

**River's Edge Hospital**  
**HOSPITAL COMMISSION MEETING**

Wednesday, March 27, 2019

12:30 p.m.

**Mission**

To provide quality health services.

**Vision**

To improve the health of all individuals we serve.

- 1. CALL TO ORDER**
- 2. APPROVE AGENDA – pg 1**
- 3. VISITORS**
  - A. Scheduling of Visitor Comments on Agenda Items
  - B. General Visitor Comments
- 4. APPROVE HOSPITAL COMMISSION MEETING MINUTES**  
(Mot) A. February 27, 2019 Regular Meeting – pg 2
- 5. APPROVE CONSENT AGENDA**
  - A. Accept March 20, 2019 Finance Committee Meeting Minutes – pg 8
  - B. Accept March 12, 2019 Medical Staff Meeting Minutes – pg 17
  - C. Accept March 20, 2019 Quality Committee Meeting Minutes – pg 24
  - D. Accept March 21, 2019 Building Committee Meeting Minutes – pg 35
- 6. COMMISSION DEVELOPMENT**  
(Info) A. QHR Webinar: The Role of the CMO in Your Hospital  
(Info) B. Commission Self Evaluation – pg 37
- 7. MEDICAL STAFF**  
(Mot) A. Approve Membership Recommendation – pg 38  
(Mot) B. Approve Privileges Recommendation
- 8. QUALITY COMMITTEE**  
(Info) A. Quality Dashboard – pg 39
- 9. ADMINISTRATIVE REPORTS**  
(Info) A. Executive Summary – pg 40  
(Info) B. Statistical & Strategic Plan Dashboards – pg 41
- 10. FINANCE COMMITTEE**  
(Info) A. Financial Summary – pg 43  
(Mot) B. Approve Write Off to Collection Recommendation – pg 44  
(Mot) C. Approve Accounts Payable Recommendation – pg 46  
(Mot) D. Approve Capital Equipment Purchase Requests – pg 47
- 11. BUILDING COMMITTEE**  
(Info) A. Monthly Status & Budget Report – pg 51  
(Mot) B. Change Orders Recommendation – pg 57
- 13. ADJOURN**

## **RIVER'S EDGE HOSPITAL & CLINIC COMMISSION MEETING**

River's Edge Hospital & Clinic – Helen G. White Conference Center  
Wednesday, February 27, 2019

**Present:** John Lammert, Vice Chairperson; Blake Combellick, Secretary. Trustees: Jerry Pfeifer, MaryAnn Harty, Laura Hulsebus, Gary Swedberg, Kyle Swanson, Chief of Medical Staff; George Rohrich, CEO; Lori Zook, CFO; Jackie Kimmert, Chief Human Resources Officer; Janelle Rauchman, Chief Quality Officer; Stephanie Holden, Chief Marketing Officer; Paula Meskan, Chief Nursing Officer; Todd Prafke, St. Peter City Administrator; Samantha Pherson, Recorder.

**Absent:** Margie Nelsen, Chairperson; Stephen Grams, Trustee

### **CALL TO ORDER**

The regular meeting of the Hospital Commission was called to order at 12:30 p.m. by Vice-Chairperson John Lammert.

### **APPROVAL OF AGENDA**

The February 27, 2019 Agenda was reviewed. There was one request to revise the agenda.

**ACTION:** A motion was made by MaryAnn Harty to approve the agenda. The motion was seconded by Jerry Pfeifer and carried with all members voting in favor.

### **APPROVAL OF MINUTES**

The January 23, 2019 Hospital Commission Minutes were reviewed.

**ACTION:** A motion was made by Gary Swedberg to approve the January 23, 2019 Hospital Commission Minutes. The motion was seconded by Laura Hulsebus and carried with all members voting in favor.

### **APPROVAL OF CONSENT AGENDA**

The consent agenda includes the following:

- Acceptance of the February 20, 2019 Finance Committee Meeting Minutes.
- Acceptance of the February 20, 2019 Quality Committee Meeting Minutes.
- Acceptance of the February 21, 2019 Building Committee Meeting Minutes.

**ACTION:** A motion was made by MaryAnn Harty to approve the consent agenda. The motion was seconded by Gary Swedberg and carried with all members voting in favor.

### **GENERAL VISITOR COMMENTS**

Visitors: Nancy Madsen, Saint Peter Herald; Chuck Zieman, Mayor of Saint Peter.

### **COMMISSION EDUCATION REPORT**

On February 12, 2019 the Hospital Commission was invited to attend a QHR Webinar titled: Cyber Security-Lesson Learned.

## **Hospital Commission Meeting Minutes**

River's Edge Hospital & Clinic

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### **MEDICAL STAFF**

**Medical Staff Credentialing** - A report from the Executive/Credentials Committee of the Medical Staff was presented for review. A recommendation was made by the Credentials Committee to approve medical staff membership and granting of privileges to the physicians and allied health professionals as listed on the report:

**Initial Appointment to the Medical Staff:**

Douglas P. Caldwell, MD

Parveen Kumar, MD

Brooke R. Long, CNP

Courtesy Staff, Teleradiology

Active Staff, IM/Hospitalist

Courtesy Staff/AHP, Surgical NP

**Reappointment to the Medical Staff:**

Richard S. Harrison, OPA-C

Evans O. Magambo, MD

John A. Springer, MD

Christie A. Van Hecke, CNP

Courtesy Staff/AHP, Orthopedic PA

Courtesy Staff, Emergency Medicine

Active Staff, Orthopaedic Surgery

Courtesy Staff/AHP, Emergency Medicine

**Change in Category – Provisional to Full Membership: None**

**Provisional Membership: None**

**Increase in Privileges: None**

**Change in Staff Category: None**

**Withdrawn from Medical Staff:**

Edwin Harrington, MD

Michael Kearney, MD

Laraine Klunder, CRNA

Lisa Schneider, MD

Active Staff, Orthopaedic Surgery

Active Staff, Orthopaedic Surgery

Courtesy Staff/AHP, Nurse Anesthetist

Courtesy Staff, Teleradiology

**ACTION:**

- 1) A motion was made by Gary Swedberg to accept the recommendation of the Credentials Committee and grant appointment, reappointment or change in status for each of the practitioners listed above. The motion was seconded by Blake Combellick and carried with all members voting in favor.
- 2) A motion was made by Gary Swedberg to accept the recommendation of the Credentials Committee and grant clinical privileges to each of the practitioners as listed above as requested and approved by the Credentials Committee. The motion was seconded by Jerry Pfeifer and carried with all members voting in favor.

### **QUALITY REPORT**

The Quality Management Committee minutes from the February 20, 2019 meeting were reviewed. The Quality Dashboard was reviewed by Janelle Rauchman. The dashboard contains results from a number of measurable and reportable quality measures.

## **Hospital Commission Meeting Minutes**

River's Edge Hospital & Clinic

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### **ADMINISTRATIVE REPORT**

#### **A. Executive Summary.**

The written report submitted by George Rohrich was reviewed.

- River's Edge is showing a month-to-date bottom line for the month of January of approximately \$524,000, versus a month-to-date budget of \$564,000.
- Net Operating Income MTD is \$572,000 vs MTD budget of \$608,000.
- January results show an increase of cash on hand of \$994,000 resulting in balance of \$11,467,000 million. The 2019 Year End Budget goal is \$10.4M.

#### **B. Statistical Dashboard.**

The statistical report for January, 2019, was reviewed. Of the 17 measured activities, 13 are green. The monthly strategic report was also reviewed.

### **FINANCIAL REPORT**

#### **A. January Financial Summary.**

Lori Zook presented the financial reports for January. The month of January had a Net Operating Income of \$571,726. Total Patient Revenue stands at \$6,898,742 over a budget of \$7,159,297. January Net Patient Revenue stands at \$3,974,962 with a budget of \$3,794,081. Monthly Net Operating Revenue stands at \$3,989,504, versus a budget of \$3,799,872. Monthly Operating Expenses stands at \$3,417,778 over budget of \$3,192,310.

Cash flow for January was positive at \$994,228. Days Cash On Hand is 106.19 days, and Days Revenue in Accounts Receivable stands at 43.86 days. Debt coverage is 3.06 for the month of January.

#### **B. Write-Off to Collection.**

Community Care grants totaled \$14,756.08, covering 21 accounts. Presumptive community care grants totaled \$86,834.74 covering 111 accounts. Year-to-Date Community Care grants total \$101,530.79. Collection activity approval totaled \$84,635.35. Year-to-Date \$9,682.49 of gross bad debts have been recovered. The Revenue Recapture program through the State of Minnesota resulted in receipt of \$1,243.74.

**ACTION:** A motion was made by Blake Combellick to accept the recommendation made by the Finance Committee for approval of \$14,756.08 in Community Care grants, \$86,834.74 in Presumptive Community Care grants and \$101,530.79 in write-offs to collection for January. The motion was seconded by Laura Hulsebus and carried with all members voting in favor.

#### **C. Accounts Payable Review.**

Accounts Payable review for January included a total of \$2,289,753.83 paid via check.

**ACTION:** A motion was made by MaryAnn Harty to recommend approval of checks totaling \$2,289,753.83. The motion was seconded by Blake Combellick and carried with all voting in favor.



#### **D. 2018 EIDE BAILLY AUDIT**

Eide Bailly has again been selected to perform the annual audit and prepare the cost report. A proposal for \$37,450 plus out of pocket expenses was submitted by the firm. The annual audit is required under our financing arrangements.

**ACTION:** A motion was made by Jerry Pfeifer to recommend Eide Bailly complete the annual audit and Medicare cost report for \$37,450 plus out of pocket expenses. The motion was seconded by Gary Swedberg and carried with all members voting in favor

#### **BUILDING COMMITTEE**

George Rohrich presented information on the overall project, cash flow, and an update on the work that has been completed.

##### **Project Highlights**

- Endo construction is in progress.
- Finishes in South patient wing are in progress.
- Emergency department underground plumbing is complete.

##### **Construction Update:**

- Demolition in Endo is complete.
- Rough-in complete at South Wing.
- Drywall in South patient wing is complete.
- Roof Top Units installed at patient wings.

##### **Upcoming Work**

- Underground utilities at North addition.
- Slab on grade in North addition.
- Storefront installation at patient wings..
- Painting at South & East wings.
- Bathroom tile in the South patient wing.
- Flooring in South patient wing.
- Drywall in Phase 4 Endo.

##### **Change Orders:**

George Rohrich reviewed the change orders numbers:

- 56. Door and Hardware Show Dwg review/Approval Changes.
- 77. Reduce height of new dwl ceiling in OR Corr to clear exst MEP.
- 89. Reduce number of transition strips & replace with wider model.
- 110. Change fluid applied flooring in Kitchen for heat resistance.
- 113. Reduce amount of required cleanouts in SDS.
- 117. Wall Changes to coordinate with final Kitchen equipment shopdwg.
- 120. Revise Patient bathroom nitche size to coordinate with switch.
- 121. Add 3 elec receptacles Nurse Station & Secure Exam.
- 125. Change 18 double to 17 triple tier lockers in W01 Breakroom.
- 127. Add Steel reinforcement to low walls in Infusion.

**ACTION:** A motion was made by MaryAnn Harty to approval of change orders 56, 77, 89, 110, 113, 117, 120, 121, 125, and 127 to the Hospital Commission. The motion was seconded by Jerry Pfeifer and carried with all members voting in favor.

## **Hospital Commission Meeting Minutes**

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### **Alternate:**

12A. ALT-M@ in-slab rough in for Snow Melt Pipping for the amount of \$38,540.

The Hospital commission reviewed the information for alternate 12A: In-slab rough in for snow melt pipping for the amount of \$38,540. This would allow the pipping to be installed where the patient sidewalks and entrance would be placed. This piping would need to be installed before the sidewalk and entrance area are installed. The amount of \$38, 540 would only be for the pipping, the cost for the machinery is not included and is listed as another alternate to the expansion project.

**ACTION:** A motion was made by MaryAnn Harty to recommend approval of the 12A Alternate for in-slab rough in for snow melt pipping for the amount of \$38,540 to the Saint Peter City Council. The motion was seconded by Blake Combellick and carried with all members voting in favor.

### **ROUNDTABLE COMMENTS**

#### **Stephanie Holden:**

1. River's Edge hosted Rich Bluni in January.
2. February Dr. Ereth did a presentation on Alzheimer's.
3. Business after Hours was on February 19<sup>th</sup>.
4. March 13<sup>th</sup> Presentation on Women's Pelvic Health by Kaylen Margotta.
5. March Food Drive.
6. April High-way Clean-up.
7. May Open house for new patient rooms.

**Paula Meskan:** Gustavus students were here for the month of January.

#### **Janelle Rauchman:**

1. The window for our periodic survey from DNV is open.
2. DNV survey for Hip & Knee will take place in May.
3. Baldrige will be here March 5, 6, and 7.

**Lori Zook:** Eide Bailly will be here for the audit the week of March 11<sup>th</sup>. The report should be ready by the April Commission Meeting.

### **EXECUTIVE SESSION**

#### **A. Resolution Calling for Closed Session to discuss CEO Evaluation.**

**ACTION:** A motion was made by Jerry Pfeifer to adjourn to closed session for the purpose of discussing the Chief Executive Officer's Evaluation. Motion was seconded by Blake Combellick and carried with all voting in favor. Meeting was adjourned to closed session at 1:21 p.m.

#### **B. Call Closed Session to Order**

The closed session of the Hospital Commission was called to order at 1:23 p.m. by Vice Chairperson John Lammert.

#### **C. Call Closed Session to Adjourn**

The closed session of the Hospital Commission was adjourned at 1:30 p.m. by Vice Chairperson John Lammert.

## **Hospital Commission Meeting Minutes**

River's Edge Hospital & Clinic

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### **CALL BACK TO ORDER**

The regular meeting of the Hospital Commission was called back to order at 1:31 p.m. by Vice Chairperson John Lammert.

### **CEO EMPLOYMENT AGREEMENT**

The Hospital Commission reviewed the information provided by Todd Prafke relating to CEO George Rohrich's employment contract and compensation. The compensation request is to modify the contract for the year 2019 to the amount of \$237,500 and for the year 2020 to the amount of \$250,000.

