

River's Edge Hospital & Clinic
HOSPITAL COMMISSION MEETING

Wednesday, January 23, 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. ANNUAL MEETING OF HOSPITAL COMMISSION**
 - (Mot) A. Election of Officers
 - (Mot) B. Committee Assignments – pg 3
 - (Mot) C. Establish Meeting Calendar
 - D. Other Business
 1. Conflict of Interest Disclosure – pg 4
 2. Address Info
 3. Commission self evaluation – pg 5
- 5. APPROVE HOSPITAL COMMISSION MEETING MINUTES**
 - (Mot) A. December 19, 2018 Regular Meeting – pg 6
- 6. APPROVE CONSENT AGENDA**
 - A. Accept January 16, 2019 Finance Committee Meeting Minutes – pg 12
 - B. Accept December 19, 2018 Quality Committee Meeting Minutes – pg 20
 - C. Accept January 16, 2019 Quality Committee Meeting Minutes – pg 28
 - D. Accept January 8, 2019 Medical Staff Meeting Minutes – pg 33
 - E. Accept January 17, 2019 Building Committee Minutes – pg 39
 - F. Accept January 15, 2019 Patient & Community Advisory Council Minutes – pg 41
- 7. COMMISSION EDUCATION REPORT**
 - A. MHA Winter Trustee Conference
- 8. MEDICAL STAFF**
 - (Mot) A. Approve Membership Recommendation – pg 42
 - (Mot) B. Approve Privileges Recommendation
 - C. Medical Staff Bylaws – pg 43
- 9. QUALITY COMMITTEE**
 - (Info) A. Quality Dashboard – pg 44
- 10. ADMINISTRATIVE REPORTS**
 - (Info) A. Executive Summary - 45
 - (Info) B. Statistical & Strategic Plan Dashboards – pg 46
- 11. FINANCE COMMITTEE**
 - (Info) A. Financial Summary – pg 48
 - (Mot) B. Approve Write Off to Collection Recommendation – pg 49
 - (Mot) C. Approve Accounts Payable Recommendation – pg 51

12. BUILDING COMMITTEE

- (Info) A. Monthly Status & Budget Report – pg 52
- (Mot) B. Change Orders Recommendation – pg 58

13. 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

14. ADJOURN

2018 Hospital Commission Committees

Quality Committee

John Lammert

MaryAnn Harty

Gary Swedberg

Finance Committee

Margie Nelsen

John Lammert

Stephen Grams

Building Committee

Margie Nelsen

MaryAnn Harty

Patient & Community Advisory Council

Margie Nelsen

MaryAnn Harty

Nominating Committee

Blake Combellick

Jerry Pfeifer

Per Minnesota Statute § 471.87, a public officer who is authorized to take part in any manner in making any sale, lease, or contract in official capacity shall not voluntarily have a personal financial interest, directly or through his or her spouse, in that sale, lease, contract or personally benefit financially there from.

To document compliance with this statute, we request that you complete the following:

Full Name: _____
 First Middle Last

Principal Place of Business: _____

Spouse's Name: _____
 First Middle Last

Spouse's Principal Place of Business: _____

I hereby certify that during the _____ fiscal year, I have not had a financial interest in the sale, lease, or contract of the City or River's Edge Hospital & Clinic, nor have I personally benefited from any such transaction.

By: _____

Title: _____

Date: _____

If you have had a financial interest in the sale, lease, or contract with the City or River's Edge Hospital & Clinic, please describe below:

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

Goals:

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

Action Plan:

Yearly submit a report to Saint Peter city council.

Evaluate commission performance.

Increase participation of all trustees in community events.

Increase participation of all trustess in ongoing education.

RIVER'S EDGE HOSPITAL & CLINIC COMMISSION MEETING

River's Edge Hospital & Clinic – Helen G. White Conference Center
Wednesday, December 19, 2018

Present: Margie Nelsen, Chairperson; John Lammert, Vice Chairperson; Trustees: MaryAnn Harty, Stephen Grams, Gary Swedberg, Jerry Pfeifer; George Rohrich, CEO; Lori Zook, CFO; Stephanie Holden, Chief Marketing Officer; Jackie Kimmet, Chief Human Resources Officer; Janelle Rauchman, Chief Quality Officer, Paula Meskan, Chief Nursing Officer; Todd Prafke, St. Peter City Administrator; Samantha Pherson, Recorder.

Absent: Laura Hulsebus, Trustee; Blake Combellick, Trustee; Kyle Swanson, MD, President of Medical Staff.

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 December 19, 2018 Agenda was reviewed.

ACTION: A motion was made by Jerry Pfeifer to approve the December 19, 2018 Agenda. The motion was seconded by Stephen Grams and carried with all members voting in favor.

APPROVAL OF MINUTES

The November 28, 2018, 2018 regular meeting minutes were reviewed.

ACTION: A motion was made by Gary Swedberg to approve the November 28, 2018 Regular Meeting Minutes. The motion was seconded by John Lammert and carried with all members voting in favor.

APPROVAL OF CONSENT AGENDA

The consent agenda includes the following:

- Acceptance of the December 19, 2018 Finance Committee Meeting Minutes.
- Acceptance of the December 12, 2018 Building Committee Meeting Minutes.

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

GENERAL VISITOR COMMENTS

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

COMMISSION DEVELOPMENT

Commission Development.

The Hospital Commission Evaluation was handed out along with a return envelope at the November 28, 2018 Commission Meeting. If you have not returned your evaluation please return it to Samantha as soon as possible.

Hospital Commission Meeting Minutes

River's Edge Hospital & Clinic

December 19, 2018 Page 2

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:

Carol J. Eggersgluess, CNP

Courtesy Staff/AHP Staff, Urgent care

David S. Morrell, MD

Courtesy Staff, Teleradiology

Reappointment to the Medical Staff:

Christopher H. Crocker, PA-C

Courtesy Staff/AHP, Surgical PA

Albert R. Gambino, PA-C

Courtesy Staff/AHP, Emergency Medicine

Liban A. Hired, MD

Courtesy Staff, Emergency Medicine

Micara L. Kolander, CRNA

Courtesy Staff/AHP, Nurse Anesthetist

Matthew E. Mogensen, CRNA

Courtesy Staff/AHP, Nurse Anesthetist

Karen L. Mollner, PA-C

Courtesy Staff/AHA, Emergency Medicine

Richard G. Nellis, PA-C

Courtesy Staff/AHP, Emergency Medicine

Patrick J. O'Brien, MD

Courtesy Staff, Teleradiology

Penelope J. Swanson, MD

Courtesy Staff, Ophthalmology

Change in Category – Provisional to Full Membership:

Deborah G. Longley, MD

Courtesy Staff, Teleradiology

Provisional Membership: None

Increase in Privileges: None

Change in Staff Category: None

Withdrawn from Medical Staff:

Timothy Kao, MD

Courtesy Staff, Ophthalmology

Zachary Plotz, MD

Courtesy Staff, Teleradiology

ACTION:

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

QUALITY REPORT

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 and reviewed by George Rohrich.

- River's Edge is showing a month-to-date bottom line for the month of November of approximately \$346,000 versus a month-to-date budget of \$1,441,000.
- Net Operating Revenue MTD is \$399,000 vs MTD budget of \$1,470,000.
- November results show a decrease of cash on hand of \$114,000 resulting in balance of \$7,331,000 million. The 2018 Year End Budget goal is \$9.78M.

B. Statistical Dashboard.

The statistical report for October, 2018, was reviewed. Of the 17 measured activities, 14 are green. The monthly strategic report was also reviewed.

FINANCIAL REPORT

1. November Financial Summary.

Lori Zook presented the financial reports for November. The month of November had a Net Operating Income of \$398,549 and a year-to-date stand at \$2,858,105. Total Patient Revenue stands at \$6,520,716. Year-to-date Total Patient Revenue stands at \$69,598,280, over an YTD budget of \$63,568,003. November Net Patient Revenue stands at \$3,367,612 with a budget of \$4,469,724. Monthly Net Operating Revenue stands at \$3,383,447, versus a budget of \$4,481,407. Monthly Operating Expenses stands at \$2,984,898 over budget of \$3,010,709.

Year-to-date Gross Revenue is \$69,598,280 versus a budget of \$63,568,003 which is \$6,030,277 over budget. Year-to-date Net Patient Revenue is \$35,443,664 versus a budget of \$31,487,174 or \$3,956,490 over budget. Year-to-date Total Operating Expenses are \$32,754,388 versus a budget of \$31,124,884 or \$1,629,504 over budget.

Cash flow for October was negative at (\$114,976). Days Cash On Hand is 75.83 days, and Days Revenue in Accounts Receivable stands at 49.51 days. Debt coverage is 1.75 for the month of November.

2. Write-Off to Collection.

Community Care grants totaled \$6,911.19, covering 15 accounts. Presumptive community care grants totaled \$50,633.01 covering 75 accounts. Year-to-Date Community Care grants total \$531,861. Collection activity approval totaled \$67,437.90. Year-to-Date collection activity stands at \$975,855. Year-to-Date \$297,151 of gross bad debts have been recovered. The Revenue Recapture program through the State of Minnesota resulted in receipt of \$2,032.55, year-to-date recovery total of \$195,044.

ACTION: A motion was made by MaryAnn Harty to accept the recommendation made by the Finance Committee for approval of \$6,911.19 in Community Care grants, \$50,633.01 in Presumptive Community Care grants and \$67,437.90 in write-offs to collection for November. The motion was seconded by Stephen Grams and carried with all members voting in favor.

3. Accounts Payable Review.

Accounts Payable review for November included a total of \$2,200,688 paid via check.

ACTION: A motion was made by John Lammert to recommend approval of checks totaling \$2,200,688. The motion was seconded by Stephen Grams and carried with all voting in favor.

4. Professional Services Contract.

A. Nordic Consulting:

Nordic has designed its consulting services specifically for Allina affiliates with the Excellian program. We would like to enlist them to do three projects: Assess and help define the reporting support required for the Revenue Cycle and Quality areas, complete an OR optimization assessment to ensure optimization of the inventory and charging process in this area, and work with the Emergency department to evaluate the process involved in charging and coding E&M codes. The price for all three consulting projects is \$95,800.

ACTION: A motion was made by John Lammert to approve the consulting services contract from Nordic for the amount of \$95,800. The motions was seconded by MaryAnn Harty and carried with all members voting in favor.

B. Patient Estimator Module from TruBridge:

As of 1/1/2019, CMS is requiring the publication of the facility chargemaster on the website in a machine-readable format. Based on past experience with mandated disclosures of charge information, the information will be confusing at best and misleading at worst. We will need to comply with the federal regulations, but would like to make the information understandable. A patient estimator would use the patient's insurance information with the charge information from our system to project how much the patient responsibility would be for procedures done at River's Edge Hospital. This would make the charge information useful to our patients. To that end, we reviewed three products, TruBridge, Experian, and Excellian. TruBridge is the contract being recommended with a cost of \$6,000 for installation, and \$1,000 per month fee.

ACTION: A motion was made by MaryAnn Harty to approve the TruBridge patient estimator module for the amount \$6,000 for installation and a \$1,000 monthly fee. The motion was seconded by John Lammert and carried with all members voting in favor.

5. Capital Equipment Purchase:

We have a need to repair our current Stryker tower and add an additional scope tower. This is used for endoscopy and arthroscopic procedures. We did not get a competing estimate because it is preferred to stay with the same vendor based on scope supplies and staff training. We also would like to remain consistent with equipment in the operating rooms. The cost of repairing a Stryker Tower is \$44,849.07 and the cost to purchase a new Stryker Tower is \$54,269.89 for a total of \$99,118.96.

ACTION: A motion was made by Stephen Grams to recommend repairing the Skytron Tower for the amount of \$44,849.07. The motion was seconded by Jerry Pfeifer and carried with all members voting in favor.

ACTION: A motion was made by Jerry Pfeifer to recommend purchasing the Skytron Tower for the amount of \$54,269.89 to the Saint Peter City Council. The motion was seconded by John Lammert and carried with all members voting in favor.

Hospital Commission Meeting Minutes

River's Edge Hospital & Clinic

December 19, 2018 Page 5

BUILDING COMMITTEE

a. Project Summary

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

Project Highlights

- South and East patient Wings wall framing complete.
- Same Day Surgery drywall and painting complete.
- New Emergency department temp enclosure in progress.

Construction Update:

- Drywall and painting complete in Same Day Surgery.
- Exterior stone complete at South and East wings.
- Temp heating installed in South and East wings.
- Mechanical, electrical, and plumbing rough-ins South and East wings.

Upcoming Work

- Underground utilities at North addition.
- Slab on grade in North addition.
- Drywall install at South and East wings.
- Mechanical, electrical, and plumbing rough-ins in South and East wings.
- Flooring and finish install at Same Day Surgery.
- Door and hardware install in Same Day Surgery.

b. Recommended Change Orders

George Rohrich reviewed the change orders numbers:

- 56. Door and Hardware Shop Review/Approval Changes.
- 89. Reduce number of transition strips and replace with wider model.
- 95. Helipad light fixture location revisions.
- 96. Remove radinet heater and pipping in Phase 3 – Same day Surgery.
- 97. Add studs, batt insul and Vapor barrier infill at windows in SDS.
- 98. User requested changes to ER Secure Room – delete card reader, add outlet and code blue.
- 99. Add and revise Pharmacy casework.
- 102. Enlarge Grating on Sand Trap structure.
- 104. Enlarge 2 soiled linen hamper alcoves in Same Day Surgery and add wall cabinets.

