

Mountainview Medical Center
Board of Directors Meeting
April 24, 2019

Present: Bill Galt – Chair, Rick Seidlitz, Otto Ohlson, Chris Schlepp, Shane Sereday, Tanya Hill
Rob Brandt – CEO, Tony Pfaff– Cypress Healthcare

1. Call to Order

Bill called the meeting to order at 4 p.m.

2. Minutes

Review of the minutes from March. Rick moved to accept, Otto seconded. **Motion Passed.**

3. DON/Quality Report

- Staffing: continuing to look for help; advertising for RN, LPN, and CNAs. Interview scheduled on Friday for med pass nurse. Have some extra help scheduled out for CNAs.
- Various committee meetings attended: LEPC, Trauma, CRTAC – 2 cases presented.
- Basic Life Support class will be this weekend as well as ACLS
- Quality reports: MBQIP patient safety & outpatient measures for 2nd quarter 2018, PIN Benchmark, and HCAHPs data. Numbers are small (HCAHPS) as it is acute discharges only. MMC only had 13; so is a “sample of people” which makes it tough to compare. One bad comment will offset everything. The various reports give an idea of what we are measured on and how the stats come back.
- Significant power outage, did some evaluation and discussed at LEPC and pursue ways to prevent or get quicker turn on. Rick stated the communication did get fixed. MMC used 100 gallons of fuel for the generator. The generator only powers “red plugs”. Not the entire facility.
- Rick asked about travelers for the RN shifts. We had a contract for a couple months but the person called in sick and then failed to show for the other shifts. So we were forced to fill. The last couple weeks there have been various staffing issues due to illness.

4. Medical Staff Report:

Scott Meissner PA reported the providers have attended some continuing education. Adam attended a class for the FAA physical and test; they have to conduct a site visit and some equipment has been ordered. Scott attended an airway course; to learn and practice skills on non-typical patients. Some of our equipment is antiquated and not what we need. As a group the providers need to discuss what we have. A video scope is the new era. It was very eye opening; he was with 120 ER docs. Next month another SIM truck is scheduled for trauma and cardiac.

Bill questioned doing the FAA and DOT in one visit. They will have to get Pat and Adam together.

5. Financials ~ March

- Days cash on hand: 250
- Money market accounts: Vocal \$200k; US Bank \$244k
- Revenue: hospital \$455,225; clinic \$92,790; gross patient \$548,014; net patient \$578,284
- Expenses: \$504,618
- Net operating profit of \$73,665 with overall profit of \$109,544
- Investments both up: ML 1.11 million, US Bank 1.19 million
- Census: acute days 13, swing days 99, intermediate 419, clinic visits 340
- AR days 65 - high swing bed usage, also have a long-term care patient who has to sell a house. It is on the way back down.

Our operating (general) account has 1.2 million in it. Rob talked about this at the finance committee. We do have a payable of \$102,000 to Medicare for the cost report. Rob would like to move some of the dollars as it is only insured to 250K. He would like to move funds to the money market accounts; keeping the operating account at \$600K. The finance committee agrees. The Board is fine with this.

7. CEO Report

Telemetry: our unit has died and has had issues over the last 2 years. We have replaced electronics and server. It will cost \$8,000 to research what the problem is. Rob doesn't want to throw money at it anymore. He would like to get a new one that will integrate with current equipment. Cost is \$51,000. Motion by Rick to purchase, Chris seconded. **Motion Passed.**

Nurse recruiting: Rob would like to move to having 2 RNs on the floor. Then if one leaves, we aren't put in a hard spot. Also the LPN profession is dwindling, and will only get worse over the next 7-10 years. Cutbank has used this company (Guardian) with great success. He is presenting this long-term solution to the Board to see if they have any interest in doing this. If we sign off they are with us for a couple of years. They have all the certifications and are ER ready. Otto asked about the cost, is it comparable to a regular RN. It is comparable to a new grad, but not as expensive as a traveler. Kari Jo hasn't looked at the information. A longer commitment is good; as having put in work with someone and then have them leave is difficult. Deer Lodge has used lab techs with very good success. They work hard and want to be here. Havre has a whole community. Rob will investigate more.

There is 1 high school senior and 2 CNAs that want to go to school. There are some loan reimbursements available; but if they don't work out Rob would like to offer something similar to the offer we approved for the PT student. With the 2 RN schedule this is good long term but not for short term. More than likely they will get accepted to the reimbursement programs. Anyone local we can encourage is a benefit.

EMR search will be on the agenda until one is selected. Cost projections are 2.3 to 5.8 million over 10 years; tremendously expensive. We are just starting to get the in-house demos in May. Three different ones will be viewed before mid-June. Rob will keep the board posted. Question of how much goes on the cost report. Most of it is in depreciation. Ongoing monthly support cost is not. 20% of that. We can't afford the reimbursement deductions without a system.

Interim cost report: \$102,000 payable that includes the month of March. We have been very busy and Rob didn't want a major payable at the end of the year. Volumes are still holding good.

Information Items:

Rob is out May 5th for a week.

Public Comment: none present

Meeting adjourned at 4:26; Motion by Rick, Shane seconded. Brief executive session.

Meeting adjourned at 4:37 p.m.

APPROVED