

Meeting Name: Windom Area Hospital Board of Directors' Meeting
AGENDA

Purpose: Provide governance for Windom Area Hospital.

Date/Time/Location: **Monday, September 17, 2018 / 5:30 pm / Large Conference Room**

Members: All Governing Board members

Present:

Absent:

Others:

Recorder: Janel Eichstadt

Category / Topic	Action step(s) / Updates	Leader:
STANDING ITEMS		
Call to Order	Call Windom Area Hospital Governing Board meeting to order at 5:30 p.m. by Board Chairperson.	Dr Michael Fisher
Minutes	Approve Windom Area Hospital Governing Board minutes from regular meeting of August 20, 2018.	Dr Michael Fisher
COMMITTEE REPORTS		
Finance / Personnel / Labor Relations & Building & Grounds	Review committee activities.	Nate Low
Professional Practice / Quality & Planning	Review committee activities.	Kay Gross
OTHER REPORTS		
Medical Staff		Dr S Buhler
City of Windom		Steve Nasby Bryan Joyce
Sanford Health Network		Terry Mahar
Administration	Executive Summary Reports.	Sr Mgmt Tm
WAH Foundation Board	Foundation Board meeting this evening at 6:30 p.m.	Shelby M. / Alice H.
WAH Auxiliary	August meeting minutes included in WAH Governing Board book.	Shelby M.
NEW & OLD BUSINESS		
New Business		Dr Michael Fisher
Old Business		Dr Michael Fisher
CONCLUSION		
	Conclude meeting.	Dr Michael Fisher
Board Education	Nursing Dept Staffing Update-Kathy Becker, RN, DON / Wound Center tour by Nikkie Steen following Board Education	Shelby M.

Meeting Name: Windom Area Hospital Board of Directors' Meeting

MINUTES

Purpose: Provide governance for Windom Area Hospital.

Date/Time/Location: **Monday, August 20, 2018 / 5:30 pm / Large Conference Room**

Present: Dr. Michael B. Fisher, Nate Low, Cindy Espenson, Ann Bartelt, Kay Gross, Laura Fresk, Mary Holmen, Emily Masters/CHRO, Kim Armstrong/ CFO, Shelby Medina/CEO, Terry Mahar/Sanford Health Network VP

Absent: Julie Brugman/Mt. Lake Advisory mbr

Others: Dr. Steph Buhler/Chief of Medical Staff, Steve Nasby/City Administrator, Bryan Joyce/City Council Hospital liaison; Marv Grunig, City Council member; Dirk Abraham, KDOM; Alice Huebert & Sandy Robinson, WAH Foundation members; Mary Klosterbuer, WAH Auxiliary President; Jim Johnson, Windom Baseball Association representative

Recorder: Janel Eichstadt

Category / Topic **Action step(s) / Updates** **Leader:**

STANDING ITEMS

Call to Order

Windom Area Hospital Governing Board meeting was called to order at 5:30 p.m. by Governing Board Chair, Dr. Michael Fisher.

Dr. Michael Fisher

Minutes

M/S/C UNANIMOUSLY TO APPROVE GOVERNING BOARD MINUTES FROM THE REGULAR MEETING OF JULY 16, 2018, AS PRESENTED (BARTELT/GROSS).

Dr. Michael Fisher

COMMITTEE REPORTS

M/S/C UNANIMOUSLY TO APPROVE THE JULY 2018 UTILIZATION AND FINANCIAL PERFORMANCE REPORTS AS PRESENTED (LOW/ESPENSON).

- Total Days Cash on Hand as of July 31, 2018 was 261.
 - FY2019 YTD net loss totaled (\$262,069) on a projected budget of \$160,197.
- M/S/C UNANIMOUSLY TO APPROVE SENDING ACCOUNTS TOTALING \$80,864.03 TO REVENUE RECAPTURE AND APPROVE 8 FINANCIAL ASSISTANCE ACCOUNTS FOR WRITE-OFF TOTALING \$6897.18 (LOW/BARTELT)
- Month 4 of FY2019, Financial Assistance write-offs totaled \$66,495.30 on a fiscal year budget totaling \$200,000. Authorization was granted for the transfer of \$29,034.69 from the Funded Depreciation account to WAH checking account for July capital acquisitions.

Kim Armstrong reviewed the Financial Assistance for Patients with committee members.

Review of the Discipline & Corrective Action Policy and Attendance Standards Policy was presented by Emily Masters.

Discussed future financial donations to community project requests.

Discussed the new RN union contract that has been recently negotiated. Voting for ratification of this new 2-year contract will be taking place in the near future.

One Educational Assistance application was approved totaling \$872.91 from 1 RN to attend SW MN State University at Marshall to obtain her BSN degree.

M/S/C UNANIMOUSLY TO APPROVE 7 RESIGNATIONS FROM 2 REHAB SUMMER INTERNS, 3 RN'S, MAINTENANCE DEPT MANAGER, AND A BUSINESS OFFICE SCHEDULER (LOW/GROSS).

New hires were reported to include one Health Unit Coordinator and one summer intern transferring to a part-time Marketing Coordinator Assistant position.

Education on the WAH Governing Board By-laws did not take place this month due to time constraints.

The WAH Foundation Board continues to seek a Governing board member to fill a vacancy on their board. Foundation bylaws require this vacancy to be filled by a WAH Governing Board member.

Jim Johnson, representative from the Windom Baseball Association, addressed the WAH Governing Board requesting consideration of a donation to the Baseball Association for assist with capital improvement costs at Windom's Island Park.

M/S/C UNANIMOUSLY TO APPROVE A FINANCIAL DONATION TO THE WINDOM BASEBALL ASSOCIATION FOR IMPROVEMENTS TO

Finance / Personnel / Labor Relations & Building & Grounds

Nate Low

ISLAND PARK WITH THE DONATION AMOUNT TO BE DETERMINED AT A FUTURE DATE (FISHER/GROSS).

M/S/C UNANIMOUSLY, UPON RECOMMENDATION FROM THE MEDICAL STAFF, TO APPROVE THE FOLLOWING:

APPOINTMENTS: (GROSS/FRESK)

Stephanie Preister, CNP Cardiology Allied Health Professionals

REAPPOINTMENTS: (GROSS/FRESK)
Stephanie Buhler, MD Family Practice Active
Anthony Sierra, MD OB/GYN Consulting
Timothy Soelster, PA-C Orthopedics Allied Health Professionals

SANFORD TELEMEDICINE APPOINTMENTS:

None

SANFORD TELEMEDICINE REAPPOINTMENTS: (GROSS/FRESK)

Christopher Carlisle, MD Emergency Medicine Telemedicine
Susan Duffek, MD Radiology Telemedicine
Blake Gustafson, MD Emergency Medicine Telemedicine
Robert Harms, MD Emergency Medicine Telemedicine
John Lewis, MD Emergency Medicine Telemedicine
Jamie Sheridan, MD Emergency Medicine Telemedicine
Arleigh Trainor, MD Emergency Medicine Telemedicine

VRAD TELEMEDICINE APPOINTMENTS:

None

VRAD TELEMEDICINE REAPPOINTMENTS: (GROSS/FRESK)

Alan Muraki, MD Teleradiology Telemedicine
Jaime Salvatore, DO Teleradiology Telemedicine
Katherine Tobin, MD Teleradiology Telemedicine

RESIGNATIONS (Informational Purposes Only):

Thomas Carpenter, DO Emergency Medicine Emergency Services
Maria Recio Restrepo, MD Neurology Telemedicine

M/S/C UNANIMOUSLY TO APPROVE WINDOM AREA HOSPITAL COMMITTEE MINUTES FROM THE FOLLOWING MEETINGS AS PRESENTED BY SHELBY MEDINA, CEO (GROSS/FRESK)

- OB COMMITTEE
- ER COMMITTEE
- UTILIZATION REVIEW COMMITTEE
- ENVIRONMENTAL SERVICES/SAFETY/INFECTION PREVENTION COMMITTEE

Patient concern reports were reviewed and deemed to be appropriately addressed.

Patient survey comments were reviewed.

There were no patient safety activity reports to communicate. There were no reportable adverse events for the month.

Governing Board By-laws were not reviewed due to time constraints.

Emily Masters reviewed the Discipline & Corrective Action Policy and Attendance Standards Policy.

OTHER REPORTS

An update was given by Dr. Hartberg on the status of how the Wound & Hyperbaric Healing Center is progressing since opening in late July 2018. Medical Staff approved the Soft Tissue Program which will offer hospital employees and medical staff members the opportunity to receive physical therapy services for instances of strains/sprains for the purpose of being able to continue working or return to work sooner. Emily Masters, Chief Human Resources Officer, gave a PowerPoint presentation on employee turnover rates at Windom Area Hospital.

Medical Staff

Dr S Buhler

Professional Practice / Quality & Planning

Kay Gross

City of Windom	<p>Current focus is on improvement and repair needs at Island Park due to recent river flooding which affected the entire park including the restrooms near the football and baseball field. It was noted the current restrooms are in need of major repairs or replacement to become compliant with ADA guidelines for public use. Replacement cost of the restroom facility is estimated to be approximately \$180,000. Hospital land discussion is on the agenda for the August 2nd City Council meeting. Four city residents have filed for three open seats on the Windom City Council for the November election.</p> <p>The merger between Sanford and the Good Samaritan Society is expected to take place on or around November 1, 2018 as all requirements have been met with approval. Sanford's budget year is changing from a fiscal year to a calendar year format effective January 1, 2019. Terry noted due to this change, budgeting processes for the upcoming new year are currently taking place.</p> <p>Executive reports were given by Sr. Management Team members ~ <i>Chief Financial Officer, Kim Armstrong</i> – MedData Services, which also works with Sanford patients, is now offering their services to Windom Area Hospital patients to assist them with applying for financial assistance programs to help with payment of their medical services rendered by the hospital. <i>Chief Human Relations Officer, Emily Masters</i> – A new walking challenge, “Walk Across MN” recently started for WAH employees lasting 6-weeks. WAH is partnering with the Extension Office on offering the POP program which promotes the use of fresh produce in an individual's eating plans. This program is being looked into for possible promotion in the WIC program. Emily noted in her Executive Summary she will be noting donation highlights from WAH to community events. <i>Chief Executive Officer, Shelby Medina</i> – Shelby noted she had no additional information to report from her summary.</p>	Steve Nasby Bryan Joyce
Sanford Health Network		Terry Mahar
Administration	<p>WAH Foundation Board did not meet in August. The Foundation is seeking one Governing board member to fill a board vacancy as required by WAH Foundation Bylaws.</p> <p>July Auxiliary meeting minutes were included in WAH Governing Board book. Raffle tickets are currently being sold with proceeds to be applied towards the purchase of a piece of equipment for the Rehabilitation Dept. A drawing for 3-\$50 Chamber Buck certificates will be taking place September 18th at 10:15 a.m. on KDOM's Kaleidoscope program.</p>	Sr. Mgmt Team Mbrs
WAH Foundation Board		Shelby M. / Alice H.
WAH Auxiliary		Shelby M.
OLD & NEW BUSINESS		
New Business FY2018 Audit Report	<p>Korey Boelter, Principal auditor from CliftonLarsonAllen, reported on the FY2018 audit completed in June. He shared the Independent Auditor's Report stated this was an “unmodified opinion”, which is the best audit report a business can receive. He reported a total increase in net position of approximately \$648,000 to \$18.82m in FY2018. In FY2017 net position increased by approximately \$532,000 to \$18.17m. The change in net position results primarily from operating results, and the income impact of GASB Statement 68. Due to increased outpatient volume during the fiscal year, net patient service revenue increased by approximately 1.1% in comparison to FY2017. FY2018 revenue deductions which included uncollectable patient service revenue due to contractual agreements, government reimbursement policies, and bad debts increased approximately 25% from FY2017. FY18 operating margin was at 0.8% in comparison to FY17 of 1.2%. The operating margin is operating income as a percentage of net patient service revenue plus other operating revenues. The Total Operating Margin, which reflects excess revenue over expenses as a percentage of total revenues, including non-operative revenues was at 2.5% for FY2018 which remained the same from FY2017. It was noted the Discount Percentage, which measures the amount of hospital charges not actually collected, saw an increase to 41.9% in FY2018 in comparison to 36.9% in FY2017. Days Cash on Hand at the end of FY18 was at 285. Net days in Accounts Receivable were 49, which is an increase from FY17, which was 44 days. Average Age of Plant increased to 9.3 for FY18 in comparison to 8.0 in FY17.</p> <p>M/S/C UNANIMOUSLY TO ACCEPT AND APPROVE THE FY2018 FINAL AUDIT REPORT AS PRESENTED BY CLIFTONLARSONALLEN (BARTLET/GROSS).</p>	Dr Michael Fisher
Old Business	<p>WAH Governing Board members were informed by Dr. Fisher of a recent meeting outcome between Avera representatives, Mark Vortherms, VP of Primary Care and David Grissner, CFO, and Sanford Health Network VP, Terry Mahar, Shelby Medina, WAH CEO, and himself to discuss a parcel of land on the hospital campus being considered as a possible site for construction of a new Avera clinic. The meeting outcome pertaining to the parcel of land on the hospital campus was Mr. Vortherms and Mr. Grissner agreed to speak with providers at Windom's Avera clinic informing them of Windom Area Hospital's intentions of not having interest in selling this piece of land but using it for future growth of hospital services. The local Avera providers were agreeable to consider other land prospects in the community that would be suitable for construction of a new medical clinic. However, the providers requested the option of reconsidering this parcel of land if they felt other property options did not meet</p>	Dr Michael Fisher

	<p>their needs. Discussion between these two groups was also held on exploring potential shared services between Windom Area Hospital and Avera Clinic in the future. Both groups were in agreement to explore current and future opportunities for shared services.</p> <p>Dr. Fisher requested a rollcall vote from Windom Area Hospital Governing Board members to answer the question, “<i>Do you want the parcel of land on Windom Area Hospital’s campus to be sold which would affect future growth of hospital services?</i>” WAH Board member rollcall responses to the posed question are as follows: Mary Holmen-NO, Kay Gross-NO, Cindy Espenson-NO, Laura Fresk-NO, Nate Low-NO, Ann Bartelt-NO, and Dr. Michael B. Fisher-NO. Roll call vote was unanimous with Windom Area Hospital Governing Board members not in favor of selling the parcel of land on the campus of Windom Area Hospital.</p>	
Executive Session	M/S/C UNANIMOUSLY TO CONCLUDE THE REGULAR BUSINESS OF THE WINDOM AREA HOSPITAL GOVERNING BOARD MEETING AND ENTER INTO A CLOSED SESSION REGARDING STAFFING DISCUSSION AND CEO ANNUAL REVIEW DISCUSSION (GROSS/BARTELT) Meeting was re-opened at the conclusion of the closed session.	Dr. Michael Fisher
CONCLUSION		
Board Education	Board Chair, Dr. Michael Fisher, concluded the Windom Area Hospital Governing Board meeting.	Dr. Michael Fisher
	There was no board education due to the Clifton Larson Allen audit presentation.	Shelby M.

Signature _____, Ann Bartelt, Governing Board Secretary

WINDOM AREA HOSPITAL
GOVERNING BOARD EXECUTIVE SUMMARY
as of September 10, 2018
WAH MISSION: "Dedicated to Health"

CHIEF EXECUTIVE OFFICER REPORT

- **Introduction to Medical Careers Class**
 - WAH is partnering with Windom Area and Jackson school systems and SWWC to host the second year of the *Introduction to Medical Careers* class. The class instructors are Jim Axford and Amy McNamara and will be held every Tuesday and Thursday morning. We have fourteen students this year. This is a great opportunity to introduce students to the vast variety of potential career opportunities in the healthcare industry. Students may receive college credits for successfully completing the class.

