SAN JUAN HEALTH SERVICE DISTRICT REGULAR BOARD MEETING
SAN JUAN HEALTH BUILDING CONFERENCE ROOM BLANDING, UT
AUGUST 15, 2024 6:00 PM

Present: Chair, Allen Barry: Board Members: Doug Christensen, Paul Sonderegger, Casey Veach and Stephen Williams; Staff: Clayton Holt, CEO; Farley Crofts, CFO; Ashley Reynolds, CNO; Jimmy Johnson, COO; Nick Fox; Skyler Crofts, Deputy Recorder, and others as listed on guest list.

TOPIC	DISCUSSION	CONCLUSION	ACTION
Board Meeting Called to Order:	Allen called the regular meeting to order at 6:06 p.m.	Absent: Steve Simpson	
Board Minutes Approval: July 18, 2024	July 18, 2024 board minutes were reviewed	Minutes will stand as written	
Public Comment:	N/A		
Celebrations:	Farley Crofts shared that we received a card from one of our oncology patients. The program has meant a lot to the patient and her family. Sharing one quote from her card she said, "You will never know the relief felt when I found I could get much of my treatment in Monticello. You should brag about this service, it is a real treasure." The patient mentioned that it was a financial benefit to receive these services locally. This was an unsolicited compliment for our system. The only thing the patient		

	said we could be doing better, would be to advertise what this program has to offer. Allen Barry shared that he became aware of a patient that was receiving care elsewhere, but the patient had a desire to come to Monticello to celebrate the 24th of July and participate in a family reunion. The patient was able to arrange treatment in our facility, and was able to avoid additional travel and didn't have to miss out on anything.		
Vision & Values	Casey Veach read the Vision Statement		
Old/New Business: 1. Replacement Hospital Design Presentation	Building Exterior - Most of the exterior will consist of concrete block - There will be a sloped roof over the main entrance to draw attention and let people know where to enter the building - There will be enough space for two cars to drive up by the entrance, this is done to allow room for drop-off and another lane for bypass by additional traffic		

	- There will also be a drive through canopy at the ER entrance – This canopy is less pronounced so it will not be easily confused as the main entrance - The helipad will be located really close to the building by the ER entrance - Larger windows are planned for the infusion center – this was done to provide light and a pleasant view for those receiving infusion treatments - A pop-up feature in the roof above the nurses station will allow for more natural light into the middle of the facility - The plan includes one paved road, and discussion for a second road is happening now – there will be a second gravel road via the easement roads - The main paved road will not be maintained by the city - The road will need lighting, and the parking lot will require lighting as well – We will do what we can to mitigate the impact of lights for the surrounding houses - We want to try to have a very natural landscape that can be		

	maintained, but will not require as much watering - A storm water retention pond will be put in on the to the east of the facility - There will be opportunities for expansion of the hospital, or to move other structures around the hospital in a campus model - The planned structure is sufficient to handle a lot of growth for our system - There will still be some potential adjustments to the exterior and the landscaping to accommodate snow removal and maintenance Interior Space - There are a few spaces that were added to square up the shell of the building - The empty spaces will be reserved for expansion into new lines of service - A knockout wall will be needed for the MRI room to allow for the eventual replacement of this equipment - Due to the complexity needed for HVAC in a hospital, adequate space has been		

	added for mechanical systems in the building - Ashley did tour several other facilities to get a feel for what options are available now – The tours were a good source of ideas, as well as finding things to avoid Process - We have been utilizing consultants to help with the mechanical and electrical design for the building – this has been very helpful for avoiding unnecessary elements and costs for the project - We are honing in on getting a cost estimate for the building – we do anticipate that the total cost of the building will be close to the anticipated $40M - A lot of work is being put in to remove the ambiguity from the plans to ensure we stay on budget Timeline - The plan is to perform the mass excavation in the fall - We may want to have a groundbreaking ceremony as		

	part of the mass excavation, or the start of construction project in the spring - This will be a good opportunity to bring in and thank those that have been instrumental in the project and have helped with funding		
2. CEO Contract	Contract was presented to the Board for review	Motion made to accept the new CEO contract	Motion: Casey V Second: Doug C Motion Unanimous
3. HIPAA In-Service Training	Part of our HIPAA program dictates that training be provided to all Board Members annually HIPAA is very important from a regulatory standpoint, but it is also a critical factor in keeping the trust of our patients Required Elements: - We must have policies - We must have a privacy officer (Ashley Reynolds) - We must have a security officer (Josh Decker) - We must train all employees on HIPAA laws and prevention		

