

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

Wednesday, February 27, 2019

12:30 p.m.

Helen G. White Conference Center

**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. January 23, 2019 Regular Meeting – pg 2

**5. APPROVE CONSENT AGENDA**

- A. Accept February 20, 2019 Finance Committee Minutes – pg 8
- B. Accept February 20, 2019 Quality Committee Minutes – pg 16
- C. Accept February 21, 2019 Building Committee Minutes – pg 25

**6. COMMISSION EDUCATION REPORT**

- A. QHR Trustee Webinar

**7. MEDICAL STAFF**

- (Mot) A. Approve Membership Recommendation – pg 27
- (Mot) B. Approve Privileges Recommendation

**8. QUALITY COMMITTEE**

- (Info) A. Quality Dashboard – pg 28

**9. ADMINISTRATIVE REPORTS**

- (Info) A. Executive Summary – pg 29
- (Info) B. Statistical & Strategic Plan Dashboards – pg 30

**10. FINANCE COMMITTEE**

- (Info) A. Financial Summary – pg 32
- (Mot) B. Approve Write Off to Collection Recommendation – pg 33
- (Mot) C. Approve Accounts Payable Recommendation – pg 35
- (Mot) D. Approve Audit & Cost Report Proposal – pg 36

**11. BUILDING COMMITTEE**

- (Info) A. Monthly Status & Budget Report – pg 38
- (Mot) B. Change Orders Recommendation – pg 44

**12. EXECUTIVE SESSION**

- (Info) A. Resolution Calling For Closed Session – State Statute 13D.03 Subdivision 1(b)  
ADJOURN TO CLOSED SESSION
- B. Closed meeting to Discuss CEO Annual Evaluation  
RETURN TO OPEN SESSION
- (Mot) C. Open Meeting to Discuss CEO Annual Evaluation

**13. ADJOURN**

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

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

Wednesday, January 23, 2019

**Present:** Margie Nelsen, Chairperson; Blake Combellick, Secretary; Trustees: Gary Swedberg, MaryAnn Harty, Laura Hulsebus; Stephen Grams, Jerry Pfeifer ; George Rohrich, CEO; Lori Zook, CFO; Jackie Kimmert, Chief Human Resources Officer; Janelle Rauchman, Chief Quality Officer; Paula Meskan, Chief Nursing Officer; Stephanie Holden, Chief of Marketing & Development; Todd Praefke, City Administrator; Samantha Pherson, Recorder.

**Absent:** John Lammert, Trustee.

### **CALL TO ORDER**

The regular meeting of the Hospital Commission was called to order at 12:31 p.m. by Chairperson Margie Nelsen.

### **APPROVAL OF AGENDA**

The January 23, 2019 Agenda was reviewed. The agenda was amended to have the review of the Hospital Commission Evaluation, item 4.D.3 reviewed at the March Commission Meeting.

**ACTION:** A motion was made by Jerry Pfeifer to approve the amended January 23, 2019 agenda. The motion was seconded by Maryann Harty and carried with all members voting in favor.

### **GENERAL VISITOR COMMENTS**

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

### **ANNUAL MEETING OF THE HOSPITAL COMMISSION**

#### **A. Election of Officers**

- 1. Chairperson:** Margie Nelsen
- 2. Vice-Chairperson:** John Lammert
- 3. Secretary:** Blake Combellick

**ACTION:** A motion was made MaryAnn Harty to approve Margie Nelsen as Chairperson, John Lammert as Vice Chairperson, and Blake Combellick as Secretary. The motion was seconded by Laura Hulsebus and carried with all members voting in favor.

#### **B. Establish Meeting Calendar**

The Hospital Commission discussed keeping the Hospital Commission Meeting to every fourth Wednesday of each month.

**ACTION:** A motion was made by Jerry Pfeifer to hold the Hospital Commission meeting on the fourth Wednesday of each month. The motion was seconded by MaryAnn Harty and carried with all members voting in favor.

## **Hospital Commission Meeting Minutes**

January 23, 2019 Page 2

### **C. Committee Assignments**

Margie Nelsen reviewed the 2018 members of the Finance Committee, Quality Management Committee, the Nominating Committee, and the Building Committee. Following a discussion, it was decided to keep the 2019 committee assignments the same as 2018.

**Finance Committee:** Margie Nelsen, John Lammert, and Stephen Grams

**Quality Committee:** John Lammert, Gary Swedberg, and MaryAnn Harty.

**Nominating Committee:** Margie Nelsen, Laura Hulsebus, Blake Combellick and Jerry Pfeifer.

**Building Committee:** Margie Nelsen, and MaryAnn Harty.

**ACTION:** A motion was made by Gary Swedberg to accept the 2019 Committee Assignments as listed above. The motion was seconded by Jerry Pfeifer and carried with all members voting in favor.

### **APPROVAL OF MINUTES**

The December 19, 2018 Hospital Commission Minutes were reviewed.

**ACTION:** A motion was made by Gary Swedberg to approve the December 19, 2018 Hospital Commission Minutes. The motion was seconded by MaryAnn Harty and carried with all members voting in favor.

### **APPROVAL OF CONSENT AGENDA**

The consent agenda includes the following:

- Acceptance of the January 16, 2019 Finance Committee Meeting Minutes.
- Acceptance of the December 19, 2018 Quality Committee Meeting Minutes.
- Acceptance of the January 16, 2019 Quality Committee Meeting Minutes.
- Acceptance of the January 8, 2019 Medical Staff Meeting Minutes.
- Acceptance of the January 17, 2019 Building Committee Meeting Minutes.
- Acceptance of the January 15, 2019 Patient & Community Advisory Council Minutes.

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

### **COMMISSION EDUCATION REPORT**

Marie Nelsen and Maryann Harty discussed their experience at the Minnesota Hospital Associations Winter Trustee Conference.

**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:** None

**Reappointment to the Medical Staff:**

John (Jay) R. Bergquist, MD

Courtesy Staff, Emergency Medicine

Edwin N. Bogonko, MD

Active Staff, IM/Hospitalist

Amee N. Chandrabalan, DO

Courtesy Staff, Telemedicine-Neuro

Mareve Kayfes, MD

Courtesy Staff, Teleradiology

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

**Provisional Membership:** None

**Increase in Privileges:** None

**Change in Staff Category:** None

**Withdrawn from Medical Staff:**

Henna Kalsi, MD

Active Staff, IM/Hospitalist

**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 Laura Hulsebus 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 MayAnn Harty and carried with all members voting in favor.

**Medical Staff Bylaws-** The Hospital Commission reviewed and discussed the changes made to the Medical Staff Bylaws.

**ACTION:** A motion was made by Gary Swedberg to approve the changes made to the Medical Staff Bylaws. The motion was seconded by Jerry Pfeifer and carried with all members voting in favor.

**QUALITY COMMITTEE**

The Quality Graphs were reviewed by Janelle Rauchman. The graphs contain results from a number of measurable and reportable quality measures. 2018 falls report ended with 1.9 falls, the goal was  $\leq 3.5$  falls per 1000 patient days.



**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 December of approximately \$358,000 versus a month-to-date budget of \$1,433,000. Year-to-date Actual is \$2,762,000 vs Year-to-date Budget \$1,584,000.
- December results show a decrease of cash on hand of \$3,142,000 resulting in balance of \$10,473,000. The 2018 Year End Budget goal is \$9.78M.

**B. Statistical & Strategic Plan Dashboards.**

The statistical report for December, 2018, was reviewed. Of the 17 measured activities, 15 are green. The monthly strategic report was also reviewed.

**FINANCIAL REPORT**

**A. December Financial Summary.**

Lori Zook presented the financial reports for December. The month of December had a Net Operating Income of \$405,021 and a year-to-date stand at \$3,263,130. Total Patient Revenue stands at \$6,025,049. Year-to-date Total Patient Revenue stands at \$75,623,329, over an YTD budget of \$70,954,186. December Net Patient Revenue stands at \$3,500,411 with a budget of \$4,469,780. Monthly Net Operating Revenue stands at \$3,522,678, versus a budget of \$4,481,463. Monthly Operating Expenses stands at \$3,117,657 over budget of \$3,018,571.

Year-to-date Gross Revenue is \$75,623,329 versus a budget of \$70,954,186 which is \$4,669,143 over budget. Year-to-date Net Patient Revenue is \$38,944,077 versus a budget of \$35,956,954 or \$2,984,123 over budget. Year-to-date Total Operating Expenses are \$35,872,043 versus a budget of \$34,143,455 or \$1,728,588 over budget.

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

Community Care grants totaled \$5,893.48, covering 8 accounts. Presumptive community care grants totaled \$35,893.71 covering 75 accounts. Year-to-Date Community Care grants total \$573,648. Collection activity approval totaled \$121,439.34. Year-to-Date collection activity stands at \$1,097,294. Year-to-Date \$317,947 of gross bad debts have been recovered. The Revenue Recapture program through the State of Minnesota resulted in receipt of \$1,620.52, year-to-date recovery total of \$196,664.

**ACTION:** A motion was made by MaryAnn Harty to accept the recommendation made by the Finance Committee for approval of Community Care grants in the amount of \$5,893.48, Presumptive Community Care grants in the amount of \$35,893.71 and \$121,439.34 write-offs to collection for December. The motion was seconded by Jerry Pfeifer and carried with all members voting in favor.

