

Meeting Name: Windom Area Health Governing Board of Directors
AGENDA

Purpose: Provide governance for Windom Area Health

Meeting Date/Time/Location: Tuesday, MAY 26, 2020 / Meeting 5:30 pm / Large Conference Room (SKYPE)

Members: All WAH Governing Board members

Present:
Absent:
Others:

Janel Eichstadt

Recorder:

Category / Topic	Action step(s) / Updates	Leader:
STANDING ITEMS		
Call to Order	Call Windom Area Health Governing Board meeting to order at 5:30 pm by WAH Board Chairperson.	Dr Michael Fisher
Election of Officers	Formulate motion to approve FY2021 Slate of Officers to include Governing Board Chair, Vice-chair, Secretary, & Treasurer.	Dr Michael Fisher
Minutes	Approve Windom Area Health Governing Board minutes from the regular meeting of April 27, 2020 (Roll call Board motion)	Dr Michael Fisher
COMMITTEE REPORTS		
Professional Practice / Quality & Planning Cmte	Review committee activities.	Kay Gross
Finance / Personnel / Labor Relations & Building & Grounds Cmte	Review committee activities.	Ann Bartelt
OTHER REPORTS		
Statistical & Financial Performance Reports	Review & recommend approval of statistical & financial reports. (Roll call Board motion)	John Peyerl
Funded Depreciation Transfer	Review & approve Funded Depreciation Account transfer. (Roll call Board motion)	John Peyerl
Financial Institution Designation	Approval of FY2021 designated financial institutions for Windom Area Health. (Roll call Board Motion)	John Peyerl
FY2020 Audit	Annual Windom Area Health audit by CliftonLarsonAllen, June 15-19, 2020.	John Peyerl
Educational Assistance Applications	Review & recommend approval of application(s) for educational assistance. (Roll call Board motion)	Emily Masters
New / Department Transfer Employees	Report on employees recently hired / transferred.	Emily Masters
Press-Ganey Employee Engagement Survey	Report on final results from employee engagement survey.	Emily Masters
Medical Staff Credentialing & Meeting Update	Review & approve medical staff credentialing, upon recommendation from WAH Medical Staff (Roll call Board motion). Present update on business addressed at WAH Medical Staff meeting.	Dr R.Dynes/ Shelby M.
Patient Concern Reports	Review patient concern reports and patient survey comments.	Shelby M./ Kathy B.
Patient Safety Reports	Review patient safety activities.	Kathy Becker
Administration	<ul style="list-style-type: none"> Review and approve WAH committee meeting reports. (Roll call Board motion to approve cmte mtg reports) COVID-19 update on services and restrictions 	Sr. Mgmt Team

City of Windom	Informational update.	Steve Nasby JoAnn Ray
Sanford Health Network	Informational update.	Terry Mahar, VP
WAH Foundation Board	No Foundation Board meeting in May. Foundation Board activity update included in Board Book.	Shelby Medina
WAH Auxiliary	No April meeting minutes as Auxiliary did not meet.	Shelby Medina
NEW & OLD BUSINESS		
New Business		Dr Michael Fisher
Old Business		Dr Michael Fisher
CONCLUSION		
	Conclude WAH Governing Board meeting.	Dr Michael Fisher
Board Education	<ul style="list-style-type: none"> Governing Board members review, sign and return FY2021 Conflict of Interest Policy and Statement. Presentation of Corporate Compliance information. 	Kim Armstrong

Meeting Name: Windom Area Health Governing Board of Directors

MINUTES

Purpose: Provide governance for Windom Area Health

Meeting Date/Time/Location: Monday, April 27, 2020 / Meeting 5:30 pm / Large Conference Room (SKYPE)

Members: All WAH Governing Board members
 Present: Ann Bartelt, Dan Ortmann, Dr. Michael Fisher, Mary Holmen, Laura Fresk, Cindy Espenson, Kay Gross (Skype), Julie Brugman/Mt Lk Advisory Mbr (Skype), John Peyerl/CFO, Emily Masters/CHRO, Kathy Becker/DON, Shelby Medina/CEO, Terry Mahar/Sanford Health Network VP (Skype)
 Absent: Dr. AJ Yusuf/Chief of Medical Staff, JoAnn Ray/City Council WAH liaison, Steve Nasby/City of Windom Administrator
 Others:

Recorder: Janel Eichstadt

Category / Topic	Action step(s) / Updates	Leader:
STANDING ITEMS		
Call to Order	Windom Area Health Governing Board meeting was called to order at 5:30 pm by Governing Board Chair, Dr. Michael Fisher. Due to the Covid-19 pandemic, this Governing Board meeting was held via Skype per League of MN Cities Open Meeting Laws, Public Health Emergency.	Dr Michael Fisher
Minutes	M/S/C UNANIMOUSLY TO APPROVE WINDOM AREA HEALTH GOVERNING BOARD MINUTES FROM THE REGULAR MEETING OF MARCH 23, 2020 (BARTELT/FRESK). ROLL CALL VOTE FOR MOTION APPROVAL – ORTMANN-YES, FRESK-YES, GROSS-YES, ESPENSON-YES, BARTELT-YES, HOLMEN-YES. NAY – NONE. MOTION PASSED	Dr Michael Fisher
COMMITTEE REPORTS		
Professional Practice / Quality & Planning Cmte	Shelby led discussion regarding staffing adjustments throughout the hospital as multiple patient services have been dramatically impacted by the Covid-19 pandemic currently taking place. It was noted approximately 32 employees have been affected by reduction in work hours or placed on a furlough until patient services can be offered again. A local employer has requested Windom Area Health's assistance in providing a drive-thru Covid-19 testing station for its employees. The Covid-19 testing station is currently set up in the east parking lot with drive-thru testing taking place, which began April 23 rd and lasting through approximately May 1. Discussions are underway at possibly holding a townhall meeting via WebEx in the near future for the community to participate in for the purpose of sharing information and answering questions relating to the Covid-19 pandemic. John Peyerl, CFO, reviewed information he has received regarding governmental program stimulus monies Windom Area Health has either received recently or is anticipated to receive in the near future due to Covid-19 events.	Dan Ortmann
Finance / Personnel / Labor Relations & Building & Grounds Cmte	M/S/C UNANIMOUSLY TO APPROVE SENDING ACCOUNTS TOTALING \$59,479.70 TO AAA COLLECTIONS AND APPROVE 10 FINANCIAL ASSISTANCE ACCOUNTS SUBMITTED FOR WRITE-OFF TOTALING \$6814.14 (BARTELT/ESPENSON). ROLL CALL VOTE FOR MOTION APPROVAL – HOLMEN-YES, FRESK-YES, GROSS-YES, ESPENSON-YES, BARTELT-YES. NAY – NONE. MOTION PASSED To date, financial assistance accounts approved for write off total \$145,595.06 on a FY2020 budget of \$200,000. M/S/C UNANIMOUSLY TO ACCEPT THE FOLLOWING RESIGNATION – PT ER PATIENT REGISTRATION REPRESENTATIVE EFFECTIVE 4/11/2020 (BARTELT/FRESK). ROLL CALL VOTE FOR MOTION APPROVAL – HOLMEN-YES, FRESK-YES, GROSS-YES, ESPENSON-YES, BARTELT-YES, ESPENSON-YES. NAY – NONE. MOTION PASSED. Shelby gave an update on Covid-19 events currently taking place at WAH along with practices and processes being implemented throughout the hospital. She noted she participates in several briefings daily from Sanford Health, MN Department of Health and CDC in which WAH continues to follow their guidelines. Information was shared regarding departmental staffing adjustments made throughout the hospital, due to a significant decrease in patient services, because of Covid-19. As patient services begin to increase again, it is anticipated those employees with reduction of hours or have been furloughed will be called back to resume their duties.	Ann Bartelt
OTHER REPORTS		
Statistical & Financial Performance Reports	March 2020 statistical and utilization graphs were reviewed. The month's total patient revenue was above budget projections; contractual adjustments, as a percentage of revenue, were below budget projections; total operating expenses were below budget expectations; net operating revenue and total operating expenses factored together left a net gain totaling \$291,333.	John Peyerl

