

River's Edge Hospital
HOSPITAL COMMISSION MEETING

Wednesday, July 24, 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. June 26, 2019 Regular Meeting – pg 2
- 5. APPROVE CONSENT AGENDA**
 - A. Accept July 16, 2019 Medical Staff Meeting Minutes – pg 7
 - B. Accept July 17, 2019 Finance Committee Meeting Minutes – pg 13
 - C. Accept July 17, 2019 Quality Committee Meeting Minutes – pg 21
 - D. Accept July 18, 2019 Building Committee Meeting Minutes – pg 26
- 6. COMMISSION DEVELOPMENT**
(Info) A. MHA Trustee Conference
- 7. MEDICAL STAFF**
(Mot) A. Approve Membership Recommendation – pg 28
(Mot) B. Approve Privileges Recommendation
- 8. QUALITY COMMITTEE**
(Info) A. Quality Dashboard – pg 29
- 9. ADMINISTRATIVE REPORTS**
(Info) A. Executive Summary – pg 30
(Info) B. Statistical & Strategic Plan Dashboards – pg 31
- 10. FINANCE COMMITTEE**
(Info) A. Financial Summary – pg 33
(Mot) B. Approve Write Off to Collection Recommendation – pg 35
(Mot) C. Approve Accounts Payable Recommendation – pg 37
- 11. BUILDING COMMITTEE**
(Info) A. Monthly Status & Budget Report – pg 38
(Mot) B. Change Orders Recommendation – pg 43
- 12. ADJOURN**

RIVER'S EDGE HOSPITAL & CLINIC COMMISSION MEETING

River's Edge Hospital & Clinic – Helen G. White Conference Center

Wednesday, June 26, 2019

Present: Margie Nelsen, Chairperson; John Lammert, Vice Chairperson. Trustees: Jerry Pfeifer, MaryAnn Harty, Laura Hulsebus, Gary Swedberg; Kyle Swanson, Chief of Medical Staff; George Rohrich, CEO; Jackie Kimmet, Chief Human Resources Officer; Stephanie Holden, Chief Marketing Office; Paula Meskan, Chief Nursing Officer; Todd Prafke, St. Peter City Administrator; Samantha Pherson, Recorder.

Absent: Janelle Rauchman, Chief Quality Officer; Lori Zook, CFO; Stephen Grams, Trustee; Blake Combellick, Trustee.

CALL TO ORDER

The regular meeting of the Hospital Commission was called to order at 12:30 p.m. by Chairperson Margie Nelsen.

APPROVAL OF AGENDA

The June 26, 2019 Agenda was reviewed.

ACTION: A motion was made by Jerry Pfeifer to approve the June 26, 2019 agenda. The motion was seconded by MaryAnn Harty and carried with all members voting in favor.

APPROVAL OF MINUTES

The May 22, 2019 Hospital Commission Minutes were reviewed.

ACTION: A motion was made by John Lammert to approve the May 22, 2019 Hospital Commission Minutes. The motion was seconded by Jerry Pfeifer and carried with all members voting in favor.

APPROVAL OF CONSENT AGENDA

The consent agenda includes the following:

- Acceptance of the June 19, 2019 Finance Committee Meeting Minutes.
- Acceptance of the June 19, 2019 Quality Committee Meeting Minutes.
- Acceptance of the June 20, 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: Chuck Zieman, Mayor of Saint Peter.

COMMISSION EDUCATION REPORT

QHR Webinar:

On June 11, 2019 the Hospital Commission was invited to attend a QHR Webinar titled: Operational Excellence.

Hospital Commission Meeting Minutes

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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:

Ifechi D. Anyadioha, MD	Courtesy Staff, Pain Management
Brenda J. Hyde, MD	Courtesy Staff, Radiology
David A. Jahangir, MD	Courtesy Staff, Teleradiology
Kayleen M. Jahangir, MD	Courtesy Staff, Teleradiology
Mohammad A. Kassir, MD	Courtesy Staff, Teleradiology
Davis R. Sand, MD	Active Staff, Emergency Medicine

Reappointment to the Medical Staff:

Josser E. Delgado, MD	Courtesy Staff, Teleradiology
Bjorn I. Engstrom, MD	Courtesy Staff, Teleradiology

Change in Category – Provisional to Full Membership:

Thomas A. Gebhard	Courtesy Staff, Teleradiology
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Provisional Membership: None

Change in Clinical Privileges: None

Withdrawn from Medical Staff:

Sultan G. Michael, MD	Courtesy Staff, IM/Hospitalist
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ACTION:

- 1) A motion was made by John Lammert 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 MaryAnn Harty and carried with all members voting in favor.
- 2) A motion was made by MaryAnn Harty 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 Laura Hulsebus and carried with all members voting in favor.

QUALITY REPORT

The Quality Management Committee minutes from the June 19, 2019 meeting were reviewed. The Quality Dashboard was reviewed by Paula Meskan. The dashboard contains results from a number of measurable and reportable quality measures.

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 May of approximately (\$180,000) versus a month-to-date budget of \$281,000.
- Net Operating Revenue MTD is \$759,000 vs MTD budget of \$1,788,000.
- May results show a decrease of cash on hand of \$2,314,000 resulting in balance of \$10,201,000 million. The 2019 Year End Budget goal is \$10.4M.

B. Statistical Dashboard.

The statistical report for May, 2019, was reviewed. Of the 17 measured activities, 7 are green. The monthly strategic report was also reviewed.

FINANCIAL REPORT

A. May Financial Summary.

Lori Zook presented the financial reports for May. The month of May had a Net Operating Income of (\$185,096) and a year-to-date stand at \$758,790. Total Patient Revenue stands at \$8,813,968. Year-to-date Total Patient Revenue stands at \$30,477,276, over an YTD budget of \$34,165,614. May Net Patient Revenue stands at \$2,562,519 with a budget of \$3,433,957. Monthly Net Operating Revenue stands at \$2,597,880, versus a budget of \$3,439,482. Monthly Operating Expenses stands at \$2,782,976 over budget of \$3,158,483.

Cash flow for May was negative at (\$2,313,733). Days Cash On Hand is 116.57 days, and Days Revenue in Accounts Receivable stands at 43.17 days. Debt coverage is 3.80 for the month of May.

B. Write-Off to Collection.

Community Care grants totaled \$8,397.32, covering 12 accounts. Presumptive community care grants totaled \$125,076.23 covering 145 accounts. Year-to-Date Community Care grants total \$438,788. Collection activity approval totaled \$77,158.28. Year-to-Date collection activity stands at \$387,544. Year-to-Date \$174,494 of gross bad debts have been recovered. The Revenue Recapture program through the State of Minnesota resulted in receipt of \$13,711.13, year-to-date recovery total of \$135,810.

ACTION: A motion was made by MaryAnn Harty to accept the recommendation made by the Finance Committee for approval of \$8,397.32 in Community Care grants, \$125,076.23 in Presumptive Community Care grants and \$77,158.28 in write-offs to collection for May. The motion was seconded by John Lammert and carried with all members voting in favor.

C. Accounts Payable Review.

Accounts Payable review for May included a total of \$5,024,318 paid via check.

ACTION: A motion was made by John Lammert to recommend approval of checks totaling \$5,024,318. The motion was seconded by Jerry Pfeifer and carried with all voting in favor.

D. Items for Approval.

1. VersaBadge:

The Hospital recommends purchasing the VersaBadge Tracking System for \$3,000 per month, \$36,000 per year. A portion of the calculation for the Medicare Cost Report is the amount of time the ED physicians spend on stand-by and with patients. This is currently being tracked via times studies which is inefficient and not very accurate. Other hospitals that have implemented this have seen a \$200,000-\$400,000 increase in their Medicare settlement because of the accuracies and efficiencies gained.

ACTION: A motion was made by MaryAnn Harty to approve purchasing the VersaBadge tracking System for the amount of \$3,000 per month or \$36,000 per year. The motion was seconded by Laura Hulsebus and carried with all members voting in favor.

2. 3D Mammogram Machine:

The Hospital recommends leasing a 3D Mammography machine from CMDI. This is at an estimated net yearly cost of \$20,000 per year for a 5 year lease after equity return. A new Hologenic Selenia 3D Mammography machine will allow both 2D and 3D mammograms. This is a service that is important to our community. Three different machines and three different leasing options were compared to purchase and this is the lowest cost impact of all the options.

ACTION: A motion was made by John Lammert to recommend approval of the Hologenic Selenia 3D Mammography lease for the estimated net yearly cost of \$20,000 per year for a 5 year lease to the Saint Peter City Council. 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:

- Project Emergency Department MEP Rough in is complete.
- Courtyard steel structure is complete.
- Demo at the new kitchen/pharmacy is in progress.
- Demo for the new PACU space is in progress.

Construction Update:

- Stone veneer at the Emergency Department is complete.
- Courtyard roof enclosure is complete.
- South parking lot and sidewalks are complete.

Upcoming Work:

- Drywall and painting at the Emergency Department.
- Underground plumbing in the Kitchen/Pharmacy area.
- MEP rough in at the Kitchen/Pharmacy area.
- Demo and framing at the dining/waiting area.
- Exterior landscaping at the South site.

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Change Orders:

George Rohrich reviewed the change orders numbers:

- 135. Add switch and light to hallway.
- 141. Delete up-swing grab bars.
- 144. Wan door revisions.
- 145. Add Surge protection to 2 electrical panels.
- 148. Add heat trace to roof drain at Front Entry Canopy.
- 150. Lower top of storm drain structure C9 12" in South parking lot.
- 151. MEP rough in through ED for snow melt mechanical equipment room.
- 152. Conduit for low voltage cables through ambulance garage.
- 153. Phase 4 – Add heat relief vents in 4 cabinet doors in Endo.
- 154. Replace door frame E60C at interior CMU wall – 4" header.
- 155. Exterior sheathing and moisture proofing in lieu of dwl at garage doors.
- 156. Add 2 duplex electrical outlets to Trauma.
- 158. Add steel edging at plant beds.
- 159. Lower garage door 6" to match door height revisions in COR# 114.
- 161. Add 1 emergency power outlet in ED E63 EMS office.
- 165. Add blinds to patient corridor end windows.