**C. Accounts Payable Review.**

The Check Review list was given to the Finance Committee and reviewed. The total amount for the month of December is \$1,711,466.

**ACTION:** A motion was made by MaryAnn Harty to accept checks totaling \$1,711,466. The motion was seconded by Laura Hulsebus 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**

- Same Day Surgery complete.
- South Patient Wing exterior siding complete.
- Emergency Department underground plumbing in-progress.

**Construction Update:**

- Phase 3, same Day Surgery completed.
- Nichiha panels completed at South Wing.
- Temp heating installed in ED Addition.
- Headwall MEP rough-ins for patient rooms.

**Upcoming Work**

- Underground utilities at North addition.
- Slab on grade in North addition.
- Drywall install at South and East wings.
- Bathroom tile in South patient wing.
- Mechanical, electrical, and plumbing rough-ins in South and East wings.
- Start Phase 4, Endo Remodel.

**Change Orders:**

George Rohrich reviewed the change orders numbers:

- 68. Increase size of OR RTU box to accommodate Low temp/Hum equipment at future date.
- 108. Raise outlet heights for computers, add electric power for sterilizer.
- 109. Add spec for Urinal in Surgery Lounge.
- 111. Delete bed pan washers from patient room commodes, add to ED.
- 112. Add SecureAire electronic air filtration to RTU #7 (Surgery).
- 114. Change OH garage door height from 14' to 14'6".

**ACTION:** A motion was made by Jerry Pfeifer to approval of change orders 68, 108, 109, 111, 112, and 114 to the Hospital Commission. The motion was seconded by MaryAnn Harty and carried with all members voting in favor.

**ROUNDTABLE COMMENTS**

**Stephanie Holden:**

1. Red Cross Blood Drive on Thursday, January 24, 2019 at the Senior Center.
2. Next month Dr. Erath will be giving a presentation on Alzheimer's.
3. We will be participating in Modern Health Care's Best Places to Work. Hospital Staff will take a survey at the end of March.
4. Business After Hours - Tuesday, February 4, 2019 from 4:30 pm -6:00 pm.

**Lori Zook:** Audit will be presented to Commission in March or April.

**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 Maryann Harty and carried with all voting in favor. Meeting was adjourned to closed session at 1:36 p.m.

**B. Call Closed Session to Order**

The closed session of the Hospital Commission was called to order at 1:40 p.m. by Chairperson Margie Nelsen.

**C. Call Closed Session to Adjourn**

The closed session of the Hospital Commission was adjourned at 1:58 p.m. by Chairperson Margie Nelsen.

**CALL BACK TO ORDER**

The regular meeting of the Hospital Commission was called back to order at 1:59 p.m. by Chairperson Margie Nelsen.

**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 2:00 p.m.

**NEXT MEETING**

The next regular meeting of the Hospital Commission will be Wednesday, February 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, February 20, 2019, at 12:30 p.m. This meeting will convene in the River's Edge Hospital Helen G. White Conference Room 1.

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Chairperson

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Secretary

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

River's Edge Hospital & Clinic

Wednesday, February 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 type="checkbox"/>	Tricia Bauer Finance Manager
	<input checked="" type="checkbox"/>	John Lammert Trustee, Finance	<input 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 12:35 p.m. by Margie Nelsen.

### **APPROVAL OF AGENDA**

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

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

### **GENERAL VISITOR COMMENTS**

None

### **REVENUE AND EXPENSES**

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.

**ACTION:** A motion was made by George Rohrich 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 John Lammert and carried with all members voting in favor.

### **CASH FLOW**

Cash Flow for the month of January increased by \$994,228.

### **BALANCE SHEETS**

Balance Sheets were reviewed. Net Patient Receivables shows a decrease of (\$294,295) for the month of January and accounts payable increased \$615,374.

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

Year-to-date Gross Revenue is \$6,898,742 versus a budget of \$7,159,297 which is (\$260,555) under budget. Year-to-date Net Patient Revenue is \$3,974,962 versus a budget of \$3,794,081 or \$180,881 over budget. Year-to-date Total Operating Expenses are \$3,417,778 versus a budget of \$3,192,310 or \$225,468 over budget.

### **DASHBOARD**

Days Cash (All Sources) On Hand is 106.19 and Days Revenue in Accounts Receivable stands at 43.86 days. Debt coverage is 3.06 for the month of January.

### **CHECK REVIEW**

The Check Review list was given to the Finance Committee and reviewed. The total amount for the month of January is \$2,289,754.

**ACTION:** A motion was made by John Lammert to recommend the acceptance of checks, in the amount of \$2,289,754 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 \$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 John Lammert to recommend approval of Community Care grants in the amount of \$14,756.08, Presumptive Community Care grants in the amount of \$86,834.74 and \$84,635.35 in write-offs to collection for January. The motion was seconded by George Rohrich and carried with all members voting in favor.

### **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 John Lammert 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 George Rohrich and carried with all members voting in favor.

### **ADJOURNMENT**

**ACTION:** The meeting was adjourned by mutual consent at 1:10 p.m.

### **NEXT MEETING**

The next Finance Committee meeting will be held on Wednesday, March 20, 2019, at 12:30 p.m. in Helen White Conference Room 1.

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Chairperson

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Vice-Chairperson

**RIVER'S EDGE HOSPITAL & CLINIC**  
**Balance Sheet for the Period Ending**  
**January 31, 2019**

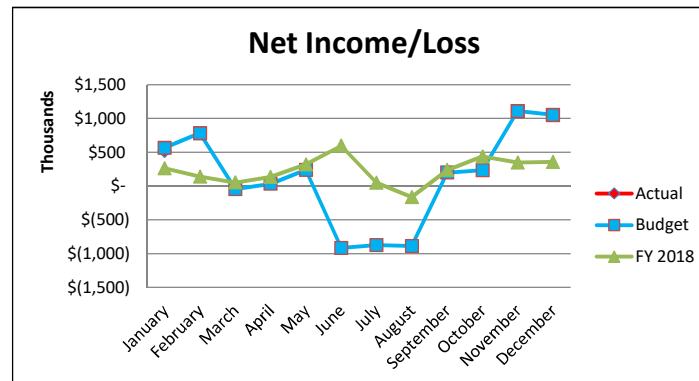
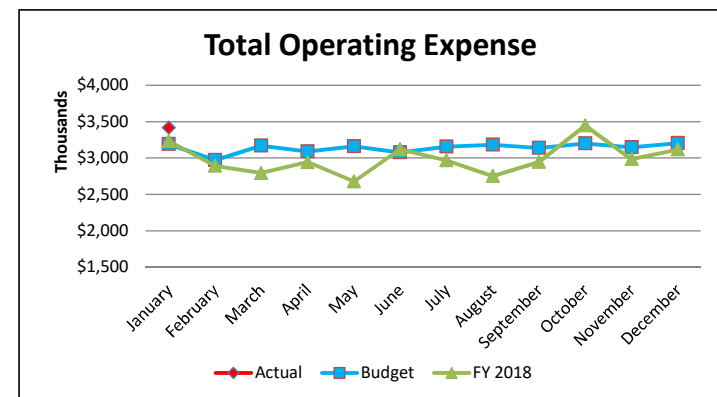
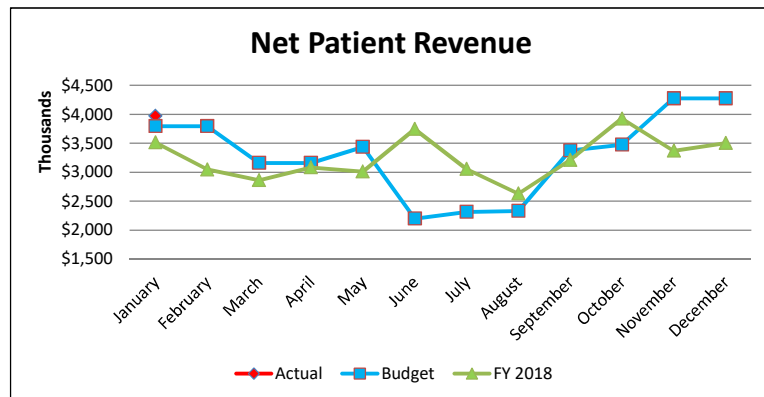
	<u>Current Period</u>	<u>Prior Period</u>	<u>Last Year</u>		<u>Current Period</u>	<u>Prior Period</u>	<u>Last Year</u>
	<u>Assets</u>				<u>Liabilities &amp; Fund Balances</u>		
<b>Current Assets:</b>				<b>Current Liabilities:</b>			
Cash	\$ 8,497,843	\$ 7,505,064	\$ 7,470,304	Accounts Payable	\$ 2,188,690	\$ 1,573,316	\$ 1,485,120
				Construction Payable	1,356,008	1,968,656	-
Patient Receivables	8,448,614	8,589,779	8,062,796	3rd Party Payers	2,676,092	2,898,870	326,000
Less: Allow for Uncollectible	(3,734,445)	(3,581,315)	(4,061,405)	Accrued Payroll	289,412	209,674	257,288
Total Patient Receivables	4,714,169	5,008,464	4,001,391	Accrued PTO	747,239	740,193	729,360
				Self Insurance	17,594	16,258	6,303
3rd Party Payers	-	-	-	Payroll Taxes & Deductions	129,435	123,069	(399,038)
Other Receivables	64,005	92,693	56,622	Accrued Int Payable Bond	(32,159)	131,585	172,044
Inventories	607,777	601,233	687,176	Current Portion Long Term Debt	697,989	697,989	682,989
Prepaid Expenses	188,646	206,073	230,503				
Total Current Assets	14,072,440	13,413,527	12,445,996	Total Current Liabilities	8,070,300	8,359,610	3,260,066
<b>Other Assets</b>				<b>Long Term Debt</b>			
Board Designated Funds	2,828,621	2,828,182	3,816,841	Bonds Payable	9,999,385	9,999,385	10,807,374
Dedicated Cash	75,543	1,981,872	132,656	PERA	8,625,433	8,569,166	8,576,083
Investments	397,450	389,450	385,457	Construction Payable	5,000,000	5,000,000	
Total Other Assets	3,301,614	5,199,504	4,334,954	Total Long Term Debt	23,624,818	23,568,551	19,383,457
<b>Intangible Assets:</b>				Total Liabilities	31,695,118	31,928,161	22,643,523
Unamortized Loan Costs	44,368	45,146	53,708				
<b>Plant, Property and Equipment</b>				<b>Fund Balances</b>			
Land & Land Improvements	1,702,797	1,702,797	1,702,797	Current Year	523,615	2,761,836	262,532
Building and Improvements	8,453,194	8,453,194	7,260,686	Prior Year	6,132,772	3,370,936	3,370,936
Fixed Equipment	3,848,480	3,848,480	3,982,136	Capital Restricted Funds	-	-	-
Major Moveable Equipment	9,674,317	9,621,722	9,561,809	Total Fund Balance	6,656,387	6,132,772	3,633,468
Total Plant, Property & Equip.	23,678,788	23,626,193	22,507,428				
Less: Accum Depreciation	(15,715,086)	(15,612,127)	(15,002,029)				
Total PP&E less depreciation	7,963,702	8,014,066	7,505,399				
Construction in Progress	12,969,381	11,388,690	1,936,934				
Total Fixed Assets	20,933,083	19,402,756	9,442,333				
<b>Total Assets</b>	<u><u>\$ 38,351,505</u></u>	<u><u>\$ 38,060,933</u></u>	<u><u>\$ 26,276,991</u></u>	<b>Total Liabilities &amp; Fund Balances</b>	<u><u>\$ 38,351,505</u></u>	<u><u>\$ 38,060,933</u></u>	<u><u>\$ 26,276,991</u></u>