	<p>FY2020 year-to-date net income totals \$771,239 on a projected budget of \$531,377. Days in A/R were reported at 45.37 and Days Cash on Hand totaled 273.</p> <p>M/S/C UNANIMOUSLY TO APPROVE MARCH 2020 STATISTICAL AND FINANCIAL PERFORMANCE REPORTS AS PRESENTED (BARTELT/FRESK) ROLL CALL VOTE FOR MOTION APPROVAL – HOLMEN-YES, FRESK-YES, ORTMANN-YES, GROSS-YES, ESPENSON-YES, HOLMEN-YES. MAY – NONE. MOTION PASSED.</p>																																		
Funded Depreciation Transfer	<p>M/S/C UNANIMOUSLY TO AUTHORIZE THE TRANSFER OF \$26,649.28 FROM THE FUNDED DEPRECIATION ACCOUNT TO WAH CHECKING ACCOUNT FOR MARCH 2020 CAPITAL ACQUISITIONS (ORTMANN/BARTELT). ROLL CALL VOTE FOR MOTION APPROVAL – ORTMANN-YES, HOLMEN-YES, BARTELT-YES, FRESK-YES, GROSS-YES, ESPENSON-YES. MAY – NONE. MOTION PASSED.</p>	John Peyerl																																	
WAH FY2020-21 Budget	<p>John Peyerl, CFO, reported on the projected FY2021 budget. He noted Charity Care/Financial Assistance would remain at \$200,000 for FY2021. The FY2021 statistics showed a decrease in services from the projected FY2020 statistics. The FY2021 income statement was presented showing a negative Net Revenue from Operations totaling (\$1,004,200) with a projected net loss of (\$844,200) by fiscal year ending April 30, 2021. John reviewed FY21 Capital Budget items and noted spending on capital items would depend significantly on what the business revenue is as the fiscal year progresses. He noted the Covid-19 event would have a significant impact on hospital revenues, primarily during the first few months of the new fiscal year.</p> <p>M/S/C UNANIMOUSLY TO APPROVE THE FY2021 OPERATING BUDGET AND CAPITAL BUDGET AS PRESENTED (BARTELT/ORTMANN). ROLL CALL VOTE FOR MOTION APPROVAL – HOLMEN-YES, FRESK-YES, GROSS-YES, ESPENSON-YES, ORTMANN-YES, BARTELT-YES. MAY – NONE. MOTION PASSED.</p>	John Peyerl																																	
Small Business Payroll Protection Program	<p>John shared information relating to a governmental stimulus package, Small Business Paycheck Protection Program, which provides small businesses with funds to pay up to 8 weeks of payroll costs including benefits. Funds are provided in the form of a loan and would be fully forgiven when used for at least 75% of payroll costs and also includes interest on mortgages, rent and utilities with loan payments deferred for a period of 6 months.</p> <p>M/S/C UNANIMOUSLY TO APPROVE THE SMALL BUSINESS PAYROLL PROTECTION PROGRAM AND AUTHORIZE DR. MICHAEL FISHER, GOVERNING BOARD CHAIR, AND KAY GROSS, GOVERNING BOARD VICE-CHAIR, TO SIGN THE PROMISSORY NOTE THROUGH BANK MIDWEST AS PRESENTED (ORTMANN/ESPENSON). ROLL CALL VOTE FOR MOTION APPROVAL – HOLMEN-YES, FRESK-YES, GROSS-YES, ESPENSON-YES, ORTMANN-YES, BARTELT-YES. MAY – NONE. MOTION PASSED.</p>	John Peyerl																																	
Educational Assistance Applications	<p>There were no Educational Assistance applications submitted for board action.</p>	Emily Masters																																	
New / Department Transfer Employees	<p>The following new hires/department transfers were reported: a housekeeper moved to PRN status; a Nutritional Services cook transferred to the Housekeeping Dept.</p>	Emily Masters																																	
Medical Staff Credentialing & Meeting Update	<p>M/S/C UNANIMOUSLY, UPON RECOMMENDATION FROM WAH MEDICAL STAFF, TO APPROVE MEDICAL STAFF CREDENTIALING AS PRESENTED (FRESK/BARTELT) ROLL CALL VOTE FOR MOTION APPROVAL – ORTMANN-YES, HOLMEN-YES, BARTELT-YES, FRESK-YES, ESPENSON-YES, GROSS-YES. MAY – NONE. MOTION PASSED.</p> <p>APPOINTMENTS:</p> <table border="0"> <tr> <td>Opeyemi Ajayi, M.D.</td> <td>Emergency Medicine</td> <td>Emergency Services</td> </tr> <tr> <td>Brooke Johnson, LPN</td> <td>Cardiology</td> <td>Allied Health Professionals</td> </tr> <tr> <td>Darla Miles, CNP</td> <td>Psychiatry</td> <td>Allied Health Professionals</td> </tr> </table> <p>REAPPOINTMENTS:</p> <table border="0"> <tr> <td>Naomi Bach, CNP</td> <td>Wound & HBO</td> <td>Allied Health Professionals</td> </tr> <tr> <td>Angelo Santos, M.D.</td> <td>Vascular</td> <td>Consulting</td> </tr> <tr> <td>Ahmad Yusuf, M.D.</td> <td>Family Practice & Emergency Med</td> <td>Active Staff</td> </tr> </table> <p>VRAD APPOINTMENT:</p> <table border="0"> <tr> <td>Brendan Miner, M.D.</td> <td>Teleradiology</td> <td>Telemedicine</td> </tr> </table> <p>VRAD REAPPOINTMENT:</p> <table border="0"> <tr> <td>Scott Chang, M.D.</td> <td>Teleradiology</td> <td>Telemedicine</td> </tr> </table> <p>RESIGNATIONS: <i>(Informational purposes only)</i></p> <table border="0"> <tr> <td>Ewa Konik, M.D.</td> <td>Cardiology</td> <td>Consulting</td> </tr> <tr> <td>Teri Mercil, ST</td> <td>Ophthalmology</td> <td>Allied Health Professionals</td> </tr> <tr> <td>Sarah Oberle, ST</td> <td>Ophthalmology</td> <td>Allied Health Professionals</td> </tr> </table>	Opeyemi Ajayi, M.D.	Emergency Medicine	Emergency Services	Brooke Johnson, LPN	Cardiology	Allied Health Professionals	Darla Miles, CNP	Psychiatry	Allied Health Professionals	Naomi Bach, CNP	Wound & HBO	Allied Health Professionals	Angelo Santos, M.D.	Vascular	Consulting	Ahmad Yusuf, M.D.	Family Practice & Emergency Med	Active Staff	Brendan Miner, M.D.	Teleradiology	Telemedicine	Scott Chang, M.D.	Teleradiology	Telemedicine	Ewa Konik, M.D.	Cardiology	Consulting	Teri Mercil, ST	Ophthalmology	Allied Health Professionals	Sarah Oberle, ST	Ophthalmology	Allied Health Professionals	Shelby M.
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	<p>Beverly Stern, D.O. Teleradiology Telemedicine</p> <p>Shelby reported business addressed at the WAH Medical Staff meeting held earlier in the day included annual approval of the following documents: M/S/C UNANIMOUSLY, UPON RECOMMENDATION FROM THE MEDICAL STAFF, TO APPROVE THE MEDICAL STAFF BYLAWS, ABBREVIATION LIST, ADA NUTRITION MANUAL, UTILIZATION REVIEW PLAN, AND MEDICAL STAFF OFFICERS FOR FY2021 (FRESK/BARTELT) ROLL CALL VOTE FOR MOTION APPROVAL – BARTELT-YES, ORTMANN-YES, HOLMEN-YES, FRESK-YES, GROSS-YES, ESPENSON-YES. MAY – NONE. MOTION PASSED.</p> <p>Shelby noted WAH Medical Staff officers for FY20-21 include Dr. Dynes-Chief of Staff, Dr. Olson-Vice Chief of Staff, and Dr. Van Kley-Secretary. Committee assignments were designated to members of the Medical Staff. Dr. Dynes accepted assignment as the Emergency Dept Trauma Director for FY20-21.</p>	Shelby M./Kathy B.
Patient Concern Reports	March 2020 Patient Concern Reports and patient survey comments were reviewed and found to be appropriately addressed.	Kathy Becker
Patient Safety Reports	Kathy reported there was 1 reportable patient fall with no injury to the patient; 0 documented skin integrity issues to patients; 0 use of patient restraints; and 0 opioid-related deaths. Kathy noted there were no reportable adverse events for the month. Shelby noted Executive Summaries were included in board books to reference about events taking place at Windom Area Health.	
Administration	<p>M/S/C UNANIMOUSLY TO APPROVE THE FOLLOWING WAH COMMITTEE MEETING REPORTS AS PRESENTED (ORTMANN/HOLMEN) ROLL CALL VOTE FOR MOTION APPROVAL – HOLMEN-YES, ORTMANN-YES, FRESK-YES, GROSS-YES, ESPENSON-YES, BARTELT-YES. MAY – NONE. MOTION PASSED:</p> <ul style="list-style-type: none"> • WORK PLACE VIOLENCE • EMERGENCY PREPAREDNESS • OB COMMITTEE 	Sr. Mgmt Team
City of Windom	No report available.	Steve Nasby JoAnn Ray
Sanford Health Network	Terry shared information relating to the Covid-19 event and its affects at Sanford Health and at affiliated sites. Terry stated Sanford has not experienced a patient surge of Covid-19 patients to date, but have surge plans in place should this situation arise. The MN Department of Health recently visited some Sanford affiliated sites performing infection prevention surveys. Minnesota's Gov. Walz recently issued an executive order authorizing out-of-state health care professionals to render aid in Minnesota during the COVID-19 peacetime emergency to help alleviate workforce concerns. Sanford is doing performing blind studies on the drug, Hydroxychloroquine, as a possible treatment for the Covid-19 virus. Testing is taking place at Sanford checking candidates for Covid-19 antibodies. This is a surveillance test to see who has been exposed to Covid-19.	Terry Mahar, VP
WAH Foundation Board	<p>WAH's Foundation By-laws designates the Foundation as a Type I support organization to Windom Area Health and requires the Foundation's Slate of Officers for the new fiscal year to be presented and approved by the Governing Board of Directors at its meeting prior to the first meeting of the new fiscal year. The Slate of Officers was presented for approval.</p> <p>M/S/C TO APPROVE THE FY2020 WINDOM AREA HEALTH FOUNDATION SLATE OF OFFICERS TO INCLUDE: ALICE HUEBERT-CHAIRPERSON, STEVE JOHNSON-VICE-CHAIR, AND SANDY ROBINSON-SECRETARY (BARTELT/GROSS). ROLL CALL VOTE FOR MOTION APPROVAL – HOLMEN-YES, ORTMANN-YES, BARTELT-YES, FRESK-YES, GROSS-YES, ESPENSON-YES. MAY – NONE. MOTION PASSED. WAH Foundation Board will not be meeting April 28.</p>	Shelby Medina
WAH Auxiliary	WAH Auxiliary meeting minutes from March 9, 2020 were included in the board book. The Auxiliary did not meet in April.	Shelby Medina
NEW & OLD BUSINESS		
New Business	Next WAH Governing Board meeting will be held Tuesday, May 26, 2020, due to Memorial Day holiday on May 25, 2020. Cindy Espenson received thanks of appreciation from board members for her 3 years of service to the WAH Governing Board.	Dr Michael Fisher
Old Business	There was no old business to report.	Dr Michael Fisher
CONCLUSION		
	Meeting was concluded by Governing Board Chair, Dr. Michael Fisher.	Dr Michael Fisher

Signature _____, Ann Bartelt, Governing Board Secretary

WINDOM AREA HEALTH
GOVERNING BOARD EXECUTIVE SUMMARY
as of May 21, 2020
WAH MISSION: *"Dedicated to Health"*

CHIEF EXECUTIVE OFFICER REPORT

- **Organizational Updates**
 - We have executed a surgery and procedure re-entrance plan that is compliant with Gov. Walz executive order and MDH.
 - 3D Mammography will resume on June 1, 2020
 - We received a 4-star rating on the CMS Public Reporting Data Site.

- **Industry Updates**
 - None

- **Committee Meeting Updates**
 - Work Place Violence: **Nothing to report**
 - Infection Prevention: April 29, 2020
 - Five inpatient admission with Sepsis and 0 deaths
 - Introduced a New Acute Respiratory Policy (including COVID-19)
 - HAI CAUTI – 0
 - HAI CLABSI – 0
 - HAI's – 0
 - Hand Hygiene compliance 97.6%
 - Emergency Preparedness: **Nothing to Report**
 - Pharmacy and Therapeutics: April 30, 2020
 - Variances and good catches = 3
 - PI: 92% compliance for documented Narc Wasting and 81% Controlled starter pack documentation
 - PI/ Risk: May 14, 2020
 - All PI department goals reviewed for progress towards goal.
 - Utilization Review: May 12, 2020
 - 1 readmission within 30 days – no lapses in care transitions, discharge planning or discharge education/instruction
 - Readmission rate 1.37% (PI goal of <5%)
 - Admission level of care present on 100% charts reviewed
 - Acute review: all charts met documentation and statistical goals
 - Review of transfers out of WAH compared to admission rates
 - Further discussion with Chief of Staff and CEO

WINDOM AREA HEALTH

GOVERNING BOARD EXECUTIVE SUMMARY

as of May 21, 2020

WAH MISSION: *"Dedicated to Health"*

CHIEF HUMAN RELATIONS OFFICER REPORT

Human Resources

- We have put all openings on hold, with the exception on the Director of Nursing.
- Press Ganey Employee Engagement results will be shared at the full board meeting.

Community/Employee Health and Wellness

- Approximately 20 Trees were planted by the Soil & Water Conservation District & Conservation Corps around our path.
- We solicited new Employee Wellness Vendor RFPs and are in the process of evaluating them.
- Several wellness staff have been redeployed into screening roles. Through a contract, we are also working on several COVID-related projects with DVHHS.

Marketing/PR

- Hospital Week was a success, but different from other years. We were treated to thank you notes/DQ coupons from our Auxiliary, Muffins/Juice, sidewalk chalk and decorated entrances, apparel sales, daily drawings and contests, WAH Proud contest, dress days, and more.
- A new Outreach Clinic sign and provider pictures is being hung in the main lobby.
- Direct mailings and advertising are being pushed out for our new mental health provider, Darla Miles.

Committee Meetings

- Employee Focus Finance: Quarter 2 Jeans Fund cause will be the Windom State Theater.
- Patient & Family Advisory Committee: No Report. Next meeting in June.
- Safety: Quarterly meeting held 4/29/20. New security cameras and secure doors were discussed, fire drills were reported, and there were no new policies to report. Wanda reported high volumes of 'just in time' respirator fit testing for WAH and non-WAH staff. Employee screening is in place prior to each shift including temperatures. Lab completed new equipment competencies. Safety rounds in surgery, outreach, rehab and the wound center were completed in Q1 with minor issues addressed. Sick hours were down significantly in Q1 to 121.6, compared to 582.76 in the previous quarter.
- Safe Patient Handling: No report.

WINDOM AREA HEALTH

GOVERNING BOARD EXECUTIVE SUMMARY

as of May 21st, 2020

WAH MISSION: *"Dedicated to Health"*

DIRECTOR OF NURSING REPORT

- **Medical/Surgical/OB/Emergency Room:**
 - AWHONN awarded WAH an educational scholarship for nursing education to provide high-quality care to infants.
 - No dates at this time for rescheduling of PALS and MOAB education. Awaiting Sanford to allow in-person education again.
 - Respiratory therapist will be working with our OB coordinator and doing a Lunch and Learn involving the care of newborns with respiratory issues.

- **Diabetes Management/Oncology:**
 - Nothing to report at this time.

- **Surgery:**
 - Surgery starting to reopen. A plan has been developed following MHA/MDH as a guideline. Surgical team to assess each surgical case to approve, which includes Dr. Dynes, surgery manager, and anesthesia.
 - Performing COVID testing on all surgical patients. There is a written plan/process on this and surgical nurses will be taking the lead to ensure this is completed.

