

**NEVADA REGIONAL MEDICAL CENTER
BOARD OF DIRECTORS MINUTES
September 25, 2012 ~ Mezzanine Conference Room**

Members Present: Glenn Rogers, Steve Russ, Dr. William Turner, Cathy Hissink, Julie McKinley, Dr. Jennifer Conley (arrived 6:47m), Judy Feuquay

Members Absent: Bill Denman, Jenise Burch, Wayne Prewitt

Others Present: Bryan Breckenridge, Tommy McGee, Cory Vokoun, Holly Bush, Mandi Jordan **Visitors Present:** Tim Boyd, NRMCA Auxiliary President

TOPIC	DISCUSSION	ACTION	FOLLOW-UP
Call to Order	Dr. Rogers called the meeting to order at 6:05 p.m. Members signed in and a quorum was declared.	No action required.	No follow-up.
Review of Agenda	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.	No action required.	No follow-up.
Celebration of Good Things	<ul style="list-style-type: none"> • Dr. Turner pleased with ED nurses, very helpful (especially Karen McGatha). • ED visits have increased. • Home Health visits have increased; Mrs. Bush reported that we currently have 43 patients on service. • Received positive comments about Physical Therapy; good patient experiences. 	Informational	No follow-up.
Review of Minutes & Reports	<p>Dr. Rogers asked for approval of the following minutes and reports:</p> <ol style="list-style-type: none"> a. Board of Directors – <i>August 28, 2012</i> b. Organizational Chart c. Workforce Excellence Committee – <i>September 13, 2012</i> d. Financial Strength Committee – <i>September 18, 2012</i> e. Patient Satisfaction Dashboards – <i>September 2012</i> 	The minutes and reports were approved as distributed upon a motion by Dr. Turner and a second by Cathy Hissink.	As needed.
Education	<ol style="list-style-type: none"> a. “Healthcare Attitudes Fact File,” <i>HealthLeaders Media</i>, September 2012. Dr. Rogers discussed how attitudes toward elective procedures vary due to age, education level, and income level. b. “Readmissions and continuum of care: What is the role of compliance?” by Myla Reizen, <i>Compliance Today</i>, July 2012. Dr. Rogers discussed how the Board has heard warnings that excess readmissions will have monetary consequences. There will be increased scrutiny for LTC readmissions also. Compliance Officer should include readmissions in Compliance Plan. Mrs. Bush commented that she recently attended conference; OIG and OCR were present. Discussed a lot of these topics. c. “Improving the effectiveness of patient safety,” by Susan Nance, <i>Compliance Today</i>, July 2012. Dr. Rogers discussed the history, showing that hospitals vary on reporting and corrective action. States are also inconsistent. OIG is adding pressure to CMS to monitor this more effectively, in turn pressuring hospitals to report, correct, and educate. Another area where NRMCA is on target. d. “Increasing accountability for individuals,” by Wade Miller and Angela Adams, <i>Compliance Today</i>, July 2012. Executives responsible for dealing with fraud, also have a duty to implement measures so that violations will not occur. Discussed examples of case law. Similar to doctor’s recommendation, prevention is better than treatment. Mr. Sims added that executives are being held responsible, being taken very seriously. Mrs. Feuquay discussed Sarbanes Oxley. 	Informational.	As needed.
Administrative Reports	<p>CEO Report – Mrs. Feuquay provided her September 2012 report:</p> <ul style="list-style-type: none"> • CommunityWorks Implementation – Cerner has been onsite for a couple of weeks, working with staff and leaders. Identified key people responsible for each module. Ensuring more depth than with Meditech implementation. Have heard reports that we are doing exceedingly well. Dr. Turner inquired about dovetailing Meditech with Cerner; Mrs. Feuquay stated that we will determine what information from Meditech will need to be transferred to Cerner. Mrs. Bush stated that those discussions just began today; recommendations will come forward to Administrative Team and IT Steering Team. • MU Criteria – have been reviewing components to attest that are accomplished, we are on target. Will begin attestation period in early October through end of year; if we do this well, we should receive financial incentives in early 2013. • Healthy Nevada – added Dr. Gravely to steering committee (to replace Sherry Lakeman from NMC), Dr. Jones serving as physician champion to work on physician involvement. Invited to Medical Staff meetings to give updates. 	Informational.	As needed.