- **Emergency Preparedness**
 - Greg Holt, Emergency Preparedness Coordinator, is working with the Windom Area Fire Department to provide facility tours of WAH for the purpose of acclimating our local fire fighters in identifying the locations of the hospital's fire suppression system, oxygen valve shut offs, locations of confined spaces, etc.

- **Nursing**
 - The Senior Manager in Youth Marketing for Minnesota Vikings contacted WAH to notify us of a new program that will be offered. The Minnesota Vikings will provide every Minnesota newborn baby born on a Viking game day a '*Viking Newborn Kit.*' These will be provided free of charge and include the following: *a welcome letter/information sheet, Vikings-branded Halo Swaddle, and baby Milestone Stickers.* The program will run from September 9 through February 3, 2019 (Super Bowl Sunday).
 - We have hired a new surgery manager, Laura Penner. Laura comes to us from St. James with many years of surgery experience. Micara Kolander will remain on contract to provide support until Laura is fully trained.

- **Organizational Updates**
 - Due to recent leadership changes WAH's organizational chart is being evaluated. A revised organizational chart will be presented in October.

- **Wound and Hyperbaric Healing Center Updates**
 - Current center statistics are as follows (July 23 – August 31)
 - WC encounters = 38
 - Nurse visits = 8
 - New patients = 13
 - HBOT = 1

WINDOM AREA HOSPITAL
GOVERNING BOARD EXECUTIVE SUMMARY
As of September 13, 2018
WAH MISSION: "Dedicated to Health"

CHIEF FINANCIAL OFFICER REPORT

Accounting Manager

- We are recruiting for an Accounting Manager to supervise accounting procedures to ensure the integrity of financial data and keep the proper segregation of duties. CFO duties will focus on evaluating and advising on the financial impacts of short and long-term strategic financial initiatives; which may include operations assessments, value based reimbursement, benchmarking, etc. The Accountant will process accounts payable, reconcile financial transactions, maintain property records, assist in processing payroll, and develop and initiate reports for facility staff.

Staff Cross Training

- Managers continue to work with staff on ways to cross train registration, scheduling, and outreach staff to provide for better coverage and decreased patient wait time.

WINDOM AREA HOSPITAL
GOVERNING BOARD EXECUTIVE SUMMARY
as of September 13, 2018
WAH MISSION: "Dedicated to Health"

CHIEF HUMAN RELATIONS OFFICER REPORT

Human Resources

- We are currently recruiting for the following positions:
 - Patient Access Rep PRN
 - Dietary Aide/Cook
 - Housekeeper
 - Accounting Manager
 - Fitness Specialist
 - Radiology Tech/Sonographer
- Anita Eichstadt, RN was recently recognized as our Employee of the Quarter through our Caught you Caring program.

Marketing/Public Relations/Foundation

- The Windom Area Chamber of Commerce has nominated WAH for the 2018 Exceptional Achievement award, along with 3 other organizations. The winner will be voted on and be announced at the Gala on November 1st. Board members are encouraged to attend, more details to follow.
- We have been recognized with the Bright Idea Award through the South Dakota Association of Healthcare Organizations (SD version of MDH) for our path marketing and publicity. We will receive an award at their state conference on September 20th and present on the project next Spring at a marketing conference.
- Reminder that the Tammy Hall Breast Health Walk will be held on October 6th. Registration is open and raffle tickets are being sold. Board members interested in purchasing or helping, please see Emily.
- We recently hit 1,000 'likes' on Facebook. Cake was served to staff in celebration!

Community/Employee Health and Wellness

- Letters were sent to all clinics informing them of our free monthly taste tests. Clinic staff, as well as patients, are invited to come to the hospital to try out healthy food alternatives.
- We are working with SHIP (State Health Improvement Program) to be their county contractor for worksite wellness. Details are being finalized to be presented to the SHIP board in October.

August – Donations/Events

- Donation to the Mt. Lake Backpack program/Center Point Church.
- Donation to Cottonwood County Sheriff/National Child Safety Council
- Donation to MN Association of Healthcare Volunteers
- Employees donated \$305 to future updates of WAH's Cancer Care Room through our Friday Jeans Fund! We are currently raising funds through this program for the Windom Area School's Backpack program, providing food/snacks to kids in need for the weekend.

Meeting Name: Windom Area Hospital Finance/Personnel/Labor Relations & Building & Grounds Committee

AGENDA

Purpose: Review and recommend annual operating budget and capital expenditure plan, review and recommend capital expenditures, review and evaluate monthly financial reports, review and recommend approval of annual audit report, and recommend board approval to agenda items as requested.

Date/Time/Location: Monday, September 17, 2018 / 3:00-4:30pm / Nursing Conference Room

Members: Ann Bartelt, Nate Low, Cindy Espenson, Dr. Michael Fisher-ex officio, Julie Brugman/Mt Lk Advisory Mbr, Kim Armstrong/CFO; Emily Masters/CHRO, Shelby Medina/CEO

Present:
Absent:
Others:

Facilitator: Nate Low, Chairperson
Recorder: Janel Eichstadt

Category / Topic	Action step(s) / Updates	Leader:
STANDING ITEMS		
Call to Order	Call Finance/Personnel/Labor Relations & Building & Grounds meeting to order at 3:00 p.m. by Committee Chair.	Nate L.
Minutes	Approve minutes from regular meeting of August 20, 2018. (Cmte Motion)	Nate L.
Statistical & Financial Performance Reports	Review & recommend approval of reports. (Cmte Motion / Bd Motion)	Kim A.
Revenue Recapture & Financial Assistance	Review & recommend approval of accounts. (Cmte Motion / Bd Motion)	Kim A.
Funded Depreciation Transfer	Review & approve Funded Depreciation account transfer. (Cmte Motion)	Kim A.
Educational Assistance Applications	Review & recommend approval of application(s) for educational assistance. (Cmte Motion)	Kim A.
Employee Resignations	Review & recommend acceptance of resignations / terminations. (Cmte Motion / Bd Motion)	Emily M.
New / Dept Transfer Employees	Report of employees recently hired / transferred.	Emily M.
FOLLOW-UP ITEMS		
Foundation Board Member Vacancy	WAH Foundation Board vacancy - need one Governing board member.	Shelby M
Governing Board By-laws Education	Review of Windom Area Hospital Governing Board By-laws.	Shelby M.
Rebranding Update	Identified rebranding design logo and name design selection. Future steps required.	Emily M
CURRENT ITEMS		
Rehabilitation Dept Project	Status update on remodeling project.	Shelby M

Windom Baseball Assoc Fund Request	Determine fund amount to be pledged to Windom Baseball Association to assist with replacing bleachers damaged by flooding	Shelby M.
Board Policy Review	Review following Governing Board policies and recommend approval (<i>Cmte Motion / Bd Motion</i>) <ul style="list-style-type: none"> • Financial Assistance to Patients, to include follow-up discussion from August mtg • Educational Assistance Plan & Articles • Use of Credit Cards • Investments • Collections 	Kim A.
CONCLUSION		
	Conclude meeting.	Nate L.

Meeting Name: Windom Area Hospital Finance/Personnel/Labor Relations & Building & Grounds Committee
MINUTES

Purpose: Review and recommend annual operating budget and capital expenditure plan, review and recommend capital expenditures, review and evaluate monthly financial reports review, recommend annual audit report and recommend board approval to agenda items as requested.

Date/Time/Location: Monday, August 20, 2018 / 3:00-4:30pm / Nursing Conference Room

Facilitator: Nate Low, Chairperson

Members: Ann Bartelt, Nate Low, Cindy Espenson, Dr. Michael Fisher-ex officio, Julie Brugman/Mt Lk Advisory Mbr, Kim Armstrong/CFO, Emily Masters/CHRO, Shelby Medina/CEO

Present: Ann Bartelt, Nate Low, Cindy Espenson, Dr. Michael Fisher-ex officio, Julie Brugman/Mt Lk Advisory Mbr, Kim Armstrong/CFO, Emily Masters/CHRO, Shelby Medina/CEO, Terry Mahar/Sanford Health Network VP
 Absent:
 Others:

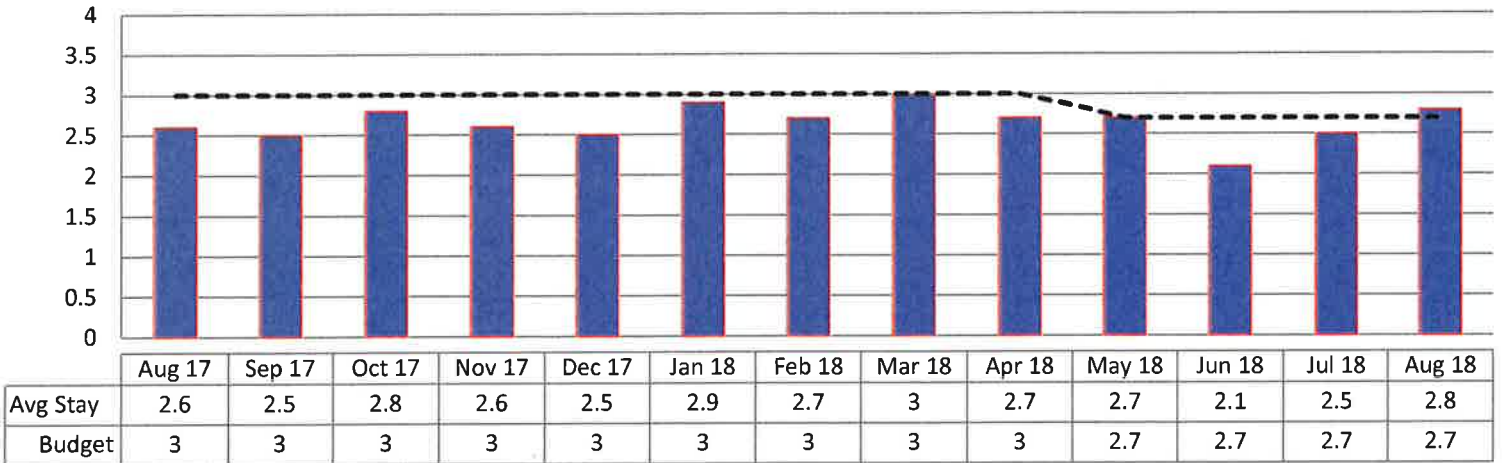
Recorder: Janel Eichstadt

Category / Topic	Action step(s) / Updates	Leader:
STANDING ITEMS		
Call to Order	Finance/Personnel/Labor Relations & Building & Grounds Committee meeting was called to order at 3:00 p.m. by Chairperson, Nate Low.	Nate L.
Minutes	M/S/C UNANIMOUSLY TO APPROVE MINUTES FROM THE REGULAR MEETING OF JULY 16, 2018 (BRUGMAN/BARTELT).	Nate L.
Statistical & Financial Performance Reports	Review of the July 2018 statistical and utilization graphs was completed by Kim. The month's total patient revenue was below budget projections; contractual adjustments as a percentage of revenue were above budget projections; total operating expenses were below budget expectations; net operating revenue and expenses factored together left a net loss totaling (\$262,069). FY2019 year-to-date net income totals (\$347,914) on a projected budget of \$160,197. Days in A/R were 43.63 and Days Cash on Hand totaled 261. Kim noted on the Income Statement for July, the monthly Medicare "true-up" entry discussed at June's committee meeting was included in the contractual adjustment line item for the month of July. M/S/C UNANIMOUSLY TO RECOMMEND APPROVAL OF THE JULY 2018 STATISTICAL AND FINANCIAL PERFORMANCE REPORTS AS PRESENTED (BARTELT/BRUGMAN)	Kim A.
Revenue Recapture & Financial Assistance	M/S/C UNANIMOUSLY TO RECOMMEND APPROVAL TO SEND ACCOUNTS TOTALING \$80,864.03 TO REVENUE RECAPTURE AND RECOMMEND THE FOLLOWING ACCOUNTS FOR FINANCIAL ASSISTANCE: TOTAL OF 4 NEW APPLICATIONS-2 APPROVED AT 100%; 1 APPROVED AT 75%; 1 APPROVED AT 0% WRITE-OFF TOTALING \$6090.91; APPROVE 2 PREVIOUSLY APPROVED FINANCIAL ASSISTANCE ACCOUNTS TOTALING \$273.28; AND APPROVE 2 ACCOUNTS WITH BALANCES UNDER \$1500 TOTALING \$532.99; WITH ALL ACCOUNTS SUBMITTED FOR WRITE-OFF TOTALING \$6897.18 (BARTELT/ESPENSON). In month 4 of FY2019, accounts totaling \$66,495.30 have been approved for Financial Assistance on a budget of \$200,000.	Kim A.
Funded Depreciation Transfer	M/S/C UNANIMOUSLY TO AUTHORIZE THE TRANSFER OF \$29,034.69 FROM FUNDED DEPRECIATION TO THE CHECKING ACCOUNT FOR JULY 2018 CAPITAL ACQUISITIONS (BRUGMAN/BARTELT)	Kim A.
Educational Assistance Applications	M/S/C UNANIMOUSLY TO APPROVE \$872.91 IN EDUCATIONAL ASSISTANCE FOR A REGISTERED NURSES TO ATTAIN THEIR BSN DEGREE FROM SW MN STATE UNIVERSITY AT MARSHALL (BRUGMAN/ESPENSON).	Kim A.
Employee Resignations	M/S/C UNANIMOUSLY TO RECOMMEND APPROVAL OF THE FOLLOWING RESIGNATIONS: 2 REHAB INTERNS; 2 PRN RN's & 1 FT RN; MAINTENANCE DEPT MANAGER; AND BUSINESS OFFICE SCHEDULER;(BARTELT/ESPENSON).	Emily M.
New / Dept Transfer Employees	Emily reported the following new hires: Health Unit Coordinator and a summer intern transferred to a part-time position as Marketing Coordinator.	Emily M.
FOLLOW-UP ITEMS		
Governing Board By-laws Education	Due to time constraints, review of Windom Area Hospital Governing Board By-laws did not take place this month.	Shelby M.

Foundation Board Member Vacancy	Shelby reminded committee members of the board member opening on the Windom Area Hospital Foundation Board. This position is to be filled by a WAH Governing Board member as required by WAH Foundation By-laws. WAH Foundation's next meeting is scheduled for September 17, 2018.	Shelby M
CURRENT ITEMS		
Board Policy Review	Upon request from committee members at the June Finance committee meeting, Kim lead discussion and reviewed the Financial Assistance for Patients Policy, which is used to determine an applicant's eligibility to receive financial assistance on debts owed to Windom Area Hospital for past healthcare services. Discussion was also held regarding the duration of time an applicant's financial assistance request may be retroactive to in order to still be eligible to be considered for financial assistance consideration. Kim was in agreement to research the question regarding what a reasonable length of time for a financial assistance application should be in order to be eligible to seek financial assistance consideration. She noted her findings will be reported at an upcoming meeting.	Kim A.
Discussion on WAH Policies	Emily shared information regarding two Windom Area Hospital policies, Discipline & Corrective Action Policy and Attendance Standards Policy. She referenced employee discipline and attendance protocols documented within each policy and guidelines used when addressing disciplinary concerns and/or attendance standards with an employee. Emily noted in most circumstances employees are counseled, along with the employee's manager, through the appropriate steps documented in the policies to correct the identified situation, unless the presented problem is a gross violation of Windom Area Hospital's policies, which termination of employment from Windom Area Hospital is opted for. Emily also shared processes for offering exit interviews to those employees who resigned from their position at the hospital.	Emily M
RN Union Contract	Shelby stated a new 2-year RN contract has been successfully negotiated between the RN Union and Windom Area Hospital. She stated the new contract will be voted on by the RN's in the near future. The new contract includes a 2% wage increase per year for the RN's.	Shelby M
Future Financial Planning	Shelby noted a representative from the Windom Baseball Association will be in attendance at this evening's Governing Board meeting requesting an allocation of funds from Windom Area Hospital to assist with capital projects at Windom's Island Park baseball/football field area due to damages caused by recent flooding from this spring/summer's rains.	Shelby M
Hospital Parcel of Land	Dr. Fisher shared information from a recent meeting held with two Avera representatives and Terry Mahar, Sanford Health Network VP, Shelby Medina, and himself regarding a parcel of land on Windom Area Hospital's campus which Avera is expressing interest in possibly purchasing for the purpose of building a new clinic building for their Windom providers. Also included in this discussion was suggestions of possibly partnering together of shared medical services in the future. Dr. Fisher noted a roll call vote will be taken at the Governing Board meeting to address if the Windom Area Hospital Governing Board is interested in selling this parcel of land. No action or further discussion was addressed on this topic at this meeting.	Shelby M / Dr. M. Fisher
CONCLUSION		
	Committee Chair, Nate Low, concluded the meeting of the Finance/Personnel/Labor Relations & Building & Grounds Cmte.	Nate L.

