



**Public Hospital District 3 of Pacific County
Ocean Beach Hospital and Medical Clinics
BOARD OF COMMISSIONERS MEETING
July 28, 2015**

AGENDA	DISUSSION / CONCLUSION	RECOMMENDATIONS / ACTION / FOLLOW-UP
CALL TO ORDER	<p>The Public Hospital District 3 of Pacific County Board of Commissioners Meeting was called to order July 28, 2015 at 5:30 pm</p> <p>Commissioners present: Nancy Gorshe, Chairman of the Board; Alan Johnson, Suzanne Staples, Secretary of the Board; Darren Thorsen & Steven Linhart</p> <p>Also Present: Kendall Sawa, CEO Richard Goertz, CFO Linda Kaino, CNO Tammie Jefferies, Executive Assistant</p>	
AGENDA	Nancy Gorshe requested approval for the agenda.	A motion to approve the agenda was made by Steven Linhart; Suzanne Staples seconded. The motion passed by unanimous vote.
MINUTES	Nancy Gorshe requested approval for the May minutes.	A motion to approve the minutes of the June board meeting was made by Steven Linhart; Suzanne Staples seconded. The motion passed by unanimous vote.
Board Report	<p>Chapter 16 was reviewed by Alan Johnson.</p> <p>the next Chapter 8 will be out of the new book – this will be reviewed by Suzanne Staples</p>	
Consent Agenda	<p>Leadership Team – Department communication</p> <p>Question asked about future leadership training – Kendall shared that Beth found an executive coaching person but wants to seek out other options to fit our organization better financially and</p>	Suzanne Staples moved to approve the Leadership Communication. Steven Linhart seconded. The motion passed by unanimous vote.

	<p>personality. Kendall also shared with all the transitions going on this month they have decided hold off on the staff survey. The plan is to send this out in October.</p>	
<p>Approval of Vouchers</p> <p>June Financials</p>	<p>Vouchers – June</p> <p>Richard Goertz presented the June Financials. See attached. Financial Summary – June 2015</p> <p>Revenue in the Clinic for the month was \$217K less than the avg. for the year. This was due to the implementation of the EMR for the clinic. Patient Visits in the Clinic were down by 257 from the avg. this year. This had an effect on the Hospital Ancillary revenue for Lab and X ray.</p> <p>On the Hospital side Inpatient revenue was down about \$154K from the avg. for the year. This was due to the lower Acute Care and Swing bed patient days. The days for the month were 72 compared to the avg monthly this year of 138. Hospital outpatient visits were down by 122 this month compared to the avg.</p> <p>Expenses were over the avg. for the year by \$127K. The areas that were over were: Salaries due to paying out PTO for employees who had quit or retired and PTO cash outs. Supplies due to a lot of Expired Drugs in the Pharmacy and Purchase Service which was in HIM due to paying the Coding Fees.</p> <p>The loss of \$603K was made up of \$100K from operations and the rest was due to having to pay back Medicare for the 2012 Cost report in the amount of \$454K and booking \$50K for FY 2015 Cost Report estimated payback at this time.</p> <p>Kendall presented the budget timeline for 2015-2016.</p> <p>2012 Cost Report – Reopened July 24, 2015. Possibility of \$300,000-\$400,000 in reimbursement. MU Incentive - \$604,516.92 in reimbursement</p>	<p>A motion to approve the June vouchers was made by Darren Thorsen; Steven Linhart seconded. The motion passed by unanimous vote.</p>
<p>Medical Staff Report</p>	<ul style="list-style-type: none"> • Appointments / Re-appointments <ul style="list-style-type: none"> ○ George Biancarelli, MD – 6 Months Provisional Emergency Medicine ○ Michael Pawlik, MD – 6 Months Provisional Tele Radiology 	<p>Steven Linhart made a motion to approve the Medical Staff appointments. Darren Thorsen seconded the motion. All in favor.</p>

