



**CGH Board of Directors  
Planning Committee  
25 April 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 1731 on Wednesday, 25 April 2018. Present were John Van Osdol, Dana McCoy, Bob Hewes, Nancy Rasmussen, and Roger Wait. Excused Absence: Don Stindt. Unexcused absence was Tim Zollinger, Heather Sotelo, Dacia Dennis, Mary Ellen Wilkinson, and Dr. Jeff LeMay. Excused absence were DeAnne White, Carolyn Spencer and Bill Burke. Also present were 6 staff members of CGH Medical Center. John Larson attended telephonically. Tammy Stewart attended in DeAnne White's absence.

Approval of Previous Minutes

The minutes of the 4 January 2018 meeting were approved as written. A MOTION WAS MADE BY ROGER WAIT AND SECONDED BY BOB HEWES TO APPROVE THE MINUTES AS PRESENTED.

**OLD BUSINESS**

Review of Strategic Plan: Section 2

Dr. Bird will be transitioning into another administrative role and Kristie Geil will be taking over Population Health going forward.

- ❖ CGH will remain relevant by being responsive to the needs of the communities we serve
  - Focus on Population Health by Reducing Unnecessary Readmissions and identifying High Utilizers
    - **Maintain Readmission Task Force** – The taskforce meets every week and discusses patients that are high risk for readmission. We are meeting our goals regarding reduction of readmissions as compared to state and national comparatives.
    - **Crisis Prevention Team** – CGH has partnered with Sinnissippi Centers, Sterling Police Department, Rock Falls Police Department, and the Whiteside County Health Department in a formal taskforce to work with at risk and high utilization populations. In this program, individuals are approached by members of our team to sign a consent that allows our organizations to talk with each other. The goal of the program is to help individuals in our community by intervening early to reduce utilization of services and improve quality of life. We are working with these agencies and the Sterling Public schools to help address this same issue with the youth. The Health Foundation is currently sponsoring funds to provide Sinnissippi counseling in the school system. We hope this will help with active clinical activity in the school system. In addition, we have started an ED Case Management Program. This program currently includes 151 patients with active management of 10-15 at a time.
    - **Ways to Wellness and Outpatient Teletherapy** – This was started about 3 years ago with Foundation funding and grant

money. Sinnissippi provides a staff person three day per week in the clinic primary care area. It is just a matter of helping them through the health care system and helping them cope with issues.

We also now have access to Teletherapy in our Morrison, Prophetstown and Rock Falls office. The patient can be accessed remotely and counselors can help them. We haven't had a lot of activity on this but hope to expand it to all the satellite clinics.

- **Health Transformation Program (HTP)** – We have had this program in place for several years. Individuals go through the program and it helps many of our participants with metabolic syndrome system. Our records have indicated a 50% reduction in their metabolic system for these patients. Sherry DeWalt and Bryan Fredericks have signed on Halo, Larson, Compliance Signs, and Frantz. Sherry has 9 companies she is working with as well as working for Joan Hermes. She also has 15 different locations that she does monthly education/screening for as well.
- **“Welcome to Medicare Visit” Program** – This was a very good program. We had Tracey Aude, NP, go office to office to speak to patients with Medicare. Unfortunately, we did not get a lot of patients that wanted to participate in this process. We will be regrouping on the “Welcome to Medicare Visit” in the next couple of years.
- **Develop/Execute 10 Year Facilities Plan**
  - **New clinic in Rock Falls** – Construction trailers will be arriving on site next week and they will start moving dirt. The clinic is on a 222-day timeframe. The plan is to be in operation no later than the end of January.
  - **Update 2East Surgical Floor** – The first phase has been completed and the 2<sup>nd</sup> Phase should be completed in July. The final phase should be completed in November. The State inspection on 2E should be completed by the end of the year.
  - **New MRI space** – the MRI space is completed and we are waiting for the IDPH inspection. The MRI has a wider bore and is much more quiet than standard MRI units adding to patient comfort. It is not considered an open MRI, but is more open than our current unit.
  - **Downtown Clinic Re-Model** – the project is in progress and the first phase is almost complete. The project should be complete by the end of the year.
  - **Build-out Main Clinic 3<sup>rd</sup> Floor Space** – This project design concept has started and hope to begin later in 2018.

