



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 *February 29, 2024 7:00 PM*

Agenda

- I. **Call Meeting to Order** Adam Tibbs, President

- II. **Public Participation** – according to Resolution No. 488-Public Participation Policy

- III. **FY2021 Audit Presentation by DZA**

- IV. **Reports:**
 - a. Administration Report J. McReynolds, CEO
 - b. Financial Report M. Matthiessen, CFO
 - c. Commissioner Reports Commissioners

- V. **Approval of Minutes**
 - a. Regular Board Meeting Minutes-January 25, 2024

- VI. **Consent Agenda**
 - a. Charity Care \$ 81,060.22
 - b. Bad Debt \$ 46,002.79
 - c. NVH A/P Vouchers No. 122164-122455 \$ 3,748,726.01
 - d. LTC A/P Vouchers No. 23701-23782 \$ 699,819.74

- VII. **Old Business**

VIII. New Business

- a. **Consider Resolution 748**-Cancelation of Outstanding Warrants-LTC
- b. **Consider Resolution 749**-Cancelation of Outstanding Warrants-NVH
- c. **Capital Request**-Verbeck Building Roof

IX. Adjournment:

Upcoming Events-

March 28, 2024 – Regular Board Meeting



Administration Report

02.29.2024

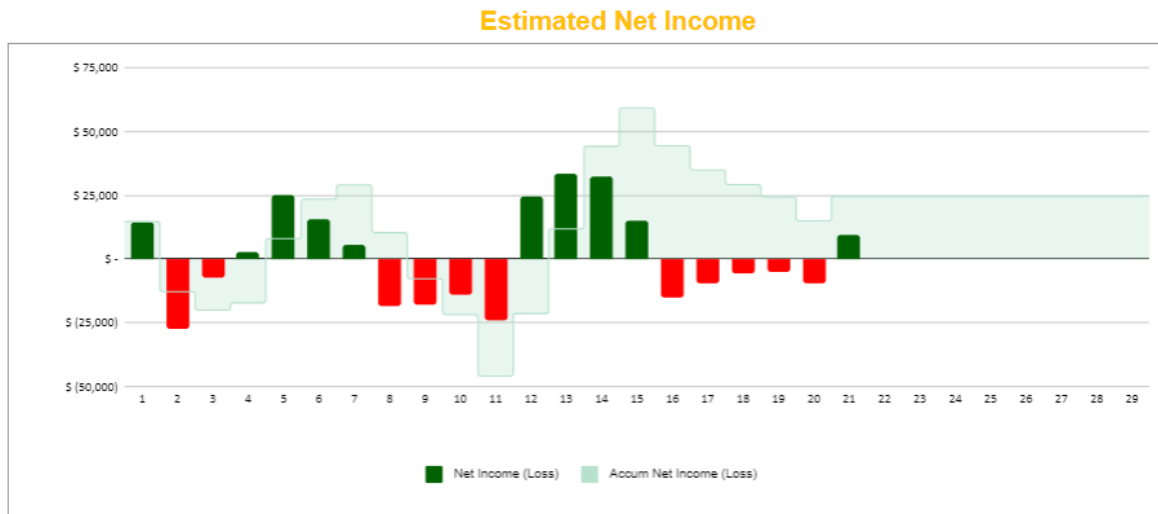
North Valley Hospital & Extended Care

Operational Overview:

Volumes have been mixed, led by continued high ER numbers and census above target, while the lab and the clinic are lower than our goals.

Department	Month to Date Numbers		February 2024	
	Number to Date	Target to Date	Variance	Variance Percent
Census	175	168	7	4%
Rehab Minutes	26275	28725	-2450	-9%
Rad Tests	604	589	15	3%
Lab Tests	2468	2571	-103	-4%
TFMC	237	300	-63	-21%
Surgery	7.0	5.4	2	29%
ER Visits	305	273	32	12%

Our model for February shows our estimated net income as positive through the first three weeks of the month.



Extended Care:

Activities:

The Activities Team plans to resume trips to the Senior Center for our residents. They enjoy seeing other community members and socializing. Weather permitting, more trips will be arranged. Our bus is currently inoperable, which leaves us our van for outings.