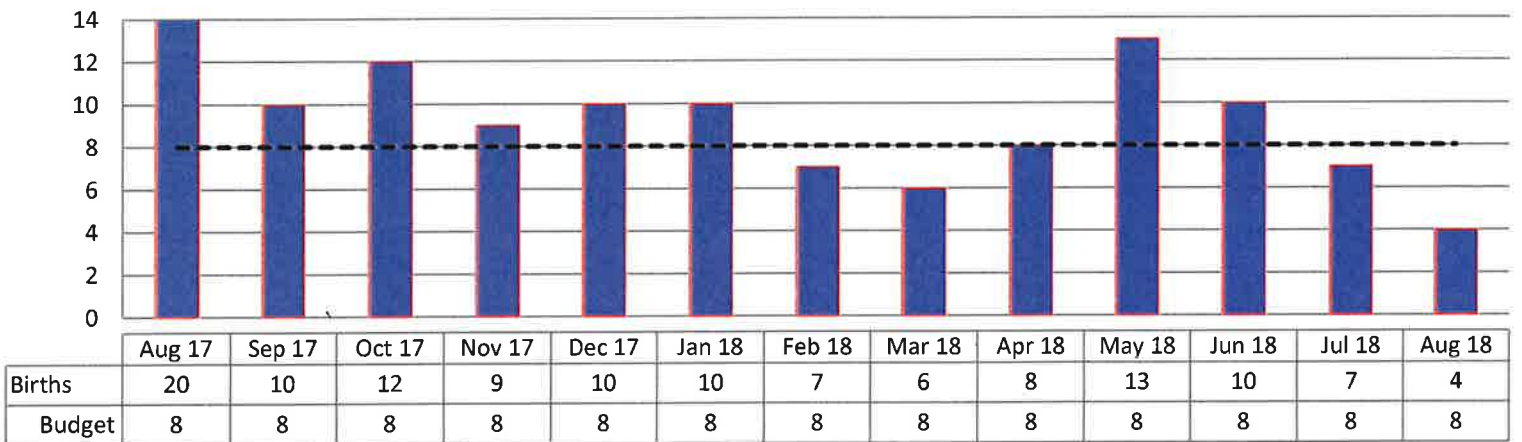
AVERAGE LENGTH OF STAY

Avg Stay Budget



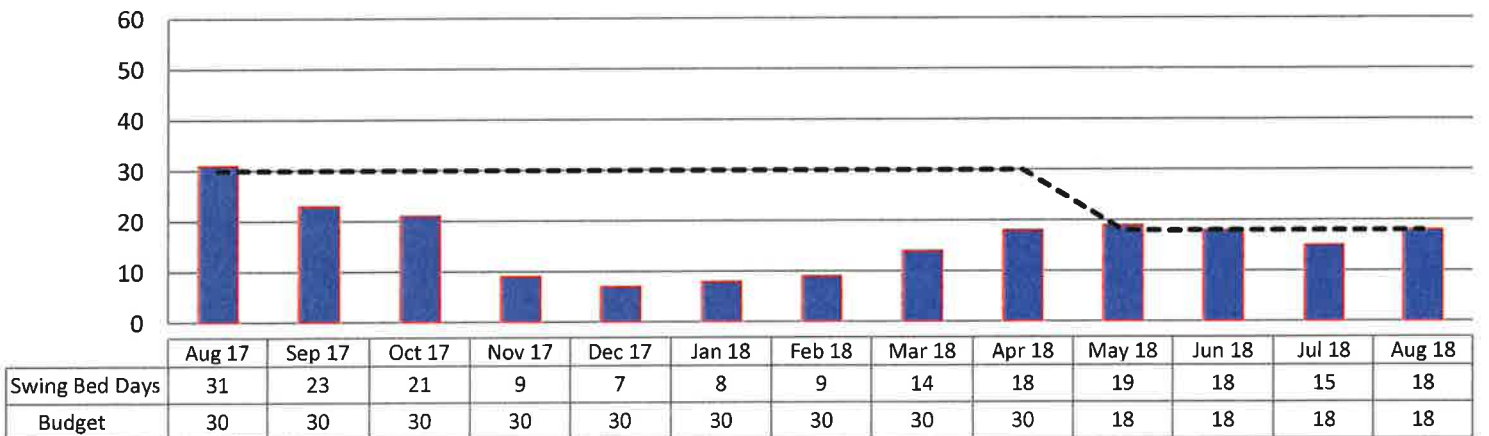
BIRTHS

Births Budget



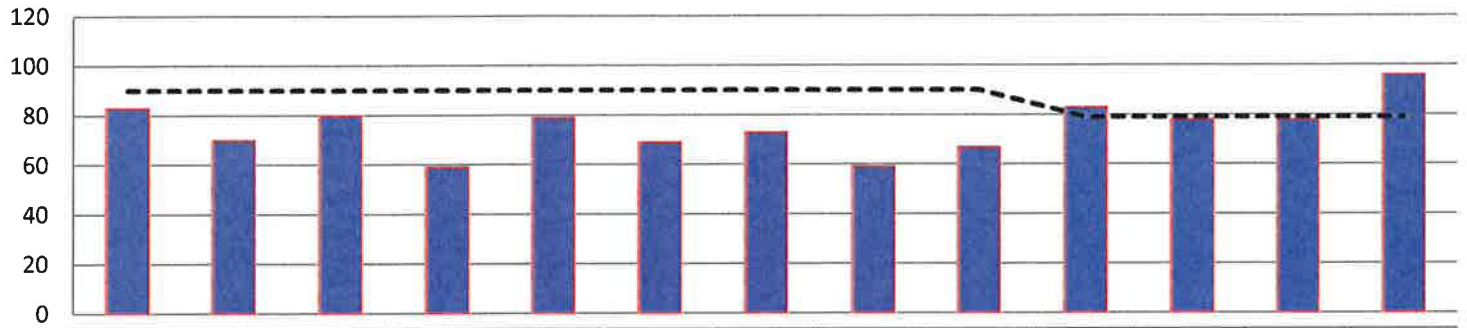
SWING BED DAYS

Swing Bed Days Budget



SURGERY

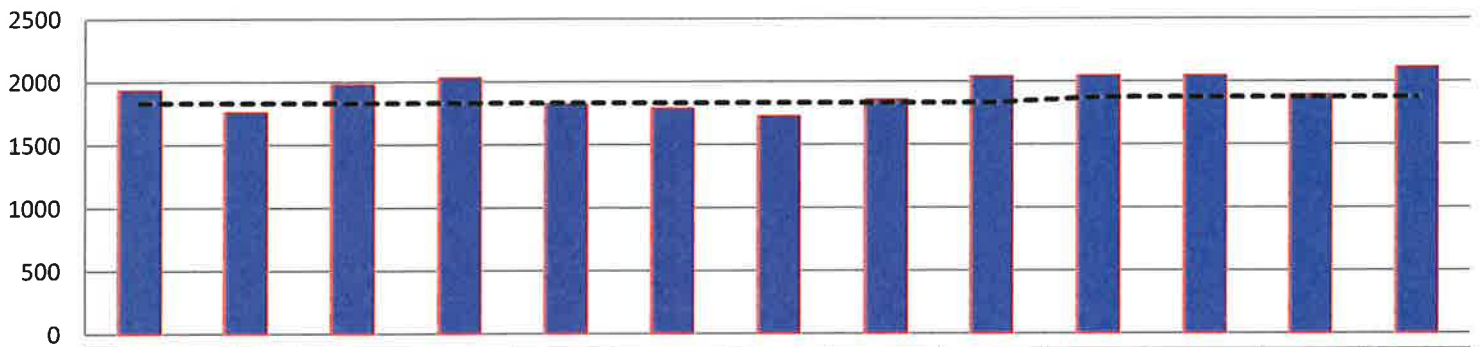
Surgery Budget



	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18
Surgery	83	70	80	59	79	69	73	59	67	83	78	78	96
Budget	90	90	90	90	90	90	90	90	90	79	79	79	79

OUTPATIENT OCCASIONS OF SERVICE

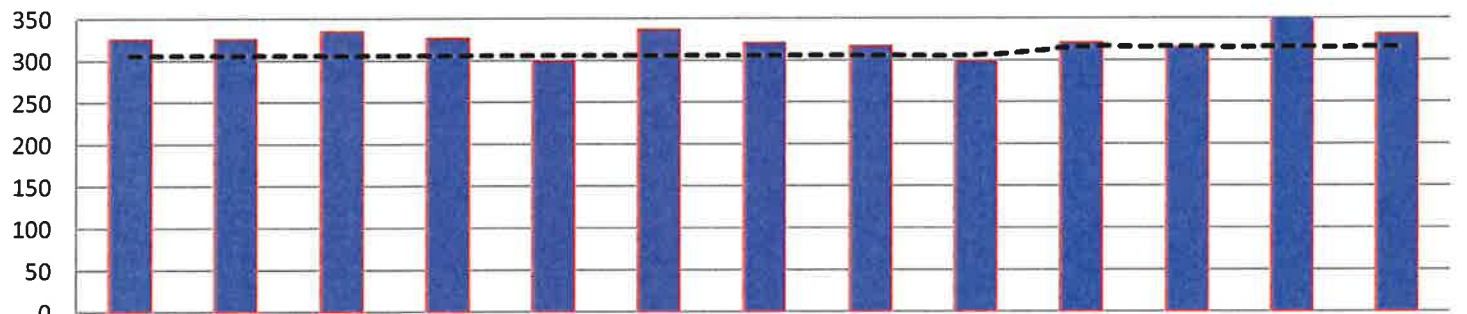
OP Visits Budget



	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18
OP Visits	1935	1759	1979	2033	1828	1790	1729	1857	2042	2046	2045	1895	2111
Budget	1833	1833	1833	1833	1833	1833	1833	1833	1833	1875	1875	1875	1875

EMERGENCY VISITS

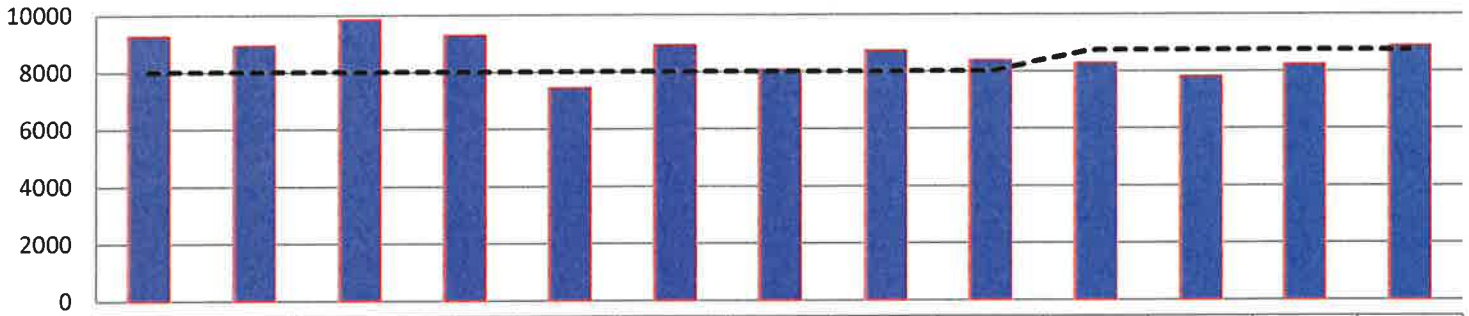
ER Visits Budget



	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18
ER Visits	326	326	335	327	300	337	321	317	299	321	315	367	331
Budget	306	306	306	306	306	306	306	306	306	316	316	316	316

LAB PROCEDURES

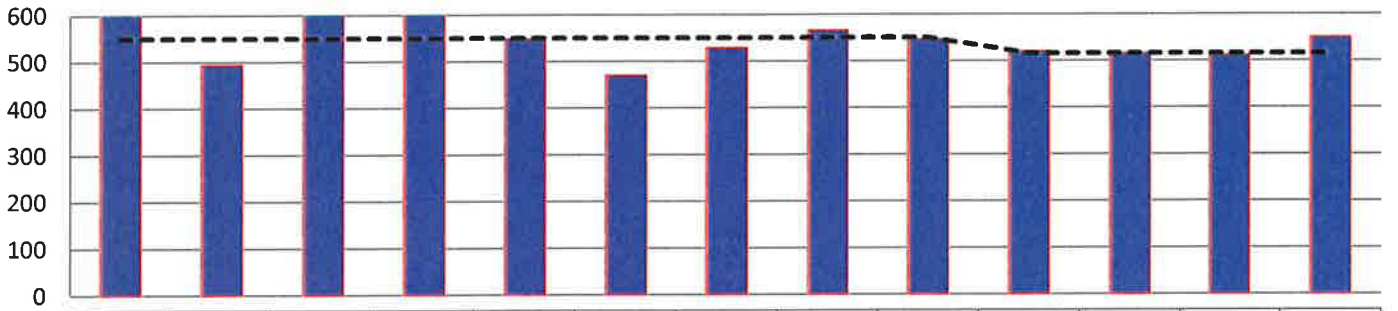
Lab Proc Budget



	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18
Lab Proc	9277	8946	9848	9295	7451	8941	8080	8735	8388	8295	7816	8227	8889
Budget	8017	8017	8017	8017	8017	8017	8017	8017	8017	8750	8750	8750	8750

IMAGING PROCEDURES

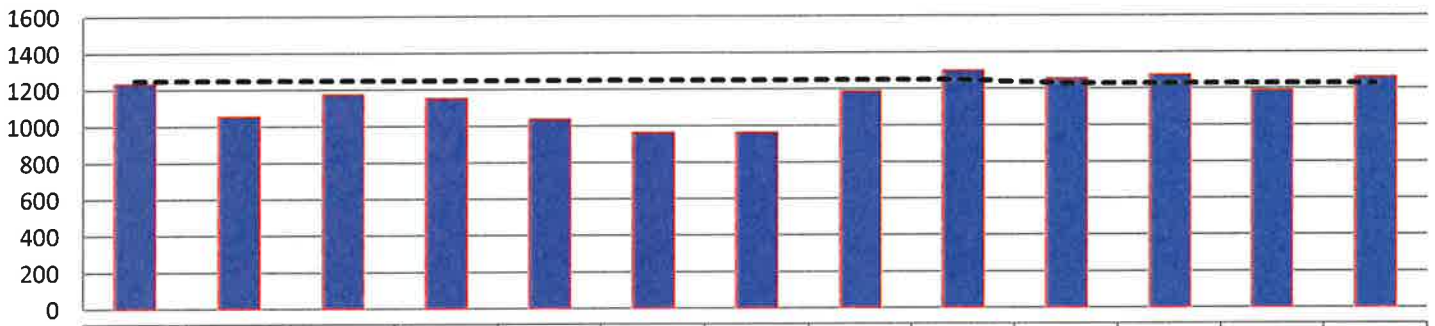
Imaging Proc Budget



	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18
Imaging Proc	624	494	631	634	549	470	529	566	547	520	516	512	550
Budget	550	550	550	550	550	550	550	550	550	516	516	516	516

