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BOARD MEETING A g e n d a

| <u>DATE</u> : <u>TIME</u> : <u>LOCATION</u> : | | Thursday, January 27 th , 2022 5:00 p.m. Zoom | | |
|---|--|--|---|---|
| I. | CALL TO ORDER | | <u>Lead</u> Chair | <u>Handout</u> N/A |
| II. | APPROVAL OF THE AGENDA | | Chair | in packet |
| III. | APPROVAL OF BOARD MINUTES – December 30 th , 2021 | | Chair | in packet |
| IV. | VISITOR COMMENTS | | Chair | N/A |
| V. | BOARD MEMBER COMMENTS | | Chair | N/A |
| VI. | COMMITTEE REPORTS A. Quality Improvement Committee B. Resource Committee C. Joint Conference Committee D. Foundation Committee E. Special Committee(s) | | Chair | <i>N/A</i> |
| VII. | REPORTS A. Home Health Action required: Informational only B. Human Resources Action required: Informational only C. Quality & Infection Prevention Action required: Informational only D. Executive Summary Action required: Informational only E. Financial Action required: Informational only | | K. Testoni C. Newman L. Bacom P. Hofstetter C. Brandt | in packet in packet at meeting in packet at meeting |

VIII. UNFINISHED BUSINESS

- IX. NEW BUSINESS
 - A. FY 2021 Audit ReviewM. Mertzat meetingAction required: Informational onlyM. Mertzat meeting
- X. EXECUTIVE SESSION By motion, the Board will enter into Executive Session for medical staff reappointments and for a personnel update.
- XI. NEXT MEETING
- XII. ADJOURNMENT



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<u>Meeting:</u> <u>Medical Center Board Meeting</u> <u>Date:</u> <u>December 30th, 2021</u> <u>Time:</u> <u>5:00 p.m.</u>

Board Members Present: Marlene Cushing, Jerod Cook, Kathi Riemer (Zoom), Cindi Lagoudakis (Zoom), George Doyle (Zoom), Heather Conn (Zoom)

Board Members Absent: Joe Stratman (excused)

- I. <u>CALL TO ORDER</u>: Member Cook called the meeting to order at 5:00 p.m.
- **II.** <u>APPROVAL OF THE AGENDA</u>: Member Cushing made a motion to approve the agenda as presented. Motion seconded by Member Conn. Motion passed unanimously.
- **III.** <u>APPROVAL OF BOARD MINUTES</u>: Member Conn made a motion to approve the minutes from December 2nd, 2021 as presented. Motion seconded by Member Cushing. Motion passed unanimously.

IV. VISITOR COMMENTS: None

V. <u>BOARD MEMBER COMMENTS</u>: Member Cushing congratulated Orin Pierson on purchasing the Petersburg Pilot and stated that she hoped PMC continues to have a very beneficial relationship with them in communicating and informing the public.

VI. <u>COMMITTEE REPORTS</u>:

- A. Quality Improvement Committee. Member Cook read the purpose of this committee as described in the Board Bylaws. L. Bacom noted this committee has not met on a regular basis due to COVID, but that her goal is to start meeting again.
- B. Resource Committee. No update.
- C. Joint Conference Committee. No update.
- D. Foundation Committee. No update.
- **E. Special committee**(**s**)**.** No update.

VII. <u>REPORTS</u>:

A. Quality & Infection Prevention. L. Bacom reviewed her written report that was not included in the board packet.

- **B. Executive Summary.** P. Hofstetter provided a high-level overview from his written report (see copy) particularly related to the Cerner project. J. Dormer also provided an update of the Cerner project. P. Hofstetter also displayed a graph displaying showing daily encounters from 2016 until current and explained the meaning behind it.
- **C. Financial.** C. Brandt provided an overview on financial topics such as provider relief, an audit update, the revenue side of the Cerner implementation including process improvements with billing. She then reviewed the November financial package (see copy) starting with the statement of revenues and expenses and ending with the balance sheet.

