

North Valley Hospital District

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

The public is invited to attend in person or virtually with Google Meet:

Meeting ID: meet.google.com/gfk-skvn-fir; Phone Numbers: (US)+1 617-675-4444

PIN: 388 490 836 1057#

Board of Commissioners Regular Meeting

November 30, 2023 7:00 PM

Vision

Exceptional care that enhances the well-being of our communities.

Mission

Cultivate healthcare rooted in compassion, stewardship, and excellence.

Values

Trust-Accountability-Integrity-Safety-Diversity-Viability

Agenda

Call Meeting to Order-

- I. **Public Participation** – according to Resolution No. 488-Public Participation Policy
- II. **Reports:**
 - a. Administration Report J. McReynolds, CEO
 - b. Financial Report M. Matthiessen, CFO
 - c. Committee Reports
 - i. Finance
 - ii. Foundation
 - iii. Long Range Focus
 - iv. Medical Staff
 - v. Safety
- III. **Approval of Minutes**
 - a. Regular Board Meeting Minutes-October 26, 2023
 - b. Special Board Meeting/Public Hearing Minutes-November 2, 2023
- IV. **Consent Agenda**
 - a. Bad Debt \$54,583.98
 - b. Charity Care \$53,135.19
 - c. NVH A/P Vouchers No. 121255-121569 \$3,077,102.18
 - d. LTC A/P Vouchers No. 23506-23584 \$ 471,362.74

North Valley Hospital District

V. Old Business

VI. New Business

a. Medical Staff

Courtesy Appointment

Joe Pastrano, MD – Radia, Inc.

b. Consider Resolution 746-Declaration & Disposition of Surplus

VII. Adjournment:

Upcoming Events-

December 21, 2023 – Rescheduled Regular Board Meeting



Administration Report

11.30.23

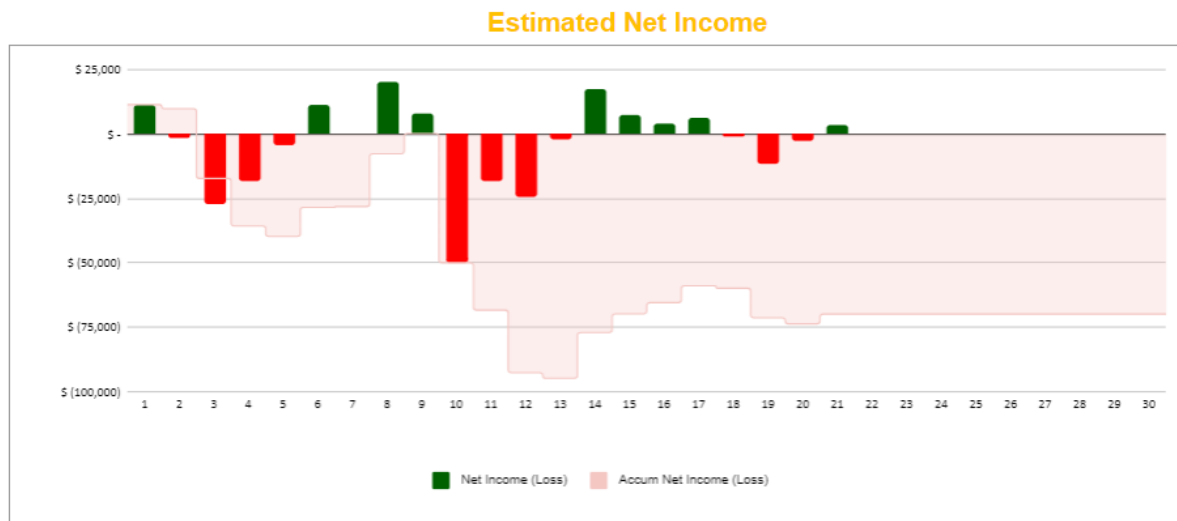
North Valley Hospital & Extended Care

Operational Overview:

The Hospital census declined notably from October impacting volumes in ancillary departments.

Department	Month to Date Numbers		November 2023	
	Number to Date	Target to Date	Variance	Variance Percent
Census	95	168	-73	-43%
Rehab Minutes	30155	26810	3345	12%
Rad Tests	612	592	20	3%
Lab Tests	2273	2590	-317	-12%
TFMC	173	267	-94	-35%
Surgery	21	5	16	309%
ER Visits	294	273	21	8%

The decreased volumes have projected a negative net income for November.