**ACTION:** A motion was made by Gary Swedberg to approve the salary modification for River's Edge Hospital CEO George Rohrich for the years of 2019 and 2020. The motion was seconded by Blake Combellick and carried with all voting in favor.

### **ADJOURNMENT**

**ACTION:** A motion was made by Jerry Pfeifer to adjourn the meeting. Motion seconded by MaryAnn Harty and carried with all voting in favor. Meeting was adjourned at 1:36 p.m.

### **NEXT MEETING**

The next regular meeting of the Hospital Commission will be Wednesday, March 27, 2019, at 12:30 p.m. This meeting will convene in the River's Edge Hospital Helen G. White Conference Center. The Finance Committee meeting will be held on Wednesday, March 20, 2019, at 12:30 p.m. This meeting will convene in the River's Edge Hospital Helen G. White Conference Center.

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Chairperson

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Secretary

## **RIVER'S EDGE HOSPITAL & CLINIC FINANCE COMMITTEE MEETING**

River's Edge Hospital & Clinic

Wednesday, March 20, 2019

<i>Present:</i>	<input checked="" type="checkbox"/>	Margie Nelsen, Chairperson; Finance	<input checked="" type="checkbox"/>	George Rohrich, CEO
	<input type="checkbox"/>	Stephen Grams, Trustee, Finance	<input checked="" type="checkbox"/>	Tricia Bauer Finance Manager
	<input checked="" type="checkbox"/>	John Lammert Trustee, Finance	<input checked="" type="checkbox"/>	Samantha Pherson, Executive Assistant/Recorder
	<input checked="" type="checkbox"/>	Lori Zook CFO	<input type="checkbox"/>	

### **CALL TO ORDER**

The Finance Committee meeting was called to order at 12:30 p.m. by Margie Nelsen.

### **APPROVAL OF AGENDA**

The agenda for the March 20, 2019 Finance Committee meeting was reviewed.

**ACTION:** A motion was made by John Lammert to approve the March 20, 2019 agenda. The motion was seconded by George Rohrich and carried with all members voting in favor.

### **GENERAL VISITOR COMMENTS**

None

### **REVENUE AND EXPENSES**

Lori Zook presented the financial reports for February. The month of February had a Net Operating Income of (\$150,238) and a year-to-date stand at \$421,487. Total Patient Revenue stands at \$5,611,184. Year-to-date Total Patient Revenue stands at \$12,509,925, over an YTD budget of \$14,318,547. February Net Patient Revenue stands at \$2,826,933 with a budget of \$3,794,034. Monthly Net Operating Revenue stands at \$2,860,734, versus a budget of \$3,799,850. Monthly Operating Expenses stands at \$3,010,972 over budget of \$2,972,462.

**ACTION:** A motion was made by John Lammert to recommend the approval of the financial statements to the Commission, knowing there may be changes made to the figures and presented at the next Finance Meeting. The motion was seconded by George Rohrich and carried with all members voting in favor.

### **CASH FLOW**

Cash Flow for the month of February increased by \$51,398.

### **BALANCE SHEETS**

Balance Sheets were reviewed. Net Patient Receivables shows a decrease of (\$131,729) for the month of February and accounts payable decreased (\$202,420).

### **YEAR-TO-DATE REVENUES AND EXPENSES**

Year-to-date Gross Revenue is \$12,509,925 versus a budget of \$14,318,547 which is (\$1,707,622) under budget. Year-to-date Net Patient Revenue is \$6,801,895 versus a budget of \$7,588,115 or (\$786,220) under budget. Year-to-date Total Operating Expenses are \$6,428,751 versus a budget of \$6,164,772 or \$263,979 over budget.

### **DASHBOARD**

Days Cash (All Sources) On Hand is 109.78 and Days Revenue in Accounts Receivable stands at 42.87 days. Debt coverage is 3.06 for the month of February.

### **CHECK REVIEW**

The Check Review list was given to the Finance Committee and reviewed. The total amount for the month of February is \$2,004,989.

**ACTION:** A motion was made by John Lammert to recommend the acceptance of checks, in the amount of \$2,004,989 to the Commission. The motion was seconded by George Rohrich and carried with all members voting in favor.

### **COMMUNITY CARE AND COLLECTIONS**

Community Care grants totaled \$7,675.87, covering 5 accounts. Presumptive community care grants totaled \$2,019.10 covering 3 accounts. Year-to-Date Community Care grants total \$111,286. Collection activity approval totaled \$15,430.33. Year-to-Date collection activity stands at \$100,066. Year-to-Date \$70,398 of gross bad debts have been recovered. The Revenue Recapture program through the State of Minnesota resulted in receipt of \$52,908.77, year-to-date recovery total of \$54,153.

**ACTION:** A motion was made by George Rohrich to recommend approval of Community Care grants in the amount of \$7,675.87, Presumptive Community Care grants in the amount of \$2,019.10 and \$15,430.33 in write-offs to collection for February. The motion was seconded by John Lammert and carried with all members voting in favor.

### **APPROVAL ITEMS**

#### **Stryker System 8 Saws and Drills:**

Currently River's Edge has five sets of Stryker System 7 Drills and Saws. These were purchased in 2012 and five of the saws were upgraded to System 8 in May 2018. This equipment is used for every total joint and is wearing down. The service history on the System 7 equipment is significant. It is also recommended that we have one set of saws and drills for every 100 procedures we do annually. We do approximately 700 total joints per year. To avoid over-using the equipment and to upgrade the existing old equipment, we recommend that we would like to purchase three new sets and replace the five drills that we currently own. The cost for this purchase is \$67,684.08 for eight drills, \$20,468.67 for three saws plus shipping and taxes.

**ACTION:** A motion was made by John Lammert to recommend the purchase of the Stryker System 8 Saws and Drills for the cost of \$67,684.08 for eight drills, \$20,468.67 for three saws plus shipping and taxes to the Hospital Commission. The motion was seconded by George Rohrich and carried with all members voting in favor.

#### **Emergency Purchase of UPS (Uninterrupted Power Supply) for Computer Network:**

We are looking to replace the Uninterrupted Power Supply – UPS in our server room. The current UPS was purchased when we opened the hospital and is 15 years old. At this time, the current UPS has a failed power supply and battery module and will cost \$4,116.00 to repair. The new UPS will allow for additional expansion of new servers coming on line with the hospital expansion/remodel. We recommend going with Vertiv for \$15,302.95.

**ACTION:** A motion was made George Rohrich to recommend approve the purchase of the Uninterrupted Power Supply from Vertify for the amount of \$15,302.95 to the Hospital Commission. The motion was seconded by John Lammert and carried with all members voting in favor.

**Finance Committee Meeting Minutes**

River's Edge Hospital & Clinic

March 20, 2019 Page 3

**ADJOURNMENT**

**ACTION:** The meeting was adjourned by mutual consent at 12:51 p.m.

**NEXT MEETING**

The next Finance Committee meeting will be held on Wednesday, April 17, 2019, at 12:30 p.m. in Helen White Conference Room 1.

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Chairperson

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Vice-Chairperson

DRAFT

**RIVER'S EDGE HOSPITAL & CLINIC**  
**Balance Sheet for the Period Ending**  
**February 28, 2019**

	<u>Current Period</u>	<u>Prior Period</u>	<u>Last Year</u>		<u>Current Period</u>	<u>Prior Period</u>	<u>Last Year</u>
	<u>Assets</u>				<u>Liabilities &amp; Fund Balances</u>		
<b>Current Assets:</b>				<b>Current Liabilities:</b>			
Cash	\$ 8,546,716	\$ 8,497,843	\$ 7,614,660	Accounts Payable	\$ 1,986,270	\$ 2,188,690	\$ 1,516,784
				Construction Payable	1,516,535	1,356,008	-
Patient Receivables	8,185,330	8,448,614	7,845,944	3rd Party Payers	2,676,092	2,676,092	326,000
Less: Allow for Uncollectible	(3,602,890)	(3,734,445)	(3,913,959)	Accrued Payroll	311,453	289,412	289,407
Total Patient Receivables	4,582,440	4,714,169	3,931,985	Accrued PTO	760,310	747,239	748,638
				Self Insurance	17,793	17,594	7,830
3rd Party Payers	-	-	-	Payroll Taxes & Deductions	132,649	129,435	(394,940)
Other Receivables	67,358	64,005	61,247	Accrued Int Payable Bond	(15,696)	(32,159)	1,618
Inventories	609,230	607,777	689,937	Current Portion Long Term Debt	697,989	697,989	682,989
Prepaid Expenses	317,238	188,646	268,410				
Total Current Assets	14,122,982	14,072,440	12,566,239	Total Current Liabilities	8,083,395	8,070,300	3,178,326
<b>Other Assets</b>				<b>Long Term Debt</b>			
Board Designated Funds	2,829,081	2,828,621	3,817,123				
Dedicated Cash	(1,256,097)	75,543	133,228	Bonds Payable	9,999,385	9,999,385	10,807,374
Investments	405,450	397,450	393,457	PERA	8,681,700	8,625,433	8,610,462
Total Other Assets	1,978,434	3,301,614	4,343,808	Construction Payable	4,990,894	5,000,000	
				Total Long Term Debt	23,671,979	23,624,818	19,417,836
<b>Intangible Assets:</b>							
Unamortized Loan Costs	43,590	44,368	52,929	Total Liabilities	31,755,374	31,695,118	22,596,162
<b>Plant, Property and Equipment</b>				<b>Fund Balances</b>			
Land & Land Improvements	1,702,797	1,702,797	1,702,797				
Building and Improvements	8,453,194	8,453,194	7,260,686	Current Year	323,927	523,615	400,730
Fixed Equipment	3,848,480	3,848,480	3,982,136	Prior Year	6,132,772	6,132,772	3,370,936
Major Moveable Equipment	9,738,967	9,674,317	9,587,054	Capital Restricted Funds	-	-	-
Total Plant, Property & Equip.	23,743,438	23,678,788	22,532,673				
Less: Accum Depreciation	(15,813,364)	(15,715,086)	(15,099,905)	Total Fund Balance	6,456,699	6,656,387	3,771,666
Total PP&E less depreciation	7,930,074	7,963,702	7,432,768				
Construction in Progress	14,136,993	12,969,381	1,972,084				
Total Fixed Assets	22,067,067	20,933,083	9,404,852				
<b>Total Assets</b>	<b>\$ 38,212,073</b>	<b>\$ 38,351,505</b>	<b>\$ 26,367,828</b>	<b>Total Liabilities &amp; Fund Balances</b>	<b>\$ 38,212,073</b>	<b>\$ 38,351,505</b>	<b>\$ 26,367,828</b>

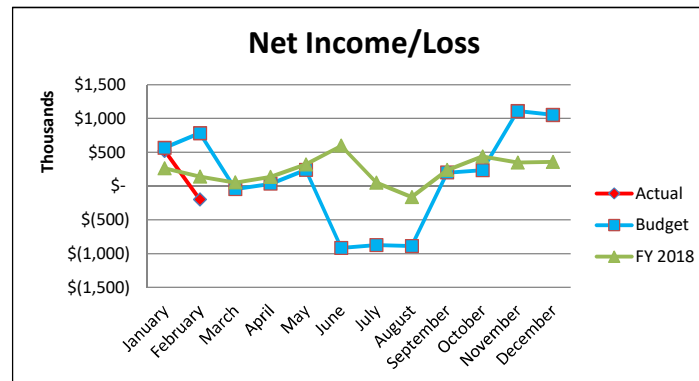
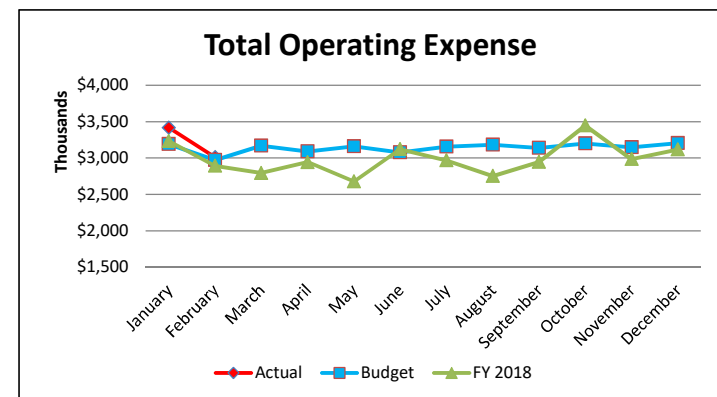
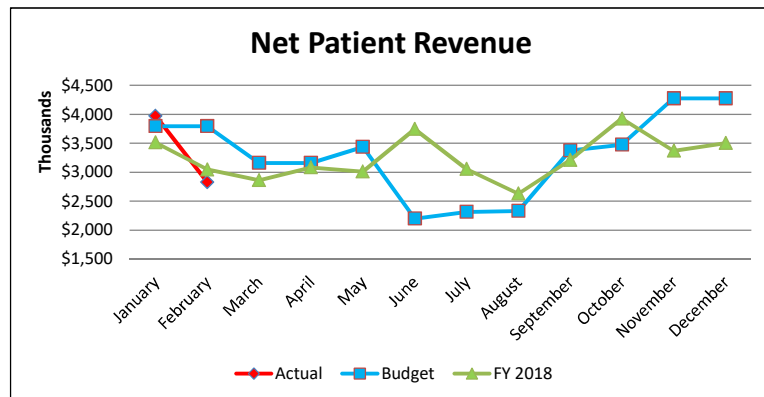
**RIVER'S EDGE HOSPITAL and CLINIC**  
**STATEMENT OF REVENUES AND EXPENSES**  
**February 28, 2019**

