

Audubon County Memorial Hospital Board of Trustees

Meeting Minutes

April 22, 2021 at 12 Noon

Board Room

ATTENDANCE

Board Members Present: Brett Irlmeier, Marlene Ballou, Michelle Sprague, Rev. Philip Beisswenger, Mark Kessler, Anne Miller

Board Members Absent: Vicky Robinson

Staff Present: Suzanne Cooner, Kolton Hewlett, Melinda Alt, Paul Topliff, Dr. Michelle Rebelsky, Haillie Bruch, Nathan Moser

Others Present:

I. CALL TO ORDER

Board Chair, Brett Irlmeier, called the meeting to order at 12:01 p.m.

II. AGENDA APPROVAL

Mark Kessler made a motion, seconded by Michelle Sprague 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 Michelle Sprague to approve the Meeting Minutes of March 25, 2021. Motion carried.

It was moved by Mark Kessler and seconded by Michelle Sprague to approve the Executive Closed Session Iowa Code 21.5 (1)c) meeting minutes from March 25, 2021. Motion carried.

VII. FINANCIAL REPORT

Melinda Alt, CFO, reviewed the financial reports and budget scorecard. The financial report for the month of February Operating Statement "excess of revenue over expenses" for the month was \$7,835.20. YTD is a positive \$453,566.55 compared to budget of \$75,684.71.

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

VIII. MEDICAL STAFF REPORT AND CREDENTIALING

Dr. Michelle Rebelsky gave the medical staff report and credentialing recommendations. The following appointments, reappointments, and resignations from the medical staff were reviewed:

Initial Appointment to Courtesy Medical Staff:

1. David Nystrom, DO (ED)

Initial Appointment to Allied Health Staff:

1. Maria Askew, ARNP (Integrated Telehealth Partners)

Reappointment to Consulting Medical Staff:

1. Aaron Albert, MD (Integrated Telehealth Partners)
2. Mary Embrescia, MD (Integrated Telehealth Partners)

Board members reviewed the application, 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 applicant meets the requirements for Medical Staff Resignations and approval of updated privileges.

Mark Kessler made the motion and seconded by Michelle Sprague to approve the above credentialing. Motion carried.

IX. COMPLIANCE/QUALITY/RISK MANAGEMENT REPORT

Kolton Hewlett, Senior Director of Administration/Compliance Officer provided the quality, patient safety, and risk management report.

- We engaged the Department of Homeland Security (DHS) Cybersecurity and Infrastructure Security Agency (CISA) Assessments team to conduct a Remote Penetration Test (RPT). This assessment tested the IT security of all external networks and assessed our information security and identified any vulnerabilities to our information systems. The external assessment found no critical vulnerabilities and only a few suggestions to enhance spam-filtering capabilities.
- The Quality Committee met on Tuesday, April 20, 2021, and received reports from cardiac rehab, infusion services, laboratory, physician clinics, radiology, specialty clinics, and care coordination. Current core quality measures including falls and immobility, VTE, sepsis, pressure ulcer prevention, medication safety, blood glucose, INR, transfer communications, and worker safety, continue to be within established goals.
- Provided an update on the 21st Century Cures Act Information Blocking Rule, which went into effect on April 5, 2021. In general, the regulations aim to ensure that patients have timely (immediate) access to provider notes, diagnostic results (lab/radiology), etc. in their patient portal. The Interoperability and Information Blocking regulations requires that healthcare providers give patients access without charge to all of the health information in their electronic medical record "without delay." Discussed current Electronic Health Record (EHR), Centriq, and their progress on meeting these new requirements. We are working internally to continue to evaluate our internal processes to ensure that none of our practices constitute "information blocking."
- We completed Merit-based Incentive Payment System (MIPS) and Promoting Interoperability reporting and attestation for 2020, which was due on March 31, 2021. ACMH is no longer exempt from participation in MIPS at the group level. Individual clinicians remain exempt due to low volumes they see annually. The medical staff is currently determining which quality measures and improvement activities they will be working on for the remainder of 2021.
- For patient satisfaction, we are currently in the 80th percentile for Inpatient Services and the 60th percentile for the Emergency Department, which is a huge improvement from the beginning of the year. We continue to review processes and survey results in the rural health clinics. Beginning April 1, 2021, we began surveying patients in the outpatient specialty clinics and the radiology department. Staff will be participating in process mapping to identify our current state and areas to improve to make our patient flow processes more patient centered.
- We completed an external coding audit through Healthcare Coding and Consulting Services (HCCS) over the past several months and reviewed the results earlier this week. Discussed the results of the audit and actions that will occur as a result of the audit.
- Several departments completed regulatory and accreditation surveys over the past month. The laboratory department passed their biennial Clinical Laboratory Improvement Amendments (CLIA) survey. The radiology department passed their mammography inspection, which is good for three years. The Emergency Department passed their Trauma Certification, which is good for three years.
- Reviewed summary of risk management activities and incident reports.

X. Board Education – Legal Responsibilities of the Board

Susan Freed, Attorney with Davis Brown Law Firm, provided education to the board regarding legal responsibilities of the board required for public hospitals including duties of board members, open record/meetings requirements, conflicts of interest and the importance of a compliance program.

XI. REVIEW AND 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.

- PAC Policies –
 - Leave of Absence (Updated)
 - Telehealth Mental Health Evaluations (Updated)
- Skytron Sterilizer priced at \$69,000.00.
- Drees Company UV Light Installation priced at \$32,940.00.

Action: Marlene Ballou made a motion and second by Mark Kessler to approve all of the action items above. Motion carried.

- Nicole Topliff, ARNP, professional services contract with Audubon County Memorial Hospital for ARNP services.
- Dr. Garrett Risley, MD, professional services contract with Audubon county Memorial Hospital for ED/Hospitalist services.

Action: Mark Kessler made a motion and second by Brett Irlmeier to approve all of the action items above. Motion carried.

- Reviewed the Electronic Health Record (EHR) Project Proposal, the evaluation process, and the recommended next steps. The board reviewed the rationale for the request, ability to pay for a new EHR, and urgency of the need.

Action: After much discussion, Marlene Ballou made a motion and second by Mark Kessler to move forward with the EHR Project Proposal with the final agreement to be presented to the board in the coming months for final approval. Motion carried.

XII. ADJOURNMENT:

The meeting adjourned at 2:10 p.m. with a motion by Mark Kessler and seconded by Marlene Ballou. Motion carried.

Brett Irlmeier, Board Chair

Marlene Ballou, Board Secretary/Treasurer

PAC POLICIES REVIEWED AND APPROVED:

- Leave of Absence (Updated)
- Telehealth Mental Health Evaluations (Updated)