



North Valley Hospital District

Okanogan County Public Hospital District No. 4
North Valley Hospital/Clinic/Long Term Care Division
Administration Boardroom

Virtual Attendance:

Google Meet Meeting ID: meet.google.com/gfk-skvn-fir

Phone Number: [\(US\)+1 617-675-4444](tel:+16176754444) PIN: 388 490 836 1057#

Board of Commissioners Regular Meeting January 25, 2024 7:00 PM

Agenda

- I. **Call Meeting to Order** Jerry Bradley, VP
- II. **Review/Amend/Accept Agenda**
- III. **Public Participation** – according to Resolution No. 488-Public Participation Policy
- IV. **Reports:**
 - a. Administration Report J. McReynolds, CEO
 - b. Financial Report M. Matthiessen, CFO
 - c. Committee Reports Commissioners
 - i. Finance
 - ii. Foundation
 - iii. Long Range Focus
 - iv. Medical Staff
 - v. Safety
- V. **Approval of Minutes**
 - a. Regular Board Meeting Minutes-December 21, 2023
- VI. **Consent Agenda**
 - a. Charity Care \$ 181,751.28
 - b. Bad Debt \$ 32,955.55
 - c. NVH A/P Vouchers No. 121812-122163 \$ 3,122,289.63
 - d. LTC A/P Vouchers No. 23644-23700 \$ 490,891.25
- VII. **Old Business**
- VIII. **New Business**
 - a. Officer Elections

b. Committee Assignments

c. BOC By-law Review

d. Code of Ethics Review

e. Medical Staff

Courtesy Appointment

Andrew Harrison, DO – Radia

Julie Johnson, SW – NVH Behavioral Health

Rebecca Mullins, SW – NVH Behavioral Health

Mariann Williams, ARNP FNP – TFMC

Courtesy Reappointment

Drew Garcia, PA-C - ERx

f. Board Education-Board Self-Assessment

IX. Adjournment:

Upcoming Events-

February 29, 2024 – Regular Board Meeting



Administration Report

01.25.2024

North Valley Hospital & Extended Care

Strategic Planning:

The Administrative Team and Department Leaders have developed our strategic plan's 2024 goals and metrics. Throughout the year, quarterly updates will be provided on progress towards these goals. Some goals that the Board endorsed will not be addressed in the first year of the Strategic Plan. Those metrics are marked as "N/A":

Priorities & Objectives	Year One Strategies & Tactics	Metric Target
Priority #1: Drive Quality & Experience		
1. Optimize electronic health record and plan for conversion	Pending Cerner Decision	N/A
2. Enhance care coordination infrastructure and processes	Implement 3 or more process improvement plans in 2024	3
	TFMC Developed opioid management program with the integration of the utilization of BH. All patients over 30 MMEs enrolled in opioid management program.	100%
	ED Develop Case management relationships with outside providers and high utilizers of the ER, to reduce unnecessary and repetitive ER visits. Reduce the number of patients with over 11 annual ED visits from 13 to 10.	10
	AC Reduce admit time from the ER from average of 6 hours to goal of 3 hours.	3
3. Establish reliable patient experience data and reporting	Pending Cerner Decision	N/A
4. Build chronic disease management program for high volume conditions	Build and implement one or more new programs by end of 2024	1
	TFMC Developing diabetes and INR case management program. This program will allow the provider to increase productivity numbers, and decrease	20

	long visits with patients. Twenty patients enrolled by end of 2024.	
Priority #2: Recruit & Retain Talent		
5.Develop succession plans for key administrative, operational and clinical leadership roles	Formal Plan in place for all Leadership positions by end of 2024.	22
6.Effectively develop talent pool & hire to fill open positions	Reduce number of travelers to less than 5 FTE's by end of 2024.	<5
7.Launch structured training support program for RN, Lab, & Rad Tech	Three staff engaged in program by end of 2024.	3
8.Implement effective people practices to enhance experience and engagement	Review and update all HR Policies and Process by end of 2024.	100%
Priority #3: Expand Access to Critical Services		
9.Accelerate performance excellence and improvements – care processes, operations, financial performance	Implement 3 or more performance improvement plans in 2024	
HIM/Business Office	Reduce AR Days from 70 to 50 by end of 2024	50
AC	Offer to direct patient care staff dementia education to enhance care processes for geriatric patients with goal of 50% of staff completing training by end of 2024	50%
10.Expand access to behavioral health & addictions treatment	Development of new service line BH and see 500 patients by end of 2024.	500
11.Identify virtual options to enhance access to key programs and services	Pending Cerner Decision	NA
Priority #4: Enhance Stewardship		
12.Improve operating efficiency to drive long-term financial sustainability	Implement 2 or more performance improvement plans in 2024	
Surgery	Capture at least 5 international patients with new marketing campaign.	5
ED/AC	Reduce use of travelers from 6 in 2023 to 4. by 2025	6
13.Evaluate opportunities to increase revenue cycle performance	Implement 3 or more performance improvement plans in 2024	

