clinics must post 25 most frequently billed services over \$25.</li> <li>• Workers Comp Reform Bill is a new law that impacts how we get paid for workers comp. Currently hospitals under 100 beds are paid charges for workers comp. A new weighted system will pay us more than larger hospitals,</li> <li>• The Minnesota Health Record Act did not pass. It would align the privacy laws in Minnesota regarding healthcare with the rest of the nation.</li> </ul>		
<ul style="list-style-type: none"> <li>• Financial Report</li> </ul>	<p>Scott Edin presented the April financial highlights (copy included in packet).</p> <p><u>April Key Drivers:</u></p> <ul style="list-style-type: none"> <li>• Hospice days were 40% over budget</li> <li>• Home health visits were 11% over budget</li> <li>• Cancer Care &amp; Infusion Center procedures were 16% over budget</li> <li>• Inpatient days were 3% over budget</li> <li>• Work RVUs were 15% under budget</li> <li>• Births were 9% under budget</li> <li>• Surgeries were 2% under budget</li> </ul> <p><u>April financial outcomes:</u></p> <ul style="list-style-type: none"> <li>• Net operating revenues were \$222K over budget</li> <li>• Operating expenses were \$54 under budget (rebased efforts appear to be making an impact as we are under budget for supplies and purchased services)</li> </ul>	Information only.	Closed.

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	<ul style="list-style-type: none"> <li>Net operating income was \$421K (\$276K over the budgeted income of \$145K)</li> </ul>		
<ul style="list-style-type: none"> <li>Community Relations</li> </ul>	<p>The Community Relations Committee met this evening. They reviewed the committee job description and discussed the possibility of changing the name of the committee. The job description will come back to the board for review in a few months. They also discussed the Board Foundation and are still looking for two board members to serve on the Foundation Board. Board members were encouraged to consider serving. There is one, one-year term, and one, two-year term vacancy. The terms need to be filled before the Foundation can get up and running.</p>	<p>Board members interested in serving on the Foundation Board should contact CC Linstroth.</p>	<p>Closed.</p>
<p>6. Roundtable, Announcements and Questions</p>	<p>CC Linstroth shared that a community member expressed an interest in seeing more diversity in the hospital's art. CC suggested that we consider reviewing the hospital's art collection periodically (ie, every 10 years) to ensure that it reflects the full range of our community.</p>	<p>Information only.</p>	<p>Closed.</p>
<p>7. Pending Items</p>	<p>The MHA Trustee Conference is July 13-15 in Alexandria.</p>	<p>Information only.</p>	<p>Closed.</p>
<p>8. Closed Session</p>	<p>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.</p>	<p>A motion was made by Steve O'Neill and seconded by Fred Rogers to move into Closed Session at 7:50 pm after a short break. Motion carried.</p>	<p>Closed.</p>
<p>9. Adjourn</p>	<p>The meeting was adjourned at 9:20 pm.</p>	<p>A motion was made by Pete Sandberg and seconded by Lynn Clayton to adjourn the meeting.</p>	<p>Closed.</p>