**RIVER'S EDGE HOSPITAL AND CLINIC**  
**STATEMENT OF REVENUES AND EXPENSES**  
**January 31, 2019**

Current Month				Year to Date			
Actual	Budget	Variance	Prior Year	Actual	Budget	Variance	Prior Year
\$ 4,648,276	\$ 4,901,062	\$ (252,786)	\$ 4,527,776	\$ 4,648,276	\$ 4,901,062	\$ (252,786)	\$ 4,527,776
2,250,466	2,258,235	(7,769)	2,255,117	2,250,466	2,258,235	(7,769)	2,255,117
<b>6,898,742</b>	<b>7,159,297</b>	<b>(260,555)</b>	<b>6,782,893</b>	<b>6,898,742</b>	<b>7,159,297</b>	<b>(260,555)</b>	<b>6,782,893</b>
-	-	-	-	-	-	-	-
<b>6,898,742</b>	<b>7,159,297</b>	<b>(260,555)</b>	<b>6,782,893</b>	<b>6,898,742</b>	<b>7,159,297</b>	<b>(260,555)</b>	<b>6,782,893</b>
2,649,211	3,205,884	(556,673)	3,057,802	2,649,211	3,205,884	(556,673)	3,057,802
-	-	-	-	-	-	-	-
146,971	92,500	54,471	127,890	146,971	92,500	54,471	127,890
101,591	50,582	51,009	56,167	101,591	50,582	51,009	56,167
24,807	16,250	8,557	28,021	24,807	16,250	8,557	28,021
1,200	-	1,200	497	1,200	-	1,200	497
<b>2,923,780</b>	<b>3,365,216</b>	<b>(441,436)</b>	<b>3,270,377</b>	<b>2,923,780</b>	<b>3,365,216</b>	<b>(441,436)</b>	<b>3,270,377</b>
<b>3,974,962</b>	<b>3,794,081</b>	<b>180,881</b>	<b>3,512,516</b>	<b>3,974,962</b>	<b>3,794,081</b>	<b>180,881</b>	<b>3,512,516</b>
8,000	2,735	5,265	8,310	8,000	2,735	5,265	8,310
1,654	2,551	(897)	1,071	1,654	2,551	(897)	1,071
4,888	505	4,383	1,468	4,888	505	4,383	1,468
-	-	-	-	-	-	-	-
14,542	5,791	8,751	10,849	14,542	5,791	8,751	10,849
<b>3,989,504</b>	<b>3,799,872</b>	<b>189,632</b>	<b>3,523,365</b>	<b>3,989,504</b>	<b>3,799,872</b>	<b>189,632</b>	<b>3,523,365</b>
<b>Operating Costs</b>				<b>Operating Costs</b>			
817,287	847,562	(30,275)	803,875	817,287	847,562	(30,275)	803,875
276,978	281,902	(4,924)	181,284	276,978	281,902	(4,924)	181,284
749,352	508,590	240,762	633,966	749,352	508,590	240,762	633,966
220,660	188,693	31,967	166,556	220,660	188,693	31,967	166,556
3,000	8,750	(5,750)	4,099	3,000	8,750	(5,750)	4,099
875,443	897,353	(21,910)	1,059,206	875,443	897,353	(21,910)	1,059,206
35,039	41,122	(6,083)	27,714	35,039	41,122	(6,083)	27,714
72,360	89,100	(16,740)	63,411	72,360	89,100	(16,740)	63,411
90,384	53,263	37,121	40,812	90,384	53,263	37,121	40,812
5,821	11,839	(6,018)	10,411	5,821	11,839	(6,018)	10,411
16,348	38,053	(21,705)	15,269	16,348	38,053	(21,705)	15,269
14,997	19,367	(4,370)	13,881	14,997	19,367	(4,370)	13,881
9,434	8,749	685	10,022	9,434	8,749	685	10,022
33,497	34,227	(730)	34,571	33,497	34,227	(730)	34,571
89,944	61,665	28,279	68,030	89,944	61,665	28,279	68,030
3,497	5,917	(2,420)	2,020	3,497	5,917	(2,420)	2,020
103,737	96,158	7,579	98,022	103,737	96,158	7,579	98,022
<b>3,417,778</b>	<b>3,192,310</b>	<b>225,468</b>	<b>3,233,149</b>	<b>3,417,778</b>	<b>3,192,310</b>	<b>225,468</b>	<b>3,233,149</b>
<b>571,726</b>	<b>607,562</b>	<b>(35,836)</b>	<b>290,216</b>	<b>571,726</b>	<b>607,562</b>	<b>(35,836)</b>	<b>290,216</b>
<b>14.33%</b>	<b>15.99%</b>	<b>-1.66</b>	<b>8.24%</b>	<b>14.33%</b>	<b>15.99%</b>	<b>-1.66</b>	<b>8.24%</b>
8,156	3,582	4,574	6,697	8,156	3,582	4,574	6,697
(56,267)	(47,147)	(9,120)	(34,380)	(56,267)	(47,147)	(9,120)	(34,380)
<b>(48,111)</b>	<b>(43,565)</b>	<b>(4,546)</b>	<b>(27,683)</b>	<b>(48,111)</b>	<b>(43,565)</b>	<b>(4,546)</b>	<b>(27,683)</b>
<b>\$ 523,615</b>	<b>\$ 563,997</b>	<b>\$ (40,382)</b>	<b>\$ 262,533</b>	<b>\$ 523,615</b>	<b>\$ 563,997</b>	<b>\$ (40,382)</b>	<b>\$ 262,533</b>
<b>13.12%</b>	<b>14.84%</b>		<b>7.45%</b>	<b>13.12%</b>	<b>14.84%</b>		<b>7.45%</b>
<b>NonOperating Income(Expense)</b>				<b>NonOperating Income(Expense)</b>			
8,156	3,582	4,574	6,697	8,156	3,582	4,574	6,697
(56,267)	(47,147)	(9,120)	(34,380)	(56,267)	(47,147)	(9,120)	(34,380)
<b>(48,111)</b>	<b>(43,565)</b>	<b>(4,546)</b>	<b>(27,683)</b>	<b>(48,111)</b>	<b>(43,565)</b>	<b>(4,546)</b>	<b>(27,683)</b>
<b>\$ 523,615</b>	<b>\$ 563,997</b>	<b>\$ (40,382)</b>	<b>\$ 262,533</b>	<b>\$ 523,615</b>	<b>\$ 563,997</b>	<b>\$ (40,382)</b>	<b>\$ 262,533</b>
<b>13.12%</b>	<b>14.84%</b>		<b>7.45%</b>	<b>13.12%</b>	<b>14.84%</b>		<b>7.45%</b>