Current Month				Year to Date			
Actual	Budget	Variance	Prior Year	Actual	Budget	Variance	Prior Year
\$ 3,608,755	\$ 4,901,062	\$ (1,292,307)	\$ 3,447,200	\$ 8,257,030	\$ 9,802,124	\$ (1,545,094)	\$ 7,974,976
2,002,429	2,258,188	(255,759)	2,197,616	4,252,895	4,516,423	(263,528)	4,452,733
<b>5,611,184</b>	<b>7,159,250</b>	<b>(1,548,066)</b>	<b>5,644,816</b>	<b>12,509,925</b>	<b>14,318,547</b>	<b>(1,808,622)</b>	<b>12,427,709</b>
-	-	-	-	-	-	-	-
<b>5,611,184</b>	<b>7,159,250</b>	<b>(1,548,066)</b>	<b>5,644,816</b>	<b>12,509,925</b>	<b>14,318,547</b>	<b>(1,808,622)</b>	<b>12,427,709</b>
2,705,820	3,205,884	(500,064)	2,463,698	Revenue Deductions			
-	-	-	-	Contractual- Current YR	5,355,030	6,411,768	(1,056,738)
62,374	92,500	(30,126)	53,778	Contractual - Prior Year	-	-	-
5,657	50,582	(44,925)	68,764	Bad Debt	209,345	185,000	24,345
10,392	16,250	(5,858)	11,890	Charity Discounts	107,248	101,164	6,084
8	-	8	-	Self pay Discounts	35,200	32,500	2,700
<b>2,784,251</b>	<b>3,365,216</b>	<b>(580,965)</b>	<b>2,598,130</b>	Other	1,207	-	1,207
<b>2,826,933</b>	<b>3,794,034</b>	<b>(967,101)</b>	<b>3,046,686</b>	<b>Total Revenue Deductions</b>	<b>5,708,030</b>	<b>(1,022,402)</b>	<b>5,868,507</b>
8,000	2,735	5,265	8,000	<b>Net Patient Revenue</b>	<b>6,801,895</b>	<b>(786,220)</b>	<b>6,559,202</b>
1,873	2,551	(678)	2,602	Co-op Inc.	16,000	5,470	10,530
23,928	530	23,398	2,523	Live Well Fitness	3,527	5,102	(1,575)
-	-	-	-	Other Revenue	28,816	1,035	27,781
33,801	5,816	27,985	13,125	Grants	-	-	-
<b>2,860,734</b>	<b>3,799,850</b>	<b>(939,116)</b>	<b>3,059,811</b>	<b>Total Other Operating Revenue</b>	<b>48,343</b>	<b>11,607</b>	<b>23,974</b>
759,400	773,966	(14,566)	767,069	<b>Net Operating Revenue</b>	<b>6,850,238</b>	<b>(749,484)</b>	<b>6,583,176</b>
238,166	263,187	(25,021)	254,209	<b>Operating Costs</b>			
466,388	483,031	(16,643)	452,422	Salaries & Wages	1,576,687	1,621,528	(44,841)
211,124	178,379	32,745	173,634	Benefits	515,145	545,089	(29,944)
375	8,742	(8,367)	2,961	Fees-Professional	1,215,740	991,621	224,119
760,351	821,547	(61,196)	848,374	Fees-Other	431,785	367,072	64,713
37,879	41,121	(3,242)	31,165	Recruitment	3,375	17,492	(14,117)
112,951	87,782	25,169	66,328	Supplies	1,635,794	1,718,900	(83,106)
142,967	52,131	90,836	40,695	Utilities	72,918	82,243	(9,325)
4,867	9,321	(4,454)	4,409	Repairs & Maintenance	185,311	176,882	8,429
12,594	27,337	(14,743)	20,366	Lease, Rent, Minor Equip	233,351	105,394	127,957
10,469	19,332	(8,863)	16,130	Dues & Subscriptions	10,688	21,160	(10,472)
14,220	8,749	5,471	9,212	Prof. Develop/Education	28,942	65,390	(36,448)
33,002	34,227	(1,225)	35,066	Marketing, Public Relations	25,466	38,699	(13,233)
93,355	61,665	31,690	66,676	Insurance	23,654	17,498	6,156
6,807	5,787	1,020	4,306	Interest Expense	66,498	68,454	(1,956)
106,057	96,158	9,899	98,654	Tax Expense	183,299	123,330	59,969
<b>3,010,972</b>	<b>2,972,462</b>	<b>38,510</b>	<b>2,891,676</b>	Other Expenses	10,304	11,704	(1,400)
<b>(150,238)</b>	<b>827,388</b>	<b>(977,626)</b>	<b>168,135</b>	Depreciation/Amortization	209,794	192,316	17,478
<b>-5.25%</b>	<b>21.77%</b>	<b>-27.03</b>	<b>5.49%</b>	<b>Total Operating Expenses</b>	<b>6,428,751</b>	<b>6,164,772</b>	<b>263,979</b>
6,816	3,582	3,234	4,441	<b>Net Operating Income</b>	<b>421,487</b>	<b>1,434,950</b>	<b>(1,013,463)</b>
(56,267)	(47,147)	(9,120)	(34,380)	<b>NonOperating Income(Expense)</b>			
<b>(49,451)</b>	<b>(43,565)</b>	<b>(5,886)</b>	<b>(29,939)</b>	Interest Income-General	14,972	7,164	7,808
<b>\$ (199,689)</b>	<b>\$ 783,823</b>	<b>\$ (983,512)</b>	<b>\$ 138,196</b>	Other Income/ (Expense)	(112,534)	(94,294)	(18,240)
<b>-6.98%</b>	<b>20.63%</b>		<b>4.52%</b>	<b>Total Non Operating</b>	<b>(97,562)</b>	<b>(87,130)</b>	<b>(10,432)</b>
				<b>Excess Revenue over Expenses</b>	<b>\$ 323,925</b>	<b>\$ 1,347,820</b>	<b>\$ (1,023,895)</b>
					<b>4.73%</b>	<b>17.74%</b>	<b>6.09%</b>



**RIVER'S EDGE HOSPITAL and CLINIC**  
**STATEMENT OF REVENUES AND EXPENSES**  
February 28, 2019

	January	February	March	April	May	June	July	August	September	October	November	December	Total
<b>Total Patient Revenue</b>	6,898,742	5,611,184											12,509,926
<b>Net Patient Revenue</b>	3,974,962	2,826,933											6,801,895
<b>Net Operating Revenue</b>	3,989,504	2,860,734											6,850,238
<b>Operating Costs</b>													
<b>Total Operating Expenses</b>	3,417,778	3,010,972											6,428,750
<b>Net Operating Income</b>	571,726	(150,238)											421,488
	14.33%	-5.25%											6.15%
<b>NonOperating Income(Expense)</b>													
<b>Total Non Operating</b>	(48,111)	(49,451)											(97,562)
<b>Excess Revenue over Expenses</b>	\$ 523,615	\$ (199,689)											323,927
	13.12%	-6.98%											4.73%



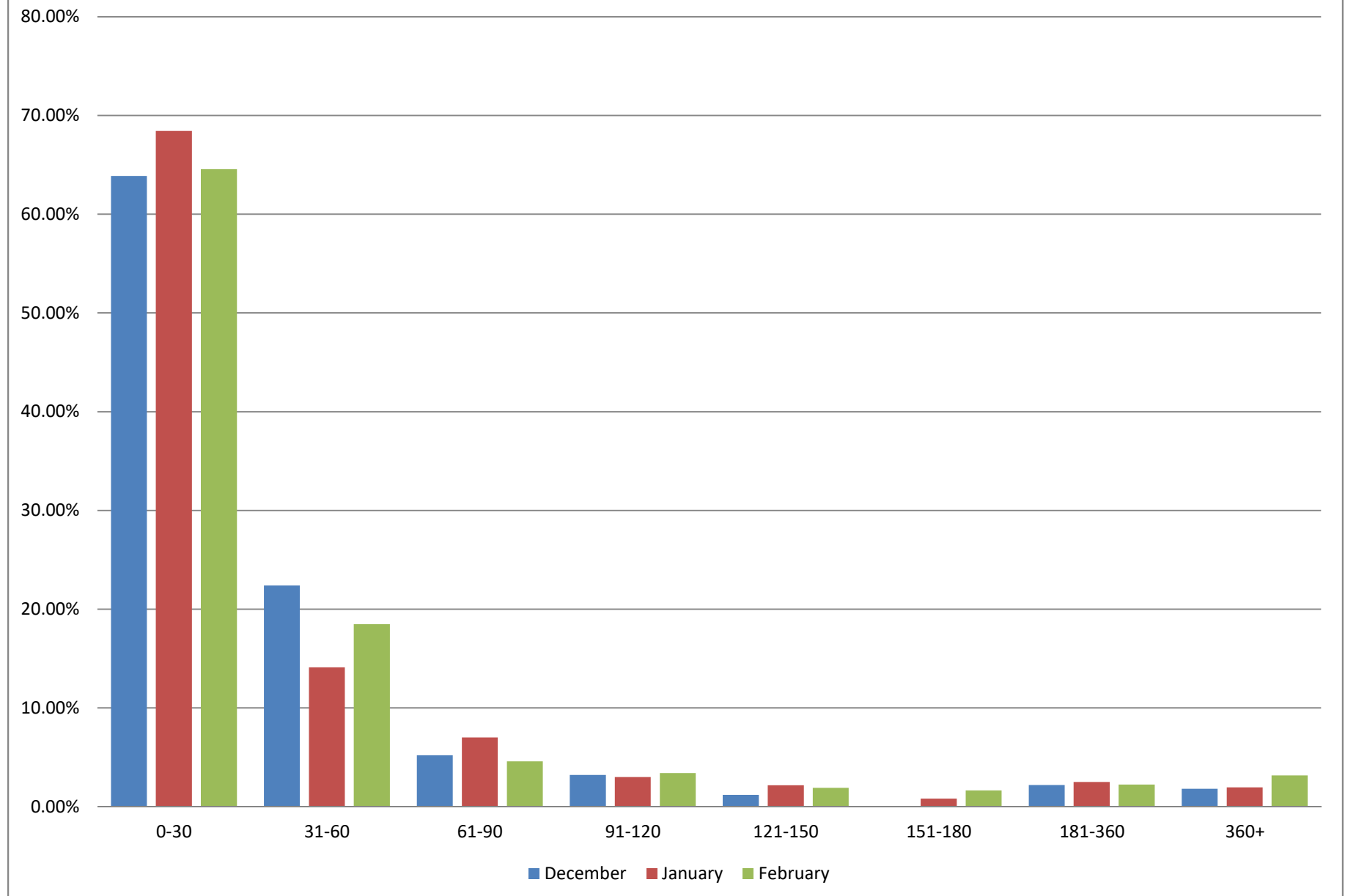
**River's Edge Hospital and Clinic**  
**Cash Flow Report at**  
**February 28, 2019**

	<u>MONTH</u>	<u>YEAR</u>
<b>Operating Activities and NonOperating Revenue:</b>		
Excess of Revenue over Expenses	\$ (199,688)	\$ 323,927
<b>Adj to reconcile excess of Revenue over Expenses to Net Cash</b>		
Depreciation & Amortization	99,057	202,794
Noncash gifts & bequests	-	-
Increase (Decrease) Amt. Due 3rd Parties	-	(222,778)
(Increase) Decrease in Accounts Receivable	128,377	451,360
(Increase) Decrease in Prepaids	(128,592)	(111,165)
(Increase) Decrease in Inventories	(1,454)	(7,999)
Increase (Decrease) in Accounts Payable & Accrued Liabilities	52,898	206,377
<b>Net Cash provided by Operations</b>	<u><b>(49,402)</b></u>	<u><b>842,516</b></u>
<b>Investing Activities:</b>		
Purchase/Disposals of Property & Equipment	(1,232,262)	(2,865,548)
Purchase of Investments	(8,000)	(16,000)
Construction Escrow	1,333,704	3,241,044
<b>Cash provided by Investments</b>	<u><b>93,442</b></u>	<u><b>359,496</b></u>
<b>Financing Activities:</b>		
Repayment of Long-Term Debt	(9,106)	(9,106)
Payment of Interest - LT Debt	16,464	(147,280)
Capital Grants		
<b>Cash provided by Financing</b>	<u><b>7,358</b></u>	<u><b>(156,386)</b></u>
<b>INCREASE (DECREASE) IN CASH &amp; CASH Equivalents</b>	<b>51,398</b>	<b>1,045,626</b>
<b>CASH BEGINNING OF PERIOD</b>	<b>11,467,427</b>	<b>10,473,199</b>
<b>CASH END OF PERIOD</b>	<u><b>\$ 11,518,825</b></u>	<u><b>\$ 11,518,825</b></u>
<b>CHANGE &amp; BALANCE OF CASH</b>		
Operating Cash	48,873	8,546,716
Non-Current Cash	2,525	2,972,109
<b>TOTAL CHANGE &amp; BALANCE OF CASH</b>	<u><b>\$ 51,398</b></u>	<u><b>\$ 11,518,825</b></u>

**River's Edge Hospital and Clinic**  
**Cash Flow Report at**  
**Year to Date**

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YEAR
<b>Operating Activities and NonOperating Revenue:</b>													
Excess of Revenue over Expenses	\$ 523,615	\$ (199,688)											\$ 323,927
<b>Adj to reconcile excess of Revenue over Expenses to Net Cash</b>													
Depreciation & Amortization	103,737	99,057											202,794
Noncash gifts & bequests	-	-											-
(Increase) Decrease Amt. Due 3rd Parties	(222,778)	-											(222,778)
(Increase) Decrease in Accounts Receivable	322,983	128,377											451,360
(Increase) Decrease in Prepaids	17,428	(128,592)											(111,164)
(Increase) Decrease in Inventories	(6,544)	(1,454)											(7,998)
Increase (Decrease) in Accts Pay. & Accrued Liab.	153,478	52,898											206,376
<b>Net Cash provided by Operations</b>	<b>891,919</b>	<b>(49,402)</b>	-	-	-	-	-	-	-	-	-	-	<b>842,517</b>
<b>Investing Activities:</b>													
Purchases/Disposals of Property & Equipment	(1,633,286)	(1,232,262)											(2,865,548)
Purchase of Investments	(8,000)	(8,000)											(16,000)
Construction Escrow	1,907,340	1,333,704											3,241,044
<b>Cash provided by Investments</b>	<b>266,054</b>	<b>93,442</b>	-	-	-	-	-	-	-	-	-	-	<b>359,496</b>
<b>Financing Activities:</b>													
Repayment of Long-Term Debt	-	(9,106)											(9,106)
Payment of Interest - LT Debt	(163,745)	16,464											(147,281)
Capital Grants													-
<b>Cash provided by Financing</b>	<b>(163,745)</b>	<b>7,358</b>	-	-	-	-	-	-	-	-	-	-	<b>(156,387)</b>
<b>INCREASE (DECREASE) IN CASH &amp; CASH Equivalents</b>	<b>994,228</b>	<b>51,398</b>	-	-	-	-	-	-	-	-	-	-	<b>1,045,626</b>
<b>CASH BEGINNING OF PERIOD</b>	<b>10,473,199</b>	<b>11,467,427</b>											<b>10,473,199</b>
<b>CASH END OF PERIOD</b>	<b>\$ 11,467,427</b>	<b>\$ 11,518,825</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	<b>\$ 11,518,825</b>
<b>CHANGE &amp; BALANCE OF CASH</b>													
Operating Cash	992,779	48,873											8,546,716
Non-Current Cash	1,450	2,525											2,972,109
Investments													
<b>TOTAL CHANGE &amp; BALANCE OF CASH</b>	<b>\$ 994,229</b>	<b>\$ 51,398</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	<b>\$ 11,518,825</b>

## Accounts Receivable Aging 2019-rolling



## MINUTES OF THE MEDICAL STAFF MEETING

River's Edge Hospital & Clinic, St. Peter, Minnesota  
Tuesday, March 12, 2019

The Medical Staff of River's Edge Hospital & Clinic met on Tuesday, March 12, 2019, at 4:00 p.m. in the Helen G. White Conference Center.