ACTION: A motion was made by Jerry Pfeifer to approval of change orders 135, 141, 144, 145, 148, 150, 151, 152, 153, 154, 155, 156, 158, 159, 161, and 165. The motion was seconded by MaryAnn Harty and carried with all members voting in favor.

ROUNDTABLE COMMENTS

Margie Nelson: The Nominating Committee has been meeting to discuss the one vacancy the Commission will have next year.

Stephanie Holden:

- 1. Highway Clean-up, Saturday, June 29th.
- 2. 4th of July Parade.
- 3. Strategic Planning – August 6th at Gustavus.

Jackie Kimmet: Q12 Employee Engagement Survey is in process, will have the results by the next meeting.

ADJOURNMENT

ACTION: A motion was made by Jerry Pfeifer to adjourn the meeting. Motion seconded by Gary Swedberg and carried with all voting in favor. Meeting was adjourned at 1:32 p.m.

NEXT MEETING

The next regular meeting of the Hospital Commission will be Wednesday, July 24, 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, July 17, 2019, at 12:30 p.m. This meeting will convene in the River's Edge Hospital Helen G. White Conference Center.

Chairperson

Secretary

MINUTES OF THE MEDICAL STAFF MEETING

River's Edge Hospital & Clinic, St. Peter, Minnesota
Tuesday, July 16, 2019

The Medical Staff of River's Edge Hospital & Clinic met on Tuesday, July 16, 2019, at 4:00 p.m. in the Helen G. White Conference Center.

ATTENDING: Doctors Swanson and Tilton; Laura Werneke CRNA, Nikki Bloom, Jennifer Donkin, Tracie Lafata, Paula Meskan, Shirley Miller, Linda Prah, Janelle Rauchman, Paulette Redman, George Rohrich, Paul Topliff, and Terri Winter (Recorder)

Excused: Doctors Bogonko, Hockenberry, Long, Kalsi, P. Kumar, Rotilie, and Sand;

Absent: Doctors Baldwin, Botker, Curtis, Gauthier, Gazzola, Gujer, Janiga, Jones, 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
1. Review of Minutes	The minutes of the May 7, 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.
2. Consent Agenda	The consent agenda includes the following: A. Acceptance of the May and June 2019 Quality Committee Meeting Minutes B. Acceptance of the April and June 2019 Compliance Committee Meeting Minutes	A motion was made by Dr. Tilton to approve the consent agenda as presented. Motion seconded by Dr. Erath, and carried with all members voting in favor.
3. Credentialing Committee	<p>The Executive/Credentials Committee made the following recommendations:</p> <p>Initial Appointment to the Medical Staff: June 2019 Ifechi D. Anyadioha, MD Courtesy Staff, Pain Management Brenda J. Hyde, MD Courtesy Staff, Radiology David A. Jahangir, MD Courtesy Staff, Teleradiology Kayleen M. Jahangir, MD Courtesy Staff, Teleradiology Mohammad A. Kassir, MD Courtesy Staff, Teleradiology Davis R. Sand, MD Active Staff, Emergency Medicine</p> <p>July 2019 Christopher J. Church, PA-C Courtesy Staff, Emergency Medicine</p> <p>Reappointment to the Medical Staff: June 2019 Josser E. Delgado, MD Courtesy Staff, Teleradiology</p>	<p>The Credential Committees recommendations for appointment, reappointment, and change in status, were presented to the Medical Staff for review.</p> <p>The recommendations will be forwarded to the Hospital Commission.</p>

	<p>Bjorn I. Engstrom, MD <u>July 2019</u> Robert A. Kessler, MD Tom D. Larson, MD James D. Nack, MD Brian S. Pepito, MD Damon D. Shearer, DO Asma S. Syed, MD Michele M. Whaylen, PA-C</p> <p>Courtesy Staff, Teleradiology Courtesy Staff, Telemedicine Infectious Disease Courtesy Staff, Teleradiology Courtesy Staff, Podiatry Courtesy Staff, Telemedicine Infectious Disease Courtesy Staff, Teleradiology Courtesy Staff, Telemedicine Infectious Disease Courtesy Staff, Emergency Medicine</p> <p>Change in Staff Category – Provisional to Full Membership: <u>June 2019</u> Thomas A. Gebhard, MD</p> <p>Courtesy Staff, Teleradiology</p> <p><u>July 2019</u> Carol Y. Lu, MD Alexander Y. Zubkov, MD</p> <p>Courtesy Staff, IM/Hospitalist Courtesy Staff, Telemedicine Neuro</p> <p>Change in Privileges: <u>June 2019</u> None.</p> <p><u>July 2019</u> None.</p> <p>Withdrawal from Medical Staff: 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: <u>June 2019</u> Sultan G. Michael, MD</p> <p>Courtesy Staff, IM/Hospitalist</p> <p><u>July 2019</u> Christopher P. Peck, MD</p> <p>Courtesy Staff, Emergency Medicine</p>	
<p>4. Administrative update and Report from Hospital Commission Meetings</p>	<p><i>May & June 2019:</i></p> <ul style="list-style-type: none"> • The Hospital Commission approved the leasing of the Hologic Selenia 3D Mammography System. • Building renovation updates and overall timeline for individual department completions were discussed. • The building project is on time and on schedule. 	

<p>5. Medical Staff Practices, Policies, Procedures, Guidelines, Requirements and Business</p>	<p>Emergency Medicine – Dr. Sand is the new Emergency Department Medical Director and is scheduled to work Tuesdays. Surgery – Paul Topliff, REH Surgical Manager, is in his 7th week “on the job”.</p>	
<p>6. Nursing Updates</p>	<p>Equipment/Programs/Staffing/Patient Satisfaction</p> <p>a) Med Surg</p> <ol style="list-style-type: none"> 1. The new wings are open! All areas in Med-Surg will be completed and opened the end of November/December. 2. <u>Staffing</u> – There are 3 RN positions and 3 PCA positions open on Med-Surg. Two each of the RN and PCA positions are open due to expansion planning. 3. <u>Quality Improvement</u> – Discharge Process – Working toward a “scheduled” discharge process. Medication Education – improving. Wound Vac process – Process is in control and closing out is currently being considered. IV Start Skills – Competency completion deadline is set for July 25. 4. <u>Statistics</u> – Length of Stay - YTD is 2.79. Length of Stay by Procedure: Arthroplasty Knee 3 days – Arthroplasty Knee Bilateral 3 days – Arthroplasty Revision Knee 3 days – Arthroplasty Hip 3 days – Arthroplasty Shoulder 1 day. (length of stay by Procedure by Provider is available upon request) Monthly average daily census for May was 8.12 and 7.97 in June. 5. <u>Patient Satisfaction</u> – HCAHPS Percentile Ranking (12 month rolling score) remains at the 94th percentile. HCAHPS Discharge Composite (top box monthly) trended downward April to May, to just under top box goal of 70. 6. <u>Capacity</u> – Review of data when the department is “Red” (time closed) shows the following: <ul style="list-style-type: none"> • Closed due to census 65% (previously 81%) • Closed due to staffing 15% (previously 6%) • Closed due to acuity 19% (previously 13%) <p>Med-Surg and the ED have initiated a process for admissions.</p> <p>b) Surgical Services</p> <ol style="list-style-type: none"> 1. DNV 2018 Accreditation Survey – reporting for the final time on measures that have been closed. Documentation of H&P prior to surgery – improved, but not yet at 100%; will be continuing to monitor. Documentation of nausea and vomiting in post-anesthesia note – documentation now based on structured notes, last audit showed 100% compliance; will continue with random audits. Post-Operative notes containing required elements – stable, will be continuing to monitor. 	

	<ol style="list-style-type: none"> 2. Surgical Volumes – Trending Upward. 3. River's Edge is an Orthopaedic Center of Excellence! <p>c) ED / Urgent Care / Trauma</p> <ol style="list-style-type: none"> 1. <u>Patient Satisfaction</u> – ED likelihood to recommend (rolling score) 2019 Goal: 80% or better. April was at 77.4 and May was at 77.7. Working with registration staff to improve satisfaction. UC likelihood to recommend (rolling score) 2019 Goal: 72%. April was at 73.3 and May was at 70.9. May results were reviewed at a staff meeting in June and discussed. UC is working on a process for rooming patients, informing patients of delays, and talking with patients about their plan of care after being seen by the provider. 2. <u>Transfer Statistics and Data</u> – Patient transfers from the ED for second quarter shows the highest number due to Cardiology reasons followed by, Higher Level of Care, GI, Behavioral Health, General Surgery, Pediatrics, Neurology, ICU, Capacity, Trauma, and Other (“other” includes patient/family preference, OB/GYN, Urology, and Nephrology) Transfers to date are 212. 3. <u>Admissions-</u> Acute Admissions (ED to Med/Surg) May had 6 admissions and June had 8. Observational Care admissions from the ED showed 13 in May and 10 in June. 4. <u>Staffing</u> – Emergency Department- The last open position has been filled with a Paramedic. Urgent Care- Fully staffed. Two staff members are scheduled for maternity leave at year end. An offer has been made for a full time Nurse Practitioner. REH should hear by Friday whether she will accept the position. <p>d) <u>EMS Services</u> – Number of total calls and transfers has remained stable. The number of calls given away have decreased. Response to call is at 1 minute and 56 seconds.</p>	
<p>7. Ancillary Departmental Updates / Equipment / Programs / Staffing</p>	<ol style="list-style-type: none"> a) Imaging <ol style="list-style-type: none"> 1) <u>Echo</u> – Have reached out to Minneapolis Heart to see if they have the capacity to bring River's Edge back on board. REH will reach out again as have not received a response to date. 2) <u>3D Mammography</u> – Proposal forwarded to the City for approval to lease the Hologic Selenia 3D Mammography System. b) Laboratory <ol style="list-style-type: none"> 1) <u>Staffing</u> – Two techs are decreasing their FTEs late summer. A 0.8 FTE has been hired and will start in September. 2) <u>Blood Gas Analyzer</u> – replacement with a new analyzer is on hold. 3) <u>New Product</u> – in the early stages of exploring a needle-free, single use, blood draw device named PIVO. c) Physical Medicine <ol style="list-style-type: none"> 1) The inpatient Therapy Department on Med-Surg opened. 2) A new Physical Therapist started in June. A new PT Assistant started today. 	

