

MEETING MINUTES RECORD

Meeting: Board of Directors – **Virtual Meeting during COVID-19 Pandemic**

Date: August 27, 2020 Location: Virtual Meeting Start time: 5:00 pm Adjourn time: 7:10 pm

Members: Steve O’Neill, Lynn Clayton, CC Linstroth, Charlie Mandile, Pete Sandberg, Sarah Carlsen, Bob Shepley, MD, Jessica Peterson White, Fred Rogers

Members absent:

Staff: Steve Underdahl, Jerry Ehn, Scott Edin, Tammy Hayes, Tom Holt, MD, Betsy Spethmann, Bobbi Jenkins (recorder)

Others: David Emery (LWV), Rahul Koranne, MD (MHA), Sam Willmes (Northfield News)

Issue/Problem	Discussion/Conclusions	Action	Follow-up/Resolution
<p>I. Call to Order and Approval of the Agenda</p>	<p>The board meeting was called to order by Steve O’Neill at 5:01 pm</p> <p>It was determined that it was not feasible for members of the board of directors to be physically present at the board meeting due to the COVID 19 pandemic. The virtual meeting was held via WebEx.</p> <p>The board was reminded to mute their microphone when not speaking and to raise their hands for voting, making motions and with any questions.</p> <p>Items on the consent agenda (included on the portal):</p> <ul style="list-style-type: none"> • Meeting minutes (approve) <ul style="list-style-type: none"> ✓ Board Meeting – 07/30/20 Meeting minutes (accept) <ul style="list-style-type: none"> ✓ Governance & Planning Committee – 07/30/20 	<p>A motion was made by Lynn Clayton and seconded by Pete Sandberg to approve the consent and regular agenda as presented. Motion carried</p>	<p>Closed.</p>
<p>II. Introduction: Rahul Koranne, MD, Minnesota Hospital Association</p>	<p>Steve Underdahl introduced – Rahul Koranne, President and CEO of the Minnesota Hospital Association (MHA). MHA is dedicated to education and to be a resource for Trustees.</p> <p>Dr. Koranne’s experience includes both a large healthcare system and small critical access hospitals. He was born and attended medical school in New Delhi, India. He completed his residency in internal medicine in New York, and a fellowship in geriatrics at the University of Minnesota. He was the senior vice president of medical affairs at MHA before assuming his new role this year as President & CEO of MHA.</p> <p>Dr. Koranne commended Steve Underdahl for all the work he has done as a member</p>	<p>Information only.</p>	<p>Closed.</p>