**ATTENDING:** Doctors Christensen, Ereth (WebEx), Swanson and Tilton; Nikki Bloom, Jennifer Donkin, Stacey Johnson, Paula Meskan, Shirley Miller, Linda Prahl, Janelle Rauchman, Paulette Redman, George Rohrich, Alisha Schmidt, and Terri Winter (Recorder)

**Excused:** Doctors Bogonko, Hockenberry, Long, Kalsi, Rotilie, and Salameh; Jane Peterson, CNP, and George Rohrich

**Absent:** Doctors Baldwin, Botker, Christiansen, Curtis, Gauthier, Gazzola, Gujer, Harrington, Janiga, Jones, Kearney, Klenk, Lundquist, Matson, McCabe, McNamara, Springer, Stevens, and Zents; Jennifer Cousins, PA-C, Kenneth Fisher, CRNA, Alison Huber, PA-C, Linda Lentz, CRNA, April Quigley, PA-C, Justin Schulte, PA-C, JoAnn Tran, CRNA, and Jeffrey Weideman, PA-C.

TOPIC	DISCUSSION	ACTION
<b>1. Review of Minutes</b>	The minutes of the January 8, 2019 Medical Staff Meeting were distributed electronically prior to this meeting for review. There were no corrections or additions to the minutes.	A motion was made by Dr. Tilton to approve the minutes as presented. Motion seconded by Dr. Swanson, and carried with all members voting in favor.
<b>2. Consent Agenda</b>	The consent agenda includes the following: A. Acceptance of the January and February 2019 Quality Committee Meeting Minutes B. Acceptance of the January 2019 ITP Committee Meeting Minutes C. Acceptance of the January 2019 Compliance Committee Meeting Minutes	A motion was made by Dr. Christensen to approve the consent agenda as presented. Motion seconded by Dr. Tilton, and carried with all members voting in favor.
<b>3. Credentialing Committee</b>	<p>The Executive/Credentials Committee made the following recommendations:</p> <p><b>Initial Appointment to the Medical Staff:</b></p> <p><b>February 2019</b>  Douglas P. Caldwell, MD      Courtesy Staff, Teleradiology  Parveen Kumar, MD      Active Staff, IM/Hospitalist  Brooke R. Long, CNP      Courtesy Staff/AHP, Surgical Nurse Practitioner</p> <p><b>March 2019</b>  Earle C. Munns, DO      Courtesy Staff, Emergency Medicine</p> <p><b>Reappointment to the Medical Staff:</b></p> <p><b>February 2019</b>  Richard S. Harrison, OPA-C      Courtesy Staff/AHP, Orthopaedic PA  Evans O. Magambo, MD      Courtesy Staff, Emergency Medicine  John A. Springer, MD      Active Staff, Orthopaedic Surgery  Christie A. Van Hecke, CNP      Courtesy Staff/AHP, Emergency Medicine</p>	<p>The Credential Committees recommendations for appointment, reappointment, and change in privileges, were presented to the Medical Staff for review.</p> <p>The recommendations will be forwarded to the Hospital Commission.</p>

	<p><b><u>March 2019</u></b>          John R. Collingham, MD      Courtesy Staff, Emergency Medicine          Cynthia M. Doyscher, CNP      Courtesy Staff/AHP, Urgent Care          Paul A. Farris, MD      Courtesy Staff, Teleradiology          Jennifer R. Holm, CNP      Courtesy Staff/AHP, Urgent Care          Lon T. Knudson, MD      Courtesy Staff, Pediatrics          Janice R. Shelton, PA-C      Courtesy Staff, Emergency Medicine          Mark P. Taylor, MD      Courtesy Staff, OB/GYN</p> <p><b>Change in Staff Category – Provisional to Full Membership:</b>  <b><u>February 2019</u></b>          (none)</p> <p><b><u>March 2019</u></b>          (none)</p> <p><b>Change in Privileges:</b>  <b><u>February 2019</u></b>          (none)</p> <p><b><u>March 2019</u></b>          Curtis L. Binder, MD      Courtesy Staff, Radiology</p> <p><b>Withdrawal from Medical Staff:</b> The following practitioners have declined to continue membership and privileges at River's Edge Hospital and Clinic and requested voluntary withdrawal from the Medical Staff:  <b><u>February 2019</u></b>          Edwin Harrington, MD      Active Staff, Orthopaedic Surgery          Michael Kearney, MD      Active Staff, Orthopaedic Surgery          Laraine Klunder, CRNA      Courtesy Staff/AHP, Nurse Anesthetist          Lisa Schneider, MD      Courtesy Staff, Teleradiology</p> <p><b><u>March 2019</u></b>          Timothy Klassen, CRNA      Courtesy Staff/AHP, Nurse Anesthetist</p>	
<p><b>4. Administrative update and Report from Hospital Commission Meetings</b></p>	<p><i>January &amp; February 2019</i> – Officers re-elected to the Hospital Commission include, Margie Nelsen as Chairperson; John Lammert as Vice Chairperson; and Blake Combellick as Secretary.</p> <ul style="list-style-type: none"> <li>• Building Construction remains on time and on budget.</li> <li>• The ED/UC will likely be completed later in July due to weather delays of laying concrete slab.</li> <li>• Endo will open in April.</li> </ul>	

	<ul style="list-style-type: none"> <li>• Patient Wings will open in June.</li> <li>• January was a record month financially with February slowing down.</li> </ul>	
5. Medical Staff Practices, Policies, Procedures, Guidelines, Requirements and Business	<p>New Policy:  <u>Communicating Outcomes to Patients</u>– This policy originates from the MHA and has been modified to meet the specific needs of REH. The policy includes guidelines, along with terminology, for communicating unanticipated outcomes to patients and their families.</p>	Informational for Medical Staff. Policy approved by the Executive Committee, contingent legal review.
6. Nursing Updates	<p>Equipment/Programs/Staffing/Patient Satisfaction</p> <p>a) Med Surg</p> <ol style="list-style-type: none"> <li>1. ENT - Focus on Pediatric Education for ENT pediatric procedures.  Trauma Criteria – Enrolling RN's in Trauma Nursing Core Course Education (TNCC) Certification renewal is every four years.  Preparing for the Move on May 23<sup>rd</sup>.</li> <li>2. <u>DNV Non-conformity Audits</u> – <b>Therapeutic Duplication- Success!</b> The large Excellian upgrade was successful. There are a few issues that are being worked through. Orders sets have been updated with correct language and are more descriptive and medications are ranked 1<sup>st</sup> choice, 2<sup>nd</sup> choice, etc. Leif continues to audit orders and nurses are giving patients medication cards.</li> <li>3. <u>Staffing</u> – One RN is in orientation this week. One Agency RN started January 22<sup>nd</sup> with another Agency RN starting March 25<sup>th</sup>. There are two open RN positions. One Charge Nurse has completed training with another beginning training.</li> <li>4. <u>Quality Improvement</u> – <b>Bedside Shift Report</b> – completed. <b>Medication Education</b> – improving. <b>Wound Vac process</b> – improving.</li> <li>5. <u>Statistics</u> – <b>Length of Stay</b> - YTD is 2.8. January 2018 had the longest stay of 3.18. Length of Stay by Procedure: Arthroplasty Knee 2.6 to 3 days – Arthroplasty Knee Bilateral 3 days – Arthroplasty Revision Knee 3 days – Arthroplasty Hip 2.2 to 3 days. (length of stay by Procedure by Provider is available upon request)</li> <li>6. <u>Patient Satisfaction</u> – HCAHPS Percentile Ranking (12 months rolling scores) shows a 3 point drop in patient satisfaction. January is showing an upward trend. HCAHPS Discharge Composite - Press Ganey Discharge Composite remains at 90<sup>th</sup> percentile. Care Transition is where the scoring is low. A discharge improvement team has been formed and meets tomorrow. This team will be working on the entire process of discharge.</li> <li>7. <u>Capacity</u> – Review of data when the department is “Red” shows the following: <ul style="list-style-type: none"> <li>• Closed due to volume 76%</li> <li>• Closed due to staffing 16%</li> </ul> </li> </ol>	

- Closed due to acuity 8%

b) Surgical Services – No updates

c) ED / Urgent Care / Trauma

1. Patient Satisfaction – ED likelihood to recommend (rolling score) 2019 Goal: 80% or better. Currently 79.36%. UC likelihood to recommend (rolling score) 2019 Goal: 72% from previous 75%. Currently, just below 72%.
2. Transfer Statistics and Data – As of December, the number of transfers have decreased from 41 to 31. (December – February)
3. Admissions- Acute Admissions (ED to Med/Surg) January acute admits increased from five in December to 13. February dropped to six. were at all time high of 16, while December acute admits dropped to 5. Admission Obs for January was six, with an increase in February to 11. An Admission to Med Surg compared to Transfers graph was shown. November admission was greater than transfers. October, December, January, and February, transfers were greater than admits.
4. Level IV Trauma Updates: Effective immediately, the State Trauma Advisory Council (STAC) repealed some existing Level 4 criteria due to the adoption of new criteria. 1) Trauma Medical Directors, certified by the ABEM or the AOBEM, must take ATLS or CALS once. They are no longer required to renew every four years. 2) Hospitals are no longer required to have a trauma diversion policy. 3) Trauma Medical Directors are no longer required to review the care provided by advance practice providers within 72 hours of the resuscitation. 4) Hospitals are no longer required to have a spine board. Updated Level IV Admission Criteria: Effective January 1, 2020 – **10.1** Trauma patients (patients admitted for pain control, to care for a medical condition, for palliative care, for physical or occupational therapy, or while awaiting evaluation or placement for a living situation are not considered to be trauma patients) requiring admission to care for their injuries must be transferred to higher-level trauma hospitals, except that patients with these conditions may be considered for admission following a trauma work-up (in accordance with current trauma guidelines such as ATLS, CALS)
  - Concussion without evidence of hemorrhage on CT, except those patients with a traumatic subarachnoid hemorrhage who are not taking an anti-coagulant or anti-platelet medication other than aspirin may be considered for admission after consultation with a neurosurgeon.
  - Diminished level of consciousness attributed to a non-traumatic cause.
  - Spinal fracture after consultation with a spine surgeon.
  - Orthopaedic injuries in the absence of injury to another major organ system (i.e., circulatory, nervous or respiratory)
  - Multiple rib fractures, sternum fracture, scapula fracture after consultation with a trauma surgeon ("Trauma surgeon" means a trauma surgeon at the



	<p>tertiary trauma hospital)</p> <ul style="list-style-type: none"> <li>• Pneumothorax requiring a thoracostomy</li> <li>• Those that refuse to be transferred.</li> </ul> <p><b>10.2</b> If a general surgeon is on-call, patients with the following injuries may also be considered for admission:</p> <ul style="list-style-type: none"> <li>• Pneumothorax requiring a thoracostomy</li> <li>• Those who have undergone an emergent surgical procedure as part of the resuscitation that definitively treats the traumatic condition.</li> </ul> <p>The general surgeon must respond to the hospital and assess a patient with a pneumothorax within 18 hours.</p> <p><b>10.3</b> Patients may be admitted only if, in the event of deterioration, emergent transfer would result in the patient arriving at the definitive care facility within 120 minutes from the time deterioration is discovered. (Hospitals unable to meet this criterion due to their geographic distance from a definitive care hospital should contact trauma system staff to discuss a variance).</p> <p>5. <u>Staffing</u> – <b>Emergency Department</b>- One open RN/Paramedic position. Current Contract Nurse until April 14, 2019. Mid-April, a new Contract Nurse will start.</p> <p><b>Urgent Care</b>- Fully staffed.</p> <p>d) <u>EMS Services</u> – No updates</p>	
<p><b>7. Ancillary Departmental Updates / Equipment / Programs / Staffing</b></p>	<p>a) Imaging</p> <p>1) <u>Echo</u> – Currently working with PPX (Professional Portable X-Ray) to meet this need. The Minneapolis Heart Institute opted out of providing this service to REH as of December 31<sup>st</sup>. No tentative start date established.</p> <p>b) Laboratory</p> <p>1) <u>Staffing</u> – The Senior Tech position is currently “on hold”. The need for this position will be reevaluated Quarter 1 of 2020.</p> <p>c) Physical Medicine – No updates</p> <p>d) Cardiac Rehab – No updates</p> <p>e) Pharmacy –</p> <p>1) <u>Patient Satisfaction</u> – (HCAHPS Inpatient) <i>Communication about Medications (patient told what new medicine was for and staff described medicine side effects)</i> – 2019 Goal of patients answering “always” is 74%. January 2019, goal exceeded.</p> <p>2) <u>Therapeutic Duplication</u> – <b>Pain audit</b> results February 18 – 26<sup>th</sup> – 61.3% compliant with detailed order comments. <b>Range orders</b> – no range orders without specific detailed comments on when to give each dose. This includes all medications, not just pain medication. In order to prevent duplication of “same med”, <b>Discontinue previous narcotic</b> rather than adding on.</p> <p>f) Health Information Management</p> <p>1) <u>Incomplete Medical Records &gt; 30 days</u> – 4 charts, which include a variety of deficiencies.</p> <p>2) <u>Incomplete Medical Records &lt; 30 days post discharge</u> – 64 charts which</p>	