ACTION: A motion was made by Jerry Pfeifer to approve change orders 56, 89, 95, 96, 97, 97, 98, 99, 102, and 104. The motion was seconded by MaryAnn Harty and carried with all members voting in favor.

ROUNDTABLE COMMENTS

Stephanie Holden:

1. Donations:
 - i. \$3,000 Children's weekend food program.
 - ii. Saint Peter food Shelf – New refrigerator.
 - iii. \$5,000 Govenaires
2. Blood Drive – January 24th at the Senior Center.
3. Patient Advisory Council will meet on January 15th.

Janelle Rauchman:

1. Baldridge will be visiting in March.
2. DNV will be here in April and May.

EXECUTIVE SESSION – CEO ANNUAL EVALUATION

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

ACTION: A motion was made by Gary Swedberg 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 1:34 p.m.

B. Call Closed Session to Order

The closed session of the Hospital Commission was called to order at 1:37 p.m. by Chairperson Margie Nelsen.

C. Call Closed Session to Adjourn

The closed session of the Hospital Commission was adjourned at 2:18 p.m. by Chairperson Margie Nelsen.

CALL BACK TO ORDER

The regular meeting of the Hospital Commission was called back to order at 2:21 p.m. by Chairperson Margie Nelsen.

CEO EVALUTION

The Hospital Commission reviewed the individual responses to the review questions in the closed session and discussed topics to be able to provide Mr. Rohrich with some feedback and direction. Todd Prafke will meet with Mr. Rohrich to discuss the evaluation at a later date.

ADJOURNMENT

ACTION: A motion was made by Jerry Pfeifer to adjourn the meeting. Motion seconded by MaryAnn Harty and carried with all voting in favor. Meeting was adjourned at 2:24 p.m.

NEXT MEETING

The next regular meeting of the Hospital Commission will be Wednesday, January 23, 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, January 16, 2019, at 12:30 p.m. This meeting will convene in the River's Edge Hospital Helen White Conference Room 1.

Chairperson

Secretary

RIVER'S EDGE HOSPITAL & CLINIC FINANCE COMMITTEE MEETING

River's Edge Hospital & Clinic

Wednesday, January 16, 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 12:27 p.m. by Margie Nelsen.

APPROVAL OF AGENDA

The agenda for the January 16, 2019 Finance Committee meeting was reviewed.

ACTION: A motion was made by John Lammert to approve the January 16, 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 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.

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

CASH FLOW

Cash Flow for the month of December increased by \$3,141,725.

BALANCE SHEETS

Balance Sheets were reviewed. Net Patient Receivables shows a decrease of (\$152,946) for the month of December and accounts payable increased \$62,260.

YEAR-TO-DATE REVENUES AND EXPENSES

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.

DASHBOARD

Days Cash (All Sources) On Hand is 106.83 and Days Revenue in Accounts Receivable stands at 47.15 days. Debt coverage is 4.08 for the month of December.

Finance Committee Meeting Minutes

River's Edge Hospital & Clinic

January 16, 2019 Page 2

CHECK REVIEW

The Check Review list was given to the Finance Committee and reviewed. The total amount for the month of December is \$1,711,446.

ACTION: A motion was made by George Rohrich to recommend the acceptance of checks, in the amount of \$1,711,446 to the Commission. The motion was seconded by John Lammert and carried with all members voting in favor.

COMMUNITY CARE AND COLLECTIONS

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 John Lammert to recommend 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 in write-offs to collection for December. 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 1:13 p.m.

NEXT MEETING

The next Finance Committee meeting will be held on Wednesday, February 20, 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
December 31, 2018

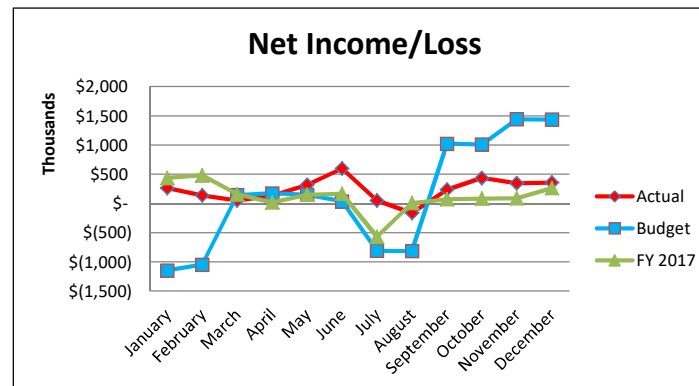
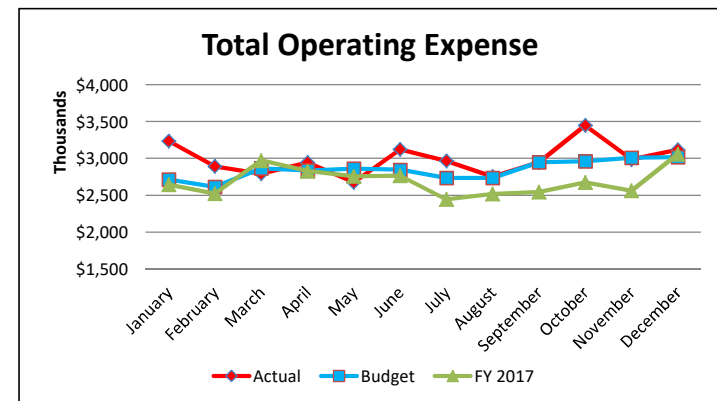
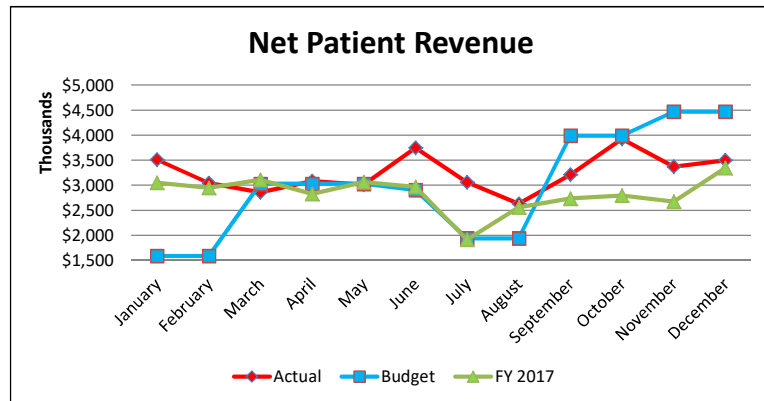
	<u>Current Period</u>	<u>Prior Period</u>	<u>Last Year</u>		<u>Current Period</u>	<u>Prior Period</u>	<u>Last Year</u>
	<u>Assets</u>				<u>Liabilities & Fund Balances</u>		
Current Assets:				Current Liabilities:			
Cash	\$ 7,505,064	\$ 4,364,956	\$ 8,056,673	Accounts Payable	\$ 1,573,316	\$ 1,511,056	\$ 2,185,389
3rd Party Payers			-	Construction Payable	1,968,656	1,630,671	-
Patient Receivables	8,589,779	8,833,645	7,485,722	3rd Party Payers	2,898,870	637,846	326,000
Less: Allow for Uncollectible	(3,581,315)	(3,672,235)	(3,704,489)	Accrued Payroll	209,674	124,274	170,615
Total Patient Receivables	5,008,464	5,161,410	3,781,233	Accrued PTO	740,193	747,941	708,157
				Self Insurance	16,258	15,274	9,304
3rd Party Payers	-	-	-	Payroll Taxes & Deductions	123,069	218,763	(312,010)
Other Receivables	92,693	91,537	56,864	Accrued Int Payable Bond	131,585	102,709	137,473
Inventories	601,233	692,383	696,642	Current Portion Long Term Debt	697,989	697,989	682,989
Prepaid Expenses	206,073	217,224	234,387				
Total Current Assets	13,413,527	10,527,510	12,825,799	Total Current Liabilities	8,359,610	5,686,523	3,907,917
Other Assets				Long Term Debt			
Board Designated Funds	2,828,182	2,827,355	3,816,413	Bonds Payable	9,999,385	9,999,385	10,807,374
Dedicated Cash	1,981,872	134,663	134,884	PERA	8,569,166	8,512,899	8,541,703
Investments	389,450	381,450	377,457	Construction Payable	5,000,000	1,583,274.00	
Total Other Assets	5,199,504	3,343,468	4,328,754	Total Long Term Debt	23,568,551	20,095,558	19,349,077
Intangible Assets:				Total Liabilities	31,928,161	25,782,081	23,256,994
Unamortized Loan Costs	45,146	45,925	54,486				
Plant, Property and Equipment				Fund Balances			
Land & Land Improvements	1,702,797	1,702,797	1,702,797	Current Year	2,761,836	2,403,805	1,121,000
Building and Improvements	8,453,194	8,453,194	7,260,686	Prior Year	3,370,936	3,370,936	2,249,935
Fixed Equipment	3,848,480	3,848,480	3,982,136	Capital Restricted Funds	-	-	-
Major Moveable Equipment	9,621,722	9,734,913	9,543,063	Total Fund Balance	6,132,772	5,774,741	3,370,935
Total Plant, Property & Equip.	23,626,193	23,739,384	22,488,682				
Less: Accum Depreciation	(15,612,127)	(15,614,193)	(14,904,785)				
Total PP&E less depreciation	8,014,066	8,125,191	7,583,897				
Construction in Progress	11,388,690	9,514,728	1,834,993				
Total Fixed Assets	19,402,756	17,639,919	9,418,890				
Total Assets	<u><u>\$ 38,060,933</u></u>	<u><u>\$ 31,556,822</u></u>	<u><u>\$ 26,627,929</u></u>	Total Liabilities & Fund Balances	<u><u>\$ 38,060,933</u></u>	<u><u>\$ 31,556,822</u></u>	<u><u>\$ 26,627,929</u></u>

RIVER'S EDGE HOSPITAL AND CLINIC
STATEMENT OF REVENUES AND EXPENSES
December 31, 2018

Current Month				Year to Date				
Actual	Budget	Variance	Prior Year		Actual	Budget	Variance	Prior Year
\$ 4,059,566	\$ 4,793,282	\$ (733,716)	\$ 3,951,182	Inpatient Revenue	\$ 48,557,650	\$ 46,045,057	\$ 2,512,593	\$ 40,127,644
1,965,483	2,592,901	(627,418)	2,389,872	Outpatient	27,065,679	24,909,129	2,156,550	24,523,046
6,025,049	7,386,183	(1,361,134)	6,341,054	Total Patient Revenue	75,623,329	70,954,186	4,669,143	64,650,690
-	-	-	-	Physician Clinic Revenue	-	-	-	-
6,025,049	7,386,183	(1,361,134)	6,341,054	Hospital Patient Revenue	75,623,329	70,954,186	4,669,143	64,650,690
2,350,627	2,852,396	(501,769)	2,797,009	Revenue Deductions				
-	-	-	-	Contractual- Current YR	34,629,513	34,229,148	400,365	29,666,765
108,140	64,007	44,133	218,816	Contractual - Prior Year	-	-	-	-
41,787	-	41,787	100,962	Bad Debt	1,260,042	768,084	491,958	753,514
18,889	-	18,889	13,192	Charity Discounts	582,893	-	582,893	229,864
5,195	-	5,195	1,541	Self pay Discounts	181,732	-	181,732	126,532
2,524,638	2,916,403	(391,765)	3,131,520	Other	25,072	-	25,072	23,289
3,500,411	4,469,780	(969,369)	3,209,534	Total Revenue Deductions	36,679,252	34,997,232	1,682,020	30,799,964
8,000	6,766	1,234	8,000	Net Patient Revenue	38,944,077	35,956,954	2,987,123	33,850,726
7,063	2,697	4,366	3,638	Co-op Inc.	98,126	64,995	33,131	96,000
7,204	2,220	4,984	3,441	Live Well Fitness	37,750	32,017	5,733	43,888
-	-	-	-	Other Revenue	42,320	25,238	17,082	90,341
22,267	11,683	10,584	15,079	Grants	12,900	3,000	9,900	7,000
3,522,678	4,481,463	(958,785)	3,224,613	Total Other Operating Revenue	191,096	125,250	65,846	237,229
810,004	867,515	(57,511)	751,575	Net Operating Revenue	39,135,173	36,082,204	3,052,969	34,087,955
212,007	259,276	(47,269)	234,304	Operating Costs				
520,233	294,310	225,923	655,669	Salaries & Wages	9,455,618	10,238,770	(783,152)	8,846,798
179,058	151,393	27,665	170,907	Benefits	2,741,336	3,065,536	(324,200)	2,684,613
4,250	8,833	(4,583)	2,500	Fees-Professional	5,755,835	3,513,633	2,242,202	3,975,361
863,566	1,013,282	(149,716)	1,001,992	Fees-Other	2,340,923	1,837,614	503,309	1,984,887
25,169	28,053	(2,884)	25,716	Recruitment	57,899	105,996	(48,097)	96,483
70,186	84,626	(14,440)	101,645	Supplies	10,379,294	10,139,136	240,158	9,619,406
151,571	62,890	88,681	72,145	Utilities	361,432	336,696	24,736	342,166
10,495	5,473	5,022	9,448	Repairs & Maintenance	950,661	1,032,590	(81,929)	941,245
8,361	24,022	(15,661)	12,605	Lease, Rent, Minor Equip	768,883	808,423	(39,540)	805,817
7,298	12,375	(5,077)	11,138	Dues & Subscriptions	94,196	76,305	17,891	94,254
8,484	7,500	984	11,974	Prof. Develop/Education	207,488	297,480	(89,992)	155,397
28,877	36,014	(7,137)	34,571	Marketing, Public Relations	202,771	198,350	4,421	224,652
94,564	59,174	35,390	72,418	Insurance	102,538	90,000	12,538	85,205
16,130	6,444	9,686	26,190	Interest Expense	409,454	432,168	(22,714)	426,745
107,404	97,391	10,013	98,160	Tax Expense	737,671	710,088	27,583	675,205
3,117,657	3,018,571	99,086	3,292,957	Other Expenses	71,392	91,978	(20,586)	72,455
405,021	1,462,892	(1,057,871)	(68,344)	Depreciation/Amortization	1,234,652	1,168,692	65,960	1,493,805
11.50%	32.64%	-21.15	-2.12%	Total Operating Expenses	35,872,043	34,143,455	1,728,588	32,524,494
7,775	4,780	2,995	4,827	Net Operating Income	3,263,130	1,938,749	1,324,381	1,563,461
(54,767)	(34,347)	(20,420)	97,370	NonOperating Income(Expense)				
(46,992)	(29,567)	(17,425)	102,197	Interest Income-General	64,678	57,360	7,318	55,387
\$ 358,029	\$ 1,433,325	\$ (1,075,296)	\$ 33,853	Other Income/ (Expense)	(565,972)	(412,164)	(153,808)	(497,848)
10.16%	31.98%		1.05%	Total Non Operating	(501,294)	(354,804)	(146,490)	(442,461)
				Excess Revenue over Expenses	\$ 2,761,836	\$ 1,583,945	\$ 1,177,891	\$ 1,121,000
					7.06%	4.39%		3.29%

