

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

**July 26, 2016 – LCCH BOARD ROOM
1:30 PM – 3:59 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
Fred Miller, Commissioner
Phyllis Gleasman, Vice Chairman

Others in Attendance:

| | |
|---------------------------------------|----------------------------------------|
| Kevin Abel, CEO | Ken Peters, Director Environmental Svc |
| Vickie Bodle, CFO | Karl Jonasson, EMS Director |
| Brad Hankins, COO | Carol Velasquez, CNO |
| Kaitlyn Hetterscheidt, Go Lake Chelan | Arnold Baker, CCFD#5 Chief |
| Ty Witt, MD, CMO | Dee Barnett, HR Director |
| Arlene Abbot, Foundation Executive | Judy Rowett, Credit Services |

REVIEW OF MISSION:

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

OTHER BUSINESS:

- Arnold Baker presented a report on the incident response times for the Fire District and EMS. He appreciates our partnership with CCFD #5.

CONSENT AGENDA:

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

1. Board Minutes of June 21, 2016.
2. Financial & Business Office Report
3. Vouchers/Warrants; \$925,378.52, in payroll direct deposits; \$835,411.74. Write offs: \$89,374.28 bad debt, Charity Care: \$20,519.52, Bankruptcy: \$0.00, with combined total of \$109,893.80.
4. Policies and Procedures

| | |
|---------------------------------------------|-----------------------------------|
| Blood Bank Quality Assurance (CAH) | Adult Normal Values |
| ACCU-CHEK Inform II Glucose Monitoring | LMMB, LOCI, CKMB |
| IQCP C. diff Quick Chek Complete | IQCP WAMOLE COLORCARD MONO |
| PT – Protime | IQCP Microscan 4 |
| Ammonia (AMM) | Alere i Influenza |
| Test Menu (CAH) | QuantiFERON-TB Gold |
| Packing Blood Units for Shipment | TSHL (TSH) |
| EMS Medication Management (CAH) | Nutritional Services Hand Washing |
| Nutritional Services – Dress Code | In-Service Training |
| Emergency Release of Uncross-matched Blood | Confidential Information (CAH) |
| LCC Payment Plan | Wearing Gloves during Food Prep |
| Managing Care of the EDIE Patient in the ED | Violence & Weapons Free Facility |

| | |
|---------------------------------------------------------|-------------------------------------|
| Confined Space Program | Prescriber Signature Identification |
| Premium Pay – Patient Care Services | Remote Order Entry – Telepharmacy |
| Prescription Security Paper Policy | |
| Building Key Control & Check-out Policy (CAH) | |
| Pharmacist Documentation in the Patient Chart | |
| Drug Disposal for Outdated or Expired Medications (CAH) | |
| Clinical Institute Withdrawal Assessment for Alcohol | |

Consent Agenda Motion: T. Warren / Second: P. Gleasman & approved by Board of Commissioners

SPECIAL REPORTS:

- **Washington Rural Health Conference Discussion – Board Members**
 - Tom Warren – Amazed of the quality of speakers discussing the current conditions of healthcare in the nation. Tom is involved in the education process of Trustees and Board Commissioners for the Washington State Hospital Association.
 - Mary Murphy – A key speaker in one of her sessions spoke of the value of the leadership and the importance of board roles during these changing times in healthcare. She encouraged the board to do a self-assessment on a regular basis.
 - Mary Signorelli discussed a board assessment tool from the conference. Mary also would like to see a segment on KOZI from the Board every month.
 - Discussion on Board Orientation policy. M. Murphy & T. Warren will work with DeLynn Barnett onboarding process.
 - Kevin Abel discussed the Medicare Access and CHIP Reauthorization Act’s potential impact on Lake Chelan Community Hospital & Clinics.

- **Strategic Plan Update – Kevin Abel**
 - The quarterly update on the strategic plan was reviewed. Some of the changes included;
 - Updates to quality and safety metrics.
 - Outpatient experience measures.
 - Financial updates to include the WIPFLi compilation numbers with 2015 net income at \$124,325.
 - Infrastructure updates including the Health Facilities Planning and Development report.
 - A motion to add the evaluation of the UW residency program for Chelan Valley in partnership with CVCH to the strategic plan dated July 16, 2016.

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

- The Board agreed to have a facilitator at the Board Retreat in November. The date of the retreat still is to be decided.

- **Sazan Group Report – Ken Peters**
 - Ken Peters presented the Sazan Group report on the cost of updating the electrical system for the emergency generator. We have a waiver from the Fire Marshal and DOH until April 1, 2017 and we may be able to request an exemption. The cost of updating the electrical system could run up to \$1,547,467 million not including the soft costs which could be another 11% more.
 - Four options:
 - File for extension.
 - File for permanent waiver with probable restrictions.
 - Phasing the project.
 - Complete project.
 - Motion to – Ask Sazan to state in a letter to the Board, as soon as possible, what recommendations from the July 18th, 2016 report are not essential and what are essential to be implemented.

Motion: M. Murphy / Second: F. Miller. Not approved by Board - M. Murphy voted in favor, T. Warren, M. Signorelli, P. Gleasman & F. Miller voted not in favor. New motion recommended.

- Motion to – Instruct the CEO to forward report to Labor & Industries, Fire Marshall and the Department of Health, requesting for a possible waiver in light of our current status of the possibility of going to the public for vote on a new facility.

Motion: T. Warren / 2nd: P. Gleasman. Approved by the Board -T. Warren, M. Signorelli, P. Gleasman & F. Miller voted in favor, M. Murphy voted not in favor.

