



DESERT HEALTHCARE DISTRICT

HOSPITAL GOVERNANCE AND OVERSIGHT COMMITTEE MEETING

MEETING MINUTES

March 21, 2019

**Directors Present**

**District Staff Present**

**Absent**

Chair, Vice-President, Les Zendle, MD Director Karen Borja	Chris Christensen, Interim CEO, CFO Stephen Huyck, Accounting Manager Andrea S. Hayles, Clerk of the Board	Lisa Houston, COO
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AGENDA ITEMS	DISCUSSION	ACTION
<b>I. Call to Order</b>	The meeting was called to order at 9:30 a.m. by Chair Zendle.	
<b>II. Introductions</b>	Chair Zendle invited all in attendance to introduce themselves.	
<b>III. Approval of Agenda</b>	Chair Zendle asked for a motion to approve the agenda	<b>Moved and seconded by Director Borja and Vice-President Zendle to approve the agenda as amended. Motion passed unanimously.</b>
<b>IV. Public Comment</b>	No public comments	
<b>V. Approval of Meeting Minutes</b>	Chair Zendle asked for approval of the February 21, 2019 meeting minutes.	<b>Moved and seconded by Director Borja and Vice-President Zendle to approve the agenda. Motion passed unanimously.</b>
<b>VI. Old Business</b>		
<b>1. Amendment – Leapfrog Hospital Safety Grade Upgrade – Christine Langenwalter, MSN, RNC, CENP, Chief Quality Officer</b>	Christine Langenwalter, Chief Quality Officer, explained a revision to last month’s Leapfrog update describing that eleven hospitals within 50 miles of Desert Regional Medical Center reported two hospitals with A scores, eight C scores, and one D. There was also a correction to JFK’s Memorial Hospital with an A in April and a C in October.	
<b>VII. New Business</b>		
<b>1. Hospital Inspection – Desert Regional Medical Center</b>	Chris Christensen, Interim CEO, described the background of the quarterly hospital inspections on a 2-year cycle, also detailing the areas that were inspected on March 5 and introduced	



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	<p>Dale E. Barnhart, Facility Inspection Consultant.</p> <p>Mr. Barnhart explained that he was impressed with the hospital inspection noting minor corrections and some items that may take longer to replace such as signage, laminate replacement, and handrail repairs. Mr. Barnhart also explained that he will work with Desert Regional Medical Center staff to follow-up on corrective measures before the next inspection.</p> <p>Chair Zendle suggests scheduling the first half hour of the inspection for review of the corrective measures and provide a follow-up report. Director Borja explained that as owners of the hospital, the committee should take into consideration staff or committee members accompanying Mr. Barnhart for corrective measure inspection.</p> <p>The committee resolved that the inspector can schedule a review of the corrective measures at and the staff or committee members can participate in the corrective review for critical or safety matters. Mr. Barnhart will report to the committee before the quarterly inspections outlining the status of the corrective measures and any matters that may be pending or carried over in the next quarter.</p> <p>Laura Bruce, RN, Desert Regional Medical Center, expressed</p>	
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<p><b>2. Charity Care Policy and Estimated Dollar Amount Provided for Indigent Care</b></p>	<p>concerns with only one elevator functioning in the Sinatra Tower due to refurbishing.</p> <p>Michele Finney, CEO, Desert Care Network, Desert Regional Medical Center, explained that the hospital is awaiting the approval of the Office of Statewide Health Planning and Development (OSHPD) for the refurbished elevators. Due to the fire alarm system upgrade, approval of the fire alarm system must be completed before the elevators are inspected.</p> <p>The committee suggested and Desert Regional Medical Center staff will possibly reach out to elected officials to try and expedite the inspection.</p> <p>Michele Finney, CEO, Desert Care Network, Desert Regional Medical Center, reported the 2018 data regarding charity and the uninsured discount policies. Ms. Finney defined charity care and eligibility as 200% below the poverty level for costs associated with their care. There were 131 admissions that qualified and 799 outpatient persons totaling 930 eligible patients for charity care with Desert Regional Medical Center writing-off the deduction in value or charges of \$23.8M. The uninsured are defined as 201-350% below the poverty level or their account liability owed is more than 10% of their annual household earnings – qualifying the family for discounted care at a</p>	
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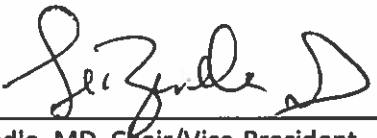
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	<p>Medicaid rate. There were 136 admissions in the uninsured classifications and 3,700 outpatients primarily for the emergency department totaling 3,850 and the charges written-off at the discount rate were \$29M. Both programs totaled 4,800 patients and a \$53M write-off. The hospital publishes the charity care program for community awareness and individuals or families living below the poverty level. Eligibility workers assist to determine the qualifications for government programs. Staff in onboard 24/7 to work with families and 13 trained staff to assist with the confidential application evaluation and qualifications. Patients are notified in writing if they are denied the discounted program. The program policy is published on OSHPD's website for administering the program for equality.</p> <p>On a separate matter, Chair Zendle requested information on the compliance with SB 1152 – Hospital Patient Discharge Process for Homeless Patients since other hospitals are working in cooperation and collaborating to obtain access to shelter beds and other homelessness matters.</p> <p>Michele Finney suggested inviting Kevin Porter, Regional Vice President, Riverside and San Bernardino Counties, California Hospital Association, to discuss</p>	
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	<p>SB 1152 and provide an update on the best practices in the community based, obtain a larger perspective, then contact Eisenhower to invite them to a future meeting to provide an update on their compliance with SB 1152.</p> <p>The committee directed staff to contact Kevin Porter to provide a presentation at the April meeting and report on how various hospitals in the Coachella Valley are addressing homelessness in the hospitals.</p>	
<b>VIII. Adjournment</b>	Chair Zendle adjourned the meeting at 10:20 a.m.	<b><i>Audio recording available on the website at <a href="http://dhcd.org/Hospital-Governance-Oversight-Committee">http://dhcd.org/Hospital-Governance-Oversight-Committee</a></i></b>

ATTEST:   
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 Les Zendle, MD, Chair/Vice-President  
 Hospital Governance and Oversight and Committee

*Minutes respectfully submitted by Andrea S. Hayles, Clerk of the Board*