RIVER'S EDGE HOSPITAL and CLINIC
STATEMENT OF REVENUES AND EXPENSES
December 31, 2018

	January	February	March	April	May	June	July	August	September	October	November	December	Total
Total Patient Revenue	6,782,893	5,644,816	5,649,203	6,140,593	6,371,321	6,652,369	5,964,746	5,573,341	6,585,103	7,713,179	6,520,716	6,025,049	75,623,329
Net Patient Revenue	3,512,516	3,046,686	2,860,797	3,080,020	3,010,315	3,745,291	3,055,375	2,628,784	3,210,928	3,925,340	3,367,612	3,500,411	38,944,075
Net Operating Revenue	3,523,365	3,059,811	2,872,625	3,100,107	3,024,142	3,768,484	3,068,447	2,643,030	3,233,226	3,935,811	3,383,447	3,522,678	39,135,173
Operating Costs													
Total Operating Expenses	3,233,149	2,891,676	2,792,719	2,941,936	2,675,924	3,122,017	2,966,714	2,752,185	2,945,651	3,447,523	2,984,898	3,117,657	35,872,049
Net Operating Income	290,216	168,135	79,906	158,171	348,218	646,467	101,733	(109,155)	287,575	488,288	398,549	405,021	3,263,124
	8.24%	5.49%	2.78%	5.10%	11.51%	17.15%	3.32%	-4.13%	8.89%	12.41%	11.78%	11.50%	8.34%
NonOperating Income(Expense)													
Total Non Operating	(27,683)	(29,939)	(28,149)	(24,112)	(30,394)	(50,556)	(52,305)	(54,612)	(51,648)	(52,382)	(52,523)	(46,992)	(501,295)
Excess Revenue over Expenses	\$ 262,533	\$ 138,196	\$ 51,757	\$ 134,059	\$ 317,824	\$ 595,911	\$ 49,428	\$ (163,767)	\$ 235,927	\$ 435,906	\$ 346,026	\$ 358,029	2,761,830
	7.45%	4.52%	1.80%	4.32%	10.51%	15.81%	1.61%	-6.20%	7.30%	11.08%	10.23%	10.16%	7.06%



River's Edge Hospital and Clinic

Cash Flow Report at

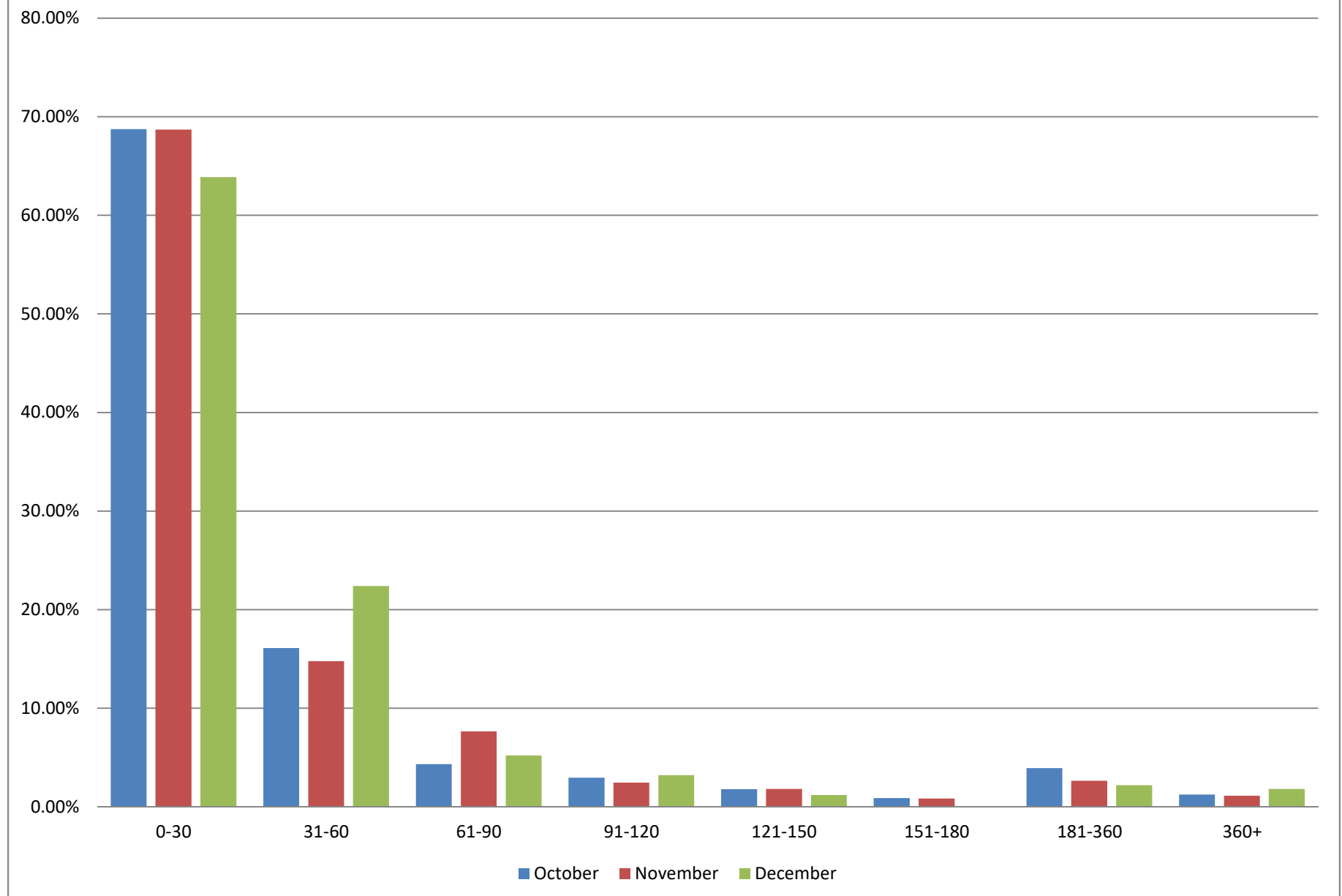
December 31, 2018

	MONTH	YEAR
Operating Activities and NonOperating Revenue:		
Excess of Revenue over Expenses	\$ 358,031	\$ 2,761,836
Adj to reconcile excess of Revenue over Expenses to Net Cash		
Depreciation & Amortization	(1,287)	716,682
Noncash gifts & bequests	-	-
Increase (Decrease) Amt. Due 3rd Parties	2,261,024	2,572,870
(Increase) Decrease in Accounts Receivable	151,789	(1,263,059)
(Increase) Decrease in Prepaids	11,150	28,314
(Increase) Decrease in Inventories	91,152	95,411
Increase (Decrease) in Accounts Payable & Accrued Liabilities	439,454	1,897,174
Net Cash provided by Operations	3,311,313	6,809,228
Investing Activities:		
Purchase/Disposals of Property & Equipment	(1,760,771)	(10,691,209)
Purchase of Investments	(8,000)	(11,993)
Construction Escrow	(1,846,419)	(1,841,919)
Cash provided by Investments	(3,615,190)	(12,545,121)
Financing Activities:		
Repayment of Long-Term Debt	-	(792,990)
Payment of Interest - LT Debt	28,877	(5,888)
Capital Grants	-	
Construction Funds Received	3,416,725	5,000,000
Cash provided by Financing	3,445,602	4,201,122
INCREASE (DECREASE) IN CASH & CASH Equivalents	3,141,725	(1,534,771)
CASH BEGINNING OF PERIOD	7,331,474	12,007,970
CASH END OF PERIOD	\$ 10,473,199	\$ 10,473,199
CHANGE & BALANCE OF CASH		
Operating Cash	450,988	7,505,064
Non-Current Cash	1,354	2,968,135
TOTAL CHANGE & BALANCE OF CASH	\$ 452,342	\$ 10,473,199

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	\$ 262,532	\$ 138,197	\$ 51,759	\$ 134,061	\$ 80,607	\$ 595,912	\$ 49,428	\$ (163,769)	\$ 235,927	\$ 435,906	\$ 346,027	\$ 358,031	\$ 2,524,618
Adj to reconcile excess of Revenue over Expenses to Net Cash													
Depreciation & Amortization	98,022	98,654	99,442	101,237	101,058	64,390	102,458	(269,690)	101,757	102,036	118,604	(1,287)	716,681
Noncash gifts & bequests	-	-	-	-	-	-	-	-	-	-	-	-	-
(Increase) Decrease Amt. Due 3rd Parties	-	-	-	-	-	-	-	186,846	125,000	-	-	2,261,024	2,572,870
(Increase) Decrease in Accounts Receivable	(219,916)	64,781	(268,808)	(261,757)	142,136	(872,075)	160,377	718,097	(465,703)	(303,357)	(108,624)	151,789	(1,263,060)
(Increase) Decrease in Prepaids	3,884	(37,907)	32,063	(6,071)	(59,638)	36,470	8,270	17,753	4,400	16,735	1,205	11,150	28,314
(Increase) Decrease in Inventories	9,467	(2,758)	29,982	(5,284)	(24,041)	(14,348)	3,509	(17,482)	310	8,426	16,480	91,152	95,413
Increase (Decrease) in Accts Pay. & Accrued Liab.	(648,042)	123,065	141,192	172,474	82,361	179,142	501,491	(739,081)	2,022,150	2,585,053	(2,724,870)	439,454	2,134,389
Net Cash provided by Operations	(494,053)	384,032	85,630	134,660	322,483	(10,509)	825,533	(267,326)	2,023,841	2,844,799	(2,351,178)	3,311,313	6,809,225
Investing Activities:													
Purchases/Disposals of Property & Equipment	(120,687)	(60,396)	(72,070)	(170,940)	(128,295)	(45,755)	(1,504,608)	(338,867)	(2,663,484)	(2,316,630)	(1,508,707)	(1,760,771)	(10,691,210)
Purchase of Investments	(8,000)	(8,000)	(8,000)	(8,000)	34,553	(8,000)	(8,000)	(8,000)	(8,000)	33,454	(8,000)	(8,000)	(11,993)
Construction Escrow								(3,292,184)	1,161,420	-	2,135,264	(1,846,419)	
Cash provided by Investments	(128,687)	(68,396)	(80,070)	(178,940)	(93,742)	(53,755)	(1,512,608)	(3,639,051)	(1,510,064)	(2,283,176)	618,557	(3,615,190)	(10,703,203)
Financing Activities:													
Repayment of Long-Term Debt	-	-	(110,000)	-	-	-	(550,000)	-	-	(132,989)	-	-	(792,989)
Payment of Interest - LT Debt	34,571	(170,426)	34,571	34,571	34,571	34,571	(170,426)	34,571	34,571	29,716	34,377	28,877	(5,885)
Capital Grants												-	-
											1,583,277	3,416,725	
Cash provided by Financing	34,571	(170,426)	(75,429)	34,571	34,571	34,571	(720,426)	34,571	34,571	(103,273)	1,617,654	3,445,602	(798,874)
INCREASE (DECREASE) IN CASH & CASH Equivalents	(588,169)	145,210	(69,869)	(9,709)	263,312	(29,693)	(1,407,501)	(3,871,806)	548,348	458,350	(114,967)	3,141,725	(4,692,852)
CASH BEGINNING OF PERIOD	12,007,970	11,419,801	11,565,011	11,495,142	11,485,433	11,748,745	11,719,052	10,311,551	6,439,744	6,988,091	7,446,441	7,331,474	12,007,970
CASH END OF PERIOD	\$ 11,419,801	\$ 11,565,011	\$ 11,495,142	\$ 11,485,433	\$ 11,748,745	\$ 11,719,052	\$ 10,311,551	\$ 6,439,745	\$ 6,988,092	\$ 7,446,441	\$ 7,331,474	\$ 10,473,199	\$ 7,315,118
CHANGE & BALANCE OF CASH													
Operating Cash	(586,369)	144,357	(74,612)	(8,059)	261,258	(29,713)	(412,634)	(3,866,259)	554,194	443,515	(117,394)	450,988	7,505,064
Non-Current Cash	(1,800)	854	4,743	(1,650)	2,054	20	(994,867)	(5,675)	(5,847)	14,835	2,427	1,354	2,968,135
Investments													
TOTAL CHANGE & BALANCE OF CASH	\$ (588,169)	\$ 145,211	\$ (69,869)	\$ (9,709)	\$ 263,312	\$ (29,693)	\$ (1,407,501)	\$ (3,871,934)	\$ 548,347	\$ 458,350	\$ (114,967)	\$ 452,342	\$ 10,473,199

Accounts Receivable Aging 2018



QUALITY MANAGEMENT COMMITTEE MEETING MINUTES

River's Edge Hospital & Clinic, St. Peter, Minnesota
Wednesday, December 19, 2018, 2018

The Quality Management Committee meeting was held on Wednesday, December 19, 2018, at 8:30 a.m. in the Helen G. White Conference Room.