Extended Care:

Activities:

NVEC residents are putting on their stretchy pants in preparation for our Thanksgiving meal! Residents and their families will enjoy a turkey dinner, with all the fixin's in our fully decorated dining rooms. Many of our residents have been creating holiday crafts to share with everyone.



EC Staffing and Admissions:

Our current census is 37 residents with 2 potential admits pending. Sadly we had to say goodbye to one of our long time residents this past week. Our goal is to reach 40 by the end of this year. Payor breakdown currently shows 11 are Private Pay and 23 Medicaid and 1 Medicare.

Survey Results:

The EC passed both the Annual Health Survey and Fire Marshall surveys! A special lunch was held for all the staff to congratulate them for their hard work!

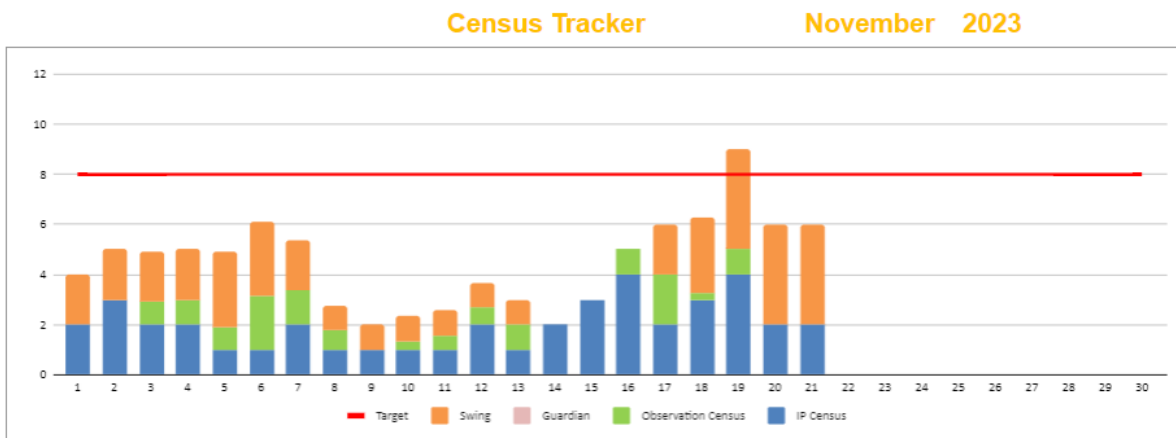
Flooring Project:

We received our final approval to proceed with our flooring project! We are hoping to begin this after the holidays.

Nursing Administration:

As mentioned in the Surgery section below we are working hard to plan for the upcoming construction on the second floor. This directly impacts wound care, sleep clinic, and surgery, but the planned relocation of those services will create challenges for the Acute Care and ED teams as well. The 2nd floor teams will utilize the old OB area for their clinic space and temporarily use an acute care room for offices.

Acute Care:



The improved census in October was short-lived as November's admissions were well below our target. The middle of the month showed slight improvement, but we are unlikely to meet our target for the month.

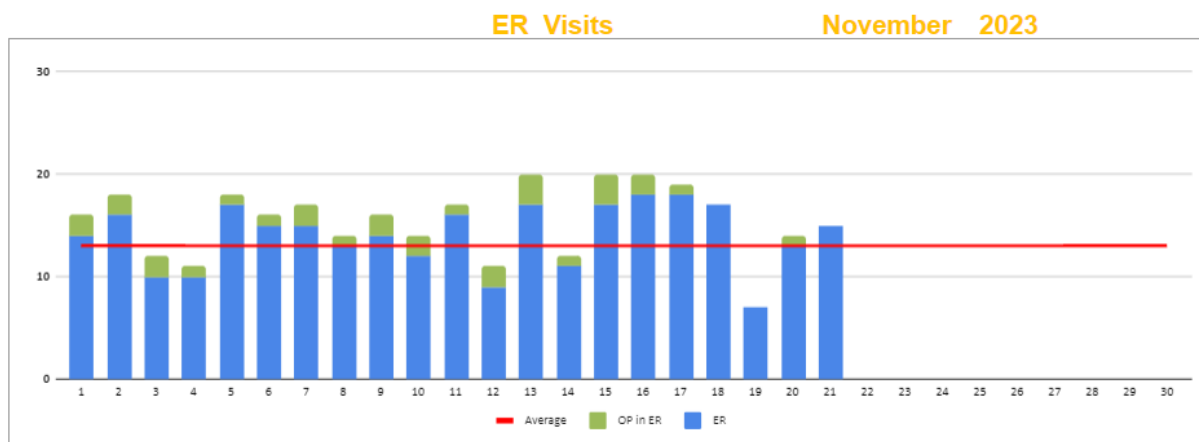
Quality/Infection Prevention:


We have kicked off a quality improvement project between Acute Care and Wound Care staff which will take up to a year to complete. Our initial focus is standardization in documentation for consistency and continuity of the care that our acute care wound patients receive. The Wound Care team and Informatics worked collaboratively on a new flow-chart in Evident to document within. Next, we will be educating our Acute Care staff on the flowchart and utilizing it.

We have been seeing some Influenza activity in our community, but not quite enough to declare active influenza seasons. We have also experienced a recent increase in COVID-19 activity as well. It is the season for respiratory illness, so practice respiratory hygiene and wash your hands.

Our Hospital N95 fit testing is caught up now with the only outstanding staff being one traveler employee and one employee that is currently on leave.

Emergency Department:





On the graph above you can see the ER volumes in blue and additional visits that occur in the ED that are not true ED visits but an outpatient service. These outpatient visits include wound dressing changes, medications administration, infusions, and suture removal.

Surgery:

In preparation for the next phase of the construction project, Surgery clinics' last day on the second floor will be December 19th. Surgery and sleep clinics will temporarily move to the old OB wing and are planning a soft start to see patients on the week of January 8th.

Laboratory

Laboratory volumes continue to be below projections. We continue to see the impact of fewer providers in the RHC and lower Acute Care census.

Recent implementations in the Laboratory include a new PCR analyzer - the Spotfire, a rapid PCR analyzer that performs a 5 target (SARS-CoV-2, Influenza A, Influenza B, Respiratory Syncytial Virus and Human Rhinovirus) panel in less that 20 minutes.

We have also implemented high sensitivity Troponin I testing on our main chemistry analyzer platform increasing the efficiency of running the test at a much higher rate of sensitivity.


The Laboratory has joined with Pharmacy, Infection Prevention and Quality to participate in an Asymptomatic Bacteriuria study. We are currently inputting data from every urine culture collected from the Emergency Department. The study will last until August of 2024 with opportunities for improvements along the way.

November 18-24th is US Antibiotic Awareness Week. We are encouraging everyone to do your best to stay healthy and keep others healthy by:

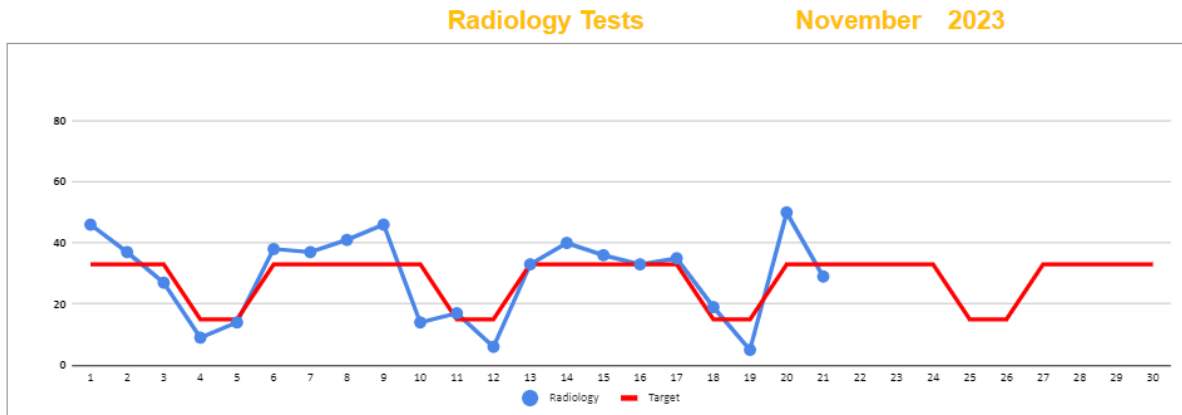
- Cleaning your hands by washing with soap and water for at least 20 seconds or using a hand sanitizer that contains at least 60% alcohol
- Cover your coughs and sneezes with a tissue
- Stay home when sick
- Avoid touching your face
- Avoid close contact with people who are sick
- Get recommended vaccines such as the flu and COVID-19 vaccines
- If you need antibiotics, take them exactly as prescribed