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	of the MHA Board, and on MHA's Policy and Advocacy Committee.																																																																													
II. Reports																																																																														
<ul style="list-style-type: none"> Hospital Chief of Staff Report 	There were no items to bring to the board from the med staff.	Information only.	Closed.																																																																											
1. Motion to Approve Applications for Medical Staff Membership/ Privileges	<p>Dr. Holt presented the applications for membership and privileges (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="378 520 933 615"> <thead> <tr> <th>Prac #</th> <th>Privilege</th> <th>Category</th> </tr> </thead> <tbody> <tr> <td>4043</td> <td>Oncology – PA</td> <td>AH:D</td> </tr> </tbody> </table> <p><u>Reappointments</u></p> <table border="1" data-bbox="378 657 933 1402"> <thead> <tr> <th>Prac #</th> <th>Privilege</th> <th>Category</th> </tr> </thead> <tbody> <tr> <td>3882</td> <td>Behavioral Health</td> <td>AH:I</td> </tr> <tr> <td>3261</td> <td>Pathology</td> <td>Affiliate</td> </tr> <tr> <td>3959</td> <td>Teleradiology</td> <td>Telemedicine</td> </tr> <tr> <td>3599</td> <td>Family Medicine</td> <td>Active</td> </tr> <tr> <td>3697</td> <td>Pathology</td> <td>Affiliate</td> </tr> <tr> <td>3769</td> <td>General Surgery</td> <td>Active</td> </tr> <tr> <td>3968</td> <td>Teleradiology</td> <td>Telemedicine</td> </tr> <tr> <td>3879</td> <td>Teleradiology</td> <td>Telemedicine</td> </tr> <tr> <td>3586</td> <td>H&P</td> <td>H&P</td> </tr> <tr> <td>2716</td> <td>Refer & Follow</td> <td>Refer & Follow</td> </tr> <tr> <td>3772</td> <td>Active</td> <td>Family Med/ Emergency Med</td> </tr> </tbody> </table> <p><u>Provisional Status</u></p> <table border="1" data-bbox="378 1444 933 1644"> <thead> <tr> <th>Prac #</th> <th>Privilege</th> <th>Adv.</th> <th>Ext.</th> </tr> </thead> <tbody> <tr> <td>3992</td> <td>Neonatology</td> <td></td> <td>X</td> </tr> <tr> <td>3993</td> <td>Behavioral Health</td> <td>X</td> <td></td> </tr> <tr> <td>4006</td> <td>Urology</td> <td></td> <td>X</td> </tr> <tr> <td>3872</td> <td>Behavioral Health</td> <td>X</td> <td></td> </tr> <tr> <td>3995</td> <td>Behavioral Health</td> <td>X</td> <td></td> </tr> </tbody> </table> <p>No Action Required</p> <p><u>Voluntary Resignations</u></p> <table border="1" data-bbox="378 1707 933 1900"> <thead> <tr> <th>Prac #</th> <th>Privilege</th> <th>Category</th> </tr> </thead> <tbody> <tr> <td>3871</td> <td>Nurse Practitioner</td> <td>AH:I</td> </tr> <tr> <td>3964</td> <td>Behavioral Health5</td> <td>AH:I</td> </tr> </tbody> </table>	Prac #	Privilege	Category	4043	Oncology – PA	AH:D	Prac #	Privilege	Category	3882	Behavioral Health	AH:I	3261	Pathology	Affiliate	3959	Teleradiology	Telemedicine	3599	Family Medicine	Active	3697	Pathology	Affiliate	3769	General Surgery	Active	3968	Teleradiology	Telemedicine	3879	Teleradiology	Telemedicine	3586	H&P	H&P	2716	Refer & Follow	Refer & Follow	3772	Active	Family Med/ Emergency Med	Prac #	Privilege	Adv.	Ext.	3992	Neonatology		X	3993	Behavioral Health	X		4006	Urology		X	3872	Behavioral Health	X		3995	Behavioral Health	X		Prac #	Privilege	Category	3871	Nurse Practitioner	AH:I	3964	Behavioral Health5	AH:I	<p>A motion was made by CC Linstroth and seconded by Sarah Carlsen to accept the recommendations from the Medical Executive Committee as presented. Motion carried.</p>	<p>Closed.</p>
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	4015	Teleradiology	Telemedicine		
	7206	H&P	H&P		
IV. Strategic Discussion					
V. State of the State: Rahul Koranne, MD, Minnesota Hospital Association	<p>Dr. Rahul Koranne reported on the work Minnesota Hospital Association has been working in 2019, specially related to the COVID-19 pandemic. MHA got involved very early with the Governor and legislators regarding what a surge and surge capacity might look like even before the first case was diagnosed in Minnesota. The hospital and healthcare systems around the state started feeding data to the state which led to the nationally recognized website including information related to PPE, number of ICU patients, positive cases, deaths, etc. The level of preparedness has positioned us well to prepare for a surge. The experience in Minnesota has come in waves which will most likely continue until a vaccine is developed. Minnesota is prepared and we currently have surge capacity that we are not using. There was a lot of fear in the beginning that we would not have enough PPE which led to a pause in elective surgeries. We learned a lot from that and going forward will try to avoid another pause. The CARES Act funding has been helpful to hospitals all over Minnesota.</p> <p>He addressed questions from the board related to anxiety about the states confusing data and analysis, reflections about market forces for a health system our size, innovation on how we care for and meet the needs of older adults, MHA's position on disparities in COVID-19 related to equity and diversity, sense of economic survival of Minnesota healthcare systems over the next few years, and innovation in care delivery, including telemedicine and financing.</p>			Information only.	Closed.
VI. Executive and Committee Reports					
✓ CEO Report	<p>Steve Underdahl reported:</p> <p><u>Strategic</u></p> <p>✓ COVID hot spots starting to improve somewhat, but there are concerns about movement to new regions of</p>			Information only.	Closed.

