

**CHELAN COUNTY PUBLIC HOSPITAL DISTRICT No. 2  
LAKE CHELAN COMMUNITY HOSPITAL & CLINICS  
MEETING BETWEEN MEDICAL STAFF & THE GOVERNING BOARD**

**September 9, 2016 – LCCH BOARD ROOM  
12:15 PM – 1:30 PM**

**MEETING MINUTES**

**CALL TO ORDER**

Mary Signorelli called the meeting to order at 12:15 P.M.

**Members Present:**

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

**Medical Staff in Attendance:**

Charles Waszkewitz, M.D.	Ty Witt, M.D.	John Laughlin, PA
Tobe Harberd, M.D.	William Cagle, M.D.	Brian Barstad, M.D.
John Arnold, PhD	Keri Bergeson, M.D.	Alissa Diehl, M.D.
Michael Travers, M.D.	Jennifer Snyder, M.D.	Megan Guffey, M.D.
Amy Ellingson, M.D.	James Larsen, D.O.	Jeff England, M.P.T.

**Others in Attendance:**

Kevin Abel, CEO	Barbara Cronin, CRNA
Vickie Bodle, CFO	Karl Jonasson, EMS Director
Ray Dobbs, Community Member	Carol Velasquez, CNO
Kris Rainville, RN	Heather, Chelan Pharmacy
Zach Johnson, Lake Chelan Mirror Reporter	Dale Hosington, Foundation President
Judy Rowett, Credit Services	Zachary Johnson, The Mirror Reporter

**REVIEW OF MISSION:**

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

**OPENING COMMENTS:**

- Mary Signorelli opened the meeting by inviting the Medical Staff to share their interests, concerns, and to have a productive meeting between the Medical Staff and Board for Lake Chelan Community Hospital & Clinics.

**MEDICAL STAFF COMMENTS:**

- **Brian Barstad, M.D. Emergency Department:**
  - Been with LCCHC for four years.
  - Worked in many different hospitals the same size as LCCHC in Washington, Montana and Minnesota.
  - Our Emergency Rooms are not efficient in the current space. There is no room for the providers, nurses and equipment.
  - There is no confidentiality for patients.
  - Need more Emergency Rooms to avoid people leaving without being seen.
  - No room for EHR systems.

- There is a great need for on-site heli-service for transporting patients from one facility to another. Right now, time lost (at the very least ½ hours) transferring heli-service personnel to hospital, then back to the airport with patient and heli-service personnel. The time lost, could count for the patient's life. Patient safety is of great concern.
- **Keri Bergeson, M.D. Family Medicine - Columbia Valley Community Health**
  - In MSU with two patients to a room, there is no confidentiality.
  - No room for equipment in the rooms.
  - Lifting a patient is not safe for providers and caregivers because of lack of room. No room to bring in the Zero lift when rooms have two patients in them.
  - Patients are not comfortable in non-private rooms and privacy is challenging.
  - Insulation between the rooms in MSU is poor. You can hear everything, from the nurses, to other patients in other rooms.
  - OB Patients leave our area to deliver their baby in Wenatchee due to private OB rooms.
  - There is equipment in the showers because there is no room to store the equipment. So if an OB patient would like to take a shower, they have to remove all the equipment before showering.
  - The birthing experience needs improvement in the area of size within the rooms to allow for birthing tubs, showers, etc. We could do a lot better to accommodate the birthing experience.
- **Megan Guffey, M.D. Family Medicine – Lake Chelan Clinic**
  - OB tubs are common for birthing now, and because of the size of our rooms we cannot offer this comfort to our patients.
  - The showers need to be cleared out so the OB patients can utilize them when needed, but where do you put the equipment?
  - The size of the rooms hinders the providers and nurses when an emergency takes place.
  - In MSU, if a patient falls, and is coding, impossible for enough staff to get into the room and lift patient to bed before code can start. Zero lift too large to maneuver. Patient safety concern.
  - Lack of privacy - Talking to patients and family for end of life care within the same room as another patient.
  - Toilets are too low in all rooms for patients.
- **Amy Ellingson, M.D. Family Medicine – Lake Chelan Clinic**
  - The providers that have been here for some time are used to the situations and don't notice the problems.
  - We are at the tipping point right now in this building. Too many issues are being ignored and the safety of staff and patients is being compromised due to lack of space.
  - We are at an emergent point to efficiently deliver a safe and respectful environment for the patient.
- **Charles Waszkewitz, M.D. Family Medicine – Lake Chelan Clinic**
  - Lack of space is not only in the Emergency Department, or MSU. The CT machine barely fits in a room, and we had to get a variance to allow for the lack of space. When will these allowances and grand-fathered features end with the State?
  - The operating rooms are too small; they were designed for surgeries in the 70's. Surgeries in this day and age require more equipment to provide for the safety of the patient. (Lack of revenue if the patient goes somewhere else.) If we had more room in the OR's our orthopedic department could be doing more surgeries that require the space for the high tech equipment.
  - Our location, on the hill presents many more challenges to provider, staff, patients, EMS, delivery trucks, etc. especially during the winter with icy roads.
  - My fear is that the State will say fix it or close. Where will that leave employees, and the community?
  - The back-up generator costs \$1.5M not including soft costs, it is too much to spend on a facility that is crumbling and is going to have many more issues as it continues to age.