- **Committee Meetings**
 - OB Committee: Nothing to report
 - ER/Trauma/Stroke Committee: April 28th, 2020
 - Dr. Dynes has agreed to be the new Trauma/Stroke Director.
 - Trauma criteria reviewed. Dr. Dynes will review this information then discuss admission and transfer criteria at the Medical Staff meeting. He will email Acute Care once he has this reviewed.
 - Stroke re-designation this fall, which ER subcommittee will be working on stroke education and goals presented to nursing staff at May's nurses meeting.
 - Micara Kolander, CRNA, offered nursing staff 4 different education sessions that involved caring for a COVID PUI or positive patient when intubating. This education included rapid sequence intubation and medication updates.
 - MHA Safety Data as of May 19th.
 - Falls – 0
 - Skin Integrity - 0
 - Restraints – 0
 - Opioid Deaths – 0
 - Reportable Events – 0

Windom Area Health Operational & Strategic Goals

Fiscal Year 2019-2020		Target	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20
SERVICE														
Complete Master Plan to Accommodate Therapy / Community Wellness Services	4/30/2020	Therapy complete		Wellness complete										
Evaluate Urgent Care Program	4/30/2020													
Optimize Usage of Technology to Provide Optimal Healthcare to Community	4/30/2020													
IP Hospital Overall Pt. Satisfaction	88.6%	n/a	92.6	n/a	n/a	95.4	n/a	n/a	n/a	95.1	n/a	n/a	93.1	n/a
OP Hospital Overall Pt. Satisfaction	91.4%	n/a	92.5	n/a	n/a	93.1	n/a	n/a	n/a	94.7	n/a	n/a	94.6	n/a
ED Hospital Overall Pt. Satisfaction	90.4%	n/a	92.5	n/a	n/a	88.6	n/a	n/a	n/a	88.6	n/a	n/a	88.8	n/a
QUALITY														
Falls per 1000 Patient Days	0.0	n/a	0.0	n/a	n/a	n/a	6.9	n/a	n/a	0.0	n/a	n/a	7.6	n/a
Falls with Injury per 1000 Patient Days	0.0%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	7.6	n/a
Hand Hygiene	100%	n/a	95.7%	n/a	n/a	n/a	99.0%	n/a	n/a	95.5%	n/a	n/a	97.6%	n/a
Patient Experience/HCAHPS Recommend	80%	n/a	86.0%	n/a	n/a	n/a	91.0%	n/a	n/a	83.0%	n/a	n/a	78.9	n/a
How would you rate/HCAHPS	80%	n/a	87.5%	n/a	n/a	n/a	84.0%	n/a	n/a	83.3%	n/a	n/a	79.5	n/a
Communication with Nurses	86%	n/a	89.0%	n/a	n/a	n/a	92.0%	n/a	n/a	86.0%	n/a	n/a	87.6	n/a
Communication with Doctors	86%	n/a	91.6%	n/a	n/a	n/a	86.0%	n/a	n/a	88.0%	n/a	n/a	91.6	n/a
Readmission within 30 days	<7%	n/a	5.0%	n/a	n/a	n/a	4.0%	n/a	n/a	2.0%	n/a	n/a	1.70%	n/a
FINANCIAL														
Net Income to Budget	3.18%	10.18%	0.54%	-15.55%	1.07%	2.39%	5.70%	0.17%	5.00%	9.99%	4.35%	14.66%	19.58%	
Days in Accts Receivable	<53	44.10	45.74	45.40	43.96	48.46	40.51	38.69	41.01	41.91	39.89	45.37	34.28	
Days Cash on Hand	>150	254	238	238	232	237	237	261	263	267	270	273	291	
GROWTH														
Surgeries to Budget	81	86	62	80	79	72	87	63	71	79	67	58	4	
Wound Center New Patients	15	19	8	17	13	15	20	11	10	15	13	19	11	
Wound Center Encounters	135	169	141	156	152	141	180	167	140	114	113	139	127	
Wound Center Nurses Visits	no target # established	35	30	34	29	20	44	48	19	12	12	17	10	
SNF Wound Center New Patients		n/a	n/a	6	2	2	4	11	4	3	4	2	1	
SNF Wound Center Encounters/Telehealth		n/a	n/a	9	21	21	14	8	21	30	27	19	19	
Wound Center HBO Treatments (new pts)	1.6	3	1	0	0	0	0	0	0	1	0	0	0	
COMMUNITY														
Community Development Project	1													

Fun Run-goal complete



WINDOM AREA HEALTH

2020-2021 WAH GOVERNING BOARD COMMITTEE ASSIGNMENTS / MEETING INFORMATION

WAH GOVERNING BOARD MEETING STRUCTURE:

WAH Governing Board meetings are held the 4th Monday of each month, except in May when meetings are held the Tuesday following the 4th Monday of the month due to Memorial Day.

WAH Governing Board meetings begin at 5:30 p.m. in the Large Conference Room.

COMMITTEE MEETING STRUCTURE:

Joint Finance/Personnel & Building/Grounds Committee and Joint Professional Practice/Quality & Planning Committee meetings are held monthly on Governing Board days in the Large Conference Room.

- Professional Practice/Quality & Planning Cmte meets 4:00-4:30 pm.
- Finance/Personnel & Building/Grounds Committee meets 4:30-5:15 pm.

(Dinner is available from the Cafeteria beginning at 5:00 p.m., which may be eaten in the Cafeteria or Conference Room. There is no charge for board member meals.)

Confirmed date, time and location of committee meetings is designated on each Governing Board agenda.

Mt. Lake Advisory member has voting privileges in Governing Board committee meetings only.

PROFESSIONAL PRACTICE / QUALITY / PLANNING COMMITTEE MEMBERS

Kay Gross, Chair Mary Holmen Dan Ortmann
Julie Brugman - Mt. Lake Advisory member
Governing Bd Chair, Dr. Michael Fisher, serves as ex officio at this Cmte meeting.

JOINT FINANCE / PERSONNEL & BUILDING / GROUNDS COMMITTEE MEMBERS

Ann Bartelt, Chair Laura Fresk Justin Schmit
Julie Brugman - Mt. Lake Advisory member
Governing Bd Chair, Dr. Michael Fisher, serves as ex officio at this Cmte meeting.



WINDOM AREA HEALTH

TO: Windom Area Health Governing Board Members
FROM: Shelby Medina, CEO
DATE: May 26, 2020
RE: FY2020-21 WAH Governing Board Slate of Officers

A nominating committee comprised of Finance / Personnel and Building & Grounds Committee Chair, Ann Bartelt, Professional Practice / Quality & Planning Committee Chair, Kay Gross, and Governing Board Chair, Dr. Michael Fisher, present this proposed FY2020-21 Slate of Officers to the Windom Area Health Governing Board at this annual meeting of May 26, 2020, as defined in Section 2.8-1 of the Windom Area Health Governing Board Bylaws.

FY2020-21 WAH GOVERNING BOARD SLATE OF OFFICERS:

- Governing Board Chair – Dr. Michael B. Fisher
- Governing Board Vice-chair – Kay Gross
- Governing Board Secretary – Ann Bartelt
- Governing Board Treasurer – Laura Fresk

WAH Governing Board members may open nominations from the floor to appoint a different Governing Board member to a designated office above, if desired.

If there are no nominations made from the floor to the officer positions as noted above, this proposed Slate of Officers may receive a formal motion of approval by a board member, followed by a second motion of approval, with a final board vote accepting the FY2020-21 WAH Governing Board Slate of Officers as presented.

The WAH Governing Board Chair will preside over the remainder of the meeting.

WAH Governing Board Chair may announce FY2020-21 Committee Chairpersons.

FY2020-21 WAH GOVERNING BOARD COMMITTEE CHAIRPERSONS:

- Finance/Personnel, Labor Relations, & Building/Grounds – Ann Bartelt
- Professional Practice/Quality & Planning – Kay Gross

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

Purpose: Oversee WAH 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.

Meeting Date/Time/Location: **Tuesday, MAY 26, 2020 / 4:00-4:30 pm / Large Conference Room (SKYPE)**

Members: Kay Gross, Mary Holmen, Dan Ortmann, Dr. Michael Fisher-ex officio, Julie Brugman/Mt Lake Advisory Mbr, Emily Masters/CHRO, John Peyerl/CFO, Kathy Becker/DON, Shelby Medina/CEO

Present:
Absent:
Others:

Chairperson (Acting Chairperson) Kay Gross, Chairperson
Recorder: Janel Eichstadt

Category / Topic	Action step(s) / Updates	Leader:
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STANDING ITEMS

Call to Order	Call Professional Practice/Quality & Planning Committee meeting to order at 4:00 pm by Committee Chairperson.	Kay G.
Minutes	Approve minutes from the regular Committee meeting of April 27, 2020. (<i>Crmtc Motion</i>)	Kay G.

FOLLOW-UP ITEMS

WAH Staffing	Staffing updates	Shelby M.
COVID-19 Review	Update on WAH surgery and procedure services	Shelby M.
Medical Staff Bylaw	Review and discuss next steps	Shelby M.

NEW/CURRENT ITEMS

Annual Officer Election	Review proposed WAH Governing Board Slate of Officers for FY2020-21.	Shelby M.
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CONCLUSION

	Conclude meeting.	Kay G.
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Meeting Name: Windom Area Health Professional Practice / Quality & Planning Committee MINUTES

<p>Purpose: Oversee WAH 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.</p>		
<p>Meeting Date/Time/Location: Monday, April 27, 2020 / 4:00pm / Large Conference Room (SKYPE)</p>		
<p>Members: Kay Gross, Mary Holmen, Dan Ortmann, Dr. Michael Fisher-ex officio, Julie Brugman (Skype), Emily Masters/CHRO, John Peyerl/CFO, Kathy Becker/DON, Shelby Medina/CEO, Terry Mahar/Sanford Health Network (Skype) Absent: Dr. AJ Yusuf/Chief of Medical Staff Others:</p>		
<p>Chairperson (Acting Chairperson) Dan Ortmann, Acting-Chairperson</p>		
<p>Recorder: Janel Eichstadt</p>		
<p>Category / Topic Action step(s) / Updates Leader:</p>		
<p>STANDING ITEMS</p>		
Call to Order	The Professional Practice/Quality & Planning Committee meeting was called to order at 4:00 pm by Acting-chair, Dan Ortmann, per request of Kay Gross, Committee Chairperson. Due to the Covid-19 pandemic, this committee meeting was held via Skype per League of MN Cities Open Meeting Laws, Public Health Emergency.	Dan Ortmann
Minutes	M/S/C UNANIMOUSLY TO APPROVE COMMITTEE MINUTES FROM THE REGULAR MEETING OF MARCH 23, 2020, AS PRESENTED (GROSS/HOLMEN).	Dan Ortmann
<p>FOLLOW-UP ITEMS</p>		
Staffing	Shelby updated committee members on staffing adjustments that have taken place throughout the hospital effective April 1, 2020. She stated this action was necessary as a way of controlling expenses due to multiple patient services being postponed due to the Covid-19 pandemic, which has dramatically affected patient services and hospital finances. Emily Masters, CHRO, noted approximately 32 employees have been affected by reduction in work hours or placed on a furlough until patient services are again offered.	Shelby M.
COVID-19 review	Shelby presented an update regarding Covid-19 events taking place at Windom Area Health. Curbside testing is currently taking place in a tent located in the east parking lot and staffed by WAH employees. Covid-19 drive through testing is being administered for those employees from a local employer. Curbside testing became available April 23 rd and anticipated to be completed on/about April 25 th . Shelby also noted the hospital's Lab recently gained the capability of performing Covid-19 rapid testing for certain designated types of patients determined by the Medical Staff. Shelby noted she would continue to keep Governing board members apprised of hospital activities taking place during the Covid-19 event.	Shelby M.
<p>NEW/CURRENT ITEMS</p>		
Covid-19 Townhall Meeting	Shelby informed committee members she is exploring the possibility of organizing a community townhall meeting to the local community in the near future via WebEx presentation. Speakers would include local business people who would provide the community with "big system plans" regarding Covid-19 and what local community residents should expect in the near future, as it relates to this pandemic, during this question and answer meeting.	Shelby M.
Grant Update	John noted he has applied for grant monies being made available to healthcare organizations due to Covid-19. He noted Windom Area Health has recently received funds from two governmental agencies and currently waiting for final paperwork to be processed on a possible third grant. John noted he would keep board members apprised of other grant opportunities as they become available.	John Peyerl
<p>CONCLUSION</p>		
<p>Acting Chairperson, Dan Ortmann, concluded the Professional Practice/Quality & Planning Committee meeting.</p>		
<p>Dan Ortmann</p>		

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 HEALTH
CREDENTIALING**

MAY 26, 2020

APPOINTMENTS:

Annette Frank, RN	Cardiology	Allied Health Professionals
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REAPPOINTMENTS:

Stephanie Buhler, M.D.	Family Practice	Active Staff
Elizabeth Coleman, CNP	Wound & HBO	Allied Health Professionals
Stephanie Preister, CNP	Cardiology	Allied Health Professionals

vRAD REAPPOINTMENT:

Cristina Cavazos, M.D.	Teleradiology	Telemedicine
Kevin McDonnell, M.D.	Teleradiology	Telemedicine
Marc Paul, M.D.	Teleradiology	Telemedicine
Farhad Sani, M.D.	Teleradiology	Telemedicine

RESIGNATIONS:

Dean Batten, M.D.	Teleradiology	Telemedicine
Thomas Boden, M.D.	Teleradiology	Telemedicine
Toseef Khan, M.D.	Teleradiology	Telemedicine
Paul Yates, M.D.	Teleradiology	Telemedicine

APRIL COMMENTS

*****Responses documented in this report are typed exactly as was received in the survey.*****

EMERGENCY DEPARTMENT

1. I felt he should have been given Tylenol and IV fluids quicker for his fever and dehydration. This is written by a concerned wife and retired RN! I think the nurse was waiting for the drs. order!
2. Everything good.