	<p>d) Cardiac Rehab – Medical Staff was in agreement to remove this department from the agenda to report.</p> <p>e) Pharmacy –</p> <ol style="list-style-type: none"> 1) <u>Medication Reconciliation</u> – (Surgical Patients with 100% Correct Home Med List at Admission) Hitting goal! In early 2018, percentage was at 45. Current percentage is in the high 80's. Percentage took a dip in May due to training issues involving one nurse and two new staff. Goal increase to be determined. Rank is at 96th percentile. 2) <u>Pain Management</u> – Compliancy has increased. Currently breaking down non-compliancy by nurse and educating. February 61.33% adherent to orders and April at 77.96%. <i>Tylenol Protocol IV to PO conversion</i> – this past spring the protocol for Tylenol was converted to PO from IV. Patients take a dose the night before surgery and then upon arrival. Currently looking at the obtained information and reviewing. Older patients in particular are requesting non-narcotic medication for pain. 3) <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%. Meeting goal. 4) <u>Antibiotic Stewardship</u> – Education given to providers in regard to prescribing antibiotics. Improvements are good. Recently a rank of peers was posted in the ED and UC where providers can compare themselves to others. Each provider is assigned a number for comparison. <p>f) Health Information Management</p> <ol style="list-style-type: none"> 1) <u>Incomplete Medical Records > 30 days</u> – 22 charts, which include a variety of 36 deficiencies. Numbers are a little higher than previously reported. 2) <u>Incomplete Medical Records < 30 days post discharge</u> – 62 charts which include 92 deficiencies. Numbers are a little higher than previously reported. 3) <u>Meaningful Use: Clinical Information Reconciliation</u> – 2018 Measure Results for Clinical Information Reconciliation is 21.1%. Passing Threshold for 2019 will be 80%. Currently at 85.5%. <u>Stage 3 EH Objectives</u> (Eligible Hospital) – of the 12 measures, 8 are green, 4 are red with 3 of the red being discontinued. Red remaining is Send Summaries of Care. There are a number of components to this measure, including maintaining correct physician addresses in the Excellian database. <p>g) Dietary – reporting quarterly</p>	
8. Adjourn	<p>Meeting adjourned at 5:21 p.m. The next Medical Staff meeting will be held on Tuesday, September 10, 2019.</p>	<p>It was by mutual consensus to adjourn the meeting. Meeting adjourned at 5:21 p.m.</p>

Laura Tilton, MD, Secretary-Treasurer

DRAFT

RIVER'S EDGE HOSPITAL & CLINIC FINANCE COMMITTEE MEETING

River's Edge Hospital & Clinic

Wednesday, July 17, 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 12:34 p.m. by Margie Nelsen.

APPROVAL OF AGENDA

The agenda for the July 17, 2019 Finance Committee meeting was reviewed.

ACTION: A motion was made by John Lammert to approve the July 17, 2019 agenda. The motion was seconded by Stephen Grams and carried with all members voting in favor.

GENERAL VISITOR COMMENTS

None

REVENUE AND EXPENSES

Lori Zook presented the financial reports for June. The month of June had a Net Operating Income of (\$102,241) and a year-to-date stand at \$656,550. Total Patient Revenue stands at \$5,747,223. Year-to-date Total Patient Revenue stands at \$36,224,449, over an YTD budget of \$39,728,727. June Net Patient Revenue stands at \$3,168,556 with a budget of \$2,197,897. Monthly Net Operating Revenue stands at \$3,193,767, versus a budget of \$2,203,173. Monthly Operating Expenses stands at \$3,296,008 over budget of \$3,077,024.

ACTION: A motion was made by Stephen Grams to approve 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 John Lammert and carried with all members voting in favor.

CASH FLOW

Cash Flow for the month of June increased by \$289,448.

BALANCE SHEETS

Balance Sheets were reviewed. Net Patient Receivables shows an increase of \$76,757 for the month of June and accounts payable decreased (\$152,851).

YEAR-TO-DATE REVENUES AND EXPENSES

Year-to-date Gross Revenue is \$36,224,500 versus a budget of \$39,728,727 which is (\$3,504,227) under budget. Year-to-date Net Patient Revenue is \$19,109,935 versus a budget of \$19,537,431, or (\$427,496) under budget. Year-to-date Total Operating Expenses are \$18,585,104 a budget of \$18,657,156 or (\$72,052) under budget.

DASHBOARD

Days Cash (All Sources) On Hand is 97.63 and Days Revenue in Accounts Receivable stands at 39.19 days. Debt coverage is 3.10 for the month of June.

CHECK REVIEW

The Check Review list was given to the Finance Committee and reviewed. The total amount for the month of June is \$1,832,166.

ACTION: A motion was made by John Lammert to recommend the acceptance of checks, in the amount of \$1,832,166 to the Commission. The motion was seconded by Stephen Grams and carried with all members voting in favor.

COMMUNITY CARE AND COLLECTIONS

Community Care grants totaled \$18,141.18, covering 8 accounts. Presumptive community care grants totaled \$94,679.60 covering 16 accounts. Year-to-Date Community Care grants total \$551,609. Collection activity approval totaled \$103,721.10. Year-to-Date collection activity stands at \$491,266. Year-to-Date \$182,349 of gross bad debts have been recovered. The Revenue Recapture program through the State of Minnesota resulted in receipt of \$5,601.10, year-to-date recovery total of \$141,411.

ACTION: A motion was made by Stephen Grams to recommend approval of Community Care grants in the amount of \$18,141.18, Presumptive Community Care grants in the amount of \$94,679.60 and \$103,721.10 in write-offs to collection for June. The motion was seconded by John Lammert and carried with all members voting in favor.

ADJOURNMENT

ACTION: The meeting was adjourned by mutual consent at 1:14 p.m.

NEXT MEETING

The next Finance Committee meeting will be held on Wednesday, August 21, 2019, at 12:30 p.m. in Helen White Conference Room 1.

Chairperson

Vice-Chairperson

RIVER'S EDGE HOSPITAL & CLINIC
Balance Sheet for the Period Ending
June 30, 2019

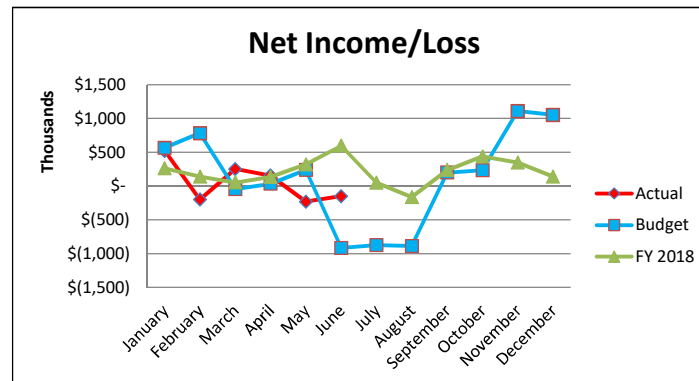
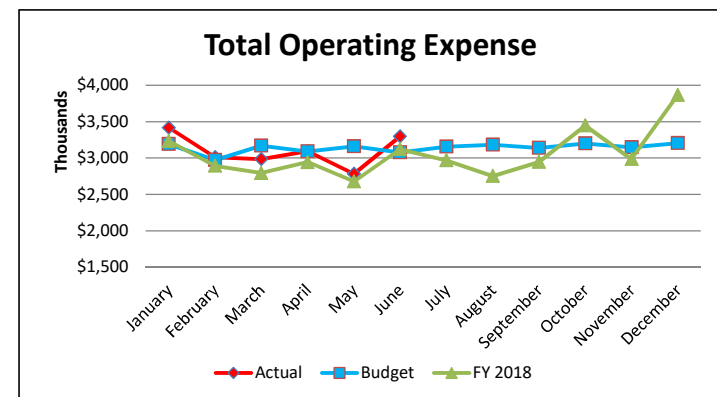
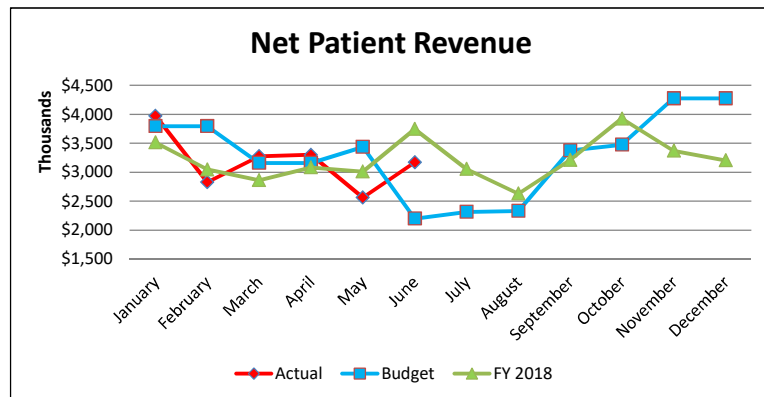
	<u>Current Period</u>	<u>Prior Period</u>	<u>Last Year</u>		<u>Current Period</u>	<u>Prior Period</u>	<u>Last Year</u>
	<u>Assets</u>			<u>Liabilities & Fund Balances</u>			
Current Assets:				Current Liabilities:			
Cash	\$ 7,523,188	\$ 7,232,731	\$ 7,763,534	Accounts Payable	\$ 2,270,257	\$ 2,423,108	\$ 1,687,285
				Construction Payable	1,800,702	672,764	-
Patient Receivables	7,502,744	7,235,801	9,728,721	3rd Party Payers	1,037,912	1,037,912	326,000
Less: Allow for Uncollectible	(3,276,692)	(3,086,506)	(4,543,417)	Accrued Payroll	184,270	125,489	162,096
Total Patient Receivables	4,226,052	4,149,295	5,185,304	Accrued PTO	841,695	825,496	779,339
				Self Insurance	13,613	10,479	13,256
3rd Party Payers	-	-	-	Payroll Taxes & Deductions	239,066	235,356	242,593
Other Receivables	92,685	92,955	68,432	Accrued Int Payable Bond	54,403	36,578	139,902
Inventories	641,551	627,068	703,626	Current Portion Long Term Debt	799,789	799,789	682,989
Prepaid Expenses	272,820	313,274	265,586				
Total Current Assets	12,756,296	12,415,323	13,986,482	Total Current Liabilities	7,241,707	6,166,971	4,033,460
Other Assets				Long Term Debt			
Board Designated Funds	2,830,811	2,830,358	3,818,870	Bonds Payable	9,889,385	9,889,385	10,697,374
Dedicated Cash	391,212	411,438	136,648	PERA	8,092,351	8,036,084	8,231,564
Investments	392,644	384,644	382,904	Construction Payable	11,719,947	11,223,942	
Total Other Assets	3,614,667	3,626,440	4,338,422	Total Long Term Debt	29,701,683	29,149,411	18,928,938
Intangible Assets:				Total Liabilities	36,943,390	35,316,382	22,962,398
Unamortized Loan Costs	40,476	41,255	49,816				
Plant, Property and Equipment				Fund Balances			
Land & Land Improvements	1,702,797	1,702,797	1,702,797	Current Year	350,706	501,877	1,500,285
Building and Improvements	9,788,080	9,788,080	7,260,686	Prior Year	5,913,419	5,913,419	3,370,936
Fixed Equipment	3,910,868	3,846,182	3,982,136	Capital Restricted Funds	-	-	-
Major Moveable Equipment	9,243,354	9,180,934	9,781,918	Total Fund Balance	6,264,125	6,415,296	4,871,221
Total Plant, Property & Equip.	24,645,099	24,517,993	22,727,537				
Less: Accum Depreciation	(15,569,510)	(15,463,874)	(15,462,918)				
Total PP&E less depreciation	9,075,589	9,054,119	7,264,619				
Construction in Progress	17,720,487	16,594,541	2,194,280				
Total Fixed Assets	26,796,076	25,648,660	9,458,899				
Total Assets	\$ 43,207,515	\$ 41,731,678	\$ 27,833,619	Total Liabilities & Fund Balances	\$ 43,207,515	\$ 41,731,678	\$ 27,833,619

