

**CHELAN COUNTY PUBLIC HOSPITAL DISTRICT No. 2
LAKE CHELAN COMMUNITY HOSPITAL
MEETING OF THE GOVERNING BOARD**

**May 26, 2015 – LCCH BOARD ROOM
1:30 PM 3:15 PM**

MEETING MINUTES

CALL TO ORDER

Tom Warren called the meeting to order at 1:30 p.m.

Members Present:

Tom Warren, Chairman
Jim Wall, Commissioner
Mary Signorelli, Vice Chairman
Fred Miller, Commissioner
Phyllis Gleasman, Secretary

Others in Attendance:

Kevin Abel, CEO
Vickie Bodle, CFO
Brad Hankins, COO
Mary Murphy, Community Member
Amanda Ballou – Heritage Heights Director
Karen Brown, Community Member
Francisca Ferrell, Community Member

Katherine Jerald – Foundation Executive
DeLynn Barnett, HR & Risk Management
Carol Velasquez, CNO
Lee Tinsley, Utilization Review
Celeste Thomas, Marketing
Elmira Foreman, Community Member

REVIEW OF MISSION:

- Our Mission is to provide patient-centered, quality healthcare with compassion and respect.

OTHER BUSINESS:

- Elmira Foreman introduced herself as a community member.

CONSENT AGENDA:

It was m/s/c to approve the Consent Agenda as presented:

1. Board Minutes of April 28, 2015
2. Financial & Business Office Report
3. Vouchers/Warrants; \$658,717.06, in payroll direct deposits; \$801,819.96. Write offs: \$126,491.59 in bad debt, Charity Care: \$32,104.46, Bankruptcy: \$135.18, with combined total of \$158,731.23.
4. Policies and Procedures
 - Absence of a Pharmacist
 - Administration of Sedation for Procedures Guideline
 - Adverse Drug Reactions (CAH)
 - Controlled Substance Distribution (CAH)
 - Criteria for Reporting a Death
 - Designation of Medical or Trauma Team Activation
 - Education Contents
 - Documentation of Lost or Missing Controlled Substances (CAH)
 - Facilities
 - Individual Service Plans
 - Initial Assessment
 - Medication Administration – OR
 - LCC Adverse Action Treatment
 - Limiting Primary Care Practice Size of Long Term
 - Objective of Treatment
 - OB Triage Initial Assessment
 - Patient Rules & Responsibilities
 - Patients Using Own Medications in the Hospital
 - Personnel-Quality & Qualifications
 - Sexual Assault Policy
 - Spinal Injuries Management Policy
 - Therapeutic Drug Interchange

Utilization of Pediatric Dose Chart Policy
Trauma Clinical Guideline: Identifying Cervical Spine Injuries
Narcotic Medication Samples Outpatient Behavioral Health

Consent Agenda Motion: F. Miller / Second: J. Wall & P. Gleasman & approved by Board of Commissioners with the exception of a question by P. Gleasman about a sizeable entry in Bad Debt for the Emergency Room. Vickie Bodle will get back to the board at the following meeting with an explanation of this entry.

SPECIAL REPORTS:

- **Heritage Heights Planning Process – Amanda Ballou**
 - Heritage Heights is beginning a strategic planning process to fill the gap when Regency transfers its licensed beds to Wenatchee.
 - The strategic planning for continuum of care of seniors in the community has moved beyond only looking at the traditional nursing home model. The committee will continue to look at trends in the market place while exploring the best options for our community.

- **LCCH Strategic Plan Update – Kevin Abel, CEO**
 - An update report on the Strategic Plan, approved in December 2014, was reviewed. The report confirmed a number of approved changes and accomplishments have already been achieved. Some of the accomplishments and changes include;
 - September 2014, purchase of Lake Chelan Clinic.
 - March 2015, sale of Lake Chelan Community Apartments.
 - April 2015, Lake Chelan Home Health merged with Confluence.
 - Using Critical Access Hospital benchmarks for finance.
 - Maintain the EMR.
 - Redoing the interior infrastructure of clinic and moving surgeons down to clinic.

- **Pharmacy Update – Carol Velasquez**
 - The 340B Drug Program requires drug manufacturer to provide outpatient drugs to eligible health care organization or “covered entities” serving low income, qualified patients, at a significantly reduced price. We are exploring the feasibility of participating in the 340B program and contracting with an outside pharmacy to help manage the program.
 - New CAH regulations will impact how we do compounding in the pharmacy. LCCH will need to install a Laminar Flow Isolator for sterile compounding in the pharmacy. We are evaluating locations such as the nursery / storage area on MSU.

- **WIPFLi Debt Capacity Analysis Quote – Kevin Abel**
 - A recommendation was submitted to the Board for a project to be completed by WIPFLi regarding LCCH debt capacity and a cost report review of the impact of moving service lines to locations outside of the hospital.
Debt Capacity Motion: M. Signorelli / Second: F. Miller & approved by Board of Commissioners

- **1st Quarter Safety Dashboard – DeLynn Barnett**
 - All items are green with the exception of needle-sticks which are 1.88 per 100 FTE for the quarter. Because of our hospital size, one needle-stick can put us in the yellow zone. There were 438 needle-sticks state wide during this past quarter.

