**FALLON MEDICAL COMPLEX, Inc.**

**BOARD OF TRUSTEES MEETING**

**Wednesday, March 6, 2024**

**MEMBERS PRESENT ABSENT**

David Kirschten, Vice President Curt Arnell, President

Evelyn Neary, Secretary

Elaine Stanhope, Board Member

Erin Lutts, Board Member

Del Espinosa, Board Member

Michele Gray, Board Member

**OTHERS PRESENT**

David Espeland, CEO Karla Kings, Activities Director

Marjorie Losing, CFO- via phone Jeanna Sullivan, Social Services

Heather Schwindt, Recorder Michelle Smith, DON

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| 1. **I. CALL TO ORDER**

David called the meeting of the FMC Board of Trustees to order at 5:30 p.m. in the FMC Community Room. 1. **II. PUBLIC INPUT** – There was no public input.
2. **III. APPROVAL OF MINUTES**

 No additions or corrections to the February 7, 2024 board minutes as distributed. Erin moved to adopt approval of the minutes. Elaine seconded the motion. All aye, 0 nay. Minutes stand approved as written. 1. **IV. MANAGER REPORTS**
2. Karla Kings reported to the Board that we have 12 residents, and the current favorite game is Old Maid. They watch the NFHS sports often and root for the local teams. She is wanting to turn the chapel area into a theatre room for the residents. They currently do church services in the dining room as it accomodates the residents and other visitors better for services.
3. Jeanna Sullivan reported to the Board that her role at FMC is to facilitate admissions and discharges for the hospital and LTC, and assist residents with Medicaid forms. Of our 12 residents, 3 are on Medicaid, 2 are applying for Medicaid, and the rest are all private pay. During the discharge process she helps patients look for community resources to aid in their healing. She is on track with her QAPI goal for this year regarding completions of the Social Determinants of Health forms that we report to the government. She is the residents’ rights advocate, observes and records their behaviors, and meets quarterly with the ombudsman.
4. Michelle Smith Reported to the board that of our 15 nurses, all but one are contract staff. We have 14 C.N.A.’s with 2 contract staff. We have 4 PRN R.A.’s that largely work evenings and weekends. She discussed the difference between a C.N.A. and an R.A. We have 4 DI techs, 3 are contract. Johna Koenig is our sole employee and supervises the DI Department under Michelle. Recruitment and housing are the largest challenges she faces in cutting down the number of contract staff. She is the only DON in Montana that can instruct C.N.A. classes. She had to request special permission to do so. SNF licenses do not allow DON’s to be instructors, but CAH requirements do not have that restriction. She is looking to hold another C.N.A. class in June. Skilled nursing facilities reimburse for C.N.A. classes, CAH does not. She is working with the Foundation and Pink Touch to find funding or scholarships to reimburse students for C.N.A. classes. She holds many staff trainings with our current staff to keep them up on their skills. She has met her QAPI Goal with the Social Detrminants of Health. Her other QAPI goals this year include decreasing hallway noise, ensuring protocols and testing for patients with sepsis are being met, decreasing UTI’s by 25% in residents, recruitment, and a resident survey on their satisfaction with their activities and care.
5. **CLOSED EXECUTIVE SESSION**

**VI. FINANCIALS**  1. January had 28 inpatient days and 14 skilled days. **Gross Patient Revenue** $892,000, $35,000 over budget. **Net Operating Revenue** $922,000, $50,000 over budget. **Expenses** $1.1 million, $18,000 over budget. A variance with a state HUF payment caused the overage, but the refund is usually double what we pay in and we should see that in May. **Operating Loss** was ($205,742), $31,000 on the negative side of the budget. **Non-operating** **Income** $136,000, a net loss of ($69,000), $67,000 on the positive side of the budget.  **YTD** **Gross Patient Revenue** $5.3 Million, $635,000 under budget. **YTD** **Net Operating Revenue** $5.6 Million, $389,000 under budget. **YTD** **Total Expenses** $7.2 million, $18,000 over budget. **YTD** **Operating Loss** ($1.6 Million), $407,000 on the negative side of the budget. **YTD Net Loss** ($1,053,000), $106,000 on the negative side of the budget. **YTD STATS,** 101 Inpatient days, 115 in the budget. 2,414 swing days 3,416 in the budget. Ancillary services: ER patient count is below budget. Procedure room and observation hours are ahead of budget. Lab is below budget, but blood bank is ahead budget. EKG, radiology, mammogram are below budget. CT, is on target with the budget, and ultrasound, and MRI ahead of the budget. Rehab visits are below budget but we are seeing an increase in their numbers. **PT Visits** are at 3,202, budgeted for 3,858. **OT Visits** are at 1,167 with 1,325 in the budget.Outpatient counts are 2,300, budgeted for 3,600. **YTD Change in Cash Equivalents (**$890,234). Our annual audit was finalized and an addition to the balance sheet for our equipment leases is now listed as an adjusting entry with the leased items net worth and the liability of what we pay on the leases.

***.* V VII*.* OLD BUSINESS**1. **Auxiliary By-laws Update:** Our attorney is recommending that we not create a committee to oversee the auxiliary because per Montana law, two Board members are required to serve on each committee that it oversees. She advised creating a Single Member LLC with the Board being the single member. This will allow the auxiliary to operate under FMC’s tax ID and allow the board the oversight necessary to continue operating as they have been in the best interests of FMC. The board discussed that doing this will ensure their existence into the future and makes them recognizable publicly. After discussion, the Board is in agreement to have the attorney draw up the Single Member LLC for signature at the next board meeting.
2. **Dietary Update:** Terry has been here for three weeks and has hired the final cook to fill our cook positions. The number of meals has gone up for congregates and staff. There have been some growing pains adjusting to the number of meals, but they are all working together more effectively and are optimistic regarding the changes happening in the department. Terry met with Mary Tvedt, our licensed Dietician, who gave him a list of training materials that will bring him up to speed on healthcare dietary requirements. He will be working with her once he has the last cook trained into the kitchen properly and he can focus on the dietary plans and requirements of the department under the Dietician.

**VII. VIII. NEW BUSINESS**1. **FORGED CHECK:**  During the reconciliation process last month, a fraudulent check was caught. Margie contacted the Bank of Baker and they refunded the amount right away. During the investigation it was noted that the vendor number matched a contract company that we use. The check was deposited via mobile deposit into a PNC Bank account. Margie contacted the contract company and informed them that they may have someone writing fraudulent checks. The Bank of Baker is working with PNC Bank to recover their loss.
2. **TB SKIN TEST UPDATE:** At the February meeting, Curt asked if Public Health was going to reinstate the TB tine tests. This topic needs to be discussed at Medical Staff, and Dr. Sullivan was not able to be at the last Medical Staff meeting, so it will be discussed at the next meeting. An update will be provided at the next board meeting.
3. **AUTOMATED TEXT REMINDERS:** At the February meeting it was asked if we could utilize Thrive to send out text reminders for appointments. Susan Stevens was told that we can, for a fee, as it is not included in our current package. Susan asked for the fee and we are still awaiting an answer. We are hoping to have a number to see if it is doable in our budget. There will be an update to this at the April meeting.

The Board adjourned their regular session having completed the agenda. **IX. CLOSED EXECUTIVE SESSION**.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_David Kirschten, Vice PresidentHeather Schwindt, Recorder and Transcriber |