REHAB MODALITIES

Rehab Modalities Budget



	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18
Rehab Modalities	1233	1055	1174	1152	1036	963	963	1187	1300	1255	1274	1189	1263
Budget	1250	1250	1250	1250	1250	1250	1250	1250	1250	1229	1229	1229	1229

WINDOM AREA HOSPITAL
BALANCE SHEET

08/2018 (month 4)

ASSETS:

CURRENT ASSETS

Cash in Bank	3,958,001
Flex Plan Fund	21,912
Designated Savings	3,266,788
Accounts Receivable	4,349,372
A/R Medicare Prosp Payment	(1,491,249)
Allowance Doubtful Accts	(348,000)
A/R Finance Billing	23,250
Inventories	187,337
Prepaid Expenses	188,940
Prepaid Defined Pension	1,949,913
Employee Loan Receivable	112,496
TOTAL CURRENT ASSETS	12,218,760

Board Designated Investment	4,517,706
Held by Trustee	398,331
TOTAL ASSETS LIMITED	4,916,037

FIXED ASSETS

Land	270,594
Land Improvements	2,996,673
Buildings	12,180,010
Fixed Equipment	7,200,035
Major Movable Equipment	4,999,846
Construction in Progress	785,691
SUB-TOTAL FIXED ASSETS	28,432,849

LESS-ACCUM DEPRECIATION	(12,907,963)
TOTAL FIXED ASSETS	15,524,886

TOTAL ASSETS **32,659,683**

LIABILITIES:

CURRENT LIABILITIES

Accounts Payable	589,994
Third Party Settlement	287,629
Accrued Wages	277,397
Accrued Vacation	623,306
Accrued Benefits	534,872
Accrued Health Ins Premiums	4,866
Accrued Interest	56,570
Other Current Liabilities	2,374,634
TOTAL CURRENT LIABILITIES	2,374,634

LONG TERM LIABILITIES

Min Pension Liability	7,559,367
Long Term Debt, less current maturities	4,685,667
TOTAL LIABILITIES	14,619,668

NET ASSETS

Net Asset Balance	18,040,015
-------------------	------------

TOTAL LIABILITIES & NET ASSETS

32,659,683

Windom Area Hospital
INCOME STATEMENT

	8/31/2018		8/31/2019		Y-T-D 2018		Budget 2019		Revenue Comparison	
	8/31/2018	Revenue Comparison	Budget 2019	Revenue Comparison	Y-T-D 2018	Revenue Comparison	Budget 2019	Revenue Comparison	Budget 2019	Revenue Comparison
PATIENT REVENUE										
Inpatient Revenue	\$653,231	20.21%	\$489,484	17.74%	\$2,332,889	20.74%	\$1,957,936	17.74%	\$1,957,936	17.74%
Outpatient Revenue	\$2,578,525	79.79%	\$2,269,776	82.26%	\$8,916,262	79.26%	\$9,079,104	82.26%	\$9,079,104	82.26%
Total Patient Revenue	\$3,231,756	100.00%	\$2,759,260	100.00%	\$11,249,151	100.00%	\$11,037,040	100.00%	\$11,037,040	100.00%
Contractual Adjustments	\$1,563,777	48.39%	\$1,090,185	39.51%	\$5,122,344	45.54%	\$4,360,740	39.51%	\$4,360,740	39.51%
Other Income	\$13,514	0.42%	\$12,766	0.46%	\$55,617	0.49%	\$51,064	0.46%	\$51,064	0.46%
NET OPERATING REVENUE	\$1,681,493	100.00%	\$1,681,841	100.00%	\$6,182,424	100.00%	\$6,727,364	100.00%	\$6,727,364	100.00%
EXPENSE										
Employee Salaries	\$603,633	35.90%	\$643,236	38.25%	\$2,360,100	38.17%	\$2,572,944	38.25%	\$2,572,944	38.25%
Employee Benefits	\$181,279	10.78%	\$185,058	11.00%	\$698,714	11.30%	\$740,232	11.00%	\$740,232	11.00%
Pharmaceuticals	\$179,536	10.68%	\$76,667	4.56%	\$515,563	8.34%	\$306,668	4.56%	\$306,668	4.56%
Supplies	\$113,000	6.72%	\$85,275	5.07%	\$435,709	7.05%	\$341,100	5.07%	\$341,100	5.07%
Rents & Utilities	\$28,755	1.71%	\$28,205	1.68%	\$113,466	1.84%	\$112,820	1.68%	\$112,820	1.68%
Purchased Services	\$358,175	21.30%	\$317,593	18.88%	\$1,344,066	21.74%	\$1,270,372	18.88%	\$1,270,372	18.88%
Purchased Services Interco	\$10,680	0.64%	\$16,433	0.98%	\$71,543	1.16%	\$65,732	0.98%	\$65,732	0.98%
Other Direct Expenses	\$107,061	6.37%	\$133,352	7.93%	\$375,291	6.07%	\$533,408	7.93%	\$533,408	7.93%
Provision for Bad Debts	\$63,361	3.77%	\$16,665	0.99%	\$214,155	3.46%	\$66,660	0.99%	\$66,660	0.99%
Depreciation	\$110,268	6.56%	\$123,948	7.37%	\$440,406	7.12%	\$495,792	7.37%	\$495,792	7.37%
Total Operating Expense	\$1,755,748	104.42%	\$1,626,432	96.71%	\$6,569,013	106.25%	\$6,505,728	96.71%	\$6,505,728	96.71%
Income (loss) From Operations	(\$74,255)	-4.42%	\$55,409	3.29%	(\$386,589)	-6.25%	\$221,636	3.29%	\$221,636	3.29%
Investment Income	\$10,786	0.64%	\$13,500	0.80%	\$37,393	0.60%	\$54,000	0.80%	\$54,000	0.80%
Other Revenue/(Expenses)	(\$15,021)	-0.89%	(\$15,510)	-0.92%	(\$64,533)	-1.04%	(\$62,040)	-0.92%	(\$62,040)	-0.92%
Non Operating Rev/Exp	(\$4,235)	-0.25%	(\$2,010)	-0.12%	(\$27,140)	-0.44%	(\$8,040)	-0.12%	(\$8,040)	-0.12%
Increase in Net Assets	(\$78,490)	-4.67%	\$53,399	3.18%	(\$413,729)	-6.69%	\$213,596	3.18%	\$213,596	3.18%

FY 2019									
CAPITAL ASSET ACQUISITIONS									
Yrs.	Capital Asset	Vendor	Asset class	May	June	July	August		
20	Boiler Chiller Project	Kraus Andersen	Fixed	77,584.78					
20	Roof Work for Wound Center	Bargen X 2	CIP	3,526.17					
	Wound Center Pay App	Kraus Andersen	CIP	154,890.07					
	Wound Center Architech Fees	I & S Group	CIP	5,654.40					
	Therapy/Conf Rm Reno	I & S Group	CIP	1,832.94					
	Wound Center	Kraus Andersen	CIP		225,896.66				
	Wound Center Architech Fees	I & S Group	CIP	5,654.40					
	Therapy/Conf Rm Reno	I & S Group	CIP		2,683.15				
	Therapy/Conf Rm Reno	I & S Group	CIP		10,108.84				
	Wound Clinic Furniture	Canfield Buisness	CIP			17,442.55			
	Wound Center	Kraus Andersen	CIP			158,862.59			
	Wound Center Architech Fees	I & S Group	CIP			1,881.70			
	Therapy/Conf Rm Reno	I & S Group	CIP			9,710.44			
	Wound Center	Canfield Buisness	CIP			4,798.83			9,060.00
	Therapy/Conf Rm Reno	I & S Group	CIP						275.00
	Wound Center	I & S Group	CIP						
	Total			\$ 249,142.76	\$ 238,688.65	\$ 192,696.11	\$ 9,335.00		

Windom- Windom Hospital: Finance:	Financial Assistance to Patients
	APPROVED BY: ADMINISTRATIVE ASSISTANT
DATE REVIEWED/REVISIONS Approved Yet	FORWARDED BY: CHIEF FINANCIAL OFFICER

*added 3.3
deleted 4.16.2*

Scope: Windom Area Hospital

I. PURPOSE

1.1 Windom Area Hospital is committed to provide emergency and medically necessary care to all patients without regard to race, creed, sex, national origin, disability, age, or ability to pay. This policy sets forth the Windom Area Hospital policy and procedures to offer and provide financial assistance to all qualified patients receiving emergency and medically necessary care at Windom Area Hospital.

II. POLICY

2.1 Patients receiving emergency or medically necessary care and services at Windom Area Hospital have the opportunity to apply for financial assistance. For patients who meet the eligibility criteria established in this policy, Windom Area Hospital will offer financial assistance that can reduce their financial obligations for payment of these services.

III. DEFINITIONS - For purposes of this policy, the following definitions apply:

3.1 Emergency Care and Services:

Individuals who present to emergency department seeking emergency care shall receive a medical screening examination by a qualified medical person to determine if an emergency medical condition exists. An emergency medical condition is one manifesting symptoms, including severe pain, psychiatric disturbances and/or symptoms of substance abuse, that the absence of immediate medical attention is likely to cause serious dysfunction or impairment to a bodily organ or function, or serious jeopardy to the health of the individual or unborn child. With respect to a pregnant woman having contractions, an emergency medical condition also includes situations where there is not enough time to safely transfer the woman prior to the delivery, or a transfer would pose a threat to the individual or her unborn child. See EMTALA.Windom Area Hosp policy.

3.2 Medically Necessary Care and Services:

Medically necessary care and services include procedures and treatments necessary to diagnose and provide curative or palliative treatment for physical or mental conditions in accordance with professionally recognized standards of health care. The term "medically necessary" does **not** include for example cosmetic procedures, birth control or fertility treatments, gastric by-pass procedures, non-emergency dental services, experimental or non-traditional care, tests, or treatment, hearing aids, and retail services such as pharmacy, optical shop, or durable or home

medical equipment. For purposes of this policy, Windom Area Hospital reserves the right to determine, on a case-by-case basis, whether the care and services meet the definition and standard of "medically necessary" for the purpose of eligibility for financial assistance.

added 3.3

3.3 Patients are encouraged to contact providers directly to inquire into any available assistance and to make payment arrangements for services received from care providers not employed by Windom Area Hospital (i.e. private and/or non-Windom Area Hospital medical and physician professionals, Ambulance transport, etc.).

3.4 Eligibility Criteria for Financial Assistance:

The most recent federal poverty guidelines (FPG) will be used with the following write off guidelines:

Family Size	100% FPG		200% FPG		250% FPG		300% FPG		350% FPG	
	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly
1	11,880	990	23,760	1,980	29,700	2,475	35,640	2,970	41,580	3,465
2	16,020	1,335	32,040	2,670	40,050	3,338	48,060	4,005	56,070	4,673
3	20,160	1,680	40,320	3,360	50,400	4,200	60,480	5,040	70,560	5,880
4	24,300	2,025	48,600	4,050	60,750	5,063	72,900	6,075	85,050	7,088
5	28,440	2,370	56,880	4,740	71,100	5,925	85,320	7,110	99,540	8,295
6	32,580	2,715	65,160	5,430	81,450	6,788	97,740	8,145	114,030	9,503
7	36,730	3,061	73,460	6,122	91,825	7,652	110,190	9,183	128,555	10,713
8	40,890	3,408	81,780	6,815	102,225	8,519	122,670	10,223	143,115	11,926
Add'l	4,160	347	8,320	693	10,400	867	12,480	1,040	14,560	1,213

3.4.1 Patients with a gross income less than 200% of the FPG may be granted a full write off, less than 250% may be granted a 75% write off, less than 300% may be granted a 50% write off, less than 350% may be granted a 25% write off.

3.5 Eligibility for full or partial financial assistance is contingent upon the completion of a Financial Assistance Application and submission of sufficient documentation requested by Windom Area Hospital to demonstrate financial need.

3.5.1 Exceptional circumstances may influence a patient's (or guarantor's) eligibility for financial assistance and may be considered on a case-by-case basis. These circumstances include, but are not limited to:

- 3.5.1.1 Employment status
- 3.5.1.2 Total amount of debt (medical and non-medical)
- 3.5.1.3 Assets (liquid and non-liquid) in excess of liabilities
- 3.5.1.4 Terminal illness
- 3.5.1.5 Total monthly expenses

3.6 Minnesota residents receiving emergency or medically necessary care and services at Windom Area Hospital are eligible for the uninsured discount if they have no insurance.

IV. PROCEDURE

4.1 Availability of Financial Assistance

Windom Area Hospital takes reasonable efforts to fully inform all

patients and the public of the availability of financial assistance, including the following means of communication:

- 4.1.1 Posting of signs in all patient registration areas and in other public areas of the facility
 - 4.1.2 Making available at registration desks the Financial Assistance Application.
 - 4.1.3 Posting of information, including the policy and the Financial Assistance Application on the windomareahospital.com website
 - 4.1.4 Providing written notification on patient billing statements of the availability of Financial Assistance and directions on how to apply.
 - 4.1.5 Mentioning the availability of financial assistance when discussing the bill over the telephone with patients or guarantors
 - 4.1.6 Providing written notification in brochures and other information that is provided to the patient upon admission or discharge
- 4.2 Windom Area Hospital takes reasonable efforts to help overcome any language or disability barrier that may serve as an impediment to informing patients and guarantors about the availability of financial assistance, including:
- 4.2.1 Multi-lingual signs in English and in any other language that constitutes the primary language of at least 5% or the 1000 person threshold of the population in the community where the facility is located
 - 4.2.2 Providing interpreters upon request of the patient or patient's companion to accommodate either language or disability needs.
- 4.3 Windom Area Hospital's Financial Assistance Policy and the Financial Assistance Application are available free of charge, in English (or in other languages that constitute the primary language of at least 5% or the 1000 person threshold of the population). Individuals may obtain these documents through the following means:
- 4.3.1 Hard copies can be provided in person or can be mailed to the patient upon request
 - 4.3.2 Hard copies can be accessed, downloaded, and printed from the windomareahospital.com website.
- 4.4 Once Windom Area Hospital has provided emergency or medically necessary services, a patient or guarantor may submit a Financial Assistance Application. The right to apply for financial assistance consideration begins on the date of service and extends through the 240th day after the first billing statement is sent to the patient and guarantor. However, patients and guarantors are encouraged to submit their Financial Assistance Applications as soon as possible.
- 4.5 Windom Area Hospital provides assistance in completing the Financial Assistance application to any patient needing or requesting assistance. Patients (or the patients' guarantors) may contact Windom Area Hospital at 507-831-0616 for this assistance. The patient may also present to the front desk or registration and they will be directed to the nearest location for someone to assist in completion of the Financial

Assistance application.