VIII. <u>UNFINISHED BUSINESS</u>

IX. <u>NEW BUSINESS</u>

- A. Home Health Designees. Member Cushing made a motion that Petersburg Medical Center's Board of Directors approves either Kirsten Testoni or Jennifer Bryner to serve as the administrator for Petersburg Medical Center Home Health program in the event Philip Hofstetter is not available to fulfill that role. Motion seconded by Member Doyle. Motion passed unanimously.
- **B.** Hospital Designees. Member Cushing made a motion that Petersburg Medical Center's Board of Directors approves either Jennifer Bryner or Cindy Newman to serve as the administrator for Petersburg Medical Center in the event Philip Hofstetter is not available to fulfill that role. Motion seconded by Member Riemer. Motion passed unanimously.
- X. <u>NEXT MEETING</u> The next regularly scheduled meeting was set for Thursday, January 27th, 2022 at 5:00 p.m.
- XI. <u>ADJOURNMENT</u> Member Riemer made a motion to adjourn. Motion was seconded by Member Cushing. Motion passed unanimously. The meeting adjourned at 6:12 p.m.

Respectfully submitted,

Marlene Cushing, Board Secretary



HOME HEALTH Quality Report (01/22/22)

Staffing Overview

- Home Health has a full complement of nursing staff. 3 full time nurses/case managers, 1 manager.
- 2 Full time Billing staff
- 1 Full time Home Health Aide -16-20 visits weekly
- Patient navigator/medical social worker continues to be a valuable addition to the Home Health Program. In addition to working with the patients and families on HH service, she has been providing support and assistance to those connected to the clinic, in patient unit and billing office. The court recently referred a person for assistance in obtaining entitlements. There are several community members that regularly visit the Home Health office with questions or support needs.

Review and Update

- Current census is 22. We continue to accept referrals and work to meet the needs of our community.
- Home Health staff continues to provide care to all our home-based patients despite the challenges we face throughout the pandemic. HH has done over 150 in home visits to COVID positive patience since the beginning of the pandemic. The team has also administered countless in-home vaccines, home tests and support to patients not on service. HH staff supported staff in the Respiratory Clinic during the recent surge in Covid 19 cases.
- Home Health staff recently was interviewed by KFSK. The interview was picked up NPR's Here and Now program and heard nationally.
- Ongoing collaboration with public relations to continue to provide the community with knowledge of our program. Community education on the role of the Home Health team and services provided is vital for continued growth. Home Health provides more than care for the elderly. This will include, behavioral health services, more intensive case management and long-term care planning.
- We have 3 patients using the Remote Patient Home monitoring systems. We continue to assess our patients and will adding additional pts to this part of our program as the need arises. The Home Health manager is working with the current vendor to improve the current product as well as looking into alternative programs for when this current contract ends or is terminated. This is ongoing.

- Home Health continues to provide care to a broad range of patients. This includes short term rehab, behavioral health, medication management, Covid care and End of Life support.
- Home Health Team continues to provide "bath service" to Medicaid patients and is open to new referrals.
- RNs continue to be educated on how to provide in home end of life care. This can be a challenge as we are not yet a Hospice certified agency.

Looking Forward

- Home Health continues to grow. We will continue to work on our referral process and ways to keep our census rising.
- New Electronic Medical Record will allow clinical staff to document at point of care.
- Ongoing collaboration with therapy services. These services are an integral part of the home health program. Therapists will be taught to "stand alone" and manage therapy only cases. Education on this will start mid to late spring.
- Add Behavioral Health component to Home Health Program
- We have 12 patients receiving home health aide support. We would like to expand on this as we grow. There may a need to add an additional home health aide in the future.
- Due to continued growth, department discussion on managing patients during off hours. This includes flexed work schedules and on call hours to meet the needs of patient population. ONGOING
- Continuing education opportunities for all staff
- Collaboration with Laboratory Services on a mobile lab service

<u>Challenges</u>

- Ongoing need to educate public on the role of HH services and who can receive/benefit.
- Limited support services in the community, i.e., home maker, ancillary care providers. HH staff provide extensive in-home support. HH team is working on a proposal for these services.
- Increased acuity of home health population, need for alternative support systems for patients requiring extensive in-home support.
- New workspace continues to have issues intermittent IT issues-IMPROVING
- Billing and claims submission are improved with new EMR. There have been multiple process issues. HH billing team has been working
- New CMS guidelines started January 1,2022 changes billing process to initial or Notice of Admission billing only. This reduces billing staff workload and streamlines process for submission and collection.
- Limited access to DME-ongoing issue. Limited storage space reduces items we can receive as donations.

