



COOK COUNTY HOSPITAL DISTRICT

BOARD MINUTES FOR MARCH 23, 2017

Call to Order – Sharon Bloomquist called the meeting of the Cook County Hospital District Board of Directors to order on March 23, 2017 at 9:02 a.m. in the meeting room.

Adjourn to Closed Session – The Board recessed from the regular session to a closed session for the Quality Improvement/Peer Review Report and Medical Staff Report.

Closed Session Summary - The Quality Improvement/Peer Review Report from February 2017, the Medical Staff Report and Credentials Committee recommendations from February 2017 were discussed.

Reconvene - The North Shore Health Board reconvened in regular session at 9:29 a.m.

Roll Call

Members Present: Sharon Bloomquist, Randy Wiitala, Justin Mueller and Steve Nielsen

Not Present: Kay Olson

Others Present: Kimber Wraalstad, Vera Schumann, Casey Bronikowski, Sandra Barkley, Dr. Schmidt (p), Jeff Cadwell (p), Heidi Doo-Kirk (p), Amy Lacina (p), Rita Plourde (p), Brian Larsen (p)

Approval of Agenda – R. Wiitala made a motion to accept the Agenda with the addition of 'Residents' to the New Business item – Can we improve the patient/resident experience? S. Nielsen 2nd, all ayes.

Public Comments: None

Approval of Minutes for February 16, 2017 – S. Nielsen made a motion to approve the minutes for February 16, 2017, as presented. J. Mueller 2nd, all ayes.

Updates:

- a. **Clinic Board:** Rita Plourde reported that she will be attending the National Association of Community Health Centers in Washington, DC. They will be meeting with the congressional staff from throughout the nation. The primary focus is to secure the Federally Qualified Community Health Center funding. In 2015, Congress extended this funding on a bipartisan basis for two years. Without action before October 1, 2017, this funding will expire, meaning Sawtooth Mountain Clinic will lose 70% of their funding. That equates 1.1 million dollars or funds to support

- 1000 patients. Currently, these funds are allocated to physician salaries and the sliding fee scale. This would put the clinic in jeopardy of losing providers and staff.
- b. **County Board:** Heidi Doo-Kirk stated there are currently two openings with PHHS. They will be advertising for a Public Health Nurse position.
 - c. **North Shore Health Care Foundation:** Steve Nielsen provided an update stating that a collaboration meeting with North Shore Health, Sawtooth Mountain Clinic and the Foundation happened in March. It was felt to be a very positive and interactive meeting. Mr. Nielsen announced North Shore Health received grant funding for a digital acuity system. Ms. Wraalstad thanked the Foundation for funding this grant.
 - d. **Board Members:** No Report
 - e. **Correspondence:** No Report

Board Presentation – Avera e-Emergency Program – Amy Lacina, RN

Ms. Lacina discussed the e-Emergency program and presented a video depicting an emergency room situation using the Avera e-Emergency Program. Emergency Departments in Critical Access Hospitals typically lack access to the medical resources and specialty expertise found at major trauma centers. Many do not have dedicated onsite emergency physicians or access to specialists. Local practitioners can quickly burn out from the responsibility of being the solo emergency room provider, without a colleague to collaborate with on the toughest cases. E-Emergency offers customized support based on individual facility needs – they can provide as much or as little support as requested. Whether the situation requires transfer arrangements, documentation assistance or life-saving measures, they provide the expert support that allows our staff to keep their heads and hands in direct patient contact. The e-Emergency program installs a secure, interactive, high-definition video and audio equipment and software into the emergency rooms. When the providers need emergency assistance, they simply push a button to connect 24 hours a day with their board-certified, emergency physicians and critical care nurses, who respond immediately from their virtual hospital hub. Ms. Lacina commented she is excited to add this resource to support our patients, Nurses and Physicians.

Old Business

- a. **2016 Strategic Plan Update:** Strategic Initiative 5. Patient Resident Experience was reviewed and discussed.
- b. **Facility Update:** The former employee entrance is no longer usable. Maps have been created, handed out and posted in several places, including Boreal and our Website to assist with navigation. Ms. Wraalstad provided a timeline for the project and what will be changing and completed in the near future.
 - o **Change Order Review:** Ms. Wraalstad reviewed the details from Change Order #9 for the Board.
- c. **Works of Art Project:** No new update.
- d. **Other:** None

Financial Reports

Vera Schumann presented the February 2017 Executive Summary and Financial Report. North Shore Health experienced a loss from operations of \$70,238 for the month of February, performing \$54,560 behind budget. Gross hospital patient revenues of \$1,175,073 are \$109,174 (10%) ahead of budget. Care Center revenues are 1% behind budget. Care Center revenue is reported at 2017 rates, which are lower than 2016. With the non-operating income and tax levy monies, there was a net loss of \$26,672 for the month. February acute patient days of 30 are 7 days or 30% greater than budget. Swing bed patient days of 169 are 65 days or 63% greater than budget. Care Center resident

days of 1,818 are 70 days or 4% less than budgeted with occupancy rates at 83% compared to 86% budgeted. Volumes at or ahead of February 2016 include Observation - 10%, PT/OT - 1%, CT/MRI - 52%, and Ambulance Runs - 63%. Volumes behind budget are Emergency - 2%, Colonoscopy - 25%, Laboratory - 17%, and Home Care - 47%. Volumes at or ahead of last year to date are Emergency - 2%, PT/OT - 24%, Laboratory - 5%, CT/MRI - 51%, Ambulance - 76%. Volumes behind last year to date are Observation - 8%, Colonoscopy - 40%, and Home Care - 52%. Ms. Schumann reviewed the financial audit with the board. Randy Wiitala made a motion to accept the financial statements as presented, Steve Nielsen 2nd. All ayes.