RIVER'S EDGE HOSPITAL and CLINIC
STATEMENT OF REVENUES AND EXPENSES
June 30, 2019

Current Month				Year to Date				
Actual	Budget	Variance	Prior Year		Actual	Budget	Variance	Prior Year
\$ 3,707,642	\$ 3,699,634	\$ 8,008	\$ 4,508,508	Inpatient Revenue	\$ 23,032,623	\$ 26,895,811	\$ (3,863,188)	\$ 23,555,513
2,039,581	1,863,479	176,102	2,143,861	Outpatient	13,191,876	12,832,916	358,960	13,685,681
5,747,223	5,563,113	184,110	6,652,369	Total Patient Revenue	36,224,499	39,728,727	(3,504,228)	37,241,194
-	-	-	-	Physician Clinic Revenue	-	-	-	-
5,747,223	5,563,113	184,110	6,652,369	Hospital Patient Revenue	36,224,499	39,728,727	(3,504,228)	37,241,194
				Revenue Deductions				
2,325,263	3,205,884	(880,621)	2,744,125	Contractual- Current YR	15,823,339	19,235,304	(3,411,965)	17,046,532
-	-	-	-	Contractual - Prior Year	-	-	-	-
115,136	92,500	22,636	117,814	Bad Debt	604,469	555,000	49,469	562,350
112,821	50,582	62,239	49,790	Charity Discounts	547,562	303,492	244,070	267,831
21,543	16,250	5,293	(4,651)	Self pay Discounts	121,515	97,500	24,015	101,128
3,904	-	3,904	-	Other	17,676	-	17,676	7,728
2,578,667	3,365,216	(786,549)	2,907,078	Total Revenue Deductions	17,114,561	20,191,296	(3,076,735)	17,985,569
3,168,556	2,197,897	970,659	3,745,291	Net Patient Revenue	19,109,938	19,537,431	(427,493)	19,255,625
8,000	2,221	5,779	8,000	Co-op Inc.	48,000	15,125	32,875	48,310
1,877	2,551	(674)	1,935	Live Well Fitness	15,099	15,306	(207)	17,356
8,834	504	8,330	8,758	Other Revenue	52,395	3,077	49,318	14,342
6,500	-	6,500	4,500	Grants	16,217	-	16,217	12,900
25,211	5,276	19,935	23,193	Total Other Operating Revenue	131,711	33,508	98,203	92,908
3,193,767	2,203,173	990,594	3,768,484	Net Operating Revenue	19,241,649	19,570,939	(329,290)	19,348,533
				Operating Costs				
813,158	823,032	(9,874)	795,280	Salaries & Wages	4,799,558	4,962,716	(163,158)	4,725,968
258,334	275,662	(17,328)	228,431	Benefits	1,541,550	1,660,217	(118,667)	1,359,434
448,632	483,086	(34,454)	529,405	Fees-Professional	3,059,187	2,958,149	101,038	2,811,825
194,913	180,378	14,535	219,472	Fees-Other	1,351,031	1,101,647	249,384	1,162,667
500	8,748	(8,248)	6,735	Recruitment	7,270	52,488	(45,218)	33,384
929,196	856,285	72,911	885,794	Supplies	4,689,123	5,223,350	(534,227)	5,087,888
33,717	41,121	(7,404)	32,868	Utilities	225,851	246,729	(20,878)	173,131
82,509	88,661	(6,152)	90,095	Repairs & Maintenance	470,245	532,404	(62,159)	467,187
264,936	58,150	206,786	79,742	Lease, Rent, Minor Equip	772,207	327,420	444,787	306,645
5,016	8,914	(3,898)	8,324	Dues & Subscriptions	40,481	57,418	(16,937)	41,914
23,784	27,048	(3,264)	14,177	Prof. Develop/Education	108,668	176,417	(67,749)	120,388
11,411	19,232	(7,821)	24,445	Marketing, Public Relations	82,503	116,627	(34,124)	101,201
9,520	8,749	771	8,218	Insurance	61,733	52,494	9,239	52,619
33,002	34,227	(1,225)	34,571	Interest Expense	198,505	205,362	(6,857)	207,918
76,721	61,665	15,056	58,718	Tax Expense	493,580	369,990	123,590	380,986
4,245	5,908	(1,663)	3,518	Other Expenses	35,941	36,780	(839)	23,625
106,414	96,158	10,256	102,224	Depreciation/Amortization	647,666	576,948	70,718	600,637
3,296,008	3,077,024	218,984	3,122,017	Total Operating Expenses	18,585,099	18,657,156	(72,057)	17,657,417
(102,241)	(873,851)	771,610	646,467	Net Operating Income	656,550	913,783	(257,233)	1,691,116
-3.20%	-39.66%	36.46	17.15%		3.41%	4.67%	-1.26	8.74%
				NonOperating Income(Expense)				
7,331	3,582	3,749	4,161	Interest Income-General	47,040	21,492	25,548	35,664
(56,262)	(47,147)	(9,115)	(54,717)	Other Income/ (Expense)	(352,882)	(282,882)	(70,000)	(226,495)
(48,931)	(43,565)	(5,366)	(50,556)	Total Non Operating	(305,842)	(261,390)	(44,452)	(190,831)
\$ (151,172)	\$ (917,416)	\$ 766,244	\$ 595,911	Excess Revenue over Expenses	\$ 350,708	\$ 652,393	\$ (301,685)	\$ 1,500,285
-4.73%	-41.64%		15.81%		1.82%	3.33%		7.75%

RIVER'S EDGE HOSPITAL and CLINIC
STATEMENT OF REVENUES AND EXPENSES
June 30, 2019

	January	February	March	April	May	June	July	August	September	October	November	December	Total
Total Patient Revenue	6,898,742	5,611,184	5,980,530	6,172,853	5,813,968	5,747,223							36,224,500
Net Patient Revenue	3,974,962	2,826,933	3,277,263	3,299,702	2,562,519	3,168,556							19,109,935
Net Operating Revenue	3,989,504	2,860,734	3,287,941	3,311,820	2,597,880	3,193,767							19,241,646
Operating Costs													
Total Operating Expenses	3,417,778	3,010,972	2,985,692	3,091,678	2,782,976	3,296,008							18,585,104
Net Operating Income	571,726	(150,238)	302,249	220,142	(185,096)	(102,241)							656,542
	14.33%	-5.25%	9.19%	6.65%	-7.12%	-3.20%							3.41%
NonOperating Income(Expense)													
Total Non Operating	(48,111)	(49,451)	(48,335)	(64,218)	(46,797)	(48,931)							(305,843)
Excess Revenue over Expenses	\$ 523,615	\$ (199,689)	\$ 253,914	\$ 155,924	\$ (231,893)	\$ (151,172)							350,700
	13.12%	-6.98%	7.72%	4.71%	-8.93%	-4.73%							1.82%