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

AGENDA ITEM	DISCUSSION	CONCLUSIONS / ACTION	FOLLOW-UP / RESPONSIBLE PARTY
1. Review of Minutes.	The minutes of the November 21, 2018, meeting had been sent out prior to the meeting for review.	A motion was made by Lori Zook to approve the minutes as presented. The motion was seconded by Gary Swedberg, and carried with all voting in favor.	
2. Contracted Services.	Contracted services are reviewed and up to date for: <ul style="list-style-type: none"> Vantage Contract Master – Serves as a central library for all REH contracts. 	Work on putting all contracts into Vantage.	Lori Zook
3. Departmental Goal Reports and Quality / Patient Safety Core Functions Reports			
a. Physical Medicine	<p>Tracie Lafata reported.</p> <p>1) Department Goals – Growth. Goal for 2018 is to increase the number of outpatient visits by 2.0%, to 5,677 visits per year, or greater. The total outpatient visits for PT/OT in 3rd quarter 2018 was 1,588 (Goal – 1,419/quarter).</p> <p>2) Quality / Patient Satisfaction. A goal for 2018 is to achieve 82% top box scores of “5” for the patient satisfaction question of “Attainment of Patient Goals.” Internal survey process used.</p> <p>-- Inpatient Survey Results: 4 surveys returned for 3rd quarter, 2018. 4/5 Inpatient Surveys with Top Box Score of 5 = 80%.</p> <p>-- Outpatient Survey Results: July: 20/24 with Top Box Score of 5 = 83%. August: 11/14 with Top Box Score of 5 = 79%. September: 12/16 with Top Box Score of 5 = 75%.</p> <p>Overall Patient Satisfaction:</p>	Goal for 2018 – 2% increase to 5,677 visits.	Tracie Lafata

	<p>The 2018 goal is to increase Physical Medicine overall satisfaction “top box” score of 5 in 90% of all surveys returned.</p> <ul style="list-style-type: none"> • Inpatient: 5/5 Inpatient surveys for 1st quarter with Top Box Score of 5 = 100% • Outpatient: (Return Rate 55/110= 50% returned) July– 21/25 surveys = 84% top box. August – 14/14 surveys = 100% top box. September – 15/16 surveys = 94% top box. <p>Press Ganey – Inpatient Survey Results – Occupational Therapy: July – 98% - 84.4% top box August – 99% - 78.8% top box September – 96% - 75.7% top box</p> <p>Press Ganey Inpatient Survey Results – Physical Therapy: July- 99% - 81.6% top box August – 99% - 85.3% top box September – 94% - 77.3% top box</p>		
b. Imaging	<p>Kim Henze reported.</p> <p>1) IV Site Infections/Number of IV Start Attempts per IV.</p> <ul style="list-style-type: none"> • No IV site infections reported for 3rd quarter 2018. This represents 0 out of 17 IV starts for 3rd quarter. • Breakdown of IV Start Attempts per IV <ul style="list-style-type: none"> ○ 13 patients – 1 attempt by imaging; ○ 4 patients – 2 attempts by imaging; <p>2) NIAHO – MI.2 – Radiation Protection. High radiation readings remain at 0 through 3rd quarter of 2018.</p> <p>3) Departmental Goals – Growth. a) Imaging Services used in orthopedic surgical cases should maintain 72 exams/month and strive for 80. Results for 2nd quarter 2018 show:</p> <ul style="list-style-type: none"> • July – 81 exams. • August – 68 exams. • September – 87 exams. • Total of 236 exams / 79 exams per month. 	<p>Goal of 80 exams per month (average) met during 3rd quarter 2018.</p>	Kim Henze

	<p>4) Quality. STAT reads returned within 30-minute limit. Goal set of fall-out rate less than 8%.</p> <ul style="list-style-type: none"> 62/366 STAT reads from 3rd quarter 30-day sample did not meet the 30-minute return limit. Total of 16.9% fell out of the 30-minute STAT read limit for 3rd quarter 2018. <p>5) Outpatient Imaging Quality Measures. Imaging department is monitoring quality measures on a current basis to assure compliance with required core measures.</p> <ul style="list-style-type: none"> MRI Lumbar Spine for Low Back Pain: 3rd quarter showed 2/2 lumbar spine MRI for low back pain; 1/2 with conservative therapy prior to the MRI. Mammography Follow-up Rates: 3rd quarter rate of 8.2%, or 17/207 exams; goal to be within 0 to 14%. Abdominal CT – Use of Contrast Material: 1/115 patients for rate of 0.8%. Lower values are better. No exclusions this quarter. Thorax CT – Use of Contrast Material: 1/49 patients for rate of 2.0% in the 3rd quarter. Low values are better, no exclusions allowed. Simultaneous Use of Brain CT and Sinus CT: 2/141 cases for 3rd quarter for rate of 1.4%. Lower values are better, high values indicate inefficient exam protocols. PE Study and Head/Neck CTA: The rate for 3rd quarter was 9%, meeting the benchmark of <17%. <p>6) Patient Satisfaction – Press Ganey Survey Data. Goals for 2018 include improving the Press Ganey Emergency Department section score for “Tests” from a 74.3% top box score to 76% based on a rolling 12-month score. The questions included in the composite score related to concern for comfort and courtesy of technicians. Quarterly results are not yet final for 3rd quarter, but trending upwards at 83.4% (November’s data is not yet finalized).</p>	<p>Kim to break down into dates, time of day, and Radiologist. Will report data to CRL.</p> <p>Within benchmark goals for quality measures.</p>	<p>Kim Henze/ CRL.</p>
c. Laboratory	<p>Nikki Bloom reported.</p> <p>1) Patient Satisfaction – Press Ganey Survey Data. Goals for 2018 include improving the Press Ganey Emergency Department section for “Concern Blood Draw Comfort” is 74.9%-76.0%. Third quarter came in below the goal at 66.6%.</p> <p>2) NIAHO – QM.7 SR.14 / LS.1 SR.3 – Blood and Blood Products. Utilization report reviewed – 33 units RBCs, 3 units of irradiated apheresis</p>		<p>Nikki Bloom</p>

	<p>platelets and two units of thawed plasma transfused in 3rd quarter 2018. Crossmatch to transfusion ratio 1.00 in the 3rd quarter 2018; goal is to be <= to 2.0. No wasted units of plasma or RBCs. No outdated units. No transfusion reactions reported in the 3rd quarter. All transfusions completed in less than 4 hours.</p> <p>3) Discrepant Pathology Reports. Pathology scorecard was reviewed. Goal of turnaround time (two business days) for surgical specimens is >= 90%. Results showed 96.3% rate through November 2018, total of 226 specimens January - November. No cases of cytology and no cases of peripheral smear.</p> <p>4) Departmental Goals and Benchmarks. a) Blood culture contamination – goal to be below published target rate of 2-3%. Percent contamination rate for July was 0.0% out of 49 cases. August rate 0.0% of 48 cases; September rate 3.9% of 26 cases, October rate was 0.0% of 41 cases, and November rate was 0.0% with 53 cases. The rolling rate is at 0.90%, which is under the published target rate.</p>		Nikki Bloom
d. Dietary	<p>Jennifer Donkin reported.</p> <p>1) Department Goals – Growth. Goal for 2018 is to look at completion of initial nutrition assessment on an average of 88% of all hospital admissions. Results for 3rd quarter varied from month to month, but overall averaged 90.0% of hospital inpatients assessed. Most assessments missed fell over weekends or holidays, or if dietician takes time off. Dietician does follow-up phone calls for those who are missed if there are issues identified on initial screening by the nursing staff.</p> <p>2) Quality. Goal is to maintain status as an accredited Centers for Disease Control (CDC) Diabetes Prevention Program and grow the program by 5% from 2016 goal (which may need to be modified going forward). Program guidelines have been updated, and data will now be submitted every six months rather than annually. Full recognition was renewed July 2017 and renewed in July 2018. Will submit in January 2019 for data period July to December. Current session started in August, with 12 participants, and weekly meetings moved to Wednesday nights in an effort to improve attendance.</p> <p>3) Patient Satisfaction. Goal for 2018 was changed to look at the courtesy of the person who served the food, which is a goal that REHC would have more control over.</p>	<p>Goal met in 3rd quarter.</p> <p>Current group meeting on Wednesday evenings. Accreditation is maintained.</p>	Jennifer Donkin

	<p>Goal for the “Meal Composite” score is to achieve 54% top box scores. The composite score looks at issues concerning quality, temperature, courtesy of server, and dietary instruction. Third quarter 2018 shows a top box score of 56.2%, which fell below goal.</p> <p>Goal for “Courtesy of Person Who Served Food” is to attain a top box score of 70% for 2018. The 3rd quarter of 2018 shows scores of 65.6% (rank 42%).</p> <p>4) PDSA – Guest trays for Med/Surg In 2017, 61 guest meals out of 192 were not paid for. The goal in 2018 is to improve the process and increase the number of paid guest meals. Guest meal menu was changed to differed color and place added to document meal was paid for. Third quarter 2018 showed one unpaid guest meals. Thus far in 4th quarter, there has only been one unpaid guest meal with five free meals given.</p> <p>5) Contracted Services. Contract with BLC was reviewed and is current.</p>	Jennifer Donkin to work with Med-Surg staff to increase scores for this measure.	Jennifer Donkin Linda Prahl Paula Meskan
e. Quality and Infection Control	<p>Janelle Rauchman reported.</p> <p>1) NIAHO.</p> <ul style="list-style-type: none"> a. Quality Management System & ISO 9001-2015 <ul style="list-style-type: none"> ○ The hospital shall establish, implement, maintain and continually improve a quality management system. ○ The hospital shall determine the processes needed for the quality management system and their application through the hospital. b. Process Map. <ul style="list-style-type: none"> • Hospitals typically develop a process map of their hospital based on its processes and interactions (i.e. MOPS, POPS, and SOPS). c. Goal. <ul style="list-style-type: none"> • Identify potential issues (risks) facing healthcare (changing requirements, competition, technology, etc.). d. Leadership & Commitment. <ul style="list-style-type: none"> • Engaging, directing and supporting the effectiveness of the QMS to ensure we are achieving the intended results. • Promoting improvement. • Supporting other leadership as it applies to their areas of responsibility. 		