<p>Administrative Reports (cont.)</p>	<ul style="list-style-type: none"> • Infrastructure – Hyperbaric site visit to Freeman, need to order equipment and finish construction. BHU – installing doors and alarms to increase patient safety. Replacing OB floors, unit refreshed. Parking Lot expansion should be complete by end of September. • Journey to Excellence – Nurse Leader Rounding on patients being implemented, Internal Customer Rounding being implemented – all to improve communication and customer satisfaction. Monthly Meeting Model to improve accountability; standard items to review monthly with leader. Will hold in-service on AIDET and Key Words at Key Times. LEM being finalized, revising goals, will ensure consistency and accountability with leader evaluation process. • Quality – need to celebrate VBP. HEN, Joint Commission tracers. HR compliance webinar held today to prepare for that portion of Joint Commission survey. • NRMCM Foundation Gala will be held October 20th. <p>CNO Report – Mr. Vokoun reported on Nurse Leader Rounding; have had positive comments from patients and family members. BHU hired locums Psychiatrist to start in October. Dr. Loney doing well in ED. Mr. Russ inquired about Nurse Leader Rounding; Mr. Vokoun explained the process for each nursing unit.</p> <p>Auxiliary Annual Report – Mr. Boyd provided the report; see packet for details. Requested bylaws amendment to increase the number of voting members from 11 to 14. Added Information Desk and Surgery Desk to be represented on the board. Moving annual meeting to July from June to conclude financial statements for fiscal year. President and Treasurer need to be bonded; covered under hospital’s insurance. Mrs. Feuquay stated that the Auxiliary will have a special table at the Gala to celebration their partnership and contributions to the hospital. Dr. Turner thanked the Auxiliary, especially in Surgery area. Suggested contacting the schools to encourage volunteers. Dr. Rogers shared appreciation for monetary support as well as volunteer hours.</p> <p>QHR Report – Mr. Sims presented the FY12 Client Value Report that summarizes what has been addressed during the year. He thanked the Board for commitment to QHR, very nice to have highly engaged Board, enjoy working with NRMCM. He presented a summary of activities and return on investment for management contract. Recognized Board, Medical Staff, and leadership for hard work; discussed financial turnaround and other projects. Discussed savings from purchasing and recruitment assistance; MRI purchase. Continued involvement in education with QHR webinars and seminars; average is 16/year, NRMCM participates in 38. Provided Board, CNO, Quality and other educational opportunities. Focusing on ICD-10, operational assessments. Next year will focus on health care reform impact to industry and hospitals.</p>	<p>Informational.</p> <p>The auxiliary bylaws changes were approved as discussed upon a motion by Dr. Turner and a second by Cathy Hissink.</p>	<p>As needed.</p>
<p>Financial Strength Report</p>	<p>Mr. McGee provided highlights from reports ending August 31, 2012:</p> <ul style="list-style-type: none"> • Net operating income \$249,480; YTD \$359,245 • Operating margin \$263,968; YTD \$383,655 • Volumes exceed budget, expenses under budget • AR reduction; \$318,682 cash collected • Bond covenants still on target <p>Approval Items</p> <ol style="list-style-type: none"> 1. Dr. Crymes – EKG interpretations 2. Dr. Gravely – Home Health & Hospice Medical Directorship 3. Property Insurance 4. C-Arm 5. Diamond Healthcare 6. Schindler Elevator 7. Tiger Institute - part of MU, related to health information exchange where patients can opt in to share records so other providers can access records. Mrs. Feuquay stated that they are working with surrounding areas including Springfield and Joplin. <p>Added to agenda:</p> <ul style="list-style-type: none"> • ProSource Billing Inc. – contracted 3rd party vendor to work on old accounts, looking at new company to replace. \$50,000 range for 6 month timeframe. 	<p>The financial report and approval items were approved upon a motion by Dr. Turner and a second by Julie McKinley.</p>	<p>As needed.</p>

Board Committee Reports	<p>Workforce Excellence Committee – Mr. Russ provided the report. LTC indicators had a couple of months had zero turnover, improvement helping. Discussed recruitment of HR Director, ED Manager, CR Director. Retention – discussed salary survey based on MHA information, getting new hire rates up-to-date. Mrs. Feuquay clarified that when this information is received twice per year, we compare to our salary scale; found that we needed to make some adjustments (tier I included 99 employees from LTC, lower level of salary scale; tier II included 34 employees) to make sure rates are competitive.</p> <p>Discussed possibility of bonus; Mrs. Feuquay clarified that this will depend on financials and federal program reimbursement. Discussed resources for computer system implementation; expect to backfill to allow leaders to spend time on this and other projects. Discuss Journey to Excellence; improvements to Code of Behaviors, intranet and other communication tools.</p>	Informational.	As needed.																
Board Governance	<ul style="list-style-type: none"> • Physician Retention & Relations Committee – still working on membership. • Board Succession Update – the committee has proposed several names, seeking approval from potential candidates. • Board Development Seminar – Steve Russ and Jenise Burch attending. • Joint Conference – scheduled on October 8, 2012. 		As needed.																
New Business	None.	No action needed.	As needed.																
Adjourn into Executive Session	At 6:56 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 Dr. Turner. Results of a roll call vote were as follows:	<table border="0"> <tr> <td>Bill Denman</td> <td>Absent</td> </tr> <tr> <td>Jenise Burch</td> <td>Absent</td> </tr> <tr> <td>Cathy Hissink</td> <td>Yea</td> </tr> <tr> <td>Julie McKinley</td> <td>Yea</td> </tr> <tr> <td>William Turner</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>Glenn Rogers</td> <td>Yea</td> </tr> </table>	Bill Denman	Absent	Jenise Burch	Absent	Cathy Hissink	Yea	Julie McKinley	Yea	William Turner	Yea	Wayne Prewitt	Absent	Steve Russ	Yea	Glenn Rogers	Yea
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Respectfully Submitted,

Mandi Jordan
Executive Assistant