



Board of Directors Meeting Minutes
October 24, 2024, 5:00PM Lake District Hospital
Lake Health District

Board Attendance: Jane O’Keeffe, Chair; John Shine, Treasurer, Jerald Steward, Secretary, Don Liddycoat, Member

LHD Managers in Attendance:

Tory Coe, CNO; Kyle Byers, Radiology Director; Alena Acklin, Process and Quality Improvement Coordinator; Heidi Martinez, Behavioral Health Director; Quentin Wilson, EVS, Supply Chain, DME Director; Tyson Lane, EMS Director, Stacey Van Ness, Clinics Manager; Teresa Decker, Pharmacy Director Tara Geil, Dietary Manager; Judy Clarke, Public Health Director

Others in Attendance: See attached sign in sheet. Zoom attendees: Dennis Wilson, Bev Schulman, Abby Finetti, Trish, Gary Aguiar

Jane O’Keeffe, Chairperson, called the meeting to order in open session at 5:00 pm and led the Pledge of Allegiance.

Consent Agenda Item Approval:

Jerald Steward made the motion to approve the consent agenda items (which included the September 12, 2024, Board meeting minutes, the October 2024 check signing calendar). Don Liddycoat seconded the motion. The motion was presented, all members voted, and the motion passed unanimously.

November/December 2024 Board Meeting date changes:

Jane O’Keeffe proposed moving the November and December monthly board meetings from the fourth Thursday of each month to the third Thursday, due to the holidays. Greg Larson made the motion to move the November and December 2024 board meeting dates. Jerald Steward seconded the motion. The motion was presented, all members voted, and the motion passed unanimously.

Financial Reports:

August 2024 LHD Financial Report

Kelly Johnston, Interim CFO, reported that the contract with QBSS was terminated two weeks ago. Internal team members have since taken on additional or redefined responsibilities, and we recently hired a new coding team member, with interviews ongoing for an additional role. We also brought on outsourced coding support from HCCS, currently employing 12 coders to address the backlog. Billing has been outsourced to Wipfli, while our internal team continues to work on the new billing workflow. Additionally, a chargemaster review is underway to make necessary corrections.



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An offer has been extended to the Revenue Cycle Director, who has accepted and will start on November 4th. Kelly also updated the board on HRSA notices regarding unfiled reports for phases 4 and 5 of COVID funding, with a current repayment request of \$726K. Kelly submitted a rebuttal, and HRSA responded with findings on Tuesday. She now has 30 days to file reports covering the last two years, which, once reconciled, will eliminate the outstanding balance. Kelly was recently onsite for the financial statement audit, which is nearly complete, with one item remaining. The onsite finance team has been diligent, aiming for board approval at the December meeting. The cost report is due to Noridian on November 30th. A new preparer has taken on this responsibility, with significant work already completed and new strategies being implemented. Lastly, the finance and administration teams are working on Community Benefit reporting, which will help set the new floor for 2024-2025. This concludes the major compliance updates from the finance department.

Kelly then provided August financial updates:

- Days Cash on Hand: Currently trending between 20-25 days, with a target of 45 days by year-end, 65 days next year, and 90 days by the end of year three.
- Days in Accounts Receivable (AR): Currently at 120 days, with a goal of 85-90 days by year-end and 65 days next year.
- Days in Accounts Payable (AP): Currently at 20 days, aiming for a target range of 45-60 days.

Goose Lakes Medical Services August Financial Report:

Kelly reported the expenses for July-September were \$3,221.

Quality Measures:

Alena Acklin, Process and Quality Improvement Coordinator, reported on recent performance metrics: August showed positive results, but September saw a decline in two ED measures. A sepsis measure has been challenging; Alena has asked Landon to engage providers and enroll them in the sepsis committee to improve performance. With only one patient for the month, outcomes were either 0% or 100%, highlighting the need for better provider documentation and adherence to requirements to meet targets.

In the clinic, childhood annual wellness checks improved. While total LHD scores have decreased slightly, they are improving weekly, with patient experience scores on the rise.

Medical Staff Report/Privileging:

Medical Staff report: N/A

Nursing Report:

Tory Coe, Chief Nursing Officer (CNO), reported that the state trauma survey is scheduled for November. This survey will assess areas such as reporting, quality measures, and overall readiness. Michelle and Abby are collaborating to prepare for it. Currently, we hold a Level 4 trauma designation, meaning that while we do not have a surgeon on call 24/7, we focus on stabilizing and then transporting trauma patients as needed.



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In outreach efforts, we recently hosted a luncheon for first-year OIT nursing students, who were enthusiastic and appreciated the opportunity to visit our hospital. A Critical Access Hospital (CAH) like ours offers a diverse environment, making it an excellent starting point for new nursing careers. The following week, two OIT students nearing graduation visited, inspired by Abigail Finetti's positive talk about our facility during her visit to OIT. Their curiosity and interest were a pleasure to welcome. Additionally, Tory reported that she has an upcoming interview with a local nurse. Lastly, Tory noted we have recently hired a PRN nurse from Klamath Falls who is currently filling shifts as needed and is considering a full-time position.

CEO Report:

Landon Dybdal, CEO, reported that a new clinic physician has been hired and will begin in December. Currently serving as a locum provider for the Klamath Tribe, he is enthusiastic about focusing on family practice and clinic work, with a particular interest in pediatrics. The team is excited to welcome him aboard. Additionally, the recent hiring of a Revenue Cycle Director will enable Kelly to concentrate on her role as interim CEO and provide much-needed support in the business office. Financially, the organization has seen significant progress, particularly in improving collection rates. For instance, the surgery department achieved an 85% collection rate in September, a major increase from just 13% in May. These financial gains will be invaluable to our operations. Although accounts payable issues were identified in August, we are now out of crisis mode and are continuing to enhance our processes. Landon acknowledged the Department Heads and staff for their teamwork in driving these improvements. Regarding the Behavioral Health (BH) department, as of January 1st, LHD will no longer manage behavioral health services for the county. Plans are underway for BH to establish its own 501(c)(3) with oversight from the county. A discussion followed regarding the future of this transition. Alongside the Behavioral Health (BH) transition, Landon shared that the county will purchase the COIC and Bogardus buildings from the Health District. On the real estate front, Landon also provided an update on the Alturas Clinic, which recently sold above the asking price. Landon then reported progress on the Geothermal System. The pump was removed this week, and a driller is scheduled to be on-site starting November 1, with completion expected by November 30. While the pump is out, we are using backup heat until the geothermal system is fully operational. Finally, Landon was pleased to announce that, thanks to improved collections and restructured contracts, the surgery department will remain open.

Public Comment: N/A

Adjournment:

At 6:14PM, Jane O'Keeffe called for an executive session per ORS 192.660(2) and adjourned the open session. The executive session began at 6:25 PM and was adjourned at 7:08 PM. The public session was reopened at 7:09 PM.

Respectfully submitted,

Jerald Steward, Secretary



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