EC Staffing and Admissions:

Our current census is 36 residents. We have begun admissions and have dates to review and meet a few more potential residents this month. The payor breakdown currently shows 12 Private Pay and 24 Medicaid. The current DNS will be resigning on March 15th. All efforts are being taken to find a replacement. Current DNS duties will continue to be conducted with appropriately assigned staff members

Facility Update:

Our flooring project may be delayed due to construction within the hospital and the need for space in the EC.

Rehab Update:

We are in the process of reviewing updated Medicare guidelines and survey preparedness. Next will be a review and refreshment of rehab processes to improve the quality of care we provide to our EC residents. Rehabilitation in long-term care focuses on restoring lost function, maintaining the highest level of function possible, and preventing or slowing the decline of the impact of progressive diseases. They also establish functional maintenance programs to be carried out by facility staff, skilled functional maintenance programs when specialized skills are needed, and restorative nursing programs implemented by restorative nursing assistants.

Patient volumes for January: OT: 6 ; PT: 9; SLP: 4

Nursing Administration:

The Clinical Team Christa Harbig, Jody Anderson, Cassandra Fox, and Todd Hollenbeck have been working on many projects. Christa is wrapping up our annual moderate sedation competency training. This is an annual review with a skills checklist. Cassandra has been focusing on process improvement projects that include the Acute Care and Wound Care collaboration. This project has proven to be challenging while streamlining processes. One success of this collaboration included realigning our documentation through the creation of a wound flowsheet, ensuring all wound care provided to the patient is documented in the same EMR location. This improves communication and consistency.

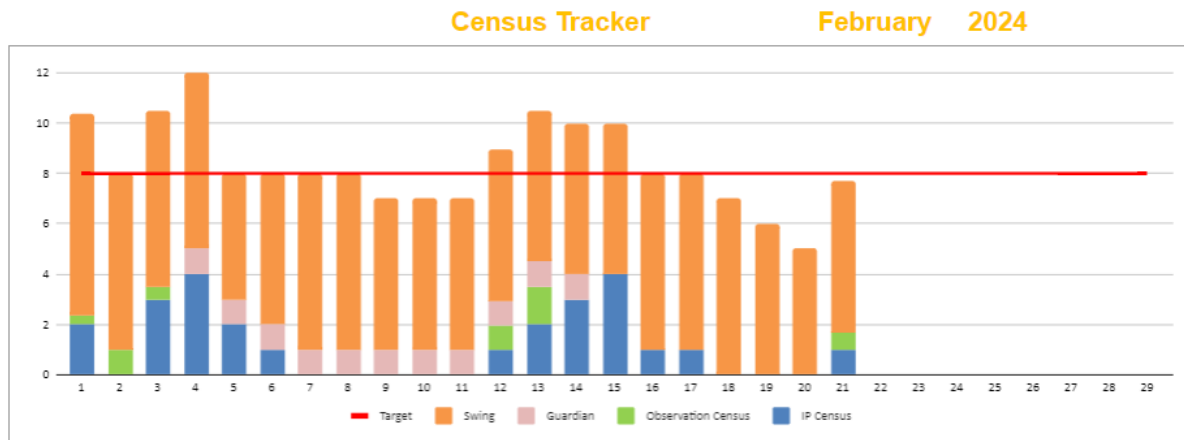
Cameras with audio have been placed in the safe room. This will allow direct supervision of patients in a safe environment and a way to ensure the safety of that patient, the staff, and other patients. The cameras give the employees the option, if necessary, and the ability to maintain a safe and controlled environment.

Our Clinical team has set dates in September for a skills lab this fall. The education and skills competency topics are selected with consideration of newly purchased equipment, review of existing equipment, mandatory competency, and high-risk low-volume procedures. This takes a great deal of thought and planning.

Cassandra Fox, Jody Anderson, and Christa Harbig were awarded a scholarship to attend the Rural Health conference coming up in March. Marcia is not able to attend this year but is pleased that NVH will be well-represented and appreciative to WSHA for awarding us these scholarships. The agenda topics appear to be relevant and well thought out. Reconnecting in person with others is welcome after three years of COVID isolation.