- The providers are here because the hospital is here. If the hospital leaves or closes down, the providers will leave the area.
- Our EMS department exceeds all EMS's in the state. If the hospital leaves, our EMS will collapse. where will this leave the community?
- If the hospital closes, the employees will move and look for work elsewhere, affecting the economy within the community.
- If the hospital closes, there will be a lack of tax money being contributed to the community and retirees will look for somewhere else to live which would also affect the economy within the community.
- The self-esteem of the community will be affected.
- **Michael Travers, Family Medicine - Travers Family Medicine**
  - Believes in the Hospital and wants it to be strong in the community.
  - Four bonds have failed, and is not sure that a new bond would pass.
  - Look into hiring a space consultant.
  - Had questions if the Addiction Recovery program could be a stand-alone program so the third floor could be utilized by OB, or Surgery. (This option has already been analyzed and was not viable due to cost reimbursement issues).
- **Jennifer Snyder, M.D. Family Medicine – Columbia Valley Community Health**
  - Sanctuary brings in a constant flow of income into the hospital.
  - She gets feedback from her patients that they do not want to come to an old hospital, even though the staff is exceptional.
  - We are judged by quality and safety measures, and these measures are not being reached due to lack of space, comfort, and privacy. Our licensure depends on quality, patient safety and values, which is being hampered due to lack of space and privacy.
  - Quality and safety of our OB patients, elderly will continue to go in a downward spiral with new products that cannot be used due to the space issue.
  - There is no parking for employees, providers, patients, or families.
- **Michael Travers, M.D. Family Medicine – Travers Family Medicine**
  - People don't want to have any more taxes.
  - Every physician should have an advocate on the board. The hospital should cover lunch between the board member and each provider per month.
- **Amy Ellingson, M.D. Family Medicine – Lake Chelan Clinic**
  - This meeting is not meant to be a grip session and we are not totally unified on everything, but we have explored all options, and we need a new facility.
- **Ty Witt, M.D. CMO - Gynecology**
  - The steering committee looked at the evaluation of space. It would cost just as much money to build on the new site, as it would to remodel the existing site, but still have the problem of the hill, whereas on the new site, you have the room to expand and provide quality healthcare for the future.
- **Brian Barstad, M.D. - Emergency Department**
  - Chelan Hospital District #1's levy passed several years ago with the support of their community. What did they do in the community to get it done? They have six patient rooms in the ER and a clinic upstairs.
- **Ty Witt, M.D. CMO – Gynecology**
  - Failed in the past for several reasons;
    - People didn't want a tax increase, even minimal.

