

BAY AREA HOSPITAL DISTRICT BOARD MEETING
March 12, 2024, MINUTES
Bay Area Hospital Myrtle Conference Room @ 6:05 pm

BOARD EDUCATION SESSION – New(er) Legislation

CALL TO ORDER

Mr. Troy Cribbins, Board Chairperson, called the Bay Area Hospital (BAH) District Board meeting to order at 6:05 pm. A quorum was present.

BOARD ATTENDANCE

Troy Cribbins, Tom McAndrew, MD; Barb Taylor; Patrice Parrott; Carma Erickson-Hurt (*via Teams*)

ABSENT

(*excused*)

STAFF ATTENDANCE

Brian Moore, CEO; Jennifer Collins, CNO; Kelli Dion, CQO; Lee Saltzgaber, MD, CMO; Mary Lou Tate, CFO; Calvin Thomas, interim COO (*via Teams*); Kim Winker, Marketing & Communications Director; Dr. Paavani Atluri, COS (Chief of Staff); Denise Bowers, EA

LEGAL COUNSEL

Megan Kronsteiner, Esq.

PUBLIC ATTENDANCE AND INPUT

One in attendance

GUEST PRESENTER

Linda Howard, The Fox Group

REPORT OF THE BOARD CHAIRPERSON COMMENTS – Mr. Troy Cribbins

Chairperson Cribbins expressed appreciation for the legislative updates that Mr. Moore provided to the board in the Education Session. He stated that we would need to be proactive to future changes; and commented that our current executive management is well ahead of that curve. Chairperson Cribbins offered time to the board members to comment, and there was none.

CHANGE IN AGENDA ORDER

The Annual Compliance Report for 2023 and the Compliance Workplan for 2024 presentation by Linda Howard of The Fox group will take place once Ms. Howard is able to join the meeting.

CONSENT AGENDA

The consent agenda included:

Board Meeting Minutes – February 13, 2024; Board Education Session Minutes – February 13, 2024; Board Work Session Minutes – February 14, 2024; Board Special Meeting Minutes of February 21, 2024; Board Special Meeting Minutes of February 26, 2024; MEC (Medical Executive Committee) Approved Minutes – January 31, 2024; Quality Approved Minutes – January 24, 2024; Finance Approved Minutes – January 23, 2024; Balanced Scorecard.

Action Taken by the Board:

Ms. Barbara Taylor moved to approve the Consent Agenda as presented in the board packet. Ms. Carma Erickson-Hurt seconded, and the motion carried on a call of vote.

QUALITY AND PATIENT SAFETY COMMITTEE (QPSC) REPORT – Ms. Patrice Parrott

Ms. Parrott reviewed the Quality Executive Summary as presented in the packet.

- The first year of Merit-Based Incentive Payment System (MIPS) measures being submitted electronically;
- The radiology department had no deficiencies in the Mammography Quality Standard Act inspection. Verbal

orders workgroup to commence to improve the verbal order process;

- **Presentations were given at QPSC by:**
 - *Ms. Shelly Maloney* on the progress in the MCU's project to improve nursing communication scores; the domain scores have stabilized from previous performance and the last scores received 78.8%;
 - *Ms. Angela Aldrich* gave a presentation on BAHs (BAY AREA HOSPITAL) Trauma program; traumas increased 77% in 2023 to 319. 110 patients needed to be transferred for a higher level of care. Of note, Bay Area Orthopedics has had a positive impact in ensuring orthopedic patients receive appropriate care while remaining in their community and near to family.
 - *Ms. Constance Harvey* presented the most recent data for corrective action plans related to the American Society for Anesthesiology (ASA), Mallampati, and End Tidal Carbon Dioxide (ETCO2). Multiple factors were causing decreased compliance such as back-ordered equipment, staff education, and stringent policies. Recent data shows improvement.
 - *Ms. Heather Thoma* presented TJC changes that went into effect on January 1, 2024, with BAH in compliance before implementation. She notes the Sentinel Event Policy has been updated to require a comprehensive analysis of all sentinel events. A new Denial of Accreditation rule has been added for those hospitals that fail to meet ORYX performance measures.
- Quality and Patient Safety Report Card reveals there were no catheter-associated urinary tract infections or central line bloodstream infections in January. PSI-90, readmission, and mortality met their goals for December. PSI-90 met its goal for January 2024.

Ms. Kelli Dion reviewed the Quality and Patient Safety Plan (QAPI) as presented in the packet and advised the board that there were no substantive changes made to the plan this year.

Action Taken by the Board:

Ms. Carma Erickson-Hurt moved to approve the Quality and Patient Safety Plan as reviewed with the board. Ms. Barbara Taylor seconded, and the motion carried on a call of vote.

CHIEF EXECUTIVE OFFICER REPORT – Mr. Brian Moore, CEO

Financial Recovery

Mr. Moore provided an update on the progress, noting a positive development in February with strong financial performance. This was attributed to efforts in managing length of stay and monitoring readmissions. The length of stay metric has shown improvement compared to the past 3 to 5 months. No statistically significant correlation was observed over the past 12 months between length of stay and readmission rates. Chairperson Cribbins requested further details on discharge metrics, specifically regarding whether individuals are discharged to home, home health, or skilled facilities. Mr. Moore agreed to analyze the available data, although this metric is not tracked. He committed to providing a report to the board once the analysis is complete.