	<p>include 156 deficiencies.</p> <p>3) <b>Meaningful Use:</b> <i>Clinical Information Reconciliation</i> – 2018 Measure Results for Clinical Information Reconciliation is 21.1%. Passing Threshold for 2019 will be 80%. 87.4% as of 2/12/2019 (90/130). Measure Components include the performance of clinical information reconciliation for: Medications, Medication Allergies, and Current Problem List. Noted: Providers need to review the problem list during the hospital visit and click the “Mark as Reviewed” button for measure to be met. <u>Stage 3 EH Objectives</u> (Eligible Hospital) – of the 12 measures, nine are green, three are red with two of the red being discontinued. Red remaining is Patients Access to Health Information. Open Notes – upcoming Excellian Upgrade: Share w/ Patient Button. In addition to Discharge Summaries, the following note types will automatically be shared with the patient via MyChart, if the patient has an active MyChart account. HP, Consult, Procedure, and ED Provider. If you do not want the note shared with the patient via MyChart, you must click the “Share w/ Patient” button to deselect the automatic sharing to MyChart. NOTE: There will not be a “Share w/ Patient” button in Discharge Summaries. Discharge Summaries will always be automatically shared with the patient via MYChart. A yield sign indicates that the patient does not have an active MYChart account. The “Share w/ Patient” feature does not need to be deactivated for patients without active MYChart accounts.</p>	
8. Dietary	<p>I CAN Prevent Diabetes Program summary results:</p> <p><b>GROUP 18:</b> 12 of 13 completed 16 weeks and 9 of 13 completed eight monthly sessions. This group finished in January. Group weight loss was split in thirds for &lt;4%, 5-6%, and &gt;7% weight loss. More than half of the program members achieved 150 minutes and above for physical activity.</p> <p><b>GROUP 19:</b> 12 participants, with one dropping out week nine. Physical Activity is good with this group, but attendance is lacking with three having missed eight or more sessions. Ten participants have achieved &lt;4% weight loss, while two participants have achieved 7% and greater. This group continues through July.</p> <p><b>GROUP 20:</b> 14 participants started 2/6/2019.</p> <p><b>Program goal</b> for individual weight loss is at least 5% and ideally 7% by the end of year long program.</p> <p><b>Activity goal</b> is to achieve 150 minutes per week of brisk physical activity by week 9 of the program.</p> <p><b>Nutrition Care Manual</b> – The Nutritional Care Manual was presented to the Medical Staff for yearly approval. The manual is online, updates automatically, and is available via “one click” of an icon on the Med/Surg computers.</p>	<p>Dr. Ereth motioned to approve the Nutrition Care Manual. Motion was seconded by Dr. Christensen and carried with all members voting in favor.</p>

<p><b>9. Adjourn</b></p>	<p>Paula Meskan announced that this is the last Medical Staff Meeting Dr. Christensen will attend. He is retiring May 1, 2019. Dr. Christensen was acknowledged for his good work. Thank you Dr. Christensen for all you have done for REH!</p> <p>Meeting adjourned at 5:24 p.m. The next Medical Staff meeting will be held on Tuesday, May 7, 2019.</p>	<p>It was by mutual consensus to adjourn the meeting. Meeting adjourned at 5:24 p.m.</p>
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Laura Tilton, MD, Secretary-Treasurer

## QUALITY MANAGEMENT COMMITTEE MEETING MINUTES

River's Edge Hospital & Clinic, St. Peter, Minnesota  
Wednesday, March 20, 2019

The Quality Management Committee meeting was held on Wednesday, March 20, 2019, at 8:30 a.m. in the Helen G. White Conference Room.

Present were Maryann Harty, John Lammert and Gary Swedberg, Hospital Commission; George Rohrich, Janelle Rauchman, Lori Zook, Kim Henze, Nikki Bloom, Jennifer Donkin, Tracie Lafata, Kevin Schaefer, Jackie Kimmet, Bob Novak, Paulette Redman, and Ashlie Baker.

Absent: Dr. Bogonko

AGENDA ITEM	DISCUSSION	CONCLUSIONS / ACTION	FOLLOW-UP / RESPONSIBLE PARTY
<b>1. Review of Minutes.</b>	The minutes of the February 20, 2019, meeting had been sent out prior to the meeting for review.	A motion was made by Kevin Schaefer to approve the minutes as presented. The motion was seconded by Paula Meskan, and carried with all voting in favor.	
<b>2. Departmental Goal Reports and Quality / Patient Safety Core Functions Reports</b>			
<b>a. Human Resources</b>	<p>Jackie Kimmet reported.</p> <p><b>1) Opportunities to Improve, Corrective Action Plans, Preventive Action Plans, and Contracted Services.</b></p> <p>a) All up to date. Nothing to report at this time.</p> <p><b>2) NIAHO.</b></p> <p>a) SM.3 Staff Evaluations: Completion rate at 100% for November, 89% for December, and 83% for January. Two evaluations came back with a score of 2 or lower in Q4. Manager included action plan of correction with evaluation.</p> <p><b>3) Hip and Knee Certification Survey Changes – Nonconformities.</b></p> <p>a) SM.4 CR.1 Job Descriptions: Updated all job descriptions of positions that work with Hip and Knee patients to include duties required for the HKRP (Completed June/July 2018).</p> <p>b) SM.6 CR.1-2h Staff Evaluations: Updated all evaluations to match changes made to the job descriptions (Completed June/July 2018).</p>	<p>Per DNV, start reporting out the good and poor evaluations in each department, along with action plans.</p> <p>Review job descriptions, performance evals, and orientation checklist to include Spine and Shoulder.</p>	Jackie Kimmet

	<p><b>3) Department Goal(s)/Core Function Reports</b></p> <p>a) Relias Course Compliance.</p> <ul style="list-style-type: none"> <li>• 100% complete November 2018.</li> <li>• Next courses due November 1, 2019.</li> </ul> <p>b) Quality –Reduce overall REHC turnover rate. The goal for 2019 is set at 18%. Goal 33 employees or less out of a total of 183 employees. The turnover rate for 2018 was 19%. Thus far in 2019 we are at 3%. Below is a detailed listing of employee turnover by month.</p> <p>2018 Turnover by Month:</p> <ul style="list-style-type: none"> <li>○ January – 1</li> <li>○ February – 3</li> <li>○ March – 0</li> <li>○ April – 2</li> <li>○ May – 2</li> <li>○ June – 4</li> <li>○ July – 1</li> <li>○ August – 2</li> <li>○ September – 4</li> <li>○ October – 4</li> <li>○ November – 5</li> <li>○ December – 6</li> </ul> <p>2019 Turnover by Month:</p> <ul style="list-style-type: none"> <li>○ January – 3</li> <li>○ February – 3</li> </ul> <p>c) Customer Satisfaction.</p> <ul style="list-style-type: none"> <li>• Goal to complete exit interviews on 70% of exiting staff.           <ul style="list-style-type: none"> <li>○ 2018 Goal – average of 65% (2018 average was 86%).</li> <li>○ 2019 Goal – average of 70%.               <ul style="list-style-type: none"> <li>--November, 2018 – 4/5 - 80%.</li> <li>--December, 2018 – 5/6 - 83%</li> <li>--January, 2019 – 1/3 - 33%.</li> </ul> </li> </ul> </li> </ul> <p>Results of interviews are summarized with feedback given to the department manager.</p>		<p>Jackie Kimmet</p>
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	<p>d) Customer Satisfaction – Employee Participation in Gallup Q12 Survey.                  2018 Goal – 85%.  <ul style="list-style-type: none"> <li>○ Survey response in April was 89% - met goal.</li> <li>○ Survey response in November was 82%.</li> </ul> </p> <p>The 2019 goal will stay the same at 85%.  <ul style="list-style-type: none"> <li>• The next survey will be in June 2019.</li> </ul> </p>		
<b>b. Physical Medicine</b>	<p>Tracie Lafata reported.</p> <p><b>1) Opportunities to Improve, Corrective Action Plans, Preventive Action Plans, and Contracted Services.</b>                  a) All up to date. Nothing to report at this time.</p> <p><b>2) Department Goals – Growth.</b>                  Goal for 2018 is to increase the number of outpatient visits by 2.0%, to 5,677 visits per year, or greater. The total outpatient visits for PT/OT in 4<sup>th</sup> quarter 2018 was 1,812 (Goal – 1,419/quarter).</p> <p>Total outpatient visits:  <ul style="list-style-type: none"> <li>○ Qtr. 1: 1,441</li> <li>○ Qtr. 2: 1682</li> <li>○ Qtr. 3: 1588</li> <li>○ Qtr. 4: 1812</li> </ul>                 YTD=6523</p> <p><b>3) Quality / Patient Satisfaction.</b>                  a) Goal for 2018 was to achieve 82% top box scores of “5” for the patient satisfaction question of “Attainment of Patient Goals.” Internal survey process used.                  -- Inpatient Survey Results: 4 surveys returned for 4<sup>th</sup> quarter, 2018.                  2/4 Inpatient Surveys with Top Box Score of 5 = 50%.                  -- Outpatient Survey Results:                  October: 23/28 with Top Box Score of 5 = 82%.                  November: 20/22 with Top Box Score of 5 = 91%.                  December: 20/25 with Top Box Score of 5 = 80%.</p>		Tracie Lafata

	<p>b) Overall Patient Satisfaction:                      The 2018 goal is to increase Physical Medicine overall satisfaction “top box” score of 5 in 90% of all surveys returned.</p> <ul style="list-style-type: none"> <li>○ Inpatient: 3/4 Inpatient surveys for 4<sup>th</sup> quarter with Top Box Score of 5 = 75%</li> <li>○ Outpatient: (Return Rate 73/77= 95% returned)                          October– 25/27 surveys = 93% top box.                          November – 22/23 surveys = 96% top box.                          December – 26/27 surveys = 96% top box.</li> </ul> <p>Press Ganey – Inpatient Survey Results – Occupational Therapy:                          October – 40% - 66.7% top box                          November – 43 – 69.4% top box                          December – 99% - 84.1% top box</p> <p>Press Ganey Inpatient Survey Results – Physical Therapy:                          October - 76% - 74.1% top box                          November – 47% - 66.7% top box                          December – 96% - 82.6% top box</p>		
c. Imaging	<p>Kim Henze reported.</p> <p><b>1) Opportunities to Improve, Corrective Action Plans, Preventive Action Plans, and Contracted Services.</b></p> <p>a) All up to date. Nothing to report at this time.</p> <p><b>2) Equipment Repair.</b></p> <p>a) Reviewed any/all equipment issues and repairs.</p> <p><b>3) IV Site Infections/Number of IV Start Attempts per IV.</b></p> <ul style="list-style-type: none"> <li>• No IV site infections reported for 4<sup>th</sup> quarter 2018. This represents 0 out of 23 IV starts.</li> <li>• Breakdown of IV Start Attempts per IV                         <ul style="list-style-type: none"> <li>○ 18 patients – 1 attempt by imaging;</li> <li>○ 3 patients – 2 attempts by imaging;</li> <li>○ 1 patient – 1 attempt by Imaging, 1 attempt by ED;</li> <li>○ 1 patient – 2 attempts by Imaging, 1 attempt by ED.</li> </ul> </li> <li>• There were no unsuccessful IV placements.</li> </ul> <p><b>4) NIAHO – MI.2 – Radiation Protection.</b>                      High radiation readings remain at 0 through 4<sup>th</sup> quarter of 2018.</p>		Kim Henze

	<p><b>5) CTA Head and Neck /PE Study.</b>                      Review of undiagnostic studies.                      a) Benchmark - 17% of these studies are undiagnostic for the following reasons:</p> <ul style="list-style-type: none"> <li>• 26% technical error;</li> <li>• 8% is bolus issues;</li> <li>• 50% is due to patient respiration;</li> <li>• 16% other.</li> </ul> <p>b) During the 4<sup>th</sup> quarter, there were 31 studies, 3 of these were found to be undiagnostic, 9.7%.</p> <ul style="list-style-type: none"> <li>• 1 patient for respiration;</li> <li>• 2 for other reasons – A full case review was completed for this patient and scans. The radiologist and staff determined that there was no conclusive evidence as to why the scans were undiagnostic.</li> </ul> <p><b>6) Departmental Goals – Growth.</b>                      a) Imaging Services used in orthopedic surgical cases should maintain 72 exams/month and strive for 80. Results for 4<sup>th</sup> quarter 2018 show:</p> <ul style="list-style-type: none"> <li>• October – 112 exams.</li> <li>• November – 95 exams.</li> <li>• December – 92 exams.</li> <li>• Total of 299 exams / 99.7 exams per month.</li> </ul> <p><b>7) Quality.</b> STAT reads returned within 30-minute limit. Goal set of fall-out rate less than 8%.</p> <ul style="list-style-type: none"> <li>• 37/400 STAT reads from 4<sup>th</sup> quarter 30-day sample did not meet the 30-minute return limit.</li> <li>• Total of 9.3% fell out of the 30-minute STAT read limit for 4<sup>th</sup> quarter 2018.</li> </ul> <p><b>8) Outpatient Imaging Quality Measures.</b>                      Imaging department is monitoring quality measures on a current basis to assure compliance with required core measures.</p> <ul style="list-style-type: none"> <li>• MRI Lumbar Spine for Low Back Pain: 4<sup>th</sup> quarter showed 2/2 lumbar spine MRI for low back pain; 0/2 with conservative therapy prior to the MRI.</li> <li>• Mammography Follow-up Rates: 4<sup>th</sup> quarter rate of 4.3%, or 10/231</li> </ul>		<p>Kim Henze</p>
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	<p>exams; goal to be within 0 to 14%.</p> <ul style="list-style-type: none"> <li>• 4<sup>th</sup> quarter Breast Biopsies: 2 patients were referred for biopsy. Both patients were positive for breast cancer – 1/2 has a history of breast cancer in the opposite breast.</li> <li>• Abdominal CT – Use of Contrast Material: 3/113 patients for rate of 2.7%. Lower values are better. No exclusions this quarter.</li> <li>• Thorax CT – Use of Contrast Material: 0/51 patients for rate of 0.0% in the 4<sup>th</sup> quarter. Low values are better, no exclusions allowed.</li> <li>• Simultaneous Use of Brain CT and Sinus CT: 3/128 cases for 4<sup>th</sup> quarter for rate of 1.4%. Lower values are better, high values indicate inefficient exam protocols.</li> </ul> <p><b>9) Patient Satisfaction</b> – Press Ganey Survey Data.          Goals for 2018 include improving the Press Ganey Emergency Department section score for “Tests” from a 74.3% top box score to 76% based on a rolling 12-month score. The questions included in the composite score related to concern for comfort and courtesy of technicians. Results for 4<sup>th</sup> quarter showed a Top Box score of 88.6%.</p>		
<b>d. Laboratory</b>	<p>Nikki Bloom reported.</p> <p><b>1) Opportunities to Improve, Corrective Action Plans, Preventive Action Plans, and Contracted Services.</b></p> <p>a) All OTIs, CAPs, and PAPs were reviewed. All contracted services are up to date.</p> <p><b>2) Equipment Repair.</b></p> <p>b) Reviewed any/all equipment issues and repairs.</p> <p><b>3) Patient Satisfaction</b> – Press Ganey Survey Data.          Goals for 2018 include improving the Press Ganey Emergency Department section for “Concern Blood Draw Comfort” is 74.9%-76.0%.</p> <ul style="list-style-type: none"> <li>• Fourth quarter came in at 76.3%, meeting goal.</li> </ul> <p><b>4) NIAHO – QM.7 SR.14 / LS.1 SR.3 – Blood and Blood Products.</b>          Utilization report reviewed – 31 units RBCs, one unit of irradiated apheresis platelets and one unit of fresh frozen plasma transfused in 4<sup>th</sup> quarter 2018. Crossmatch to transfusion ratio 1.16 in the 4<sup>th</sup> quarter 2018; goal is to be &lt;= to 2.0. No wasted units of plasma or RBCs. No outdated units. No transfusion reactions reported in the 4<sup>th</sup> quarter. All transfusions completed in less than 4 hours.</p> <p><b>5) Discrepant Pathology Reports.</b></p>		Nikki Bloom

