



**Lake Chelan Community Hospital & Clinics  
STRATEGIC BOARD MEETING**

**Lakeside Lodge**

**November 9, 2016**

**9:30 A.M. - 4:23 P.M.**

**CALL TO ORDER**

Mary Signorelli called the meeting to order at 9:30 A.M.

**Members Present:**

Mary Signorelli, Chair  
Phyllis Gleasman, Vice Chair  
Tom Warren, Secretary  
Mary Murphy, Commissioner  
Fred Miller, Commissioner

**Others in Attendance:**

Kevin Abel, CEO	Arlene Abbot – Foundation Executive Director
Vickie Bodle, CFO	Agustin Benegas-Wellness
DeLynn Barnett, HR & Risk Management	Celeste Thomas, Marketing/PR
Brad Hankins – COO	Les Cooper, Lake Chelan Community Foundation
Kaitlyn Hetterscheidt, Go Lake Chelan	Carol Velasquez, CNO

**1) Introduction:**

- A. **Public Comment** - No comments were received from the community members present.
- B. **2015 – 2017 Strategic Plan Update** – The current strategic plan and our vision, mission, and values, were reviewed. This meeting will focus setting strategic goals and the strategies and measurements to reach those goals. This is an ongoing document that will be updated annually.
- C. **Accomplishments** - Kevin recapped the list of accomplishments by Lake Chelan Community Hospital & Clinics.
  - Patient and Family Advisory Council continues its work with a high level of member engagement.
  - Patient and Family Advisory Council “Go Shadow” has been activated
  - End of life and palliative care education provided
  - Sterile compounding unit in Pharmacy
  - Echocardiography and vascular ultrasounds studies resumed, in collaboration with Confluence
  - Educational program initiated for asthma and COPD
  - New CT machine installed
  - OBIX (OB information system) implemented
  - HCAHPS with great strides of improvements in patient satisfaction; CGCAHPS initiated in the clinic
  - 2016 Most Wired Small and Rural Award
  - Scored in top category in CPSI IT Utilization report



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- Meaningful Use State 2 year 1 EHR Incentive Attestation
- PQRS submitted for 2015 and ready for 2016
- Upgraded Evident Information System to CPOE5
- Began Sports Medicine practice with concussion management for both high schools
- Implementation of TCPI and introduction of Population Based Health/Whole Person Care
- Ranked number one in two counties for timeliness of childhood for immunizations

## 2) Quality & Safety

- A. **Insights on Demand** – Carol Velasquez reviewed the Insights on Demand. We improved in most areas especially in Quietness of areas around rooms in the MSU. We decreased in three areas, the most severe drop was in Cleanliness of Room/Bathroom which dropped from 74.8% to 62.5%
- B. **LCC 2016 Patient Survey** – Forty-nine surveys were returned to provide results. 85% of our patients rated our services and providers, excellent and very good; 14% rated our providers and services, good and fair; and 1% rated us poor.
- C. **Public Hospital District Dashboard Metrics** – The hospitals Timeliness, Frequency Rate Time loss Frequency Rate, and Severity Rate were all in the green and well above others statewide. Our Needle Stick Frequency Rate is in the red at 3.58 with the state average being 1.20. Root causes analysis have been set up to correct the problem.
- D. **Quality and Patient Safety Dashboard** – Overall doing well in 2016. Hospital falls with injury per 1000 patient care days were at 0.1 with the target being 0. Hospital reported medication errors that reached the patient were at 8 with target being less than five. Adverse Events were at 1 with our target of 0. Our concerns being in the patient falls, we are focusing on the root causes for those falls. Hourly rounding to reduce incidents, call lights, pain level, assisting in bathroom trips, bed sores, are all being reviewed to support our patient goals.