	<p>e. Future.</p> <ul style="list-style-type: none"> • QMS and ISO will be brought forward monthly. • Education will be provided on the sections of ISO. • January 2019 will be the start of education. <p>f. Not Just Rounding.</p> <ul style="list-style-type: none"> • Self-conducted • Process based • Performed at planned intervals • Need to be done on areas where a weak process is identified • The idea is to find areas that require improvement <p>g. MHA Roadmaps</p> <ul style="list-style-type: none"> • Focus on MHA Roadmaps in 2019 – small work groups based upon the different areas (i.e. Sepsis, Falls, Opioid ADE Prevention, Medication Reconciliation, etc.). <p>h. Meaningful Use/MIPS/MACRA</p> <ul style="list-style-type: none"> • This will be reported quarterly in 2019 <p>2) Department Goal(s)/Benchmarks.</p> <p>a. Falls Prevention. Falls rate for 2018 thus far is 4.2 falls/per 1000 patient days (goal is 3.5).</p> <p>b. Readmission Rate. Benchmark is 2.7% readmissions, River's Edge currently at 2.0% for 2018 (planned readmissions are not included)</p> <p>c. ED Transfer Communications. Goal is to be at 56% or above for meeting all components of the ED transfer measures. Goal has been met, at 62.5.</p> <p>d. Surgical Complications. Goal is zero. We are at 0.18%, which is still well below the national average of 3.1%.</p> <p>4) Infection Control System.</p> <p>a. Handwashing Audits: Goal is to complete 30 audits per month. Goal met in 3rd quarter. Audits are completed via a mix of demonstration and observation.</p> <p>b. Employee Influenza Vaccination: Goal to maintain >90 Employee Influenza Vaccination Rate. Vaccination rate for this season currently at 96%.</p> <p>c. Infection Surveillance: Top 10 diagnoses through ED/UC in the 3rd quarter</p>		
--	--	--	--

	<p>include the following: Acute URI; Acute Pharyngitis; Fall; Fever; Headache; Abdominal Pain; Cough; UTI; Removal of Sutures; and Acute Cystitis.</p> <p>d. Employee Illness: Report for 3rd quarter 2018 shows Lab with the most number of absent days due to illness, followed by Med/Surg, Central Scheduling, and Urgent Care. Other, Gastroenteritis, and URIs accounted for the most days out -- no particular trends noted.</p> <p>5) Opportunities to Improve, Corrective Action Plans, Preventive Action Plans. Access was highest in June regarding HIPAA violation and one HIPAA violation in November – easily corrected, no trend identified. There was one fall in September – not an inpatient fall.</p> <p>6) Grievances. Five grievances reported thus far in the 4th quarter 2018. Grievances thus far received are related to service. Service is any grievance which care is an issue. There were several service complaints in October which were discussed and all parties involved were included in the discussion and made aware. All grievances are receiving a letter immediately after being filed, w/follow-up and outcome letter 7-10 day later.</p> <p>7) Adverse Events. One adverse event in September. A wrong procedure was performed on a patient on September 26, 2018 – reported to MDH via MHA Portal.</p> <p>8) Utilization Review.</p> <ul style="list-style-type: none"> ○ Quarter 3 Data. <ul style="list-style-type: none"> ○ 16 total referrals – 27 total patient days reviewed; ○ 0 status downgrades (Code 44) ○ 6 encounter referrals resulted in status upgrade from observation to inpatient. 		
f. Cardiac Rehab	<p>Janelle Rauchman reported.</p> <p>Quality Goals.</p> <ol style="list-style-type: none"> 1) 100% of patients will receive 6-10 education topics based on their number visits in Cardiac rehab. <ul style="list-style-type: none"> ○ 4-6 week patients will receive at least 6 educational topics. Goal met at 100% (1 patient). 		

	<ul style="list-style-type: none"> ○ 6-8 week patients will receive at least 8 educational topics. Goal met at 100% (8 patients). ○ 8-12 week patients will receive no less than 8 educational topics. Goal met at 100% (3 patients). <p>2) 100% of patients that completed Cardiac Rehab (12-36 sessions) will receive a survey.</p> <ul style="list-style-type: none"> ○ Goal is to have 90% of surveys returned; 100% returned. ○ Goal is to achieve top box score for “I would recommend the River’s Edge Cardiac Rehabilitation program to others whom have experienced a cardiac event” to exceed 95% - 100% returned. <p>3) Cardiac Rehab Monthly Visits.</p> <ul style="list-style-type: none"> ○ October - 44 visits. ○ November - 58 visits. ○ YTD 1096 visits compared to 2017 YTD 1175. ○ Average visits for 2018 is slightly higher than 2017. 		
g. Baldrige	<p>Janelle Rauchman reported.</p> <p>1. Baldrige Site Visit.</p> <ul style="list-style-type: none"> • Baldrige site visit is scheduled for March 5-7, 2019. • 6-8 evaluators on-site 		
h. DNV	<p>Janelle Rauchman reported.</p> <p>1. DNV Applications</p> <ul style="list-style-type: none"> • Spine+Shoulder+Hip and Knee= <ul style="list-style-type: none"> ○ Ortho Excellence – (Only CAH to receive all certifications) <ul style="list-style-type: none"> ▪ Site Visit set for May 14-16, 2019 ▪ 2.5 day visit ▪ One evaluator on-site 		
i. Quality Recognitions	None to report at this time.		
9. Adjournment.	The next Quality Management Committee meeting will be held on Wednesday, January 16, 2019, at 8:30 a.m.	Meeting adjourned by general consensus at 9:27 a.m.	

Janelle Rauchman, RN, CIC, Co-Chair

QUALITY MANAGEMENT COMMITTEE MEETING MINUTES

River's Edge Hospital & Clinic, St. Peter, Minnesota
Wednesday, January 16, 2019

The Quality Management Committee meeting was held on Wednesday, January 16, 2019, at 8:30 a.m. in the Helen G. White Conference Center.

Present were Maryann Harty, and John Lammert, and Gary Swedberg, Hospital Commission; Laura Tilton, MD, Kakin Long, MD, Edwin Bogonko, MD, George Rohrich, Paula Meskan, Janelle Rauchman, Carrie Lager, Shirley Miller, Kim Henze, Linda Prah, Jackie Kimmet, Paulette Redman, and Ashlie Baker, Recorder.

Absent: Dr. Christensen and Susan Kraus.

AGENDA ITEM	DISCUSSION	ANALYSIS / CONCLUSIONS / ACTION	FOLLOW-UP / RESPONSIBLE PARTY
1. Review of Minutes.	The minutes of the December 19, 2018 meeting were distributed electronically prior to the meeting for review.	A motion was made by George Rohrich to approve the minutes as presented. Motion seconded by Lori Zook 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	<p>Janelle Rauchman reported.</p> <p>1) ISO-9001: 2015 Quality Management International Organization of Standardization</p> <p>a. 10 Clauses.</p> <ul style="list-style-type: none"> • Scope • Normative Reference • Terms & Definitions • Context of Organization • Leadership • Planning • Support • Operation • Performance Evaluation • Improvement 	The 10 Clauses recognized by the International Organization of Standardization for Quality Management will be incorporated in River's Edge Hospital's Quality Management system.	Janelle Rauchman

Quality Management Meeting Minutes

January 16, 2019 Page 2

<p>b. Med-Surg and Swing Bed.</p>	<p>Linda Prah! reported.</p> <p>1) Quality – Focus Areas for 2019</p> <ul style="list-style-type: none"> • Overall Patient Satisfaction • Pain Management • Discharge • Care Transitions <p>2) Patient Satisfaction.</p> <p>a. Overall Satisfaction with Hospital: Top box scores are trending down, with September at 88.7%, October at 87.9% and November at 86.2%; Goal is 88%.</p> <p>b. Satisfaction with Discharge: Scores continue to remain stable – September 68.5% October 68.1%, and November 68%; Goal is 70%.</p> <p>3) Discharge Improvement Actions</p> <ul style="list-style-type: none"> • Begin 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>4) Med/Surg Capacity</p> <ul style="list-style-type: none"> • Reviewing the data of when the department is “Red” • Closed due to volume: 76% • Closed due to staffing: 16% • Closed due to acuity: 8% <p>***Please refer to the attached handout on Med/Surg Capacity for more information***</p> <p>5) Infusion Therapy. Nothing new to report at this time.</p> <p>6) Contracted Services. Currently one nurse piloting the University of Iowa College of Nursing for on-line nursing residency program, and so far is going well.</p>	<p>Determine a “Core Staffing” goal for 2019.</p>	<p>Linda Prah!</p> <p>Linda Prah!</p>
--	---	---	---------------------------------------

Quality Management Meeting Minutes

January 16, 2019 Page 3

<p>c. Emergency Department / Urgent Care.</p>	<p>Stacey Johnson reported.</p> <p>1) Restraints/Seclusions There were zero restraint cases in Quarter 4 of 2018 for both ED and Med Surg.</p> <p>2) Patient Flow Issues – Left Without Being Seen. Percentage of patients leaving ED without being seen in the 4th quarter was 0.80%.</p> <p>3) Minnesota Stroke Registry Quality Improvement Project. Goal: CT read within 45 minutes of patient arrival to ED. <ul style="list-style-type: none"> Total of 5 stroke patients in the 4th quarter: 3 patients in October, 1 patient in November, and 1 patient in December. Three out of the five patients met the measure. </p> <p>4) Care Transitions. Most recent results of ED transfer measures show a passing rate of 56% in October, 2018, and 63% in November, and 75% in December, exceeding the goal of $\geq 60\%$ of all ED Care Transitions documentation met.</p> <p>5) Patient Satisfaction. a) Emergency Department - Likelihood of Recommending: Goal is to improve the Top Box score for Likelihood to Recommend to 76%. Scores for November was 79.3%. b) Urgent Care – Likelihood to Recommend: Top box scores for November was 69.3%.</p> <p>6) ED/UC Throughput. Combined ED/UC throughput time (door to discharge) goal for ED throughput is 105 minutes. October at 123 minutes, November 138 minutes; and December 118 minutes. UC throughput time for October was 55 minutes, November was 52 minutes, and December at 53 minutes (goal is to be under 60 minutes). Door to Provider. 4th quarter 2018 was 15.5 minutes for ED patients. <i>The times do not reflect “actual” time as it is dependent on when the provider assigns themselves to the patient.</i></p> <p>7) ED Transfers. Highest numbers transferred for Other, Cardiology, Capacity, Higher Level of Care, and General Surgery. Refer to slide deck for more detailed depiction of data.</p>	<p>Review of each case to determine opportunities for improvement.</p> <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>	<p>Stacey Johnson</p>
--	--	---	-----------------------

Quality Management Meeting Minutes

January 16, 2019 Page 4

d. Ambulance Services.	<p>Carrie Lager reported.</p> <p>1) Growth. --ALS 911 requests 4th quarter – 134 --BLS 911 requests 4th quarter – 83 --911 calls given to other service – 25, up from 15 in the 3rd quarter. --Transfers given to other service – 17. --Response time: Response time from call to out the door for 2018 was 02:18.</p> <p>2) Patient Satisfaction. Overall Rating of Care Received. Goal is to have a top box score => 80%. Rating of Overall Care Received: 75% in October, 90% in November, and 100.0% in December.</p>	<p>Increase in service calls by 240 during 2018 with 140 more transports.</p>	<p>Carrie Lager</p>
e. Surgical Services and Anesthesia.	<p>Janelle Rauchman reported.</p> <p>1) Ambulatory Surgery – Likelihood of Recommending (0-10 Facility Rating) Top Box scores: November was 83.2%. Goal is 87%.</p> <p>2) Quality Measures. a) Number of Surgical Procedures: <ul style="list-style-type: none"> October, 2018 – 203 November, 2018 – 176 December, 2018 – 179 b) DNV Surgical Findings: Following the 2018 DNV Accreditation Survey, the following findings pertain to Surgery: <ul style="list-style-type: none"> 2018 Audit NC-2 - Operative Reports. Post-operative notes being completed after the patients are discharged. October audit results at 122/156 for 78%, and 118/147 in November for 80%. History and Physical Audit – ongoing - Results of audit done in October show 146/156 for a 94% compliance rate, and November 123/147 for 84% compliance. Anesthesia Services Audit – ongoing – slight decrease seen here. Audit results for October 108/156 for 69%, and November 92/147 for 63%. </p>	<p>Overall survey comments were favorable. A few complaints related to noise.</p> <p>Audits to continue. Corrective actions to be identified and implemented as needed.</p> <p>Audits will continue for this measure with actions to be identified and implemented as needed.</p>	<p>Paula Meskan</p>
f. Pharmacy	<p>Shirley Miller reported.</p> <p>1) Medication Incidents. <ul style="list-style-type: none"> There were 37 medication incidents reported for 4th quarter, 2018, including 1 moderate event, 19 Near Miss/Minor Events and 17 Controlled Substance Discrepancies. Policy/Procedure documentation had 4 events, Wrong dose/frequency/duplication (3), Dose omitted/unsecured med (3), Warfarin discharge documentation </p>		<p>Shirley Miller Linda Prah</p>

Quality Management Meeting Minutes

January 16, 2019 Page 5

	<p>(3), Peri-Op antibiotic prophylaxis (2). Other incidents included dose Pre-Op cocktail (1), Medication reconciliation (1), Wrong route/administration technique (1), and Wrong dose (1).</p> <p>2) Medication Adverse Drug Reactions.</p> <ul style="list-style-type: none"> There were no medication adverse drug reactions reported for the 4th quarter. <p>3) Medication Events Committee</p> <ul style="list-style-type: none"> Medication Reconciliation: Surgical Patients with 100% correct home med list at admission: 80.8% in November 2018 (goal is $\geq 55\%$). Warfarin Discharge Documentation: 90% in November 2018. <p>3) Communication about Medication. Goal is to improve HCAHPS "Communication About Medications" section score from 69.7% to 72% based on 12-month rolling score. Score thus far for 4th quarter include October at 74.3% and November at 72.7%. 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>	Continue to review medication teaching cards with patients.	Shirley Miller Stephanie Holden Linda Prah
4. Baldrige	Baldrige site visit scheduled for March 5-7, 2019.		All Departments
5. Quality Recognitions.	<ul style="list-style-type: none"> Recognition to the Emergency Department and Dr. Christensen for the exceptional care provided to a patient brought in by ambulance. Recognition to Med/Surg as the Falls Rate for 2018 was 1.9 falls per 1,000 patient days (total of 6 falls). 		Janelle Rauchman
6. Adjournment.	The next Quality Management Committee meeting will be held on Wednesday, February 20, 2019 at 8:30 a.m.	The meeting was adjourned by general consensus at 9:55 a.m.	

