

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

**February 23, 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:**

Fred Miller, Commissioner  
Mary Murphy, Commissioner  
Mary Signorelli, Chairman  
Phyllis Gleasman, Vice Chairman

**Member Not Present:**

Tom Warren, Secretary

**Others in Attendance:**

Kevin Abel, CEO  
Vickie Bodle, CFO  
Brad Hankins, COO  
Arlene Abbot, Executive Director, Foundation  
Kaitlyn Hetterscheidt, Go Lake Chelan  
Amanda Ballou, Heritage Heights Administrator  
Marianne Patton  
Celeste Thomas, Marketing  
Jane Jedwabny, Sanctuary Director  
Dan Baker, CCFD #5 Commissioner

Ken Peters, Environmental Director  
William Cagle, M.D. Behavioral Health  
Carol Velasquez, CNO  
Diane Witsil, Exec. Assist to CEO  
Jeri Dion, Business Office Manager  
Lee Tinsley, Utilization Review  
Judy Rowett, Credit Services  
Ray Eickmeyer, EMS  
Ty Witt, M.D., Medical Director

**REVIEW OF MISSION:**

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

**OTHER BUSINESS:**

- William Cagle, M.D. introduced himself to the Board of Commissioners.
- Arlene Abbot shared the “Red Dress Luncheon” had tremendous community turnout with 75 participants. It was a great opportunity to get the word out about Women’s Heart Health.

**CONSENT AGENDA:**

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

1. Board Minutes of January 26, 2016.
2. Financial & Business Office Report
3. Vouchers/Warrants; \$822,778.77, in payroll direct deposits; \$784,791.79. Write offs: \$95,598.47 bad debt, Charity Care: \$10,285.68, Bankruptcy: \$0.00, with combined total of \$105,884.15.
4. Policies and Procedures
  - Accident Prevention Program
  - Chaplain Advisory Committee
  - EMO-Employee Medical Options
  - Supply Stock Rotation
  - Per Diem Relief Staff Requirements
  - Preparation & Assembly of Surgical Instrument Trays
  - Outpatient Service Orders by Non-Privileged Providers
  - Professional Advancement Incentive Differential
  - Performance Appraisal
  - Hearing Conservation Program
  - OR Coverage & Staffing

*Consent Agenda Motion: M. Murphy / Second: F. Miller & approved by Board of Commissioners.*

## **SPECIAL REPORTS:**

### **– 340B Program – Turnkey Solutions**

- Turnkey Pharmacy Solutions and Cirrus Pharmacy Systems were presented by Bryce Marcello and Rich Iverson. 340B is an entitlement program to acquire discounted drugs from the drug manufacturers as a Critical Access Hospital. The estimated pharmacy savings is approximately \$200,000 per year.

*Motion on 340B Program: M. Murphy / Second: P. Gleasman & approved by Board of Commissioners.*

### **– Stroke and Trauma Quality Plan – Carol Velasquez**

- Carol presented the Annual Stroke and Trauma Quality Plan which is mandated to be reviewed on a periodic basis to reflect changes, updates of policies, committees, and benchmark activities.

*Motion to Stroke & Trauma Quality Plan: F. Miller / Second: M. Murphy & approved by Board of Commissioners.*

### **– Annual Quality Improvement Plan – Carol Velasquez**

- Carol presented the Annual Quality Improvement Plan for 2016 which is mandated to be reviewed on a periodic basis.
- The addition of the clinic was a significant change reflected in the report.
- Other changes were cardiac measures and tracking of policies and procedures.

*Motion to Annual Quality Improvement Plan: F. Miller / Second: M. Murphy & approved by Board of Commissioners.*

### **– Annual Critical Access Report – Kevin Abel**

- Kevin presented the Critical Access Hospital Annual Review which is required by Department of Health and Medicare consisting of statistics, service changes, and accomplishments for the past 12 months supporting our critical access hospital status. All numbers and indicators in the report support our continued license as a critical access hospital.

*Motion to Annual Critical Access Report: P. Gleasman / Second: M. Murphy & approved by Board of Commissioners.*

### **– 4<sup>th</sup> Quarter Safety Dashboard Report – Carol Velasquez**

- On the Quality Dash Board for 4<sup>th</sup> Quarter 2015, we were meeting or exceeding the indicators except for needle sticks which are higher primarily due to non-needle sharps. We have a team working on this issue.

### **– Transforming Rural Practices Initiative – Sue Dietz**

- Sue Dietz of the National Rural Accountable Care Consortium discussed the U.S. Department of Health and Human Services national \$31 million Transforming Rural Practices Initiative grant. LCCHC has an opportunity to participate in the grant to prepare for population health in the areas of care coordination, patient centered medical homes and reporting. Several other critical access hospitals in Washington have signed up to participate in this program. An internal team has reviewed the costs and benefits of participating in the Transforming Rural Practices Initiative and recommend the board approve participation in this program.

*Motion for Rural Practice Initiative: M. Murphy / Second: F. Miller & approved by Board of Commissioners.*

### **– Facilities Steering Committee – Kevin Abel**

- The CEO reviewed the work the Facilities Steering Committee has done to date. Facility condition analysis included; BNH Physical Condition Report, CDi Engineers HVAC, Fire Protection and Plumbing Systems Evaluation, Magnusson Klemencic Gravity and Seismic Report, Hospital Pacific Appraisal Report, and Walters Appraisal Service Clinic Appraisal. Regulatory controls analysis included; City of Chelan memo, 2014 FGI guidelines for hospital construction, Certificate of Need Evaluation, Medicare regulations pertaining to provider based clinics, and the goals of the NCW Accountable Community of Health. The committee reviewed volume trends, as well as the project's relation to LCCHC Strategic Plan. Two facilities have

been visited and a third planned. With the completion of the financial analysis, the next step includes the strategic master facilities planning.