- 4.6 Financial Assistance Application Process
Patients (or patients' guarantors) seeking financial assistance have the following obligations:
- 4.6.1 Complete, sign, and submit a Financial Assistance Application.
 - 4.6.2 Submit sufficient documentation to establish financial need, including documents such as the latest filed IRS tax return, the two most recent pay stubs, current bank statements and a letter denying Medical Assistance benefits (if requested).
 - 4.6.3 Respond to follow-up questions and further requests for information so Windom Area Hospital can accurately and promptly assess eligibility for financial assistance.
 - 4.6.4 Resolve and finalize any pending matters with applicable insurers and third party payers so that Windom Area Hospital can proceed with the processing of a Financial Assistance Application.
 - 4.6.5 Cooperation in applying for other financial assistance available through state or local agencies if qualified under the eligibility criteria of such programs.
- 4.7 Patients (or guarantors) are expected to cooperate and to submit requested documents and information in a timely manner. Financial Assistance Applications will not be deemed complete until such time that the patient or guarantor submits all required documents. Windom Area Hospital allows patients and guarantors a reasonable amount of time to submit the supporting documentation and to respond to follow up requests. A pending or incomplete Financial Assistance Application will be cancelled if the patient or guarantor:
- 4.7.1 Fails to submit all required supporting documentation within 30 days, or
 - 4.7.2 Fails to respond to any follow-up questions and requests within 30 days.
- 4.8 In the event that the patient or guarantor applies for financial assistance after an unpaid account has been referred to an external collection agency, Windom Area Hospital will refrain from any extraordinary collection actions while the application remains incomplete and awaiting all required documents. However, in the event that a pending Financial Assistance Application is cancelled for a reason stated in the above paragraph, the unpaid account shall be subject to the terms and provisions of Windom Area Hospital's Collections Policy.
- 4.9 Upon receipt of a Financial Assistance Application that is deemed "complete", Windom Area Hospital will:
- 4.9.1 Suspend all collection activity until such time that Windom Area Hospital makes a final determination on the eligibility for financial assistance.
 - 4.9.2 Make a determination of the eligibility for financial assistance

within 30 days of receipt of a completed Financial Assistance Application

- 4.9.3 Notify the patient (or guarantor) by mail within 30 days of Windom Area Hospital's determination to approve or deny the Financial Assistance Application.
 - 4.9.4 In cases where full or partial financial assistance is approved, make appropriate adjustments in the account to reflect the percentage and amount of financial assistance.
 - 4.9.5 Approved financial assistance requests will be written off in the month that they were approved.
- 4.10. Subject to Windom Area Hospital's discretion, once a patient or guarantor has qualified for financial assistance, the eligibility can be extended up to a maximum of six months from the approval date to cover future qualified care or services. To be eligible for this extended term, Windom Area Hospital may require patients or guarantors to provide updated financial information.
 - 4.11 Financial assistance can be granted solely for services and care performed by Windom Area Hospital providers.
 - 4.12 For services received from care providers not employed by Windom Area Hospital patients are encouraged to contact the provider directly to inquire into any available assistance and to make payment arrangements.
 - 4.13 Windom Area Hospital shall maintain confidentiality for all Financial Assistance Applications and supporting documents and may share this information outside of Windom Area Hospital only upon written or verbal request from the patient or guarantor, or upon request by Windom Area Hospital's external auditors, collection agencies, or law firms.
 - 4.14 If a patient is deceased and there are no assets or estate, a letter from the family or personal representative stating the situation will be requested. If the account is returned from the collection agency for this reason, the acknowledgement for the collection agency will serve as documentation.
 - 4.15 Deductibles, co-payments, and any balance remaining on patient claims paid in full or part by MHCP will be considered presumptive financial assistance and will be written off. A financial statement will not be required of this patient per IRS and OIG. These regulatory agencies recognize MHCP recipients as being indigent.
 - 4.16 Granting Full or Partial Financial Assistance
For patients or guarantors who are deemed qualified for financial assistance, Windom Area Hospital will send a written notification by mail within 30 days of that determination.
 - 4.16.1 Patients (or guarantors) who are deemed qualified for partial financial assistance, Windom Area Hospital (or its external

collection agency if the patient account has been referred to collections) will submit a bill to the patient or guarantor reflecting the discount for the partial financial assistance.

4.17 Collections Practices

Windom Area Hospital expects payment from patients and guarantors who have the ability to pay. In the event such patients or guarantors fail or refuse to fulfill their financial obligation, Windom Area Hospital may engage in collections action including the referral of unpaid accounts to external collections agencies. Windom Area Hospital will not engage in extraordinary collection actions before taking reasonable efforts to determine whether an individual who has an unpaid account is eligible for financial assistance.

4.18 Business Office Director, or designee, will prepare a monthly report for the Windom Area Hospital Governing Board of Directors Finance Committee of all patient accounts recommended for financial assistance write-off.

4.19 Recommended financial assistance requests will be reported individually showing de-identified patient/debtor detail.

4.20 Approval of financial assistance applications will be handled in the following manner based on the amount of the patient's hospital account.

4.20.1 The Business Office Director and Chief Financial Officer may approve Financial Assistance requests up to \$1,500.00.

4.20.2 Patient accounts totaling \$1,500.00 and over will be reviewed by the Finance Committee of the Governing Board.

Deleted 4.16.2

In these cases, the amount accepted for payment for emergency or medically necessary care will not exceed the amount W.A.H. accepts as "payment in full" for the same services provided to patients who are insured by 3rd party payers (including Medicare + all private health insurers).

see 35.4

Windom- Windom Area Hospital: Finance:	Collections
	APPROVED BY: ADMINISTRATIVE ASSISTANT
DATE REVIEWED/REVISED: Not Approved Yet	FORMULATED BY: CHIEF FINANCIAL OFFICER

Scope: Windom Area Hospital

I. PURPOSE

- 1.1 Provides guidance for the management of Accounts Receivable while establishing a collection process with consistency regarding financial arrangements and expectations.
- 1.2 Windom Area Hospital is committed to providing financial assistance to those patients demonstrating an inability to pay for the services they receive. This policy is consistent with the missions and values of Windom Area Hospital. All patients will be treated with respect, dignity and compassion regardless of their ability to pay or the status of their self-pay balance. Financial arrangements with Emergency Room patients will not be discussed until a patient has been treated and assessed in accordance with our EMTALA Policy.
- 1.3 Windom Area Hospital staff will make reasonable effort to notify patients of its Financial Assistance Policy. Windom Area Hospital will not deny financial assistance based on race, creed, sex, national origin, handicap or age. Windom Area Hospital will train its staff responsible for admissions, billing and those who provide direct patient treatment about its Financial Assistance Policy and its Collections Policy.

II. POLICY

- 2.1 Windom Area Hospital has zero tolerance for abusive, harassing, oppressive, false, deceptive, or misleading language of collections conduct. This zero tolerance applies to internal staff and third party collection vendors and attorneys.
- 2.2 For any patient/guarantor who has provided written notice of bankruptcy filing to Windom Area Hospital, and thus under the protections of the bankruptcy court, Windom Area Hospital will abide by the automatic stay.

III. PROCEDURE

- 3.1 Prior to delivering health care services, except in cases of emergencies or urgent care, a patient is expected to provide a copy of their insurance card, as well as timely and accurate demographic information (full name (patient and guarantor, if different), address, phone numbers (home, cell and work), date of birth, social security number, citizenship and residency information), marital status, changes in marital status, changes in insurance status, and any applicable financial resources that may be used to pay their bill (including insurance, motor vehicle or homeowners insurance, if applicable, worker's

compensation insurance, if applicable, student insurance policies, if applicable, among others).

3.1.1 It is ultimately the patient's responsibility to provide this accurate and timely information and to keep Windom Area Hospital apprised of any updates in their personal information outlined above.

3.1.2 Patients are also responsible for any required notification to insurance companies or public programs either prior to or after care has been delivered. This would include notices required by health insurance companies, workers compensation programs, third party liability companies, Medicaid programs, Medicare supplemental and replacement plans, or any other plan or program that might have responsibility for covering part or all of the services rendered.

3.1.2.1 Windom Area Hospital will assist a patient with their insurance prior authorizations, if appropriate and applicable; moreover, Windom Area Hospital has developed and implemented procedures to ensure timely and accurate submission of claims to third party payers. However, timely submission is contingent upon the patient providing the information promptly.

3.2 **Internal Self Pay Collections Policy**

3.2.1 This policy is applicable to all patients receiving services at Windom Area Hospital, specifically all balances that are considered self-pay.

3.2.2 Self pay is defined as an account that is not covered by any medical insurance or other indemnity, in whole or in part (co-payment, co-insurance, deductible, spend down, etc.), and for which the patient or guarantor is liable and responsible for payment.

3.2.3 Self pay/uninsured patients will receive a percentage discount for services/treatment equal to the discount the hospital would be reimbursed from the nongovernmental third party payor that provided the most revenue to the hospital during the previous calendar year.

3.3 **Statements**

3.3.1 Windom Area Hospital will notify patients of their balances by billing statements, which are mailed approximately every 28 days.

3.3.1.1 The billing statement will show hospital activity on the guarantor account that are currently new self-pay balances and/or carry forward self-pay balances from a prior billing statement.

3.3.2 Information regarding availability of financial assistance will be included on statements.

3.3.3 The billing statements will contain messages notifying the patient of past due balances, if any exist.

3.4 **Telephone Communication with Patients**

3.4.1 For any balance unpaid after the initial due date, Windom Area Hospital may also attempt to contact patients by phone.

3.4.2 Windom Area Hospital will make reasonable efforts to educate

patients/guarantors that they may receive a separate statement from Sanford Laboratory or such other third party ancillary services like Radiologists, Pathologists, Surgeons, and Anesthesiologists.

- 3.4.3 Patient Account Representatives will make reasonable efforts to assist patients in determining if they are eligible for private and governmental sponsored programs, including the Financial Assistance Policy, whenever appropriate.
- 3.4.4 Windom Area Hospital employs the services of interpreter service to assist patients needing appropriate translating skills.

3.5 Reasonable Payment Plans

- 3.5.1 To establish an acceptable payment plan, the patient must contact a Windom Area Hospital Patient Account Representative. Mailing in a payment without contacting Windom Area Hospital is not considered a formal payment plan.
- 3.5.2 Windom Area Hospital requests payment in full within 28 days of its first billing statement.
- 3.5.3 For patients indicating an inability to pay in one payment will be offered a reasonable payment plan as outlined in this policy.
- 3.5.4 Windom Area Hospital staff are authorized to set up a reasonable payment plan for up to 18 months; additionally, minimum payment expectations are set at \$50 monthly.
- 3.5.5 Chief Financial Officer and Chief Executive Officer must approve payment plan exceptions.
- 3.5.6 If a payment arrangement is agreed to, the first payment must be made to stop further collection activity.
- 3.5.7 A promised payment or a defaulted upon payment plan is not considered an agreement and will not stop collection activity, including listing balances with a third party collection vendor.

was 12

3.6 Bad Debt Collection Policy

- 3.6.1 Patients/guarantors that do not pay their medical billings may be referred to an outside collection vendor.
- 3.6.2 If a patient/guarantor has provided an accurate address to Windom Area Hospital then a patient/guarantor will be provided at least 4 billing statements before an unpaid self-pay balance would be assigned to an outside collection vendor.
- 3.6.3 If a patient/guarantor fails to provide a correct or deliverable address then their balance may be assigned to a third party collection vendor prior to 4 statements being provided.
- 3.6.4 If Windom Area Hospital is reasonably able to determine that a patient is unable to pay their medical bill, Windom Area Hospital may grant financial assistance prior to 4 statements being provided.
- 3.6.5 A Patient Account Representative shall review delinquent accounts recommended for write-off as bad debts and referral to a collection agency. Patient Account Representatives shall attempt to identify to the extent possible those patients that are worthy and appropriate for financial assistance consideration. Those accounts will be listed as

financial assistance and recommended to the Finance Committee of the Governing Board for approval.

3.7 Compliance with Windom Area Hospital Policies

3.7.1 Windom Area Hospital has contracts with the third party collection vendors that require the vendor to comply with and abide by all Windom Area Hospital policy and procedures, including this policy, the Financial Assistance Policy, the Minnesota Attorney General Agreement, and all rules, regulations and laws governing third party collections.

3.8 Patient Complaints

- 3.8.1 Windom Area Hospital requires its vendors to log all oral and written complaints about the collection vendor's conduct.
- 3.8.2 A patient has a right to file a grievance with Windom Area Hospital about the conduct of the vendor.
- 3.8.3 The complaint log shall be provided to Windom Area Hospital upon request.
- 3.8.4 Windom Area Hospital will address any patient complaints and disputes in a timely manner.
- 3.8.5 Any patient with a question, complaint or dispute may contact a Patient Account Representative at 507-831-0616. Phone calls will be returned within one business day and written inquiries will be responded to within ten business days.

3.9 Extraordinary Collection Efforts/Bad Debt Litigation

- 3.9.1 Windom Area Hospital will not request any patient to sell personal belongings such as their personal transportation to settle a medical account.
- 3.9.2 Windom Area Hospital will not force the foreclosure of a patient's primary residence to pay an outstanding medical bill.
- 3.9.3 Neither Windom Area Hospital nor any of its third party collection vendors will take any extraordinary collection efforts until Windom Area Hospital and the third party collection vendor have made reasonable efforts to determine if a patient is eligible for financial assistance under the Financial Assistance Policy.
- 3.9.4 Extraordinary collection efforts include:
- 3.9.4.1 initiating legal action (summons and complaint),
 - 3.9.4.2 placing a lien on property by obtaining a judgment,
 - 3.9.4.3 garnishing/levying on wages, bank accounts or assets, or
 - 3.9.4.4 reporting unpaid balances to a credit reporting agency.
- 3.9.5 Reasonable efforts include notification to the patient by Windom Area Hospital of its financial assistance policy upon admission and by Windom Area Hospital or its third party collection vendors upon written and oral communications with the patient/guarantor regarding the patient's bill, including statements, phone calls and such other communication as may be directed by regulation, rule or law set forth

by the United States Department of Treasury or the Internal Revenue Service.

3.9.6 Extraordinary collection efforts will not be taken until there is reasonable evidence that a patient/guarantor has income and/or assets to meet his/her obligations.

3.9.6.1 If the patient is uncooperative, unresponsive, fails to properly fill out a financial assistance application, or fails to follow up on incomplete financial assistance applications during the collection process, the outside collection vendors may take extraordinary collection efforts.

3.9.7 Windom Area Hospital requires its third party collection vendors to assess if a patient is eligible for financial assistance before employing these extraordinary collection efforts; such consideration includes but is not limited to, any information relevant to consideration for financial assistance, a patient/guarantor's employment status, earning capacity, income eligibility based on federal poverty guidelines, and other resources available to the patient/guarantor.

3.9.8 Windom Area Hospital dictates that its third party collection vendors cannot take extraordinary collection activities until a balance is at least 241 days past the first self-pay statement date provided to the patient/guarantor.

3.9.8.1 This is to ensure that both Windom Area Hospital and its third party collection vendors are taking any and all necessary steps to notify patients of its Financial Assistance Policy and allowing appropriate time for a patient/guarantor to fill out a financial assistance application.

3.9.8.2 If a patient/guarantor fills out a completed financial assistance application, Windom Area Hospital will notify the third party collection vendor to suspend all extraordinary collection activities pending the outcome of the financial assistance determination.

3.9.8.3 If required by regulation or law and the patient has filled out a financial assistance application prior to 240 days from the first self-pay statement date, then the third party collection vendor will take steps to reverse extraordinary collection efforts for any patient that qualifies for financial assistance.

3.10 Minnesota Residents Receiving Services at a Minnesota Facility

3.10.1 Windom Area Hospital requires by contractual agreement that all external third party collection vendors as well as their agents and attorneys, comply with the terms of the State of Minnesota Attorney General Agreement regarding litigation and collection practices involving Minnesota residents.