Janelle Rauchman, RN, CIC, Chair

MINUTES OF THE MEDICAL STAFF MEETING

River's Edge Hospital & Clinic, St. Peter, Minnesota
Tuesday, January 8, 2019

The Medical Staff of River's Edge Hospital & Clinic met on Tuesday, January 8, 2019, at 4:00 p.m. in the Helen G. White Conference Center.

ATTENDING: Doctors Bogonko, Ereth, Swanson and Tilton (WebEx); Jennifer Donkin, Tracie Lafata, Paula Meskan, Shirley Miller, Linda Prah, Janelle Rauchman, Paulette Redman, and Terri Winter (Recorder)

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

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

TOPIC	DISCUSSION	ACTION
1. Review of Minutes	The minutes of the November 6, 2018 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. Swanson to approve the minutes as presented. Motion seconded by Dr. Ereth, and carried with all members voting in favor.
2. Consent Agenda	The consent agenda includes the following: A. Acceptance of the November and December 2018 Quality Committee Meeting Minutes	A motion was made by Dr. Ereth to approve the consent agenda as presented. Motion seconded by Dr. Tilton, 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: <u>December 2018</u> Carol J. Eggersgluess, CNP Courtesy Staff/AHP, Urgent Care David S. Morrell, MD Courtesy Staff, Teleradiology</p> <p><u>January 2019</u> (none)</p> <p>Reappointment to the Medical Staff: <u>December 2018</u> Christopher H. Crocker, PA-C Courtesy Staff/AHP, Surgical Physician Assistant Albert R. Gambino, PA-C Courtesy Staff/AHP, Emergency Medicine Liban A Hired, MD Courtesy Staff, Emergency Medicine Micara L. Kolander, CRNA Courtesy Staff/AHP, Nurse Anesthetist Matthew E. Mogensen, CRNA Courtesy Staff/AHP, Nurse Anesthetist Karen L. Mollner, PA-C Courtesy Staff/AHP, Emergency Medicine</p>	<p>The Credential Committees recommendations for appointment, reappointment, and/or change in category/status, were presented to the Medical Staff for review.</p> <p>The recommendations will be forwarded to the Hospital Commission.</p>

	<p>Richard G. Nellis, PA-C Courtesy Staff/AHP, Emergency Medicine Patrick J. O'Brien, MD Courtesy Staff, Teleradiology Penelope J. Swanson, MD Courtesy Staff, Ophthalmology</p> <p><u>January 2019</u> John (Jay) R. Bergquist, MD Courtesy Staff, Emergency Medicine Edwin N. Bogonko, MD Active Staff, IM/Hospitalist Amea N. Chandrabalan, DO Courtesy Staff, Telemedicine-Neuro Mareve Kayfes, MD Courtesy Staff, Teleradiology</p> <p>Change in Category – Provisional to Full Membership: <u>December 2018</u> Deborah G. Longley, MD Courtesy Staff, Teleradiology</p> <p><u>January 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>December 2018</u> Timothy Kao, MD Courtesy Staff, Ophthalmology Zachary Plotz, MD Courtesy Staff, Teleradiology</p> <p><u>January 2019</u> Henna Kalsi, MD Active Staff, IM/Hospitalist</p>	
<p>4. Annual Business Meeting</p>	<p>a) <i>Mission / Vision Statement</i> ➤ <u>Mission</u> – To provide quality health service ➤ <u>Vision</u> – To improve the health of all individuals we serve ➤ <u>Values</u> – We value compassionate care, collaboration, stewardship and integrity</p> <p>b) <i>Medical Staff Meeting Schedule & Committee Assignments</i> The Medical Staff Meeting Schedule/Calendar and Committee Assignments were reviewed. Copies were available.</p> <p>c) <i>Education Schedule</i> The Education Schedule was reviewed. Providers wanting to sign up for a class can do so themselves utilizing the G:/drive. Choose "General Facility Information", then choose "Education Schedule", and click "River's Edge AHA Class Schedule 2019". Copies were available.</p> <p>d) <i>Other Business</i> The Medical Staff Bylaws were reviewed and updated. Language was removed that stated suspension of privileges during and/or pending an investigation are</p>	<p>Medical Staff Bylaws will be forwarded to the Hospital Commission for approval.</p>

	<p>"administrative in nature". The NPDB views that an agreement not to exercise privileges during or pending an investigation is a restriction of privileges and therefore reportable. Language now lines up with current NPDB guidelines. No change in Medical Staff Officers this year.</p>	
<p>5. Administrative Update and Report from Hospital Commission Meetings</p>	<p><i>November - 2019 Budget</i> was approved. Capital Request purchase approval of a Cybex Eagle NX Leg Press for PT. <i>December – 2018</i> is looking to end strong financially. Cash on Hand has decreased, but was expected.</p> <p><i>Professional Services Contract:</i> Three projects have been approved with Nordic Consulting. 1) Revenue Cycle and Quality Processes, 2) OR Optimization, 3) Evaluation in charges and coding with the ED. Another contract approved is with TruBridge for a Patient Estimator Module. This will help determine patient responsibility amounts for specific procedures.</p> <p><i>Capital Equipment:</i> Stryker tower repair and purchase was approved. Stryker towers are used in endoscopy and arthroscopic procedures.</p> <p><i>REH</i> was awarded the <i>Guardian of Excellence Award</i> for Patient Experience by Press Ganey November 12th. <i>REH</i> was one of three in MN to receive the award, with 200 awarded overall. The award is given to those organizations that have reached at least the 95th percentile for patient experience for the period of May 1, 2017 to April 30, 2018.</p> <p><i>REH</i> has maintained its three year trauma designation (Level IV)</p> <p><i>Upcoming visits for 2019:</i> Baldrige will be here for three days in March. Time will need to be allowed in schedules for discussions while they are here. DNV visit will be in March or April. March may be more probable and they will return in May for certifications in Hip/Knee and Shoulder.</p> <p><i>Same Day Surgery</i> opens January 21, 2019.</p>	
<p>6. Medical Staff Practices, Policies, Procedures, Guidelines, Requirements and Business</p>	<p>New Policies: <u><i>Trauma Process Improvement</i></u> – Policy is in place and approved. Quarterly Trauma Review Meetings are being scheduled to coincide with meetings of the Medical Staff.</p> <p><u><i>Pediatric Anesthesia practice Guidelines</i></u> – Policy is in place and approved. ENT providers have concurred with these guidelines.</p>	

<p>7. Nursing Updates</p>	<p>Equipment/Programs/Staffing/Patient Satisfaction</p> <p>a) Med Surg</p> <ol style="list-style-type: none"> 1. ENT - Focusing on Pediatric Education for ENT pediatric procedures. Trauma - Enrolling RN's in TNCC (Trauma Nursing Core Course) education to meet guidelines by 2020. Preparation – preparing for the May 23rd Med/Surg move. Excellian – a large upgrade for Excellian with fairly significant changes coming in March. Staff will be receiving education. 2. <u>DNV Non-conformity Audits</u> – Therapeutic Duplication- Order sets have been implemented. Barriers identified: Medications added in place of the order set that must meet the same requirements and patient's home medications that must meet the requirement. Charge Nurses or Pharmacy will be asking providers to rank the medications 1st choice, 2nd choice, etc. and will discontinue other medications. 3. <u>Staffing</u> – One RN is starting orientation this week with another RN starting in February. An agency RN will then start January 22nd. There are two open RN positions. New Charge Nurses are being trained. 4. <u>Quality Improvement</u> – Bedside Shift Report – has been implemented and is complete. Medication Education – improving. Wound Vac process – improving. New process is working well start to finish. 5. <u>Statistics</u> – Length of Stay - YTD is 2.76. January 2018 had the longest stay of 3.18. Length of Stay by Procedure: Arthroplasty Knee 2.6 to 3 days – Arthroplasty Knee Bilateral 3 days – Arthroplasty Revision Knee 3 days – Arthroplasty Hip 2.2 to 3 days. (length of stay by Procedure by Provider is available upon request) Census – Average Daily Census YTD is 8.77. September, October and November had high activity levels. No days this year with a zero census. The lowest daily census was 2. 6. <u>Patient Satisfaction</u> – HCAHPS Percentile Ranking-12 months rolling scores and HCAHPS Discharge Composite were presented. Percentile ranking dipped slightly at year end. HCAHPS Discharge Composite has rebounded upward in percentile ranking and score since August. Appropriate patient discharge information has been worked on this past year. Press Ganey Discharge Composite 91 percentile rank. Will be looking at the discharge process as a whole as it has been two years since last visited. <p>b) Surgical Services</p> <ol style="list-style-type: none"> 1. <u>Surgical Services Audits</u> – H&P Audit- Results: November is low at 84%. Individual provider results will be given to each provider. Results by surgeon will be posted in the back of the department. Post-op Anesthesia Evaluation- Results: November is low at 63%. 2018 Audit - NC 2 non-conformity of Post-Operative Note – Results: November increased to 80%. Blood Products and Specimen documentation are the two typically missing when audited. 2. <u>Statistics</u> – The number of surgical procedures for inpatient and outpatient 	
----------------------------------	--	--

	<p>dropped in November and slightly increased in December.</p> <p>c) ED / Urgent Care / Trauma</p> <ol style="list-style-type: none"> 1. <u>Patient Satisfaction</u> – ED likelihood to recommend (rolling score) sitting slightly below the 80% goal. Bedside registration needs some work. The change in location for ED registration and the waiting room was noted to have impacted patient satisfaction also. UC likelihood to recommend (rolling score) 68%. Goal is 75%. A few patient complaints noted were “not being heard” and a longer time to be seen. 2. <u>Transfer Statistics and Data</u> – Quarter 4, 75 transfers. November transfers decreased to 26, while December increased to 41. 2018 transfers were 514. Cardiology (97) remains the number one reason for transfer, followed by capacity (69), general surgery (49), higher level of care (47), neurology (40), Behavioral Health (39), Pediatrics (28), GI (21), and “Other” (124) includes ultrasound, pediatric sedation, need of an endoscopy, patient request, continuity of care, plus a variety of others. 3. <u>Admissions</u>- Acute Admissions (ED to Med/Surg) November acute admits were at all time high of 16, while December acute admits dropped to 5. Turn away for acute admits are because of acuities, staffing, and beds. Capacity reason for turn away is more so than a staffing reason. Admission Obs for November and December were 13 each. 4. <u>Staffing</u> – Emergency Department- One open RN/Paramedic position. A new paramedic started orientation today, January 8th. January 25th will complete the current contract nurse assignment. New contract nurse to start on January 14th. Urgent Care- fully staffed. <p>d) <u>EMS Services</u> – Statistics: 2018 EMS Statistic numbers were reviewed.</p>	
<p>8. Ancillary Departmental Updates / Equipment / Programs / Staffing</p>	<p>a) Imaging</p> <ol style="list-style-type: none"> 1) <u>Echo</u> – Minneapolis Heart Institute will no longer be providing this service for REH. They opted out as of December 31st due to our low volume. Currently looking at other options to fill this need. 2) <u>MRI</u> – Service day has changed to Thursday mornings starting @ 7:30 a.m. 3) <u>Staffing</u> – Fully staffed. Two are out on medical leave. One is out for 1 week and the other is out for 10 weeks, but could potentially be 12. After these two return, one will be out on maternity leave. <p>b) Laboratory</p> <ol style="list-style-type: none"> 1) <u>Staffing</u> – Update: Kay Carlson, Laboratory Manager, retired December 2018. Nikki Bloom has taken her place. Eventually, one Senior Tech position will open. 2) <u>CLIA Inspection</u> – Inspection took place on November 28th. Deficiencies were issues mainly with record keeping. A Corrective Action Plan was submitted and approved by MDH. The deficiency has been resolved. CLIA Inspections are every two years. <p>c) Physical Medicine – Waiting on the arrival of the Cybex Eagle NX Leg Press.</p> <ol style="list-style-type: none"> 1) <u>Staffing</u> – One therapist is switching to a casual OT position. One part time PT 	

	<p>position open, along with one casual PT and one casual PT Assistant positions.</p> <p>d) Cardiac Rehab – No update(s) to report</p> <p>e) Pharmacy –</p> <ol style="list-style-type: none"> 1) <u>Patient Satisfaction</u> – (HCAHPS Inpatient) <i>Communication about Medications</i> – 2018 Goal of patients answering “always” is 72%. Currently on an upward trend. 2) <u>Medication Reconciliation</u> – Surgical Patients with 100% correct Home Medication List at Admission is on an upward trend. Goal is 55%. Currently two of ten lists are estimated to be incorrect. 3) <u>Omniceil</u> – Omnicell will be placed in Same Day Surgery (next week) 4) <u>Staffing</u> – The pharmacy department is operating at full staff once again with the recent return of Diane. <p>f) Health Information Management</p> <ol style="list-style-type: none"> 1) <u>Incomplete Medical Records > 30 days</u> – 10 charts, which include a variety of deficiencies. 2) <u>Incomplete Medical Records < 30 days post discharge</u> – 156 charts which include 255 deficiencies. 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%. Measure Components include the performance of clinical information reconciliation for: Medications, Medication Allergies, and Current Problem List. Noted: Providers need to review the problem list during the hospital visit and click the “Mark as Reviewed” button for measure to be met. 	
9. Adjourn	Meeting adjourned at 5:00 p.m. The next Medical Staff meeting will be held on Tuesday, March 12, 2019.	It was by mutual consensus to adjourn the meeting. Meeting adjourned at 5:00 p.m.

