# Audubon County Memorial Hospital Board of Trustees Meeting Minutes

October 22, 2020 at 12 Noon Board Room

#### **ATTENDANCE**

Board Members Present: Vicky Robinson, Marlene Ballou, Michelle Sprague, Mark Kessler, Anne Miller

(via Zoom),

Board Members Absent: Brett Irlmeier, Denise Kilworth,

Staff Present: Suzanne Cooner, Melinda Alt, Kolton Hewlett, Haillie Bruch

# I. CALL TO ORDER

Vice Chair, Vicky Robinson, called the meeting to order at 12:01 p.m.

#### II. AGENDA APPROVAL

Michelle Sprague made a motion, Mark Kessler seconded by to approve the agenda with approval in accordance with the Code of Iowa Open Meetings Law. Motion carried.

# **III. PUBLIC COMMENTS**

No public comments.

#### IV. CONSENT AGENDA

It was moved by Mark Kessler and seconded by Marlene Ballou to approve the Meeting Minutes of September 23, 2020. Motion carried.

# V. FINANCIAL REPORT

Melinda Alt, CFO, reviewed the financial reports and budget scorecard. The financial report for the month for September Operating Statement "excess of revenue over expenses" for the month was \$53,843.59. YTD is \$236,056.66 compared to budget of \$25,235.21. Melinda continues to communicate with auditors on how to handle stimulus money.

CD #23538 for \$722,860.16 matured on 09/30/2020 at Landmands Bank. Rates at Landmands Bank 0.25%, Exchange State Bank 0.35% and Audubon State Bank passed on bidding. The CD was reinvested at the highest rate of 0.35% at Exchange State Bank.

CD #38513 for \$312,341.14 and CD #38512 for \$667,666.20 matured on 10/20/2020 at Audubon State Bank. Rates at Audubon State Bank 0.35%, Landmands Bank 0.12% and Exchange State Bank 0.05%. The CDs were reinvested at the highest rate of 0.35% at Audubon State Bank.

Mark Kessler made a motion, seconded by Michelle Sprague to approve the financials. Motion carried.

#### VI. MEDICAL STAFF REPORT AND CREDENTIALING

Suzanne Cooner, Chief Executive Officer, gave the medical staff report and credentialing recommendations. The following appointments, reappointments, and resignations from the medical staff were reviewed: Initial Appointment to Allied Health Staff:

- 1. Erica Kitt, CRNA
- 2. Seth Meyers, DNP, CRNA

Initial Appointment to Consulting Medical Staff:

(Iowa Heart Center providers reading EKG/Holters only – Distant Site Credentialing)

- 1. Shakuntala Advani, MD
- 2. Philip Bear, DO
- 3. Mark Bissing, DO
- 4. Thomas Brown, MD
- 5. Dwayne Campbell, MD
- 6. Atul Chawla, MD
- 7. Mohit Chawla, MD
- 8. Joseph Cookman, DO
- 9. Michael Frazier, MD
- 10. Aaron From, MD
- 11. Joel From, MD
- 12. Magdi Ghali, MD
- 13. Jennifer Georbig-Campbell, MD
- 14. Troy Houshell, DO
- 15. Robert Hoyt, MD
- 16. Pitayadet Jumrussirikul, MD
- 17. Christos Kassiotis, MD
- 18. Marc Klein, MD
- 19. Ravinder Kumar, MD
- 20. Mudassir Malik, MD
- 21. Akrivi Manola, MD
- 22. Richard Marcus, MD
- Enrico Martin, MD
- 24. David McAllister, DO
- 25. Matthew McCormick, MD
- 26. Mark McGaughey, MD
- 27. Jason Meyers, MD
- 28. Robert Paul, MD
- 29. Randolph Rough, MD
- 30. Daniel Shivapour, MD
- 31. Gardar Sigurdsson, MD
- 32. Denise Sorrentino, MD
- 33. Mark Tannenbaum, MD
- 34. Margaret Verhey, MD

Reappointments to Allied Health Staff:

by Mark Kessler to approve the above credentialing. Motion carried.