3.10.2 For any self-pay balance of a Minnesota resident receiving services, Windom Area Hospital will not place said accounts in collections with the third party vendor until verification of the following 4 criteria:

- 3.10.2.1 That the patient/guarantor is the responsible party;
- 3.10.2.2 Windom Area Hospital has submitted the balance to all known insurance companies and received a denial/response indicating patient responsibility;
- 3.10.2.3 Windom Area Hospital has offered a reasonable payment plan (defined above) to a patient indicating an inability to pay in full and who has responded to Windom Area Hospital; and
- 3.10.2.4 If a patient cannot pay in accordance with the reasonable payment plan, a financial assistance application has been offered.
- 3.10.3 Windom Area Hospital will not forward any account to a third party collection vendor when a balance has been denied by insurance due to a Windom Area Hospital billing error.
- 3.10.4 Prior to a third party vendor initiating a legal action or garnishment, the same four criteria above must be verified by the vendor.
- 3.10.5 All collection activity will be suspended for 30 days if a patient advised one of the following situations:
 - 3.10.5.1 Patient advises Windom Area Hospital or the third party collection vendor that they do not owe all/part of bill;
 - 3.10.5.2 Patient advises Windom Area Hospital or the third party collection vendor that a third-party payer should pay bill;
or
 - 3.10.5.3 Patient advises Windom Area Hospital or the third party collection vendor that they need communication concerning their bill.
- 3.10.6 Neither Windom Area Hospital, nor its third party collection vendors, will state or imply, directly or indirectly, that the State of Minnesota or the Attorney General's office has approved of, condones, or agrees with any lawsuit, garnishment, or other attempt by Windom Area Hospital to collect debt from a patient.
- 3.10.7 Litigation practices are subject to the oversight of Windom Area Hospital's Business Office Director and Collections Agency staff.
 - 3.10.7.1 All default judgments must be verified and approved by Windom Area Hospital prior to the entry of the default judgment order.
 - 3.10.7.2 No garnishments may be initiated unless a judgment has been obtained and entered, and Windom Area Hospital must verify and approve all garnishments.
- 3.10.8 No third party collection vendor or lawyer is authorized to report any Minnesota patient covered by the agreement to any credit reporting agency.

See 3.10

Windom- Windom Area Hospital: Finance:	Use of Credit Cards
	APPROVED BY: ADMINISTRATIVE ASSISTANT
DATE REVIEWED/REVISED: Not Approved Yet	FORMULATED BY: CHIEF FINANCIAL OFFICER

Scope: Windom Area Hospital

I. PURPOSE:

- 1.1 To establish a system for using credit cards and processing payments.
- 1.2 To use the American Express purchasing card to earn financial incentive payments to be donated to the Windom Area Hospital Foundation annually.

II. POLICY:

- 2.1 Minimal credit cards will be used by Windom Area Hospital employees for hospital purchases only. American Express is the only approved hospital credit card.
- 2.2 Authorized credit card users will be approved by the Chief Financial Officer or Chief Executive Officer.
- 2.3 The Chief Financial Officer will review number of credit cards, authorized signers and credit limits annually.
- 2.4 The credit limit will not be greater than \$500,000 for all American Express credit cards.
- 2.5 Cash advances will not be allowed on any credit card.
- 2.6 Appropriate approval processes will be followed when using credit cards and processing payments.

III. PROCEDURE:

- 3.1 Only hospital purchases, travel arrangements and meals for hospital employees or Governing Board members will be charged on the hospital American Express credit cards.
- 3.2 The Materials Manager, Chief Executive Officer, Chief Financial Officer and Accountant are authorized users of the American Express credit card.
 - 3.2.1 Only hospital equipment and supplies will be purchased using the Materials Manager's credit card.
 - 3.2.2 The Accountant's credit card will be used for prepaid travel arrangements and education expenses and paying accounts payable invoices.
 - 3.2.3 CEO's credit card will be used for her/his expenses and Governing Board expenses.
- 3.3 The Accountant will call accounts payable vendors to see if they take American Express credit cards without an extra fee.
- 3.4 Sanford Accounts Payable staff will set up the vendors in Lawson with the cash code of 7PCA and payment code of ACH.
- 3.5 Only the CEO, and Administrative Assistant when directed by the CEO, will have access to her/his credit card. The CEO will review her/his statement and will attach original receipts for each expense. The Governing Board Chair will approve and sign the credit card statement for payment.
- 3.6 The Accountant, or Administrative Assistant when directed, will make prepayment arrangements on the Accountant's American Express credit card. The appropriate

- manager will approve prepayment on the education day request form and submit it to the Accountant. See Travel and Business Expense Reimbursement policy.
- 3.7 The Materials Manager will forward approved purchase orders or receipts of items charged on the credit card with the applicable GL to the Accountant.
 - 3.8 The Accountant will go online on the 20th of the month and will print the American Express statement. She will match the invoices to the statement and make sure all have been initialed for payment and have a GL on them.
 - 3.9 The Chief Financial Officer, or Chief Executive Officer in her absence, will approve and initial the American Express credit card statement for payment.
 - 3.10 The Accountant will initiate an online debit from the hospital's primary checking account within 5 business days of the statement whenever possible to earn the maximum incentive. *added ↑*
 - 3.11 The annual American Express rewards check will be donated to the general fund of the Windom Area Hospital Foundation.

No changes

Windom- Windom Area Hospital: Finance:	Educational Assistance Plan and Articles
	APPROVED BY: ADMINISTRATIVE ASSISTANT
DATE REVIEWED/REVISED: Not Approved Yet	FORMULATED BY: CHIEF FINANCIAL OFFICER

Scope of Service: Windom Area Hospital

I. PURPOSE

- 1.1 To provide an Educational Assistance Plan to Windom Area Hospital employees who seek higher education advancement in health related careers.
- 1.2 To provide an opportunity for Educational Assistance Plan forgiveness for those employees who have achieved their higher education goals, and who, after graduation, continue their employment at Windom Area Hospital.

II. POLICY

- 2.1 Employees seeking continued education in a health related career program might be eligible to participate in Educational Assistance Plan through Windom Area Hospital.
- 2.2 Windom Area Hospital employees interested in the Educational Assistance Plan must complete a comprehensive application process. Preference will be given to those applicants with the intention of filling a position in an area of the Hospital with personnel shortages.
- 2.3 Applications submitted for an Educational Assistance Plan may not exceed a one-year academic period. Employees may reapply annually for consecutive Educational Assistance Plans.
- 2.4 Educational Assistance Plan applications may not exceed a maximum request of \$3,500 per academic year. Employees may not exceed a maximum of \$6,000 in educational assistance per academic program.
- 2.5 The Finance Committee of the Windom Area Hospital Governing Board will review and accept or deny all applications for Educational Assistance Plans.
- 2.6 Approval of Educational Assistance Plans will be at the discretion of the Finance Committee and based on the availability of Hospital funds.
- 2.7 Windom Area Hospital employees granted educational assistance will be expected to repay the Plan balance. Should an employee terminate employment at Windom Area Hospital and have an Educational Assistance Plan balance, the outstanding balance, plus accrued interest will become due on demand.
- 2.8 Employees who continue working for the Windom Area Hospital upon completion of a higher education program may qualify for Educational Assistance Plan forgiveness. Employees choosing not to participate in the educational assistance forgiveness plan will be

expected to pay the balance of the Plan upon completion of the academic program.

- 2.9 Windom Area Hospital employees participating in an Educational Assistance Plan will be expected to achieve and maintain a 3.0 on a 4.0 scale grade point average to receive future loans.
- 2.10 Employees subject to unforeseen circumstances preventing graduation within the anticipated graduation period may submit a written request to extend the Educational Assistance Plan terms. Approval to extend the loan terms is at the discretion of the CEO.
- 2.11 Windom Area Hospital shall evaluate this policy annually to determine its effectiveness and the Hospital's liability for total outstanding Educational Assistance Plans debts.
- 2.12 Interest on Education Assistance Plans will accrue at the current federal interest rate.

III. PROCEDURE

- 3.1 Employees seeking higher education advancements in a health-related career are eligible to apply for an Educational Assistance Plan through the Windom Area Hospital.
- 3.2 Windom Area Hospital requires all employees interested in participating in an Educational Assistance Plan to complete the application process.
 - 3.2.1 Educational Assistance Plan applications may not exceed a time period greater than one academic year.
 - 3.2.2 Educational Assistance Plan applications are available on the included links within this policy (form #ESL1 and #ESL2).
 - 3.2.3 Educational Assistance Plans will be made without regard to race, gender, color, age, religion, national origin, marital or veteran status, or medical condition or handicap.
 - 3.2.4 Educational Assistance Plan applications will be reviewed on a first-come basis. Preference will be given to those applicants interested in filling a position in an area of the Hospital with personnel shortages.
 - 3.2.5 Educational Assistance Plan applications may be submitted any time throughout the year. It is preferred that applications be received a minimum of 2 weeks prior to the start of higher education classes.
 - 3.2.6 Applicants must present:
 - 3.2.6.1 Proof of enrollment acceptance at an educational institution;
 - 3.2.6.2 Estimated costs prepared by the educational institution;
 - 3.2.6.3 Anticipated graduation date; and
 - 3.2.6.4 Educational Assistance Plan Application (form #ESL1, Ed Asst Plan App-Form #ESL1).
- 3.3 The Finance Committee of the Windom Area Hospital Governing Board shall review and authorize approval or denial of all Educational Assistance Plan applicants meeting the following criteria in 3.2 and:
 - 3.3.1 Applicants must have completed 1 year of continuous employment from most recent date of hire.

- 3.3.2 Applicants must provide documentation of all other student loans, grants and scholarships contributing toward applicant's tuition and expenses.
- 3.4 Applicants granted an Educational Assistance Plan will receive payments from Windom Area Hospital.
 - 3.4.1 Total amount of educational assistance issued will not exceed direct costs of the program.
 - 3.4.2 The Finance Committee of the Windom Area Hospital Governing Board shall determine the amount of funds granted and may not be equivalent to the amount requested by the applicant.
 - 3.4.3 Educational assistance payments for tuition will be paid to the order of the educational institution whenever possible upon receipt of an itemized tuition statement. Tuition may be made payable to the student if they have already made payment to the educational institution and proof of payment is received.
 - 3.4.4 Educational assistance payments for academic needs, such as books and class fees will be paid to the order of the employee or the educational institution when the employee provides itemized fee statements and/or itemized receipts.
 - 3.4.5 The Educational Assistance Plan shall not cover non-academic costs, such as rent, mileage, meals or other living expenses.
- 3.5 Windom Area Hospital employees who are participating in Educational Assistance Plan and complete the graduation requirements will be expected to repay the balance of the Plan.
 - 3.5.1 Employees may repay the Educational Assistance Plan balance in full at any time prior to or upon completion of the academic program. If payment in full is not made upon completion of the academic program, employees will automatically begin the educational assistance forgiveness plan of repayment.
 - 3.5.2 Employees may choose an education assistance forgiveness plan of repayment, in lieu of paying the Plan balance, but must continue employment with Windom Area Hospital until reaching a \$0 balance.
 - 3.5.2.1 Employees will be granted Educational Assistance Plan cancellation at the rate of \$1.00 per hour worked, not exceeding \$2080 per year, once they have completed their schooling.
 - 3.5.2.2 Employees choosing to terminate their employment with Windom Area Hospital and those employees who choose to drop out of their educational program will be responsible to pay, on demand, the outstanding balance of the Educational Assistance Plan plus accrued interest at the current federal interest rate.
- 3.6 Windom Area Hospital employees must re-apply for Education Assistance Plans for each academic year and provide necessary information to evaluate the employee's request.
 - 3.6.1 Educational Assistance Plan applications will be reviewed on a first come first serve basis. Preference will be given to those applicants interested in filling a position within the Hospital where there is a shortage.
 - 3.6.2 Educational Assistance Plan requests may be submitted at anytime throughout the year. It is preferred that applications be received a minimum of 2 weeks prior to the start of class.

- 3.6.3 Employees requesting continued Educational Assistance Plans must meet the same criteria as established in 3.2 and also must present:
- 3.6.3.1 Proof of continued enrollment at an educational institution;
 - 3.6.3.2 Maintained 3.0 grade point average on a 4.0 scale in the field of study;
 - 3.6.3.3 Estimated costs prepared by the educational institution;
 - 3.6.3.4 Anticipated graduation date; and
 - 3.6.3.5 Educational Assistance Plan application Request (form #ESL2, Ed Asst Plan Reapp-Form #ESL2).

in approval

No changes

Windom- Windom Area Hospital: Finance:	Investments
	APPROVED BY: ADMINISTRATIVE ASSISTANT
DATE REVIEWED/REVISED: Not Approved Yet	FORMULATED BY: CHIEF FINANCIAL OFFICER

Scope: Windom Area Hospital

I. PURPOSE

- 1.1 Windom Area Hospital shall invest public funds in a manner which will provide the highest investment return with the maximum security while meeting the daily cash flow requirements of Windom Area Hospital and conforming to all state and local statutes governing the investment of public funds.
- 1.2 Windom Area Hospital will develop an overall program for cash investments, designed and managed with a high degree of professionalism, worthy of the public trust; to establish that employees are custodians of a portfolio which shall be subject to public review; to establish cash investment objectives, delegation of authority, standards of prudence, internal controls, authorized investments, selection process for investments, and broker representations.

II. POLICY

- 2.1 This policy shall apply to investments and deposits of all funds of Windom Area Hospital.
- 2.2 Pooling of Funds: Except for cash in certain restricted and special funds, Windom Area Hospital will consolidate cash and reserve balances from all funds to maximize investment earnings and to increase efficiencies with regard to investment pricing, safekeeping and administration. Investment income will be allocated to the various funds based on their respective participation and in accordance with generally accepted accounting principles.
- 2.3 At all times, investments of Windom Area Hospital shall be in accordance with MN Statutes Chapter 118A and amendments thereto. The primary objectives of Windom Area Hospital investment activities shall be in the following order of priority:
 - 2.3.1 **Safety**: Safety of principal is the foremost objective of the investment portfolio. Investments shall be undertaken in a manner that seeks to ensure the preservation of capital in the overall portfolio. The objective will be to mitigate credit risk, interest rate risk, and custodial risk.
 - 2.3.1.1 **Credit Risk**: Credit Risk is the risk of loss due to failure of the security issuer or backer. Thus, designated depositories shall have insurance through the FDIC (Federal Insurance), NCUA (National Credit Union Administration) or SIPC (Securities Investor Protection Corporation). To ensure safety, it is the policy of Windom Area Hospital when considering an investment, all depositories under consideration be crosschecked against existing investments to make certain that funds in excess of insurance limits are not made in the same institution unless collateralized as outlined below. Furthermore, the Governing Board will approve all financial institutions, brokers, and advisers with which Windom Area Hospital will do business.

- 2.3.1.2 **Interest Rate Risk:** Interest Rate Risk is the risk that the market value of securities in the portfolio will fall due to changes in general interest rates. Windom Area Hospital will minimize Interest Rate Risk by structuring the investment portfolio so that securities mature to meet cash requirements for ongoing operations, thereby avoiding the need to sell securities on the open market prior to maturity.
- 2.3.1.3 **Custodial Risk:** Windom Area Hospital will minimize deposit Custodial Risk, which is the risk of loss due to failure of the depository bank (or credit union), by obtaining collateral or bond for all uninsured amounts on deposit, and by obtaining necessary documentation to show compliance with state law and a perfected security interest under federal law.
- 2.3.2 **Liquidity:** The investment portfolio shall remain sufficiently liquid to meet projected disbursement requirements. This is accomplished by structuring the portfolio so securities mature concurrent with cash needs to meet anticipated demands. Generally, investments shall have “laddered” maturities so that money becomes available on a regular schedule. Liquid funds will allow Windom Area Hospital to meet possible cash emergencies without being penalized on investments.
- 2.3.3 **Yield:** The investment portfolio shall be designed to manage the funds to maximize returns consistent with safety and liquidity and within the requirements set forth in the Policy. Subject to the requirements of the above objectives, it is the policy of Windom Area Hospital to offer financial institutions and companies within the city the opportunity to bid on investments; however, Windom Area Hospital will seek the best investment yields.
- 2.4 **Delegation of Authority:** Responsibility for the investment program is hereby delegated to the CEO / CFO of Windom Area Hospital. Authority to conduct actual investment transactions may be delegated to the CEO / CFO, who shall act in accordance with procedures as established with this investment policy. The authorized individuals, when acting in accordance with this Policy and exercising due diligence, shall not be held responsible for losses, provided that the losses are reported immediately and that appropriate action is taken to control further losses.
- 2.5 **Prudence:** The standard of prudence to be used by investment officials shall be the “prudent investor”, and shall be applied in the context of managing the investments. All investment transactions shall be made in good faith with the degree of judgment and care, under the circumstances, that a person of prudence, discretion and intelligence would exercise in the management of their own affairs. This standard of prudence shall mean not for speculation, and with consideration of the probable safety of the capital as well as the probably investment return derived from assets.