Messages about Antimicrobial Resistance

- Antibiotics can save lives, but any time antibiotics are used, they can cause side effects and contribute to the development of antimicrobial resistance.
- Antimicrobial resistance happens when germs, like bacteria and fungi, develop the ability to defeat the drugs designed to kill them. That means the germs are not killed and continue to grow.
- Antimicrobial resistance is an urgent global public health threat, killing at least 1.27 million people worldwide and associated with nearly 5 million deaths in 2019.
- In the U.S., more than 2.8 million antimicrobial-resistant infections occur each year, and more than 35,000 people die as a result. (See CDC's [antimicrobial resistance website](#)).
- In addition, 202,600 hospitalized cases of *Clostridioides difficile* (or *C. diff*) occurred in 2019 and at least 11,500 people died. *C. diff* is rarely resistant to antibiotics; however, it usually occurs in people who have taken antibiotics. See [2022 SPECIAL REPORT: COVID-19 U.S. Impact on Antimicrobial Resistance](#)  [PDF - 44 pages] for more.
- Antimicrobial resistance does not mean the body is resistant to antibiotics or antifungals; it means bacteria and fungi that live in and on our bodies develop the ability to defeat the drugs designed to kill them.
- When bacteria become resistant, antibiotics cannot fight them, and the bacteria multiply.
- Antimicrobial-resistant infections can be difficult, and sometimes impossible, to treat.
- Antimicrobial-resistant germs can quickly spread across settings, including communities, the food supply, healthcare facilities, the environment (e.g., soil, water), and around the world. Antimicrobial resistance is a One Health problem—the health of people is connected to the health of animals and the environment (soil, water).

Radiology:



The radiology department received our new GE ultrasound machine. We will have application training on December 5th and 6th.

We have seen an increase in referrals for CT and ultrasound exams from Omak Confluence Health. Several of their staff have stated that they appreciate us being able to accommodate their patients and scheduling them in a timely manner.

Allied Health:

I like starting off with kudos to our fine teams. Here's one from Facebook...written in September, but I'm just now seeing it:

"I wanted to put this out there because these NVH Wound Care (I call them 'wonder Care' givers have been working with me for a couple of weeks and have made tremendous progress treating my very complex edema, vascular deficiencies, and leg ulcers that have plagued me for nearly 20 years. The unofficial fourth team member, my wife Nancy, also deserves great credit for providing home care with guidance from the NVH team. Okanogan County is blessed to have these health care specialists available."



I am pleased to announce that Megan Vickers has now completed her wound care certification so our wound care RNs are both certified wound care nurses with advanced training in sharp and biologic debridement. Kudos to the team!

The Rehab profile continues to evolve, and Eric Suess is now enjoying the rest of his paternity leave getting to know their new daughter. Our PTs Tia Herdman, Jeff Massart, and Jorn Van Der Reijden are holding up the outpatient services as our new clerks are keeping their schedules full. We welcome back Katie Suess (Sharkey) from her maternity leave to continue her work in acute and extended care. The team works well together, and a big thank you goes out to them all as they have been flexible and collaborative to ensure patients get the care that is needed.



We welcomed a new PT this month, Jess Douglas. This finalizes our team and rehab is now fully staffed!

Our contract dietitian, Melissa Roberts was on site for a clinical visit meeting with patients, nurses, and dietary service providers. She will continue to work with us as we continue recruitment for a full-time dietitian.

Human Resources:

In the New Year, we will have New Benefits!