Accomplishments

- 100% of HH staff are now fully vaccinated
- Recent State survey passed with minimal findings two tags received, and corrective action plan submitted. Complaint found to be unsubstantiated.
- Staff of 8
- Patient Navigator working with multiple departments and patients outside the home health program
- HH team attends all appropriate in patient MDS meetings for coordination of care.
- Ongoing meetings with clinic staff and in patient staff to continue to improve communication and continuity of care. Also, to improve referral process.
- New EMR went live on 12/6/2021.
- Home Health Manager passed The National Alliance of Wound and Ostomy exam and is now a certified wound care specialist.
- HH nurse case manager attended on site training to become certified in "Nail Care."
- Patient Navigator is taking classes to become a certified Medicaid Planner as well the Veteran's Service Officer for Petersburg. This training will take place in spring, 2022.
- Home Health has 2 nurses certified to work in the Capable program.

Opportunities

- Development of Behavioral Health component to Home Health -recent collaboration with SEARHC on a patient pending admission.
- Increased staffing to meet the needs of growing department.
- Home Health owned DME
- Future program growth potential includes Providing services to surrounding communities, Mobile lab, blood pressure screening, community health education. Foot care Clinics. In home IV therapies, Hospice services (researching collaborative opportunities.) pediatric services, enhanced behavioral health services including medication management. Increased use of telemonitoring services. This includes expansion to communities outside of Petersburg.
- Expand services of Patient Navigator.

Submitted by: Kirsten Testoni, RN, WCC Home Health Clinical Manager



Human Resources – January 20th, 2022

Staffing Overview

This has been a very busy time for the HR department. Thankfully, our best change for the Human Resources Department -- is that we are now a department of two! Athena Haley joined the HR team part time in mid-September as an HR Tech. Athena is a great addition, taking on HR challenges with great efficiency and ability. Chad Wright is still assisting with as payroll backup in Evident and with HR duties if Athena or I are unavailable.

Annual (2021) Review and Update

From January – December 2021 -- 26 New Employees

- 1 Patient Navigator
- 2 Rehab Tech
- 1 Dietary Assistant
- 1 Medical Technician (unlicensed)
- 1 Home Health CNA
- 1 AP Clerk
- 2 Medical Assistant
- 1 Ancillary Admissions
- 1 Behavior Health Clinician
- 4 CNAs / Nursing Assistants

We've had 37 terminations.

- 1 Laboratory Assistant
- 1 Home Health Manager
- 1 Home Health CNA
- 3 Registered Nurse
- 1 Physical Therapist
- 1 Activities Coordinator
- 6 CNAs
- 2 Activities Assistant
- 1 Dietary Assistant
- 3 Environmental Services (Housekeeper)
- 2 Rehab Tech
- 1 Rehab Reception / Admissions
- 1 Medical Assistant

Travelers -- 21 thru a company

- 5 Licensed Practical Nurse
- 6 CNAs
- 3 Physical Therapist

- 1 Clinical Documentation Specialist
- 3 Activities Assistant
- 1 Clinic Reception / Admissions
- 1 Clinic Follow-up Referral / Admissions
- 1 Dietitian
- 1 Housekeeper
- 1 Physical Therapist
- 1 Laboratory Assistant
- 1 Cook
- 1 Controller
- 1 Project Manager
- 1 Ancillary Reception / Admissions
- 1 Clinic Reception / Admissions
- 3 Cook
- 1 Assistant Dietary Manager
- 1 Clinic CNA
- 1 IT Tech
- 1 Clinic Office Lead
- 1 Advanced Nurse Practitioner
- 1 Physician
- 3 Registered Nurse
- 3 Home Health RN
- 1 Occupational Therapist

Private Contract Travelers -- 11

- 2 Physician
- 2 Registered Nurse
- 1 Physical Therapist

- 1 Medical Technologist
- 2 Licensed Practical Nurse
- 3 CNAs

Students

- 6 University of Washington Med Students
- 1 Elson S. Floyd College of Medicine, Washington State University

Retirements / Farewells

- 2 Retirements
 - Carleen Lyons, EVS Housekeeper, 27 years -- retired June 1st
 - Patricia Johnston, Certified Nurse Assistant, 15 years -- retired October 1st

FEMA Nurses / GSA Workers

- 4 FEMA (RNs) nurses -- arrived November 15th for work at PMC
- 3 GSA workers (non-medical support) arrived November 18th, 2 left & 1 remained thru December 31st
- 2 GSA workers (non-medical support) arrived December 2nd, 1 assignment ended early / 1 remained till December 31st

Emergency Hires (ER Hires) for Pandemic

- 12 ER Hires: Airport Screeners, Covid Aides, ER Station Screener, Dietary, Covid Testing, High-Touch Areas
 - o 1 position (from 2020) converted to benefitted position (ER Station Lead)
 - 4 active employments
 - \circ 8 termed