Acute Care:

Census is lower than January but still remains just above our target at this point in the month. Our numbers of inpatients are lower compared to January, but we have had a consistent group of swing beds bolstering our census. Also, for the first time in a while, we have had a guardian care patient.



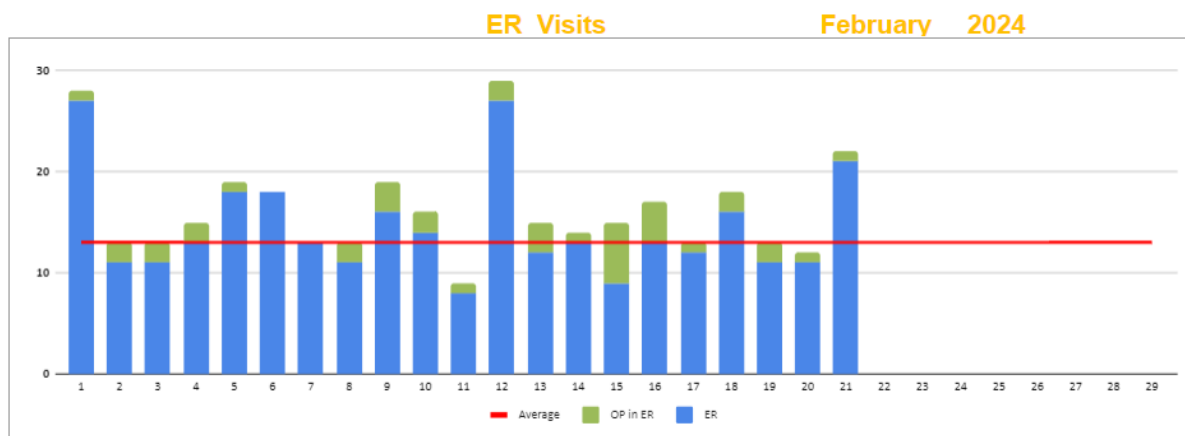
Quality/Infection Prevention:

We held our Q4 2023 CQI Council meeting on January 23rd, 2024. The minutes and dashboard have been made available for viewing by the entire district. A CQI Survey was sent out to all departmental managers to determine what type of support was needed from the Quality Department as we begin working on our goals in 2024.

Quality is gathering statistical information for the Critical Access Hospital Annual Program Evaluation which is typically reported on in March/April. This is a collaborative effort in order to be in compliance with our Conditions of Participation and to evaluate utilization of services, share positive highlights, identify opportunities for improvement and to set goals for the following year.

Respiratory viral season is ongoing with RSV, Influenza and COVID positivity reported through our Emergency Department.

Emergency Department:



February is almost over, and it feels like it just started. Coming out of a cold January, we noticed our volumes have been lower than January. This has allowed us to catch up on all our education and training, specific to the clinical arena, and prep for the spring surge. Even with the lower volumes, we have had rare opportunities to utilize specialty equipment for a few very high acuity but low occurrence events/incidents for our area. As always, the staff stand ready to handle any event our community may need us for.

Surgery:

We have started seeing sleep and GI patients in the new setting. We have been doing some colonoscopies, EGDs, and other small procedures.

Laboratory

**Spread
Kindness**

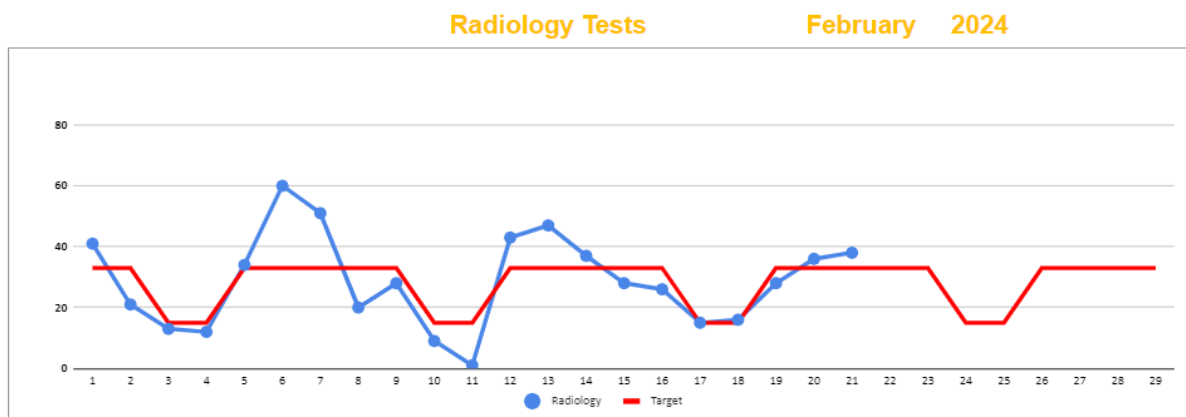
For Valentine's Day, everyone in the Lab decorated a box for Valentines, and we planned to exchange valentines within our department. We were so pleased when our idea took off and spread throughout the hallways of the district. A little extra love is always appreciated and welcomed. All in all, we think Valentine's Day this year gave us all a little boost of joy!

