



Mason Health

Mason General Hospital • Mason Clinic

To: Board of Hospital Commissioners
 From: Eric Moll
 Date: July 13, 2021
 Subject: Consent Agenda

Consent agenda for Tuesday, July 13, 2021

Approval of the Bills:

General Fund	2220325 – 2220723; 0242283 – 0242319	\$4,634,887.12
Employee Medical	20004 – 20007	\$ 718,518.70

Miscellaneous:
Credentials

Initial Applications:

Danielle Blood, MD	OB/GYN	Active/Provisional
Robert Cavaliere, DPM	Podiatry	Allied Health/Provisional
Portia Kamps, PA-C	Outpatient only	Outpatient Only
Nicole Campbell, CRNA	Anesthesia	Allied Health/Provisional
Alexander Rorie, CRNA	Anesthesia	Allied Health/Provisional
Jenny Johnston Coleman, ARNP	Nurse Practitioner	Allied Health/Provisional
Gretchen Archer, ARNP	Nurse Practitioner	Allied Health/Provisional

Resignations:

Kenji Asakura, MD	Internal Medicine/Telenoctrurnist	Active/Provisional
Crag J. Wehrli, MD	Cardiology	Consulting
James A. Wright, DPM	Podiatry	Allied Health
Patrick W. Wright, DO	Radiology	Consulting

Removal from Provisional:

Iris Malit, MD	Pediatrics	Active
Alexandra D. Rhodes, MD	Pediatrics	Active
Binod Tuladhar, MD	Pediatrics	Active
Philip Matthew Woods, DPM	Podiatry	Allied Health

By Proxy

Stephen Burton, MD

Telestroke

CMO

We went live on Cerner Domain NW starting on 6/28. All in all, the launch was successful. There are always issues in such a large project and we did have two major issues that were unexpected that impacted providers negatively. The first issue was that the historical encounters (old records) did not come over on the clinic side though they did on the hospital side. This had been tested in the 'test' system and worked. But, when this functionality was migrated to the production domain, the mapping was incorrect resulting in a fail to the clinic. This has since been corrected and that information is flowing to the clinic. This is a very large data set and the data flows in over the course of time before it is complete. It is expected that all old encounters from our other domain will be complete no later than 7/30 and possibly well before that.

The second issue impacting providers is that the problem list did not populate correctly. Again, this had been tested previously and worked. But, not in the live system. A fix has been identified and by the time of this report, should be corrected in the new system.

We are having daily charge reconciliation meetings to closely monitor the financial impact of the go live. Issues as they are identified are being corrected. There are some new workflows in this area compared to our prior domain. This is an area that we will continue to monitor closely going forward. The new focus on clinically driven revenue cycle will ultimately cause these meetings to be ongoing though at a lesser frequency.

COO

After further declines in patients presenting with COVID related symptoms or the need for COVID Testing or Vaccination, we have put plans in place to integrate these services back into our daily operations. The aim is to get this completed by the third week of July, and will include:

- Patients calling with symptoms of COVID will make an appointment with their Primary Care Provider, who will determine if a COVID test is necessary, and if so, will perform the test in the exam room. These patients will be scheduled near the end of day.
- Upon entering Mason Clinic, if a patient responds positively to the respiratory/COVID related questions a call will be made to the Provider/MA to alert them of the need for Personal Protective Equipment (PPE) prior to the patient being seen.
- Patients presenting to the Walk In Clinic and responding positively to the screening questions will be referred to their car to be registered and tested. If the patient does not have a car, the patient will be escorted to an exam room for testing.
- Patients needing a pre-surgical COVID Test will be scheduled at the Vaccine Clinic. COVID Testing and COVID Vaccinations will be offered at different times to minimize donning and doffing of PPE.
- The Vaccine Clinic will have reduced days and hours of operation beginning the third week of July.
- Employees with possible COVID exposure will be referred to the Vaccine Clinic for testing.

With these changes, we will attempt to maintain flexibility should we need to segregate these services again due to an increase in COVID related symptoms and illness.

Budget Amendments

Nursing Administration recommends the Board of Hospital Commissioners approve 2.1 FTE's to expand our pool of resource nurses to cover nightshift short notice absences and open shifts on the schedule. Total salaries with benefits- \$308,421. Replacement costs for staff is currently budgeted so total budget impact will be zero and likely positively affected.

It is recommended the Board of Commissioners approve an increase to the 2021 operating budget in the amount of \$27,500 for an additional 1.0 FTE Rad Tech Aide position to address the increase in medical imaging patient volume. The 2021 budget request assumes the position will be filled by August and includes an estimate for benefit costs. The annual cost is estimated to be \$63,600 per year, including benefits.

CNO:

We are still experiencing a high surge in patient activity throughout the West Region of the state. Daily/twice weekly calls between hospital leaders in the state began early last week. During the calls we report out our current hospital capacity, staffing, and total patients boarded in the ED awaiting an acute care bed. MGH was experiencing an influx, but we continued to be able to accommodate admissions, surgeries, and transfers from other facilities. Wednesday July 7th, we initiated an internal triage due to capacity constraints. Total patient census was 32- 4 of which are Behavioral Health patients whose LOS is >4 weeks. The internal triage brought nursing leaders and the charge nurses together so we could brainstorm and have situational awareness. The staffing issues were resolved by moving staff from surgery to the inpatient units and the nursing staff felt supported.

Open positions- we have been able to fill one 0.6FTE nightshift ED position J. We currently have 3- 0.9FTE's open in the ED and 4 open BC nightshift positions. We are offering sign on bonuses and referral bonuses. We have also contracted with a recruitment company and signed the contract with PassPort USA.

Health Science Academy- Deena Alley- Academies Principle continue to meet monthly. We are currently working on extending MH partnership with HSA students (scholarships, nurse sponsorships, etc.) We're still in the planning phases and have a meeting with the Dean of Nursing at SPSCC. More to come.