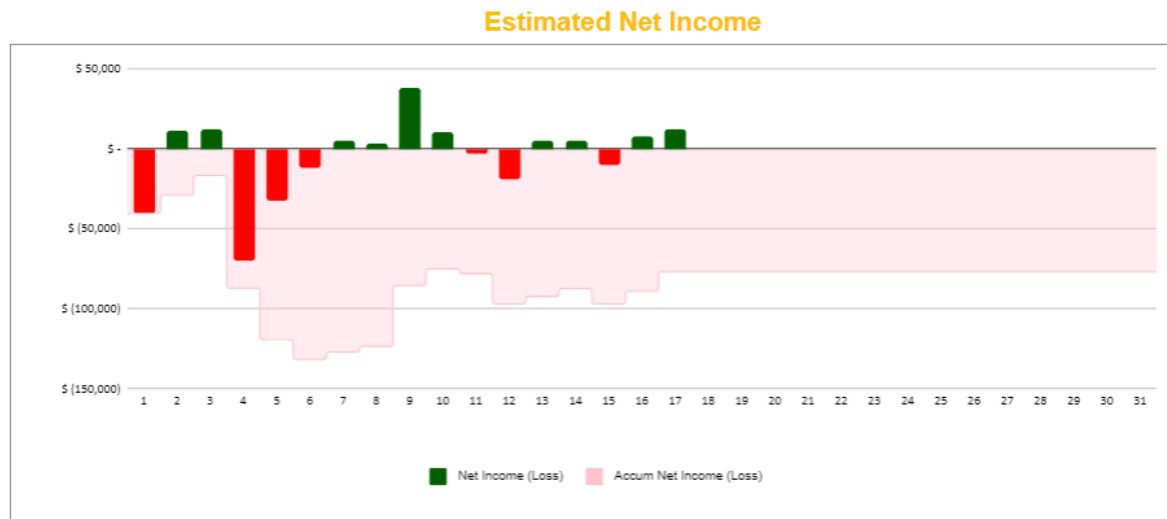
	EC	Meet budgeted ADC of 40.	40
	TFMC	Exceed budgeted visit volumes for 2024 of 4142.	4142
	RAD	Launch echocardiogram services and see 8 patients per scheduled day in 2024.	96
14. Develop master facility plan and timeline for investments		Complete St. Martins Project in 2024.	100%
15. Continue to enhance swing bed program and align with other departments to optimize outcomes and growth		Implement swing bed development program in 2024	
	AC/AH/EC	After June 1st, every SB patient has activities assessment completed poc includes activities.	100%

Operational Overview:

Volumes have been mixed with ER and census much above our targets, while other outpatient areas have lagged.

Department	Month to Date Numbers		January 2024	
	Number to Date	Target to Date	Variance	Variance Percent
Census	149	136	13	9%
Rehab Minutes	23620	22980	640	3%
Rad Tests	427	482	-55	-11%
Lab Tests	2025	2111	-86	-4%
TFMC	172	240	-68	-28%
Surgery	3.0	4.5	-1	-33%
ER Visits	294	221	73	33%

Early in the month, we had a few days with very low charges, and the month-to-date model shows we have not recouped the losses generated on those days.



Extended Care:

Activities:

EC is now turning into Cupid's Nest! Our activities team has been busy spreading love with Valentine's Day decor! Residents have been staying warm inside, with hot cocoa, while watching the snowfall.