**RIVER'S EDGE HOSPITAL and CLINIC**  
**STATEMENT OF REVENUES AND EXPENSES**  
**December 31, 2019**

	January	February	March	April	May	June	July	August	September	October	November	December	Total
<b>Total Patient Revenue</b>	<b>6,898,742</b>												<b>6,898,742</b>
<b>Net Patient Revenue</b>	<b>3,974,962</b>												<b>3,974,962</b>
<b>Net Operating Revenue</b>	<b>3,989,504</b>												<b>3,989,504</b>
<b>Operating Costs</b>													
<b>Total Operating Expenses</b>	<b>3,417,778</b>												<b>3,417,778</b>
<b>Net Operating Income</b>	<b>571,726</b>												<b>571,726</b>
	<i>14.33%</i>												<i>14.33%</i>
<b>NonOperating Income(Expense)</b>													
<b>Total Non Operating</b>	<b>(48,111)</b>												<b>(48,111)</b>
<b>Excess Revenue over Expenses</b>	<b>\$ 523,615</b>												<b>523,616</b>
	<i>13.12%</i>												<i>13.12%</i>





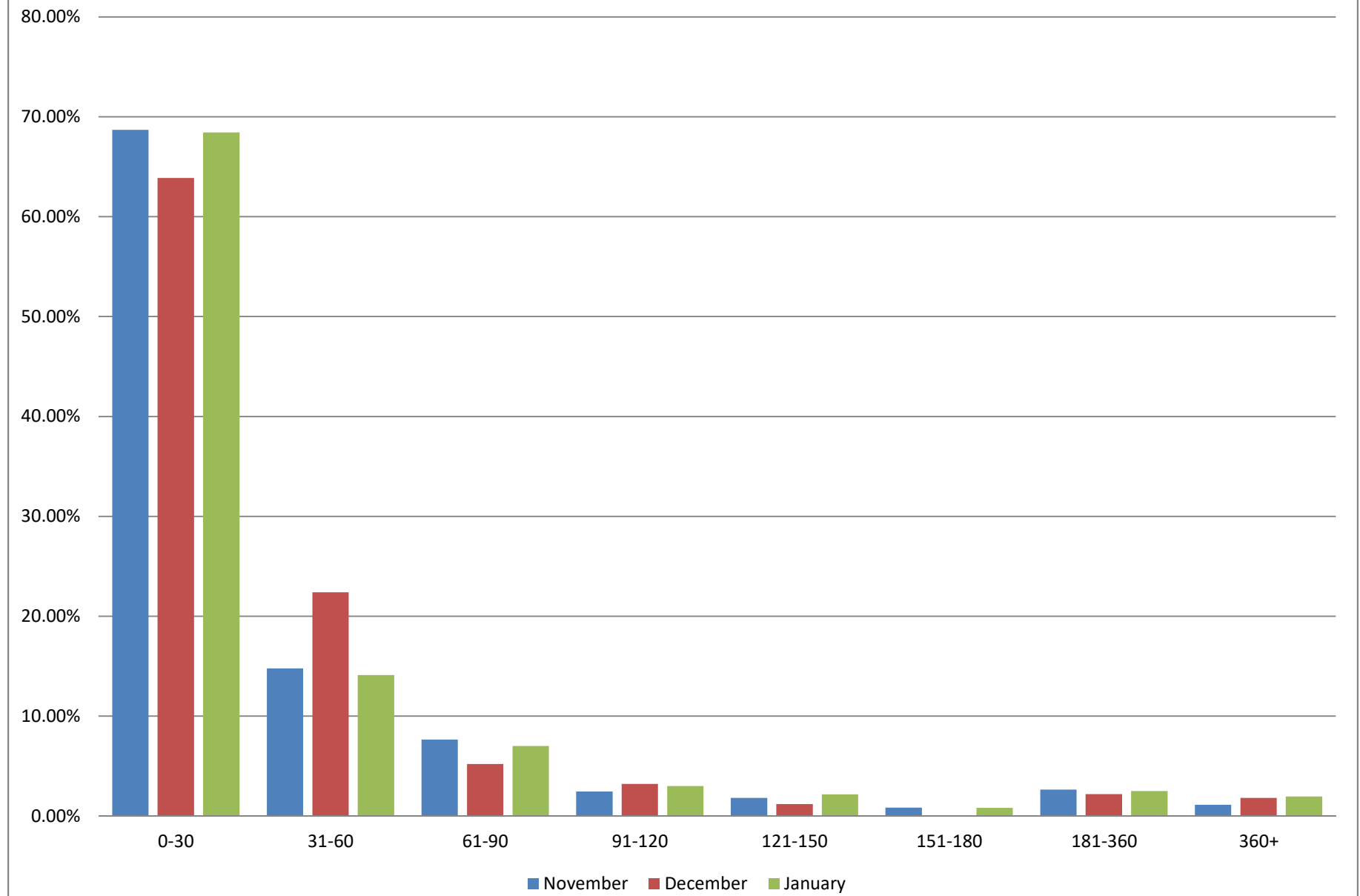
**River's Edge Hospital and Clinic**  
**Cash Flow Report at**  
**January 31, 2019**

	<u>MONTH</u>	<u>YEAR</u>
<b>Operating Activities and NonOperating Revenue:</b>		
Excess of Revenue over Expenses	\$ 523,615	\$ 523,615
<b>Adj to reconcile excess of Revenue over Expenses to Net Cash</b>		
Depreciation & Amortization	103,737	103,737
Noncash gifts & bequests	-	-
Increase (Decrease) Amt. Due 3rd Parties	(222,778)	(222,778)
(Increase) Decrease in Accounts Receivable	322,983	322,983
(Increase) Decrease in Prepaids	17,428	17,428
(Increase) Decrease in Inventories	(6,544)	(6,544)
Increase (Decrease) in Accounts Payable & Accrued Liabilities	153,478	153,478
<b>Net Cash provided by Operations</b>	<u><b>891,919</b></u>	<u><b>891,919</b></u>
<b>Investing Activities:</b>		
Purchase/Disposals of Property & Equipment	(1,633,286)	(1,633,286)
Purchase of Investments	(8,000)	(8,000)
Construction Escrow	1,907,340	1,907,340
<b>Cash provided by Investments</b>	<u><b>266,054</b></u>	<u><b>266,054</b></u>
<b>Financing Activities:</b>		
Repayment of Long-Term Debt	-	-
Payment of Interest - LT Debt	(163,745)	(163,745)
Capital Grants		
<b>Cash provided by Financing</b>	<u><b>(163,745)</b></u>	<u><b>(163,745)</b></u>
<b>INCREASE (DECREASE) IN CASH &amp; CASH Equivalents</b>	<b>994,228</b>	<b>994,228</b>
<b>CASH BEGINNING OF PERIOD</b>	<b>10,473,199</b>	<b>10,473,199</b>
<b>CASH END OF PERIOD</b>	<u><b>\$ 11,467,427</b></u>	<u><b>\$ 11,467,427</b></u>
<b>CHANGE &amp; BALANCE OF CASH</b>		
Operating Cash	992,779	8,497,843
Non-Current Cash	1,450	2,969,584
<b>TOTAL CHANGE &amp; BALANCE OF CASH</b>	<u><b>\$ 994,229</b></u>	<u><b>\$ 11,467,427</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												\$ 523,615
<b>Adj to reconcile excess of Revenue over Expenses to Net Cash</b>													
Depreciation & Amortization	103,737												103,737
Noncash gifts & bequests	-												-
(Increase) Decrease Amt. Due 3rd Parties	(222,778)												(222,778)
(Increase) Decrease in Accounts Receivable	322,983												322,983
(Increase) Decrease in Prepaids	17,428												17,428
(Increase) Decrease in Inventories	(6,544)												(6,544)
Increase (Decrease) in Accts Pay. & Accrued Liab.	153,478												153,478
<b>Net Cash provided by Operations</b>	<b>891,919</b>	-	-	-	-	-	-	-	-	-	-	-	<b>891,919</b>
<b>Investing Activities:</b>													
Purchases/Disposals of Property & Equipment	(1,633,286)												(1,633,286)
Purchase of Investments	(8,000)												(8,000)
Construction Escrow	1,907,340												1,907,340
<b>Cash provided by Investments</b>	<b>266,054</b>	-	-	-	-	-	-	-	-	-	-	-	<b>266,054</b>
<b>Financing Activities:</b>													
Repayment of Long-Term Debt	-												-
Payment of Interest - LT Debt	(163,745)												(163,745)
Capital Grants													-
<b>Cash provided by Financing</b>	<b>(163,745)</b>	-	-	-	-	-	-	-	-	-	-	-	<b>(163,745)</b>
<b>INCREASE (DECREASE) IN CASH &amp; CASH Equivalents</b>	<b>994,228</b>	-	-	-	-	-	-	-	-	-	-	-	<b>994,228</b>
<b>CASH BEGINNING OF PERIOD</b>	<b>10,473,199</b>												<b>10,473,199</b>
<b>CASH END OF PERIOD</b>	<b>\$ 11,467,427</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 11,467,427</b>
<b>CHANGE &amp; BALANCE OF CASH</b>													
Operating Cash	992,779												8,497,843
Non-Current Cash	1,450												2,969,584
Investments													
<b>TOTAL CHANGE &amp; BALANCE OF CASH</b>	<b>\$ 994,229</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 11,467,427</b>

## Accounts Receivable Aging 2019-rolling



## QUALITY MANAGEMENT COMMITTEE MEETING MINUTES

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

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

Present were: Maryann Harty, Hospital Commission; Dr. long, George Rohrich, Kevin Schaefer, Stephanie Holden, Janelle Rauchman, Sheri Schmidt, Lori Zook, Mark Ehlers, Paulette Redman, and Ashlie Baker, Recorder.