INPATIENT

1. The hospital stay was very good. ER visit - don't know if I will ever go back. _____ is 18 month and we were in the ER for 5 hrs. with little communication went in at 5 or 6 p.m. at admitted a little before midnight. All were kind, but that was too much for us all with little direction. (Medical)
2. Really sucked. Do not call unless you are serious. (Medical)
3. Excellent care. (Medical)
4. Wonderful! All staff members from nursing, CRNA's, doctors, dietary, and housekeeping were so kind! (OB)
5. Very good good food was nice my _____ & daughter got to eat together. (Medical)
6. Admitted Friday noon - no wash cloth or towel in BR, no offer for one until I asked Sat. eve. for one to wash up - was NOT offered shower until Monday - there 7 days only received 2 showers - had to keep asking for clean wash clothes - excuse I received is that they were "very busy" - was not allowed to move around without assistance. (Medical)
7. One nurse in the ER was very nice & friendly. (Medical)
8. The care I received at WAH was excellent. I was originally concerned about staying in town to do both knees, but there was no need - I would highly recommend it. We are LUCKY to have such a GREAT facility. (Ortho)
9. I am 6 f 2" the bed was to short a longer bed should be available. Also mattresses should be better. (Medical)

OUTPATIENT

1. Good. (Radiology)
2. I like the fact that they are doing extra screening for COVID-19. (Registration) Nicole is awesome, my son looks forward to his visits with her every week. (Overall) (OT)
3. Very good. (Radiology)
4. Very pleased with our care by the PT staff at Windom Hospital. THANKS! (PT)
5. Never had a bad experience with the staff.
6. everyone was very friendly (Registration) I was quite impressed with *Ike. He completed all of the same tests as my son's pediatric orthopedic specialists. He explained everything (the diagnosis & the treatment) so my young son & I could understand everything. (More so than our orthopedic specialist.) (Your Care) (PT)

APRIL COMMENTS

7. It was an overall good experience under the circumstances that I was there.
8. I am a resident at Mikkelson Manor, thus the lab tech came to Mikkelson to draw blood. I never went to the hospital. (Lab)
9. Was taken at the home & it was done well – (Lab)
10. under these stressful conditions thank you to everyone involved very professional and the facility was very clean safe (Lab)

**Meeting Name: Windom Area Health 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.

Meeting Date/Time/Location: Tuesday, MAY 26, 2020 / 4:30-5:15 pm / Large Conference Room (SKYPE)

Members: Ann Bartelt, Laura Fresk, Justin Schmit, Dr. Michael Fisher-ex officio, Julie Brugman/Mt Lk Advisory Mbr, John Peyerl/CFO, Emily Masters/CHRO, Kathy Becker/DON, Shelby Medina/CEO

Present:
Absent:
Others:

Chairperson (Acting Chairperson)
Ann Bartelt, Chairperson
Recorder:
Janel Eichstadt

Category / Topic	Action step(s) / Updates	Leader:
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STANDING ITEMS

Call to Order	Call Finance/Personnel/Labor Relations & Building & Grounds meeting to order at 4:30 pm by Committee Chairperson.	Ann B.
Minutes	Approve minutes from regular meeting of April 27, 2020. (Cmte Motion)	Ann B.
Collections & Financial Assistance	Review & recommend approval of accounts. (Cmte Motion / Bd Motion)	John P.
Employee Resignations/Terminations	Review & recommend acceptance of resignations / terminations. (Cmte Motion / Bd Motion)	Emily M.

FOLLOW-UP ITEMS

WAH Staffing	Staffing updates	Shelby M.
		Shelby M.

NEW/CURRENT ITEMS

Annual Officer Election	Review proposed WAH Governing Board Slate of Officers for FY2020-21.	Shelby M.
CliftonLarsonAllen Pre-Audit Tele-conference Call	Korey Boelter, auditor from CliftonLarsonAllen, to address pre-audit information with committee members.	John P.

CONCLUSION

	Conclude meeting.	Ann B.
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Meeting Name: Windom Area Health Finance / Personnel / Labor Relations & Building & Grounds Committee
MINUTES

<p>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.</p>		
<p>Meeting Date/Time/Location: Monday, April 27, 2020 / 4:30pm / Large Conference Room (SKYPE)</p>		
<p>Members: Ann Bartelt, Laura Fresk, Cindy Espenson, Dr. Michael Fisher-ex officio, Julie Brugman/Mt Lk Advisory Mbr (Skype), John Peyer/CFO, Emily Masters/CHRO, Kathy Becker/DON, Shelby Medina/CEO, Terry Mahar/Sanford Health Network VP (Skype)</p> <p>Absent:</p> <p>Others:</p>		
<p>Chairperson (Acting Chairperson): Ann Bartelt, Chairperson</p>		
<p>Recorder: Janel Eichstadt</p>		
<p>Category / Topic Action step(s) / Updates Leader:</p>		
<p>STANDING ITEMS</p>		
Call to Order	Finance/Personnel/Labor Relations & Building & Grounds Committee meeting was called to order at 4:30pm by Chairperson, Ann Bartelt. Due to the Covid-19 pandemic, this committee meeting was held via Skype per League of MN Cities Open Meeting Laws, Public Health Emergency.	Ann B.
Minutes	M/S/C UNANIMOUSLY TO APPROVE COMMITTEE MINUTES FROM THE REGULAR MEETING OF MARCH 23, 2020, AS PRESENTED (BARTELT/FRESK).	Ann B.
Collections & Financial Assistance	M/S/C UNANIMOUSLY TO RECOMMEND APPROVAL TO SEND ACCOUNTS TOTALING \$59,479.70 TO AAA COLLECTIONS; RECOMMEND APPROVAL OF 1 NEW ACCOUNT AT 50% WRITE-OFF TOTALING \$1903.97; 4 ACCOUNTS WITH BALANCES BELOW \$1500 WAS PRESENTED WITH 1 ACCOUNT AT 100% WRITE-OFF TOTALING \$1094.19, 1 ACCOUNT AT 75% WRITE-OFF TOTALING \$681.94 AND 2 ACCOUNTS AT 0% WRITE-OFF, TOTALING \$1776.13; AND 5 PREVIOUSLY APPROVED ACCOUNTS WITH ALL 5 ACCOUNTS AT 100% WRITE OFF TOTALING \$3134.04; WITH ALL APPROVED FINANCIAL ASSISTANCE ACCOUNTS SUBMITTED FOR WRITE-OFF TOTALING \$6814.14(FRESK/ESPENSON). In month 12 of FY2020, accounts totaling \$145,595.06 have been approved for Financial Assistance on a budget of \$200,000.	John P.
Employee Resignations/Terminations	M/S/C UNANIMOUSLY TO RECOMMEND ACCEPTING THE FOLLOWING RESIGNATION – JULIE DARANIKONE, PART-TIME WEEKEND ER PATIENT REGISTRATION (FRESK/BRUGMAN). There were no terminations to report.	Emily M.
<p>FOLLOW-UP ITEMS</p>		
COVID-19 Update	Shelby updated committee members on Covid-19 events taking place at Windom Area Health. She noted curbside testing is currently taking place in a tent located in the east parking lot and staffed by WAH employees. Covid-19 drive through testing is being administered for employees from a local employer. Curbside testing became available April 23 rd and anticipated to be completed on/about April 25 th . Shelby also noted the hospital's Lab recently gained the capability of performing Covid-19 rapid testing for specific types of patients that have been determined by the Medical Staff. She noted progress is being made at working towards starting outreach services again for non-emergent procedures around mid-May. Shelby stated she would continue keeping Governing board members apprised of hospital activities taking place during the Covid-19 event.	Shelby M.
<p>NEW/CURRENT ITEMS</p>		
FY2021 Budget	John presented the proposed FY2021 statistical budget, income & expense budget and capital purchase requests for committee review and discussion. A review of FY2021 statistical projections was done showing a slight decrease in patient services in all reporting modalities, which is a result primarily from Covid-19 affects. John noted Charity Care/Financial Assistance for FY2021 would remain at \$200,000. He presented the FY2021 income and expense statement showing a negative Net Revenue from Operations totaling (\$1,004,200) with a projected net loss of (\$844,200) by fiscal year ending April 30, 2021. John reviewed FY2021 Capital Budget items and noted capital spending would depend significantly on what the hospital's business revenue is as the fiscal year progresses. John noted those budgeted capital items dealing with patient care would be a primary focus when considering capital expenditure items during fiscal year 2021. John noted the Covid-19 event would have a significant impact on hospital revenues, primarily during the first few months of the new fiscal year. He	John P.

	<p>shared that a midyear audit may be considered to realign hospital finances and statics as patient services return to a more normal activity level as Covid-19 events level off. John stated the FY2021 proposed budget is planned to be presented to the Windom City Council at their May 5th meeting for final approval. M/S/C UNANIMOUSLY TO RECOMMEND APPROVAL OF THE FY2021 BUDGET AS PRESENTED (BARTELT/ESPENSON).</p>	
CONCLUSION		
	<p>Chairperson, Ann Bartelt, concluded the Finance/Personnel/Labor Relations & Building & Grounds Committee meeting.</p>	<p>Ann B.</p>

04/2020 (month 12)

ASSETS:

CURRENT ASSETS

Cash in Bank	6,189,292
Flex Plan Fund	30,282
Designated Savings	3,383,029
Accounts Receivable	2,816,314
A/R Medicare Prosp Payment	(675,796)
Allowance Doubtful Accts	(379,000)
A/R Finance Billing	27,060
Inventories	226,872
Prepaid Expenses	58,137
Prepaid Defined Pension	1,312,179
Employee Loan Receivable	105,788
TOTAL CURRENT ASSETS	13,094,158

Board Designated Investment	5,214,575
Held by Trustee	398,331
TOTAL ASSETS LIMITED	5,612,906

FIXED ASSETS

Land	270,594
Land Improvements	3,144,946
Buildings	13,163,817
Fixed Equipment	8,141,573
Major Movable Equipment	5,425,997
Construction in Progress	-
SUB-TOTAL FIXED ASSETS	30,146,927

LESS-ACCUM DEPRECIATION	(15,033,754)
TOTAL FIXED ASSETS	15,113,173

TOTAL ASSETS	33,820,237
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LIABILITIES:

CURRENT LIABILITIES

Accounts Payable	299,011
Third Party Settlement	672,537
Accrued Wages	103,954
Accrued Vacation	705,869
Accrued Benefits	381,888
Accrued Health Ins Premiums	143,788
Accrued Interest	28,270
Other Current Liabilities	176,410
TOTAL CURRENT LIABILITIES	2,511,727

LONG TERM LIABILITIES

Min Pension Liability	6,670,279
Long Term Debt, less current maturities	4,463,327
TOTAL LIABILITIES	13,645,333

NET ASSETS

Net Asset Balance	20,174,904
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TOTAL LIABILITIES & NET ASSETS	33,820,237
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WINDOM AREA HEALTH
INCOME STATEMENT

