

Members Present: Tammi Hardy, Chair; Duffie Harrison, Secretary; Nick Yonclas; Deborah Huckabe; Robert Davis; Patrick Conrad, MD; Cynthia Drapal CAO, CNO

Staff Present: Steve Lanier, Controller; Ginny Griner HR/ MedStaff Coordinator; Heather Guidry Administrative Assistant/ Recorder

Guests Present: Michael Kolb, Chief Executive, Healthland; Peggy Peterson, VP, Healthland; Geri Forbes, TMH Regional Development Administrator; Pinki Jackel, Franklin Co. BOCC

TOPIC	DISCUSSION	ACTION
Call to Order/ Approval of Minutes	<ul style="list-style-type: none"> • The meeting was called to order at 3:49 pm. • BOD minutes from June 28, 2012 were presented and reviewed. 	<ul style="list-style-type: none"> • Motion made by Yonclas to approve the 06/28/12 minutes as presented, second by Huckeba. Motion carried unanimously.
Healthland Centriq Demo	<ul style="list-style-type: none"> • Presentation given by Peggy Peterson on the Healthland Centriq Electronic Health Record. • Discussion held after presentation: <ul style="list-style-type: none"> ○ Database will be kept in-house ○ Physicians can log into system remotely ○ Expect to see broader communication between different E.H.R. systems as we go through Meaningful Use stages <ul style="list-style-type: none"> ▪ Healthland will be participating with National Health Records (using Microsoft HealthVault) with next release, before WMH's expected installation ▪ Healthland has a number of hospitals 	<ul style="list-style-type: none"> • No action required.

	<p>throughout the country who elect to participate in regional “Health Information Exchanges”</p> <ul style="list-style-type: none"> ○ Healthland maintenance agreement pays for support, upgrades and improvements to software. ○ There will be 2 servers: an application server and a data base server. For disaster recovery reasons, data will be vaulted. ○ All hardware will come from Dell. Cost for hardware and build-out is approximately \$200,000, which was included in E.H.R. financing proposal of \$800,000. 	
<p>County Report</p>	<ul style="list-style-type: none"> ● Commissioner Jackal expressed serious concerns relating to particular USDA Meeting. July 3, 2012 Franklin BOCC and Weems BOD received email from Weems regarding a USDA Meeting scheduled for Tuesday, July 17 at 1:30 pm to discuss hospital project. On Monday, July 16, 2012 an email was sent from Weems to BOCC and Weems BOD stating that the USDA meeting had been "cancelled." Several days later, Commissioner Jackal learned that the meeting had not been cancelled and had actually taken place at Weems on Tuesday, July 17, 2012 at 1:30 pm & was attended by USDA's Mary Gavin, Cindy Drapal CAO, Alan Pierce County Administrator, and Commissioner Smokey Parrish. Drapal assumed Parrish was invited by Pierce. Jackal and Hardy learned of meeting from others. Jackal questioned Drapal’s decision and pointed out potential for perceptions of secrecy. Moving forward, this will be a monumental project for the hospital and transparency must be provided by everyone involved, as we work together. ● Per Drapal the USDA requested to cancel the public meeting with the hospital board and BOCC and instead meet with the 	<ul style="list-style-type: none"> ● No action required.

