

**NEVADA REGIONAL MEDICAL CENTER
BOARD OF DIRECTORS MINUTES
January 29, 2013 ~ Mezzanine Conference Room**

Members Present: Glenn Rogers, Steve Russ, Bill Denman, Dr. William Turner, Cathy Hissink, Brad Copeland, Judy Feuquay

Members Absent: Jenise Burch, Wayne Prewitt, Dr. Jennifer Conley

Others Present: Bryan Breckenridge, Craig Sims, Dave Yackell, Tommy McGee, Cory Vokoun, Steve Branstetter, Holly Bush, Mandi Jordan

Visitors Present: None

TOPIC	DISCUSSION	ACTION	FOLLOW-UP
Education Presentation "Quality Update" Holly Bush, Quality Admin Officer	<ul style="list-style-type: none"> • Mrs. Bush described agencies that quality data is reported to, and how it is used. She explained that it is not being delineated to reflect the quality of the provider and/or hospital, and that the information is being shared publically. • Mrs. Bush stated that Medicare spending per beneficiary is an indicator that is monitored; within the industry, anything below 1.00; we are currently at 0.87, so we are doing well. • Psych facility quality reporting, facility throughput, safe patient handling, • Recently revamped quality dashboards; broke annual goals into quarterly. Reflects more accurately where we are, and how we are progressing organizationally. Rolled out through Journey Measurement Team. • Quality Outcomes report shows most indicators reaching target. • Attesting for Meaningful Use Stage I; seeing successful documentation. • AHRQ hospital survey on patient safety; conducted at NRMCM November 2012 with 205 responses. Results are prioritized; main focuses are hand-offs/transitions, teamwork across units, nonpunitive response to error, communication openness, and evaluation of staffing patterns. Just Culture training at next LDI. Responsibility assigned to leaders with specific timelines to stay focused. Coincides with HEN projects. • Over 100 measures extracted from patient records. Lighthouse program within Cerner will extract meaningful reports. Will decrease but not eliminate manual extraction and monitoring. • Discussed how this data monitoring and evidence-based programs actually impacts and improves patient care. 	Informational	As needed.
Call to Order	Dr. Rogers called the meeting to order at 6: 22 p.m. Members signed in and a quorum was declared.	No action required.	No follow-up.
Conflicts of Interest	Dr. Rogers asked Board members to review the agenda and disclose any potential conflicts of interest. As no conflicts were indicated, he proceeded with the meeting. Dr. Rogers welcomed our new Board member, Brad Copeland, and the Board thanked him for his commitment.	No action required.	No follow-up.
Celebration of Good Things	<ul style="list-style-type: none"> • Judy stated that we are doing well with the computer conversion; she recognized Tommy, Cory, and Holly as leaders of the effort. She stated that she believes the doctors will be happy when we move to easier system to use. Dr. Turner stated that the docs are trying to use the current system. • Craig recognized Judy for serving at NRMCM for 9 years, and QHR for 20 years. The Board congratulated her for her service. 	No action required.	As needed.