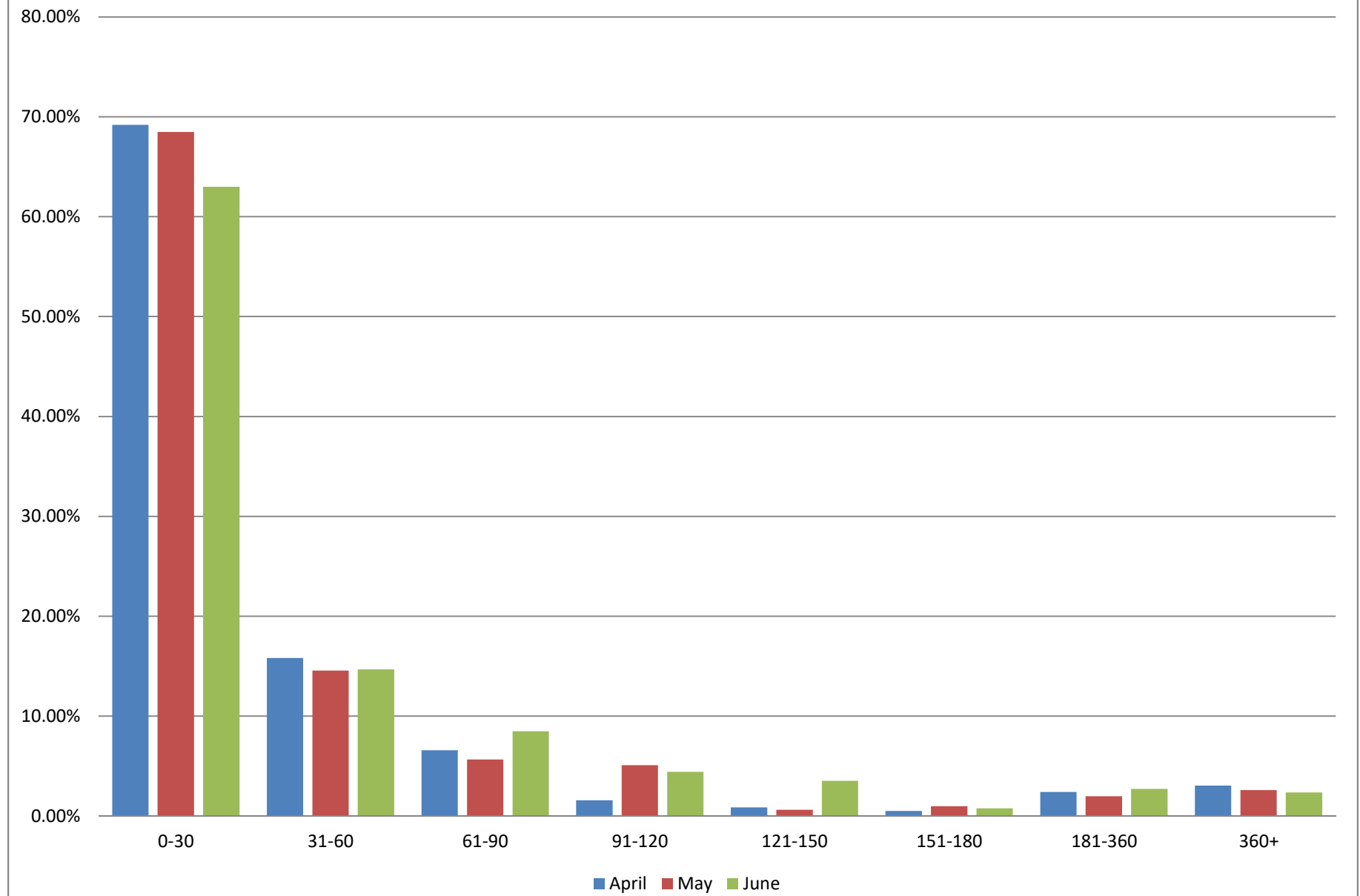
River's Edge Hospital and Clinic
Cash Flow Report at
June 30, 2019

	MONTH	YEAR
Operating Activities and NonOperating Revenue:		
Excess of Revenue over Expenses	\$ (151,171)	\$ 350,706
Adj to reconcile excess of Revenue over Expenses to Net Cash		
Depreciation & Amortization	106,414	(37,947)
Noncash gifts & bequests	-	-
Increase (Decrease) Amt. Due 3rd Parties	-	(2,075,976)
(Increase) Decrease in Accounts Receivable	(76,487)	776,591
(Increase) Decrease in Prepaids	40,453	(66,747)
(Increase) Decrease in Inventories	(14,482)	(40,320)
Increase (Decrease) in Accounts Payable & Accrued Liabilities	1,113,179	(708,272)
Net Cash provided by Operations	1,017,906	(1,801,965)
Investing Activities:		
Purchase/Disposals of Property & Equipment	(1,253,051)	(6,349,312)
Purchase of Investments	(8,000)	(3,194)
Construction Escrow	18,764	1,586,853
Bremer Construction	506,471	6,821,519
Cash provided by Investments	(735,816)	2,055,866
Financing Activities:		
Repayment of Long-Term Debt	(10,466)	(159,772)
Payment of Interest - LT Debt	17,824	(77,183)
Capital Grants		
Cash provided by Financing	7,358	(236,955)
INCREASE (DECREASE) IN CASH & CASH Equivalents	289,448	16,946
CASH BEGINNING OF PERIOD	10,200,697	10,473,199
CASH END OF PERIOD	\$ 10,490,145	\$ 10,490,145
CHANGE & BALANCE OF CASH		
Operating Cash	290,457	7,523,188
Non-Current Cash	(1,009)	2,966,957
TOTAL CHANGE & BALANCE OF CASH	\$ 289,448	\$ 10,490,145

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
Operating Activities and NonOperating Revenue:													
Excess of Revenue over Expenses	\$ 523,615	\$ (199,688)	\$ 253,917	\$ 170,301	\$ (231,893)	\$ (151,171)							\$ 365,081
Adj to reconcile excess of Revenue over Expenses to Net Cash													
Depreciation & Amortization	103,737	99,057	103,355	(553,776)	103,266	106,414							(37,947)
Noncash gifts & bequests	-	-	-	-	-	-							-
(Increase) Decrease Amt. Due 3rd Parties	(222,778)	-	150,000	-	(2,003,197)	-							(2,075,975)
(Increase) Decrease in Accounts Receivable	322,983	128,377	48,262	(124,266)	409,864	(76,487)							708,733
(Increase) Decrease in Prepaids	17,428	(128,592)	(20,687)	(10,302)	34,954	40,453							(66,746)
(Increase) Decrease in Inventories	(6,544)	(1,454)	(8,848)	8,194	(17,186)	(14,482)							(40,320)
Increase (Decrease) in Accts Pay. & Accrued Liab.	153,478	52,898	511,668	(1,620,737)	301,308	1,113,179							511,794
Net Cash provided by Operations	891,919	(49,402)	1,037,667	(2,130,586)	(1,402,884)	1,017,906	-	-	-	-	-	-	(635,380)
Investing Activities:													
Purchases/Disposals of Property & Equipment	(1,633,286)	(1,232,262)	(2,069,238)	(373,045)	(955,013)	(1,253,051)							(7,515,895)
Purchase of Investments	(8,000)	(8,000)	(8,000)	(8,000)	36,806	(8,000)							(3,194)
Construction Escrow	1,907,340	1,333,704	(1,710,708)	37,753	-	18,764							1,586,853
Bremer Construction			3,180,941	3,134,107	-	506,471							6,821,519
Cash provided by Investments	266,054	93,442	(607,005)	2,790,815	(918,207)	(735,816)	-	-	-	-	-	-	889,283
Financing Activities:													
Repayment of Long-Term Debt	-	(9,106)	(119,866)	(10,406)	(9,928)	(10,466)							(159,772)
Payment of Interest - LT Debt	(163,745)	16,464	17,224	17,763	17,286	17,824							(77,184)
Capital Grants													-
Cash provided by Financing	(163,745)	7,358	(102,642)	7,357	7,358	7,358	-	-	-	-	-	-	(236,956)
INCREASE (DECREASE) IN CASH & CASH Equivalents	994,228	51,398	328,020	667,586	(2,313,733)	289,448	-	-	-	-	-	-	16,947
CASH BEGINNING OF PERIOD	10,473,199	11,467,427	11,518,825	11,846,845	12,514,430	10,200,697							10,473,198
CASH END OF PERIOD	\$ 11,467,427	\$ 11,518,825	\$ 11,846,845	\$ 12,514,431	\$ 10,200,697	\$ 10,490,145	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 10,490,145
CHANGE & BALANCE OF CASH													
Operating Cash	992,779	48,873	329,193	658,351	(2,301,529)	290,457							7,523,188
Non-Current Cash	1,450	2,525	(1,173)	9,234	(12,204)	(1,009)							2,966,957
Investments													
TOTAL CHANGE & BALANCE OF CASH	\$ 994,229	\$ 51,398	\$ 328,020	\$ 667,585	\$ (2,313,733)	\$ 289,448	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 10,490,145

Accounts Receivable Aging 2019-rolling



QUALITY MANAGEMENT COMMITTEE MEETING MINUTES

River's Edge Hospital & Clinic, St. Peter, Minnesota
Wednesday, July 17, 2019

The Quality Management Committee meeting was held on Wednesday, July 17, 2019, at 8:30 a.m. in the Helen G. White Conference Center.

Present were John Lammert, Gary Swedberg, and Maryann Harty, Hospital Commission; Dr. Tilton, Hospitalist; Paula Meskan, Janelle Rauchman, Shirley Miller, Stacey Johnson, Jackie Kimmet, Lori Zook, Stephanie Holden, Paulette Redman, and Ashlie Baker, Recorder.

Absent: Dr. Bogonko, George Rohrich, Carrie Lager, and Linda Prah.

AGENDA ITEM	DISCUSSION	ANALYSIS / CONCLUSIONS / ACTION	FOLLOW-UP / RESPONSIBLE PARTY
1. Review of Minutes.	The minutes of the June 19, 2019 meeting were distributed electronically prior to the meeting for review.	A motion was made by Maryann Harty to approve the minutes as presented. Motion seconded by Kevin Schaefer, and carried with all voting in favor.	
2. Contracted Services.			
	- Reported individually by department.		
3. Departmental Goal Reports and Quality / Patient Safety Core Functions Reports			
a. Quality and Infection Control	Janelle Rauchman reported. 1) Quality Management System. <ul style="list-style-type: none">• Policy Review• ISO Information 2) Audits, Internal Audits, Tracers. <ul style="list-style-type: none">• Nothing to report at this time 3) DNV Survey. <ul style="list-style-type: none">• Data will be submitted by July 25, 2019. 4) Baldrige. <ul style="list-style-type: none">• Discussed Feedback Report at LDI on July 15, 2019.		Janelle Rauchman
b. Med-Surg and Swing Bed.	Paula Meskan reported. 1) OTI's CAP's, and PAP's. <ul style="list-style-type: none">• All Opportunities to Improve, Corrective Action Plans, and Preventive Action Plans were discussed. 2) Equipment/Process Improvement. Multiple new equipment added with the opening of the new patient wings: <ul style="list-style-type: none">• Telemetry• Call Lights		Linda Prah