	<p>CAO and Alan Pierce, County Administrator. In an effort to maintain compliance with the Sunshine Law, Drapal has brought the USDA update to the board via the regular board meeting. Comm. Jackel expressed displeasure that Comm. Parrish and the county coordinator attended the meeting versus her own attendance. Drapal stated that the county coordinator had been involved in every communication from the USDA and that she had no prior knowledge of Comm. Parrish's attendance. Hardy states she been calling and sending emails for 2 weeks prior to the meeting requesting why the USDA wanted to meet and exactly what information they would potentially request. The last response she received from Guidry was that an agenda was expected from the USDA. Guidry sent the board members an email on Monday afternoon stating that the public meeting had been cancelled. Hardy states that she phoned Mary Gavin's office on 07/17/12 to inquire about a rescheduled time and was informed of the site visit with the hospital. Hardy states that the email sent from Guidry regarding the cancellation should have had more details. Drapal states she also called Ms. Gavin many times during the same time period. Drapal only received a return phone call from Ms. Gavin on 07/16/12. In Drapal's conversation with Ms. Gavin, she was told that there was a tentative agenda that needed approval from Ms. Gavin's Regional Director. After approval, the agenda would be forwarded to Drapal. The agenda was never sent. An hour after the phone call, Drapal received a phone call from county coordinator, Alan Pierce, stating Ms. Gavin had contacted him stating the USDA would prefer not to meet with the two public boards, but instead to hold a meeting with the hospital administrator and county coordinator. Hardy suggests that in</p>	
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	<p>the future, a meeting should not be agreed upon until details regarding the proposed meeting have been given.</p>	
TMH Report	<ul style="list-style-type: none"> • WMH Chair and CAO will be attending a TMH function in August re: hospital strategic planning. • Forbes is serving as interim CEO at Doctors Memorial Hospital. • TMH census is light, typical of August. 	<ul style="list-style-type: none"> • No action required.
Medical Staff Report	<ul style="list-style-type: none"> • Medical Staff minutes from 07/24/12 presented for review. • “Chart Deficiencies by Physician” is a Quality Assessment Performance Improvement project. The current assessment was presented at the July MedStaff meeting. 	<ul style="list-style-type: none"> • No action required.
Finance Report	<p>Financial Update</p> <ul style="list-style-type: none"> • June Income Statement presented and reviewed in detail. <ul style="list-style-type: none"> ○ Hospital income in June: \$233,810.16 inclusive of county subsidies and sales tax receipts ○ Clinic deficit in June: (-\$2,055.65) inclusive of county subsidy ○ Ambulance deficit in June: (- \$81,406.57) ○ Total for year income of \$921,212 inclusive of county subsidies, sales tax capital and receipts, grant and miscellaneous income. ○ Comm. Jackel stated that the county was in a budget shortfall and wondered if the hospital could get by with less money next year. Lanier stated that without any county assistance, the hospital’s YTD deficit was (-\$677,000). Drapal stated that the hospital no longer needed to receive 100% of sales tax receipts, but the 	<ul style="list-style-type: none"> • No action required.