CHANGE IN AGENDA ORDER

Ms. Howard joined the meeting and reviewed the Annual Compliance Report as presented in the packet

Action Taken by the Board:

Ms. Barbara Taylor moved to approve the Annual Compliance Report as presented in the board packet; Dr. Tom McAndrew seconded. Questions were asked and answered, and the motion carried on a call of vote.

Ms. Howard reviewed the Annual 2024 Compliance Workplan as presented in the packet.

Action Taken by the Board:

Ms. Patrice Parrott moved to approve the Consent Agenda as presented in the board packet; Ms. Carma Erickson-Hurt seconded. The motion carried on a call of vote. General compliance questions were asked and answered.

CHIEF EXECUTIVE OFFICER REPORT cont. – Mr. Brian Moore, CEO

Mr. Moore announced new leadership hires:

Dr. Tessa Collins—Chief Medical Information Officer, starting March 11

Gretchen Nichols—VP of Operational Excellence, starting March 11

Kate Pina—Interim Director of Human Resources, starting March 18
Board Chairperson Cribbins asked for these new leaders to be introduced to the board in the future.

Mr. Moore invited Mr. Calvin Thomas, interim COO, to present on Specialty Pharmacy. We are looking to partner with Omnicell to establish an in-house Specialty Pharmacy Service (SPS). This would be an outsourced vendor with oversight by Mr. Josh Davis, our Pharmacy Director. Mr. Thomas reviewed the Specialty Pharmacy document as presented in the packet.

The highlights are as follows:

Specialty Pharmacy provides medications for complex conditions which are often expensive and require special handling, administration, and monitoring. They work to improve medication accessibility and adherence for patients. This initiative promises to transition approximately 1,153 prescriptions monthly from an outsourced model to a local, hospital-owned service, eliminating the current reliance on external supply and sensitive patient perceptions about privacy. It aligns with BAH core values of Excellence, Ownership, Teamwork, and Innovation and the Strategic Plan 2020. By bringing specialty pharmacy services in-house, Bay Area Hospital will not only improve medication accessibility ("meds to beds") and adherence for patients but also bolster employee retention and reinforce its commitment to the community's health and well-being. By 2025, 65% of the drug pipeline at FDA will be specialty. There is little financial outlay and risk to BAH and a significant revenue projection. At the end of the presentation review, there was a robust question and answer session. Management has not yet finished vetting this proposed service line and the board will be updated as the process continues.

FINANCE REPORT – Ms. Barbara Taylor, Treasurer

Ms. Taylor reviewed the highlights of the last Finance Committee meeting:

- No capital items over threshold;
- Deschutes Investments provided an update on market conditions, plan performance and discussed funding requirements for the defined Benefit Pension Plan;
- Portfolio saw a \$8.5M gain for CY (Calendar Year) 2023, payments were \$5.1M;
- Funding requirements for CY 2024 per policy are \$800,000 (no legal requirement). The Finance Committee voted to suspend contributions for 6 months;
- MODA contract has been signed. The effective date is 02/15/2024;
- Financial results: January 2024 had an operating profit of \$299k vs a budget profit of \$212k; YTD \$2.1 M loss vs budget loss of \$1.7M; January 2024 overall profit at \$121k due to market loss on investments; YTD \$1.2M loss vs budget of \$2.7M loss; January 2024 Operating EBIDA – POSITIVE \$1. M; YTD \$4.7 Million; cash and cash equivalents balance as of January 2024 is \$61.4M, up \$1M from last month and down \$4M from June 2023.

MEDICAL STAFF CREDENTIALS REPORT – Dr. Lee Saltzgaber

This report was reviewed in the Executive Session.

EXECUTIVE SESSION

The Board went into Executive Session as authorized by ORS 192.660(2) at 7:34pm to:

- (c) consider matters pertaining to the function of the medical staff at a public hospital*
- (f) consider information or records that are exempt by law from public inspection*
- (h) consult with legal counsel concerning the legal rights and duties of the District with regard to current litigation or litigation likely to be filed*

OPEN SESSION

Chairperson Cribbins reopened the meeting into public session at 7:35 pm.

Action taken by the Board: Dr. Tom McAndrew moved to approve the Credentialing Report as presented in the packet. Ms. Patrice Parrott seconded the motion. There was no further discussion and the motion carried on call for vote.

MEDICAL STAFF REPORT – Dr. Paavani Atluri

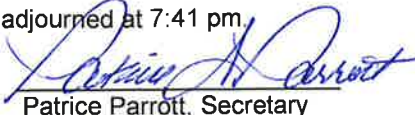
Having Epic reporting deficiencies and issues getting tickets submitted; EPIC work is being done by the CMIO/CMO to resolve. Letters will be sent to the physicians once the issues are fixed. This will be monitored as it could become a compliance issue if it persists for too long. Questions were asked and answered.

ADJOURNMENT

"We improve the health of our community every day!"

There being no further business, the District Board meeting was adjourned at 7:41 pm.


Troy Cribbins, Board Chairperson


Patrice Parrott, Secretary

Date: 4/9/24

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