4/30/2020

	Revenue		Revenue		Revenue		Revenue	
	4/30/2020	Comparison	Budget 2020	Comparison	Y-T-D 2020	Comparison	Budget 2020	Comparison
PATIENT REVENUE								
Inpatient Revenue	\$177,519	11.82%	\$808,470	25.71%	\$7,951,380	22.56%	\$9,701,640	25.71%
Outpatient Revenue	\$1,324,524	88.18%	\$2,335,554	74.29%	\$27,295,714	77.44%	\$28,026,648	74.29%
Total Patient Revenue	\$1,502,043	100.00%	\$3,144,024	100.00%	\$35,247,094	100.00%	\$37,728,288	100.00%
Contractual Adjustments	\$411,846	27.42%	\$1,360,821	43.28%	\$14,967,083	42.46%	\$16,329,852	43.28%
Other Income	\$11,322	0.75%	\$14,502	0.46%	\$206,183	0.58%	\$174,024	0.46%
NET OPERATING REVENUE	\$1,101,519	100.00%	\$1,797,705	100.00%	\$20,486,194	100.00%	\$21,572,460	100.00%
EXPENSE								
Employee Salaries	\$518,119	47.04%	\$651,616	36.25%	\$7,502,952	36.62%	\$7,819,392	36.25%
Employee Benefits	\$163,524	14.85%	\$203,284	11.31%	\$2,352,865	11.49%	\$2,439,408	11.31%
Pharmaceuticals	\$52,061	4.73%	\$120,833	6.72%	\$793,319	3.87%	\$1,449,996	6.72%
Supplies	\$51,160	4.64%	\$128,626	7.16%	\$1,360,356	6.64%	\$1,543,512	7.16%
Rents & Utilities	\$21,770	1.98%	\$27,271	1.52%	\$300,173	1.47%	\$327,252	1.52%
Purchased Services	\$340,666	30.93%	\$363,943	20.24%	\$4,443,920	21.69%	\$4,367,316	20.24%
Other Direct Expenses	\$86,481	7.85%	\$116,564	6.48%	\$1,352,613	6.60%	\$1,398,768	6.48%
Provision for Bad Debts	\$14,061	1.28%	\$16,775	0.93%	\$422,279	2.06%	\$201,300	0.93%
Depreciation	\$120,717	10.96%	\$122,333	6.80%	\$1,472,603	7.19%	\$1,467,996	6.80%
Interest Expense	\$14,135	1.28%	\$14,640	0.81%	\$171,635	0.84%	\$175,680	0.81%
Total Operating Expense	\$1,382,694	125.53%	\$1,765,885	98.23%	\$20,172,715	98.47%	\$21,190,620	98.23%
Income (loss) From Operations	(\$281,175)	-25.53%	\$31,820	1.77%	\$313,479	1.53%	\$381,840	1.77%
Investment Income	\$32,208	2.92%	\$7,017	0.39%	\$220,845	1.08%	\$84,204	0.39%
Other Revenue/(Expenses)	\$464,629	42.18%	\$9,470	0.53%	\$452,579	2.21%	\$113,640	0.53%
Non Operating Rev/Exp	\$496,837	45.10%	\$16,487	0.92%	\$673,424	3.29%	\$197,844	0.92%
Increase in Net Assets	\$215,662	19.58%	\$48,307	2.69%	\$986,903	4.82%	\$579,684	2.69%

Month

WINDOM AREA HEALTH									
FY 2020									
CAPITAL ASSET ACQUISITIONS									
Yrs Dep	Capital Asset	Vendor	Asset class	May	June	July	August	September	October
15	Therapy/Conf Rm Furniture	Canfield Business Interiors	CIP	35,727.19					
	Therapy/Conf Rm Architech Fees	I & S Group	CIP	2,357.28					
	Therapy/Conf Rm Pay App	Kraus Anderson	CIP	258,513.21					
10	Signage Update (Windom Area Health)	Pride Neon Inc	CIP	10,275.29					
10	Misc Roof Repairs	Bergen Inc	Buildings		9,433.89				
7	Therapy - Power Tower	Performance Health	Maj Mov		5,711.55				
	Therapy/Conf Rm Pay App	Kraus Anderson	CIP		98,429.89				
10	Therapy - Nurse Call System	DTB Systems Group	CIP		7,490.00				
	Therapy/Conf Rm Architech Fees	I & S Group	CIP		261.00				
7	Conf Rm Video System	AVI Systems	CIP		11,587.95				
10	System 8: Surgical Saws	Stryker	Maj Mov		35,182.69				
	Therapy/Conf Rm Pay App: Final	Kraus Anderson	CIP		41,861.34				
10	Signage Update (Windom Area Health): Final	Pride Neon Inc	CIP		10,725.00				
10	Roof Restoration Therapy/Conf Area	Bergen Inc	Buildings				35,983.20		
10	DirectTV System	Nation Sat	Maj Mov				16,220.00		
6	Body Plethysmograph (Resp Therapy)	Medical Graphics Corp	Maj Mov				51,122.00		
15	Air Handling Unit for ER	Schwalbach	Fixed Equip					19,993.00	
15	Connect RTU - ER	Ron's Electric	Fixed Equip					1,259.00	
5	APLIO 1700 Ultrasound Imaging System	Canon Medical Systems	Maj Mov						120,330.00
	Total			306,872.97	132,914.28	87,769.03	103,325.20	21,252.00	120,330.00
Yrs Dep Capital Asset									
15	Parking Lot - North	Salonek Concrete & Const	Land Imp	121,910.00					
15	Surgical Table - Pain Management	Surgical Tables Inc.	Maj Mov	11,549.00					
5	Broom for Toro 7200/360 Series	MTI Distributing	Maj Mov	5,747.84					
10	Fire Alarm System Upgrade	Custom Communications Inc.	Maj Mov	20,799.25					
7	Newborn Hearing Screener	Natus Medical	Maj Mov	11,942.53					
5	Isotour Bed Mattress	Stryker	Maj Mov		7,231.35				
5	PACS System Implementation - Sectra	Sanford Health	Maj Mov		25,000.00				
10	Convection Oven	Restaurant Design Equip	Maj Mov			5,837.78			
5	Pigg-O-Stat Analog Immobilizer for CR	NXC Imaging Inc.	Maj Mov					5,338.12	
5	Upgrade 9 Cameras to IP and add 2 addtl	Midwest Alarm	Fixed Equip					15,240.30	
5	Install Access Control on Rehab Entrance Doors	Midwest Alarm	Fixed Equip					6,070.86	
5	Network Switch Upgrade	Marco	Maj Mov						33,933.42
5	Network Wiring Installation related to Upgrade	Ron's Electric	Fixed Equip						38,135.91
	Total			171,948.62	32,231.35	5,837.78	-	26,649.28	72,069.33

Eichstadt,Janel

From: Armstrong, Kim
Sent: Wednesday, May 20, 2020 2:49 PM
To: Vern123; jimsandy2@msn.com; annbartelt87@gmail.com; 'laurafresk@gmail.com'; 'Kay Gross'; Greg Scheitel; Medina, Shelby; Masters, Emily; 'stevenjohnson173@gmail.com'
Cc: Armstrong, Kim; Eichstadt, Janel
Subject: Foundation Board Update
Attachments: Donation Reports for Board FY20.xls; Foundation Growth Chart.xls

I decided to do a Foundation Board email update instead of a face-to-face or Skype meeting in May.

Shelby and I will work on selecting some dates for the strategic planning session this summer. I will send out a Doodle poll in June with possible dates and times.

I would like to welcome Greg Scheitel to the WAH Foundation Board. Greg and his wife, Kari, have two girls and he works at the Red Rock Ridge Alternative Center in Windom. Welcome Greg!

Amber Hughes at Windom Area Health has been working with the Good Samaritan Centers in Windom and Mt. Lake to organize a multi-community race event. The Color Jam has been cancelled for 2020. The committee felt the expense and time put into it would exceed the potential profits in light of extended social distancing measures and the uncertainty of Covid-19.

The Tammy Hall Breast Health Walk is scheduled for October 10th. Normally we send out sponsorship letters to businesses but we have chosen not to do that this year.

Windom Area Health received a \$500 Community Wellness Partners Mini Grant for crosswalk paint for the Be Well Path and a bench for the Tranquility Garden.

I've attached the Foundation growth chart for your information.

Please contact me if you have questions about any of this information.

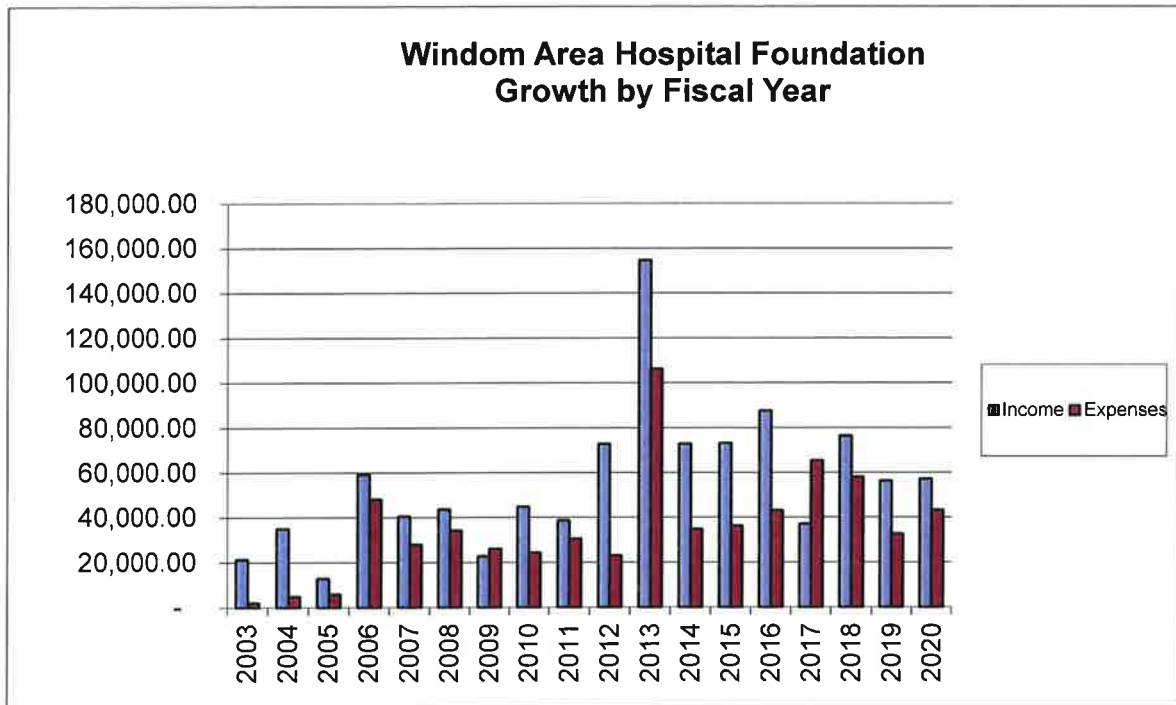
Kim Armstrong

*Executive Director of Compliance
and Foundation/Auxiliary*

507-831-0615

Fax 507-831-5749





Fiscal Year 2003

* Donations included \$3923.46 from closing WAH employee flex account, \$3,600 stock donation from Krueger's, \$2,500 from W. Hoppert.

Fiscal Year 2004

* Donations include \$15,000 grant from Toro Foundation for DEXA Scanner and \$5,000 from Remick Foundation for student loans.

Fiscal Year 2005

* Received \$5,000 from Remick Foundation for student loans and paid out \$3,000.

Fiscal Year 2006

* Purchased DEXA Scanner for \$76,500 (\$26,275 from radiology & general funds, other \$50,225 from Mickelson money donated to hospital several years ago).

* Received \$3,000 from Remick Foundation for student loans and paid out \$3,000.

* Vicki Schendel money on hospital books transferred to Foundation \$17,315.02.

* Received \$5,000 anonymous donation for the generator.

* Changed fundraising accounting. Per Auditors sent all revenue to Sanford Foundation and requested total expenses instead of just sending profit as done in past.

Fiscal Year 2007

* Purchased heel scanner for \$9,700 and Women's Health Program \$2,500 (cleared radiology fund and remainder of money withdrawn from general fund).

* Received \$5,000 from Remick Foundation for scholarships and paid out \$4,000.

* Received \$6,500 from Hospital Auxiliary to purchase walk-in cooler.

Fiscal Year 2008

* Reimbursed hospital for 1/2 of IO Drill (\$753.04 donated).

* Received \$5,000 from Howie Sether for scholarships and paid out \$8,000.

* \$3,420 spent on Foundation display of polished metal letters and logo.

* Reimbursed hospital for walk-in cooler.

* Received \$5,000 from Remick Charitable Foundation Trust for scholarships.

Fiscal Year 2009

- * Reimbursed hospital \$9,380.24 for cardiac monitor system.
- * Reimbursed hospital \$3,606.50 for cataract chair (cleared cataract chair fund and remainder of money withdrawn from general fund).
- * Received a Groundmaster from the Toro Giving Program valued at over \$28,000.
- * Paid out \$5,000 for scholarships.
- * Started fundraising to replace bilirubin lights.

Fiscal Year 2010

- * Reimbursed hospital \$5,090 for bilirubin lights .
- * Received \$5,000 from Remick Charitable Foundation Trust for scholarships.
- * Paid out \$5,000 in scholarships.
- * Received \$5,000 donation from M. Gene Clark for scholarships.
- * Winnifred Hoppert Scholarship fund raised \$3,000.
- * \$500 from employee crisis fund given to an employee in need.

Fiscal Year 2011

- * Reimbursed hospital \$9,986 for Rehab traction table.
- * Paid out \$8,000 in scholarships.
- * Received \$25,000 from Myrtle Stroud Estate.
- * \$865.24 from employee crisis fund given to an employee in need.
- * Received \$1,000 donation for scholarship from Jeannine Johnson in memory of Dr. Alan R. Johnson (money in restricted hospital fund, not in Foundation fund because it was an IRA).
- * Received \$4,000 from Remick Charitable Foundation Trust for scholarships.
- * Awarded 5 \$1,000 scholarships.

