

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

**April 26, 2016 – LCCH BOARD ROOM  
1:30 PM – 2:44 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  
Fred Miller, Commissioner

**Others in Attendance:**

Kevin Abel, CEO	Virginia Murphy, Foundation
Vickie Bodle, CFO	Jane Jedwabny, Sanctuary Director
Brad Hankins, COO	Carol Velasquez, CNO
Arlene Abbot, Executive Director, Foundation	Diane Witsil, Exec. Assist to CEO
Kaitlyn Hetterscheidt, Go Lake Chelan	Bob Torgerson, Community Member
Judy Rowett, Credit Services	Dee Barnett, HR Director
Dale Hoisington, Foundation President	Tom Anglin, Foundation Member
Kathleen Miller, Heritage Heights Board Member	Eddi Brownfield-Nelson, Foundation Member
Kathy Fedor, Heritage Heights Board Member	Jan Fedor, Foundation Member
Mike Steele, Foundation Member	Judy Steele, Foundation Member
Lester Cooper, Foundation Member	Patti Peters, Business Office

**REVIEW OF MISSION:**

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

**OTHER BUSINESS:**

- DeLynn Barnett invited the Commissioners to attend Hospital Week May 9<sup>th</sup>-13<sup>th</sup>. The awards banquet will be on Thursday, May 12<sup>th</sup> at 12:00 P.M.

**CONSENT AGENDA:**

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

1. Board Minutes of March 22, 2016.
2. Financial & Business Office Report
3. Vouchers/Warrants; \$1,007,287.65, in payroll direct deposits; \$1,208,906.80. Write offs: \$93,463.06 bad debt, Charity Care: \$12,510.89, Bankruptcy: \$575.80, with combined total of \$106,549.75.
4. Policies and Procedures
  - Post-Op Pain Control Policy
  - Phototherapy
  - LCCH Tort Claims
  - Per Diem Relief Staff Requirements
  - Employee Travel Expense Procedures
  - Courtesy Discounts & Adm. Adjustments (CAH)
  - EMO - Employee Medical Options
  - Interdisciplinary Team Planning
  - Multiple-mode stimulator (IFC, TENS, NMES)
  - Management & Disposal of Multiple Dose Vials (CAH)
  - Infection Prevention & Control for Computers & Phones
  - LCCH Cardiac, Stroke & Trauma Quality Improvement

## **SPECIAL REPORTS:**

- **LCCH Foundation – Dale Hoisington**
  - Mr. Hoisington expressed that at the last LCCH Foundation meeting on April 7, 2016, a resolution was passed stating; “The Lake Chelan Community Hospital Foundation, by resolution, urges the LCCH Commissioners to consider going back to the public for a vote for a new hospital.”
  
- **First Quarter Strategic Plan Update – Kevin Abel**

An update report on the Strategic Plan, approved in December 2015, was reviewed. The Lake Chelan Community Hospital and Clinics’ strategic plan will guide the organization over the next three years and is designed to ensure strong alignment between the organization’s vision and its resources. The report confirmed a number of approved changes and accomplishments already been achieved. Some of the accomplishments include;

  - Quality & Safety -Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) scores improved in the 4<sup>th</sup> quarter of 2015.HCAHPS focuses in areas of: nurse communication, responsiveness of hospital staff, pain management, communication about medicines, discharge information, cleanliness of rooms & bathrooms, and quietness at night. The overall rating of the hospital was 78.6% compared to a national average of 72.1%.
  - Finance & Regulatory – Our excess margin was .19% compared to CA-WA median .082%. LCCHC performing better than median. Medicare EHR Incentive Program has received a total of \$576,228.12. Medicaid EHR Incentive Program has received a total of \$993,783.00.
  - Infrastructure- Facilities Steering Committee recommendations to be presented at Board workshop June 2, 2016.
  - Medical Staff – Hired an orthopedic PA and general surgeon first quarter of 2016.
  - Staff Development – Employee turnover rate below state average and leadership education for managers set to begin in May.
  - Community & Wellness – LCCHC joined the Transforming Clinical Practices Initiative first quarter of 2016.
  
- **Organizational Structure – Kevin Abel**
  - The organizational structure was submitted for the Board’s review and approval. The revised organizational chart reflected Ty Witt, M.D. as the Medical Director and having him oversee the anesthesia department. The organization chart for 2016 was approved by the Board.  
*Motion to approve the organizational chart as updated: M. Murphy / 2<sup>nd</sup> F. Miller.*
  
- **First Quarter Quality Dashboard – Carol Velesquez**
  - On the Quality Dash Board we were meeting or exceeding the indicators except in medication errors, which were in the yellow. The explanations for the yellow indicator, is a combination of system issues and training.

## **STATE OF THE HOSPITAL REPORTS**

- **Operating Report – Brad Hankins, COO**
  - Construction for the sterile compounding project is in process after receiving approval from Department of Health Construction Review Services. The flooring will be complete Friday and hood installation is scheduled for Monday, May 2nd.
  - The quote for coating the pipe under the cafeteria came in at \$17,304. This fix may prevent some items from catching on rust but does not address the bend in the pipe. Replacement quotes for the sewage pipe are being obtained for a comparison.
  