The Lab is submitting a Capital Equipment Request at this month's Board of Commissioners Meeting. The request is for a new Blood Gas analyzer with the capability of performing Carboxyhemoglobin analysis. This analyzer is also portable and could be

moved if necessary during the 1st-floor construction project. We are planning for our own turn of the disruption of services necessary for the project.

NVH Lab and the Department of Health have been working together with the assistance of Evident on the electronic reporting of Reportable Results. As a Laboratory operating in Washington State, we are required by law to report notifiable conditions to our local health jurisdiction and to the state. We report bacteria, viruses and other significant laboratory findings for public health such as COVID-19, Salmonella species, and Vancomycin resistant Staph aureus. We have completed the project on our end and now are waiting for DOH to resolve the test environment issues that they are experiencing. Once the DOH system is repaired final testing will be performed, unfortunately, there is no timeline for the repair.

Radiology:



The radiology department has had a solid month for CT scans. As of the 22nd, we have already performed 177.

We have been reviewing CT quotes for a new unit and are narrowing our search to a few vendors.

Allied Health:

I am pleased to announce we have hired a Dietitian who will be joining us in March!

All departments in allied health have reviewed the strategic plan and are working towards both goals/objectives, but also collecting data to inform our decisions:

OP Volumes for the month of January, excluding EC volumes:

PT: 206 outpatients/558 visits. Top 5 dx: Pain, Musculoskeletal disorders, Ortho/post surgical, Weakness, Neurologic Disorders. Other referrals addressed Pelvic Floor Dysfunction, Vestibular Dysfunction, and infant brachial plexus injury

OT: 47 outpatients/113 visits. Top 5 dx: Autism, Neurologic Disorders, Ortho/Hand Rehab, Pelvic Floor, Musculoskeletal Disorders. We received our first referral for Lifestyle Redesign r/t chronic disease

SLP: 24 outpatients/18 visits. Dx included: Autism, Neurologic Language Disorders, Developmental Language Delay and Genetic disorder

Dietitian: 4 outpatients. Dx included: Diabetes, Child/Adolescent Obesity, and Anorexia

RT: 6 outpatients. All RT visits were for pulmonary function testing

Wound Clinic: 161 visits in clinic, 43 visits Acute Care, 4 visits in ER. This is an increase from 124 patients seen in January 2023 (108 in clinic, 70 AC, and 3 ER.)

Human Resources:

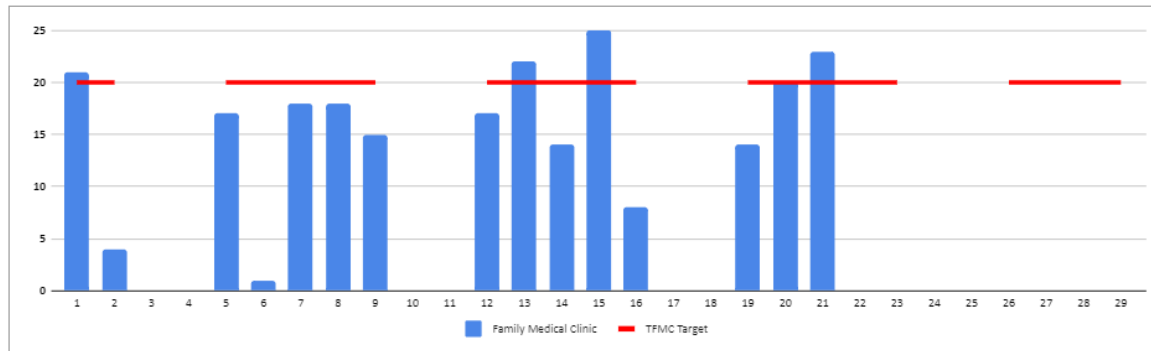
In partnership with Department Managers, the Human Resources Department is in the final stages of implementing a Managed Service Provider agreement (MSP) for our traveler work assignments. The MSP will greatly reduce the overall administrative work associated with the use of contract labor. The benefits provided by the MSP include enhanced tools to support managers and HR in recruitment, timekeeping/invoicing, and DOH compliance.