	<ul style="list-style-type: none"> <li>▪ <b>Expand Orthopedic Space at Main Clinic</b> – with the build-out of the 3<sup>rd</sup> floor space we will be expanding the Orthopedic physician practice space at the main clinic.</li> <li>▪ <b>Continue plan development for CGH Hospital Lobby/South Face</b> – We continue to review 10-year plan and are incorporating recent operational changes to develop revised timelines for construction.</li> <li>▪ <b>Hybrid Vascular/Interventional Radiology Room</b> – Bids were taken and have been awarded. We expect to see construction start in the next few weeks and this project will be finished in the fall. Occupancy date will dependent on IDPH approval.</li> </ul> <p>➤ <b>Maintain Market-Competitive CGH Pricing Structure</b> – CGH annually reviews our pricing structure and we are very competitive to KSB, Rockford and the Quad Cities. We push through increases annually in order to update our facilities and technology. Medicare/Medicaid are not paying the price to do the services. There increases are based on cost of living. Illinois has the lowest reimbursement on a Medicaid basis than all other states. Every three years CGH works with consultants to see where we are heavy or light on our pricing. We will be looking at the needs of the facility for the next 10 years. We want to keep the ability to have 99 beds but it is also expensive to maintain these rooms if they are not needed. Our challenge is to find ways to automate and become more sufficient.</p> <p>At the next planning meeting we will be discussing the third section of the Strategic Plan.</p>
<p>Recruitment/Clinic Update</p>	<p><b><u>CURRENT SEARCHES</u></b>                  Anesthesiology                  Family Medicine                  Gastroenterology                  Hospitalist                  Internal Medicine (traditional or outpatient only)                  Interventional Cardiology                  Neurology                  Obstetrics/Gynecology                  Orthopedic Surgery</p> <p><b><u>RECENT (SINCE OCTOBER) AND UPCOMING START DATES</u></b>                  Dr. Vincent Racanelli, Internal Medicine, February 5, 2018                  Tina Frank, Float NP, February 26, 2018 (Bird)                  Dr. Mathai Karingada, Hospitalist, February 28, 2018                  Landon Mouritsen, CRNA, March 5, 2018                  Staci VonHolten, Hematology/Oncology PA, April 25, 2018 (Alikhan)                  Teresa Stout, Family Medicine NP, May 1, 2018 (Blazquez)                  Jesse Chiu, CRNA, May 30, 2018</p>

	<p>Scott Reese, Interventional Cardiologist, May 27 Farzan Eskendari, Pathologist, June 27 Jerald Cundiff, Ophthalmologist, July 19</p> <p><b><u>RETIREMENTS</u></b> Dr. Suman Gopal, Feb. 28 Dianne Limesand, NP, April 2 Dr. Rajan Gopal, May 4</p> <p><b><u>DEPARTURES</u></b> Stefanie Woodfall, NP, May 13 Dr. Aja Murphy, May 31</p> <p><u>Partnership</u></p> <p>Dr. Johnston and Dr. Guidici, electrophysiologists from University of Iowa Hospital, both will now have office hours and perform procedures at CGH. They are expected to be here at least two days per month, starting in May.</p> <p>There are two ways in which CGH recruits. We either retain a search firm or we use a contingency firm. These firms give us names hoping we will find a good fit. We have had a lot of success with these firms. Not only does Kip partners with recruiting firms but he also attends job fairs and subscribes to recruitment portals. We also ask our physicians to recommend any professional colleagues. When we have a candidate at CGH there is a lunch planned to meet other physicians and they have a meeting with Dr. Steinke, Shane Brown, Dr. Martin and Dr. Bird. All of this helps the candidate connect with people they would be working with. Kip also does a tour of the area.</p>
Marketing Update	<p>The Market Share Reports were not available this week so we will discuss them next time.</p> <p>Marketing did an Ad campaign for the Northern Illinois Cancer Treatment. We combined the Oncology and NICTC in this effort. We will have 3 new TV spots for this Ad and it features Dr. Alikhan, Dr. Miles and two cancer patients.</p> <p>A lot of the Oncology patients seek another opinion. Most of them do not come back to CGH because of reconstruction surgery. We are currently working with a doctor for reconstructive surgery.</p> <p>Dana discussed the Transparency Program at CGH. As part of CGH's commitment to excellence, accountability and patient-centered care, we are partnering with national Research Corporation (NRC) to post provider ratings and reviews on our CGH website.</p> <ul style="list-style-type: none"> <li>• Went live on the CGH website on April 16</li> <li>• Outpatients are surveyed via telephone survey</li> </ul>

	<ul style="list-style-type: none"> <li>• Star ratings and comments are posted after a provider reaches 30 ratings</li> <li>• Star ratings and comments are posted on the 15<sup>th</sup> of each month via the website.</li> <li>• Google and other outside rating vehicles will pick up our star ratings and circulate them through their algorithms.</li> </ul> <p>A total of 4,419 surveys have been completed since March. Last year we had 500 for the year on the paper survey. This process has been overwhelmingly successful. The calls are placed to patients between 6-8 every night and calls 3 times.</p>
<b>NEW BUSINESS</b>	
Next Meeting Date	The next meeting will be July 12, 2018 at 1730.
Adjournment	There being no further business the meeting was adjourned at 1910.

Beth Lancaster  
Recording Secretary

John VanOsdol  
Chairman