- 2.6 Internal Controls: Internal controls are designed to prevent loss of public funds due to fraud, error, misrepresentation, unanticipated market changes, or imprudent actions. Before Windom Area Hospital invests any surplus funds, competitive quotations shall be obtained. If a specific maturity date is required, either for cash flow purposes or for conformance to maturity guidelines, quotations will be requested for instruments that meet the maturity requirement. If no specific maturity is required, a yield analysis will be conducted to determine which maturities would be most advantageous. Quotations will be requested from financial institutions for various options with regard to term and investment type. Windom Area Hospital will accept the quotation, which provides the highest rate of return within the maturity required and within the limits of this Policy.
- 2.6.1 The CEO / CFO will report periodically to the Finance Committee on the total of all funds invested and the total interest received on all securities year to date.
- 2.7 Authorized Investments and Collateralization: All Windom Area Hospital investments and deposits shall be those allowable by MN Statutes Chapter 118A and amendments thereto. In accordance with MN Statutes 118A, collateralization will be required on all demand deposit accounts, including checking, savings, and money market accounts, and non-negotiable certificates of deposit in excess of federal deposit insurance.
- 2.7.1 State law defines the types of securities that a financial institution may pledge as collateral for public deposits. These securities include:
- 2.6.1.1 United States Treasury Issues
 - 2.6.1.2 Issues of US Government Agencies and Instrumentalities
 - 2.6.1.3 Obligations of State and Local Governments
 - 2.6.1.4 Time Deposits (Certificates of Deposits fully insured by the federal deposit insurance company, national credit union administration or federal agency).
- 2.7.2 Since the amount a public entity has on deposit will vary from time to time, the financial institution needs sufficient amounts of pledged collateral to cover 110% of the uninsured amount on deposit during peak deposit times.
- 2.8 Diversification: Windom Area Hospital will attempt to diversity its investments according to type and maturity. The portfolio, as much as possible, will contain both short-term and long-term investments. Windom Area Hospital will attempt to match its investments with anticipated cash flow requirements. Extended maturities may be utilized to take advantage of higher yields.
- 2.9 Conflict of Interest: Employees involved in the investment process shall refrain from personal business activity that could conflict with the proper execution and management of the investment program, or that could impair their ability to make impartial decisions. For further details, please refer to Windom Area Hospital's policies.
- 2.10 Broker Representations: Municipalities must obtain from their brokers certain representations regarding future investments. Pursuant to MN Statutes 118A,

Windom Area Hospital shall provide each broker with Windom Area Hospital's investment policy, and the securities broker shall submit a certification annually to Windom Area Hospital stating the officer has reviewed the investment policies and objectives, as well as applicable state law, and agrees to disclose potential conflicts of interest or risk to public funds that might arise out of business transactions between the firm and Windom Area Hospital. All financial institutions shall agree to undertake reasonable efforts to preclude imprudent transactions involving Windom Area Hospital's funds.

IN APPROVAL

Meeting Name: Windom Area Hospital Professional Practice / Quality & Planning Committee
AGENDA

Purpose: Oversee hospital compliance with regulations and laws, receive recommendations from the Medical Staff, oversee preparation and implementation of strategic plans, receive and consider all quality reports, and recommend board approval to agenda items as requested.

Date/Time/Location: Monday, September 17, 2018 / 4:30-5:30 pm / Nursing Conference Room

Members: Laura Fresk, Kay Gross, Mary Holmen, Dr. Michael Fisher-ex officio, Julie Brugman /Mt Lake Advisory Mbr, Emily Masters/CHRO, Kim Armstrong/CFO, Shelby Medina/CEO, Dr. S. Buhler/Chief of Med Staff

Present:
Absent:
Others:

Facilitator: Kay Gross, Chairperson
Recorder: Janel Eichstadt

Category / Topic	Action step(s) / Updates	Leader:
STANDING ITEMS		
Call to Order	Call Professional Practice/Quality & Planning Committee meeting to order at 4:30 p.m. by Committee Chair.	Kay Gross
Minutes	Approve minutes from regular meeting of August 20, 2018 (<i>Cmte Motion</i>)	Kay Gross
Medical Staff Credentialing	Review & recommend approval of appointments & reappointments (<i>Cmte Motion / Bd Motion</i>)	Dr. Steph Buhler
Hospital Committees	Review & recommend approval of hospital committee meetings. (<i>Cmte Motion / Bd Motion</i>)	Shelby M.
Patient Concern Reports	Review patient concern reports and patient survey comments	Shelby M.
Patient Safety	Review patient safety activities.	Shelby M.
FOLLOW-UP ITEMS		
Foundation Board Member Vacancy	WAH Foundation Board vacancy-need one Governing Board member.	Shelby M
Governing Board By-laws Education	Review of Windom Area Hospital Governing Board By-laws.	Shelby M.
Nursing Turnover Follow up	Review turnover for nursing (RN) positions. Board Education summary from Kathy Becker, DON.	Shelby M.
Branding Update	Identified rebranding design logo and name design selection. Future steps required.	Emily M.
CURRENT ITEMS		
WAH Policy Review	Review & recommend approval of the following policies: (<i>Cmte Motion / Bd Motion</i>) <ul style="list-style-type: none"> Tissue and Eye Donation EMTALA (Emergency Medical Treatment and Active Labor Act) 	Shelby M
CONCLUSION		
	Conclude meeting.	Kay Gross

Meeting Name: Windom Area Hospital Professional Practice / Quality & Planning Committee MINUTES

Purpose: Oversee hospital compliance with regulations and laws, receive recommendations from the Medical Staff, oversee preparation and implementation of strategic plans, receive and consider all quality reports, and recommend final approval to the Governing Board on agenda items as requested.

Date/Time/Location: Monday, August 20, 2018 / 4:30-5:30 pm / Nurses' Conference Room

Facilitator: Kay Gross, Chairperson

Members: Laura Fresk, Kay Gross, Mary Holmen, Dr. Michael Fisher-ex officio, Julie Brugman /Mt. Lake Advisory Mbr, Emily Holmen, Dr. Michael Fisher-ex officio, Julie Brugman /Mt. Lake Advisory Mbr, Emily Masters/CHRO, Kim Armstrong/CFO, Shelby Medina/CEO, Dr. S. Buhler/Chief of Med Staff, Terry Mahar/Sanford Health Network VP
Absent:
Others:

Recorder: Janel Eichstadt

Category / Topic	Action step(s) / Updates	Leader:
STANDING ITEMS		
Call to Order	Professional Practice/Quality & Planning Committee meeting was called to order by Committee Chair, Kay Gross.	Kay Gross
Minutes	M/S/C UNANIMOUSLY TO APPROVE COMMITTEE MINUTES FROM THE REGULAR MEETING OF JULY 16, 2018 AS PRESENTED (BRUGMAN/FRESK). M/S/C UNANIMOUSLY, UPON RECOMMENDATION FROM THE MEDICAL STAFF, TO APPROVE THE FOLLOWING: APPOINTMENTS: (FRESK/BRUGMAN) Stephanie Preister, CNP Cardiology Allied Health Professionals REAPPOINTMENTS: (FRESK/BRUGMAN) Stephanie Buhler, MD Family Practice Active Anthony Sierra, MD OB/GYN Consulting Timothy Soelter, PA-C Orthopedics Allied Health Professionals SANFORD TELEMEDICINE APPOINTMENTS: None SANFORD TELEMEDICINE REAPPOINTMENTS: (FRESK/BRUGMAN) Christopher Carlisle, MD Emergency Medicine Telemedicine Susan Duffek, MD Radiology Telemedicine Blake Gustafson, MD Emergency Medicine Telemedicine Robert Harms, MD Emergency Medicine Telemedicine John Lewis, MD Emergency Medicine Telemedicine Jamie Sheridan, MD Emergency Medicine Telemedicine Arleigh Trainor, MD Emergency Medicine Telemedicine VRAD TELEMEDICINE APPOINTMENTS: None VRAD TELEMEDICINE REAPPOINTMENTS: (FRESK/BRUGMAN) Alan Muraki, MD Teleradiology Telemedicine Jaime Salvatore, DO Teleradiology Telemedicine Katherine Tobin, MD Teleradiology Telemedicine RESIGNATIONS (Informational Purposes Only): Thomas Carpenter, DO Emergency Medicine Emergency Services Maria Recio Restrepo, MD Neurology Telemedicine	Kay Gross
Medical Staff Credentialing		Dr. Steph Buhler

Hospital Committees	<p>Shelby Medina, CEO, reported on the following hospital committee meetings:</p> <ul style="list-style-type: none"> ▪ OB Committee – Dr. Olson held a Lunch & Learn August 21st on infant shoulder dystocia. Consideration is being given for telehealth services when neonatal CPR guidance is requested in preparation for the transfer of a newborn to another facility. A change in the surgery callback response time was made to now state a 30-minute response time. ▪ ER Committee – A subcommittee was formed to review communication concerns between patients and nursing staff. ▪ Utilization Review Committee ▪ Environmental Services/Safety/Infection Prevention Committee– A Soft Tissue Program was introduced which offers rehabilitation sessions to those employees and medical staff members who receive strain/sprain injuries while at work 	Shelby M.
Patient Concern Reports	Patient concern reports and patient survey comments for July 2018 were reviewed and found to be appropriately addressed.	Shelby M.
Patient Safety	There were no patient safety activities to report for the month. Shelby stated there were no reportable adverse events for the month.	Shelby M.
FOLLOW-UP ITEMS		
Governing Board By-laws Education	Due to time constraints, review of Windom Area Hospital Governing Board By-laws did not take place this month..	Shelby M.
Foundation Board Member Vacancy	Shelby reminded committee members of the board member opening on the Windom Area Hospital Foundation Board. This position is to be filled by a WAH Governing Board member as required by WAH Foundation By-laws. The Foundation's next meeting will be September 17, 2018.	Shelby M
CURRENT ITEMS		
Discussion on WAH Policies	Emily shared information regarding two Windom Area Hospital policies, Discipline & Corrective Action Policy and Attendance Standards Policy. She referenced employee discipline and attendance protocols documented within each policy and guidelines used when addressing disciplinary concerns and/or attendance standards with an employee. Emily noted in most circumstances employees are counseled, along with the employee's manager, through the appropriate steps documented in the policies to correct the identified situation, unless the presented problem is a gross violation of Windom Area Hospital's policies, which termination of employment from Windom Area Hospital is opted for. Emily also shared processes for offering exit interviews to those employees who resigned from their position at the hospital.	Emily M
Hospital Parcel of Land	Dr. Fisher shared information from a recent meeting held with two Avera representatives and Terry Mahar, Sanford Health Network VP, Shelby Medina, and himself regarding a parcel of land on Windom Area Hospital's campus which Avera is expressing interest in possibly purchasing for the purpose of building a new clinic building for their Windom providers. Also included in this discussion was suggestions of possibly partnering together of shared medical services in the future. Dr. Fisher noted a roll call vote will be taken at the Governing Board meeting to address if the Windom Area Hospital Governing Board is interested in selling this parcel of land. No action or further discussion was addressed on this topic at this meeting.	Shelby M / Dr. M. Fisher
CONCLUSION		
	Committee Chair, Kay Gross, concluded the meeting of the Professional Practice/Quality & Planning Committee.	Kay Gross

Statement of Confidentiality: Records, data, and knowledge, including minutes collected for and by individuals or committees, or committees assigned peer review functions, are confidential, not public records and are not available for court subpoena in accordance with Minnesota MSA 145.61-145.67.

**WINDOM AREA HOSPITAL
CREDENTIALING**

SEPTEMBER 17, 2018

APPOINTMENTS:

Deanna Engelkes, LPN	General Surgery	Allied Health Professionals
Elise In't Veld, M.D.	Ophthalmology	Consulting
Lindsay Simonsen, RN	Ophthalmology	Allied Health Professionals
Chelsea Twamley, CNP	Vascular	Allied Health Professionals
Laura Werneke, CRNA	Anesthesia	Allied Health Professionals

REAPPOINTMENTS:

Steven Hartberg, M.D.	Family Practice/Wound	Senior Active
Kelli Kolander, CNP	Cardiology	Allied Health Professionals
Loretta Krahn, CRNA	Anesthesia	Allied Health Professionals
Gaddum Reddy, M.D.	General Surgery	Consulting
David West, M.D.	Ophthalmology	Consulting

SANFORD TELEMEDICINE REAPPOINTMENTS:

Aaron Berg, M.D.	Radiology	Telemedicine
Holli Charbonneau, M.D.	Emergency Medicine	Telemedicine
Matthew Hayes, M.D.	Radiology	Telemedicine
Meredith Hayes, M.D.	Radiology	Telemedicine
Beth Lapka, M.D.	Emergency Medicine	Telemedicine
Shannon Peck, M.D.	Radiology	Telemedicine
Aaron Stinton, M.D.	Emergency Medicine	Telemedicine

vRAD TELEMEDICINE REAPPOINTMENTS:

Sara Banerjee, M.D.	Teleradiology	Telemedicine
---------------------	---------------	--------------

RESIGNATIONS:

Robert Henry, M.D.	Teleradiology	Telemedicine
Yun Chau Bernice Lee, M.D.	Emergency Medicine	Emergency Services
Quentin Tanko, M.D.	Orthopedic	Consulting
Dean Taylor, CRNA	Anesthesia	Allied Health Professionals

EMERGENCY DEPARTMENT

1. Very good, excellent and very fast. (All areas)
2. Didn't have it with me – seemed put off when told to look it up. (Insurance Information) Rescue ladies and men were great! Hospital staff very good.
3. They were there every step of the way. (Family/Friends)
4. Everyone was there to take care of me as soon as I arrived and remained until discharge. Very good ER staff. (Nurses) Excellent care – Dr. Pretorius. (Doctors) I didn't know for awhile if the ladies cleaned their hands but from what I was aware of they were very careful with hand washing/gel. (Personal Issues) Nurses met me at the door and I was taken to a bed. Doctor came within minutes of my arrival. (Arrival) As much as I argued about going to the ER, I received expert care from everyone that I saw. (Overall Assessment) All the information on file so I didn't have to give much. Just made sure all was correct. (Pers/Insurance Info)
5. Felt like the doctor didn't want to treat me, just wanted to pass me along to my doctor in a few days when his treatment or lack of didn't work. (doctors) No one else was being treated when I was there. (Arrival) Did not run any lab work which would have indicated 2 infections. This resulted in giving me medication that I should not have been taking. Ended up going to a different ER a few days later. This is where I was given proper care The wait was longer but well worth it. The other ER ran labs right away and found 2 infections. I was already sick for over a week when I was seen in the Windom ER. If the doctor would have done a quality job he would have ordered lab work and saved me from the pain and discomfort. I do not plan to return for anything but OB/GYN care. My ER visit to Windom was a waste of time, money and gas. (Overall Assess)
6. Doctor terrible. (Doctors) Took 30 min. (Arrival)
7. We were in a small hospital – 2 other critical patients came in while we were there. We were there for 4 hours – mostly waiting at the end to be released. (doctors) I wasn't there to witness. (Tests)
8. Nurses are exceptional! (Nurses) Care/Support of the Windom Area Hospital staff is exceptional. The nurses are the best and my doctor (Dr. Taber) is in a class by himself.