The HR team continues to work on our strategic goals for 2024 and will soon share a department dashboard that tracks our progress using key performance indicators - including days to hire and the number of open positions by each department.

For now, we are pleased to share that in February, we have hired a Dietitian, two per diem RNs, one full-time RN and a patient registration representative. Our new Dietitian begins in March - stay tuned for more information from our Allied Health Department.

Tonasket Family Medical Clinic:

Tonasket Family Medical Visits February 2024



On February 19th, 2024, TFMC initiated an opioid pain management program in collaboration with Dr. Julie Rickard. Thirty patients have been scheduled to undergo pain evaluation with Dr. Rickard. The primary objective of the pain management program is to ensure the safe use of prescribed opioids by our patients. Dr. Julie Rickard also assisted in setting up the OOC, which stands for Opioid Oversight Committee. The OOC will meet quarterly to review the patients enrolled in our program. The VA Department of Affairs appreciated the program's implementation in our clinic, as they face difficulties when referring patients to BH. They reported that in 2023, they processed 77,000 behavioral health referrals, which continues to be a 9-week processing delay.

The Disruptive Patient Pathway program is integral to our opioid management program and our NVH Division. It aims to support the NVH staff when dealing with patients who exhibit disruptive behavior. The program ensures that our employees feel supported when confronted by such patients. Moreover, the program seeks to inform other clinics about the disruptive behaviors exhibited by their patients to the staff of NVH, thereby facilitating a collaborative approach to patient care.

The Disruptive Patient Pathway program is a part of our commitment to enhancing patient care and employee well-being. We believe that providing our staff with the necessary support and training can create a safer and more supportive environment for all. We aim to foster a culture of excellence where all employees feel valued, respected, and

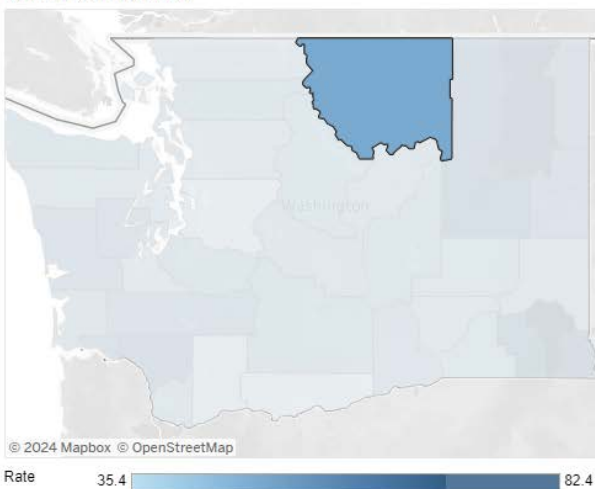
supported. We remain committed to providing the highest quality care to all patients while ensuring the safety and well-being of our staff.