	<p>Pathology scorecard was reviewed. Goal of turnaround time (two business days) for surgical specimens is <math>\geq 90\%</math>. Results showed 95.9% rate through December 2018, total of 243 specimens January - December.                      No cases of cytology and no cases of peripheral smear.</p> <p><b>6) Departmental Goals and Benchmarks.</b></p> <ul style="list-style-type: none"> <li>a) Blood culture contamination – goal to be below published target rate of 2-3%.                         <ul style="list-style-type: none"> <li>o Percent contamination rate for October was 0.0% out of 41 cases. November rate 0.0% of 53 cases; and December rate was 0.0% of 47 cases. The rolling rate is at 0.80%, which is under the published target rate.</li> </ul> </li> </ul>		
<b>e. Dietary</b>	<p>Jennifer Donkin reported.</p> <p><b>1) Opportunities to Improve, Corrective Action Plans, Preventive Action Plans, and Contracted Services.</b></p> <ul style="list-style-type: none"> <li>a) All contracted services are up to date.</li> </ul> <p><b>1) Department Goals – Growth.</b></p> <p>Goal for 2018 is to look at completion of initial nutrition assessment on an average of 88% of all hospital admissions. Results for 4<sup>th</sup> quarter varied from month to month, but overall averaged 88.0% of hospital inpatients assessed. Most assessments missed fell over weekends or holidays, or if dietician takes time off. Dietician does follow-up phone calls for those who are missed if there are issues identified on initial screening by the nursing staff.</p> <p><b>2) Quality.</b></p> <p>Goal is to maintain status as an accredited Centers for Disease Control (CDC) Diabetes Prevention Program and grow the program by 5% from 2016 goal (which may need to be modified going forward). Program guidelines have been updated, and data will now be submitted every six months rather than annually. Full recognition was renewed July 2017 and renewed in July 2018. Will submit in January 2019 for data period July to December. Current session started in February, with 14 participants, and weekly meetings moved to Wednesday nights in an effort to improve attendance.</p> <p><b>3) Patient Satisfaction.</b></p> <p>Goal for 2018 was changed to look at the courtesy of the person who served the food, which is a goal that REHC would have more control over.</p> <p>Goal for the “Meal Composite” score is to achieve 54% top box scores. The</p>	<p>Incentives being offered to members in an effort to maintain continued attendance at weekly sessions.</p> <p>Jennifer Donkin continues to work with Med-Surg staff to increase scores for this measure.</p>	<p>Jennifer Donkin</p> <p>Jennifer Donkin                      Linda Prah                      Paula Meskan</p>

	<p>composite score looks at issues concerning quality, temperature, courtesy of server, and dietary instruction. Fourth quarter 2018 shows a top box score of 50.7%, which fell below goal.                      Goal for “Courtesy of Person Who Served Food” is to attain a top box score of 70% for 2018. The 4<sup>th</sup> quarter of 2018 shows scores of 67.5% (rank 26%).</p> <p><b>4) PDSA – Guest trays for Med/Surg</b>                      In 2017, 61 guest meals out of 192 were not paid for. The goal in 2018 is to improve the process and increase the number of paid guest meals. Guest meal menu was changed to differed color and place added to document meal was paid for. Fourth quarter 2018 showed one unpaid guest meal and five free meals given. Total meals unpaid for 2018: 10 unpaid meals and 5 free meals.</p>		
<b>f. Quality</b>	<p>Janelle Rauchman reported.</p> <p><b>1) NIAHO.</b></p> <ul style="list-style-type: none"> <li>a. Not Just Rounding.                             <ul style="list-style-type: none"> <li>• Self-conducted</li> <li>• Process based</li> <li>• Performed at planned intervals</li> <li>• Need to be done on areas where a weak process is identified</li> <li>• The idea is to find areas that require improvement</li> </ul> </li> <li>b. MHA Roadmaps                             <ul style="list-style-type: none"> <li>• Focus on MHA Roadmaps in 2019 – small work groups based upon the different areas (i.e. Sepsis, Falls, Opioid ADE Prevention, Medication Reconciliation, etc.). The Falls Risk Roadmap is 97% complete.</li> </ul> </li> <li>c. Meaningful Use/MIPS/MACRA                             <ul style="list-style-type: none"> <li>• This will be reported quarterly in 2019</li> </ul> </li> </ul> <p><b>2) Department Goal(s)/Benchmarks.</b></p> <ul style="list-style-type: none"> <li>a. Falls Prevention. Falls rate for 2019 thus far is 1.9 falls/per 1000 patient days (goal is 3.1).</li> <li>b. Readmission Rate. Benchmark is 2.7% readmissions, River’s Edge currently at 1.8% for 2019 (planned readmissions are not included)</li> <li>c. ED Transfer Communications. Goal is to be at 65 or above for meeting all components of the ED transfer measures. Goal has been met, at 81.</li> </ul>		

	<p>d. Surgical Complications. Goal is 2.7%. We are at 0.19%, which is still well below the national average of 3.1%.</p> <p><b>3) Opportunities to Improve, Corrective Action Plans, Preventive Action Plans.</b>                      Reviewed OTIs for 2018.</p> <p><b>4) Grievances.</b>                      Eight grievances reported for 4<sup>th</sup> quarter 2018. All grievances are receiving a letter immediately after being filed, w/follow-up and outcome letter 7-10 day later.</p> <p><b>5) Adverse Events.</b>                      No adverse events to report in Q4.</p> <p><b>6) Baldrige Visit</b></p> <ul style="list-style-type: none"> <li>Baldrige was on-site for a visit on March 5-7. They will be back on-site April 16, 2019 for a feedback report. River's Edge received very favorable initial feedback from the visit. An award will be given on our performance at the Annual PEN Conference May 3, 2019 at Mystic Lake Casino Conference Center.</li> </ul> <p><b>7) DNV Survey.</b></p> <ul style="list-style-type: none"> <li>DNV was on-site March 12, 2019 for a periodic survey. They were able to close out all of the non-conformities issued in 2018. A total of four "new" non-conformities were given to us for 2019, which is a very low number.</li> <li>DNV will return May 7-8, 2019 for re-certification of Hip and Knee, and certification of Shoulder and Spine. This would distinguish us as an Ortho Center of Excellence (only CAH to receive all certifications).</li> </ul>		
<b>g. Cardiac Rehab</b>	<p>Janelle Rauchman reported.</p> <p><b>1) Opportunities to Improve, Corrective Action Plans, Preventive Action Plans, and Contracted Services.</b></p> <p>a) Nothing to report at this time.</p> <p><b>Quality Goals.</b></p> <p>a) 100% of patients will receive 6-10 education topics based on their number visits in Cardiac rehab.</p>	<p>A total of six patients graduated from</p>	

	<ul style="list-style-type: none"> <li>○ 4-6 week patients will receive at least 6 educational topics. Goal met at 100% (1 patient).</li> <li>○ 6-8 week patients will receive at least 8 educational topics. Goal met at 100% (8 patients).</li> <li>○ 8-12 week patients will receive no less than 8 educational topics. Goal met at 100% (3 patients).</li> </ul> <p>b) 100% of patients that completed Cardiac Rehab (12-36 sessions) will receive a survey.</p> <ul style="list-style-type: none"> <li>○ Goal is to have 90% of surveys returned; 100% returned.</li> <li>○ Goal is to achieve top box score for “I would recommend the River’s Edge Cardiac Rehabilitation program to others whom have experienced a cardiac event” to exceed 95% - 100% returned.</li> </ul> <p>c) Cardiac Rehab Monthly Visits.</p> <ul style="list-style-type: none"> <li>○ October - 44 visits.</li> <li>○ November - 58 visits.</li> <li>○ December – 63 visits</li> <li>○ 2018 YTD visits: 1159</li> <li>○ Average visits for 2018 was slightly lower than 2017.</li> </ul>	Cardiac Rehab in the 4th Qtr. Three patients dropped out d/t illness or non-commitment.	
<b>h. Environmental Services</b>	<p>Bob Novak reported.</p> <p><b>1) Opportunities to Improve, Corrective Action Plans, Preventive Action Plans, and Contracted Services.</b></p> <ul style="list-style-type: none"> <li>• Nothing to report at this time.</li> </ul> <p><b>2) Quality.</b></p> <p>a) Six patient rooms and one OR suite will be audited per yearly quarter.</p> <ul style="list-style-type: none"> <li>○ Results for the 1<sup>st</sup> quarter 2019 will be available March 31, 2019.</li> </ul> <p>b) Complete the monthly WO’s and PM’s as measured by the work order management system rate of 92%.</p> <ul style="list-style-type: none"> <li>○ January: 99%</li> <li>○ February: 96%</li> </ul> <p>c) Internal customer survey sent out to staff will show a combined score for Maintenance and Housekeeping of 92% or better each time.</p> <ul style="list-style-type: none"> <li>○ First quarter data not yet available.</li> </ul>		

	<b>3) Service.</b> <ul style="list-style-type: none"> <li>Improve the Press Ganey inpatient score for “Room” based on a 12-month rolling score. The percentage is based on answers that are in the “Very Good” range in the scale. Goal is to improve from 67% to 75% in 2019.               <ul style="list-style-type: none"> <li>January: 71.4%</li> <li>February: 70.4%</li> </ul> </li> </ul> <b>4) People.</b> <ul style="list-style-type: none"> <li>Improve the percentile rank score on the Q12 survey for Maintenance and Housekeeping combined.               <ul style="list-style-type: none"> <li>Survey for 2019 not completed.</li> </ul> </li> </ul>		
<b>i. Quality Recognitions</b>	None to report at this time.		
<b>9. Adjournment.</b>	The next Quality Management Committee meeting will be held on Wednesday, April 17, 2019, at 8:30 a.m.	Meeting adjourned by general consensus at 10:08 a.m.	

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Janelle Rauchman, RN, CIC, Co-Chair

## Building Committee Minutes

March 21, 2019

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<i>Present:</i>	<input checked="" type="checkbox"/>	Margie Nelsen Hospital Commission	<input type="checkbox"/>	George Rohrich CEO	<input checked="" type="checkbox"/>	John Albert AHFD
	<input type="checkbox"/>	MaryAnn Harty Hospital Commission	<input checked="" type="checkbox"/>	Lori Zook CFO	<input checked="" type="checkbox"/>	Stephanie Pielich JJCA
	<input checked="" type="checkbox"/>	Jerry Pfeifer City Council	<input checked="" type="checkbox"/>	Samantha Pherson Executive Asst.	<input checked="" type="checkbox"/>	Kate Freier McGough
	<input checked="" type="checkbox"/>	Chuck Zieman Saint Peter Mayor	<input type="checkbox"/>	Tricia Bauer	<input checked="" type="checkbox"/>	Paul Biason McGough

### **CALL TO ORDER**

The Building Committee meeting was called to order at 11:02 a.m. by Margie Nelsen.

### **PROJECT UPDATES**

Paul Biason and Kate Freier presented information on the overall project, cash flow, and an update on the work that has been completed.

#### Project Highlights

- Endo construction is in progress.
- Finishes in South and East patient wing are in progress.
- Emergency department concrete slab to start the week of March 25<sup>th</sup>.

#### Construction Update:

- Drywall in Endo is complete.
- Casework is complete in Endo.
- Painting is complete at South wing.
- Casework is complete at South wing.
- Bathroom tile is complete in South wing.
- Exterior glass is complete in South wing.
- Drywall in East patient wing is complete.

#### Upcoming Work

- Slab on grade in North addition.
- Exterior framing at North addition.
- Flooring in East patient wing.
- Finishes in East patient wing.
- Finishes in Phase 4 Endo.

John Albert presented information on the overall budget. The project is currently on budget.

### **REQUESTED DECISIONS**

The proposal request log was reviewed.

#### **1. Change Orders:**

John Albert reviewed the change orders numbers:

116. R/I for hardwired vs. wireless patient monitoring in PACU.

130. Add baseboard heat at infusion, piping for future RCP's in OP Rehab & change 2x2 to slot diffusers.

132. Reroute medical gases around the 3 existing patient rooms.

**ACTION:** A motion was made by Jerry Pfeifer to recommend approval of change orders 116, 130, & 132 to the Hospital Commission. The motion was seconded by Chuck Zieman and carried with all members voting in favor.