Minutes & Reports	<ul style="list-style-type: none"> a. Board of Directors – <i>November 27, 2012</i> b. Workforce Excellence Committee – <i>January 17, 2013</i> c. Financial Strength Committee – <i>January 22, 2013</i> d. Quality & Patient Satisfaction Dashboards – <i>January 2013</i> 	The minutes, reports, and quality improvement priorities were approved as distributed upon a motion by Dr. Turner and a second by Cathy Hissink.	As needed.
Board Education	<ul style="list-style-type: none"> a. “Cardiovascular Performance Fact File,” <i>HealthLeaders Media</i>, December 2012. b. “CMS Issues Final Rule for First Year of Hospital Value Based Purchasing Program,” <i>Centers for Medicare & Medicaid Services (CMS)</i>, April 29, 2011. c. “Accountable Care Organizations: AHA Research Synthesis Report,” <i>American Hospital Association</i>, June 2010. d. “Bundled Payment: AHA Research Synthesis Report,” <i>American Hospital Association</i>, May 2010. <p>Dr. Rogers discussed the Physician Relations & Retention Committee. He included three articles that were discussed at the first committee meeting related to Value-Based Purchasing, Accountable Care Organization, and Bundled Payments. He stated that the role of the committee is:</p> <ol style="list-style-type: none"> 1. To provide forum for physicians to raise concerns and possible actions to ameliorate them. 2. To plan for medical staffing needs. 3. To examine admissions and transfers to ensure we are retaining appropriate business. <p>Dr. Rogers stressed the committee’s task of open communication. He provided an overview of the scope of the committee; communication, cooperation, strengthening ties and relationships with physicians. Discussed VBP, ACOs, and bundled payments, as well as reimbursement changes. Dr. Turner endorsed that the committee is very important to address these things. Dr. Rogers stated that these matters cannot be ignored, we need to partner to coordinate care. Will take a lot of strategic planning. Discussed the advantage of already being aligned with LTC facilities.</p> <p>Dr. Turner discussed the physician concern that they lose control of medical decisions (gave example re: request to change Home Health orders); Dr. Rogers discussed externally imposed challenges, and how the hospital and physicians need to cooperate to face these challenges. Dr. Rogers stated that hospitals and physicians no longer have autonomy to operate on their own.</p>	Informational.	As needed.
Administrative Reports	<p>CEO Report – Mrs. Feuquay provided her January 2013 report:</p> <ul style="list-style-type: none"> • Trustee Matters – affiliations, mid-Feb session from MHA to address. • QView – flu vaccination rate is at 96%, discussed moving to mandatory vaccination program. Will bring final request to Board for approval. We have done exceedingly well. • Physician Recruitment – still recruiting for three positions. • Quality – discussed how important this is to organization and thanked Holly for her presentation. • New Services – lymphedema has provided 55 procedures; hyperbaric services implementation progressing; dialysis moving forward through Freeman. • Journey to Excellence – hardwiring rounding, validating AIDET and Key Words, implementing Standards of Excellence. • Healthy Nevada – established non-profit board for the entity; Judy serves at one of ten members of that board. Established a Funding Team and grant writing training scholarships. Holding focus groups. • Hospital Affiliations – working on alignment with St. Luke’s and Freeman. Helps with transfers, referral process, and overall quality of care. 	Informational.	As needed.

Administrative Reports (cont.)	<p>Quarterly Compliance Report – provided in the packet.</p> <p>QHR Report – Mr. Sims provided a written report and shared the following highlights:</p> <ul style="list-style-type: none"> • Consulting services as part of QHR contract: Joint Commission accreditation readiness assessment, financial review • Series on Accountable Care Act and impact to hospitals. • QHR educational opportunities and meetings available. • Regional efforts focusing on quality. <p>Will provide updates to this report quarterly.</p>	<p>The compliance calendars and audit plans were approved upon a motion by Dr. Turner and a second by Cathy Hissink.</p>	<p>As needed.</p>
Financial Strength Report	<p>Mr. McGee provided highlights from reports ending December 31, 2012. See packet for details.</p> <ul style="list-style-type: none"> • Significant decline in inpatient volumes by 26% in November. Salary costs did not flex with volumes. Reviewing staffing patterns and putting action plan in place. December inpatients improved but still below average. Outpatient also down. Discussed excessive use of overtime. Reviewed productivity standards. Already seeing improvement this pay period. • Supply expenses are doing very well; recognized Materials Manager, Joe Whyman. • Made final MRI payment. • Still exceeding bond covenants on days cash on hand; YTD 147.1 days. • Accounts Receivable major focus; will share graphs next month. <p>Approval Items:</p> <ol style="list-style-type: none"> 1. Dr. Nathan Box, ENT service renewal 2. Emergency Department Physician renewals 3. Dr. John Loney, ED Medical Directorship renewal 4. Laboratory Medical Director renewal – Litton Pathology (TABLED) 5. Dr. William Turner, Surgical Call Coverage renewal 6. Pyxis Anesthesia system – Carefusion 7. Electronic Claims Submission renewal – Emdeon 8. Laboratory interface purchase – Iatric Systems 9. Hyperbaric Medicine Consultation Services 10. Sleep Services agreement – Midwestern Sleep Services 11. Compliance & Contract Management software renewal – Mediregs 12. Ultrasound machines (2) - Siemens 13. Pharmaceutical Discount software renewal – Sentry 340B 14. Funded Depreciation <p>Discussion:</p> <ul style="list-style-type: none"> • Mr. McGee tabled #4 to further negotiate the agreement. • Additional Requests – Mrs. Feuquay explained that there have been unanticipated costs of the IT implementation: <ol style="list-style-type: none"> 15. Interfaces for connectivity \$107,000 16. iSign Physician Access \$147,000 17. eSignature \$146,315 <p>Mr. McGee discussed collection from Medicaid MU Stage I of \$1.3m, expect \$1.6m for Medicare Stage I and Medicaid Stage II \$500k. Three more stages for Medicare also expected.</p> <p>Mrs. Feuquay explained that when we originally set out on Cerner conversion, expected \$2.9m, compared costs going out and MU incentives coming in. Will be spending more than bringing in, but using MU money toward the IT system. Mr. Russ inquired about expectation that Cerner implementation being budget neutral and that Cerner was too expensive – can we afford? Mrs. Feuquay stated that Meditech would have cost over \$1m per year to maintain, now frontloading a lot of cost to Cerner, and they have been more than generous to spreading payments and negotiating costs. Mr. Denman stated that we would have wanted to add some of these featured to Meditech anyway. Mrs. Feuquay discussed adding elements that will be physician satisfiers. Not budget neutral, but still feel very comfortable with where we are. Dr. Rogers stated that it is impossible to put a monetary measure on negative response to current system.</p>	<p>The financial report and approval items #1,3,6-14 were approved upon a motion by Steve Russ and a second by Bill Denman.</p> <p>Approval items #2 and 5 were approved upon a motion by Cathy Hissink and a second by Steve Russ. Dr. Turner abstained from the vote.</p> <p>Additional approval items #15-17 were approved upon a motion by Bill Denman and a second by Steve Russ.</p>	<p>As needed.</p>