EC Staffing and Admissions:

Our current census is 35 residents. We remain diligent in seeking residents for admission to try and reach our goal of 40 by the end of this month. The payor breakdown currently shows 10 Private Pay and 25 Medicaid.

Facility Update:

For about a week, the fire sprinkler system in the nursing home has been offline. A section of pipe froze during the extreme temperatures; luckily, nothing was damaged. We conduct a fire watch during the outage to ensure our residents are safe.

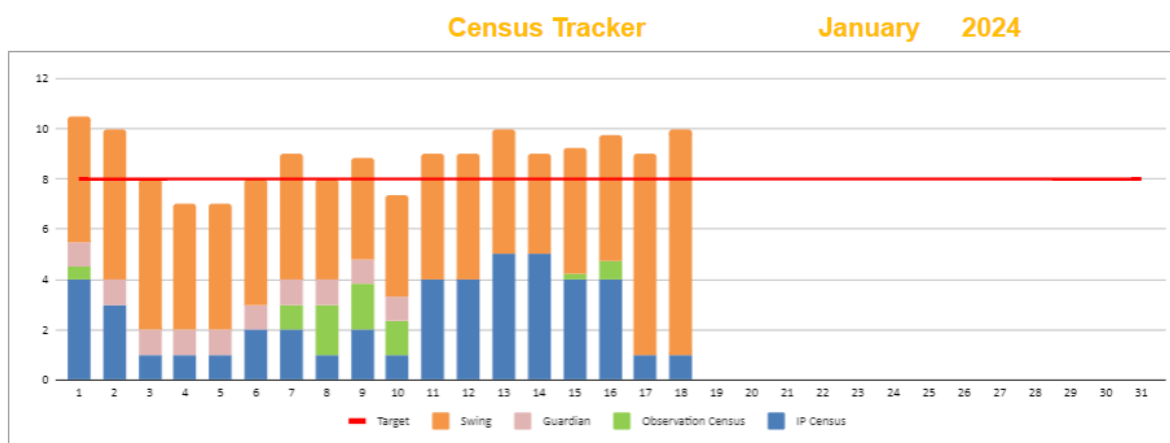
Nursing Administration:

January has been a busy month in the ED and Acute Care. We continue recruiting for our open positions, but the team manages the volume well. As shown above, in the Strategic Planning documents, we focus on reducing the number of temporary staff we are utilizing and improving processes to serve our patients better.

We are working to inform all RNs about a new continuing education requirement for health equity. Washington nurses must meet health equity continuing education to renew their license. All licensed RNs and LPNs have until their 2026 renewal date to complete 2 hours of health equity CE.

Also, the Washington Health Corps Nurse Educator Loan Repayment Program application is open until March 8, 2024, and is an excellent opportunity to qualify for loan repayment.

Acute Care:



We had a robust census in January, including many swingbeds that will likely need continuing care for some time.

Quality/Infection Prevention:

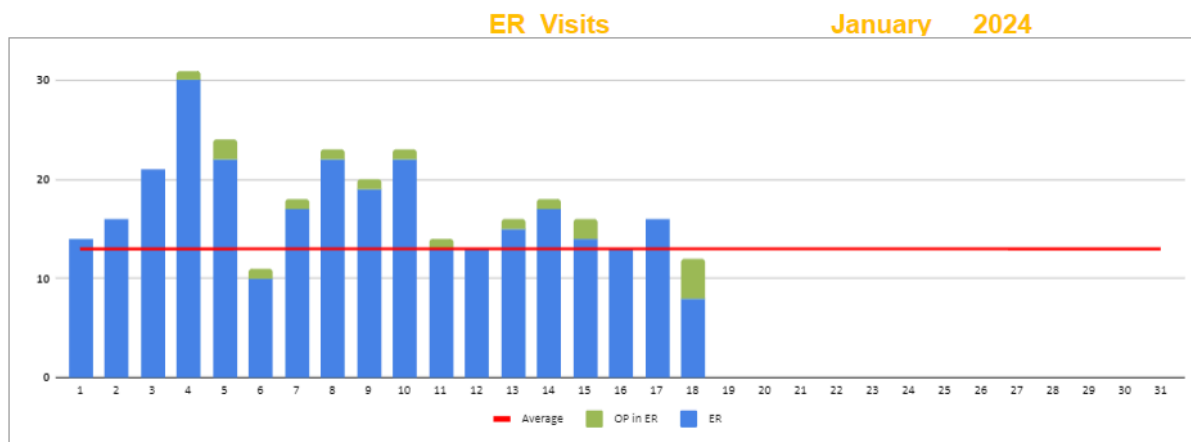
Quality is working to pull together the 4th Quarter 2023 data for our CQI Council meeting to be held on January 23rd. I am looking forward to working with department managers to refresh their dashboards for 2024 and to align their quality improvement indicators with their department's strategic plan goals where appropriate. I have also begun the Critical Access Hospital Annual Program Evaluation review.