### **ADJOURNMENT**

**ACTION:** The meeting was adjourned by mutual consent at 11:32 a.m.

### **NEXT MEETING**

The next Building Committee meeting will be held on Thursday, April 18, 2019, at 11:00 p.m. in the McGough Construction Trailer.

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Chairperson



Hospital Commission Evaluation								
Roles and Responsibilities								
Commission Member	1	2	3	4	5	6	7	Average
a) Oversee management of the Hospital business, property and funds, taking into account community needs.	5	3	4	3	3	5	4	4
b) Appoint a Chief Executive Officer responsible for the management of the Hospital.	5	3	4	3	3	5	4	4
c) Review and approve capital, operating, and strategic budgets and plans.	5	3	4	3	3	5	4	4
d) Appoint members of the medical staff and approve clinical privileges after considering the recommendations of the Hospital's Medical Staff Executive Committee, ensure that the medical staff is accountable to the commission for the quality of care provided to patients, and maintain relationships between the Commission and the Medical Staff.	4	3	4	3	3	5	4	4
e) Monitor the Hospital's implementation of a Quality Management System – a planned, systematic approach to designing, measuring, assessing and improving performance related to patient care and safety (continuous Quality Improvement), risk management and the competency of all health care providers including contract service providers; and assure adequate resources to effectively implement the Hospital's approach to quality improvements,	5	3	4	3	3	5	4	4
f) Approve Mission Vision Values and strategic plan for hospital.	5	3	4	3	3	5	4	4
g) Approve financial goals and annual hospital budget.	5	3	4	3	3	5	4	4
h) Submit after annual audit each year a report to the St. Peter City Council to provide an assessment of progress against the Hospital's goals and objectives.	5	3	1	3	3	5	4	3
i) Ensure that the Hospital abides by all legal and regulatory requirements, including but not limited to, the federal regulations regarding COBRA/EMTALA, ensure accreditation requirements are met, and ensure the provision of a consistent level of patient care throughout the Hospital.	5	3	4	3	3	5	4	4
j) Evaluate the Hospital Commissions performance.	3	3	1	3	3	5	4	3
k) Approve capital expenditures up to limits established by the City of St. Peter.	5	3	4	3	3	5	4	4
l) Exercise such other powers as are delegated to the Commission by the City Ordinance, which provides for the creation of the Hospital Commission.	4	3	4	3	3	5	4	4
<b>Comments:</b> Does the commission understand the connections.								
m) Ensure that the Hospital is in compliance with the Conditions of Participation for Critical Access Hospitals.	5	3	4	2	3	5	4	4
n) Establish and approve the compensation program for CEO.	5	3	4	3	3	5	4	4
Hospital Commission Commitments								
Commission Member	1	2	3	4	5	6	7	Average
a) Each member of the Commission is required to attend the monthly meeting unless excused by the Chairperson. Each member of the Commission is required to annually attend 75% of the regular meetings unless excused by the Chairperson.	5	3	3	3	3	5	4	4
<b>Comments:</b> I contact the C.E.O Admin Asstiant.								
b) Confidentiality with proprietary, sensitive or personnel related information.	5	3	4	2	3	5	4	4
c) Hospital Commission member is appointed a five year term and may serve two terms but cannot serve more than two terms.	4	3	4	3	3	5	4	4
d) Participate in Hospital community events.	3	3	1	2	2	5	4	3
e) Ongoing Hospital education.	3	3	1	3	3	5	4	3
f) Participate on committees, recruitment/finance/quality/community.	3	3	3	3	2	5	4	3

**Goals:**

I would like to include this as an item on a future agenda.

**Action Plan:**

Yearly submit a report to Saint Peter city council.

Evaluate commission performance.

Increase participation of all trustees in community events.

Increase participation of all trustess in ongoing education.

# APPLICANTS FOR MEDICAL STAFF MEMBERSHIP AND CLINICAL PRIVILEGES

## River's Edge Hospital & Clinic

March 2019

These applicants have met the core criteria by offering evidence of these items:

Initial Appointment	Provisional Status to Full Membership	Reappointment	Change in Privileges	Staff Category	Name/License	Specialty	Facility	Verification of Medical	Verification of Residency	Current Minnesota Medical Licensure	Narcotics Registration Certificate (DEA) Drug Enforcement Agency	National Practitioner Data Bank Queried – Favorable Status	Peer References (3 initial/2 reappointment)	Board Certification	Clinical Privileges specific to River's Edge Hospital & Clinic	Primary Hospital Reference by Chief of Staff or Service	Credentials Committee Appointment Checklist	Current Liability Insurance with Limits as set by law	Orientation Packet Received
√				C	Earle C. Munns, DO	Emergency Medicine	Premier Staffing	√	√	√	√	√	√	√	√	√	√	√	√
			√	C	Curtis L. Binder, MD	Radiology	CRL	√	√	√	√	√	√	√	√	√	√	√	√
		√		C	John R. Collingham, MD	Emergency Medicine	Premier Staffing	√	√	√	√	√	√	√	√	√	√	√	NA
		√		C	Cynthia M. Doyscher, CNP	Urgent Care	Premier Staffing	√	NA	√	√	√	√	√	√	√	√	√	NA
		√		C	Paul A. Farris, MD	Teleradiology	CRL	√	√	√	√	√	√	√	√	√	√	√	NA
		√		C	Jennifer R. Holm, CNP	Urgent Care	Premier Staffing	√	NA	√	√	√	√	√	√	√	√	√	NA
		√		C	Lon T. Knudson, MD	Pediatrics	Mankato Clinic	√	√	√	√	√	√	√	√	√	√	√	NA
		√		C	Janice R. Shelton, PA-C	Emergency Medicine	Premier Staffing	√	NA	√	√	√	√	√	√	√	√	√	NA
		√		C	Mark P. Taylor, MD	OB/GYN	Mankato Clinic	√	√	√	√	√	√	√	√	√	√	√	NA










Physicians who declined to continue privileges and membership at River's Edge Hospital and requested release from Medical Staff:

Timothy Klassen, CRNA

Courtesy Staff/AHP, Nurse Anesthetist

## Quality Dashboard

River's Edge Hospital

Category/Metric	12/31/2018	1/31/2019	2/28/2019	3/31/3019	4/30/2019	5/30/2019	6/30/2019	7/31/2019	8/31/2019	9/30/2019	10/31/2019	11/30/2019	12/31/2019	Trend	Benchmark/goal	Comments/Analysis
Readmissions	1.93%	2.01%	1.81%												2.7%	Internal Benchmark
Falls Risk	1.9	1.7	1.9												3.1	State Average
SSI	0.23%	0.20%	0.19%												2.0%	Internal Benchmark
CAUTI	0.00%	0.00%	0.00%												0.73%	State Average
Surgical Complications	0.17%	0.20%	0.19%												2.7%	Internal Benchmark
ED Transfer Communication	75	80	81												>65	Internal Benchmark
HAI	0.00%	0.00%	0.00%												0	Internal Benchmark
Staff Influenza Immunization	96.0%	97.0%	97.0%												95.0%	Internal Benchmark
Pressure Ulcer Rate	0	0	0												0.473	State Average

**River's Edge Hospital & Clinic  
Executive Summary  
George Rohrich, CEO  
March 20, 2019**

**Comments about February & Looking Forward:**

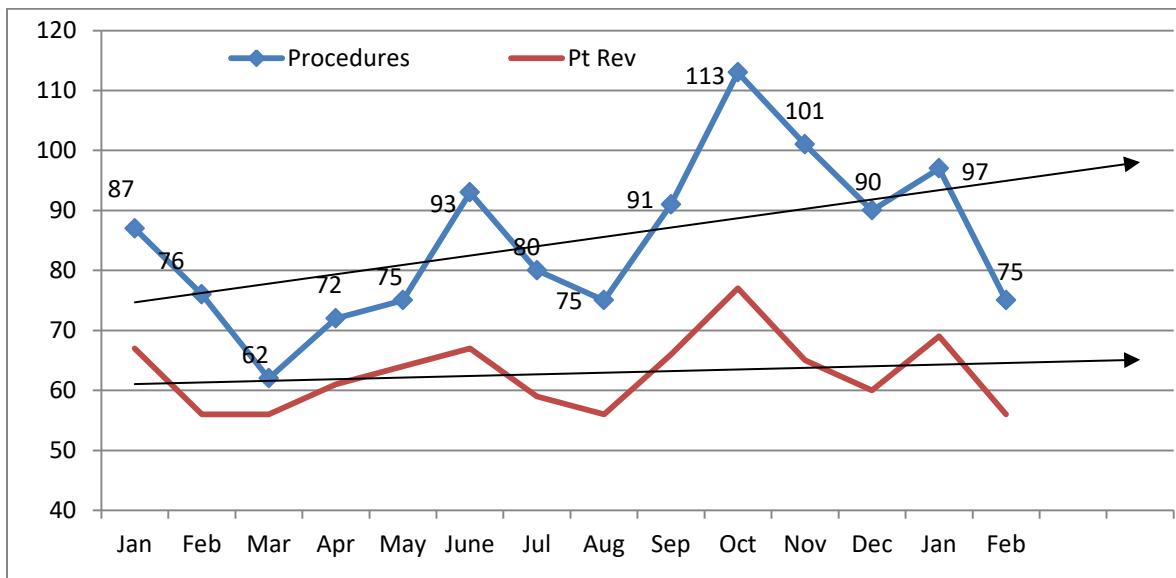
**Operations: February has a negative bottom line**

- MTD had a bottom line of (\$200,000) vs MTD budget of \$784,000.
- YTD Actual is \$324,000 vs YTD budget \$1,348,000.
- Net Operating Revenue MTD was (\$150,000) vs MTD budget of \$827,000.
- Net Operating Revenue YTD was \$421,000 vs YTD budget of \$1,345,000.
- Looking Forward: March is trending to be near or below budget.

**Cash: Cash increased**

- MTD Cash increased by \$51,000 resulting in balance of \$11,519,000.
- YTD Cash has increased \$1.045 million.
- Our 2019 Year End Cash budget goal is \$10.4M.

**Statistics: Inpatient Surgery procedures were below budget**



These procedures are a Key Indicator budgeted at 90 inpatient procedures per month.

**Significant Decisions this Month:**

- Capital Equipment: Orthopedic drills and saws for \$88,000.
- Capital Equipment: Replace IT Server UPS which failed for \$15,000.

# River's Edge Hospital Statistics Dashboard

Department/Service Monthly	2012 Actual	2013 Actual	2014 Actual	2015 Actual	2016 Actual	2017 Actual	2018 Actual	YOY Trend	2019 Budget	Jan	Feb	March	April	YTD Trend
<b>Lab</b>														
Lab Procedures Inpatient	334	423	317	657	754	800	865		874	1014	883			
Lab Procedures Outpatient	2898	2992	2241	3144	2470	2717	2903		2951	3057	2440			
<b>Radiology Procedures</b>														
Radiology Procedures Inpatient	16	24	26	73	114	106	106		99	131	98			
Radiology Procedures Outpatient	456	368	337	330	285	296	268		259	262	228			
CT Procedures Outpatient	83	92	105	147	130	156	151		158	132	143			
Ultrasound Procedures Outpatient	33	31	28	35	35	35	33		35	25	14			
<b>ED &amp; UC</b>														
Urgent Care	166	127	154	200	343	397	360		369	353	308			
Emergency Department	336	330	367	388	367	343	352		392	285	256			
<b>Surgery</b>														
Surgical Procedures Inpatient	1	5	10	46	73	81	85		81	97	75			
Surgical Procedures Outpatient	54	55	46	53	61	59	66		67	56	58			
<b>Physical Therapy</b>														
PT Modalities Inpatient	270	306	353	627	857	862	843		970	990	759			
PT Modalities Outpatient	1108	1113	1056	1030	983	1129	1286		1310	1290	1060			
<b>Admissions</b>														
Admissions from ED + UC	24	24	26	23	20	8	9		na	13	6			
Transferred to Acute Hospital	na	na	na	na	29	31	33		na	36	31			
Admissions Medical	20	27	31	16	12	10	13		na	14	10			
Admissions Surgical	0	0	0	37	63	71	73		na	82	67			
Med Surg Patient Days	52	78	88	143	206	221	236		270	270	219			
Average Daily Census (ADC) IP	1.71	2.56	2.88	4.70	6.75	7.30	7.73		8.86	8.71	7.06			
Average Daily Census Swing	2.67	1.94	1.82	0.82	0.42	0.31	0.30		0.15	0.32	0.23			
<b>Total ADC</b>														
Total ADC	4.38	4.50	4.70	5.53	7.17	7.60	8.08		9.01	9.03	7.29			
<b>Adjusted Patient Days</b>														
Adjusted Patient Days					341	358	366		400	401	341			

Less than Budget  
 90% of Budget  
 Equal or Greater than Budget

REHC Strategic Plan																	
2019 Dashboard																	
		2016	2017	2018	2019												
	GROWTH - George	Actual	Actual	Actual	Goal	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
G1	Increase Total Adjusted Patient Days (APDs) => 400	341	358	336	400	401	341										
		2016	2017	2018	2019												
	SERVICE - Paula & Stephanie	Actual	Actual	Actual	Goal	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
S1	HCAHPs Summary "Rate hospital 0 - 10" maintain 90th percentile or higher	86.8	88%	93%	90%	93%	94%										
S2	Emergency Department Survey "Likelihood of recommending this ED" Top Box score ≥ 85%	71.4	80%	80%	85%	79%	79%										
S3	Urgent Care Survey "Likelihood of Recommending this Urgent Care" Top Box score ≥ 77%	72.2	72%	71%	75%	72%	72%										
S4	Outpatient Surgery "Rate the Facility" ≥ 87%			83%	87%	83%	85%										
		2016	2017	2018	2019												
	QUALITY - Janelle	Actual	Actual	Actual	Goal	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Q1	Falls Achieve ≤ 3.5 per 1000 patient days	na		1.9	3.5	1.8	1.9										
Q2	Transfer Measures Benchmark ≥ 65%	na	57%	76%	65%	80%	80%										
		2016	2017	2018	2019												
	PEOPLE - Jackie	Actual	Actual	Actual	Goal	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
P1	Employee Satisfaction Survey Participation Rate > 85%	90%	84%	82%	85%												
P2	Reduce Overall Turnover rate to ≤ 18%	28%	15%	19%	18%	1%	3%										
P3	Gallup Q12 Survey Grandmean Score ≤ 4.36		97%	4.29	4.36												
		2016	2017	2018	2019												
	FINANCE - Lori	Actual	Actual	Actual	Goal	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
F1	Days Cash All Sources ≥ 112 days	123	125	107	112	106	110										
F2	Operating Margin ≥ 4%	13%	8%	8%	4%	14%	6.2%										
F3	Net AR Days ≤ 50 days	49	45	48	50	44	43										
		2016	2017	2018	2019												
	COMMUNITY - Stephanie	Actual	Actual	Actual	Goal	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
C1	Community Education Events = 12 annually	na	13	14	12	0	2										
	GOVERNANCE					Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
G1	Commissioner attending education event					4	3	2									
G2	Commission participating in hospital event						2										
G3	Complete annual evaluation																