Positions Open (17 Positions)

- Admissions / Patient Financial Account Rep (PT)
- On-the-Job Training CNA
- Certified Nurse Assistant
- Clinic Reception / Insurance Specialist (PT)
- Prep-Cook Assistant
- Cook
- Dietary Assistant
- Dietitian

- Housekeeper / Laundry
- Medical Assistant
- Medical Technologist
- Occupational Therapist
- Physical Therapist
- Registered Nurse (Home Health)
- Registered Nurse
- Rehab Tech
- Ward Clerk

Looking Forward

- Completing year end reports
- New Payroll System Paylocity
- Bravo Wellness Challenge
- Open Enrollment in June (July 1st effective date) for Premera & Unum

Challenges

- Submission of the PBJ (staffing report on LTC) on long term care staffing is a monthly requirement. Chad handles this report. The submissions include CNAs, LPNs, RNs and if therapies (PT, OT, SP) spend any hours with residents.
- Recruitment. Working on recruiting for all positions and finding the right fit is challenging and difficult. We have a lot of positions open. We are also working with Kelsey in Public Relations to get our message on openings out there on social media.
- Turnover. Our turnover rate is of concern. Departments are short staffed & we are watching for employee burnout or fatigue.
- State of Alaska -- Background Check Unit. On May 18th, the BCU at the State of Alaska, was the victim of a cyberattack. The Background Check portal finally became available in November & cut down on the time wait time for a clearance. I was never so happy to see a site back up and running.
- We currently have 14 apartments that we are renting with the upkeep, cleaning & scheduling for travel staff & interim housing for new personnel. We've also needed to utilize B&Bs at times if personnel overlap. We're contracting out the cleaning of the apartments as it became too overwhelming for our staff housekeeping staff. With the numerous apartments, we had watch for frozen pipes during the extreme cold spells working with the landlords. That also included figuring out snow removal. It was especially challenging for travel staff who were not used to winter & cold. Fortunately, the GSA non-medical support workers and FEMA nurses were housed by the agency providing the staff (we did not have any apartments available at the time they were here) in our local hotels.
- We have 7 cars that we've had to keep running for travelers & PMC staff use. Athena has been taking on getting the cars to/from their locations, checking on their running & upkeep. The upkeep has become very time-consuming as the cars need TLC and attention especially with the snow & cold temperatures.

Completed

- Nurse Over Time to State of Alaska (every 6 months)
- W2s
- Renewal of my Society of Human Resources Management Certified Professional (SHRM-CP) at the end of November 2021 for three years. The renewal consists of 60 hours of continuing education to maintain the certification.

Opportunities

- Looking for opportunities for Athena to become certified in Human Resources
- The new payroll system allowing for time entry in present time, updating reporting abilities. This will eliminate much of the time spent on errors and give PMC better data resources for all the mandatory reporting. The new system is scheduled to take place in March 2022 at PMCs first quarter end.

Submitted by:

Cynthia Newman - SHRM-CP, PHR Human Resources Director



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CEO Report:

Petersburg Medical center has had a reduction in COVID cases since the large delta variant outbreak last fall with a continued decline into December. Unfortunately, the next variant with increased transmissibility, omicron, is now on the horizon. Alaska is beginning to see a large uptick in cases over the past 2 weeks and Petersburg has typically been a bit behind Anchorage historically. This variant is spreading through rapidly, vaccinated or not. There is considerable difficulty tracking this variant due to



the testing largely being pushed to antigen detection in home kits. The good news is that the community has the ability to detect COVID rapidly in the household while the challenge is that it does not go reported in the same manner. The state is also closing the contract for airport testing and will no longer utilize contact tracing. The challenge will be to know when/if there is a peak here in Petersburg outside of our own staff detection and surveillance protocols within the facility. Hospitalizations are on the rise nationally and within Alaska, as the case counts increase with 2x the amount hospitalized that are unvaccinated and over 20x with mortality that are unvaccinated. The color code status for PMC stays in the yellow status as we address the situation without scaling down access to appointments. The primary



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issue will be staffing and LTC safety. The LTC staff are routinely using the K95 masks and will be tested 2x per week as well as the residents.