	<ul style="list-style-type: none"> ○ Tyler Gibb, MD – 6 Months Provisional Tele Radiology ○ Stanley Hick, MD – 6 Months Provisional Tele Radiology ○ Duane Wilson, MD – 6 Months Provisional Tele Radiology ○ Orhan Konez, MD – 6 Months Provisional Tele Radiology ○ Hasan Ozgur, MD – 6 Months Provisional Tele Radiology 	
Strategic Planning Committee	<p>Nancy shared they are readying themselves to meet with potential affiliation partners. There is a grid she would like the board to complete. The grid shows 1-19 which is most important to least important.</p> <p>Steven asked where we are at with Ocean Park area. Kendall shared that he has not received any return calls or emails from the port. They may have other projects taking priority.</p>	Nancy will continue to update as these meetings happen.
CEO report by Kendall Sawa	<p>Business Office Restructure:</p> <p><u>Insurance Billing:</u></p> <ul style="list-style-type: none"> - August 1, 2015 CBO assumes all insurance billing <p><u>Health Information Management</u></p> <ul style="list-style-type: none"> - July 15, 2015 – HIM reduction in force from 3 FTE down to 1 FTE <p><u>Finance</u></p> <ul style="list-style-type: none"> - Beth Hash will move to Accounting/Vendor Management position August 1, 2015 <p>Emergency Dept Pro-fee billing – review of payor mix, revenue and reimbursement. (see attached)</p> <p>Leadership Team restructure</p> <p><u>Situation:</u></p> <ul style="list-style-type: none"> - Increasingly finding the need to extend timelines of present and future initiatives that are part of the OBH Strategic Plan. - OBH is in active conversations with other potential health partners to explore service line partnership and/or affiliation opportunities. - Lack resources to effectively support medical group 	

infrastructure.

- OBH Foundation currently in rebuilding phase, but does have significant funds available for discretionary use.
- Need to prepare for upcoming shifts in payor strategies and care models – Accountable Care Organizations and Population Health models of care.

Background:

- Deliberate decision made to hold on replacement of several leadership positions over past two years.
- Foundation, Marketing & Communications, Quality/Education, Surgery, Ancillary Services, Reduced Dietician expenses
- 2014 Leadership Team Exp = \$1,632,734.27

Positioning Ourselves for the Future

- Replace Surgery manager with operational lead. Nursing Manager to provide managerial oversight.
- Replace Kitchen Manager with operational lead. CNO currently providing primary oversight.
- Hold on hiring of 0.5 FTE Foundation support approved by OBH Board in January 2015.
- Hold on replacing Marketing, Communications, and Education manager.
- Add Chief Operating Officer to Leadership Team

Addition of Chief Operating Officer to OBH Leadership Team.

Primary Responsibilities

- Business Development, Marketing, Communications, Foundation, Ancillary Services, Contract Management/Negotiation, Strategic Planning, Medical Group Management.

Secondary Responsibilities

- Integration of finance and budgeting with strategic planning at an operational level.

Leadership Team Restructure:

Benefits:

- Make available skills and experiences necessary to meet the needs of the organizations present situation, and future objectives.
- Contributes to the development of a highly effective and efficient leadership team.

	<ul style="list-style-type: none"> - Reduction in overall expense of replacing vacant leadership positions. <p style="text-align: center;">and/or</p> <ul style="list-style-type: none"> - Prevents additional responsibilities being added to an already stretched leadership team. <p>Projected Leadership Team exp = \$1,608,770.18 Patient Experience: <u>Phase 1 Initiatives</u></p> <ul style="list-style-type: none"> - Bed Side Reporting - Leadership Team Rounding - Use of Whiteboards in Rooms <p>(Initiatives go to Professional Practice Committee August 12,2015) <u>Phase 2 Initiatives</u></p> <ul style="list-style-type: none"> - Discharge follow up Calls - Discharge Cards 	
PUBLIC PARTICIPATION	Nancy Gorshe opened it for public participation.	No action required.
Adjournment	The meeting adjourned at 6:45pm	