It is a brand new year, and preparations are underway to begin Annual N95 fit testing in accordance with the hire month for staff requiring annual fit testing and plan to work with HR on a monthly basis to obtain the list of people who are due. This should reduce the burden of completing this task and remain in compliance.

Respiratory virus season is alive and well in Okanogan County. Please take time to care for yourself and your loved ones.

Emergency Department:

We would like to thank and recognize our ER team for their great work, particularly on January 4th which was incredibly busy:



Surgery:

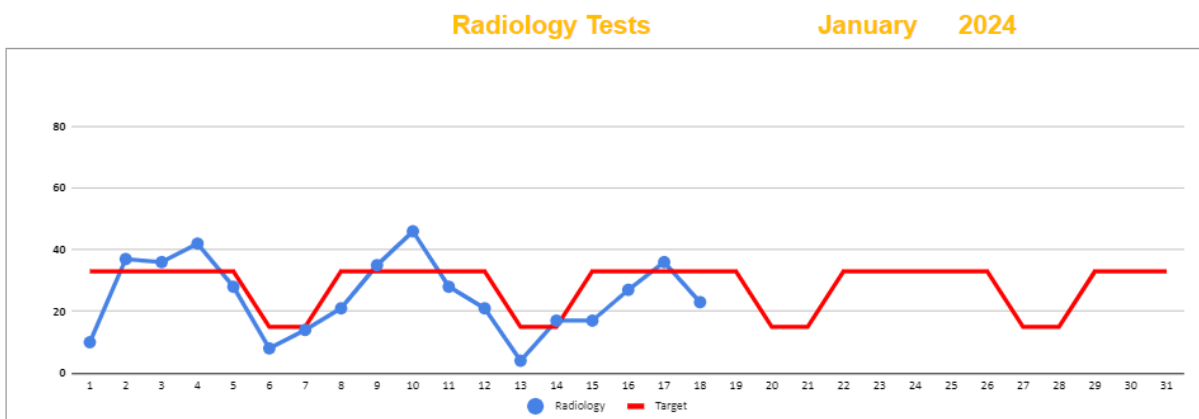
During the second-floor construction, we relocated our services to the former OB wing and can continue clinic visits, sleep medicine, and procedures that do not require the operating room. It has been a big adjustment, but hopefully, we will be back upstairs before too long.

Laboratory

The Lab has been meeting our budgeted metrics for the first half of the month. We have been running high numbers of Respiratory Panels and continue to be pleased with the quick turnaround time for the Biomerieux Spotfire analyzer. We are getting feedback from our providers telling us how much they like using the Respiratory Panels to help manage their patients presenting with respiratory symptoms.

The new year marks a very exciting beginning for our Lab Aide, Maria Polito-Vazquez. She has begun taking prerequisite classes from Wenatchee Valley College Omak campus as she prepares to apply to the WVC Medical Laboratory Technician program in the future. We are so proud of Maria as she starts on this career path.

Radiology:



The radiology department is beginning the process of selecting a new CT machine. Our current CT was installed in 2014. We will be demoing scanners from several vendors.

Allied Health:

Echoing the Nursing Administration's announcement, allied health professionals are also required to complete two hours of health equity training every four years.

Rehab is reviewing referral patterns and will look for gaps in service or opportunities for new outpatient service development. Currently, our top five referral diagnoses include: Pain, Orthopedic injury, Neurological disorders (stroke, ALS, Parkinsons' head injury,) pediatrics, and weakness. We are now fully staffed in rehab, have reorganized our space, and will be working on further improvements throughout the year..