Quality Management Meeting Minutes

July 17, 2019 Page 2

	<ul style="list-style-type: none"> • Beds • Overhead lifts • Updated Omnicell and added an additional Omnicell <p>3) Quality – Focus Areas for 2019</p> <ul style="list-style-type: none"> • Overall Patient Satisfaction • Discharge • Care Transitions <p>4) Patient Satisfaction.</p> <ol style="list-style-type: none"> a. Overall Satisfaction with Hospital: Top box scores are trending upwards, with April at 86.0% and May at 85.4%; Goal is 88%. b. Satisfaction with Discharge: Scores continue to remain stable – April 68.9% and May 69.3%. Goal is 70%. <p>5) Discharge Improvement Actions</p> <ul style="list-style-type: none"> • Began a Six Sigma Improvement Project in January 2019. • Goals <ul style="list-style-type: none"> ○ Improve overall Discharge score ○ Remain in the 90th percentile ○ Improve the Care Transitions Score <p>6) Contracted Services. University of Iowa College of Nursing for online nursing residency program. Plan for 10 RNs to attend the program in 2019.</p>		Linda Prah
c. Emergency Department / Urgent Care.	<p>Stacey Johnson reported.</p> <p>1) OTI's, CAP's, and PAP's</p> <ul style="list-style-type: none"> • All Opportunities to Improve, Corrective Action Plans, and Preventive Action Plans were discussed. <p>2) Restraints/Seclusions.</p> <ul style="list-style-type: none"> • There were no restraints used during Q2. <p>3) Patient Flow Issues – Left Without Being Seen.</p> <ul style="list-style-type: none"> • Percentage of patients leaving ED without being seen in the 2nd quarter was 0.72%. <p>4) Minnesota Stroke Registry Quality Improvement Project.</p> <ul style="list-style-type: none"> • Goal: CT read within 45 minutes of patient arrival to ED. <ul style="list-style-type: none"> ○ Total of six stroke patients in the 2nd quarter - one out of the six patients met the measure. <p>5) Care Transitions.</p> <ul style="list-style-type: none"> • Most recent results of ED transfer measures show a passing rate of 67% in April, 2019, and 69% in May, and 90% in June. 	Review of each case to determine opportunities for improvement.	Stacey Johnson

Quality Management Meeting Minutes

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	<p>6) Patient Satisfaction.</p> <ul style="list-style-type: none"> Emergency Department - Likelihood of Recommending: Goal is to improve the Top Box score for Likelihood to Recommend to 80%. Scores for March was 77.6%, April was 77.4%, and 77.7% in May. Urgent Care – Likelihood to Recommend: Goal is to improve the Top Box score for Likelihood to Recommend to 72%. Top box score for March was 72.8%; April was 73.3% and 70.9% in May. <p>7) ED/UC Throughput.</p> <ul style="list-style-type: none"> Combined ED/UC throughput time (door to discharge) goal for ED throughput is 105 minutes. April was at 128 minutes, May 100 minutes; and June 103 minutes. UC throughput time for April was 62 minutes, May was 65 minutes, and June at 54 minutes (goal is to be under 60 minutes). 	<p>Patient surveys continue to be sent out via e-mail and U.S. mail within 48 hours of ED visit. ED is also continuing to do callbacks on its patients within 48 hours of visit.</p>	
d. Ambulance Services.	<p>Paula Meskan reported.</p> <p>1) OTI's, CAP's, and PAP's</p> <ul style="list-style-type: none"> All Opportunities to Improve, Corrective Action Plans, and Preventive Action Plans were reviewed and discussed. <p>2) Growth.</p> <p>--ALS 911 requests 4th quarter – 132</p> <p>--BLS 911 requests 4th quarter – 51</p> <p>--911 calls given to other service – 16, up from 15 in the 1st quarter.</p> <p>--Transfers given to other service – 14</p> <p>--Response time: Response time from call to out the door for 1st quarter 2019 was 02:06.</p>	<p>From 2017 to date, we have doubled our transfers, and decreased by half the number of calls that are given away.</p>	Carrie Lager
e. Surgical Services and Anesthesia.	<p>Paula Meskan reported.</p> <p>1) OTI's, CAP's, and PAP's</p> <ul style="list-style-type: none"> All Opportunities to Improve, Corrective Action Plans, and Preventive Action Plans were reviewed and discussed. <p>2) DNV Surgical Findings:</p> <ul style="list-style-type: none"> All non-conformities have been closed from 2019 survey Audit Measures for Orthopedic Certification Exploring Certification for Sterile Processing <p>3) Departmental Measures.</p> <ul style="list-style-type: none"> Immediate Use Sterilization. <ul style="list-style-type: none"> Two items Q2 – not used on a patient. Reportable Events. <ul style="list-style-type: none"> None Q2. Surgical Complications <ul style="list-style-type: none"> One during Q2. 		Paula Meskan

Quality Management Meeting Minutes

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<p>f. Pharmacy</p>	<p>Shirley Miller reported.</p> <p>1) OTI's, CAP's, and PAP's</p> <ul style="list-style-type: none"> All Opportunities to Improve, Corrective Action Plans, and Preventive Action Plans were reviewed and discussed. <p>2) Equipment/Process Improvement.</p> <ul style="list-style-type: none"> Updated Omnicell and added an additional Omnicell <p>3) Medication Incidents.</p> <ul style="list-style-type: none"> There were 36 medication incidents reported for 2nd quarter 2019, including 20 Near Miss/Minor Events and 16 Controlled Substance Discrepancies. Warfarin dose/order/DC form had 12 events, Pre-op cocktail (2), Wrong frequency (1), Policy/Procedure/Documentation (1), Dose omitted (1), Peri-op antibiotic prophylaxis (1), Wrong route (1), and Drug monitoring (1). <p>4) Medication Adverse Drug Reactions.</p> <ul style="list-style-type: none"> There were six medication adverse drug reactions reported for the 2nd quarter. <ul style="list-style-type: none"> Vancomycin – 2 IV site extravasations; Isovue contrast dye – IV site extravasation; Diltiazem – red streak, itching of vein; Norepinephrine drip – purple fingers; Anesthesia meds/surgical procedure – prolonged hypotension, difficult to arouse. Temporary improvement with Narcan. Nursing home patient, history of alcoholic encephalopathy & delirium. Transferred to Mankato POD #2 to rule out PE. <p>5) Medication Events Committee.</p> <ul style="list-style-type: none"> Medication Reconciliation: Surgical Patients with 100% correct home med list at admission: 84.6% in April, 63.6% in May, and 86.7% in June (goal is ≥65%). <p>6) Med Surg Pain Management.</p> <ul style="list-style-type: none"> Therapeutic duplication pain med audit. <ul style="list-style-type: none"> February - 61.33% adhered to orders April – 77.96% adherent <p>7) Communication about Medication. Goal is to improve HCAHPS “Communication About Medications” section score from 69.7% to 74% based on 12-month rolling score. Score for 2nd quarter include April at 83.3% and May at 72.9%. Excellian has added additional prompts for nursing to do 1st dose education and documentation. Teaching business cards for common medications as well as adding a medical pharmacist have shown improvements to patient communication about medication.</p>	<p>Goal is 95%.</p> <p>Continue to review medication teaching cards with patients.</p>	<p>Shirley Miller Linda Prah</p> <p>Shirley Miller Stephanie Holden Linda Prah</p>
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Quality Management Meeting Minutes

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	8) Antibiotic Stewardship. <ul style="list-style-type: none">Acute Ear Pain/Otitis Media (ED/UC): Reviewed Inappropriate Use of antibiotics bar graph from August 2017-December 2018 – trending down. <i>***Please refer to slide deck for more detailed information. ***</i>		
5. Quality Recognitions.	<ul style="list-style-type: none">Recognition to the combined efforts of Quality and Stacey Johnson, ED/UC Manager, along with ED staff and providers to improve EDTC performance and exceeding our goal at 90% in June. Great work!		Janelle Rauchman
6. Adjournment.	The next Quality Management Committee meeting will be held on Wednesday, August 21, 2019, at 8:30 a.m.	The meeting was adjourned by general consensus at 9:25 a.m.	

Janelle Rauchman, RN, CIC, Chair

Building Committee Minutes

July 18, 2019

<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 checked="" 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 type="checkbox"/>	Brodie Hosch McGough

CALL TO ORDER

The Building Committee meeting was called to order at 11:04 a.m. by Margie Nelsen.

APPROVAL OF AGENDA

The July 18, 2019 Building Committee Agenda was reviewed.

ACTION: A motion was made by Jerry Pfeifer to approve the July 18, 2019 Building Committee Agenda. The motion was seconded by Chuck Zieman and carried with all members voting in favor.

PROJECT UPDATES

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

Work Completed Last Month:

- Emergency Department MEP Rough in is complete.
- Phase 6 demo is complete.
- Endoscopy is complete.
- Connection corridor is complete.

Upcoming Work:

- Painting at the Emergency department.
- Underground plumbing in the kitchen/pharmacy area.
- Framing at the kitchen/pharmacy area.
- MEP rough in at the kitchen/pharmacy area.
- OR04 Framing and MEP rough in.

Key Milestone Dates:

- PACU drywall complete- August 2019.
- Courtyard concrete complete – July 2019.
- Dining and waiting glass complete – August 2019.
- Department Ceiling complete – August 2019.

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:

- 157. Trane to add HEPA Filter section back to Surgery RTU#7.
- 160. Remove south window in ER Exam E12 to accommodate light.
- 163. Modify rated wall between dining and pharmacy and bulkhead over banquettes.
- 164. Add str steel to front dining wall to support stone lintel.
- 168. Reroute expansion joint at ED to match existing conditions.
- 169. WON door – request for additional welding.
- 170. Add circuits for decontam annunciator panel.
- 171. Add str support to relocate garage light fixtures.
- 172. Adding plaster trap to sink in trauma.
- 173. Change Crabapple tree from 3” diameter to 2” diameter.
- 174. Revise str steel and metal framing around towers.
- 175. Change HM frames to 4” headers for doors P07A, Q91, W01 in interior CMU walls.
- 177. Change sprinkler pipe label type.
- 57. Snow melt mech. equipment – system operational by Nov. 1, 2019.

ACTION: A motion was made by Chuck Zieman to recommend approval of change orders 157, 160, 163, 164, 168, 169, 170, 171, 172, 173, 174, 175, 177, and 57 for the amount of \$112,132 to the Hospital Commission. The motion was seconded by MaryAnn Harty and carried with all members voting in favor.

ADJOURNMENT

ACTION: The meeting was adjourned by mutual consent at 11:31 a.m.