Select a PMP Indicator
 1. Patients Prescribed Any Opioid (Age Group: All Ages)

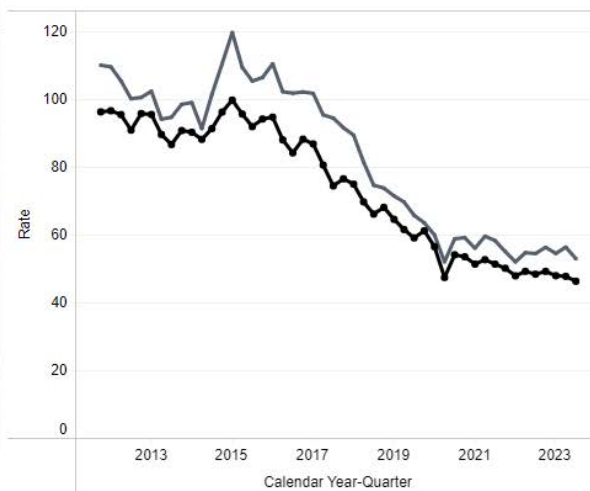
Time Selector (Map)
 2023Q3

Select a County:
 Okanogan

Patients Prescribed Any Opioid by County, 2023Q3, Rate per 1,000 population, All Ages (sex- and age-adjusted rate)



Note: Select a county from the drop-down box above to compare rates in the time-series plot below. State rate is shown below as the black line with circle markers.



For more information about this dashboard: <https://doh.wa.gov/data-and-statistical-reports/washington-tracking-network-wtn/opioids>

Source: Washington Department of Health, Prescription Monitoring Program.
 Last updated: 11/16/2023




https://tableaudoh.watech.wa.gov/t/dohexternal/views/PMPWTNDashboards1_1/WashingtonOpioidMetrics

Support Services:

Food Services:

Right on the heels of a water leak that impacted the kitchen's prep and storage area, we had a major water issue on February 19th caused by the construction on the second floor.



The kitchen is offline and transitioning from emergency food plans to setting up limited operations at an offsite commercial kitchen.

Maintenance:

We have been working hard to keep everything functional during the St. Martins construction, but it has been challenging, particularly as they work on plumbing aspects. As discussed in the Dietary section, the kitchen issues are the primary concern of the month, but the mitigation plan is moving forward.

Safety:

We allowed the Safety Committee to not meet in February; a combination of internal incidents and staffing contributed to the pause, which is why Safety Committee issues are thankfully low right now. Next month, we'll resume where we left off.

Security:

One of our Security Guards, Carlos, will say farewell this month as he moves out of state. His experience here has inspired him to stay in the security industry, and we wish him well. Walter will likely be here an extra day, and Pacific Security will replace Carlos' position soon.

Disaster:

Plans for the spring ED Disaster surge exercise continue. Additionally, we are keeping abreast of the Washington Dept of Health plans to alter Emergency Code Calls, as despite the standardization in 2008, many healthcare facilities have amended them for their own purposes, including us, who added Code Green for our adventuresome residents in EC.

Laundry:

We are still waiting for techs to come and fix our non-working dryer and our now limping dryer. Plant Engineering has been in contact with DSS and were told that they will only be coming this way once the weather improves. We can still use the "limping" dryer, though we avoid drying certain things in it due to the issue.

Policy and Procedure Committee:

NVHD currently has 1365 documents in the Policy Stat system. There are 286 documents due for review in the next 90 days and 129 policies pending final approval. Managers have worked hard to reduce their number of past-due policies. The next P&P committee meeting will be held March 21st, 2024 at 10am in the boardroom. All new policies are reviewed and discussed by the committee.

Grants Committee:

The Grants Committee had drafted an application for the Distressed Hospital Fund through the Health Care Authority and will be submitting for those funds by the March 8th deadline. The group also submitted for a small grant from DOH to fund training and resources related to SBIRT screenings in the ED.

Topic	Request Amount	Status
DOH SHIP	\$13,000	Applied
Distressed Hospital Fund	\$1M	In Process

Long Range Focus Committee:

On February 7th, the LRFC met with Okanogan County Planning Group representatives. The committee discussed NVH's position on the county's healthcare ecosystem and reviewed points from our position paper. Our guests appreciated the conversation and are still working to formulate the next steps.

Foundation (North Valley Community Health Association):

The Foundation met on February 5th. The group discussed the hospital construction project and pledged funds. A decision will be made at a future meeting when the appropriate time will be to transfer the pledged funds to the hospital. Some of the

Foundation's funds are currently invested in shorter-term CDs. There were some changes to membership, and the group will continue to recruit.

Building and Planning Committee:

Building and Planning did not meet in February.

