

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

**March 22, 2016 – LCCH BOARD ROOM
1:30 PM – 3:43 PM**

MEETING MINUTES

CALL TO ORDER

Mary Signorelli called the meeting to order at 1:30 P.M.

Members Present:

Tom Warren, Secretary
Mary Murphy, Commissioner
Mary Signorelli, Chairman
Phyllis Gleasman, Vice Chairman

Member Not Present:

Fred Miller, Commissioner

Others in Attendance:

Kevin Abel, CEO
Vickie Bodle, CFO
Brad Hankins, COO
Arlene Abbot, Executive Director, Foundation
Kaitlyn Hetterscheidt, Go Lake Chelan
Emmit Aston – Foundation Member
Celeste Thomas, Marketing
Ty Witt, M.D., Medical Director
Kathleen Miller, Heritage Heights Board Member
Mali – UW Student
Julie – UW Student

Virginia Murphy, Foundation
Karl Jonasson, EMS Director
Carol Velasquez, CNO
Diane Witsil, Exec. Assist to CEO
Jeri Dion, Business Office Manager
Judy Rowett, Credit Services
Ray Eickmeyer, EMS
Dale Holsington, Foundation President
Mikayla – UW Student
Jessica – UW Student
Meghan – UW Student

REVIEW OF MISSION:

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

OTHER BUSINESS:

- Emmit Aston announced LCCH Foundation held elections for new officers. The new slate of officers is Dale Hoisington president, Tom Anglin president elect, Eddi Brownfield-Nelson treasurer and Linda Parker secretary.
- Arlene Abbot – March 23, 2016 is the deadline for signing up for “Get Fit” & April 9th is “Diabetes Smackdown”.
- Karl Jonasson – New vehicle provided by the Foundation is presently being detailed.

CONSENT AGENDA:

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

1. Board Minutes of February 23, 2016.
2. Financial & Business Office Report
3. Vouchers/Warrants; \$742,826.90, in payroll direct deposits; \$812,675.61. Write offs: \$92,494.47 bad debt, Charity Care: \$35,308.75, Bankruptcy: \$0.00, with combined total of \$127,803.22.
4. Policies and Procedures

Trauma Team Activation Criteria & Team Roles	Trauma Patients Pain Management
Burn Protocol – Pediatric Policy	Dress Code & Professional Ethics
Biological Monitoring of Steam Sterilizers	Credit Services (CAH)
Inter-Hospital Transfer Policy	Admission of Newborn (CAH)

Guideline for Operative Wound Classification
Employee Licensure & Other Requirements
2015 Comprehensive Safety Program
Mandatory Meetings Attendance & Yearly Mandatory Updates
Consent Agenda Motion: T. Warren / Second: P. Gleasman & approved by Board of Commissioners upon correction to Annual Safety Policy;

Length of Stay (CAH)
BH Criminal Background Checks

SPECIAL REPORTS:

– Annual Safety Review – Ray Eickmeyer

- Ray Eickmeyer shared his presentation on the 2015 Environment of Care report as required by the Department of Health. Highlights include nine injuries in 2015 down from 13 in 2014, total cost of \$4,618 in 2015 compared to \$35,331 in 2014 and a 2015 L&I Safety Assessment score of 96 out of 100.

Annual Safety Report and Policy was approved in the Consent Agenda with the change of removing the header, 2013 Annual Safety Report.

AIDET Training – Carol Velasquez

- Carol presented the AIDET training module as a part our values based program to improve customer service at the hospital and clinic. AIDET stands for acknowledge, introduce, duration, explanation and thanks. AIDET values help reduce anxiety, improve patient safety, and build trust with the patients.

– CT Replacement Update – Kevin Abel

- The Department of Health Construction Review Services requested that we have a four foot clearance at the end of the CT room. Doug Lisser, the Siemens project engineer has revised his drawings and moved the control room wall to a standing desk for a three foot clearance. We appealed and received a variance from Department of Health for a two and one half foot clearance at the end of the CT room. We currently need to verify with a constructional engineer for the weight of the CT. The City of Chelan has approved the CT installation project and the lead shielding plan was approved by the Department of Health on February 8th.

– Heritage Heights Nixon Ave Letter – Mary Signorelli

- Manual Navarro from the Heritage Heights Board sent a letter outlining the Board's position opposing any action that would vacate the city right of way on Nixon Avenue. The LCCHC Facilities Steering Committee's recommendation is the same as Heritage Heights and recommends against vacating this avenue. LCCHC will have our attorney draft a letter to the City of Chelan.