- A debt capacity study was completed by Eide Bailly based on the 2014 and 2015 financial statements as well as the latest filed cost report. The information was used to determine the hospital's pro forma financial position related to a proposed construction project. The report analyzed financial indicators in relation to increasing debt in five million dollar increments. A project between \$15 and \$20 million would allow LCCHC to meet the goals of being able to service the debt and maintain a large enough cash balance to continue operations.
- The Facilities Steering Committee would like board input on the vision and guiding principles, and input on the value of using Healthcare Facilities Planning & Development, an outside group for strategic master facilities planning.
- A Board workshop has been proposed after receiving the Healthcare Facilities Planning & Development report. Mary Murphy has abstained from voting due to a conflict of interest with the proposed facilities planning consultant.

*Motion for Strategic Master Facilities Plan: P. Gleasman / Second: F. Miller & approved by Board of Commissioners.*

## **STATE OF THE HOSPITAL REPORTS**

- **Operating Report – Brad Hankins, COO**
  - A blockage caused the dining area to flood over the night of 2/21. The dining room portion of Orchard Café will be closed until the carpet can be replaced.
- **Outpatient**
  - Third availables for the first 6 weeks of 2016 average 8 days, the average for 2015 was 13 days.
  - In 2015 outpatient encounters averaged 1,836 per month.
  - We look forward to our Orthopedic Physician Assistant joining us March 9<sup>th</sup> to begin five day-per-week orthopedic outpatient coverage and allow for another surgical day for Dr. Schkrohowsky. Monday mornings will be a walk-in orthopedic day.
  - Dr. Bradley's practice growth is steady.
  - Outpatient Behavioral Health is on Centricity as of February 15, which completes the move of all outpatient services to Centricity. Next step is placement of a behavioral health provider at LCC on Fridays.
  - Dr. Hutton's Life Style Medicine practice has grown to 26 patients in the first month of business.
  - Planning for this year's Healthy Lake Chelan Challenge is complete, thank you to the Foundation for their support.
  - The Community Health Needs Assessment update is due the end of 2016. We received a list of regional data sets from Community Choice last week and need a timetable from that organization for the statistical data.
- **Quality & Patient Safety – Carol Velasquez, CNO**
  - Patient and Family Advisory Council continuing to work on balancing patient privacy and release of information. The managers from HIMS and Patient Access attended to provide education to the Council and to hear feedback from Council members. The topic will also be discussed in Informatics to see how our EMR can be enhanced to facilitate appropriate sharing of information with family members.
- **Patient Care Services –**
  - LCCHC received DOH approval for the Pharmacy Sterile Compounding space and we are waiting city construction permits. The CT shielding plan was approved and we are still waiting on the approval from DOH Construction Review Services.
  - Jim Ramella, and Jessica Frost passed the CT registry in Radiology
  - We will have University of Washington Healthcare students coming in March.
- **Chief Financial Officer – Vickie Bodle, CFO**
  - January financial statements closed with net income at (\$104,225) for the month.

- AR days 67.4 with hospital and clinic.
- **Chief Executive Officer –Kevin Abel, CEO**
  - **Department of Health Survey** – The Washington State Department of Health conducted the standard Medicare survey and fire inspection of the hospital. Some issues include the need to better seal two fire doors, the hospital connection to the emergency generator, supply management, swing bed status, and cleaning. Caregivers worked well with the survey team and fire marshal.
  - **Foundation EMS Vehicle** – The LCCH Foundation finalized the donation of \$55,000 to fund a new command vehicle. It will be a Ford Expedition specially outfitted to respond to incidents requiring the command officer and will have the capability to reach some areas inaccessible to ambulances. The old vehicle will be sold as a part of the process.
  - **Soroptimist International of Chelan** – On February 1<sup>st</sup> the Sorpotimist Club held their annual celebration and presented \$17,000 to the foundation for free mammograms for both uninsured and under insured women.
  - **Commissioner e-mail Access** –The Board of Commissioner’s LCCHC e-mails will be put on our website. If they receive an e-mail not pertaining to them, they will forward the e-mail to the executive assistant, Diane Witsil.

**OLD & NEW BUSINESS**

- **Action Items:** It was m/s/c to approve
  - A. Action Items:
    - 1. Resolution
      - Res. #564 Surplus

*Action Items Motion: M. Murphy / F. Miller & approved by Board of Commissioners*

2. Credentialing:

Kenneth Jones, M.D.  
 Tobe Harberd, M.D.  
 Linda Strand, M.D.  
 Dhawal Goradia, M.D.  
 Tonya Perez  
 Justen L. Chapman

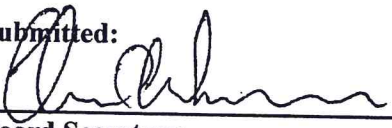
Re-appointment  
 Re-appointment  
 Re-appointment  
 Re-appointment  
 PT Student  
 PA Student

Courtesy - Plastic Surgery  
 Active - Family Medicine  
 Consulting – Radiology  
 Consulting – Tele-Radiology  
 Preceptor –Jeffrey England  
 Preceptor – William Cagle, M.D.

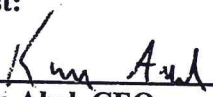
*Action Items Motion: P. Gleusman / M. Murphy & approved by Board of Commissioners*

**MEETING ADJOURNED:**

- Meeting adjourned @ 3:43 P.M.

Submitted:   
 \_\_\_\_\_  
 Board Secretary

\_\_\_\_\_ 3/22/16  
 Date

Attest:   
 \_\_\_\_\_  
 Kevin Abel, CEO

\_\_\_\_\_ 3/22/16  
 Date