INPATIENT

1. Staff was very sweet. (Admission) Room was perfect! (Room) Great staff! (Meals) Nurse in training did a great job, painless and quick! (Tests/Treatments) Awesome nursing staff (Labor and Delivery)
2. Very fast! (Meals) We loved the staff. Everyone was amazing and super helpful. (Nurses) Dr. Buhler was AMAZING and spent way more time with us at the end of labor than we expected. It was a pleasant surprise. (doctor) BEST experience ever! We will spread our great experience to anyone who will listen. (Overall) We had the BEST nurses. You made everything fun and a good memorable experience. (Labor/Deliv)

3. They did try to adjust it. The Windom Area Hospital has very bad temperature control throughout the whole hospital. (Room) Dr. Keenan, the ER doctor, was the best we have ever had at the Windom ER. (Comments)
4. Was unable to eat while I was there, IV fluids only. (Meals) Transferred by ambulance to Worthington for surgery. (Discharge) All of the staff was excellent and very concerned with my well being. Really appreciated all of the care I received. (Comments)
5. Awesome help. Such a bad injury & you eased her pain and kept her safe. (Nurses) Except ER doctor who wanted to send her home with a brace & meds when it was clear she needed to stay. (Physician)

OUTPATIENT

1. Sitting was all taken, could use a few more chairs. (Facility) (Therapy)
2. I believe that Windom is fortunate to have such a wonderful hospital and staff serving our community. THANK YOU. (Comments) (Ortho)
3. The warm blankets are really nice! (Tests/Treat) (OP services)
4. Never have to wait. (Registration) Always very clean. (Facility) Always feel welcomed, nice staff. (Overall Assessment) (Lab)
5. As usual it was a very good experience. Everyone was helpful. (Registration) I could not be more satisfied. (tests/treatments) It's a beautiful and caring hospital and would recommend to anyone. (Overall Assess) (Lab)
6. A volunteer walked me to the right area and door. (Lab)
7. Had a lab draw done at WFMC with lab work done at WAH so no registration procedures were done. (Registration) Pre-op blood tests were completed at WAH lab for Sanford procedure on 7/26/2018. I was very disappointed that our Imaging Department was not familiar with the types of x-rays I needed to confirm what the problem was for me. I had to go to Worthington Hospital to have my x-rays done there as they knew what I needed to have done. (Tests/Treatment) I wish I could have received my x-ray services at WAH instead of traveling to Worthington when I was in and out of their hospital within 15 minutes. The only 2 x-rays I needed were an abdominal and right lateral x-ray which could have been done at WAH. (Personal Issues) I was very confident of our lab staff taking care of my blood tests in preparation for my surgery the next day at Sanford. (Overall Assessment) (Lab)
8. MRI machine's computer broke down so we were not able to get all of the views from the MRI. Apparently the views they didn't get weren't needed so it worked out in the end. (Overall) (MRI)
9. All excellent. (Overall) (Other)
10. I did not go through the registration process. I was sent through the Windom Family Medical Center Clinic during my appointment that morning. (Registration) (x-ray)

*We added a question on our surveys in July asking if there was a staff member they wanted to recognize for going above and beyond of what they expected to meet their needs and provide excellent care.

EMPLOYEE RECOGNITION

1. Night staff. (ER)
2. Alysse went above and beyond to help bring my pain level down and under control. (OB)(Inpatient)
3. Dr. Stephanie Buhler, Mary Oeltjenbruns, Brittany Schichtl, Alaina Reynolds, Lacey. (OB) (IP)
4. Dr. Keenan is the best. Wish he was the main ER doctor. (Medical) (IP)
5. The nurse or admin. Person that helped to get the nursing home set up. (Karen Denzer) (Medical) (IP)
6. Chris my transfusion nurse. (Other) (OP)
7. The entire staff we worked with. (Lab) (OP)
8. The entire therapy department. (Therapy) (OP)
9. Ike Pohlman (Therapy) (OP)
10. Sarah, Cindy (Orthopedic) (OP)
11. Ike Pohlman was my PT and he did a great job making sure I was comfortable doing all my exercises and making sure I was comfortable doing all my exercises and making sure I knew how to do each one correctly. (Therapy) (OP)
12. Pricilla Comnick (Other) (OP)
13. Mrs. Boike, and I don't remember the name of the one that did the ankle brachial test, but both did fine. (Other) (OP)
14. Cindy at the front desk. (X-ray) (OP)

Windom Area Hospital Auxiliary Meeting August 13, 2018

The Windom Area Hospital Auxiliary held their monthly meeting Monday, August 13th 2018 at 6:00 p.m. in the Large Conference Room. The meeting was called to order by President Mary Klosterbuer and a welcome was given to all present followed by the Auxiliary Prayer and Pledge of Allegiance. 25 members were present and reported their volunteer hours.

Administrator's Report – Shelby Medina

- The Wound and Hyperbaric Healing Center opened July 23, 2018. Currently, we are on track to meet the proforma numbers for the first quarter. We currently have one patient who is receiving HBO treatments and are in the process of certifying a second. Nikkie Steen will be available to provide the Auxiliary members a tour after the meeting. WAH is in the process of completing the schematic design phase for the renovation of the abandoned OR space to house a new conference room and therapy department. We are tentatively looking for construction to start at the beginning of December. The renovation is projected to last approximately 3-4 months. WAH received a grant totaling \$110,000 from the MDH for this project.
- Sanford Health and Good Samaritan have met all legal requirements to proceed with their merger. The merger is thought to be completed by November 1, 2018.
- WAH's Governing Board has unanimously voted against the sale of the land located at the entrance of Hospital Drive. This parcel of land was purchased by WAH for future growth opportunities. WAH, Sanford, and Avera met to determine what opportunities may be available to partner in potential capital purchases or software. The discussion was productive and we will continue to work to avoid duplication of services between WAH and the new Avera Clinic. The goal of WAH is to strive to offer superior healthcare services to the communities we serve. We will continue to work to refocus efforts on how to work best with our community to offer a comprehensive, solid, and stable healthcare delivery model allowing for our goal of superior care to be delivered close to home.

Laridee Herding from the Physical Therapy department was our speaker and gave a very informative presentation and demonstration of "Trigger Point Dry Needling."

M/S Diane Sykora/Karla Taber to approve the agenda. Motion carried.

Recording Secretary's Report – Marlene Smith, Recording Secretary

- M/S Betty Olson/Sue Curley to approve the minutes as presented of the July 2018 meeting. Motion carried.

Treasurer's Report – Gerri Burmeister

- Balance on hand July 31 2018 was \$7,960.98. M/S by Judy Woizeschke/Karen Skarphol to approve the Treasurer's Reports for the month of July as presented. Motion carried.
- Marlene Smith reported that the books were audited by Anita Winkel, Vicki Burmeister, and herself and found to be in order.

Auxiliary Liaison – Emily Saffert

- A Wound Center Open House is scheduled for August 28th with tours and treats being provided.
- The Auxiliary has over 300 Likes and Followers on Facebook.

Corresponding Secretary – Betty Olson

- Betty sent get-well cards to Carol Corwin and Rozanne Gronseth.

Membership – Nete Grunewald

- 43 Active members and 32 Associate members.

Program – Rozanne Gronseth

- There will not be a speaker at the September meeting.

Gift Shop – Karla Taber

- Fall gifts will be added in September.

MAHV – Minnesota Association of Hospital Volunteers – Marlene Smith, District E Chairperson

- MAHV has proposed an amendment change regarding the terms of officers. Under current by laws, the person elected as the President elect is committing six years as an officer, two years as President-elect, two years as President, and two years as Past President. This extensive commitment discourages some candidates from accepting nomination. Proposed change reduces the time commitment from six years to three years, one year in each office.
Current: 7.2.2 President-elect, Treasurer and Secretary shall be elected every other year.
Proposed: 7.2.2 President-elect shall be elected every year.
Treasurer and Secretary shall be elected every other year.

Old Business:

- Betty Olson reported on the “Night to Unite” activity using a beanbag game. They sold 70 raffle tickets.
- Raffle tickets were handed out to Auxiliary members who were present.
- The proposed changes to the Auxiliary’s By-Laws were distributed. Active members will vote on them at the September meeting. Approval by two-thirds of the members present at that meeting is needed to pass the changes.

New Business:

- Marlene Smith reported that the pecan sales committee will be meeting next week. Committee: Marlene Smith, Pam Dobson, Rozanne Gronseth, and Loretta Jackson.
- M/S Judy Woizeschke/Connie McCarthy to donate \$100.00 to the Breast Health Walk. Motion carried.
- M/S by Karen Skarphol/Gerri Burmeister to pay expenses for one person to attend the Annual Conference of the Minnesota Association of Healthcare Volunteers being held September 12 thru 14. Motion carried.

Meeting was adjourned at 7:42 p.m.

Hostesses for tonight - Judy Woizeschke and Jane Boyer

Hostesses for September – Nancy Michalski and Diane Sykora

Hostesses for October – Nete Grunewald and Margaret Juhnke

Upcoming Events

- August 15 – 18 – Cottonwood County Fair
- Next Meeting – September 10, 2018
- September 12 – 14 – MAHV Annual Conference
- Saturday, October 6 - Breast Health Walk
- Tuesday, October 9 – District E MAHV meeting in Worthington

Marlene Smith, Recording Secretary



FOUNDATION BOARD OF DIRECTOR'S MEETING

MONDAY, SEPTEMBER 17, 2018

6:00 P.M. TOUR OF WOUND & HYPERBARIC HEALING CENTER

6:15 P.M. DINNER IN CAFETERIA

6:30 P.M. MEETING IN CAFETERIA

AGENDA

- | | |
|--|--|
| I. CALL TO ORDER | Alice Huebert |
| II. FOUNDATION MEETING MINUTES
- Approve minutes from regular meeting of May 21, 2018 | Alice Huebert |
| III. FINANCIAL STATEMENT
- Review donation gift roster & assign thank-you calls | Kim Armstrong |
| IV. OLD BUSINESS
- Fun Run Recap
- Revisit Foundation Mission/Funds | Kim A / Emily M
Kim Armstrong |
| V. NEW BUSINESS
- Fall 'Primer' Mailing
- End of Year Mailing
- Scholarship Funds from Nancy Meyer
- Potential Women's Health Fund Applicant | Emily Masters
Emily Masters
Kim Armstrong
Emily Masters |
| VI. PROJECTS
- Tammy Hall Breast Health Walk
♦ <i>October 6, 2018</i>
♦ <i>Square businesses-letter distribution</i>
♦ <i>Raffle tickets</i>
- Dad's Belgian Waffles
♦ <i>March 17, 2019 @ Community Center</i> | Emily Masters
Emily Masters
Alice Huebert |
| VII. NEXT MEETING DATE – Monday, October 15, 2018 | Alice Huebert |
| VIII. MEETING CONCLUSION | Alice Huebert |

**WINDOM AREA HOSPITAL FOUNDATION
FOUNDATION MEETING MINUTES
MAY 21, 2018 – 6:30 PM**

ATTENDING: Alice Huebert, Sandy Robinson, Steve Johnson, Kay Gross, Emily Masters/CHRO, Kim Armstrong/Corp Treasurer, Shelby Medina/Corp President

ABSENT: Ann Bartelt, Eric Lohse

RECORDER: Janel Eichstadt, Admin Asst

CALL TO ORDER: WAH Foundation Board Chair, Alice Huebert, called the meeting to order.

Alice presented the FY2019 WAH Foundation Slate of Officers as approved by the WAH Governing Board at the April 19, 2018 meeting.

M/S/C UNANIMOUSLY TO APPROVE WINDOM AREA HOSPITAL FOUNDATION'S SLATE OF OFFICERS FOR FY2019 TO INCLUDE: (JOHNSON/GROSS)

- o Chairperson-Alice Huebert
- o Vice-chair-Steve Johnson
- o Secretary-Sandy Robinson

FOUNDATION MINUTES: Alice Huebert, Foundation Board Chair

M/S/C UNANIMOUSLY TO APPROVE MINUTES FROM THE REGULAR MEETING OF MARCH 19, 2018 MEETING AS PRESENTED (JOHNSON/ROBINSON).

FINANCIAL STATEMENT – Kim Armstrong

M/S/C UNANIMOUSLY TO APPROVE THE FINANCIAL STATEMENTS FOR THE MONTHS OF MARCH AND APRIL 2018 AS PRESENTED (ROBINSON/JOHNSON).

Assign Gift Thank-You's

Donor gifts received during March and April 2018 were reviewed. Donors contributing gifts of \$100 or more to the Foundation during these months will be receiving a personal "thank you" call from a board member.

OLD BUSINESS

2018 Scholarships Update – Emily Masters

Emily reported six \$1000 scholarships are being awarded this school year, which includes the \$1000 Mildred Klosterbuer Scholarship. Emily noted Michaela Hacker was selected to also receive a matching \$1000 scholarship award from Sanford Health.

2017 Breast Health Walk Donation - Emily Masters

Emily recomunicated information about discussion from the November 2017 Foundation meeting regarding where 10% of the proceeds from the October 2017 Breast Health Walk should be designated. To date, a decision has not been made and she is seeking input to where these funds should be allocated. Breast Health Walk proceeds to be donated total \$855.

M/S/C UNANIMOUSLY TO DONATE 10% OF THE 2017 BREAST HEALTH WALK PROFITS, OR \$855, TO THE EDITH SANFORD BREAST HEALTH INSTITUTE FOR CANCER RESEARCH (JOHNSON/GROSS).

Infusion Chair Update – Emily Masters

Emily communicated the new infusion/chemo chair the Foundation helped purchase, along with using funds from the Sandve Heritage Foundation and other donated funds, has since been ordered and is currently being utilized by patients with pleasing compliments received on its comfort. Emily shared a picture of the new chair with board members.

NEW BUSINESS

Yearly Overview - Kim Armstrong

Kim distributed a summary sheet showing highlights of accomplishments the WAH Foundation was involved with throughout the past fiscal year.

Event Volunteer Opportunities – Emily Masters

Emily shared information about several June community events taking place and requested board members to consider volunteering to assist in various capacities, if interested. Events included Windom's Riverfest,

Lakefield's community event, Mt. Lake's Pow Wow and the WAH Wellness Path grand opening event A sign-up sheet was passed around with board members signing up to assist with various duties.

PROJECTS

Tammy Hall Breast Health Walk – Emily Masters

Tammy Hall Breast Health Walk is planned for Saturday, October 6, 2018.

Emily stated she has not received any additional communications from Tyann Marcy regarding fundraising campaigns she spoke to the board about at the March meeting.

Dad's Belgian Waffles – Alice Huebert

Dad's Belgian Waffles Brunch will be held at the Windom Community Center March 17, 2019.

Alice noted she received a phone call from Al Peterson, on behalf of the local Masonic Lodge, who assists with the annual Dad's Belgian Waffles Brunch. Lodge members are seeking a way to acknowledge their presence at the waffle brunch to make guests more aware of their organization. Ideas were shared amongst members with Alice stating she would make a return phone call to Al Peterson sharing these ideas.

NEXT MEETING DATE

The Foundation will not meeting during the months of June and July.

The next WAH Foundation Board meeting will be Monday, August 20, 2018.

Windom Area Hospital Foundation meeting was concluded by Foundation Chair, Alice Huebert.

Sandy Robinson, Foundation Secretary

Recorded by: Janel Eichstadt, Administrative Asst

May 31, 2018

Windom Area Hospital Foundation
Kimberly Armstrong
PO Box 339
Windom, MN 56101

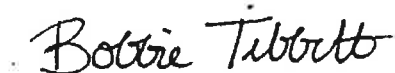
Dear Kimberly:

I can't thank you enough for your support of the Edith Sanford Breast Foundation. We're grateful to have you on our team, working with us to help end breast cancer.

Your generous gift will translate into hope and healing for millions of women and families who are facing and fighting breast cancer. Thank you for believing in our vision and helping to accelerate cutting-edge research to unlock more precise, effective ways to detect, diagnose, treat and even prevent this devastating disease.

Your support means so much to so many, thank you again.

With gratitude,



Bobbie Tibbetts
Vice President, Foundation

This letter acknowledges that the Edith Sanford Breast Foundation received the following gift:

DATE: May 23, 2018

AMOUNT: \$855.00

DESIGNATION: Edith Sanford Research Fund