 Laura Tilton, MD, Secretary-Treasurer

Building Committee Minutes

January 17, 2019

<i>Present:</i>	<input checked="" 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 type="checkbox"/>	Stephanie Pielich McGough
	<input checked="" type="checkbox"/>	Jerry Pfeifer City Council	<input checked="" type="checkbox"/>	Samantha Pherson Executive Asst.	<input checked="" type="checkbox"/>	Kate Freier McGough
	<input 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 11:05 a.m. by Margie Nelsen.

PROJECT UPDATES

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

Project Highlights

- 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.

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:

- 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 Urnal in Surgery Lounge.
- 111. Delete bed pan washers from patient room camodes, 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 MaryAnn Hart to recommend approval of change orders 68, 108, 109, 111, 112, and 114 to the Hospital Commission. The motion was seconded by Jerry Pfeifer and carried with all members voting in favor.

ADJOURNMENT

ACTION: The meeting was adjourned by mutual consent at 11:56 a.m.

NEXT MEETING

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

Chairperson

RIVER'S EDGE

HOSPITAL • ST. PETER



Minutes of January 15, 2019 Patient and Community Advisory Council

Present: Margie Nelsen, Mary Ann Harty, Lois Braun, Carol Clark, Cheryl Olson, Matt Tuggle, Lorraine Edwards, Stephanie Holden

The group was welcomed by Stephanie Holden, Chief Marketing and Development Officer and PCAC staff liaison and Margie Nelsen, River's Edge Hospital Commission Chairperson and PCAC Co-Chairperson.

Introductions of the group:

Lorraine Edwards, billing specialist at River's Edge. Starts 19th year on Feb. 14.

Matthew Tuggle, physical therapist at River's Edge for 2 ½ years.

Carol Clark, Community member. Moved to St. Peter 2 years ago. Transportation manager at VINE.

Mary Ann Harty, hospital commission representative.

Lois Braun, Community member. Resident of Le Center and is a past patient at River's Edge.

Cheryl Olson, Community Member, past patient in Mankato and River's Edge.

Ms. Holden reviewed the purpose of the PCAC, mission and values. PCAC folders were distributed to all members and all members were asked to review the PCAC Charter.

Ms. Holden reviewed the contents of the patient folder then led the group on a tour of the facility.

The group nominated and approved Cheryl Olson to serve as co-chairperson with Margie Nelsen for the period of one year.

The meeting schedule for 2019 was discussed. Meetings will be held quarterly with additional meetings as needed. The next meeting will be April 16, 2019 at 6 p.m.

The meeting adjourned at 7:50 p.m.

Stephanie Holden

APPLICANTS FOR MEDICAL STAFF MEMBERSHIP AND CLINICAL PRIVILEGES

River's Edge Hospital & Clinic

January 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	John (Jay) R. Bergquist, MD	Emergency Medicine	Premier Staffing	√	√	√	√	√	√	√	√	√	√	√	NA
		√		A	Edwin N. Bogonko, MD	IM/Hospitalist	RPG	√	√	√	√	√	√	√	√	√	√	√	NA
		√		C	Amea N. Chandrabalan, DO	Telemedicine-Neuro	Allin	√	√	√	√	√	√	√	√	√	√	√	NA
		√		C	Mareve Kayfes, MD	Teleradiology	CRL	√	√	√	√	√	√	√	√	√	√	√	NA

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

Henna Kalsi, MD

Active Staff/IM-Hospitalist

3.3.4 Administrative Suspension of Privileges:

At any time prior to or during an investigation, the Executive Committee, with the approval of the Administrator, may suspend all or a part of the clinical privileges of the person being investigated. ~~This suspension shall be deemed to be administrative in nature, for the protection of Hospital patients. It shall remain in effect during the investigation only and shall not indicate the validity of the charges. It shall remain in force, without hearing or appeal, during the course of the investigation or such shorter period of time as the Executive Committee directs.~~ If such a suspension is placed into effect, the investigation shall be completed within thirty (30) days, if practical, of the date of the suspension.

3.4 **Summary Suspension of Clinical Privileges**

3.4.1 Grounds for Summary Suspension:

- a. The President of the Medical Staff, the Administrator, or the Executive Committee shall each have the authority to summarily suspend all or any portion of the clinical privileges of a Medical Staff appointee or other individual whenever failure to take such action may result in imminent danger to the health and/or safety of any individual. Such suspension shall not imply any final finding of responsibility for the situation that caused the suspension.
- b. Such summary suspension shall become effective immediately upon imposition, shall immediately be documented in writing by the Administrator or the President of the Medical Staff, and shall remain in effect unless or until modified by the Executive Committee or the Hospital Commission.
- c. Immediately following summary suspension, the Administrator shall in writing notify the Medical Staff appointee by certified mail, return receipt requested, and shall refer the summary suspension to the Executive Committee for review, investigation and recommendations as set forth below.

3.4.2 Executive Committee Procedure:

- a. An investigation of the matter resulting in summary suspension shall be completed within thirty (30) days, if practical, of the date of the suspension. The Executive Committee shall take such further action as is required in the manner specified under Section 3.3 of this Policy. The summary suspension shall remain in force after the Executive Committee takes responsibility, unless and until modified by the Hospital Commission, or until the matter is finally resolved.
- b. Following completion of its investigation, the Executive Committee shall promptly forward its findings and recommendations to the Hospital Commission for its review and final disposition, and shall specifically recommend whether the summary suspension should be modified, continued, or terminated. The Hospital Commission shall not consider the recommendations of the Executive Committee until such time as the affected appointee or individual exercises or waives his or her rights to a hearing and appeal under Article 4 of this Policy. The summary suspension shall remain in force unless and until modified by the Executive

2018 River's Edge Hospital & Clinic Quality Dashboard

QUALITY DASHBOARD														
	2017	2018												
Patient Safety	Actual	Goal	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Achieve ≤ 3.5 falls per 1000 patient days	3.8	3.5	0.0	2.1	2.7	4.0	3.2	2.7	2.3%	2.0%	2.6%	2.3%	2.1%	1.9%
Health Associated Infections (HAI)	0%	0.0%	0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Catheter Associated Urinary Tract Infections (CAUTI)	0%	0.9%	0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Pressure Ulcers	0%	0.3%	0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Readmission Rate	1.2%	2.7%	0.0%	0.64%	0.87%	1.5%	1.7%	1.8%	1.5%	2.0%	2.0%	1.8%	2.0%	1.9%
Staff Influenza Immunization	94%	>90%	94%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	n/a	90.0%	96.0%	96.0%	96.0%
	2017	2018												
Emergency Room	Actual	Goal	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
ED Transfer Communication	57	>60	68	75.56	60	77.8	75	74.50%	75	71	82	56	62.5	75.9
	2017	2018												
Surgery Data	Actual	Goal	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Surgical Complications	0	0	0	0	0.25%	0.18	0.28	0.23	0.20	0.18	0.24	0.20	0.18	0.17
Surgical Site Infections (SSI)	0.11%	3.14%	0%	0%	0.25%	0.18%	0.14%	0.11%	0.10%	0.09%	0.16%	0.14%	0.18%	0.23%

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

Comments about December & Looking Forward:

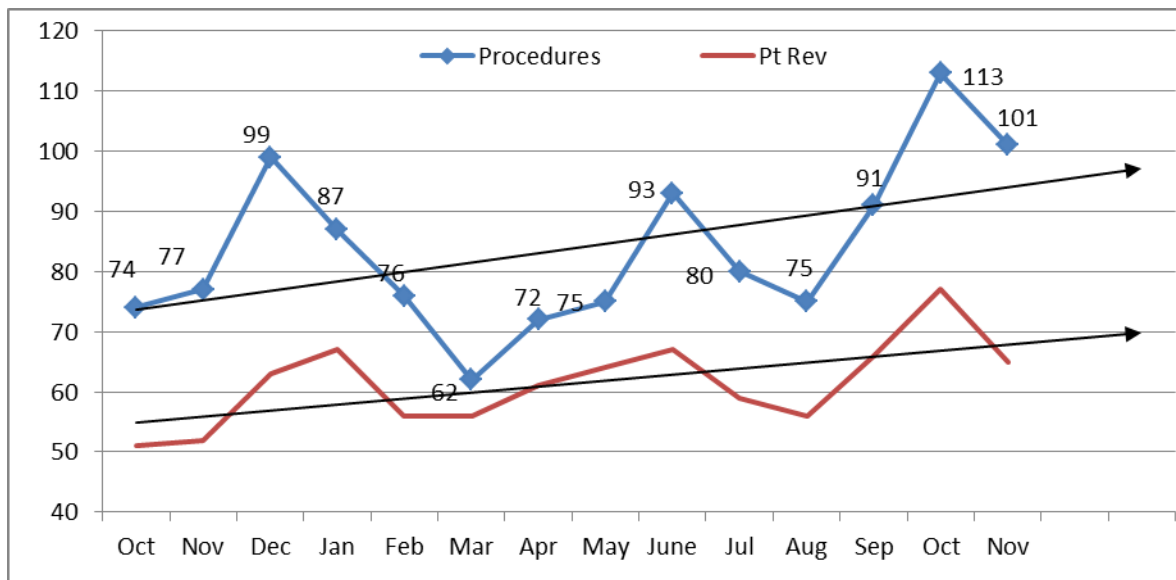
Operations: December has a positive bottom line

- MTD had a bottom line of \$358,000 vs MTD budget of \$1,433,000.
- YTD Actual is \$2,762,000 vs YTD budget \$1,584,000.
- Net Operating Revenue MTD was \$405,000 vs MTD budget of \$1,463,000.
- Net Operating Revenue YTD was \$3,263,000 vs YTD budget of \$1,939,000.
- Looking Forward: January is trending to be a strong month.

Cash: Cash increased

- MTD Cash decreased by \$3,142,000 resulting in balance of \$10,473,000.
- YTD Cash has decreased \$1.535 million.
- Our 2018 Year End Cash budget goal is \$9.78M.

Statistics: Inpatient Surgery procedures were above budget



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

Significant Decisions this Month:

- Annual Meeting this month: Set Committee membership, Meeting dates and times.

River's Edge Hospital & Clinic Statistics Dashboard

Department/Service	2012	2013	2014	2015	2016	2017	YOY	2018													YTD
Monthly	Actual	Actual	Actual	Actual	Actual	Actual	Trend	Budget	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Trend
Lab																					
Lab Procedures Inpatient	334	423	317	657	754	800		876	942	623	755	901	874	805	822	897	861	995	1017	888	
Lab Procedures Outpatient	2898	2992	2241	3144	2470	2717		2628	3516	3050	3309	2776	3016	2620	2517	2776	2741	3095	2675	2745	
Radiology Procedures																					
Radiology Procedures Inpatient	16	24	26	73	114	106		105	119	102	80	105	102	121	60	81	117	141	119	121	
Radiology Procedures Outpatient	456	368	337	330	285	296		293	278	213	260	240	303	223	262	293	296	338	244	268	
CT Procedures Outpatient	83	92	105	147	130	156		150	109	159	160	159	157	142	166	153	169	160	148	135	
Ultrasound Procedures Outpatient	33	31	28	35	35	35		32	29	32	35	33	51	38	24	35	24	42	23	25	
ED & UC																					
Urgent Care	166	127	154	200	343	397		381	519	427	342	325	361	320	319	308	338	394	357	314	
Emergency Department	336	330	367	388	367	343		343	405	324	384	311	435	340	362	337	385	333	276	337	
Surgery																					
Surgical Procedures Inpatient	1	5	10	46	73	81		90	87	76	62	72	75	93	80	75	91	113	101		
Surgical Procedures Outpatient	54	55	46	53	61	59		60	54	57	63	64	82	70	48	48	53	90	77		
Physical Therapy																					
PT Modalities Inpatient	270	306	353	627	857	862		879	942	759	818	836	765	994	769	659	888	960	866	859	
PT Modalities Outpatient	1108	1113	1056	1030	983	1129		1158	1130	1082	1181	1317	1517	1136	1306	1415	1057	1485	1502	1302	
Admissions																					
Admissions from ED + UC	24	24	26	23	20	8		na	3	2	13	11	16	8	8	10	10	7	16	5	
Transferred to Acute Hospital	na	na	na	na	29	31		na	39	38	43	32	25	32	26	22	27	31	36	41	
Admissions Medical	20	27	31	16	12	10		na	11	6	18	13	17	9	11	14	10	15	22	10	
Admissions Surgical	0	0	0	37	63	71		na	70	67	56	72	73	85	71	58	79	94	79	77	
Med Surg Patient Days	52	78	88	143	206	221		254	243	188	207	243	235	256	210	201	255	285	268	237	
Average Daily Census (ADC) IP	1.71	2.56	2.88	4.70	6.75	7.30		8.34	7.84	6.71	6.55	8.10	7.58	8.53	6.71	6.48	8.50	9.19	8.90	7.65	
Average Daily Census Swing	2.67	1.94	1.82	0.82	0.42	0.31		0.11	0.45	0.11	0.87	0.03	0.29	0.27	0.23	0.32	0.30	0.13	0.23	0.32	
Total ADC	4.38	4.50	4.70	5.53	7.17	7.60		8.45	8.29	7.54	7.42	8.13	7.87	8.80	6.94	6.80	8.80	9.32	9.13	7.97	
Adjusted Patient Days					341	358		391	364	308	362	381	381	378	326	331	384	427	395	352	