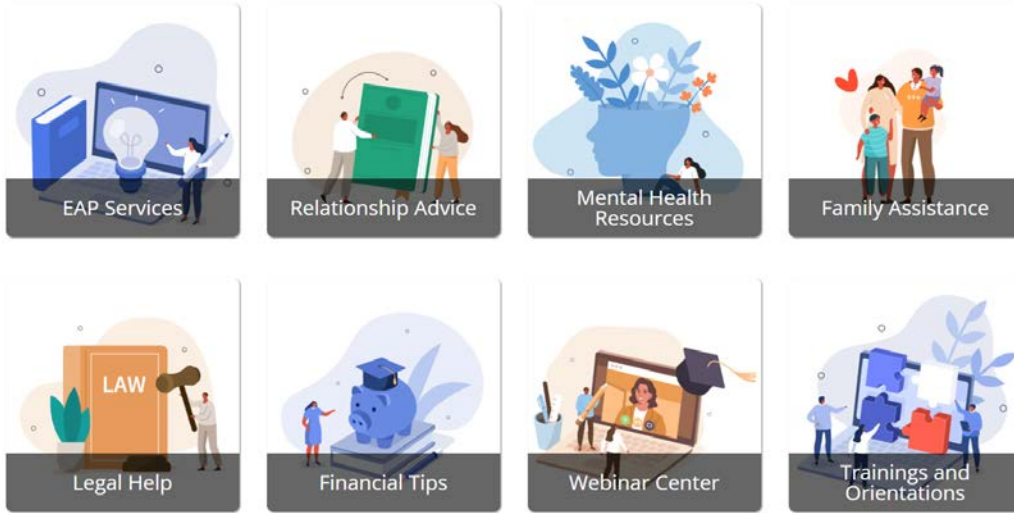
With the successful completion of open enrollment, the HR Department is looking ahead to the New Year, when our new benefits kick in!

Our Benefits Specialist and Health Insurance Brokers went to the market to get the best rate possible on the best insurance options available for the team at NVH. As a result, in 2024, we will return to our preferred medical insurance carrier and once again be happy to have all our health insurance through the Washington Counties Insurance Fund (WCIF).

As Fall turns to Winter, the holidays are officially here. The HR Team wants to encourage everyone to take good care of themselves and their families. If you have questions about your benefits please stop by and see us. You can also access free and confidential resources through our Employee Assistance Program with the username: wcif at

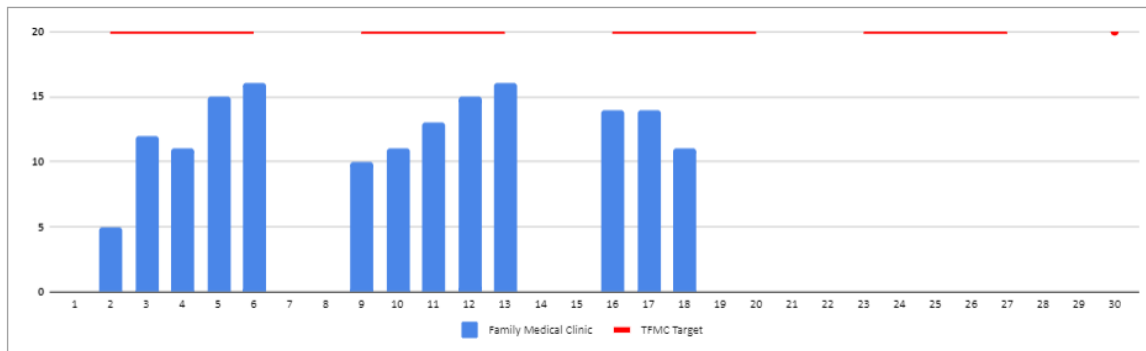
<https://www.fchn.com/Members/EAP>

EXPLORE YOUR BENEFITS



Tonasket Family Medical Clinic:

Tonasket Family Medical Visits October 2023



Attention all patients and NVH District

We are happy to announce that the Tonasket Family Medical Clinic is now providing the updated Pfizer COVID-19 vaccine for individuals aged 12 years and older. If you would like to receive the vaccine, please contact the front desk at TFMC to schedule an appointment. Please find the updated schedule for the new formula below. Thank you.

SCHEDULE:

Tuesday - 9am- 3pm

Please note that the schedule is subject to change based on vaccine availability. Thank you for your cooperation and understanding.

People who are NOT moderately or severely immunocompromised*

COVID-19 vaccination history [†] (regardless of COVID-19 vaccine formula)	Schedule for administration of 2023-24 Pfizer-BioNTech COVID-19 Vaccine
Unvaccinated	Give 1 dose now.
Any number of previous doses of COVID-19 vaccine, NOT including at least 1 dose of 2023–24 COVID-19 vaccine	Give 1 dose at least 8 weeks (2 months) after the previous dose.
Any number of previous doses COVID-19 vaccine, INCLUDING at least 1 dose of 2023–24 COVID-19 vaccine	No further doses are indicated.