1. Leah Uthe, AuD

Board members reviewed the applications, the supporting documentation, the recommendations from the Medical Staff, and information received during the credentialing and privileging processes. Based on this review, it is the Board's opinion that the above applicants meet the requirements for Medical Staff Resignations and approval of updated privileges. Motion was made by Marlene Ballou and seconded

# Medical Staff Report:

- Discussed updated peer review process for providers and patient care quality.
- Medical staff received restraint training.
- Medical staff approved Rebekah Thrower as the new Respiratory Therapist.
- Update given regarding COVID-19 response.

# VII. COMPLIANCE/QUALITY/RISK MANAGEMENT REPORT

Kolton Hewlett, Senior Director of Administration/Compliance Officer, provided the monthly report on compliance, quality, and risk management activities:

- Reviewed Quality Committee reports from care coordination, laboratory, rural health clinics, and radiology.
- The Quality Committee continues to review patient satisfaction results for inpatient care, emergency department, and rural health clinics, and work on initiatives to improve the patient experience.
- Primary quality initiatives over the next several months will focus on increased efforts related to transitions of care, discharge instructions, patient education, and patient follow-up.
- We have started a new daily rounding process from 7:30 a.m. to 8:30 a.m. with Dr. Vampola and Dr. Cooper. The team includes Pharmacy, Infection Prevention, Care Coordination, Rehab Services, and Nursing. The process seems to be working well for right now.
- We received a new antigen testing kit of COVID from the State to be used for students and school employees. Infection Prevention and Laboratory have been working with our Pathologist, Dr. Hagen, to review the testing process.
- We completed mandatory fire safety and fire extinguisher training on October 20 and 21.
- Many of the patient care departments are working on standardizing processes related to competency
  assessment requirements. We have developed a standardized tool for all departments to track
  competencies completed throughout the year.
- We received an unannounced complaint-driven survey from the Iowa Department of Inspections and Appeals last Monday. The complaint was found to be "unfounded" and we had no deficiencies.
- Nancy Ruzicka completed a mock survey on Monday, September 28, which went well.
- The tabletop exercise on September 29, 2020, went well. The group worked through various scenarios and plans for patient surge and staffing shortages.
- Reviewed trends in incident reporting and risk management initiatives and reported that there have not been any adverse outcomes for our patients.
- Provided information on the importance of incident reporting in healthcare as a means to improve patient safety.
- There are several new rules regarding patient's access to their electronic health information. The new standards allow (and require) hospitals and other healthcare providers to more easily share electronic health information as long as they are equipped with the technology that allows them to comply. The CMS rule for hospitals does not take effect until January 1, 2021.

#### VIII. APPROVALS

The following were presented to the board for approval. The PAC policies have already been approved by the Professional Advisory Committee (PAC) and the medical staff.

- McKesson Chemical Analyzer
- Walden University
- Medical Staff Bylaws and Rules & Regulations updates
- PAC Policies
- Aspire Resources

A motion was made by Mark Kessler and seconded by Marlene Ballou to formally approve all approval items. Motion carried.

# IX. CEO REPORT

Suzanne Cooner, CEO, provided the following report:

- 1. Dr. Jay Strittholt, Orthopedic Surgeon began seeing patients at ACMH on September 24, 2020.
- 2. Allison Behrendt, has accepted our position as Radiology Technician starting in early November.
- 3. ACMH received an unannounced complaint-driven survey from the Iowa Department of Inspections and Appeals last Monday. The complaint was determined to be "unfounded" and we had no deficiencies.
- 4. We are working with the architect to finalize the Emergency Department renovation project to provide separate rooms and negative pressure rooms to address concerns about infectious diseases.
- 5. ACMH is participating with the state to establish mutual aid between hospitals to address the current rise in COVID hospitalizations in the state. ACMH is preparing to take non-COVID transfers from other hospitals that become overwhelmed with COVID activity. Audubon continues to see a steady number of active COVID cases, but it is still manageable by the hospital at this time.

X. BOARD COMMENTS
No further comments.
XI. ADJOURNMENT:
The meeting was adjourned at 1:24 p.m. with a motion by Mark Kessler and seconded by Marlene Ballou. Motion carried.
Brett Irlmeier, Chair Board of Trustees Chairman Marlene Ballou, Board of Trustees

# PAC policies presented:

- Emergency Plan
- Endoscopic Reprocessing Procedures
- Fingerstick Glucose Monitoring
- Millipore Use & Maintenance new
- Preoperative Pregnancy Testing
- Pandemic Plan