- **Outpatient –**
  - Primary care encounters are up 12% in February from 2015, the encounters for the first quarter are up 8% from 2015.
  - There were 144 surgeries in the first quarter of 2016.

- Trent Lyman, PAC, our Orthopedic PA joined us in March and is now independently practicing.
- Our primary care / specialty medical no-show rate remains at 5%.
- Third availables are up to 9% mostly due to provider vacations.
- HealthStream presented its CG Express product for collecting CG CAHPS data for clinician and group consumer assessment of healthcare providers. HealthStream is the same vendor we use for HCAHPS and could be reported on the same platform. The plan will be implemented the 3<sup>rd</sup> quarter of 2016 and will eventually be required by CMS. The cost is \$600 per year per provider.
  
- **Quality & Patient Safety – Carol Velasquez, CNO**
  - In March, there was one reported medication error on Sanctuary, where a medication was administered later than scheduled.
  - There were two; non-billing related patient or family concerns reported in March.
  - LCCHC has responded to the DOH survey. We will need to obtain quotes for the electrical system connection to the emergency generator and were able to have a waiver until 2017 to include in the capital budget.
- **Patient Care Services –**
  - Department of Health Construction Review Services approved the floor engineering for the CT. Installation is planned for mid-June. We will bring in a mobile unit during the June installation at a cost of \$14,000 to \$17,000.
  - We have six applicants for the full-time CRNA position, and phone interviews will be done over the next two weeks. The finalists will be brought to site for their final interview.
  - We received an acceptance to our offer for a candidate for the full-time Medical Technologist for the Lab replacing someone who retired.
  - Nurses’ week will be May 6<sup>th</sup> – 12<sup>th</sup>. The nursing leadership team is cooking breakfast again this year, and the breakfast has been renamed the. “Kathie Stanfield Memorial Nurses Week Breakfast,” in honor of our Sanctuary nurse who passed recently.
  
- **Chief Financial Officer – Vickie Bodle, CFO**
  - March financial statements closed with net income at (\$54,057) for the month and (\$256,790) for the year.
  - The first quarter clinic financials currently have a loss of (\$30,374).
  - AR days 64.5 with hospital and clinic.
  
- **Chief Executive Officer –Kevin Abel, CEO**
  - **Residency Program** - Columbia Valley Community Health is considering a residency program. An introduction to the program was given to the medical staff and a CVCH presentation is planned for the May Board Meeting. Financial and operational analysis will need to be completed prior to any agreement to participate.
  - **Facilities Steering Committee** – Healthcare Facilities Planning and Development visited with the Steering Committee on April 18th. Jody Carona reviewed our district demographics in draft form using Claritas data, discussed how healthcare reform may impact our planning, reviewed the increasing role of primary care and explained the process for projecting LCCHC future volume and space needs.
  - **Nixon Avenue** – I requested that Danielle Marchant write a letter to the city that they not approve the vacation of Nixon Avenue. Danielle recommended that she discuss the issue with the city attorney prior to writing the letter so the letter would be specific on particular regulations. She had an initial conversation with the city attorney on April 11<sup>th</sup> and we are waiting for the final result.
  - **Command Vehicle** - The EMS new command vehicle is receiving its final touches. The vehicle will be available to show at the next Board Meeting in May. Thank you Foundation.
  - **Facility Workshop** - Our Facility workshop will be June 2<sup>nd</sup> here in the Board Room, commencing at 8:00 A.M.
  - **WSHA Rural Conference** – WSHA Rural Health Conference will be June 26<sup>th</sup> -29<sup>th</sup> here in Chelan at Campbell’s Resort.

- **Insurance** – Insurance paid \$12,586 to cover the cost of the water damage and floor replacement in the cafeteria.

**OLD & NEW BUSINESS**

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

1. Credentialing:

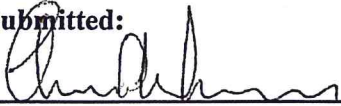
James Larsen, D.O.	Re-appointment	Family Medicine/Emergency Dept.
Joshua Schkrohowsky, M.D.	Re-appointment	Orthopedics
Rodney Mortensen, PT	Re-appointment	Physical Therapy
Jonathan Bolles, M.D.	Re-appointment	Consulting-Cardiology
Trent Lyman, PA-C	Provisional	Orthopedics
Beverly Stern, M.D.	Provisional	Consulting- Tele Radiology
Tabetha Bradley, M.D.	New Procedures	Proctored by: Ty Witt, M.D.

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

**MEETING ADJOURNED:**

- Meeting adjourned @ 2:44 P.M.

**Submitted:**

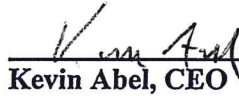


Board Secretary

5-24-16

Date

**Attest:**



Kevin Abel, CEO

5-24-2016

Date