The wound clinic continues to grow, and we are looking for ways to expand hours. Our NAC, Serene, has completed her wound care tech certificate, applied for her MA-R, and will be moving on to complete a wound care for MA certification. We continue our search to recruit a per diem RN.

We are grateful to have our virtual dietitian and will be doing further work to enhance our dietitian services and support our Dietary Department. Recruitment efforts continue for a full-time, on-site dietitian.

Human Resources:

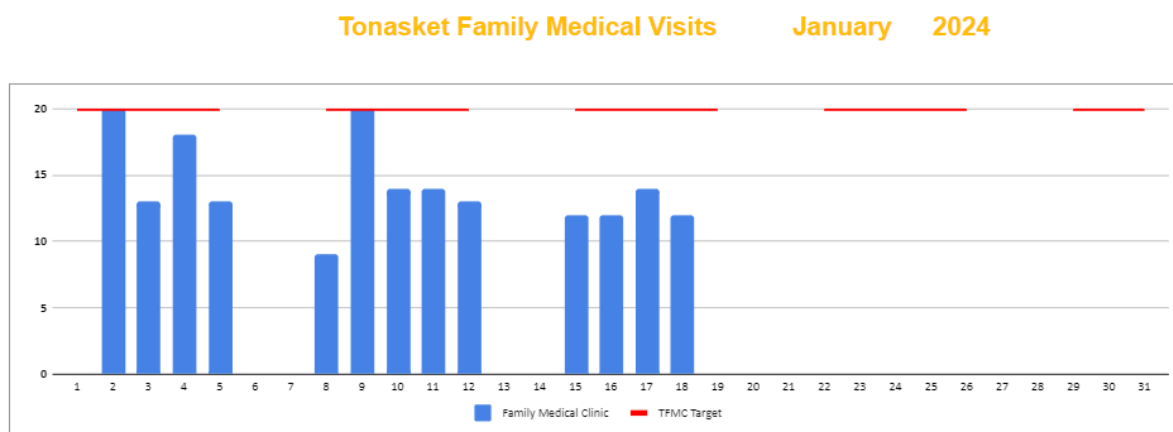
The HR Team recognizes that recruitment and retention remain essential topics in 2024. With that in mind, this year, we will focus much of our attention on attracting and retaining talent. Often cited opportunities for any organization to improve recruitment and retention are competitive wages, staff development, workplace culture, organization infrastructure, and adequate and flexible scheduling.

Our commitment to fiscal stewardship and our deep understanding of the need to maintain competitive wages was demonstrated during the contract negotiations of 2023. With the implementation of the UFCW wage scale, we are well-positioned as an employer to attract talent from within our region and beyond.

Our work to increase professional development and learning opportunities is underway with the recent upgrade to our Learning Management System. The change supports our staff with expanded opportunities for professional development and a user-friendly training module.

In the months ahead, the HR Team looks forward to partnering with stakeholders as we work to strengthen relationships across talent streams within our region while actively working to improve employee engagement with increased opportunities for staff recognition.

Tonasket Family Medical Clinic:



The Tonasket Family Medical Clinic has recently welcomed Mariann Williams to their team, and it's terrific news for the community. Despite her retirement, Mariann continues to give care, and her legacy of work as an ARNP is genuinely inspiring. She has helped many families in the community grow through her career, and her passion for healthcare is unwavering. Mariann's dedication and expertise make her a valuable asset to the clinic and the community.

We are also onboarding a new program to help support our providers and team members with the help and expertise of Dr. Rickard. Dr. Rickard will soon visit with all of our pain management patients to conduct a pain assessment. Her expertise in this subject will provide Dr. Jex with support on how to provide the patient with more robust pain management care and provide other supporting resources to the program.

Support Services:

Food Services:

As the busy holidays are now behind us, we have a bit of space to breathe and get back on track. Our food supply is now back down in the basement. Shew! No more stairs or elevator rides! The dry storage area is still being completed, so while waiting we are reorganizing.

Maintenance:

Our buildings managed the cold weather better than some of our previous years but we have still had some challenges this month. The nursing home sprinkler system experienced damaged sprinkler heads and a prolonged outage. Luckily it was caught in time to avoid any flooding. During the extreme cold we had challenges with the hospital building maintaining temperatures, but once we reset the air handler, it recovered. The construction project has also disrupted heating in the St. Martins building as they decommissioned legacy ductwork.