Issue/Problem	Discussion/Conclusions	Action	Follow-up/Resolution
	<p>the country, including the Midwest. Shared NH+C's COVID data since March 8, 2020.</p> <ul style="list-style-type: none"> ✓ Planning documents for the October Board Retreat continue to be assembled and will be distributed to each board member prior to the September Board meeting. ✓ Reviewed ongoing work related to customer facing technology (a nimble shift of emphasis). ✓ Continue to work on reducing friction and getting to "Yes" ✓ SWOT feedback was received from the Board, and will be summarized for the planning retreat. <p><u>Operations</u></p> <ul style="list-style-type: none"> ✓ In July, volumes continue to recover. Financial results with the benefit of the CARES Act grants were good. Volumes for August softer. ✓ Building projects are on time and on budget. ✓ Sale on the old Faribault clinic building and the Elko New Market property are moving forward. ✓ We recently received the 2019 results of our work in the Mountlake ACO. We learned that Mountlake did not earn any shared savings this performance year, but we did save CMS \$3.5 million through our efforts. We continue to learn and benefit from being in the ACO and will continue next year. <p><u>Policy</u></p> <ul style="list-style-type: none"> ✓ Continuing to meet with Medicare for All colleagues to learn more about their data and perspectives. <p><u>Miscellaneous</u></p> <ul style="list-style-type: none"> ✓ Shared a picture of Northfield Historical Society's 2020 Christmas decoration sponsoring NH+C. 		
<ul style="list-style-type: none"> ✓ Financial Report 	<p>Scott Edin presented the July financials (copy available on portal):</p> <p><u>July Key Drivers:</u></p> <ul style="list-style-type: none"> ✓ Clinic visits were 2% over budget ✓ Surgery cases were on budget ✓ Hospice visits were 21% over budget ✓ Home Health visits were 16% over budget ✓ Imaging procedures were 5% over budget ✓ IP days were 21% under budget 	<p>Discuss CARES Act grants and appropriate ways to account for funds in more detail with the Budget & Finance Committee.</p>	<p>Closed.</p>

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	<ul style="list-style-type: none"> ✓ OP Hospital visits were 9% under budget ✓ ED visits were 9% under budget ✓ Endo procedures were 8% under budget ✓ CCIC procedures were 17% under budget ✓ Rehab procedures were 10% under budget <p><u>July 2020 Financial Outcomes:</u></p> <ul style="list-style-type: none"> ✓ Net operating revenues were \$118K over budget ✓ Operating expenses were \$17 K over budget ✓ Net operating income was \$2.87M (\$3.68M over budget) <p><u>July 2020 Financial Notes:</u></p> <ul style="list-style-type: none"> • Recognized \$2.59M in other revenue from federal COVID grants which offset related expenses and loss of revenue • Investment gains were \$855K for July <p><u>Days cash on hand</u></p> <ul style="list-style-type: none"> ✓ 267 days. Reviewed the breakdown of cash, bonds and equity. <p>Scott reviewed the financial summary both with and without COVID grants and noted that while the financials look good now, we don't expect more grants and we need to be prudent with expense control. There were questions from the board related to virtual visits, where grants funds are allocated in the budget, whether we expect a surplus in grant dollars at the end of the year, and the process for budgeting next year.</p>		
<ul style="list-style-type: none"> ✓ Oral Report: Community Relations Committee 	<p>CC Linstroth reported on the Community Relations Committee meeting from earlier today.</p> <ul style="list-style-type: none"> • The director of social services was a guest at the meeting related to a discussion on a housing question: What does NH+C do if we find that a patient doesn't have stable housing? • Reviewed key findings on the Community Public Health Assessments for Rice, Dakota, and Scott counties. More discussion during strategic planning. 	Information only.	Closed.
VII. Roundtable, Announcements and Questions	CC Linstroth and Tammy Hayes are members of the Age Friendly Northfield Health and Wellness group. They are currently working on a project to give	Information only.	Closed.

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	<p>guidance to help older adults feel comfortable with telemedicine efforts. They are putting together a tutorial checklist that will be available in clinics, schools, churches, Meal-on-Wheels and other businesses in the community. Dr. Koranne noted interest in having this information shared with MHA</p>		
VIII. Pending Items	NA	NA	NA
IX. Adjourn	The meeting was adjourned at 7:10 p.m.	A motion was made by Lynn Clayton and seconded by Pete Sandberg to adjourn the meeting. Motion carried.	Closed.