Board Committee Reports	Workforce Excellence Committee – Mr. Russ reported that new HR Administrative Officer shared a lot of information; was pleased with her presentation. Working to improve indicators. Have decreased turnover. Implementing new recruitment techniques. Looking at team building exercises to help promote more positive work environment and improve retention.		Informational.	As needed.															
Board Governance	<ul style="list-style-type: none"> • Physician Relations & Retention Committee – Dr. Rogers provided this report during Board Education. • Board Succession Committee Report – Mrs. Hissink reported that the committee recruited Brad Copeland and Bob Beaver. The Board thanked the committee for their hard work. She also recommended the current slate of officers for 2013. • New Board Member Orientation – This was provided to Mr. Copeland by our Board Chairman earlier this month. • Annual Signature Items – Board members were asked to renew their Conflict of Interest Disclosure Statement and Confidentiality Statements. • Board Committee Schedule – provided in packet. • Board Strategic Planning Session – a ‘save-the-date’ was provided in the packet. Planning for the session Sept 12-14 will continue. 	<p>Glenn Rogers as Board Chairman was approved upon a motion by Dr. Turner and a second by Brad Copeland. Dr. Rogers abstained from the vote.</p> <p>Steve Russ as Board Vice Chairman was approved upon a motion by Dr. Turner and a second by Brad Copeland. Mr. Russ abstained from the vote.</p> <p>Bill Denman as Board Secretary was approved upon a motion by Dr. Turner and a second by Brad Copeland. Mr. Denman abstained from the vote.</p>	As needed.																
New Business	None.		No action needed.	As needed.															
Adjourn into Executive Session	At 7:32 p.m., Dr. Rogers asked for a motion to move out of Open Session to Executive Session in accordance with RSMo (1994) Section 610.021 Subparagraphs (1), (3) and (13).	The motion was approved to go into Executive Session upon a motion made by Cathy Hissink and a second by Bill Denman. Results of a roll call vote were as follows:	<table border="0"> <tr><td>Jenise Burch</td><td>Absent</td></tr> <tr><td>Brad Copeland</td><td>Yea</td></tr> <tr><td>Bill Denman</td><td>Yea</td></tr> <tr><td>Cathy Hissink</td><td>Yea</td></tr> <tr><td>Wayne Prewitt</td><td>Absent</td></tr> <tr><td>Steve Russ</td><td>Yea</td></tr> <tr><td>William Turner</td><td>Yea</td></tr> <tr><td>Glenn Rogers</td><td>Yea</td></tr> </table>	Jenise Burch	Absent	Brad Copeland	Yea	Bill Denman	Yea	Cathy Hissink	Yea	Wayne Prewitt	Absent	Steve Russ	Yea	William Turner	Yea	Glenn Rogers	Yea
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Respectfully Submitted,

Mandi Jordan
Executive Assistant