Safety:

January's safety meeting covered the purpose of the Safety Committee, reports, reminders about Hazardous materials disposal through Stericycle, review of Infection Prevention measures and flu immunization reminders. We reviewed the current Cold Spell Fire Watch in the Extended Care, all hoping Maintenance can get a break sometime! We began our "Prepare in a Year" plan for Disaster, starting with encouragement for all staff to create an account with the Okanogan County Alert system and a recently rolled out *TONASKETCITY* alerts. DoH has begun the process of shifting to "plain language" in Hospital Emergency code calls, and we discussed the process the state has planned to roll out the new Code Calls by the end of the year.

Security:

A couple of cameras that have been down were recently reinstalled, helping view critical areas. Last year's implementation of more cameras and additional badge access has made a difference in who we find in our building now.

Disaster:

Our Extended Care Missing Resident Exercise was accomplished in December with a few good lessons learned, and the Resident recovered safely. Planning for the ER functional Surge exercise is now in progress; the spring date TBD.

Laundry:

We have been down a dryer for a couple of months now which can affect delivery times and supply so we appreciate everyone's patience and understanding. As always, communication is not only appreciated but necessary for us to keep departments adequately stocked, so please, call us at #7050 or #7051 and let us know what you need. In NVH-AC and NVEC, we keep par levels and stock closets and carts so we have a pretty good handle on those and some other areas, but if you or your staff are experiencing shortages, please notify us as soon as possible.

The holidays were a welcome distraction from an otherwise uneventful winter but now we are all looking forward to longer, warmer days spring is seemingly just around the corner so the Christmas decorations are being taken down and put away until next fall/winter which brings some much needed spring cleaning with it.

Committee Meetings:

Policy and Procedure Committee:

NVHD currently has 1369 documents in the Policy Stat system. Currently, there are 90 documents due for review and 115 pending approval. Dr. Ball has completed the annual clinical policy review. Managers have completed the annual patient care contracts review. The next P&P committee meeting will be held March 21st 2024 at 10am in the board room.

Grants Committee:

The Grants Committee has been submitting reporting and receipts for previously awarded grants, including the \$100,000 for Extended Care Flooring and the \$750,000 Department of Commerce Grant. The application for the next round of Distressed Hospital Funds is anticipated to open in early February, and the group will be submitting an application.

Topic	Request Amount	Status
PUD Incentives	Unknown	Not Awarded
Strategic Planning	\$10,000	Awarded
Thriving Together NCW (NCACH)	\$380,000	Awarded
State of Washington Distressed Hospital Fund	\$408,333	Awarded
ED Data Project	\$8,000	Awarded

Long Range Focus Committee:

The LRFC met on January 3rd and continued its work on the regional planning work paper. After discussion at the meeting the group finalized the draft and recognized it has reached a point that required partner involvement if it were to be utilized. The draft paper is included in the Board packet.

Foundation (North Valley Community Health Association):

The Foundation met on January 8th. Wayne Verbeck, John McReynolds, Dick Larson, and Dixie Brown were re-elected as Directors. The fundraising letter campaign raised \$7657 between GiveNCW and mail-in donations. The group is discussing the 2024 budget to help with un- and underinsured mammogram patients. Treasurer, Dixie Brown, presented the 2023 financials.

Building and Planning Committee:

Building and Planning did not meet in January but will reconvene on February 1st.

Revenue Cycle:

Business Office:

The beginning of a new year is always full of change and new processes. We have made great progress on our aged AR, both insured and underinsured buckets. We have had positive feedback and received more cash payments after increasing the cash discount amount to 50%.

Patient Access:

The beginning of a new year always brings with it a little bit of chaos. As coverages often change on January 1, there is double and triple checking insurances, getting updated copies of insurance cards, cleaning up insurance profiles in the patient's charts and various other tasks to make sure there is the least amount of disruption possible to the revenue cycle. On top of that, we've had busy patient schedules and a busy emergency department.

We've also had some vacations and illnesses impacting employee schedules, but everyone has done a great job in working together and getting our patients cared for.

We look forward to a new year and all that brings with it. And some sunshine as the days get a little longer!