## 3) Finance and Regulatory

### A. **Financial Benchmarks** –

- Lake Chelan Community Hospital & Clinics 2016 Year-to-date Excess Margin is at 1.38% and is .56% above the average for Critical Access Hospital's in the state of Washington and is 1.13% below the Critical Access Hospital's in the United States.
- Days cash on hand is at 66.17 days, which is 20.4% above the average for Critical Access Hospital's in Washington and 96.1% of the average of Critical Access Hospital's in the United States.
- Accounts Receivable days are at 52.99 which are 2.58 days below the median for Critical Access Hospitals in Washington State and 1.21 days below the median of Critical Access Hospital's in the United States. The Business Office is doing a great job with their collecting efforts.
- The Current Ratio is at 2.09 which is .46 below the median for Critical Access Hospital's in Washington State and .20 below the median of Critical Access Hospital's in the United States.
- In all areas, except PT/OT, we have seen an increase in volumes when comparing Sept. 2015 YTD with Sept. 2016 YTD. Physical Therapy saw a decrease with the closing of Home Health.
- The addition of an orthopedic PA and improvement with general surgery volumes is a primary growth area that will impact financial outcomes.

### B. **DRG Report Cost Comparison** –

- Lake Chelan Community Hospital is under the state average for 18 procedural charges out of 20 of the charges listed. The comparison was conducted by the Washington State Hospital Association and based on LCCHC's top twenty inpatient diagnosis admissions.
- Important for us to keep competitive and keep our prices lower than average.

- Under the goal of finance and regulatory, we will use the strategy to provide good value to patients as compared to hospital price benchmarks.
- C. **Meaningful Use State 2 Statistic for EHR –**
  - “Meaningful use” standards defined by the Centers of Medicare and Medicaid Services (CMS) Incentive Programs governs the use of electronic health records and allows eligible providers and hospitals to earn incentive payment by meeting the Core specific criteria. If we fail to meet any of the Core objectives, we fail attestation for the year.
  - Presently we are meeting or exceeding all objectives, except in Structured Lab EH to EP. This interface has been corrected and we now meet the objectives.
  - Future goals to include:
    - Continue the development of a patient portal.
    - Continue work with other facilities to share electronic transition of care of patient records with more physicians across the state.
    - Continue to closely monitor objectives through webcasts, discussions and conferences

#### 4) Infrastructure

##### A. **Demographics -**

- 80% of LCCH’s inpatient discharges come from the District. The Sanctuary draws nationwide.
- The population of the District is approximately 10,500 and is expected to grow 4.5% over the next five years.
- Our district is noticeably older than state average, with 20% over the age of 65 years vs. 14% statewide.
- Hispanics represent more than one third of the population and are growing rapidly.
- Seasonal fluctuations vary throughout the year due to the large tourist base.

##### B. **Health Care Reform –**

- A percentage of Medicare’s fee-for-service (FFS) payment which are tied to quality or value for value-based purchasing and readmission reductions goals are 85% by the end of 2016, and 90% by the end of 2018. Impacts from healthcare reform are different for rural providers than PPS hospitals.
- A percentage of traditional Medicare’s fee-for service provider payments will be tied to quality or value in alternative payment models, such as advanced primary care medical homes, bundled payments, etc., goals are 30% by the end of 2016 and 50% by the end of 2018. The rules are different for Rural Health Clinics with aspects of the MACRA rule currently not applicable.

##### C. **High Deductible Plans and Consumerism –**

- In 2003, no state had an average insurance deductible as high as \$1,000. Today, in all states (except three states), 80% of workers who have employer-sponsored insurance have a per-person deductible that is in excess of \$1,000.00.
- More employers and health plans are offering high deductible health plans with tax-free spending accounts to pay medical bills.

##### D. **Primary care is changing –**

- Team based multi-disciplinary approach
- Tele-medicine, group visits, email care
- Quality and outcome based medicine
- Longitudinal care not episode care
- Discussion was held that the current clinic is not set up to address the changes in primary care.



## 5) Medical Staff

- A. Kevin discussed feedback from the physician survey.
- B. Primary 80% of the providers are overall satisfied of hospital services:
  - Would like:
    - Add Internist services to provider staff.
    - Need to have more RN support
    - Need of streamline systems, and better follow-through on issues with IT
- C. The specialists' surgical procedures, have shown growth in their practices.
- D. Major goals for 2017:
  - Transforming Care Practices Initiative (TCPI) using our resources provided we need to Improve clinical practices and bring up to more modern model.
  - The TCPI goals need to be something we can sustain and would work with staff and technology.
  - Our goal is to engage the community/patients as part of our planning and implementation processes for TCPI.
  - Increased referrals and utilization of general surgery and gynecology.
  - Group diabetic classes - monthly encounters in a group with existing staff is at 10 – 15% growth.

