

# Public Hospital District 3 of Pacific County Ocean Beach Hospital and Medical Clinics BOARD OF COMMISSIONERS MEETING April 22, 2014

AGENDA	DISUSSION / CONCLUSION	RECOMMENDATIONS / ACTION / FOLLOW-UP
CALL TO ORDER	The Public Hospital District 3 of Pacific County Board of Commissioners Meeting was called to order April 22, 2014 at 5:37 pm	
	Commissioners present: Darren Thorsen, Chairman of the Board; Nancy Gorshe, Secretary of the Board; Alan Johnson; Suzanne Staples, & Steven Linhart	
	Also Present: Kendall Sawa, CEO Linda Kaino, CNO Tammie Jefferies, Executive Assistant (recorder)	
	Absent: Kathy Hubbard, Controller	
AGENDA	Nancy Gorshe requested approval for the agenda	A motion to approve the agenda was made by Steven Linhart; Alan Johnson seconded. The motion passed by unanimous vote.
MINUTES	Nancy Gorshe requested approval for the February minutes.	A motion to approve the minutes of the March board meeting was made by Steven Linhart; Sue Staples seconded. The motion passed by unanimous vote.
Board Report	20 Things a board Should Know – Alan Johnson gave a review of Chapter 3.	
	Board Community Forums: Ocean Park May 13 <sup>th</sup> at 3pm Long Beach – Steven and Tammie will work out a venue and time	
	Naselle – Darren requested for an evening meeting Mon	

	or Wed. Tammie will call the Naselle library.	
Consent Agenda	Human Resource report – emailed in the board packet Darren requested for a turnover report to board.  Sue – asked if there are any terms or resignation to be announced to the board so they aren't caught off guard when they are out in the community.	A motion to approve the Human Resource report was made by Sue Staples; Steven Linhart seconded. The motion passed by unanimous vote.
Approval of Vouchers  March Financials  Reviewed  By Kathy Hubbard	Vouchers – March  Kendall Sawa presented the March Financials. See attached.	A motion to approve the vouchers was made by Nancy Gorshe; Alan Johnson seconded. The motion passed by unanimous vote.
Medical Staff	Dr. Malone talked about how she would like to see a change in the culture to be more of a positive sense. What we have seen in our employees in the past couple of years is fear in job loss fear in loss of the hospital fear of change. She talked about how it we need to work away from fear. Show more appreciation and encouragement – saying Thank You more often.  Dr. Malone announced that Emcare nominated and won the Commitment to Care award. The award is hanging in the ED.	
Strategic Planning	OBH Task Force  PHMG update – Steve Bellinger had gathered questions from the providers to be addressed by the task force meeting. He will be going over the answers at the next provider meeting.  OBH Task Force – Nancy Gorshe will be attending the Cottage Grove board and Quality meeting in May. May 8 <sup>th</sup> is the next task force meeting. May 9 <sup>th</sup> Darren will be meeting with the board chairman of PH.	
	Business Office Update: Kendall shared the Pro's and Challenges: Pro's - Revenue for week exceeded original projections	

- by 167k
- Disbursement total for last
- AR coming down, but slowly
- Catch up process is largely complete.
- Project avg. 350k-370k/week average collections going forward.

## **Challenges:**

- Maintaining consistent levels of productivity
  - Week end AP = 922k
  - Much cleanup still remains
  - While no advances projected, cash balance is forecasted < 100k in July and Sept, 2014</li>

#### **Clinic EMR:**

#### Situation:

- OBH Medical Clinics is in need of implementing an ambulatory EMR solution.
- Currently, the clinic is using NextGen scheduling products and Revenue Cycle Management services.
- PeaceHealth has extended an offer to acquire EPIC through an EHI vendor.

### **Background:**

- In early 2013, OBH Medical Clinics selected NextGen as the ambulatory EMR solution.
- OBH engaged with both NextGen and Maxwell IT to provide IT and EMR support services in anticipation of a early CY 14 go-live.
- In January 2014, OBH passed a resolution to enter into affiliation discussions with PeaceHealth.

#### Assessment:

- PeaceHealth has been standardizing to an EPIC EMR solution in both Clinics and Hospital. If an affiliation were to occur, moving to EPIC at some time in the future would be inevitable.
- OBH Providers need to have an EMR solution, but do not want to have to have to make two EMR transitions in a short period of time.

	- NextGen implementation costs - EPIC EHI implementation costs				
	NextGen versus EPIC  NextGen EPIC				
		NextGen	EPIC		
	Total one-time	47.000	645.004		
	expenses	\$7,000	\$45,831		
	Annual Fee	\$3,240	\$11,178		
	Estimated Hardware	\$22,000	\$13,436		
	Legal Costs	\$6,250	\$6,250		
	Implementation/Edu.	\$11,000 6.24% net	\$17,915		
	Rev Cycle Services	revenue	N/A		
	Project Management	\$35,000	Included		
		\$84,490	\$94,610		
	2.) Suspend NG go-live and further explore possibility of an EPIC platform for the clinics				
	Recommendation: - Suspend NextGen Go-live and research further the possibility of a August/Sept, 2014 EPIC ambulatory solution		Nancy Gorshe made a motion to suspend NexGen Go Live and research further and explore possibility of ar EPCI platform for the clinics. Suzanne Staples seconde the motion. All were in favor.		
CEO Communications	Phone server update – Kendall shared they have received several quotes. Discussion on how to move forward. Kendall proposed for a \$105,000 cap by the board. This will give enough to get the phone system. (see attached for proposal)			Steven Linhart made a motion to grant Kendall \$105, cap for a phone server to be purchased. Nancy Gorsh seconded. All were in favor with no discussion.	
PUBLIC PARTICIPATION	Darren Thorsen opened it for public participation.		No action required.		
Executive Session	Darren closed open meeting and asked to go into Executive Session for aprox 10 minutes to discuss legal				
	matters. He does not i	ntend for an	y action to be	made.	

	6:55pm Executive session began	
	Executive session ended 7:05pm	
	General session	
Adjournment	The meeting adjourned at 7:05pm	