



**CGH Board of Directors  
Planning Committee  
4 January 2018**

Call to Order and Attendees

A meeting of the CGH Board of Directors Planning Committee was called to order by John Van Osdol at 1730 on Thursday, 4 January 2018. Present were John Van Osdol, Dana McCoy, Bob Hewes, John Larson, Dacia Dennis, Mary Ellen Wilkinson, Nancy Rasmussen, Dr. Jeff LeMay, DeAnne White and Roger Wait. Excused Absence: Don Stindt. Unexcused absence was Tim Zollinger, Heather Sotelo, and Carolyn Spencer. Also present were 5 staff members of CGH Medical Center.

Approval of Previous Minutes

The minutes of the 26 October 2017 meeting were approved as written. A MOTION WAS MADE BY JOHN LARSON AND SECONDED BY ROGER WAIT TO APPROVE THE MINUTES AS PRESENTED.

**OLD BUSINESS**

Recruitment/Clinic Update

**CURRENT SEARCHES**

Anesthesiology  
Family Medicine (if local ties)  
Gastroenterology  
Hospitalist  
Internal Medicine (traditional or outpatient only)  
Interventional Cardiology  
Neurology  
Obstetrics/Gynecology  
Ophthalmology  
Orthopedic Surgery  
Pathology  
Hematology/Oncology NP/PA

**VISITS SINCE OCTOBER 26 OR UPCOMING**

November 10, Jesse Chiu, CRNA  
November 13, Tina Frank, NP – Float  
November 20, Courtney Mohr, NP – Podiatry  
November 28, Dr. MaryBeth Anderson, Ob/Gyn  
December 4, Dr. Colin Scott, Ophthalmology  
December 5, Dr. Sterling Scott Reese, Interventional Cardiology  
December 7, Brandy Speer, CRNA  
December 18, Dr. Mark Welch, Ophthalmology

**RECENT (SINCE OCTOBER) AND UPCOMING START DATES**

Dr. Chloe Etzler (Payne), Dermatology, October 2, 2017  
Julie Wardell, Family Medicine NP (Downtown), October 2, 2017  
Miranda Long, Family Medicine PA (Main Clinic – Kuhns), October 30, 2017  
West Consultant LLC, Pulmonology/Critical Care, December 14, 2017  
(Drs. David West, Sarah Alderman, Argyro Sylvia Hatseras)  
Courtney Mohr, Podiatry NP, January 29, 2018  
Dr. Vincent Racanelli, Internal Medicine, February 5, 2018

	<p>Tina Frank, Float NP, February 26, 2018 Landon Mouritsen, CRNA, March 5, 2018 Jesse Chiu, CRNA, May 30, 2018</p> <p>With the addition of the West Consultant LLC we now have 24/7 critical care for Pulmonology. We currently used eICU for Pulmonology but will not have to use them in the future with this addition.</p> <p>During recruitment, we look for a good fit to the CGH culture and individuals that want to be a part of our community. The medical staff at CGH overall is a young group of physicians. Our tenure numbers are very impressive. We avoid hiring physicians looking for short term employment.</p> <p>Currently we are sufficiently staffed in the Family Medicine areas. However, if we have a candidate that has local ties we would consider hiring this individual as they usually want to stay in this area.</p> <p>We were lucky to employ Dr. Racanelli for internal medicine.</p>
Marketing Update	<p>Dana showed a new recruitment video. This video has been added to the website and can also be used by Kip to recruit new physicians.</p> <ul style="list-style-type: none"> <li>• Television Highlights – February – August 2017 the campaign aired 10,470 commercials in the Sterling/Rock Falls area.</li> <li>• There were several television shows that this advertising appeared as well as six bowl games, college football playoff national championship games, Blackhawk vs Predators game, and the Bulls playoff basketball.</li> <li>• The digital ads are for smartphones, tablets, laptops and desktops. It also showed us that 67% of the viewers watched the entire ad. Some facts about digital TV is that adults spend an average of 5 ½ hours watching video each day. 43% are watching Video on Demand, 11% Desktop/Laptop, 20% Mobile/tablet and 26% TV.</li> <li>• Dana discussed some new digital media to consider. <ul style="list-style-type: none"> <li>- Local Search Engine Marketing <ul style="list-style-type: none"> <li>○ Create awareness of locally available services</li> <li>○ Offers a direct connection to service line</li> </ul> </li> <li>- GeoFence Display <ul style="list-style-type: none"> <li>○ Reach potential patients where they spend a majority of their time online.</li> <li>○ Primary Goal: Awareness</li> <li>○ Secondary Goal: Walk-in Conversions</li> </ul> </li> </ul> </li> <li>• Some of the new Media partners are Google, yelp, Superpages.com, LinkedIn, YouTube, Pandora, Yahoo, Bing, Facebook, Pokémon, Instagram, Snap Chat and Waze.</li> <li>• 80% of American use a mobile device regularly, consumers</li> </ul>