Fiscal Year 2012

- * Paid out \$5,000 in scholarships.
- * Received \$10,000 from Bruce Nelson Estate.
- * Partnered with TyAnn Marcy & Tammy Hall in fundraising for Breast Health Fund through a Breast Health Walk & Affair to Remember Gala.
- * Authorized purchase of digital mammography in summer 2012.
- * Awarded 5 \$1,000 scholarships.

Fiscal Year 2013

- * Paid out \$5,000 in scholarships.
- * Received \$50,000 from Toro Foundation for the purchase of digital mammography.
- * Reimbursed hospital \$27,575.51 from Breast Health Fund for the purchase of digital mammography.
- * Received \$45,099 from David C. Campbell Revocable Intervivous Trust.
- * Gave one breast health applicant \$1,213.32 to help cover expenses during cancer treatments.
- * Reimbursed hospital \$989.60 for an infant warmer.
- * Awarded 6 \$1,000 scholarships which includes a Mildred Klosterbuer memorial scholarship.

Fiscal Year 2014

- * Received \$10,000 from Wilbert Rohlfen.
- * \$383.26 from Employee Crisis Fund given to an employee in need.
- * Gave one breast health applicant \$1,784.82 to help cover expenses during cancer treatments
- * Reimbursed hospital \$573.36 for blanket warmer.
- * Awarded 6 \$1,000 scholarships which includes a \$1,000 Mildred Klosterbuer memorial scholarship.
- * Sponsored O'Neal Hampton from The Biggest Loser TV show as a speaker at the Farm & Home show.
- * Donated \$1,187 to the Edith Sanford Breast Cancer Foundation from the Breast Health Walk for cancer research.
- * Donated \$550 from Tammy Hall memorials to the Edith Sanford Breast Cancer Foundation for cancer research.

Fiscal Year 2015

- * Reimbursed hospital \$4,848.58 for white boards for patient rooms.
- * Reimbursed hospital \$1,390 from Vickie Schendel Fund for lactation counselor training.
- * Awarded 6 \$1,000 scholarships which includes a \$1,000 Mildred Klosterbuer memorial scholarship.
- * Donated \$1,700 to the Edith Sanford Breast Cancer Foundation from the Tammy Hall Breast Health Walk for cancer research.
- * Received \$10,200 from the Hospital Auxiliary for renovating the chapel.

Fiscal Year 2016

- * Received \$10,000 anonymous donation to building fund.
- * Gave 1 cancer applicant \$2,000 to help cover expenses during cancer treatments. Approved \$4,600 for another applicant.
- * Donated \$600 to the Edith Sanford Breast Cancer Foundation from the Tammy Hall Breast Health Walk for cancer research.
- * Reimbursed hospital \$6,000 for on call room expenses, \$10,000 for coffee kiosk and \$1,343.51 for the fireplace in the new front lobby.
- * Awarded 8 \$1,000 scholarships which includes a \$1,000 Mildred Klosterbuer memorial scholarship.
- * Received a check for \$18,284.83 for the first year on the American Express incentive program with the hospital's corporate purchasing credit card.

Fiscal Year 2017

- * Cancer applicants: 1 received \$500 in Casey's gas cards, 2 received \$5,000.
- * Reimbursed hospital \$29,385.48 for expenses related to relocating the chapel. \$10,200 from the 2015 Hospital Auxiliary donation and \$10,000 from the Wilbert Rolfsen Estate used for chapel furniture.
- * Reimbursed hospital \$3,900 from Vickie Schendel Fund for wellness campaign development expenses.
- * Reimbursed hospital \$2,790.62 for jaundice meter.
- * Donated \$750 to the Edith Sanford Breast Cancer Foundation from the Tammy Hall Breast Health Walk for cancer research.
- * Purchased mammo capes, BIG DVDs for Parkinson's patients and patient safety materials.
- * Awarded 7 \$1,000 scholarships which includes a \$1,000 Mildred Klosterbuer memorial scholarship.
- * Received \$500 grant from The Shopko Foundation to purchase bike helmets.
- * Received a check for \$19,497.01 from the American Express incentive program.

Fiscal Year 2018

- * Received \$10,000 from Bill and Harriet Olson Family Fund/Advisors Charitable Gift Fund.
- * Cancer applicants: 3 awarded \$12,500
- * \$803 from employee crisis fund given to an employee in need.
- * Purchased modified BIG DVDs for Parkinson's patients.
- * Reimbursed hospital \$2,145 for orthopedic surgery equipment and \$130 to replace a sleeping room refrigerator.
- * Contributed \$22,900 to the walking path around the hospital campus. \$8,660.83 in donations raised from the public and employees.
- * Awarded 6 \$1,000 scholarships including the Mildred Klosterbuer memorial scholarship.
- * Received \$17,916.41 from the American Express incentive program.

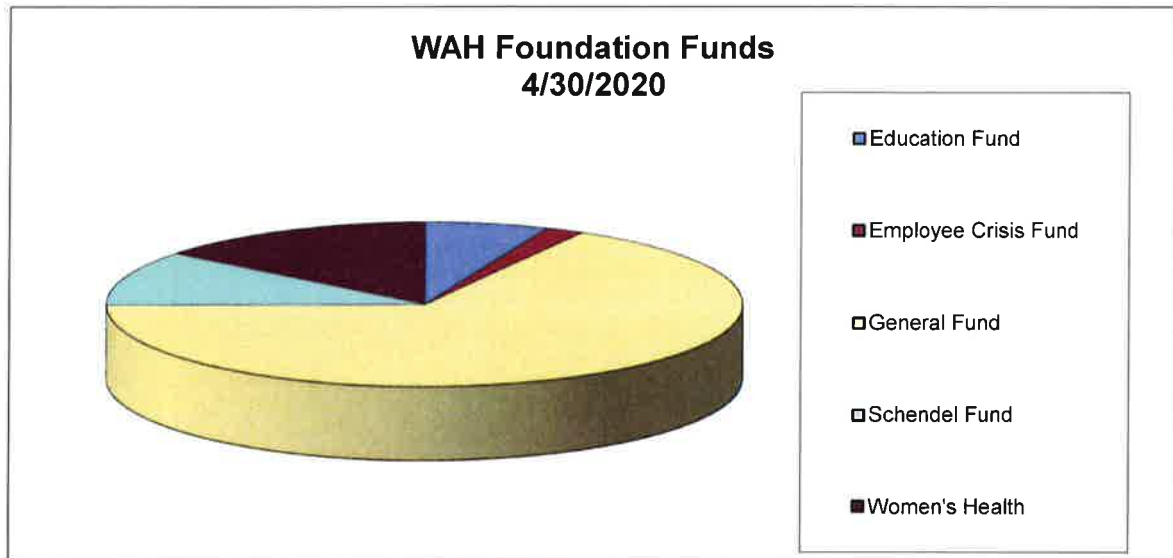
Fiscal Year 2019

- * Donated \$855 to the Edith Sanford Breast Cancer Foundation from the 2017 Tammy Hall Breast Health Walk and \$1,100 from the 2018 event for cancer research.
- * Purchased chemo chair for \$3,998.83.
- * Purchased 2 adult CPR mannikins for \$275.94 for the hospital.
- * Cancer applicants: 1 awarded \$4,000.

- * Awarded 7 \$1,000 scholarships including the Mildred Klosterbuer and Ron Meyer memorial scholarships.
- * Received \$7,482.21 from the American Express incentive program.

Fiscal Year 2020

- * Donated \$545 to the Edith Sanford Breast Cancer Foundation from the 2019 Tammy Hall Breast Health.
- * Purchased Prenatal Power Point Education for \$567.24.
- * Reimbursed hospital \$2,080 from the Building Fund & \$1,805 from the Wound Center Fund.
- * Purchased a newborn hearing screening machine for \$11,793.38 with proceeds from the spring solicitation letter, Auxiliary and Edward Grunewald memorial.
- * Replaced Pigg-o-Stat in Radiology Department for \$5,338.12.
- * Paid \$1,392.65 for RN lactation training expenses and \$3,021.59 for SANE training.
- * Purchased a bench from By The Yard for \$739 for the Tranquility Garden.
- * Awarded 8 \$1,000 scholarships including the Mildred Kosterbuer and Ron Meyer memorial scholarships.



Sanford Policy ENTERPRISE Compliance:	Corporate Compliance Program- Enterprise
	APPROVED BY: VICE PRESIDENT, CHIEF COMPLIANCE OFFICER
DATE REVIEWED/REVISED: 01/23/2020	FORMULATED BY: SENIOR EXECUTIVE DIRECTOR, COMPLIANCE PROGRAMS

Disclaimer: Any reference to Sanford includes all Sanford entities unless indicated otherwise in individual policies. The Compliance Program reflects Sanford's general philosophy and principles and is provided as an aid to employees. Sanford may revise, update, modify, add to, delete or otherwise change the Compliance Program at any time with or without notice to employees. The Compliance Program is as complete as reasonable; however, unanticipated circumstances may warrant action or conduct not specifically stated.

SCOPE: Enterprise, All Sanford employees, All Sanford entities.

The following is hereby adopted as the Corporate Compliance Program ("Compliance Program") for Sanford and its subsidiaries and affiliated organizations. The Compliance Program will be reviewed and updated periodically by the Chief Compliance Officer or designee.

PURPOSE:

The purpose of the Compliance Program is to enable Sanford to demonstrate integrity and honesty as a participant in federally and state funded health care programs and to facilitate its compliance with applicable laws and regulations. Sanford will implement and maintain the requirements specified to the extent reasonably possible.

POLICY:

Sanford and each of its corporate trustees, directors, officers and employees, and those doing business with Sanford, shall maintain the business integrity and honesty required of a participant-supplier in federally and state funded health care programs. Sanford shall comply with all laws and regulations governing participation in Medicare, Medicaid and other federally and state funded health care programs.

A clearly documented, communicated and enforced Compliance Program is the primary way to reduce the risk of inadvertent or inappropriate activity. Sanford's Compliance Program consists of the following components based on the Federal Sentencing Guidelines and other Government guidance and industry standards.

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Compliance Program

1. Compliance Personnel, Structure and Program Oversight

The organization's governing authority is knowledgeable about the content and operation of the Compliance Program and exercises reasonable oversight. High level personnel of the organization ensure the organization has an effective Compliance Program. This includes the Board of Trustees, specific senior executives, the organizational leadership and the individuals assigned to direct compliance.

The Board of Trustees

The Board of Trustees provides reasonable oversight to ensure Sanford's adoption of an effective Compliance Program. The Chief Compliance Officer shall provide reports to the Board of Trustees and to the Trustee Audit and Compliance Committee.

Chief Compliance Officer

Sanford employs a Chief Compliance Officer whose primary responsibilities include:

- Overseeing and monitoring the implementation of the Compliance Program.
- Reporting compliance activities on a regular basis to Executive Leadership and to the Board of Trustees.
- Periodically revising the program to accommodate changes in federal, state, or local laws, rules, or regulations, and to meet changes in the Sanford organization.
- Developing, coordinating and participating in a multifaceted education and training program that focuses on the elements of the Compliance Program, and ensuring that employees and management are aware of and comply with applicable laws, rules and regulation.
- Ensuring that independent contractors and agents who furnish medical services to Sanford are aware of and meet the requirements of the Compliance Program.
- Coordinating personnel issues with other departments to ensure that the National Practitioner Data Bank, Cumulative Sanction Report and List of Excluded Individuals and Entities have been checked with respect to all employees, medical staff and independent contractors as appropriate.
- Coordinating internal compliance review and monitoring activities.
- Independently investigating and acting on matters related to compliance, including the direction and coordination of internal investigations and any needed corrective action.
- Developing policies and programs that encourage managers and employees to report suspected fraud, abuse, or other improprieties

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without fear of retaliation.

The Chief Compliance Officer will have unrestricted coordination and direct access to the Board of Trustees and other senior executives as well as the authority to bring matters to their attention directly.

Executive Compliance Committee

Sanford's Executive Compliance Committee is comprised of senior executive leadership including, but not limited to, the Chief Operating Officer, Chief Legal Officer and Chief Financial Officer. The Executive Compliance Committee shall meet no less than quarterly to receive and review reports of compliance issues. The Committee shall provide guidance, direction and approval to ensure that Sanford has the necessary processes, internal controls and policies to assure compliant and ethical business practices. Upon discovery of a significant violation of Sanford's compliance standards or a law or regulation, the Chief Compliance Officer or designee shall promptly consult with Committee members to expeditiously and appropriately resolve the matter.