Motion for our attorney to draft a letter to City of Chelan that LCCHC recommends against vacating the Nixon Avenue: M. Murphy / Second: P. Gleasman & approved by Board of Commissioners

STATE OF THE HOSPITAL REPORTS

– Operating Report – Brad Hankins, COO

- Permitting the pharmacy sterile compounding and moving some fire sprinklers in the project area.
- On March 16th, the sewer backed up again, this time during the day and was caught before there was any damage. The sewer was re-pressure jetted. A quote on fixing the system problem is being generated after the pipe is scanned with a camera.

– Outpatient

- Third availables for the first 12 weeks of the year is averaging 9, the lowest 12 week average since the merger.
- Outpatient encounters for the first two months are up 9% from 2015.
- Trent Lyman, our orthopedic PA, has joined us and is in orientation with Dr. Schkrohowsky.
- We are holding Outpatient Behavioral Health integration until our new Outpatient Behavioral Health nurse arrives next week and is through orientation.

- The Chelan Fit Night was well attended and the weigh in for Health Lake Chelan Challenge begins this week.
- We meet with Deb Miller this week from the North Central Washington Accountable Care Health on the Community Health Needs Assessment data set and time line.
- TCPI Grant – Manager will be in place by Monday or Tuesday of next week.

- **Quality & Patient Safety – Carol Velasquez, CNO**
 - There were two reported medication errors on Med-Surg, one on Sanctuary, and one at LCC. There were no adverse effects for any of the patients involved.
 - There was one non-billing related family concern reported from the clinic, however, no formal complaint was filed.
 - A member of the Patient and Family Advisory Council participated as a “Go Shadow” volunteer in early March, and she will be sharing her observations and feedback at the next meeting.
- **Patient Care Services –**
 - The lab is recruiting for a full-time tech to replace an individual who retired.
 - We interviewed a second individual for the MSU/OB Manager position and will be getting feedback from the interview panel this week.

- **Chief Financial Officer – Vickie Bodle, CFO**
 - February financial statements closed with net income at (\$93,554) for the month and (\$202,733) for the year.
 - The Washington State Auditor’s Office completed their 2013 & 2014 audit and an exit conference was held on February 11th. The auditors made no changes to the increase net position of \$332,003 on the financial statements. The State Auditor’s Office issued a clean opinion on the financial statements. The 2014 audit is included in the board packet.
 - AR days 65 with hospital and clinic.

- **Chief Executive Officer –Kevin Abel, CEO**
 - **Department of Health Survey -** The Department of Health and the State Fire Marshal conducted a survey in February. Issues to address in the Department of Health Survey include a review of our swing bed status, outdated medical supplies, inventory tracking with our biomedical service provider, drug storage in anesthesia, drug outdates, physician restraint documentation, and cleaning procedures. Two issues related to fire protection include gaps in two fire doors and the need for three separate electrical branches and an emergency shut off for the generator. An electrical firm will be brought in to review the generator branches.
 - **CRNA Recruiting –** David Ellis has expressed an interest in going to per diem status and then fully retiring in 2017. David has agreed to continue working full time until we are able to hire a new Certified Registered Nurse Anesthetist. Recruitment has started for the position.
 - **Facilities Steering Committee –** Members of the LCCHC Facilities Steering Committee toured the Coulee Medical Center March 10th. The building is a full replacement that includes the provider based rural health clinic and hospital in one building. Coulee Medical Center employs all the physicians in the community and has 230 caregivers. It is an 80,000 square foot one story facility. They used HUD242 financing with Build America Bonds and have met all their financial projections the five years following construction.
 - **Healthcare Facilities Planning and Development** presented a draft schedule for the strategic master facilities plan. The facilities Steering Committee will review the timeline at the March 21st meeting. The timeline calls for an initial report for the May board meeting.
 - **Rural Health Conference -** “Taking Charge of Change” Education conference on changing to the value based services model, engaging the board with the community, and how to get better patient outcomes while being paid less for services.

OLD & NEW BUSINESS

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

A. Action Items:

1. Resolution

- **Res. #565 Appointment of Agent to Receive Claims**

Action Items Motion: T. Warren / M. Murphy & approved by Board of Commissioners

- **Res. #566 Interlocal Agreement RiverCom 911**

Action Items Motion: P. Gleasman / M. Murphy & approved by Board of Commissioners

2. Credentialing:

Amy E. Hutton, M.D.

Reappointment

Family Medicine

Abby Pattison

Initial Appointment

Registered Dietitian Nutrition

Kurt D. Haisch

PA Student

Proctor: Wm. Cagle, M.D.

Kelly L. Herbst

PA Student

Proctor: Wm. Cagle, M.D.

Richard L. Massey

PA Student

Proctor: Wm. Cagle, M.D.

Action Items Motion: P. Gleasman / T. Warren & approved by Board of Commissioners

MEETING ADJOURNED:

- Meeting adjourned @ 3:25 P.M.

Submitted:



Board Secretary

4/26/16

Date

Attest:



Kevin Abel, CEO

4/26/2016

Date