Absent: Gary Swedberg, John Lammert, Jackie Kimmert, Paula Meskan, Bob Novak, and Terri Winter.

AGENDA ITEM	DISCUSSION	ANALYSIS / CONCLUSIONS / ACTION	FOLLOW-UP / RESPONSIBLE PARTY
<b>1. Review of Minutes.</b>	The minutes of the January 16, 2019, meeting was distributed electronically prior to the meeting for review.	A motion was made by Stephanie Holden to approve the minutes as presented. The motion was seconded by Lori Zook and carried with all voting in favor.	
<b>2. Falls/Adverse Events</b>			
	<p>Janelle Rauchman reported.</p> <p><b>Adverse Events</b></p> <ul style="list-style-type: none"> <li>No adverse events to report.</li> </ul> <p><b>Falls Risk</b></p> <ul style="list-style-type: none"> <li>The falls rate for 2018 was 1.9. There were no falls to report for January and thus far in February.</li> </ul>		Janelle Rauchman
<b>3. Quality Department</b>			
	<p><b>ISO 9001-2015</b></p> <ul style="list-style-type: none"> <li>Clauses 1-3 and Clause 4 of the ISO 9001-2015 Quality Management System were reviewed.</li> <li>The Quality Management System will be reviewed annually (December) to assess if changes need to be made, any concerns with the current system, etc.</li> </ul> <p><i>***Please refer to the slide deck for more detailed information on the ISO 9001-2015 Clauses. ***</i></p>		Janelle Rauchman

## Quality Management Meeting Minutes

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	<p><b>Internal Audits</b></p> <ul style="list-style-type: none"> <li>• 26 audits completed in 2018.</li> <li>• Some changes identified and information sent out to those responsible.</li> <li>• Change in the policy to audit low-volume, high-risk, and problem prone departments – no longer auditing all departments.</li> </ul> <p><b>Change in Reporting Lineup</b></p> <ul style="list-style-type: none"> <li>• OTI's CAPs and PAPs <ul style="list-style-type: none"> <li>○ Will be reported as each department reports</li> </ul> </li> <li>• Variances <ul style="list-style-type: none"> <li>○ Equipment and/or issues w/in the department should be brought here to report out</li> </ul> </li> <li>• Reporting Goals <ul style="list-style-type: none"> <li>○ All goals should be reported</li> <li>○ Identify areas that could be improved</li> </ul> </li> </ul>		
<b>4. Departmental Goal Reports and Quality / Patient Safety Core Functions Reports</b>			
<b>a. Marketing.</b>	<p>Stephanie Holden reported.</p> <p><b>Measurement for Marketing Plan.</b></p> <ul style="list-style-type: none"> <li>• Social Media. Facebook page - number of "likes" currently at 1,602, up from 1589 likes in November. There was one boosted post on Facebook noting our hiring for various positions. This post reached 20,088 people, with 168 clicks on the post, and 52 shares. There was also an organic boosted post on "Icy Conditions" that reached 3,058 people, with 98 clicks on the post and 37 shares.</li> <li>• Website. Noted an increase in website sessions at 11,926, up from 9,678 in November, with the Home page having most page views. The second highest page views is for Urgent Care; followed by Careers and Job Openings.</li> <li>• Digital Marketing Campaign. In January 2019 REHC changed digital marketing companies, due to poor customer service. Google AdWords campaign shows an increased number of impressions (number of views) and clicks, with a click-through rate of 0.02%, doing very well. This compares to a national click-through rate of 0.01%.</li> </ul>		Stephanie Holden

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	<ul style="list-style-type: none"> <li>The “GeoFencing” campaign for Urgent Care has resulted in over 109,000 performance impressions. GeoFencing is focused on mobile devices – REHC ads will show up on the mobile device whenever the device enters a designated “fenced area.” Fenced areas identified in this campaign are geographical areas surrounding other urgent care clinics in this region (Ridgeview Belle Plaine, Ridgeview Le Sueur, Mankato Clinic @ Adams Street, and McDonalds – St. Peter).</li> </ul> <p><b>Patient Satisfaction:</b></p> <ul style="list-style-type: none"> <li>Inpatient: Top Box score for overall patient satisfaction with inpatient services shows a score of 87.5% in the 4<sup>th</sup> Quarter of 2018.</li> <li>Emergency Department: Top Box score for Likelihood to Recommend – score of 79.6% in the 4<sup>th</sup> Quarter 2018.</li> <li>Urgent Care: Top Box scores for Likelihood to Recommend – 4<sup>th</sup> Quarter 2018 score of 71%.</li> <li>Outpatient Surgery: Top Box scores for Rate the Facility 0-10 – 4<sup>th</sup> Quarter for 2018 was 82.9%.</li> </ul> <p><b>Vocera Care Rounds</b></p> <ul style="list-style-type: none"> <li>In November 2018, Linda Prah, RN, Med/Surg Manager and Stephanie Holden, Chief Marketing Officer, began using Vocera Care Rounds, a tool to assist in getting real-time patient satisfaction/experience feedback to help in improving patient survey results.</li> <li>Linda rounds on all patients daily using the Care Rounds tool.</li> <li>Stephanie rounds on patients who are on day 2 of their admission.</li> <li>There are separate questions for nurse rounding and executive rounding.</li> <li>The questions will change every 3-4 months.</li> </ul> <p><i>***Please refer to slide deck for more details surrounding the Vocera Care Rounds. ***</i></p> <p><b>Community Outreach Events from Q4 2018 and for Q1 2019 include:</b></p> <ul style="list-style-type: none"> <li>Staff volunteered for the Salvation Army;</li> <li>Donations to the Food Shelf, The Kitchen,</li> </ul>	<p>Goal of 88% inpatient satisfaction reached.</p> <p>Goal for ED Likelihood to Recommend is 79%.</p> <p>Goal for UC 2018 adjusted down to 75%.</p> <p>Goal for Outpatient Surgery 87.7%.</p> <p>2018 goal for Outpatient Surgery set at 87.7%.</p>	<p>Stephanie Holden</p>
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## Quality Management Meeting Minutes

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	<p>Children's Weekend Food Program, Gouvernares;</p> <ul style="list-style-type: none"> <li>• Hosted Studer Group national speaker Rich Bluni;</li> <li>• Dr. Ereth presented on Alzheimer's Disease;</li> <li>• Business After Hours;</li> <li>• Rotary Group Presentation;</li> <li>• Featured Speakers at St. Peter Chamber's Timely Topics;</li> <li>• Featured on Talk of the Town on KTOE; and</li> <li>• Presentation and Real Life Coop.</li> </ul> <p><b>Upcoming Events</b></p> <ul style="list-style-type: none"> <li>• Physical Therapy Presentation on Women's Pelvic Health in March;</li> <li>• Food Shelf Month Participation;</li> <li>• Adopt-a-Highway clean-up day in April</li> <li>• Patient Wing Open House (late May or June)</li> </ul>		
<b>b. Business Services / Finance.</b>	<p>Sheri Schmidt reported.</p> <p><b>OTI's, CAPs, PAPs</b></p> <ul style="list-style-type: none"> <li>• An OTI surrounding the \$59 fee in Urgent Care for certain conditions, such as UTI's, Pink Eye, and Strep Throat. This has not been going as smoothly as anticipated. Currently this service is only being used twice a month. Investigating to determine the cause of such a low number of patients utilizing this service package.</li> </ul> <p><b>Department Goals / Benchmarks.</b></p> <p>a) Monitor / measure denials. The denial amount for November was \$64,560.00, and December was \$113,976.00. The percentage of denials still remains under 3%.</p> <p>b) Accounts Receivable Days. The goal for Accounts Receivable days is to be below 50. November was at 49.5 days and December was at 47 days. Best indicators nationally are in the 40-day range.</p> <p><b>Revenue Cycle Steering Committee</b></p> <ul style="list-style-type: none"> <li>• A Revenue Cycle Steering Committee was implemented in 2018, which members include Lori Zook, Janelle Rauchman, Paulette Redman, and Sheri Schmidt.</li> </ul> <p>***Please refer to the slide deck for a detailed listing of focus areas. ***</p> <ul style="list-style-type: none"> <li>• A Revenue Cycle Scorecard is also being developed as a central location to track performance.</li> </ul>	<p>Revenue Cycle Management committee established, meeting monthly.</p>	<p>Sheri Schmidt.</p>