2. Compliance Policies and Procedures

The organization requires standards of conduct and internal control systems that are reasonably capable of reducing the likelihood of violations of law.

Policies have been created to support the Compliance Program and the prevention, detection and mitigation of compliance issues. These policies may be found on the Sanford intranet or by contacting the Compliance Office. Compliance policies are developed by the Chief Compliance Officer or designee. Policies to address specific risks and procedural documents may also be formulated at the entity or department level to describe proper processes and monitors necessary to support compliance activities. Compliance with policies and procedures is an element of an employee's annual performance evaluation.

The organization requires reasonable efforts to screen for individuals who have previously engaged in violations of law or other conduct inconsistent with an effective Compliance Program.

Employment and Contractual Screening

Sanford is committed to upholding the standards required by Medicare and other governmental payers for all employees and agents of Sanford. Processes are in place to screen individuals and suppliers as called for in the Ineligible Persons/Exclusion List Verification Policy.

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3. Compliance Training and Education

The organization requires compliance training, including members of the governing authority as well as employees. Communication and training is ongoing with periodic updates.

Compliance Program Education

Employees receive general compliance education within 30 days of hire and annually thereafter and when required for specific circumstances. The content of the Compliance Program education is reviewed and updated periodically. The goals of Sanford's compliance education are to assure all employees are aware of:

- Sanford's Compliance Program;
- Sanford's Code of Conduct and disciplinary policies;
- Their duty to report potential violations and the mechanisms to do so;
- Appropriate responses to Sanford's policies on investigations conducted by Government officials;
- Sanford's policy on reporting false claims;
- Sanford's policy regarding the accepting of gifts and gratuities.

Compliance Training

Additional compliance related training may be targeted for specific groups such as corporate officers, managers and other employees (e.g., those involved in coding and billing) whose actions may affect the accuracy of the claims submitted for payment or who are engaged in other activities at risk for non-compliance. Training may also include material changes in laws, regulations or internal policies and procedures and may be delivered via various mechanisms such as webcasts, newsletters, emails, etc. This training may occur in a periodic format or as necessary to address specifically identified risks.

All organizational leaders are responsible for communication regarding the importance of the Compliance Program with all employees. This responsibility includes the communication of education and training materials provided as part of the Compliance Program. In addition, they are responsible to assure employees complete mandatory and targeted education and training sessions.

4. Monitoring and Auditing

The organization takes reasonable steps to ensure the Compliance Program is followed, including monitoring and auditing to detect violation of law, and to evaluate periodically the effectiveness of the Compliance Program.

Risk Assessment, Auditing and Monitoring

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Annual and ongoing risk assessments will be conducted to identify and prioritize risks that are then used to develop a compliance work plan. The work plan will be updated based on prioritization of the risks and will use various methods, such as process assessments, audits, monitors and targeted education to address the identified risk areas. Work plan activities may be carried out by Compliance staff, operations staff responsible for the service line being monitored or external resources as needed.

Internal monitoring and auditing for compliance may include areas such as:

- Correct coding and claim submission;
- Medical necessity;
- Adherence to policies and guidelines as well as specific rules of Medicare contractors and other governmental agencies.

Results of the work plan will be used to develop corrective action and those actions will be tracked to assess the effectiveness of the plan.

Evaluation of Program Effectiveness

To promote an organizational culture that encourages ethical conduct and commitment to compliance, the effectiveness of the Compliance Program will be reviewed on a periodic basis. Enhancements to the Compliance Program will be made based on the findings of the assessment.

5. Lines of Communication

The organization takes reasonable steps to have and publicize a system whereby the organization's employees and agents may report or seek guidance regarding potential or actual violations of law without fear of retaliation

Non-retaliation

The Sanford Compliance Program depends on the cooperation of each employee. All Sanford employees are responsible for seeking guidance for reporting actual or potential compliance, operational or financial issues.

The Compliance Program prohibits retaliation, intimidation, threats or harassment of any kind if the employee makes a good faith report of potential violation.

In the event that an employee is intimidated, harassed, threatened or retaliated against after reporting a potential or actual compliance issue, disciplinary actions will be taken against the offender(s), including, but not limited to, suspension and/or termination.

Reporting Options

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- Compliance Hotline: The Compliance Hotline phone number will be publicized in all regions of Sanford's operation via poster, online directory, Compliance policy and other communications. Reports may be made anonymously via the hotline.
- Written Notification: Concerns can be sent in writing to the Chief Compliance Officer or any Compliance Officer. Reports may be made anonymously via written communication.
- Email: Concerns can be sent to compliancehotline@sanfordhealth.org.
- Open Door: Any employee may choose to address the issue personally with the Chief Compliance Officer or Compliance staff member. An appointment is not necessary.
- Any complaints that are more appropriately evaluated by another department (e.g. Human Resources) are forwarded for investigation and oversight.

Exit Interview

Human Resources offers to conduct an exit interview to all employees, if desired. The exit interview remains optional. This interview serves to identify areas of concern and/or educational needs as well as provide an opportunity to communicate compliance related concerns that may not have been previously shared. Human Resources will forward any potential compliance concerns to the Chief Compliance Officer for follow-up.

In addition to the Human Resources exit interview, Compliance offers to conduct a compliance related exit interview to all Director and above employees. This also includes physicians. The exit interview remains optional. The interview serves to identify areas of concern and/or educational needs as well as provide an opportunity to communicate compliance related concerns that may not have been previously shared.

Response to Government Investigation

All notices received regarding government investigations or inquiries should be directed to the Compliance Office. Response to investigations will be determined on a case-by-case basis and should be done in accordance with Sanford's policy on Responding to Government Investigations.

6. Enforcement and Discipline

The organization's Compliance Program is promoted and enforced consistently throughout the organization with appropriate disciplinary measures for engaging in violations of law and for failing to take reasonable steps to prevent or detect such violations.

Approach to Discipline

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The Compliance Program's standards will be consistently enforced through appropriate disciplinary mechanisms determined on a case specific basis. The discipline will be immediate and imposed in accordance with Sanford's written standards of disciplinary action. Individuals responsible for an offense as well as those failing to detect an offense may be subject to disciplinary action. Employees may be removed from the work environment if their presence may be disruptive or their continued access to information and documentation must be limited. Discipline will be enforced following the disciplinary process outlined in Human Resources policies.

7. Response and Prevention

The organization implements all reasonable ways necessary to respond appropriately to a detected offense and to prevent future recurrences, including, if necessary, changing the detection and prevention program.

Reported violations will be investigated according to the policy on Investigating Possible Compliance Violations. The investigation may include interviews and review of relevant internal and external documents. Any overpayments identified will be refunded as described in Sanford's policy on Overpayment Determination and Refunds.

Compliance violations will be resolved consistent with applicable laws and regulations, or in the absence of regulatory requirements, consistent with Sanford compliance and ethical standards. If there is a potential that criminal conduct has occurred, Sanford will take reasonable steps to remediate harm when appropriate. Any compliance violation resulting from intentional misconduct or unintentional negligence will be evaluated for improvements in processes, safeguards or internal controls to prevent future violations.

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Addendums

Sanford Health has a comprehensive Compliance Program. There are times, however, when specific entities, regions, and / or business lines need additional or expanded Compliance requirements in addition to the above.

Corporate Integrity Agreement

Sanford entered into a Corporate Integrity Agreement (CIA) on October 25, 2019, which will remain in effect for five years through October 25, 2024. The obligations of the CIA apply to Sanford Health with respect to its control of Sanford USD Medical Center and Sanford Clinic and to Sanford USD Medical Center and to Sanford Clinic with respect to their operations in Sioux Falls, South Dakota.

Compliance Officer: The CIA requires Sanford USD Medical Center to employ a Compliance Officer, who is a member of senior management, and reports directly to the President of Sanford USD Medical Center. Among other duties, the Compliance Officer (1) develops and implements policies and procedures to ensure compliance with Federal health care program and CIA requirements, (2) makes periodic reports to the Board of Directors of Sanford USD Medical Center, and (3) monitors the day-to-day compliance activities engaged in by Sanford USD Medical Center.

Compliance Committee: The CIA requires that Sanford USD Medical Center maintain a Compliance Committee including the Compliance Officer, the Chair, and members of senior management. The Committee meets quarterly.

Sanford USD Medical Center Board: The CIA requires the Sanford USD Medical Center Board to be responsible for oversight and review of matters related to compliance with Federal health care programs and CIA requirements. The Board includes independent members and meets, at least quarterly to review Sanford USD Medical Center's Compliance Program, including the performance of the Compliance Officer and Compliance Committee.

Management Certifications: The CIA requires that certain Sanford employees with their primary worksite in Sanford USD Medical Center (Certifying Employees) to monitor and oversee activities within their areas of authority and shall annually certify that the applicable Sanford USD Medical Center department is in compliance with applicable Federal health care program requirements and obligations of the CIA. These Certifying Employees shall include, at a minimum, the following: Sanford USD

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Medical Center's President, Vice-President Operations; Vice-President, Finance; Vice-President, Medical Officer Medical; Executive Director for Human Resources Strategic Partner; and Chief Information Officer as outlined in the Management Certifications policy.

Skill Nursing Facilities Compliance and Ethics Program- 42 CFR 483.85

Designated Compliance Liaison: All skilled nursing facilities have a designated compliance liaison.

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Windom- Windom Area Health: Compliance:	Code of Conduct-Windom
	APPROVED BY: EXEC DIR OF COMPLIANCE/FND/AUX
DATE REVIEWED/REVISED: 03/26/2020	FORMULATED BY: EXEC DIR OF COMPLIANCE/FND/AUX

SCOPE: Windom Area Health

PURPOSE/POLICY:

When you choose to become a member of the Windom Area Health family, you agree to conduct yourself in accordance with the Windom Area Health Code of Conduct ("Code of Conduct") and the codes of ethics for the profession to which you belong. This Code of Conduct applies to all departments, divisions and subsidiaries of Windom Area Health. Non-employees including members of governing boards, temporary staff, independent contractors and business associates are also subject to the Code of Conduct.

Expected behavior:

- Treat others with respect;
- Practice fair and honest business standards;
- Respect the confidentiality of patients and information about patients, as well as all other confidential Windom Area Health business information;
- Provide honest and fair information to the public;
- Disclose any conflict of interest, professional or otherwise;
- Comply with all applicable laws and regulations; and
- Report suspected violations of all applicable laws, regulations and Windom Area Health policies, including, but not limited to, the Code of Conduct.

Roles and Responsibilities

As part of Windom Area Health, you are expected to be honest, act ethically and demonstrate integrity in all situations. It is further expected that you take responsibility to be familiar with Windom Area Health's Compliance Program and the policies and procedures that are specific to your job.

Common sense and good judgment provide excellent guidelines in almost every situation. If you are unsure about the right thing to do, ask your department leaders or contact Windom Area Health's Compliance Office for assistance.

Before you act, ask yourself:

- Is this the right thing to do?
- Is it legal?
- Do I have the authority to act?
- Is the action consistent with the Code of Conduct?
- If this action became public, how would it be depicted in the news media?
- Would I be upset or embarrassed if other people found out about this action?

- Q.** What should I do if I think someone isn't complying with the Code of Conduct?
- A.** Report your concern immediately. It's your responsibility to report any potential violation to your manager, or if necessary, to the Compliance Office directly. If you want to remain anonymous, you can call the Compliance Hotline.

Confidentiality- Enterprise

Information that you learn while at Windom Area Health is considered confidential. In addition to information about patients, this includes other sensitive information such as financial and business data, provider and employee information, technology and research. Discussion of this information must be confined to Windom Area Health-related purposes and must be conducted in appropriate areas where privacy can be maintained. Unauthorized use of confidential information is grounds for disciplinary action up to and including termination.

Privacy of Health Information (Requests to Restrict Use and Disclosure of PHI- Enterprise P-545)

Windom Area Health is dedicated to patient privacy. Our relationship with Windom Area Health's patients and customers is a private one. You must protect this personal information and keep it confidential. Personal information regarding a patient must only be disclosed when authorized by Authorization for Use and Disclosure of PHI- Enterprise P-503. Remember, medical information should only be known by those directly involved in the patient's care or when necessary for work related purposes. You must also be responsive to patient requests for privacy during their stay.

Respecting patient privacy includes protecting what you see while at work. The fact that you may see, hear or be able to access information for legitimate purposes does not equal a right to use or disclose that information. The right to use and disclose information is determined by your role, and job responsibilities and applicable laws.

- Q:** I work at a Windom Area Health hospital. I found out that my child's teacher has been admitted to the hospital after an accident. I have access to medical records through my job. May I access information to check her condition and location?
- A:** You may not check the teacher's medical information because you are not directly involved in her care. Access to her information is limited to those individuals who are involved in the treatment, billing or other job related function that requires it.

