

**Mountainview Medical Center**  
**Board of Directors Meeting**  
**January 23, 2019**

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

Absent: Chris Schlepp

Guest: David Sterner, Merrill Lynch

1. Call to Order

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

2. Minutes

Review of the minutes from November, Rick moved to approve, Shane seconded.

**Motion Passed.**

3. DON/Quality Report

- Staffing: RN and LPN open shifts are being covered with overtime. CNA shifts are a struggle. We have had no applications; had to get a traveling contract. Short 2 full-time and casual positions.
- Quality: planning committee will be wrapping up in the next couple meetings, this was looking at job roles and responsibilities for staff leaving and shifting departments. A new project will be long-term care rounds; they will be examining the process.
- Attended a Cypress DON meeting; Life Net Health stopped by; and revised all nursing job descriptions.

4. Medical Staff Report:

- ≈ Staffing is stable; Scott has been here two years full-time.
- ≈ Trauma training (SIM truck) has paid off; they have seen some wild ERs much more frequently and have had to do more intubations. The big challenge is psychiatric patients in crisis presenting to the ER. There are no resources for them and always require transport to an outside facility. That won't change.
- ≈ Another issue is dementia in our long-term care patients; we are not a dementia unit and it is hard for the community to understand we can't always provide care. We are working to try to get more help from outpatient psychiatry which hasn't materialized. There is a shortage nationwide.
- ≈ EMR is a challenge. Currently it adds at least 2 hours per day. They are double inputting in a lot of areas (hospital to clinic or visversa). We are fortunate that we don't have patient volumes; otherwise it would be an issue.
- ≈ They will be working on continuity of care. There are issues with patients that want to see all providers and assume problems are communicated between them, which is not the case.
- ≈ Dr. Brunsdon stated we cannot take any more dementia patients right now. Circling back to previous statement and staffing.

## 5. Financials ~ December

- Days cash on hand: 243
- Revenue: hospital \$444,217; clinic \$76,820; gross patient \$521,037 (excellent); net patient \$477,944
- Expenses: \$451,950
- Net operating profit \$25,994; Overall loss of \$12,092 due to investment accounts losing money.
- Census: inpatient days 16, swing bed days 112, ER visits 36, Clinic visits 276, intermediate days 456
- AR days 76: started a quality improvement project for this. There have been some problems with payments for 3 of our long-term care patients; which is driving our days up. Medicaid and private pay. Issues that are out of our control and trying to get qualified for Medicaid. Currently have 14 patients.

## 7. CEO Report

Medical Staff Appointment: this is a courtesy consulting appointment for telemedicine for Enid Ling (from Benefis – delegated credentialing) for wound care. This was originally put into motion last week. Rick made the motion for appointment, seconded by Shane. **Motion Passed.**

Physical Therapy location update. This will be the last meeting in this room. The board room will be moved upstairs into the activities/chapel area starting next month. This room will be torn out and remodeled into PT. We are moving quickly to get the project done before Scott leaves this spring. We hope to have it up and running in this space by March or April.

Western Trustee Symposium: is in Missoula this year, June 5, 6 and 7. Anyone interested in attending some or all of it please let Rob know.

Investment Report: David gave a quick market overview and moved on to how our account is performing at Merrill Lynch. It is down 2%, lost \$57k. Money was invested after the election. 2/3 is in fixed income, 1/3 in equity. Bonds had a setback and October was challenging. They are staying within the guidelines of the investment policy. Return of 7.37 if no fees taken out; 6.48 net of fees. David likes the dividend strategy. Discussion of political ramifications, technology advances and the fall of big companies like Sears.

David answered Otto's question from a previous meeting about the comparison with US Bank performing better. They may have a more risky stock portfolio and time will tell. Both have the same investment policy, criteria and guidance. David asked if US Bank manages internally or do they have outside consultants; Rob answered, internally. Merrill Lynch has a different process. They can't put the money with internal management. They pick the manager that fits the category and have no favorites. Also MMCs investment policy says nothing about merging markets; they have two funds with merging markets. The Board has a conservative nature; and that is a vehicle that is appropriate to a high risk entity within the portfolio. There may be a difference in 5 years and be swayed the other way.

David added that Merrill Lynch is owned by Bank of America who has its own US Trust. We can add it to the relationship for oversight; and they can be an agent on the portfolio. It would be additional fiduciary oversight of the portfolio and they could help write an investment policy.

## Information Items

Long-term care Medicaid reimbursement rate is higher than our current daily rate of \$184. They will pay \$192.10 so we need to raise our per day rate to \$193 to stay within the range. There is a 30 day wait once the letter is sent out.

Rob is working on setting up a national Techttime user group meeting March 12, 13 and 14, here in WSS. This is an attempt to try and get some changes made to our EMR. This is one of the top 3 risks to the facility. Their support staff is narrow.

Bill asked about the previous statement regarding taking dementia patents; we are full and can't handle any more. Kari Jo answered in bigger facilities if you have someone that requires one to one care you have a "sitter" assigned to the person. Generally a CNA. We don't have any extra CNAs, we are stretched thin as it is and don't have the luxury of providing that care. Also, we are not a "locked unit". There are regulations for restraints and medication management that we have to abide by. Sadly our patients don't get better, they only decline. You have to educate the family and they don't understand.

Public Comment: none

Motion to adjourn meeting; by Rick, seconded by Shane. Meeting adjourned at 4:38 p.m.