NEXT MEETING

The next Building Committee meeting will be held on Thursday, August 22, 2019, at 11:00 p.m. in the Helen White Conference Room 1.

Chairperson

APPLICANTS FOR MEDICAL STAFF MEMBERSHIP AND CLINICAL PRIVILEGES

River's Edge Hospital & Clinic

July 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 School Graduation	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	Christopher J. Church, PA-C	Emergency Medicine	Premier Staffing	√	NA	√	√	√	√	√	√	√	√	√	√
		√		C	Robert A. Kessler, MD	Telemedicine Infectious Disease	Infectious Disease Specialists, PC	√	√	√	√	√	√	√	√	√	√	√	NA
		√		C	Tom D. Larson, MD	Teleradiology	CRL	√	√	√	√	√	√	√	√	√	√	√	NA
		√		C	James D. Nack, DPM	Podiatry	Mankato Clinic	√	√	√	√	√	√	√	√	√	√	√	NA
		√		C	Brian S. Pepito, MD	Telemedicine Infectious Disease	Infectious Disease Specialists, PC	√	√	√	√	√	√	√	√	√	√	√	NA
		√		C	Damon D. Shearer, DO	Teleradiology	CRL	√	√	√	√	√	√	√	√	√	√	√	NA
		√		C	Asma S. Syed, MD	Telemedicine Infectious Disease	Infectious Disease Specialists, PC	√	√	√	√	√	√	√	√	√	√	√	NA
		√		C	Michele M. Whaylen, PA-C	Emergency Medicine	Premier Staffing	√	NA	√	√	√	√	√	√	√	√	√	NA
	√			C	Carol Y. Lu, MD	IM/Hospitalist	Fusion Healthcare	√	√	√	√	√	√	√	√	√	√	√	NA
	√			C	Alexander Y. Zubkov, MD	Telemedicine-Neuro	Noran Neuro Clinic	√	√	√	√	√	√	√	√	√	√	√	NA

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

Christopher P. Peck, MD

Courtesy, Emergency Medicine

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	Benchmark/ Goal	Trend	Comments/Analysis
Readmissions	1.93%	2.10%	2.00%	1.80%	1.80%	1.70%	1.50%	2.7%		Internal Benchmark
Falls Risk	1.9	1.8	1.8	1.5	1.2	1.8	1.8	<3.5		State Average
SSI	0.23%	0.21%	0.22%	0.16%	0.16%	0.17%	0.17%	2.0%		Internal Benchmark
SSI - Knees		0	0	0	0	0	0	10.3		#SSI/#Surgies x 1000 per MHA
SSI - Hips		0	0	0	0	0	0	9.1		#SSI/#Surgies x 1000 per MHA
CAUTI	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.73%		State Average
Surgical Complications	0.16%	0.16%	0.16%	0.16%	0.22%	0.17%	0.17%	2.7%		Internal Benchmark
ED Transfer Communication	75%	80%	79%	21%	67%	69%	90%	>70		Internal Benchmark
HAI	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%		Internal Benchmark
Staff Influenza Immunization	96.0%	97.0%	97.0%	97.0%	N/A	N/A	N/A	95.0%		Internal Benchmark
Pressure Ulcer Rate	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.47%		State Average

River's Edge Hospital & Clinic
Executive Summary
George Rohrich, CEO
July 16, 2019

Comments about June & Looking Forward:

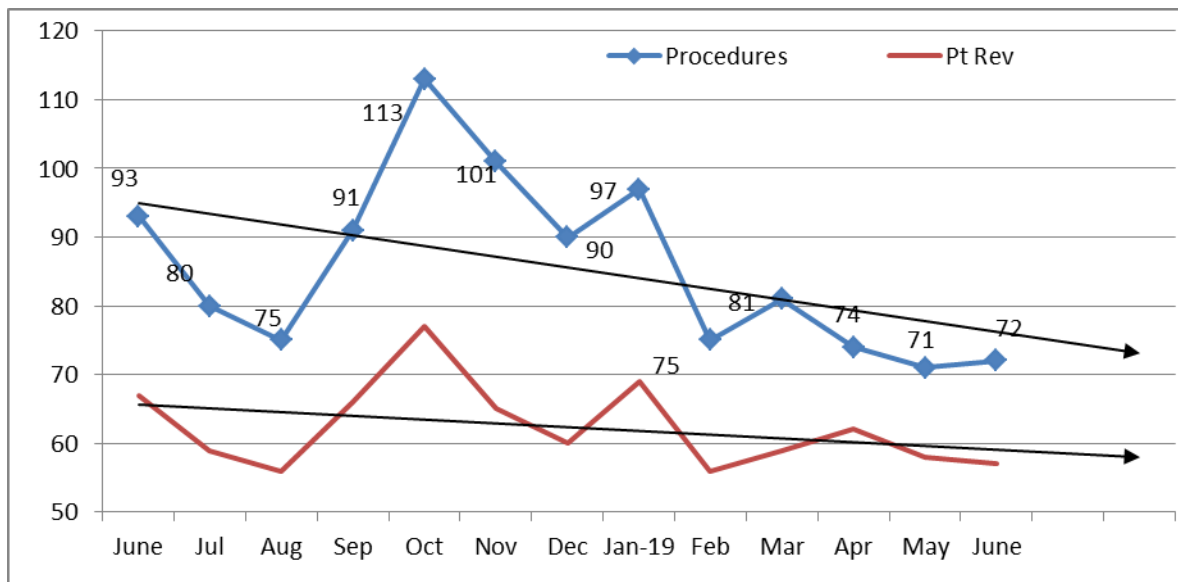
Operations: June has a negative bottom line

- Net Operating Revenue MTD was (\$102,000) vs MTD budget of (\$874,000).
- Net Operating Revenue YTD was \$656,000 vs YTD budget of \$913,000.
- Looking Forward: July is trending to be near budget.

Cash: Cash increased











































- MTD Cash increased by \$289,000 resulting in balance of \$10,490,000.
- YTD Cash has increased \$17,000.
- 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 81 inpatient procedures per month.

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	May	June	YTD Trend
Lab																
Lab Procedures Inpatient	334	423	317	657	754	800	865		874	1014	883	743	978	826	761	
Lab Procedures Outpatient	2898	2992	2241	3144	2470	2717	2903		2951	3057	2440	2956	2747	2831	2435	
Radiology Procedures																
Radiology Procedures Inpatient	16	24	26	73	114	106	106		99	131	98	100	101	95	94	
Radiology Procedures Outpatient	456	368	337	330	285	296	268		259	262	228	267	273	269	254	
CT Procedures Outpatient	83	92	105	147	130	156	151		158	132	143	163	192	161	133	
Ultrasound Procedures Outpatient	33	31	28	35	35	35	33		35	29	14	26	33	28	31	
ED & UC																
Urgent Care	166	127	154	200	343	397	360		369	353	308	332	288	282	247	
Emergency Department	336	330	367	388	367	343	352		392	285	256	349	322	351	311	
Surgery																
Surgical Procedures Inpatient	1	5	10	46	73	81	85		81	97	75	81	74	71	72	
Surgical Procedures Outpatient	54	55	46	53	61	59	66		67	56	58	50	60	61	54	
Physical Therapy																
PT Modalities Inpatient	270	306	353	627	857	862	843		970	990	759	826	751	701	765	
PT Modalities Outpatient	1108	1113	1056	1030	983	1129	1286		1310	1290	1060	1178	1356	1378	1101	
Admissions																
Admissions from ED + UC	24	24	26	23	20	8	9		na	13	6	6	12	9	8	
Transferred to Acute Hospital	na	na	na	na	29	31	33		na	36	31	36	44	30	35	
Admissions Medical	20	27	31	16	12	10	13		na	14	10	7	16	12	11	
Admissions Surgical	0	0	0	37	63	71	73		na	82	67	71	66	66	62	
Med Surg Patient Days	52	78	88	143	206	221	236		270	270	219	208	239	218	203	
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	6.71	7.71	7.03	6.55	
Average Daily Census Swing	2.67	1.94	1.82	0.82	0.42	0.31	0.30		0.15	0.32	0.23	0.74	0.26	0.13	0.90	
Total ADC																
Total ADC	4.38	4.50	4.70	5.53	7.17	7.60	8.08		9.01	9.03	7.29	7.45	7.97	7.16	7.45	
Adjusted Patient Days																
Adjusted Patient Days					341	358	366		400	401	341	330	391	359	315	

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

[illegible]

June 2019 Financial Report

Statement of Revenues and Expenses

SUMMARY OF MONTH AND YTD

	Jun-19	Budget	Variance	%
Gross Patient Revenue	\$ 5,747,323	\$ 5,563,113	\$ 184,210	3.3%
Net Patient Revenue	\$ 3,168,556	\$ 2,197,897	\$ 970,659	44.2%
Operating Expenses	\$ 3,296,008	\$ 3,077,024	\$ 218,984	7.1%
Net Operating Income	\$ (102,241)	\$ (873,851)	\$ 771,610	-3.2%

YTD 2019	Budget	Variance	%
\$ 36,224,500	\$ 39,728,727	\$ (3,504,227)	-8.8%
\$ 19,109,935	\$ 19,537,431	\$ (427,496)	-2.2%
\$ 18,585,104	\$ 18,657,156	\$ (72,052)	-0.4%
\$ 656,542	\$ 913,783	\$ (257,241)	3.4%

Balance Sheet

Net Patient Receivables	Increased	\$ 76,757
Accounts Payable	Decreased	\$ (152,851)

	Jun-19	May-19	Difference
Cash (all sources)	\$ 10,490,145	\$ 10,200,697	\$ 289,448
Accounts Receivable	\$ 4,226,052	\$ 4,149,295	\$ 76,757
Accounts Payable	\$ 2,270,257	\$ 2,423,108	\$ (152,851)
Check Run	\$ 1,832,166	\$ 5,024,318	\$ (3,192,151)

	Covenants	Jun-19	May-19
Days in Cash	>60	97.63	116.57
Days in AR		39.19	42.68
Debt Coverage	>1.25	3.10	3.80

Community Care and Collections

		Accounts
Community Care	\$ 18,141.18	8
Presumptive Care	\$ 94,679.60	16
Total	\$ 112,820.78	24
Collection Activity for Board Approval	\$ 103,721.10	
Bad Debt Recovery	\$ 7,854.76	
Revenue Recapture	\$ 5,601.10	