## 6) Staff Development

- A. Nash training has mentored 24 managers. The classes focused on:
  - Positive & professional workplace – Leadership Mindset
  - Leadership tool belt – Managing Others with Trust and Respect
  - Performance Management – Getting more of the Good and Less of the Bad
  - Communication and Advanced Management skills
  - Employee EngagementTraining has been provided by the Foundation.
- B. AIDET training which stands for the following:
  - A: Acknowledge the patient
  - I: Introduce yourself to the patient and family members
  - D: Duration - letting the patient know how long the wait is, or how long the procedure/visit will take.
  - E: Explanation - letting the patient know what you are doing or going to be doing to them.
  - T: Thank them for letting us take care of them and using our hospital.
- C. Education levels have gone up substantially, which demonstrates professionalism within the staff.

## 7) Community and Wellness - Agustin reviewed the many positive efforts and outcomes with our Wellness & Community Outreach. The wellness group is reaching out to the community, as to what their needs are.

- A. **Cultivating LCCHC Values** – Values Base Planning Committee meeting monthly to discuss and continue with patient center care philosophy.
- B. **Hospital Volunteers & Chaplain Program** – Three volunteers at present and four Chaplains currently active.
- C. **High School Internship Programs** – Active internship programs are being conducted at Lake Chelan High School and Manson High School.
- D. **Wellness** – There are currently 64 Community Wellness events to date for the year of 2016 which include the following:
  - Max Kid's Wellness program – education promoting healthy lifestyle & obesity for children.
  - Spring into Summer – 100-day weight loss challenges

- Fun Runs and Safe Sitter Courses
  - Membership in Population Health Workgroup - improving health in the communities.
  - Senior Community Exercise classes
- E. **Community Health Needs Assessment Report** - To comply with the regulations set forth by the Patient Protection and Affordable Care Act of 2010, Lake Chelan Community Hospital & Clinics and the Community Health Needs Assessment steering committee engaged the North Central Washington Accountable Community of Health to lead a collaborative approach in conducting community health data collection and assessment process. The following health needs were identified based on the size and severity of the issues as well as disparities reflected in the data available from secondary data sources and local expertise:
- Access to health care;
  - Mental health;
  - Chronic disease prevention; and
  - Pre-conceptual and perinatal health.
- F. **Lake Chelan Community Hospital Foundation** – The three strategic goals for the foundation are:
- Initiate and/or support wellness programs responsive to community needs and secure necessary funding for implementation.
  - Build on and enhance the reputation of Lake Chelan Community Hospital & Clinics and Lake Chelan Community Hospital Foundation.
  - Build and maintain strong donor and partner relationships within the Lake Chelan Valley.
  - The foundation strategic plan is currently in draft and will be revised in the next few months.
- G. **Partnerships & Collaborations-**
- Clinics
    - Columbia Valley Community Health
    - Foot & Ankle Center of Wenatchee
    - Valley Plastic Surgery
    - Michael Travers Family Medicine
  - Hospitals
    - Confluence – Transfer Agreement; Mammography Reading Services; Echo Services; Primary Care Transformation Collaborative; Community Health Needs Assessment; Future evaluation of Epic IT system; Future evaluation of visiting specialists.
    - Swedish Medical Center – Stroke Program; Tele-Neurology; Future evaluation of telehealth programs.
    - Deaconess – Obstetrics RN training
  - Fire Districts
    - Chelan Fire District #5 and Chelan Fire District #7
    - Douglas County Fire District #5
  - Non Profit / Education
    - Lake Chelan Community Hospital Foundation, Guilds, and Soroptimists
    - Lake Chelan School District and Manson School District
    - University of Washington
- 8) **Health Facilities Planning & Development** – Jody Carona as facilitator of the board retreat lead the commission in a discussion of industry trends and the future of rural healthcare. The purpose of the Strategic Plan is to create a path forward by establishing goals and strategic priorities related to performance and growth aligning with our mission, vision and values. Create a common understanding of payment reform, rural delivery, and the local market. Analyzing the service delivery gaps, infrastructure and operational needs. Prioritize no more than four strategic planning goals.