Q: I was in the elevator and overheard other staff members discussing a patient's health and billing information. Is this ok?

A: Patient privacy is very important and you must be cautious when discussing patient information. You should only discuss information as it relates to your job and then must take precautions so you are not overheard by others. You should remind other employees of this should you overhear inappropriate conversations.

Q: While working in the emergency department I see that my neighbor has just arrived for treatment after a car accident. I hear someone saying that he will be taken to surgery soon. My neighbor's wife works in another part of the hospital. Should I notify her that her husband is in the emergency room?

A: No, the correct course of action is to tell the nursing staff that you know the patient and his wife and ask if they need assistance in locating her. If they do, you can provide the information so she can be contacted. Otherwise, you should limit your involvement to your job related role.

Information Security

Windom Area Health issued computers, laptops, phones and other electronic devices are the sole property of Windom Area Health. Windom Area Health has the authority to monitor all of these systems and associated activity to ensure they are used properly and for work related purposes. You have no right to privacy in any electronic communication made with these devices. Sending disruptive, discriminatory, offensive, harassing or defamatory statements is strictly prohibited. All communications are subject to audit without notification.

All computer systems require a valid username and password. Your password must be strictly controlled and should never be shared. You are responsible for any access to information that occurs under your username and password. Employees and other users of Windom Area Health's electronic systems who are found to be in violation are subject to disciplinary action up to and including termination.

See Electronic Signature - Enterprise Policy.

Document Disposal Record Retention and Destruction- Enterprise

Confidential information must be disposed in a manner that renders it unreadable, indecipherable and otherwise unable to be reconstructed prior to disposal. This includes the destruction of electronic media as well as shredding of paper documents.

Media Inquiries

The care and welfare of Windom Area Health's patients is our primary interest and consideration. Windom Area Health has internal policies that prohibit the release of information to the media without permission from the patient and/or appropriate representatives. You should not release any patient or business information to the media unless it is part of your official duties to do so, and after having received the required approval.

Employee and Physician Files

All employee and physician files are maintained in designated secure locations. The employment file is the official record of all personnel actions. Employee files cannot be reviewed or disclosed without Human Resources' approval.

- Q.** Can anyone at Windom Area Health read my employee file?
- A.** No, Human Resources will not release information from an employee's file unless it is determined that the information is being requested by authorized personnel having a legitimate need for the information, or pursuant to a subpoena, court order or other demand from a court of competent jurisdiction. Employee files will not be reviewed without a Human Resource staff member present.

Community Benefit

Windom Area Health is a not-for-profit organization with a rich history of charitable purpose. We are accountable to those we serve for the resources in our trust and for collaboration with others to achieve shared goals in improving the health and quality of life in the communities we serve.

As a community-based, not-for-profit organization, we commit to providing a large range of services to all people—motivated by our mission and values, not by profit. We are dedicated to care for all who enter our facilities in need of care, regardless of their ability to pay.

We seek to improve the health and quality of life of the people and communities we serve by adding value in what we do. By extending into the community, we serve the poor and minorities and address the health needs of the underserved.

We do all the above through:

- Facilitating partnerships with others in the community to maximize resources and reduce duplication in addressing unmet health needs;
- Providing education for physicians and health professionals;
- Participating in research that improves patient care;
- Demonstrating respect and sensitivity in administering charity care;
- Being a trusted source of information about health;
- Being supportive and respectful of efforts outside of Windom Area Health and being a trusted connector among community groups;
- Welcoming all people by understanding and addressing special needs of diverse populations; and
- Advocating for health improvement, prevention, wellness, healthy lifestyles and health communities.

Charity Care

Windom Area Health offers a financial assistance program that is available to patients who lack the resources to be fully financially responsible for the health care they require.

In all of our professional relationships, we reflect compassion and respect the dignity, worth and uniqueness of each individual. We provide medically-necessary care without regard to social or economic status, personal attributes or the nature of health problems.

- Q.** If I know of someone who is in need of financial assistance with their healthcare bill, how should I proceed?
- A.** Please refer the patient to Patient Financial Services to request assistance with their bill. Customer service representatives are available to assist and answer questions Monday through Friday.

Fair & Honest Business Practices

It is everyone's duty to adhere to fair and honest business practices.

Fraud and Abuse/False Claims Billing Federal Health Programs- Enterprise

Fraud is defined as an intentional deception made for personal gain or to damage another individual. Windom Area Health has zero tolerance for anyone who knowingly and willfully executes or attempts to execute a fraudulent scheme.

Examples of fraud include, but are not limited to:

- False third party bills/invoices or other unethical billing practices;
- Theft, embezzlement, extortion or other misappropriation of funds, supplies or any other assets;
- Forgery, destruction or alteration of documents, records or assets;
- Impropriety with respect to reporting financial transactions;
- Manipulation or falsification of data, financial or otherwise;
- Bribery or kick-backs; and
- Any deliberate deception, misrepresentation or concealment of facts practiced for benefit or gain and calculated to cause loss to another.

Everyone has the responsibility to promote a positive and ethical work environment, to respect and operate within the bounds of internal controls and to exercise diligence in preventing losses because of fraudulent acts.

Conflict of Interest- Enterprise

You have a continuing obligation to disclose to any actual, apparent or potential conflicts of interest. An example of a conflict of interest would be if an employee at any level or position could improperly influence decisions affecting the business, operations, ethical and/or competitive practices as a result of personal interests or relationships.

Anti-Trust Compliance- Enterprise

Antitrust laws and regulations are designed to protect free and open competition in the marketplace. Rules are established to give businesses a fair opportunity to compete on the basis of price, quality and service. Antitrust principles prohibit Windom Area Health from sharing certain information with competitors. Prohibited topics include projected sales, revenues and expenses, inventories, pricing

strategies, billing rates and fees, bids for products or services, and salaries, wages and benefits. Agreements with competitors to fix or cooperate with pricing of products or services are strictly prohibited. You should take special care when exposed to a situation or conversation that could violate anti-trust laws and immediately contact the Compliance Office for further guidance.

- Q:** Someone who works at a competitor of Windom Area Health's would like to exchange a list of charges for our services so we can compare. Is this proper?
- A:** No, do not share or knowingly receive this information. Sharing pricing information with competitors may be an anti-trust violation. If you become aware of this activity occurring you should report it to the Compliance Office.

Stark and Anti-Kickback

Windom Area Health will not engage in inappropriate relationships with vendors who might offer rewards to Windom Area Health or to you personally, for purchasing products or services that will be later billed to federally funded payers. If you are ever offered a reward, you should promptly consult your supervisor or the Compliance Office.

In addition, Windom Area Health will not enter into improper financial arrangements with referral sources. Prior to contracting or exchanging anything of value with non-Windom Area Health referral sources (physicians or other providers), you must have the arrangement reviewed by Windom Area Health's legal counsel.

- Q.** A local pharmaceutical representative is giving me season tickets to a local sporting event since I am their top prescriber. Can I accept these?
- A.** No. This would be a gift of substantial value as well as possibly being viewed as a "kickback" for referrals.

Gifts & Gratuities Business Ethics and Vendor Relationships- Enterprise

Gifts that violate applicable laws or are intended to induce the referral of patients to Windom Area Health are strictly prohibited. We may not offer, solicit or accept gifts to or from patients, vendors or others doing business with Windom Area Health unless specifically permitted otherwise by other internal policy.

- Q.** I would like to give out 30% discount "coupons" for the first 30 patients who schedule a screening mammogram for our "cancer awareness week." Is that an acceptable marketing practice? What does Medicare have to do with this answer?
- A.** No. If a provider advertises services or a portion of a service for free, Medicare typically views this as improper inducement that may lead to increased costs to the Medicare program.

Marketing/Contracting

Your actions reflect directly on Windom Area Health's reputation within the business community. Because of this fact you must maintain high ethical standards at all times when dealing with outside business contacts. The standards require fairness

and professionalism. Do not attempt to improperly influence the award of any contract. All proposals, bids, invoices and documents must be true and accurate. Reported costs and reimbursement requests to third-party payers must be reliable and appropriately documented. In general, all conduct and business with outside entities must be professional and reflect Windom Area Health's commitment to excellence and transparency.

Political Activity & Lobbying- Enterprise

Windom Area Health representatives may not engage in any activity that violates any applicable laws or regulations related to lobbying or political involvement. You may personally participate in and contribute to political organizations or campaigns as an individual and at your own personal expense.

International Relations and FCPA Compliance- Enterprise

Windom Area Health is committed to complying with the FCPA and all other anti-corruption laws of all countries in which it does business directly or indirectly. Windom Area Health will also comply with all applicable laws regarding bribery, which includes U.S. Laws (state, local and municipal) other than the FCPA. It also includes domestic (local) laws of each country in which Windom Area Health operates or seeks to operate. Specific training will be provided to you if your job role includes responsibility or communications in foreign countries.

Violations & Consequences

Duty to Report Corporate Compliance Disclosure/Hotline Program- Enterprise

If you suspect or know that someone has violated the Code of Conduct, Windom Area Health policies, or any applicable laws or regulations, you must report such activity in accordance with the reporting options set forth below:

- You are encouraged to report suspected misconduct to your direct supervisor;
- You may contact the Compliance Office;
- You may send information in writing to the Compliance Office; or
- If you wish to remain anonymous, you may call the Compliance Hotline at (800) 325-9402.

If You Report a Violation

You should feel free to report any issue without fear of repercussions. Windom Area Health's Compliance Program absolutely prohibits retaliation, intimidation, threats or harassment of any kind for reports made in good faith. If you think that you are a victim of retaliation, contact Compliance, the Human Resources or call the Compliance Hotline listed above.

<p>Q. If I report an instance of noncompliance, can my department leader fire me?</p> <p>A. If you make your report in good faith, your department leader is prohibited from taking any adverse action against you in retaliation for making the report. If you prefer, you can make your report anonymously by calling the Compliance Hotline.</p>

Corrective Action- Enterprise

If an investigation reveals that a violation of the Code of Conduct or other Windom Area Health policy has occurred, Windom Area Health will take corrective action. Depending on the infraction, consequences may include repaying inappropriately received funds, notifying governmental agencies, implementing systemic changes, and imposing disciplinary action to avoid similar violations in the future.

Discipline Sanctions for Privacy Security Violations- Enterprise P-547

If you violate the Code of Conduct or related Windom Area Health policies, you may be subject to disciplinary action. This may include a verbal warning, written warning, suspension, termination of duties, repayment and/or referral for criminal prosecution.

WAH & Corporate Compliance Policies:

- *ABN. Advanced Beneficiary Notice*
- Anti-Kickback
- Anti-Trust Compliance
- Billing Federal Health Programs
- Business Ethics and Vendor Relationships
- Clinical Research Billing Compliance
- *Code of Conduct Compliance*
- *Confidentiality*
- *Conflict of Interest*
- Corporate Compliance Disclosure/Hotline Program
- Corporate Compliance Program
- Hospital Ancillary Service Referrals
- Ineligible Person/Exclusion List Verification
- Investigating Possible Compliance Violations
- Joint Venture
- Political Activity & Lobbying
- *Records Retention and Destruction*
- Responding to Government Investigations
- Risk Assessment, Auditing and Monitoring
- Stark Law



Compliance Report

January – December 2019

Windom Area Health Compliance Officer

Danielle Bunting, January – October

Kim Armstrong, November – December

Ongoing duties of Compliance Officer:

- Serves as the compliance contact at the facility. Consults with Sanford and MHA Compliance representatives.
- Conducts quarterly HIPAA walk-throughs with the HIPAA Security Officer.
- Completes annual HIPAA risk assessment with the HIPAA Security Officer.
- Orients new staff on compliance on their first day of employment and at general orientation.
- Reviews compliance policies and procedures, oversees internal monitoring and auditing, responds to detected offenses and enforces standards through disciplinary action.

Issues dealt with:

- Facility E/M billing guidelines for various outpatient departments.
- Global period billing in the Wound and Hyperbaric Healing Center.
- Appropriate documentation and billing guidelines for inpatient, SNF, Swing Bed wound care services.
- Updated forms to reflect our Quality Improvement Organization (QIO) change from Kepro to Livanta.
- Appropriate documentation and billing guidelines for pain consults and injections.
- Appropriate documentation and billing guidelines for behavioral health services.
- Billing for hospice services.
- Appropriate documentation to support billing professional EKG charges.
- Billing for telemedicine.
- 72 hour hold billing.

Training/Meetings:

- MHA Conditions of Participation Workshop – November 14
- Sanford mock survey – December 16 & 17