# February 2019 Financial Report

## Statement of Revenues and Expenses

### SUMMARY OF MONTH AND YTD

	Feb-19	Budget	Variance	%
Gross Patient Revenue	\$ 5,611,184	\$ 7,159,250	\$ (1,548,066)	-21.6%
Net Patient Revenue	\$ 2,826,933	\$ 3,794,034	\$ (967,101)	-25.5%
Operating Expenses	\$ 3,010,972	\$ 2,972,462	\$ 38,510	1.3%
Net Operating Income	\$ (150,238)	\$ 827,388	\$ (977,626)	-5.3%

	YTD 2019	Budget	Variance	%
Gross Patient Revenue	\$ 12,509,925	\$ 14,318,547	\$ (1,808,622)	-12.6%
Net Patient Revenue	\$ 6,801,895	\$ 7,588,115	\$ (786,220)	-10.4%
Operating Expenses	\$ 6,428,751	\$ 6,164,772	\$ 263,979	4.3%
Net Operating Income	\$ 421,487	\$ 1,434,950	\$ (1,013,463)	6.2%

## Balance Sheet

Net Patient Receivables	Decreased	\$ (131,729)
Accounts Payable	Decreased	\$ (202,420)

	Feb-19	Jan-19	Difference
Cash (all sources)	\$ 11,518,825	\$ 11,467,427	\$ 51,398
Accounts Receivable	\$ 4,582,440	\$ 4,714,169	\$ (131,729)
Accounts Payable	\$ 1,986,270	\$ 2,188,690	\$ (202,420)
Check Run	\$ 2,004,989	\$ 2,289,754	\$ (284,765)

	Covenants	Feb-19	Jan-19
Days in Cash	>60	109.78	106.19
Days in AR		42.87	43.86
Debt Coverage	>1.25	3.08	3.06

## Community Care and Collections

		Accounts
Community Care	\$ 7,675.87	21
Presumptive Care	\$ 2,019.10	111
Total	\$ 9,694.97	132

Collection Activity for Board Approval	\$ 15,430.33
Bad Debt Recovery	\$ 60,715.13
Revenue Recapture	\$ 52,908.77

### Community Care and Collections

For the month of: **Feb-19**

	<u>Total</u>	<u>100% write off</u>	<u>50% write-off</u>	<u>Not eligible</u>
1. Community care grants for the month	<u>\$ 7,675.87</u>	<u>7,675.87</u>		
- number of patient accounts		5		0
		0 previous in bad debt status		
Presumptive community care grants	<u>Total</u>	<u>Patients</u>	<u>Accounts</u>	<u>Uninsured</u>
	<u>\$ 2,019.10</u>	2	3	-
2. Collection activity for Board Approval is:	<u>Total</u>	<u>Insured</u>	<u>Uninsured</u>	\$ - HMS
- number of patient accounts	<u>\$ 15,430.33</u>	<u>-</u>	<u>-</u>	15,430.33 Excellian
	-	-	-	15,430.33
3. Revenue recapture for the month	<u>\$ 52,908.77</u>			

#### Community and Presumptive Care Grants - YTD

2019	\$	111,286
2018	\$	573,648
2017	\$	532,153
2016	\$	351,783
2015	\$	86,713
2014	\$	152,079
2013	\$	239,465

#### Revenue Recapture experience

2019	\$	54,153
2018	\$	196,664
2017	\$	233,972
2016	\$	196,887
2015	\$	199,340
2014	\$	193,899
2013	\$	178,823

#### Collections YTD Activity

2019	\$	100,066
2018	\$	1,097,294
2017	\$	1,012,481
2016	\$	1,297,499
2015	\$	906,627
2014	\$	885,568
2013	\$	830,210

#### Gross Bad Debt Recovery

2019	\$	70,398
2018	\$	317,947
2017	\$	367,518
2016	\$	294,106
2015	\$	275,788
2014	\$	324,569
2013	\$	271,225

Bad Debts are written off in the following month from the month they are approved. (Example: November bad debts post to December books.)



Community Care and Collections  
Detail by Month

Community & Presumptive Grants			Collection Activity for Board			Revenue Recapture			Bad Debt Recovery		
	2018	2019		2018	2019		2018	2019		2018	2019
Jan	56,161.70	101,590.79	Jan	74,001.32	84,635.35	Jan	2,890.20	1,243.74	Jan	8,973.14	9,682.49
Feb	67,794.84	9,694.97	Feb	64,578.32	15,430.33	Feb	61,539.72	52,908.77	Feb	68,007.81	60,715.13
Mar	34,803.08		Mar	69,468.82		Mar	43,808.35		Mar	52,160.83	
Apr	30,963.30		Apr	74,120.82		Apr	29,854.33		Apr	35,131.23	
May	22,912.78		May	66,819.95		May	14,116.15		May	26,794.34	
Jun	47,761.90		Jun	109,721.03		Jun	4,210.26		Jun	12,898.01	
Jul	60,840.98		Jul	109,620.10		Jul	4,186.70		Jul	14,607.91	
Aug	77,114.78		Aug	101,425.70		Aug	17,873.61		Aug	25,795.13	
Sep	26,585.39		Sep	128,950.50		Sep	10,676.80		Sep	17,875.83	
Oct	49,376.70		Oct	109,710.30		Oct	3,854.98		Oct	16,870.69	
Nov	57,544.20		Nov	67,437.90		Nov	2,032.55		Nov	18,035.71	
Dec	41,787.19		Dec	121,439.05		Dec	1,620.52		Dec	20,796.34	
	<u>\$ 573,646.84</u>	<u>\$ 111,285.76</u>		<u>\$ 1,097,293.81</u>	<u>\$ 100,065.68</u>		<u>\$ 196,664.17</u>	<u>\$ 54,152.51</u>		<u>\$ 317,946.97</u>	<u>\$ 70,397.62</u>

River's Edge Hospital and Clinic  
February 2019

**Top 5 Vendors Paid**

	<u>Vendor</u>	<u>Amount</u>	<u>Description</u>
2 Checks	ORTHOPAEDIC & FRACTURE CLI Total	295,903.38	Professional Services Agreement
1 Check	NORTHLAND TRUST SERVICES, Total	197,241.25	Debt Payment-Interest Only
3 Checks	STRYKER ORTHOPAEDICS Total	178,009.80	Implantables
2 Checks	ALLINA HEALTH SYSTEM Total	170,226.58	ED/UC Providers, Training, Support
4 Checks	CARDINAL HEALTH 110, LLC Total	119,766.88	Pharmacy

**Top 5 Checks Paid**

<u>Check</u>	<u>Vendor</u>	<u>Amount</u>	<u>Description</u>
70201	ORTHOPAEDIC & FRACTURE CLI	290,278.38	Professional Services Agreement
70093	NORTHLAND TRUST SERVICES,	197,241.25	Debt Payment-Interest Only
70286	ALLINA HEALTH SYSTEM	110,570.34	ED/UC Providers, Training, Support
70101	STRYKER ORTHOPAEDICS	88,956.32	Implantables
70097	PELL INSURANCE & REAL ESTA	78,040.00	insurance

**Total Check Register \$ 2,004,889.16**



To: REHC Hospital Commission

Date: 3/20/2019

From: Lori Zook, CFO

RE: Stryker System 8 Drills and Saws

### **Action/Recommendation**

The Hospital recommends purchasing 3 System 8 Stryker Saws and 8 System 8 Rotary Drills for a total price of \$88,152.75 plus taxes and shipping.

### **Background**

Currently River's Edge has 5 sets of Stryker System 7 Drills and Saws. These were purchased in 2012 and 5 of the saws were upgraded to System 8 in May 2018. This equipment is used for every total joint and is wearing down. The service history on the System 7 equipment is significant. It is also recommended that we have 1 set of saws and drills for every 100 procedures we do annually. We do approximately 700 total joints per year.

To avoid over-using the equipment and to upgrade the existing old equipment, we recommend that we purchase 3 new sets and replace the 5 drills that we currently own.

### **Fiscal Impact**

Vendor	Price
Stryker	\$67,684.08 for 8 drills \$20,468.67 for 3 saws Shipping and taxes

## **Community Impact**

This enhances the ability to provide services to our patients in a safe and efficient manner.

## **Alternatives/Variations**

Do Not Act: Equipment will fail and will eventually affect quality and volume of procedures.

Negative Vote: Same as not acting.

Modification: This is always an option of the Commission.



To: REHC Hospital Commission

Date: 3/20/2019

From: Lori Zook, CFO

RE: Emergency purchase of UPS (Uninterrupted Power Supply) for Computer Network

### **Action/Recommendation**

#### **Background**

We are looking to replace the Uninterrupted Power Supply – UPS in our server room. The current UPS was purchased when we opened the hospital and is 15 years old. At this time, the current UPS has a failed power supply and battery module and will cost \$4,116.00 to repair.

The new UPS will allow for additional expansion of new servers coming on line with the hospital expansion/remodel. We recommend going with Vertiv for \$15,302.95.

#### **Fiscal Impact**

Vendor	Price
Vertiv	\$15,302.95
2Nsystems	\$15,898.48

## **Community Impact**

The UPS provides uninterrupted power to servers that house necessary programs to provide service. Interruption in power would create an interruption in service.

## **Alternatives/Variations**

Do Not Act: Equipment will fail and no back-up will be available for continuity of service.

Negative Vote: Same as not acting.

Modification: This is always an option of the Commission.

# Rivers Edge Hospital Expansion and Renovation



Monthly Status Report #11 • 3-21-2019



# EXECUTIVE SUMMARY



## Project Highlights:

Endo construction is in progress

Finishes in South and East patient wings are in progress

Emergency Dept concrete slab to start week of 3/25

**SCOPE**



**SCHEDULE**



**BUDGET**



**QA/QC**



**SAFETY**





# PAY APPLICATIONS



Pay Application number #10 has been submitted through February 28th

Total billing for pay app #10 is \$1,704,601

Total billed to date is \$13,771,372 or 55%

# CONSTRUCTION UPDATE



## ■ Work Completed Last month

- » Drywall in Endo is complete
- » Casework is complete in Endo
- » Painting is complete at South wing
- » Casework is complete at South wing
- » Bathroom tile is complete in South wing
- » Exterior glass is complete in South wing
- » Drywall in East patient wing is complete

## ■ Upcoming Work

- » Slab on grade in North addition
- » Exterior framing at North Addition
- » Flooring in East patient wing
- » Finishes in East patient wing
- » Finishes in Phase 4 Endo





■ **KEY MILESTONE DATES:**

- » Endo Remodel  
Complete – April 2019
- » Surgery Locker Room  
Begins - April 2019
- » Emergency  
Department Roofing  
Begins – April 2019
- » New Patient Wings  
Complete – May 2019

## SCHEDULE

River's Edge Hospital				AHFD	
Saint Peter, MN		2/22/18	2/20/19		3/31/19
Budg. Code	Item	Approved GMP Bud	Working Budget	Cost To Date	Difference Apvd vs Wk
100	Development Costs	104,030	118,112	54,392	14,082
200	Building Construction	24,704,924	25,641,630	13,281,487	936,706
300	Professional Fees/Reimburs.	2,781,684	2,861,679	2,196,577	79,995
400	Administrative & Legal	106,000	170,291	132,610	64,291
500	Equipment	2,969,200	2,907,588	365,333	(61,613)
600	Furnishings	711,122	471,510	18,884	(239,612)
700	Telecomm. Systems	1,079,217	1,129,720	216,935	50,503
800	Financing	By Owner	By Owner	-	-
900	Project Contingency	1,343,823	499,470	-	(844,353)
	<b>TOTAL</b>	<b>33,800,000</b>	<b>33,800,000</b>	<b>16,266,220</b>	<b>-</b>
Notes: Excludes Financing and Inflation					
% Design+Bid+Const Cont -		5.50%	2.04%		
% Total Project Contingency -		4.14%	1.50%		
New S.F. -		38,258	38,258		
Renovation S.F. -		39,458	39,458		
Gross Squar Footage -		77,716	77,716		
Bldg \$ / GSF -		314.34	314.57		
Proj \$ / GSF -		434.92	434.92		
Bid Date -		3/2/18	3/2/18		
Duration (Months) -		26.0	26.0		

**Change Orders**

River's Edge Hospital Saint Peter, MN			<u>PROPOSAL REQUEST LOG</u>					AHFD, Inc.			USDA			3/31/19
No.	Date	Alt / ASI	Description	Low to High		Rec Appvl	CO	Time	Approved	CM Resv				
116	1/15/19	ASI-63	R/I for hardwired vs. wireless patient monitoring in PACU	5,000		139								
130			Add baseboard heat at Infusion, piping for fut RCP's in OP Rehab & change 2x2 to slot diffusers.			24,772								
132	3/18/19		Reroute medical gases around the 3 exist. east patient rooms			13,257								
Subtotals				937,978	67,500	868,689			634,779	360,633				
CM Reserve										685,464				
Pending & Apprv. COR's / CM Resv Bal				67,625	936,189					324,831				

Printed 3/21/2019

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REH&C GMP-Working Bud -190321.xls-COR Log