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	<p><b>Price Estimator</b> Sheri is working on a price estimator which outlines our top 75 procedures and the cost associated – hoping to be completed by the end of March.</p>		
c. Registration / Collections.	<p>Sheri Schmidt reported.</p> <p><b>OTI, CAPs, PAPs</b> There is was an OTI for registration surrounding the entering of an incorrect birthdate. This has now been completed.</p> <p><b>Patient Satisfaction – Press Ganey Survey Data.</b> --Emergency Department: Looking at Top Box Trends. Courtesy of Registration Staff - ER = Goal is 80%.  <ul style="list-style-type: none"> <li>October – 76.1%</li> <li>November – 75.6%.</li> <li>December – 78.3%</li> </ul> --Inpatient: Top Box trends for Courtesy of Registration Staff. Goal is 88%.  <ul style="list-style-type: none"> <li>October – 83.5%.</li> <li>November – 82.4%.</li> <li>December – 83.5%.</li> </ul> </p>	Negative feedback has been related to parking, due to construction.	Sheri Schmidt
d. Health Information Management	<p>Paulette Redman reported.</p> <p><b>OTI's, CAPs, PAPs</b> Open OTI for use of EM999 code by ED/UC providers, and open OTI for charging issues for ED/UC. Both of these will be tied into upcoming coding/charging project with Nordic Consulting.</p> <p><b>Department Goals / Benchmarks.</b> a) Incomplete Records &gt;30 Days: In November, the number of incomplete records was 9 charts, with the majority being in ED/UC. As of February 19, 2019, the number of incomplete records remains at 17; the majority of these being Surgery. It has been challenging to complete the records in &lt;30 days due to the fact that some of the surgeons are only here on an occasional basis. b) Coding Work Queue days: The 2018 goal of coding work queue days &lt;5 not met for 4<sup>th</sup> quarter. Improvement was seen in September, but rose again in October and November, slight decrease in December. c) Accurate Assignment of E&amp;M Codes for ED/UC. Bell curve graphs were shown reflecting code assignments for October through December, 2018.</p>	<p>Weekly notices sent to providers regarding deficiency status. Report on delinquent records addressed with Executive Committee monthly.</p> <p>2019 goal of 6 days or less established.</p> <p>Monitor work queues on daily basis; analyze trends to look for areas of improvement.</p>	<p>Paulette Redman / HIM Staff</p> <p>Paulette Redman / Coders</p> <p>Paulette Redman</p>



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	<p>Bell curves continue to show expected patterns of code assignment and did not change significantly from the previous quarter, although overall numbers of new patients has slightly decreased. Documentation components used for code assignment were reviewed (New vs. Established Patient Criteria).</p> <p><b>Meaningful Use Measures</b> REHC is currently meeting all Meaningful Use measures, except for Patient Access Health Information. The goal to meet the measure is <math>\geq 10\%</math>, currently at 4.4%.</p> <p>Discussed the E-Prescribing measure score being only 39.4%. Could be the result of nursing homes requiring a written copy of narcotic prescriptions, rather than e-prescribing them.</p> <p><b>HIPAA Compliance</b></p> <ul style="list-style-type: none"> <li>HIPAA Help Center software includes monthly training sessions, different topic each month, assigned to all members of REHC workforce. Each session generally takes &lt;15 minutes to complete.</li> <li>Training has been optional.</li> <li>Completion of training ties to improved Privacy Risk Assessment Scores. Current Risk Score is 76/100.</li> </ul>	<p>Review of urgent care E&amp;M level coding to ensure accuracy of codes.</p> <p>Work to determine how to encourage patients to access their health information online.</p> <p>Continue to research if this still remains true.</p>	
<b>e. Medical Staff Liaison / Credentialing.</b>	To be reported at March meeting.		
<b>f. IT / IS.</b>	<p>Kevin Schaefer reported.</p> <p><b>Departmental Goals/Benchmarks</b></p> <p>a) User Satisfaction Survey – New survey process implemented with use of online Survey Monkey. Results from the most recent survey show 13 of 18 departments responded. Response to the question of “Overall IT/IS meets the needs of my department” shows 62% rating of “Always,” with 23% “Usually”, and 15% “Sometimes.” The goal was set at 70% based on the former survey process, so current results were below goal.</p> <p>b) Respond to Urgent and High Priority Tickets Within 30 Minutes, Goal to maintain 85% or higher:</p> <p>November, 2018– 15 tickets – 94% December, 2018 – 15 tickets – 100% January, 2019 – 10 tickets – 100%</p>	Currently showing a decline in satisfaction rate. Kevin will investigate further.	Kevin Schaefer

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	<p>Primary reason for missing 30-minute response time correlates with tickets submitted during the night without a follow-up phone call to IT. Tickets show up in the e-mail of all members of the IT staff.</p> <p>c) Server / System Downtime for January through December 31, 2018. File Server – 0.03% downtime. E-mail Server – 0.03% downtime. Excellian – 0.19% downtime.</p> <p>Excellian downtime primarily due to upgrades and installation of patches and updates. File server downtime occurs when putting Windows patches in.</p> <p>d) Viruses/Spyware and Adware/PUA (potential unwanted applications). Computer systems continuously scanned for viruses, spyware and adware. Program in place to quarantine and remove malicious software identified. Slight decrease in Adware/PUA in the 4<sup>th</sup> quarter with 33 instances found, instances of viruses and spyware also decreased to 358.</p> <p>e) Password Strength. Another new program looks at password strength throughout the facility. Of 698 passwords, 694 were deemed to be strong, 4 were noted as weak.</p> <p><b>FRSecure FISA Assessment</b></p> <ul style="list-style-type: none"> <li>Completed in January 2019 – Waiting for report that will include the FISAScore (FISAScore® consists of a thorough evaluation of risks within four phases: Administrative Controls, Physical Controls, Internal Technical Controls, and External Technical Controls).</li> <li>HIPAA Help Center Risk Assessment – Security Risk Score is at 51% Completion.</li> </ul>	<p>Overall system up-time exceeds 99%.</p> <p>Viruses and adware are caught and quarantined prior to getting into the computer. No issues with viruses actually getting into the system. Firewall successfully catching intrusion events.</p> <p>Follow-up with individuals with weak passwords, education provided recommendations to improve passwords.</p>	
<b>g. Human Resources</b>	To be reported at March meeting.		Jackie Kimmet
<b>h. Materials Management</b>	<p>Reported by Mark Ehlers</p> <p><b>Purchasing Process</b></p> <p>a) Materials Management has moved to a new purchasing organization, HealthTrust. Goals per department are as follows:</p> <ul style="list-style-type: none"> <li>Laboratory – 85%; Actual 70.0% - goal not met;</li> <li>Med/Surg – 85%; Actual 75.3% - goal not met;</li> <li>Office Supplies – 100.0%; Actual 100.0% - goal met;</li> </ul>		Mark Ehlers

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	<ul style="list-style-type: none"> <li>Pharmacy – 98.5%; Actual 99.9% - goal met.</li> </ul> <p><b>Department Goals/Benchmarks</b></p> <p>a) Inventory Days Stock On Hand</p> <ul style="list-style-type: none"> <li>QHR benchmark for hospitals our size is 47 days. <ul style="list-style-type: none"> <li>AS of the end of Q4 2018, we were at 21.5 days.</li> </ul> </li> </ul> <p>b) Quality. Goal: Write off &lt;= \$7,000 due to expired products for 2018.</p> <ul style="list-style-type: none"> <li>2018 YTD total was \$3,109.28.</li> </ul>		
i. Environmental Services	<p>Bob Novak reported.</p> <p><b>OTI's, CAPs, PAPs and Contracted Services</b></p> <ul style="list-style-type: none"> <li>Contracted services are currently being reviewed.</li> </ul> <p><b>Department Goals / Benchmarks.</b></p> <p>a) Quarterly Internal Housekeeping and Maintenance Surveys performed. The average score for the two work groups was 93%.</p> <p>b) Press Ganey Survey Results: Cleanliness of Hospital Environment – Goal for patient room cleanliness to average 76% top box or greater. This is computed with a rolling 12 month average and rounded to a whole number.</p> <ul style="list-style-type: none"> <li>November 2018: 66%</li> <li>December 2018: 67%</li> </ul> <p>c) Work Order Completion Rate: Aim is to complete 92% of all Maintenance/Housekeeping work orders by the 5<sup>th</sup> day of the following month (not including extended projects).</p> <ul style="list-style-type: none"> <li>November 2018: 99%</li> <li>December 2018: 98%</li> </ul> <p>d) Improve the percentile ranking score on the internal Q12 employee survey for Housekeeping and Maintenance combined.</p> <p><b>DNV Nonconformities.</b></p> <ul style="list-style-type: none"> <li>To be addressed at the March 20<sup>th</sup> Quality Management Committee Meeting.</li> </ul>	The results are trending lower due to the construction process.	Bob Novak
6. Quality Recognitions.	<p><b>Baldrige</b></p> <ul style="list-style-type: none"> <li>The Baldrige site visit will be held March 5-7, 2019.</li> </ul> <p><b>PEN Conference</b></p> <ul style="list-style-type: none"> <li>Jackie and Janelle will present at the PEN conference in May at Mystic Lake Casino.</li> </ul>		Janelle Rauchman

## Quality Management Meeting Minutes

February 20, 2019 Page 9

	<p><b>DNV</b></p> <ul style="list-style-type: none"><li>• DNV will be on-site in May to conduct the Hip, Knee, Shoulder, and Spine certification surveys.</li></ul> <p><b>Maintenance Department</b></p> <ul style="list-style-type: none"><li>• Stephanie wanted to recognize Bob, Steve, John and Burt for their exceptional snow removal efforts during the month of February. A patient also commended the maintenance department on their hard work keeping the parking lots clean and safe during this snowy month of February.</li></ul> <p><b>Housekeeping</b></p> <ul style="list-style-type: none"><li>• Stephanie also wanted to recognize Sofia, Lead Housekeeper, on her continued hard work and compassion that she shows patients at REHC.</li></ul>		
<b>7. Adjournment.</b>	The next Quality Management Committee meeting will be held on Wednesday, March 20, 2019, at 8:30 a.m.	Meeting adjourned by general consensus at 10:07a.m.	