River's Edge Hospital

Critical Access Hospitals

Top Key Financial Indicators

INDICATOR	Formula	Desired Trend	NRH MEDIAN	Jan	Feb	Mar	Apr	May	Jun	Jul	Trend
Days Cash on Hand	Cash + Short Term Investments + Unrestricted Long Term investments / (Total Expenses - Depreciation) / 365	↑	68.83	106.19	109.78	125.97	125.75	116.57	97.63		
Days in Net AR	Net Patient AR(Including Adj and Settlements) / Net Patient Services Revenue / 365	↓	54.2	43.86	42.87	41.84	42.68	43.17	39.19		
Days in Gross AR	Gross Patient AR(Excludes Settlements) / Gross Patient Service Revenue / 365	↓	46	38.14	40.85	42.13	40.99	38.58	39.16		
Days in AP	Accounts Payable/Daily Operating Expense	↓	30-45	19.85	18.47	17.08	19.75	26.99	20.66		
Total Margin	(Excess of Revenue Over Expenses / Total Revenue)*100	↑	2.51%	13.12%	-6.98%	7.72%	5.14%	-8.93%	-4.73%		
Operating Margin	(income from Operations / Total Revenue) * 100	↑	0.99%	14.33%	-5.25%	9.19%	7.08%	-7.12%	-3.20%		
Debt Service Coverage	Excess of Revenue Over Expenses + Depreciation + Interest Expense / Principle Payments + Interest Expense	↑	2.73X	3.80	4.40	3.80	3.9	3.8	3.1		
Long Term Debt to Capitalization	Long Term Debt / (Long Term Debt + Assets) *100	↓	17.02%	38.12%	38.25%	38.83%	40.57%	41.12%	40.74%		
Average Age of Plant	Accumulated Depreciation / Depreciation Expense	↓	9.77 yrs	11.96	12.03	12.11	11.69	11.77	11.85		
Salaries to Net Patient Revenue	Salary Expense / Net Patient Revenue *100	↓	45.57%	20.56%	26.86%	25.13%	23.84%	31.20%	25.66%		

Community Care and Collections

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

1. Community care grants for the month	<u>Total</u>	<u>100% write off</u>	<u>50% write-off</u>	<u>Not eligible</u>	
- number of patient accounts	<u>\$ 18,141.18</u>	18,141.18	-		
		8		0	
		0 previous in bad debt status			
Presumptive community care grants	<u>Total</u>	<u>Patients</u>	<u>Accounts</u>	<u>Uninsured</u>	
	<u>\$ 94,679.60</u>		16	-	
2. Collection activity for Board Approval is:	<u>Total</u>	<u>Insured</u>	<u>Uninsured</u>	\$ -	HMS
- number of patient accounts	<u>\$ 103,721.10</u>	<u>-</u>	<u>-</u>	103,721.10	Excellian
	-	-	-	103,721.10	
3. Revenue recapture for the month	<u>\$ 5,601.10</u>				

Community and Presumptive Care Grants - YTD

2019	\$ 551,609
2018	\$ 573,648
2017	\$ 532,153
2016	\$ 351,783
2015	\$ 86,713
2014	\$ 152,079
2013	\$ 239,465

Revenue Recapture experience

2019	\$ 141,411
2018	\$ 196,664
2017	\$ 233,972
2016	\$ 196,887
2015	\$ 199,340
2014	\$ 193,899
2013	\$ 178,823

Collections YTD Activity

2019	\$ 491,266
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	\$ 182,349
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	8,982.71	Mar	69,468.82	87,099.06	Mar	43,808.35	35,884.12	Mar	52,160.83	40,817.56
Apr	30,963.30	185,046.41	Apr	74,120.82	123,221.42	Apr	29,854.33	32,062.48	Apr	35,131.23	39,162.05
May	22,912.78	133,473.55	May	66,819.95	77,158.28	May	14,116.15	13,711.13	May	26,794.34	24,116.96
Jun	47,761.90	112,820.78	Jun	109,721.03	103,721.10	Jun	4,210.26	5,601.10	Jun	12,898.01	7,854.76
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>\$551,609.21</u>		<u>\$1,097,293.81</u>	<u>\$ 491,265.54</u>		<u>\$196,664.17</u>	<u>\$141,411.34</u>		<u>\$317,946.97</u>	<u>\$182,348.95</u>

River's Edge Hospital and Clinic
June 2019

Top 5 Vendors Paid

	<u>Vendor</u>	<u>Amount</u>	<u>Description</u>
2 Checks	ORTHOPAEDIC & FRACTURE CLI Total	229,134.13	Professional Services Agreement
2 Checks	PREMIER STAFFING INC Total	151,657.50	ED/UC Providers
2 Checks	ALLINA HEALTH SYSTEM Total	148,851.06	ED/UC Providers, Training, Support
4 Checks	STRYKER INSTRUMENTS Total	134,436.88	Implantables
5 Checks	DEPUY SYNTHES SALES INC Total	102,974.70	Implantables

Top 5 Checks Paid

<u>Check</u>	<u>Vendor</u>	<u>Amount</u>	<u>Description</u>
71509	ORTHOPAEDIC & FRACTURE CLI	220,509.13	Professional Services Agreement
71496	STRYKER INSTRUMENTS	115,249.78	Implantables
71459	ALLINA HEALTH SYSTEM	98,320.80	ED/UC Providers, Training, Support
71441	PREMIER STAFFING INC	77,698.00	ED/UC Providers
71573	PREMIER STAFFING INC	73,959.50	ED/UC Providers

Total Check Register \$ 1,832,166.48

Rivers Edge Hospital Expansion and Renovation



Monthly Status Report #15 • 7-18-2019



EXECUTIVE SUMMARY



Project Highlights:

Emergency Department drywall is in progress
Framing at the new Dining/Waiting is in progress
Kitchen/ Pharmacy MEP rough-in is in progress

SCOPE



SCHEDULE



BUDGET



QA/QC



SAFETY



**Lost Days
In Last 30
Days**

1.5

PAY APPLICATIONS



Pay Application number #14 has been submitted through June 30th

Total billing for pay app #14 is \$1,325,298

Total billed to date is \$17,788,348 or 70%

CONSTRUCTION UPDATE

- **Work Completed Last month**
 - » Emergency Department MEP Rough in is complete
 - » Phase 6 Demo is complete
 - » Endoscopy is complete
 - » Connection corridor is complete
- **Upcoming Work**
 - » Painting at the Emergency Department
 - » Underground Plumbing in the Kitchen/Pharmacy Area
 - » Framing at the Kitchen/Pharmacy Area
 - » MEP rough in at the Kitchen/ Pharmacy Area
 - » OR-4 Framing and MEP rough-in





■ KEY MILESTONE DATES:

- » PACU Drywall Complete – August 2019
- » Courtyard Concrete Complete - July 2019
- » Dining and Waiting Glass Complete – August 2019
- » Emergency Department Ceiling Complete– August 2019

SCHEDULE

River's Edge Hospital				AHFD	
Saint Peter, MN		2/22/18	7/18/19		7/18/19
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	25,907,248	17,118,713	1,202,324
300	Professional Fees/Reimburs.	2,781,684	2,922,311	2,320,608	140,627
400	Administrative & Legal	106,000	170,291	138,072	64,291
500	Equipment	2,969,200	2,913,923	399,476	(55,277)
600	Furnishings	711,122	471,510	204,835	(239,612)
700	Telecomm. Systems	1,079,217	1,152,195	385,187	72,978
800	Financing - Owner Underwritten CO	By Owner	(70,518)	-	(70,518)
900	Project Contingency	1,343,823	214,927	-	(1,128,895)
	TOTAL	33,800,000	33,800,000	20,621,284	-
Notes:	Excludes Financing and Inflation				
	% Design+Bid+Const Cont -	5.5%	3.2%		
	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		

River's Edge Hospital Saint Peter, MN			PROPOSAL REQUEST LOG				AHFD, Inc.				USDA			7/18/19
No.	Date	Alt / ASI	Description	Low	to	High	Rec Appvl	CO	Time	Approved	CM Resv			
157	5/31/19		Trane to add HEPA filter section back to Surgery RTU#7	9,500			10,448							
160	6/3/19	ASI-85	Remove south window in ER Exam E12 to accommodate light	1,432			801							
163	6/14/19	ASI-84R	Modify rated wall between Dining and Pharmacy and bulkhead over banquettes.	3,500			613							
164	6/11/19	ASI-87	Add str steel to front Dining wall to support stone lintel.	1,200			5,228							
168	7/8/19	ASI-	Reroute expansion joint at ED to match existing conditions				2,616							
169	7/8/19	ASI-	WON Door - request for additional welding				4,110							
170	6/24/19	ASI-92	Add circuits for Decontam annunciator panel				287							
171	6/24/19	ASI-91	Add str support to relocate Garage light fixtures				813							
172		ASI-	Adding plaster trap to sink in Trauma				3,041							
173	6/28/19	ASI-	Change Crabapple tree from 3" dia to 2" dia				(2,743)							
174	6/21/19	ASI-18	Revise str steel and metal framing around towers				15,265							
175	6/19/19		Change HM Frames to 4" headers for doors P07A, Q91, W01 in interior CMU walls				1,711							
177			Change sprinkler pipe label type				(576)							
57	9/9/19	RRP-4	Snow Melt Mech. Equip. - System operational by Nov. 1, 2019				70,518							
Subtotals														
CM Reserve														
Pending & Apprv. COR's / CM Resv Bal														

Summary of Capital Expenditures - 2019

Approved Capital Amount - Budget 2019	\$ 750,000.00
Stryker System 8 Saws and Drills	\$ 88,152.75
UPS for Computer System	15,302.95
Scanner - HIMMS	9,056.22
Zero Turn Lawnmower	7,200.00
Cisco 9400 Switch	64,532.04
Alternate RRP-4 Snow Melt Mech Equip	70,520.00

Requests through 6/30/2019	\$ 254,763.96
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Remaining Balance	<u>\$ 495,236.04</u>
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Upcoming capital items

- bed replacement plan for old beds 9 this year, 9 next.
- riding vacuum