	- We discipline employees for any violations Board Members - All Board Members are required to follow the same standards as our other employees Violations - The HIPAA team is responsible to review any violations - The investigative process follows a decision matrix to determine what actions are necessary Business Associate Agreements - We have to have an agreement with any vendors or partners that we do business with that would have any access to PHI (Protected Health Information) Notice of Privacy Practices - This is available on our website, the clinics, or available through a QR code - This document outlines patient rights linked to privacy and PHI Security		

	- Several programs are in place to help protect the organization and the PHI we use - One major implementation for our organization is MFA (Multi-Factor Authentication)		
Financial/Statistical: 1. CFO Report	Financials: Revenues: - YTD we are about $2M higher than last year, which is about a 10% increase year over year - Surgery has continued to be successful – Dr Stevens has been helpful in keeping our general surgery program running Bank Balances: - Moving forward we will provide a balance of the construction funds we have available - Our cash balances are up from last month, which is always a great thing Project Funding: - The CIB has granted us access to $5,012,000 in funding		

	- We have the ability to draw funds from this account on a reimbursement basis - We are working with the State to get access to the applications necessary to secure the remainder of the project funding Other: General Surgery: - A surgeon has come to our facility for a site visit - Our staff liked him, and he seemed very interested in us - He is currently working in Gunnison, CO - All of his references have been very positive - A contract has been sent to him, but we are waiting to hear if he will accept - He would start in January 2025 if he accepts		
2. Capital Equipment Budget Update	N/A		
3. Expenditure Review and Approval	N/A		

Goals: 1. Review Goals and Progress	Will be reviewed in October		
Administrative Report: 1. Staffing Update 2. CEO/CNO Report	Provided in the Board Packet CNO: COVID/Infection Control Update: - Seeing a small bump in COVID cases, but they are all mild Trends: - 45 Admissions for the month of July - ER was busier with 159 visits – the percentage of emergent cases were lower - 11 ER patients were transferred out – a number of these were due to our limited general surgery services - Only telehealth service used was tele-stroke Surgery: - 11 orthopedic cases in July – 5 of these were total joint replacements - 11 General Surgery cases		

	- 18 endoscopes - 2 ENT procedures Clinical Projects: Oncology - 36 patients in the program – 15 of these patients are receiving chemo - We are preparing to send another nurse to receive chemo training at IMC – this will give a total of 5 trained nurses - The program is continuing to get a lot of attention – Renee Johnson does a fantastic job at coordinating the program and making sure everything runs smoothly Cardiology - The program is holding steady with full in-person days, and mostly full telehealth days - We are exploring other aspects of cardiology treatment that we can add – any additional services would be performed quarterly GYN Surgery - Next visit from Dr Henderson is Aug 26th		

	- There are already 2 surgeries scheduled, and the clinic spots are filling up fast CEO: N/A		
Sub-Committee Reports: 1. Medical Staff Report	Summary provided in the packet Joint Injection Medication - A new medicine is being used that should help patients that need injections to receive fewer injections - The new medication is also supposed to be safer for diabetic patients CMO Election - Dr Doel's last day will be Oct 6th - In light of his departure, a new Chief Medical Officer will be elected in the next Med Staff Meeting		
2. Credentialing	1. Individuals for credentialing:	Motion made to accept the Medical Staff's recommendation to credential the following:	Motion: Second: Motion Unanimous

		N/A	
	2. Individuals for credentialing:	Motion made to accept the Medical Staff's recommendation to re-credential the following: N/A	Motion: Second: Motion Unanimous
	3. Delegated Credentialing	Motion made to accept the Medical Staff's recommendation to approve the updated schedule C-1 for the following services: Tele-Cardiology Tele-Stroke Tele-Crisis Tele-Oncology	Motion: Casey V Second: Paul S Motion Unanimous
Policy Review & Approval 1. New Policies 2. Existing Policies		Motion made to approve the new, revised, unchanged, and retiring policies as listed in the Board Packet.	Motion: Casey V Second: Paul S Motion Unanimous
Closed Session: 1. Personnel – Character, Professional Competence, or Physical or Mental Health of an Individual 2. Strategy Session to the purchase, exchange, or lease of real property when public		Motion to go into closed session at 7:55 p.m. Stephen Williams – Aye Paul Sonderegger – Ayr Doug Christensen – Aye Casey Veach – Aye Allen Barry – Aye	Motion: Casey V Second: Doug C Motion Unanimous

discussion of the transaction would disclose the appraisal or estimated value of property under consideration or prevent the public body from completing the transaction on the best terms possible		Motion made to go out of closed session at 8:14 p.m.	Motion: Casey V Second: Doug C Motion Unanimous
Other Business 1. Next Meeting Date 2. Medical Staff Meeting	September 19, 2024 in Monticello September 12, 2024		
Adjournment:		Meeting adjourned at 8:16 p.m.	Motion: Casey V Second: Steph W Motion Unanimous

Allen Barry, Chairman

Date 9/19/24