STATE OF THE HOSPITAL REPORTS

- **Operating Report – Brad Hankins, COO**
 - Dr. Witt has moved his office to one of the exam rooms in the Specialty Clinic. The Outpatient Behavioral Health nurse has moved to Dr. Witt’s old office in the Specialty Clinic, and Celeste

- will be moved to the Outpatient Behavioral Health Office by Patient Access Services on the second floor of the hospital. These moves are to facilitate the expansion of our server room.
 - April was the first month our PCP's had more 15 minute appointments than 30's since the merger.
 - The Lake Chelan Clinic x-ray system is being upgraded to Digital Radiology on May 27, 2015. The system will generate improved images with less radiation and allow Dr. Schkrohowsky to do long bone images.
 - A huge "Thank you" to Cherie Lewman and Tara Hensley for accomplishing 100% chart audits starting the first of April.
 - A big "Thank You" to Agustin Benegas and Celeste Thomas for keeping us in the public eye over the 2015 parade season.
 - In 2015, we will be repeating our Community Health Needs Assessment.
 - Lab services at the clinic have changed from Quest to Lake Chelan Community Hospital
- **Quality Report & Patient Care Services – Carol Velasquez, CNO**
 - **Quality and Patient Safety –**
 - In April, there were no reported medication errors on MSU / OB or in the Emergency Department. There was one reported medication error in the Sanctuary.
 - There were no, non-billing related, patient or family concerns reported in April.
 - Celeste is framing versions of values to be hung around the hospital and clinic.
 - **Patient Care Services –**
 - We had issues with the CT scanner this past weekend. We anticipate repairs to be completed on May 27, 2015.
 - We received notification from the Department of Health that our applications for recertification were approved, and we remain a designated Level II Cardiac Center and a Level III Stroke Center. Thanks to Delena Eisenhard for her work preparing the applications.
 - CNA week is June 11 – 17th.
- **Chief Financial Officer – Vickie Bodle, CFO**
 - April financial statements closed with net income at \$145,165 for the month and \$48,788 for the year.
 - The 2010 Medicare Cost Report closed with an anticipated payment from Medicare to LCCH of \$698,000.
 - The 2012 Medicare Cost Report opened with an anticipated payment from Medicare to LCCH of \$412,000.
 - The state auditor is going to give LCCH a finding on the 2013 audit due to our adoption of GASB statements 62 and 65 which were new pronouncements. The accountant from WIPFLi will be present at the June meeting to discuss the findings.
 - AR days 57.2 with hospital and clinic.
- **Chief Executive Officer –Kevin Abel, CEO**
 - The Washington Health Alliance will be including LCCH and Chelan County on their healthcare quality monitoring website this summer. The Washington Health Alliance has been active in the Puget Sound area for several years.
 - On June 1st from 3:00 to 5:00 Guild Y will have a 50 year celebration at the senior center. Please try to attend if able.
 - Reminder to let Diane know if you will be attending the WSHA Rural Health Conference in Chelan June 22 – 24.

- University of Washington Health Administration intern will be focusing on IT and the Business Office. He will be here for two months.
- Katherine Jerald, Executive Director for the Foundation has given notice and will be leaving in July.
- Sally Anderson will be retiring from her position, but will work as per diem when needed.
- A hospice agreement with Confluence is being negotiated. This would enable a hospice patient to be cared for in our hospital, rather than transferred to Wenatchee.

OLD & NEW BUSINESS

- **Action Items:** It was m/s/c to approve

A. Action Items:

1. Credentialing:

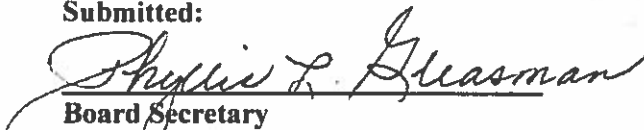
John Arnold, PhD	Reappointment	Behavioral Health
James Dodge, MD	Reappointment	Cardiology/Confluence
Matthew Newman, MD	Reappointment	Cardiology/Confluence
Goffrey Harms, MD	Reappointment	Cardiology/Confluence
Dawn E. Heagley, DO	Reappointment	Pathology/Confluence
Lorena Boyd, ARNP	Reappointment	Family Medicine/CVCH
Thomas M. Stoehr, MD	Provisional	Radiology/VRAD
Aspan Ohson, MD	Provisional	Radiology/VRAD

Credentialing Motion: T. Warren / Second: M. Signorelli & approved by Board of Commissioners

MEETING ADJOURNED:

- Meeting adjourned @ 3:15 P.M.

Submitted:


 Board Secretary

Date

6/16/15

Attest:


 Kevin Abel, CEO

Date

6/16/15