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Janelle Rauchman, RN, CIC, Chair

## Building Committee Minutes

February 21, 2019

<i>Present:</i>	<input type="checkbox"/>	Margie Nelsen Hospital Commission	<input checked="" 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 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 11:0 a.m. by Chuck Zieman.

### **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 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.

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:

- 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.
- 12A. Alternate – M2 in-slab rough in for snow melt piping.

**ACTION:** A motion was made by Jerry Pfeifer to recommend approval of change orders 56, 77, 89, 110, 113, 117, 120, 121, 125, 127, & 12A 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 11:26 a.m.

### **NEXT MEETING**

The next Building Committee meeting will be held on Thursday, March 21, 2019, at 11:00 p.m. in the McGough Construction Trailer.

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Chairperson

# APPLICANTS FOR MEDICAL STAFF MEMBERSHIP AND CLINICAL PRIVILEGES

## River's Edge Hospital & Clinic

February 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	Douglas P. Caldwell, MD	Teleradiology	CRL	√	√	√	√	√	√	√	√	√	√	√	NA
√				A	Parveen Kumar, MD	IM/Hospitalist	RPG	√	√	√	√	√	√	√	√	√	√	√	√
√				C	Brooke R. Long, CNP	Surgical NP	Mankato Clinic	√	NA	√	√	√	√	√	√	√	√	√	√
		√		C	Richard S. Harrison, OPA-C	Orthopaedic PA	OFC	√	NA	NA	NA	√	√	√	√	√	√	√	NA
		√		C	Evans O. Magambo, MD	Emergency Medicine	Premier Staffing	√	√	√	√	√	√	√	√	√	√	√	NA
		√		A	John A. Springer, MD	Orthopaedic Surgery	OFC	√	√	√	√	√	√	√	√	√	√	√	NA
		√		C	Christie A. Van Hecke, CNP	Emergency Medicine	Premier Staffing	√	NA	√	√	√	√	√	√	√	√	√	NA

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

Edwin Harrington, MD	Active Staff/Orthopaedic
Michael Kearney, MD	Active Staff/Orthopaedic
Laraine Klunder, CRNA	Courtesy Staff-AHP/Nurse Anesthetist
Lisa Schneider, MD	Courtesy Staff/Teleradiology

## Quality Dashboard

River's Edge Hospital

Category/Metric	12/31/2018	1/31/2019	2/28/2019	3/31/2019	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%													2.7%	Internal Benchmark
Falls Risk	1.9	1.8													3.1	State Average
SSI	0.23%	0.14%													2.0%	Internal Benchmark
CAUTI	0.00%	0.00%													0.73%	State Average
Surgical Complications	0.17%	0.15%													2.7%	Internal Benchmark
ED Transfer Communication	75	80													>65	Internal Benchmark
HAI	0.00%	0.00%													0	Internal Benchmark
Staff Influenza Immunization	96.0%	97.0%													95.0%	Internal Benchmark
Pressure Ulcer Rate	0	0													0.473	State Average



**River's Edge Hospital & Clinic  
Executive Summary  
George Rohrich, CEO  
February 21, 2019**

**Comments about January & Looking Forward:**

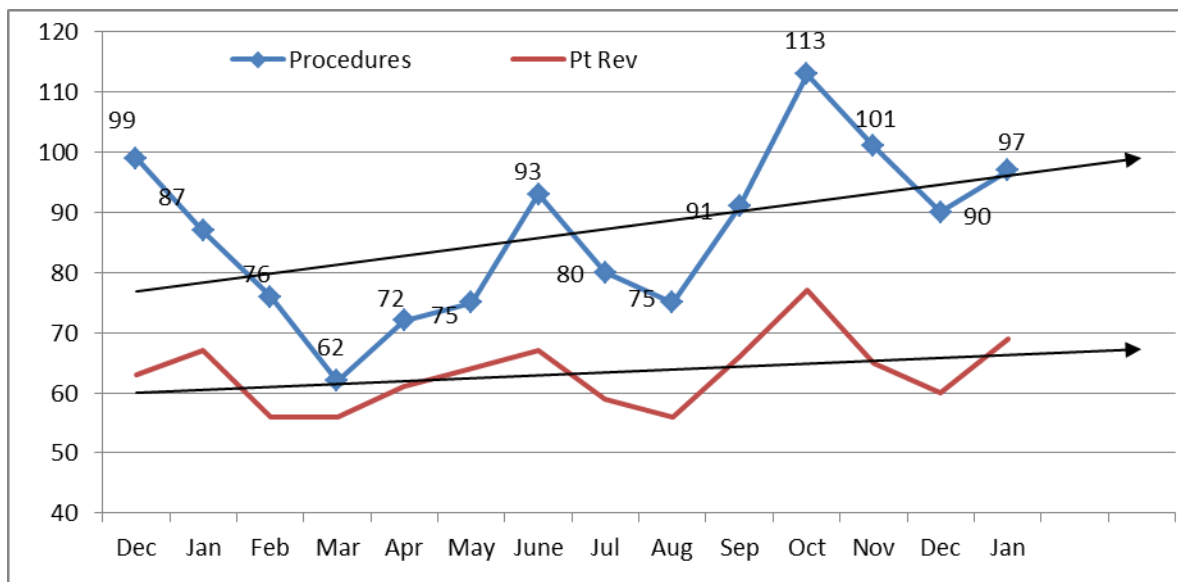
**Operations: January has a positive bottom line**

- MTD had a bottom line of \$524,000 vs MTD budget of \$564,000.
- Net Operating Revenue MTD was \$572,000 vs MTD budget of \$608,000.
- Looking Forward: February is trending to be a strong month.

**Cash: Cash increased**

- MTD Cash increased by \$994,000 resulting in balance of \$11,467,000.
- Our 2018 Year End Cash budget goal is \$10.4M.

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



These procedures are a Key Indicator budgeted at 81 inpatient procedures per month.

**Significant Decisions this Month:**

- Annual Audit & Cost Report Engagement by Eide Bailly.

# 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				
Lab Procedures Outpatient	2898	2992	2241	3144	2470	2717	2903		2951	3057				
<b>Radiology Procedures</b>														
Radiology Procedures Inpatient	16	24	26	73	114	106	106		99	131				
Radiology Procedures Outpatient	456	368	337	330	285	296	268		259	262				
CT Procedures Outpatient	83	92	105	147	130	156	151		158	138				
Ultrasound Procedures Outpatient	33	31	28	35	35	35	33		35	25				
<b>ED &amp; UC</b>														
Urgent Care	166	127	154	200	343	397	360		369	353				
Emergency Department	336	330	367	388	367	343	352		392	285				
<b>Surgery</b>														
Surgical Procedures Inpatient	1	5	10	46	73	81	85		81	97				
Surgical Procedures Outpatient	54	55	46	53	61	59	66		67	56				
<b>Physical Therapy</b>														
PT Modalities Inpatient	270	306	353	627	857	862	843		970	990				
PT Modalities Outpatient	1108	1113	1056	1030	983	1129	1286		1310	1290				
<b>Admissions</b>														
Admissions from ED + UC	24	24	26	23	20	8	9		na	13				
Transferred to Acute Hospital	na	na	na	na	29	31	33		na	36				
Admissions Medical	20	27	31	16	12	10	13		na	14				
Admissions Surgical	0	0	0	37	63	71	73		na	82				
Med Surg Patient Days	52	78	88	143	206	221	236		270	270				
Average Daily Census (ADC) IP	1.71	2.56	2.88	4.70	6.75	7.30	7.73		8.86	8.71				
Average Daily Census Swing	2.67	1.94	1.82	0.82	0.42	0.31	0.30		0.15	0.32				
<b>Total ADC</b>														
Total ADC	4.38	4.50	4.70	5.53	7.17	7.60	8.08		9.01	9.03				
<b>Adjusted Patient Days</b>														
Adjusted Patient Days					341	358	366		400	401				

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

REHC Strategic Plan																	
2018 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											
		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%											
S2	Emergency Department Survey "Likelihood of recommending this ED" Top Box score ≥ 85%	71.4	80%	80%	85%	79%											
S3	Urgent Care Survey "Likelihood of Recommending this Urgent Care" Top Box score ≥ 77%	72.2	72%	71%	75%	72%											
S4	Outpatient Surgery "Rate the Facility" ≥ 87%			83%	87%	83%											
		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											
Q2	Transfer Measures Benchmark ≥ 65%	na	57%	76%	65%	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%											
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											
F2	Operating Margin ≥ 4%	13%	8%	8%	4%	14%											
F3	Net AR Days ≤ 50 days	49	45	48	50	44											
		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											
GOVERNANCE						Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
G1	Commissioner attending education event					4	3										
G2	Commission participating in hospital event						2										
G3	Complete annual evaluation																