- **Healthcare Collaborative Group Quote – Kevin Abel**

- A discussion took place on the quote from the Healthcare Collaborative Group to evaluate the cost of remodeling and expanding the facility compared to new construction. This would be a side by side comparative. A motion to move ahead with the Healthcare Collaborative Group proposal was approved.

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

- **Facilities Project Timeline – Kevin Abel**

- A timeline was presented by Kevin for the facilities project. This timeline can be adjusted accordingly as time goes on. It's a starting place to meet our goals. The board agreed with the goal of a general decision at the September board meeting.

- **2nd Quarter Dash Board – Carol Velasquez**

- The dashboard was reviewed with primary focus on: Hospital falls w/ injury per 1000 patient care days, hospital reported medication errors; AMI (Heart Attack) EKG within 10 minutes of ER arrival, and adverse events. All of these areas are being closely reviewed and monitored.

STATE OF THE HOSPITAL REPORTS

- **Operating Report – Brad Hankins, COO**

- The new pharmacy sterile compounding hood is in place. We are awaiting certification of the hood and training.
- The sewer project has been pushed back to September to lessen the impact on operation during the summer months. It is estimated that the Hospital will be without water/sewer for up to ten hours.

- **Outpatient –**

- Orthopedics began their five day work week on July 11th and saw eleven ortho patients last Friday, July 22nd.
- Our primary care / specialty medical no-show rate remains at 5%.
- Our third available average year to date is currently 13.5 days. Vacation season is the largest impact, with limited coverage while the providers are out.
- The first regional CHNA meeting was last week. A regional data vault has been established. One of the group goals is to roll the regional CHNA planning and results into the NCWACH efforts.
- Dr. Bradley's practice has shown signs of growth since starting in January. Dr. Bradley will be out on maternity leave beginning August 29th for a month to six weeks.
- Our CGCAHPS for the third quarter is back on track thanks to Dallas and Jackie. We are currently moving forward with re-organization of our Medicare annual wellness visits and community health visits. Our new analytic software will allow us to initiate care coordination, 24 hour nurse hotline and other services.

- **Quality & Patient Safety – Carol Velasquez, CNO**

- There was one fall without injury from a Sanctuary patient who fell on an outing to Riverwalk Park.
- The Emergency Department had three patients who left AMA, ten who left without being seen, and nine who returned within 48 hours.
- There were two, non-billing related, patient or family concerns reported in June.
- AIDET training is in process, with more classes scheduled in July and August. Feedback from attendees has been positive. Initial competency assessments were performed, and ongoing competency will be monitored in actual practice.

- **Patient Care Services** –
 - One Tech in the Lab is moving to per diem, and one other Tech is moving from per diem to full time. The blood administration module is closer to implementation; however testing revealed the laptop on the cart was inadequate and will have to be replaced.
 - A candidate for MSU/OB Manager had a phone interview, and will be coming for an in-person interview. She has extensive leadership experience in the perinatal area.
 - The project plan for implementation of OBIX is in full-swing, with training scheduled in late August and go-live in early September.
 - The Patient and Family Advisory Council meeting last month included a significant discussion regarding a replacement facility. Members of the team have volunteered to assist in any capacity needed to support forward movement on this plan.

- **Chief Financial Officer – Vickie Bodle, CFO**
 - June financial statements closed with net income of \$152,174 for the month and (\$224,706) for the year.
 - Self-insurance programs are required to be audited every three years. Our insurance broker Alliant Employee Benefits has recommended BMI Audit Services to conduct our audit.
 - Combined AR for the hospital and clinic for the month was 61.6

- **Chief Executive Officer –Kevin Abel, CEO**
 - Congratulations to Ross & the IT staff! LCCHC won the Most Wired Award from the AHA and will be included in the Hospitals and Health Networks article.
 - A big thank you to Ken Peters and his crew for the installation of the new cabinets in the Cafeteria. The project was on the 2016 capital list and finished under budget.
 - Columbia Valley Community Health selected David Oisen as the new CEO. CVCH confirmed that they are still on track to construct the clinic at Apple Blossom with ground breaking August 19th.
 - Health Facilities Planning and Development will facilitate focus groups on August 10th in the Board Room and August 11th in Manson as a part of the flex grant. Jody will be at the August 23rd board meeting to present the results of the focus groups.
 - We have two new CRNA's joining LCCH. Barbara Cronin will be starting on July 27th and Vanessa Willey will start September 12th.
 - The medical staff requested a lunch meeting with the board so the commissioners can hear their opinions regarding facilities. The meeting will take place on September 9th from 12:15 to 1:15.

OLD & NEW BUSINESS

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

A. Action Items:

1. Credentialing:

| | | |
|--------------------------|---------------------|-------------------|
| Simons, Louise, M.D. | Initial Appointment | Emergency Dept. |
| Barbara Cronin, CRNA | Initial Appointment | Anesthesiology |
| Thomas Hudson, M.D. | Initial Appointment | Tele-Radiology |
| Christopher Morgan, M.D. | Initial Appointment | Tele-Radiology |
| Lee Loung Liou, M.D. | Reappointment | Tele-Stroke |
| Menon Ravi, M.D. | Reappointment | Tele-Stroke |
| Michael L. Rimpler, CRNA | Locums | Anesthesiology |
| Alexandre Paquet | PA Student | Behavioral Health |
| Whitney Hines, M.D. | Resident | Family Medicine |
| Doug Hayden, P.T. | Master PT Student | Physical Therapy |

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


MEETING SUMMARY:

- Mary Signorelli stated that she appreciated all the Board contributions and the hard work of LCCHC's staff.

MEETING ADJOURNED:

- Meeting adjourned @ 3:59 P.M.

Submitted:



Board Secretary

8/23/16

Date

Attest:



Kevin Abel, CEO

8/23/2016

Date