Less than Target

90% of Target

Equal or Greater than Target

REHC Strategic Plan 2018 Dashboard																	
GROWTH - George																	
	2016	2017	2018	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec		
	Actual	Actual	Goal														
G1	Increase Total Adjusted Patient Days (APDs) => 391	341	358	391	364	308	362	381	381	378	336	331	384	427	395	352	
G2	Market study to assess potential for additional service lines (general surgery, OB, urology, etc)	1	2	1						Y							
SERVICE - Paula & Stephanie																	
	2016	2017	2018	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov*	Dec		
	Actual	Actual	Goal														
S1	HCAHPs Summary "Rate hospital 0 - 10" Top Box score => 89%	86.8	88%	89%	88%	89%	89%	89%	89%	89%	89%	89%	89%	88%	88%	86%	
S2	Emergency Department Survey "Likelihood of recommending this ED" Top Box score => 80%	71.4	80%	80%	82%	82%	82%	81%	81%	82%	80%	80%	79%	78%	78%	80%	
S3	Urgent Care Survey "Likelihood of Recommending this Urgent Care" Top Box score => 75%	72.2	72%	75%	70%	70%	69%	68%	70%	70%	71%	70%	69%	68%	69%	71%	
QUALITY - Janelle																	
	2016	2017	2018	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec		
	Actual	Actual	Goal														
Q1	Achieve ≤ 3.5 per 1000 patient days	na	11	3.5	0	2.1	2.7	4.0	3.2	2.7	2.3	2.0	2.6	2.3	2.1	1.9	
Q2	Transfer Measures Benchmark ≤ 60%	na	57	60%	68%	76%	60%	77.8%	75%	74.5%	75.0	71.0	82	56.0	62.5	75.9	
Q3	Complete antibiotic stewardship plan by Q2 2018	na	1.2	y/n	N	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
PEOPLE - Jackie																	
	2016	2017	2018	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec		
	Actual	Actual	Goal														
P1	Employee Satisfaction Survey Participation Rate > 85% (2016 = 90%)	90%	84%	85%				89%							82%		
P2	Reduce Overall Turnover rate to ≤ 20%	28%	15%	20%	1%	1%	2%	3%	5%	6%	7%	8%	9%	12%	14%	19%	
P3	Gallup Q12 Survey Grandmean Score ≤ 4.36 (ave of 2 scores in 2018)		97%	4.36				4.26							4.29		
FINANCE - Lori																	
	2016	2017	2018	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec		
	Actual	Actual	Goal														
F1	Days Cash All Sources ≥ 100 days	123	125	100	112	115	130	120	128	115	110.27	74.35	73	69	75.83	106.83	
F2	Operating Margin ≥ 4%	13%	8%	4%	8%	5.5%	3%	5%	4%	17%	3%	-4%	9%	12.4%	11.8%	11.5%	
F3	AR Days ≤ 55 days (Net)	49	45	55	48	46	49	52	50	54.74	51.35	44.06	48	49	50	47.15	
COMMUNITY - Stephanie																	
	2016	2017	2018	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec		
	Actual	Actual	goal														
C1	Community Education Events = 1 per month	na	13	12	0	1	0	1	1	2	3	1	1	3	0	0	
C2	Diversity Training for Staff = 2	na	0	2	0	0	0	0	0	0	0	0	0				
GOVERNANCE																	
	2016	2017	2018	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec		
	Actual	Actual	Goal														
G1	Establish Nominating Committee		Yes														
G2	Board Certification Process		Yes														
G3	Develop Annual Education Calendar		Yes														
G4	Establish Board Education Requirements		Yes														
G5	Develop Approved Events List		Yes														
G6	Develop Event Participation Requirements		Yes														

December 2018 Financial Report

Statement of Revenues and Expenses

SUMMARY OF MONTH AND YTD

	Dec-18	Budget	Variance	%
Gross Revenue	\$ 6,025,049	\$ 7,386,183	\$ (1,361,134)	-18.4%
Net Patient Revenue	\$ 3,500,411	\$ 4,469,780	\$ (969,369)	-21.7%
Operating Expenses	\$ 3,117,657	\$ 3,018,571	\$ 99,086	3.3%
Net Operating Income	\$ 405,021	\$ 1,462,892	\$ (1,057,871)	11.6%

YTD 2018	Budget	Variance	%
\$ 75,623,329	\$ 70,954,186	\$ 4,669,143	6.6%
\$ 38,944,077	\$ 35,956,954	\$ 2,987,123	8.3%
\$ 35,872,043	\$ 34,143,455	\$ 1,728,588	5.1%
\$ 3,263,130	\$ 1,583,945	\$ 1,679,185	8.4%

Balance Sheet

Net Patient Receivables	Decreased	\$ (152,946)
Accounts Payable	Increased	\$ 62,260

	Dec-18	Nov-18	Difference
Cash (all sources)	\$ 10,473,199	\$ 7,331,474	\$ 3,141,725
Accounts Receivable	\$ 5,008,464	\$ 5,161,410	\$ (152,946)
Accounts Payable	\$ 1,573,316	\$ 1,511,056	\$ 62,260
Check Run	\$ 1,711,446	\$ 2,200,688	\$ (489,243)

	Covenants	Dec-18	Nov-18
Days in Cash	>60	106.83	75.83
Days in AR		47.15	49.51
Debt Coverage	>1.25	4.08	3.91

Community Care and Collections

		Accounts
Community Care	\$ 5,893.48	8
Presumptive Care	\$ 35,893.71	75
Total	\$ 41,787.19	83

Collection Activity for Board Approval	\$ 121,439.05
Bad Debt Recovery	\$ 20,796.34
Revenue Recapture	\$ 1,620.52

Community Care and Collections

For the month of: **December-18**

	<u>Total</u>	<u>100% write off</u>	<u>50% write-off</u>	<u>Not eligible</u>
1. Community care grants for the month	<u>\$ 5,893.48</u>	5,893.48	-	
- number of patient accounts		8	0	0
		0 previous in bad debt status		
Presumptive community care grants	<u>Total</u>	<u>Patients</u>	<u>Accounts</u>	<u>Uninsured</u>
	<u>\$ 35,893.71</u>	40	75	-
2. Collection activity for Board Approval is:	<u>Total</u>	<u>Insured</u>	<u>Uninsured</u>	\$ - HMS
- number of patient accounts	<u>\$121,439.05</u>	<u>-</u>	<u>-</u>	<u>121,439.05</u> Excellian
	-	-	-	<u>121,439.05</u>
3. Revenue recapture for the month	<u>\$ 1,620.52</u>			

Community and Presumptive Care Grants - YTD

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

Revenue Recapture experience

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

Collections YTD Activity

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

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		
	2017	2018		2017	2018		2017	2018		2017	2018
Jan	58,776.68	56,161.70	Jan	68,417.91	74,001.32	Jan	2,605.50	2,890.20	Jan	53,106.48	8,973.14
Feb	38,404.00	67,794.84	Feb	67,533.00	64,578.32	Feb	50,725.22	61,539.72	Feb	54,308.45	68,007.81
Mar	30,037.70	34,803.08	Mar	61,233.06	69,468.82	Mar	67,755.49	43,808.35	Mar	71,631.37	52,160.83
Apr	43,882.65	30,963.30	Apr	108,947.00	74,120.82	Apr	50,220.54	29,854.33	Apr	61,185.81	35,131.23
May	43,371.65	22,912.78	May	77,249.16	66,819.95	May	13,044.55	14,116.15	May	20,544.13	26,794.34
Jun	54,237.18	47,761.90	Jun	121,549.42	109,721.03	Jun	4,436.18	4,210.26	Jun	12,154.16	12,898.01
Jul	55,708.81	60,840.98	Jul	83,289.40	109,620.10	Jul	4,795.06	4,186.70	Jul	9,053.55	14,607.91
Aug	42,018.23	77,114.78	Aug	90,077.50	101,425.70	Aug	19,201.33	17,873.61	Aug	26,271.80	25,795.13
Sep	38,799.31	26,585.39	Sep	107,412.53	128,950.50	Sep	9,162.22	10,676.80	Sep	21,478.03	17,875.83
Oct	72,880.41	49,376.70	Oct	75,489.70	109,710.30	Oct	5,873.03	3,854.98	Oct	12,075.38	16,870.69
Nov	29,216.08	57,544.20	Nov	57,368.60	67,437.90	Nov	2,347.28	2,032.55	Nov	14,170.25	18,035.71
Dec	24,820.50	41,787.19	Dec	93,914.10	121,439.05	Dec	3,805.59	1,620.52	Dec	11,539.07	20,796.34
	<u>\$ 532,153.20</u>	<u>\$573,646.84</u>		<u>\$1,012,481.38</u>	<u>\$ 1,097,293.81</u>		<u>\$233,971.99</u>	<u>\$196,664.17</u>		<u>\$367,518.48</u>	<u>\$317,946.97</u>

River's Edge Hospital and Clinic
December 2018

Top 5 Vendors Paid

	<u>Vendor</u>	<u>Amount</u>	<u>Description</u>
1 Check	ORTHOPAEDIC & FRACTURE CLI Total	264,813.11	Professional Services Agreement
3 Checks	STRYKER ORTHOPAEDICS Total	194,378.52	Implantables
2 Checks	ALLINA HEALTH SYSTEM Total	180,623.72	ED/UC Providers, Training, Support
5 Checks	CARDINAL HEALTH 110, LLC Total	110,080.83	Drugs
4 Checks	ZIMMER US INC Total	106,076.55	Implantables

Top 5 Checks Paid

<u>Check</u>	<u>Vendor</u>	<u>Amount</u>	<u>Description</u>
69604	ORTHOPAEDIC & FRACTURE CLI	264,813.11	Professional Services Agreement
69541	ALLINA HEALTH SYSTEM	111,713.82	ED/UC Providers, Training, Support
69584	STRYKER ORTHOPAEDICS	111,446.37	Implantables
69638	ALLINA HEALTH SYSTEM	68,909.90	ED/UC Providers, Training, Support
69561	EXACTECH, INC,	65,782.00	Implantables

Total Check Register \$ 1,711,445.79

Rivers Edge Hospital Expansion and Renovation



Monthly Status Report #9 • 1-17-2019



EXECUTIVE SUMMARY



Project Highlights:

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

SCOPE



SCHEDULE



BUDGET



QA/QC



SAFETY



PAY APPLICATIONS



Pay Application number #8 has been submitted through December 31st
Total billing for pay app #8 is \$1,233,281

Total billed to date is \$10,890,210 or 43%

CONSTRUCTION UPDATE



- **Work Completed Last month**
 - » Phase 3, Same Day Surgery
 - » Nichiha panels complete at South Wing
 - » Temp heat installed in ED Addition
 - » Headwall MEP rough-ins for patient rooms

- **Upcoming Work**
 - » Underground utilities at North addition
 - » Slab on grade in North addition
 - » Exterior window installation
 - » Drywall & painting at South & East wings
 - » Bathroom tile in the South patient wing
 - » Mechanical, electrical, and plumbing rough-ins in South & East wings
 - » Start Phase 4, Endo Remodel





■ **KEY MILESTONE DATES:**

- » Endo Remodel Start – January, 21st 2019
- » Exterior Windows – February 2019
- » Endo Remodel Complete – April 2019
- » New Patient Wings Complete – May 2019

SCHEDULE

River's Edge Hospital				AHFD	
Saint Peter, MN		2/22/18	1/17/19		1/17/19
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	25,498,506	10,545,117	793,582
300	Professional Fees/Reimburs.	2,781,684	2,848,336	2,125,995	66,652
400	Administrative & Legal	106,000	154,191	128,942	48,191
500	Equipment	2,969,200	2,910,588	11,755	(58,613)
600	Furnishings	711,122	471,510	-	(239,612)
700	Telecomm. Systems	1,079,217	1,129,721	175,332	50,504
800	Financing	By Owner	By Owner	-	-
900	Project Contingency	1,343,823	669,037	-	(674,786)
	TOTAL	33,800,000	33,800,000	13,041,534	-
Notes: Excludes Financing and Inflation					
% Design+Bid+Const Cont -		5.50%	2.74%		
% Total Project Contingency -		4.14%	2.02%		
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			43,482
No.	Date	Alt / ASI	Description	Low	to	High	Rec Appvl	CO	Time	Approved	CM Resv				
68	1/31/19	RFP-6	Increase size of OR RTU box to accommodate Low Temp/Hum eqpt at future date			15,999									
108	12/21/19	ASI-50	Raise outlet heights for computers, add elec power for sterilizer			2,344									
109	12/26/19	ASI-51	Add spec for Urnal in Surg. Lounge			1,391									
111			Delete bed pan washers from patient rm camodes, add to ED			N/C									
112	1/7/19		Add SecureAire electronic air filtration to RTU #7 (Surgery)			31,337									
114	1/15/19		Change OH garage door height from 14' to 14'-6"			288									
CM Reserve											685,464				
Pending & Apprv. COR's / CM Resv Bal				51,359				795,552			461,967				