- The community wanted to refurbish the existing property, not all the costs and facts were out there for an informed decision.
  - Some in the community wanted a standalone ER only, and don't know why this is not possible. The WAC's need to be explained to them for the reasons we cannot be a standalone ER.
  - We have conducted a lot more surveys and we are finding there is a lot more input and interest in the community today than in the past.
  - The community needs to know that Kevin and the administration have changed from the last political climate of administrators.
- **Michael Travers, M.D. Family Medicine – Travers Family Medicine**
    - We need to get the people that don't want a new facility to attend the meetings. How are we going to get them there?
    - Possibly put the board meetings in the evening, so those that work can attend.
- **Keri Bergeson, M.D. Family Medicine – Columbia Valley Community Health**
    - Columbia Valley Community Health has just broken ground on the new site and it would be to the advantage of patients, physicians and community to have Lake Chelan Community Hospital & Clinics within the same area to form a healthcare arena. Physicians can get to the hospital quicker for deliveries, or emergent care needs.
    - Right now, even in the lab at the present facility you cannot plug another machine in the wall or the lights will go out.
- **Mary Signorelli, Board Chair**
    - A decision will be made at the October 25<sup>th</sup> board meeting as to whether we will go to the public with a future bond to cover a new hospital.
    - There will be two community sessions on October 4<sup>th</sup> at Manson Grange Hall, and Oct 5<sup>th</sup> at Lake Chelan Senior Center.
    - The reports from the different surveys will be posted on our website.
- **Charles Waszkewitz, M.D. Family Medicine – Lake Chelan Clinic**
    - Does the Board feel our pain?
    - We will be losing physicians if we don't do something quickly. The loss of physicians is less revenue to the hospital, and would not be good for the community who seek medical care.
- **Jeffrey England, M.P.T. – Physical Therapy**
    - Dr. Schkrohowsky and I went door to door in Manson at the last election. We need to make it clear that the administration has changed in this community.
- **Brian Barstad, M.D. – Emergency Department**
    - Mary Murphy, you have the most reservations, what would you like to know that would convince you that we need a new medical facility?
- **Mary Murphy, Board Member**
    - Mary is convinced that we have a safe and quality hospital.
    - Would like to see a long term business plan to serve this community.
    - Purposed to the Medical Staff to think outside of the box to help the commissioners think outside the box to come up with a solution within this community.
    - How are we going to maintain our financial status through the transformation of care?
    - Together we as a team will be very effective to have a safe and quality healthcare system.
- **Ty Witt, M.D. CMO – Gynecology**

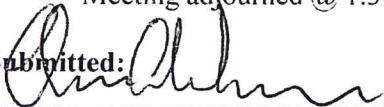
- Dr. Witt doesn't believe that volume and growth were implemented into last figures.
  - Patients already shop for a hospital for voluntary services, and go to other hospitals because they are newer.
  - Patients do not come to this facility because of the condition of the building.
  - He believes that we will see a huge increase in volume and revenue being in a new facility.
  - If we don't change right now, we will be losing a world class surgeon.
  - We need to recruit new physicians for growth of the community, but there is no room to put these new physicians and a new hospital will draw in new physicians.
- **Tobe Harberd, M.D., Family Medicine – Lake Chelan Clinic**
    - We all have some concerns especially with the new residents coming into Chelan.
    - We are more and more becoming an outpatient surgical facility which is critical for our hospital. We need room for patients to do pre-ops and recoveries within the same room. We could continue growth in this area, which would give more revenue, but with the lack of these beds, we are losing the income and this is a critical hub of care. Right now if we use the beds in MSU, it limits the beds for inpatient care and they need to be diverted to another facility which is hard on the patient, family and not good for the hospital in the eyes of the community.
  - **Phyllis Gleasman, Board Member**
    - Asked the physician to look at what lies in their future, and consider the long range goals. What do we need at a new facility?
    - Space is a huge issue with the existing facility, but what kinds of procedures can be done in a new facility that would increase revenue and community involvement.

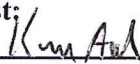
**MEETING SUMMARY:**

- Mary Signorelli stated that she appreciated all the Medical Staff contributions and the hard work of LCCHC's staff.
- She asked that the physicians email a wish list and a vision to the board.
- Try to set up regular meetings between the Board and Medical Staff quarterly for more transparency.

**MEETING ADJOURNED:**

- Meeting adjourned @ 1:30 P.M.

Submitted:   
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 Board Secretary  
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 12-20-16  
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 Date

Attest:   
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 Kevin Abel, CEO  
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 12-20-2016  
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 Date