# January 2019 Financial Report

## Statement of Revenues and Expenses

### SUMMARY OF MONTH AND YTD

	Jan-19	Budget	Variance	%
Gross revenue	\$ 6,898,742	\$ 7,159,297	\$ (260,555)	-3.6%
Net Patient Revenue	\$ 3,974,962	\$ 3,794,081	\$ 180,881	4.8%
Operating Expenses	\$ 3,417,778	\$ 3,192,310	\$ 225,468	7.1%
Net Operating Income	\$ 571,726	\$ 607,562	\$ (35,836)	14.4%

YTD 2019	Budget	Variance	%
\$ 6,898,742	\$ 7,159,297	\$ (260,555)	-3.6%
\$ 3,974,962	\$ 3,794,081	\$ 180,881	4.8%
\$ 3,417,778	\$ 3,192,310	\$ 225,468	7.1%
\$ 571,726	\$ 607,562	\$ (35,836)	14.4%

## Balance Sheet

Net Patient Receivables	Decreased	\$ (294,295)
Accounts Payable	Increased	\$ 615,374

	Jan-19	Dec-18	Difference
Cash (all sources)	\$ 11,467,427	\$ 10,473,199	\$ 994,228
Accounts Receivable	\$ 4,714,169	\$ 5,008,464	\$ (294,295)
Accounts Payable	\$ 2,188,690	\$ 1,573,316	\$ 615,374
Check Run	\$ 2,289,754	\$ 1,711,446	\$ 578,308

	Covenants	Jan-19	Dec-18
Days in Cash	>60	106.19	106.83
Days in AR		43.86	47.15
Debt Coverage	>1.25	3.06	4.08

## Community Care and Collections

		Accounts
Community Care	\$ 14,756.08	21
Presumptive Care	\$ 86,834.71	111
Total	\$ 101,590.79	132

Collection Activity for Board Approval	\$ 84,635.35
Bad Debt Recovery	\$ 9,682.49
Revenue Recapture	\$ 1,243.74

## Community Care and Collections

For the month of: **January 2019**

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>\$ 14,756.08</u>	14,756.08		
		21		0
		0 previous in bad debt status		
Presumptive community care grants	<u>Total</u>	<u>Patients</u>	<u>Accounts</u>	<u>Uninsured</u>
	<u>\$ 86,834.71</u>	89	111	-
2. Collection activity for Board Approval is:	<u>Total</u>	<u>Insured</u>	<u>Uninsured</u>	\$ - HMS
- number of patient accounts	<u>\$ 84,635.35</u>	<u>-</u>	<u>-</u>	84,635.35 Excellian
	-	-	-	84,635.35
3. Revenue recapture for the month	<u>\$ 1,243.74</u>			

### Community and Presumptive Care Grants - YTD

2019	\$ 101,590.79
2018	\$ 56,161.70
2017	\$ 532,153
2016	\$ 351,783
2015	\$ 86,713
2014	\$ 152,079
2013	\$ 239,465

### Revenue Recapture experience

2019	\$ 1,243.74
2018	\$ 2,890.20
2017	\$ 233,972
2016	\$ 196,887
2015	\$ 199,340
2014	\$ 193,899
2013	\$ 178,823

### Collections YTD Activity

2019	\$ 84,635.35
2018	\$ 74,001.32
2017	\$ 1,012,481
2016	\$ 1,297,499
2015	\$ 906,627
2014	\$ 885,568
2013	\$ 830,210

### Gross Bad Debt Recovery

2019	\$ 9,682.49
2018	\$ 8,973.14
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	8,682.49
Feb	67,794.84		Feb	64,578.32		Feb	61,539.72		Feb	68,007.81	
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>\$ 101,590.79</u>		<u>\$ 1,097,293.81</u>	<u>\$ 84,635.35</u>		<u>\$ 196,664.17</u>	<u>\$ 1,243.74</u>		<u>\$ 317,946.97</u>	<u>\$ 8,682.49</u>

River's Edge Hospital and Clinic  
January 2019

**Top 5 Vendors Paid**

	<u>Vendor</u>	<u>Amount</u>	<u>Description</u>
4 Checks	STRYKER ORTHOPAEDICS Total	240,273.89	Implantables
2 Checks	ORTHOPAEDIC & FRACTURE CLI Total	228,945.16	Professional Services Agreement
1 Check	MN DEPT OF HUMAN SERVICES Total	222,778.23	Medicaid Settlement
4 Checks	ZIMMER US INC Total	221,641.75	Implantables
4 Checks	ALLINA HEALTH SYSTEM Total	186,697.88	ED/UC Providers, Training, Support

**Top 5 Checks Paid**

<u>Check</u>	<u>Vendor</u>	<u>Amount</u>	<u>Description</u>
69884	ORTHOPAEDIC & FRACTURE CLI	223,945.16	Professional Services Agreement
69820	MN DEPT OF HUMAN SERVICES	222,778.23	Medicaid Settlement
69729	STRYKER ORTHOPAEDICS	101,151.00	Implantables
69906	ALLINA HEALTH SYSTEM	93,973.94	ED/UC Providers, Training, Support
69950	ZIMMER US INC	89,536.95	Implantables

**Total Check Register \$ 2,289,753.83**



To: REHC Hospital Commission

Date: 2/20/2019

From: Lori Zook, CFO

RE: Annual Audit by EideBailly

### **Action/Recommendation**

The Hospital recommends entering into a arrangement with EideBailly for our 2018 Audit and Medicare Cost Report.

### **Background**

EideBailly has performed our annual audit and has done a good job in the past. They are familiar with the construction project and performed the work for the examined forecast. It is my recommendation that we stay with them for our 2018 Annual Audit and Medicare Cost Report

### **Fiscal Impact**

Vendor	Price
EideBailly	\$27,900 for Audit and required letters \$ 9,550 for Medicare Cost Report Out of Pocket Expenses as incurred

### **Community Impact**

This enhances the reporting and fiscal performance of River's Edge and fulfills debt covenants for the construction project.



## **Alternatives/Variations**

Do Not Act: The proper information will not be available in an optimal fashion and errors could be made. Financing could be revoked.

Negative Vote: Same as not acting.

Modification: This is always an option of the Commission.

# Rivers Edge Hospital Expansion and Renovation



Monthly Status Report #10 • 2-21-2019



# EXECUTIVE SUMMARY



## Project Highlights:

Endo construction is in progress  
Finishes in South patient wing are in progress  
Emergency Dept underground plumbing is complete

**SCOPE**



**SCHEDULE**



**BUDGET**



**QA/QC**



**SAFETY**



# PAY APPLICATIONS



Pay Application number #9 has been submitted through January 31st Total  
billing for pay app #9 is \$1,181,861

Total billed to date is \$12,072,072 or 48%



# CONSTRUCTION UPDATE



- **Work Completed Last month**
  - » 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





#### ■ KEY MILESTONE DATES:

- » Exterior Windows – February 2019
- » Endo Remodel Complete – April 2019
- » New Patient Wings Complete – May 2019
- » Surgery Locker Room Begins - April 2019

## SCHEDULE

River's Edge Hospital				AHFD	
Saint Peter, MN		2/22/18	2/20/19		2/21/19
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	25,589,916	11,657,300	884,992
300	Professional Fees/Reimburs.	2,781,684	2,857,203	2,159,127	75,518
400	Administrative & Legal	106,000	154,191	129,060	48,191
500	Equipment	2,969,200	2,910,588	283,391	(58,613)
600	Furnishings	711,122	471,510	18,884	(239,612)
700	Telecomm. Systems	1,079,217	1,129,720	196,901	50,503
800	Financing	By Owner	By Owner	-	-
900	Project Contingency	1,343,823	568,760	-	(775,062)
	<b>TOTAL</b>	<b>33,800,000</b>	<b>33,800,000</b>	<b>14,499,057</b>	<b>-</b>
Notes: Excludes Financing and Inflation					
% Design+Bid+Const Cont -		5.50%	2.33%		
% Total Project Contingency -		4.14%	1.71%		
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		PROPOSAL REQUEST LOG				AHFD, Inc.		
Saint Peter, MN						USDA		2/21/19
No.	Description	Low	to	High	Rec Appvl	CO	Time	Approved
56	Door and Hardware Shop Dwg Review/Approval Changes	14,602			14,602			
77	Reduce height of new dwl ceiling In OR Corr to clear exst MEP	2,500			5,087			
89	Reduce number of transition strips & replace with wider model	2,500			2,154			
110	Change fluid applied flooring in Kitchen for heat resistance				2,939			
113	Reduce amount of required cleanouts in SDS				(615)			
117	Wall changes to coordinate w/ final Kitchen Eqpt. Shopdwg.	3,000	to		1,520			
120	Revise Patient Bathroom nitche size to coordinate with switch				1,699			
121	Add 3 elec receptacles Nurse Stations & Secure Exam				604			
125	Change 18 double to 17 triple tier lockers in W05 Breakroom				1,095			
127	Add steel reinforcement to low walls in Infusion				1,055			
12A	ALT-M2 In-slab rough in for Snow Melt Piping (orig. 45,654)				38,540			
Subtotals		471,253		53,954	830,521			634,779
CM Reserve								225,141
Pending & Apprv. COR's / CM Resv Bal		67,625		884,475				685,464
								460,323