The implementation of the Cerner Electronic Medical Record (EMR) is complete, and the routine meetings have been slowly scaled back as the operational / technical issues are resolving. The overall implementation was enormously successful. The documentation, patient portal, referral modules outside of the organization are all great improvements with Cerner. Additionally, the program CommonWell will go live soon which allows PMC to be more directly connected with other EMR platforms nationally. The Cerner platform with ANMC and SEARHC has the same system, and we will be able to exchange information with greater improvement.

The home health recertification survey that occurred in December during the implementation with very few findings and we are in substantial compliance. The large focus on facilities and plant operations continued throughout January with heavy snow loads followed by rain. There was one day PMC had a delayed opening as a result, but overall facilities have managed to stay on top of the challenging weather.

The COVID CMS mandatory vaccine policy was completed following the final ruling on November 4th and sent out to all PMC staff. At the time of this report, we are still over 96% of staff vaccinated and the Supreme Court ruled to allow CMS to require the vaccine. PMC legal team provided the necessary policy updates, and this was sent out as a final document last week to be in 100% compliance with at least first dose February 14th, 2022, and fully vaccinated by March 15th.

As of today January 24, 2022, PMC was notified there was a radical shortage of supplies for lab reagents, blood, and test tubes. This is consistent as we learned this will impact the way PMC can provide prevention and collection of blood draw for a health fair or any wellness exam.

Legislative Update / New Facility/ Cerner:

The 32nd legislature is back in session, there are a number of 'bills' related to COVID treatment, vaccines and requirements for employers that are on various schedule. ASHNHA is monitoring and legislative fly in is normally this time of year. Due to the omicron variant the fly in was cancelled again this year and meetings are occurring through video zoom sessions. The infrastructure bill and the allocation of HHS appropriations funding is all still pending at this time.

<u>Community Education/Outreach</u>:

- PMC reports out at December and January Borough Assembly meetings and special meeting regarding masking for COVID outbreak.
- Cerner implementation continuation of regular daily meetings throughout December and January.



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- Childcare Community Café January 15th
- Home Health Survey follow up completion 1/24/2022
- Managers meeting January 21, 2022
- Employee forum 1/25/22 on Zoom.
- Assembly work session for ARPA funds 1/24/2022

Integrated Healthcare & Work Force Development:

The PMC clinic is focusing on patient centered and integrated primary care services. Wellness, Behavioral Health Services and Home Health are great examples of expanding care both in the facility and outside the walls of the facility.

The national movement towards healthcare burnout is significant during the pandemic and growing worse by the day as mentioned above. This is continuing without question as we head into mandatory vaccinations and addressing the COVID omicron outbreak. The stress level and work force impact is absolutely unpresented. ASHNHA was able to provide grants for Cerner implementation for SHIP funding as well as funding for the CNA program. ASHNHA received 2 grants and PMC nursing leadership applied and received a grant of \$12,000 towards training of CNA's as well as the \$20,000 towards salary and incentive program. These were administered to the CNA last month. If these programs are successful in recruitment and retention PMC may assess these for other department programs.

Our current workforce is amazing and is working countless hours to accomplish incredible feats (COVID, Electronic implementation for medical records, accounting GL, payroll, HRG revenue cycle and Billing). We are also developing Behavioral Health, Primary Care Patient Centered Medical Home model, Case Management, Home Health expansion, financial division development and Information Technology growth.







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Finance: The financial package has a draft audit and is not final on this meeting, however, will be reported out as an addendum. The financial audit for single audit were clean with no findings indicated. Provider relief funds were received in December and there will be balance sheet, first full financials with Cerner and cost report dictated by CFO presentation. Overall, the census detail in the inpatient and LTC is lower than normal, but clinic appointments and outpatient demand are high with increased visits for care, treatment and prevention. The top 10 diagnosis for clinic is indicated below.

<u>Revenue Cycle/Billing</u>: HRG continues to be onsite to focus on charge master in the Cerner and revenue cycle process. PMC is in its 9th month and has been working closely with our finance and patient financial services billing team.

| Dx Code | Dx Name |
|---------|---|
| Z20.822 | Contact with and (suspected) exposure to COVID-19 |
| 110 | Essential (primary) hypertension |
| Z23 | Encounter for immunization |
| M54.50 | Low back pain, unspecified |
| E11.9 | Type 2 diabetes mellitus without complications |
| U07.1 | COVID-19 |
| E03.9 | Hypothyroidism, unspecified |
| F41.9 | Anxiety disorder, unspecified |
| Z12.31 | Encounter for screening mammogram for malignant neoplasm of breast |
| E78.5 | Hyperlipidemia, unspecified |