	<p>ambulance service and clinic subsidies are still needed for next year.</p> <p>Financial Summary</p> <ul style="list-style-type: none"> • WMH Financial Summary July 2012 Report presented and reviewed. <ul style="list-style-type: none"> ○ Accounts Payable: <ul style="list-style-type: none"> ▪ Last payment to ERX at \$20,000/ month has been made ▪ OTTED loans are up to date ▪ Davis asked how often the accounts payable are verified. Drapal stated that the majority of bills are 0 to 30 days and invoices are validated upon receipt. 100% of AP over 90 days is debt to TMH. TMH balance verified yesterday. ○ Accounts Receivable: <ul style="list-style-type: none"> ▪ Conrad questioned how the “self-pay/no insurance” category compared as a trend to previous fiscal years; also asked if bad debt is written off monthly. Lanier stated that a report is received monthly from ARX, though he was not sure how it compared to previous years. Write offs are done after the process with billing and collections are completed. Lanier states that the bad debt list was at 1400, today the number was down to 240. <p>Clinic Pro-forma</p> <ul style="list-style-type: none"> • Weems Outpatient Clinic Revenue Pro-forma (5 year Plan) presented in packet. • Some of the USDA concern is where it appears as though starting a new clinic would increase our debt load. Clinic expansion will need to be strategically planned. 	
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<p>USDA Update</p>	<ul style="list-style-type: none"> • The USDA is reevaluating all of their current lending processes. The USDA has reevaluated WMH feasibility study and feels that Weems may not be able to handle a \$16 million debt load. Per request, Drapal has provided the USDA the most recent Medicare Cost report, CMS interim payment schedule for the swingbed program, and inpatient and outpatient reimbursement rates. After all the requested information has been provided, the USDA will return with the amount they think the hospital can afford and at that point, both the BOCC and the WMH board can get together and decide how they would like to proceed. • Since the meeting, Drapal has investigated other potential avenues of financing. Besides bonding, the only other possible option would be HUD. HUD has specific requirements that WMH does not meet. • Drapal spoke with TJROB, the project architect today. They felt it was the most reasonable, cost effective action to have the USDA return to us with a recommended loan amount. When the budget is established, WMH will work with TJROB, using our actual volume for outpatient services and projections for emergency and inpatient services to determine what improvements could be made to the hospital that would be the best way to spend the money. • USDA timeline: Drapal has provided almost all the information requested. The missing items are strategic plans for growing the patient volume at WMCE and advertising the swingbed program. In reference to clinic volume, WMCE is expected to receive 1500 to 3000 Franklin County Medipass patients 08-01-12. 	<ul style="list-style-type: none"> • No action required.
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<p>E.H.R. Financing Update</p>	<ul style="list-style-type: none"> • Presentation from vendor, Healthland made today at Hardy’s request. • Healthland has provided the hospital’s financial package for the past 15 years. The majority of CAH use the Healthland Classic product. • Hardy questions 1% reduction of federally funded reimbursement if Meaningful Use is not met. Per Drapal, Medicare reimbursement makes about 55% of our business. • The Healthland contract has been reviewed by the county attorney. Shuler’s only request was that Healthland add an addendum that they are CHIT Certified for Meaningful Use Stage 1. They have provided that addendum. Hardy requests that a TMH attorney review the contract. Drapal stated the contract was not reviewed by TMH because "it’s their standard contract & County Attorney Shuler felt comfortable with it." McMillan pointed out issues that TMH raised with a prior EHR contract. Drapal said difference between this one (Healthland) and prior (Razor Insights) is that Razor Insights was an upstart company, and Healthland has 25% of rural healthcare market. • Original install date projected for October. If we sign the contract after the first week of August, the install date will be January. 	<ul style="list-style-type: none"> • Motion made by McMillan to request permission from BOCC to proceed with funding, second by Yonclas. McMillan withdrew initial motion and moved to proceed with the contract after receiving feedback from TMH attorneys. If recommendation is good, will take to BOCC. Second made by Davis. After discussion, McMillan withdrew his second motion. • Motion made by Harrison to contract with Healthland and present to BOCC for approval, second by McMillan. Hardy opposed motion. Motion carried.
<p>EMS Grant Update</p>	<ul style="list-style-type: none"> • Franklin Co. BOCC has agreed to allow 25% of the 2012 EMS Matching Grant monies to come from the restricted Health Care Trust Fund. • EMS Director has provided a 2nd estimate for re-chassis of ambulance. The ambulance is expected to be sent for re-chassis within the next two weeks. 	<ul style="list-style-type: none"> • No action required.

<p>Risk Management</p>	<ul style="list-style-type: none"> • Policies <ul style="list-style-type: none"> ○ 2012 Risk Management Plan presented for approval. The only change is the Internal Risk Manager will no longer be board appointed. This duty will now fall under the expected tasks of the CNO. • Risk Management & Regulatory Board Summary Report 2nd Quarter 2012 presented and reviewed in detail. <ul style="list-style-type: none"> ○ 100% compliance with Incident Notification to Risk Manager within 3 days ○ RM is tracking and trending the patients leaving before treatment completion. The majority of the problem is with patients leaving before triage. This has been addressed with the nursing staff. Drapal’s recommendation to Risk Manager is to continue to track and trend. ○ Continuing to monitor for trends in falls. ○ Medication variances reviewed. 	<ul style="list-style-type: none"> • Motion made by Davis to approve the 2012 Risk Management Plan, second by Harrison. Motion carried unanimously. • No action required.
<p>Old/ New Business</p>	<ul style="list-style-type: none"> • McMillan disclosed a potential conflict of interest. His wife is now employed with Eastpoint Medical Center, which is a competing medical organization. • Harrison questioned the hospital’s percentage of admissions from the ED. Drapal stated the national average rate is 7%. Conrad stated that all ER physicians have been encouraged to look for appropriate admissions. Lanier offered to provide a statistical report. 	<ul style="list-style-type: none"> • No action required.
<p>Adjournment</p>	<ul style="list-style-type: none"> • Executive Session for Leadership Succession entered into at 6:16 pm. 	