New Business

- a. **25 Questions – Can We Improve the Patient/Resident Experience?** The Board Members spoke at length about what can be done to improve the Patient/Resident Experience. When we receive the patient satisfaction surveys, where do we need to improve? One issue is the environment since we are undergoing a construction project. Previously, the HCAHPS Scores were posted so that the employees can see the feedback. Have we actually defined what the Patient Experience should be? This topic was reviewed and discussed, with several ideas being presented as to how we can improve.
- b. **Other:** None

Management Report

Following the implementation of the ADP Payroll System; Casey Bronikowski, Shelly Starkey and Bob Willis are continuing to refine the system and “iron out wrinkles.” Department Managers are continuing to learn the new system. Work also continues on the development of the Human Resource section of ADP, including the new scheduling module. Bob Willis is working on the new employee performance management/review tool. CliftonLarsonAllen audit team was onsite March 6-9, 2017, to complete the audit fieldwork. North Shore Health was selected to receive a grant of \$213,000 to support the e-Emergency initiative. Thank you to Vera Schumann for the great job in completing the Grant Proposal. The grant will assist with the purchase of technology and costs associated with the use of the system. The timing is fortuitous because the technology can be installed in the Emergency Department space as it is being built.

Construction Update –

Josh Christiansen and Shelly Peterson from Boldt Construction and Jessica Derynck from DSGW were present to provide a construction update.

The Construction Progress Report for March 2017 was then presented. The following areas were highlighted and discussed in detail:

- Safety Risks and Concerns – No reports since the last month.
- Lost time – None
- Project Update
 - Phase 1 - Care Center (southeast and northwest)
 - Continuing with Punchlist Items
 - Phase 2 - Care Center
 - Completed mechanical, electrical, plumbing and fire protection in-wall and above ceiling rough-ins in Resident Rooms, adjacent corridors and common areas.
 - Completed demolition activities adjacent to the old Day Dining area.
 - Completed installation of structural LVL's that support the new flat roof.

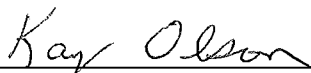
- Completed roofing installations over new flat roof.
 - Completed drywall installations in all Resident Rooms, adjacent corridors and common areas.
 - Completed taping/finishing installations in all Resident Rooms, adjacent corridors and common areas.
 - Completed all underground plumbing installations.
 - Phase 1 - Hospital (Inpatient Wing)
 - Zone 1**
 - Completed electrical and mechanical trim-out.
 - Started addressing punch list items.
 - Zone 2:**
 - Completed drywall installations.
 - Completed taping and finishing drywall activities.
 - Completed painting installations.
 - Completed casework installations.
 - Completed ceramic tile installations.
 - Started installation of ceiling grid/tile.
 - Started installation of flooring.
 - Started installation of specialties.
 - Started mechanical and electrical trim-out.
 - Phase 2 – Hospital (ER)
 - Started installation of new underground plumbing rough-ins.
 - Started interior stud wall framing and installation of hollow metal door frames.
 - Started mechanical and electrical in-wall and above ceiling rough-ins.
 - Started drywall installations.
- Planned work for March
 - Phase 1 - Care Center (southeast and northwest)
 - Continue to coordinate Punchlist Items as areas are available and convenient for Residents
 - Phase 2 - Care Center
 - Pour slab-on-grade over new underground plumbing rough-ins.
 - Install drywall at underside of new flat roof and remaining roof trusses adjacent to mezzanine.
 - Install stud wall framing for Household Kitchen, Wheelchair Storage and public Toilet Room.
 - Complete mechanical and electrical in-wall rough-ins at Household Kitchen wall, Wheelchair Storage and Public Toilet Room.
 - Complete remaining drywall installations.
 - Complete taping, finishing and painting installations.
 - Start casework installations.
 - Start ceramic tile installations.
 - Phase 1 – Hospital (Inpatient Wing)
 - **Zone 1:**
 - Complete all punch list items.

- **Zone 2:**
 - Complete drywall installations in O.R.
 - Complete taping, finishing and painting in O.R.
 - Complete installation of ceiling grid and tile.
 - Complete flooring installations.
 - Complete electrical and mechanical trim out installations.
 - Punch out all finished spaces.
- Phase 2 – Hospital (Emergency Department)
 - Continue mechanical, electrical and plumbing in-wall rough-ins.
 - Continue drywall installations.
 - Start taping and finishing installations.
 - Start painting installations.
 - Start casework installations.
 - Start footing installations for ambulance garage.
 - Complete demolition of remaining spaces previously occupied by NSH staff.
- RFIs – 138 requests for information to the Architect, 1 RFIs open at this time
- ASIs – Twenty-one Architect's Supplemental Instructions
- RFPs – 72 requests for proposals
- Submittals – Log reviewed
- Risks/Opportunities – Reviewed
- Field Manpower – Jobsite total – 59
- Equipment Onsite – Reviewed
- Financial Update
 - Pay application #19 (02-01-2017 to 02-23-2017) for \$434,396.31 was approved on March 2, 2017 and is waiting to be paid.
- Change Orders – Nine Change Orders have been submitted and approved
- Contingency Usage – The contingency log was reviewed. The contingency amount has been fully used and exceeded.
- Communication Plan – The last "Notes from Boldt" was sent on February 24, 2017. The average Blog Site views are 12 per day.

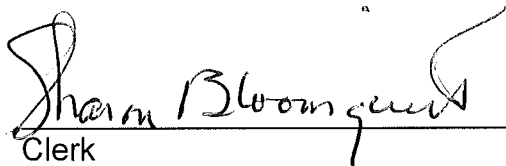
Photos of the project and the project phasing were reviewed.

Adjourn

The regular meeting adjourned at 11:47 p.m.



 Chairman



 Clerk