**A. Leadership and Medical Staff Interviews**

- Jody Carona interviewed all the commissioners and physician leaders.
- Strengths include caring quality staff, mix of providers, and caregivers as community members.
- Weaknesses include perception that bigger is better, facility space and condition, and privacy in current hospital.
- Commissioners discussed past differences of opinion regarding the strategic direction of the organization and expressed a desire to provide a united vision moving forward.

**B. Industry Trends and Market** – Hospitals and health systems are focused on the health needs of their community. Developing convenient models in primary care, aligning with providers and team-based health professionals coordinating care and delivering safe and affordable health care. Some of the driving forces are:

- Affordability
- New Technologies
- Coverage gaps
- Payment for Value
- Consolidation or affiliation
- Affordability, coverage gaps and consumerism – high deductible plans are beginning to impact consumer decisions.
- Payment for value is tied closely to a robust primary care and value is determined on: Clinical process of care, patient experience of care, outcomes and efficiency. Primary care will look different by offering team based multi-disciplinary approach, physician as team leader with patient participation
  - Focus should be on the future
  - Recommending evaluation to join EPIC through Confluence or Athena due to Columbia Valley Community Health being on that platform.
  - Community Affiliations and Bundling business opportunities in maintenance, purchasing supplies, services, etc.
  - Maximize services by offering multi-level of care programs, group visit, email, virtual care, preventive services, etc.
  - Stay focused on what is best for the community while staying focused on the fiscal responsibility for the hospital and community.
  - Our facility is not a respectful healing environment, we have privacy issues, in ER, MSU, and OB.
  - We want to thrive as the key component of this community.
- LCCHC compares favorably overall compared to twelve similar critical access hospitals in Washington.
- Common questions amongst all hospitals and boards.
  - Can we operate with less and still get value?
  - Can we do population health well and how do we know we are making a difference?
  - Can we manage payment risk?
  - Are we focused enough on improving customer service and making the healthcare experience better?
- Growth Opportunities – We have growth opportunities with our Community based on our market share and the population projections.
- Hospital is the jewel of the community! Our impact on this economy should be in the forefront of our vision, it should not be the gap. We need to be more effective in our delivery of primary care.

- Merging with a larger organization was discussed. Confluence is currently not interested in a full merger but is interested in some clinical relationships. HFPD data indicates that other rural hospitals are not consolidating and LCCHC's position is similar.
- A gap we could reduce; strengthening the connection with the Latino community. Latino outreach, a more robust primary care for Latinos, and more bilingual staff.

**7. Mission, Vision and Values**

- The board discussed the mission, vision and values. It was agreed that no changes were needed to the current mission, vision and values.

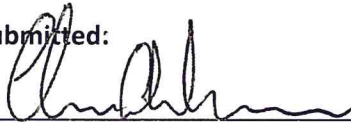
**4 MAIN STRATEGIC GOALS**

1. Improve the health status of the Lake Chelan Valley
  - Primary Care and Patient Experience
  - Wellness programs
  - Benchmarking
2. Continually improve the quality of care and experience of the patient
  - Technology, EHR
  - Cultural Competency
  - Facilities
  - Staff Development
3. Improve the financial strength of Lake Chelan Community Hospital & Clinics
  - Retention of patients
  - Benchmarking
4. Optimize collaborative relationships that support access and well being
  - Family practice residents
  - Relations/Partnerships

Management will revise and present the strategic initiatives to match the goals at a future board meeting.

**Meeting Adjourned:** 4:23 P.M.

Submitted:



Board Secretary

11/22/16

Date

Attest:



Kevin Abel, CEO

11-22-2016

Date