	<p>spend 5 hours a day using a smartphone and 51% have discovered a new company or product while using their smartphone.</p> <ul style="list-style-type: none"> <li>• What you get – Advanced local targeting, Mobile-first strategy, vast network of apps and sites and offline conversion tracking.</li> </ul>
Facilities/Master Plan Update	<p>MRI project will be finished in March and installation and occupancy by May.</p> <p>The Hybrid OR and the Downtown Clinic went out for bid. We are working on verifying the details of the bid numbers.</p> <p>1<sup>st</sup> Phase of the 2-East remodel will be finish in January, and we will need to wait for IDPH inspection prior to occupying. Completion of the entire project will occur by the end of 2018, and occupancy dates will depend on IDPH. Starting next week, we will be replacing the air handling system supplying 2-East. We will be rerouting our patient entrance to the east entrance while the crane is onsite through Wednesday of next week.</p> <p>The Rock Falls Clinic will go out for bid in January and will break ground in March weather permitting.</p> <p>The Main Clinic has been cramped for space with the addition of physicians. We will be building out the 3<sup>rd</sup> floor and will use this both for a staging area for new physicians and final relocation for several providers.</p> <p>We are working on converting our Master Plan concepts into defined construction timelines and cost and are engaging a construction administration company to assist with the process. Our intent is to initiate construction prior to the end of this fiscal year.</p> <p>At the next Planning meeting Cindy will show the committee the 2-East project.</p>
Review of Strategic Plan changes	<p>We are going to have a different format at the Planning meetings. The Strategic Plan will be broken down into pieces and discussed at the meeting. Dr. Steinke reviewed the category “CGH is committed to care that is high in Quality and Safety”.</p> <ul style="list-style-type: none"> <li>• The Safety Committee meets regularly. This committee looks at improving our systems regarding safety.</li> <li>• “Culture of Safety Program” is very similar to the Safety Committee in that we want to improve the safety of our patients.</li> <li>• Opioid Summit has helped to reduce the number of prescriptions that our physicians are giving to patients. This program is making sure we are prescribing appropriately. In 2018, a new law was established that any physician prescribing a new prescription for an Opioid had to go into a narcotic data base and see if the patient already has a prescription. Unfortunately, there is a gap with this process as Iowa is not included in this data base. If a patient is on</li> </ul>

	<p>this list as having a prescription then the physician would have a conversation with the patient regarding this and would unlikely give them a new prescription. The Summit is an internal committee consisting of Dr. Kuhns, Dr. Hopping, Dr. Bird, Population Health (Julie Morse), Kristie Geil, and pharmacy.</p> <ul style="list-style-type: none"> <li>• Antibiotic Stewardship is an ongoing process. With the help of Centri7 we are beginning to turn this around. Gina Superczynski, Infection Prevention, can now see patients with MRSA infection. She has access to Centri7 and if she sees that a patient in the ED is high risk she can go down and let them know. Pharmacy is also in the process of getting rules in place with Centri7 and they will soon be able to help doctors when patients are in the hospital and on a different antibiotic. We are currently doing this but it is a manual process. On the outpatient side, Dr. Salzmann is watching whether children should receive antibiotics and is educating the physicians and parents.</li> <li>• Safety Huddles are held Monday through Friday at 9:00 a.m. in the Boardroom. The huddles usually last approximately 10 minutes. The Managers/Clinic Managers report on safety issues of the previous 24 hours and the upcoming 24 hours. Off-sites are informed through the clinic managers. On Friday's managers bring handwashing observations they have seen that week.</li> <li>• Will we continue with Joint Commission? IDPH and CMS are the two governing organizations that we deal with. We used Compass Consulting to help us prepare for the Joint Commission visit and will continue to use their services to assist with preparation for the CMS standards. We have quality standards that we want to continue and we will have to decide which option will be best for CGH.</li> </ul> <p>The Strategic Plan will be brought back to the next Planning meeting until each category has been discussed. Next meeting will focus on the Community Needs section of the Strategic Plan.</p> <p>The Strategic Plan will go to the Board in January. <b>A motion was made, seconded and carried TO RECOMMEND TO THE CGH BOARD OF DIRECTORS THE APPROVAL OF THE STRATEGIC PLAN.</b> This will come back to the Planning Committee each month to review each section.</p>
<p><b>NEW BUSINESS</b></p>	
<p>Tampico Clinic</p>	<p>A study is being conducted on the Tampico Clinic to determine where people are going for their medical care. When Dr. Shah served Tampico, the numbers were good but since his retirement the numbers have fallen. Missy Armstrong, Toni Aikens, NP and Dr. Wolf are currently servicing this area but the numbers have fallen off quite a bit. We are trying to analysis the needs of the Tampico clinic and the service area.</p>

Next Meeting Date	The next meeting will be April 5, 2018 at 1730.
Adjournment	There being no further business the meeting was adjourned at 1853.

Beth Lancaster  
Recording Secretary

John VanOsdol  
Chairman