People who ARE moderately or severely immunocompromised

COVID-19 vaccination history ^a (regardless of COVID-19 vaccine formula)	Schedule for administration of 2023-24 Pfizer-BioNTech COVID-19 Vaccine
Unvaccinated	Give a 3-dose initial series. Administer: <ul style="list-style-type: none"> ▪ Dose 1 now ▪ Dose 2 at least 3 weeks after Dose 1 ▪ Dose 3 at least 4 weeks after Dose 2
1 previous dose of any Pfizer-BioNTech COVID-19 Vaccine (Dose 1) [†]	Complete series. Administer: <ul style="list-style-type: none"> ▪ Dose 2 at least 3 weeks after Dose 1 ▪ Dose 3 at least 4 weeks after Dose 2
2 doses of any Pfizer-BioNTech COVID-19 Vaccine (Doses 1 and 2) [†]	Complete series. Administer: <ul style="list-style-type: none"> ▪ Dose 3 at least 4 weeks after Dose 2
3 or more doses of Pfizer-BioNTech COVID-19 Vaccine, NOT including at least 1 dose of 2023–24 COVID-19 vaccine [†]	Give 1 dose at least 8 weeks (2 months) after the previous dose.
3 or more doses of Pfizer-BioNTech COVID-19 Vaccine, INCLUDING at least 1 dose of 2023–24 COVID-19 vaccine [†]	<ul style="list-style-type: none"> ▪ People who are moderately or severely immunocompromised have the option to receive 1 additional dose at least 8 weeks (2 months) following the last recommended dose. ▪ Further additional dose(s) may be administered, informed by the clinical judgement of a health care provider and personal preference and circumstances. ▪ Any further additional doses should be administered at least 8 weeks (2 months) after the last COVID-19 vaccine dose.

Support Services:

Food Services:



We are happy to announce that we are finally fully staffed in the kitchen and the Dripline. Just in time for all the Holiday parties.

Safety:

This month, Board member Vicki Lewis has pitched in to create a little training for the Safety committee to keep us safe over the holidays. We have certainly benefited from her attendance, it gives the 'boots on the ground' staff a chance to introduce themselves and interact with a board member, who in turn gets to see some of the inner workings of an employee committee.

Security:

Verbal Judo was presented to the Security Team who provided good feedback for ongoing classes. We have set up twice-monthly class schedules, looking forward to having staff attend. We plan for classes with a mix of staff for different perspectives. We recognize different departments will have different needs, but empathy and communication skills are needed everywhere.

Disaster:

Our part in the NWHRN exercise did not transpire although we were ready to respond. The current disaster drill in the works is a Missing Resident exercise to be completed by the end of the year.

Laundry:

Things continue to be pretty busy in our department. We expect an on-slaught of new clothing and launderable accessories to label as we start into the holiday season and will be making sure we have an adequate supply of labels. Of course, extra blankets on beds and warm blankets for patients and residents will also be in demand so we are trying to make preparations to meet those demands as well.

Committee Work:

Policy and Procedure Committee:

NVHD currently has 1365 documents in the Policy Stat system. Currently there are 50 documents due for review and 123 pending approval. The next P&P committee meeting will be held December 21st 2023.


Grants Committee:

Topic	Request Amount	Status
PUD Incentives	Unknown	In Process
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 LRFCC met on November 1st and discussed the November election, particularly the Three Rivers Hospital attempt for a bond to build a new building. The group discussed the effort and the impact on healthcare in the county.

Foundation (North Valley Community Health Association):



The Foundation committee met November 6th and welcomed a new member, Sherry Porter who is part of the NVEC activities team.

A letter writing campaign is being planned to align with the Give [NCW](#) fundraising event which runs Thanksgiving Day to December 31st. Any donations made, especially during the Give NCW event, would be greatly appreciated by the Foundation as they plan future funding opportunities.

Foundation Treasurer, Dixie Brown, successfully updated information with WA Secretary of State and the bank account signers have been updated.

Building and Planning Committee:

Building and Planning was canceled for November.

Revenue Cycle:

Business Office:

We have been working on an updated Charity Care Policy and have conditional approval from the Department of Health that we are in compliance with the new rules. The only outstanding item is to update the Spanish language version of the policy.

Patient Access:

Everything is business as usual in the Patient Access departments.

We wish everyone health and happiness as we enter the holiday season!

