

**CHELAN COUNTY PUBLIC HOSPITAL DIST NO. 2  
LAKE CHELAN COMMUNITY HOSPITAL & CLINICS  
MEETING OF THE GOVERNING BOARD**

**FEBRUARY 21, 2017 – LCCH BOARD ROOM  
5:30 PM – 7:58 PM**

**MEETING MINUTES**

**CALL TO ORDER**

Mary Signorelli called the meeting to order at 5:30 P.M.

**Members Present:**

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

**Others in Attendance:**

Kevin Abel, CEO	Vernita Nolan, Quality Director
Vickie Bodle, CFO	Diane Witsil, Executive Assistant
Brad Hankins, COO	Ty Witt, M.D., CMO
See list attached	

**REVIEW OF MISSION:**

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

**OTHER BUSINESS:**

- **COMMUNITY CONSENT AGENDA:**

1. Board Minutes of January 24, 2017
2. Financial & Business Office Report
3. Vouchers/Warrants: \$1,218,074.87, in payroll direct deposits: \$870,817.27. Write offs: Bad Debt-Hospital \$36,018.64, Bad Debt-Clinic \$3,072.08; Charity Care-Hospital \$15,886.41, Charity Care-Clinic \$591.00; Bankruptcy \$298.58: with combined total of \$55,866.71.

*Consent Agenda Motion made to approve consent agenda as presented: F. Miller & approved by Board of Commissioners.*

**SPECIAL REPORTS:**

- **Collins Woerman Replacement Hospital Site Plan – Kevin Abel CEO**

- Collins Woerman's draft site plans and drawings were reviewed. Commissioners discussed the general layout and appearance. Major changes noted from the last drawings were the addition of the DEXA scanner and the position of the Sanctuary. The room requirements are derived from the Health Facilities Planning and Development Master Strategic Facilities Plan report. The Commission agreed that the design will be modified with input from staff should the bond pass.

- **WIPFLi USDA Proposal – Kevin Abel, CEO**

- Healthcare Collaborative Group estimated the USDA application process could take four to six months. Starting the process early would enable us to take advantage of locking an interest rate. The negative side would be the possibility of lost funds expended to date, if majority of sixty percent is not reached in the election, April 25. The contract for processing this application with WIPFLi can be discontinued at any time.

*A motion to approve the spending of \$6,000.00 for preliminary work to process the application: T. Warren & approved by the Board of Commissioners.*

– **Stroke and Trauma Quality Plan – Vernita Nolan, Quality & Patient Safety**

- The Stroke and Trauma Quality Plan is mandated to be reviewed on an annual basis. The report reflects changes, updates of policies, committees and benchmark activities. The report was previously reviewed and approved by the Quality Committee.

*Motion to approve the Stroke and Trauma Quality Plan: M. Murphy & approved by the Board of Commissioners.*

– **Annual Quality Improvement Plan – Vernita Nolan, Quality & Patient Safety**

- The Annual Quality Improvement Plan for 2017 is mandated to be reviewed on a periodic basis. The report was previously reviewed and approved by the Quality Committee.

*Motion to approve the Annual Quality & Patient Safety Plan. M. Murphy & approved by the Board of Commissioners.*

– **Annual Critical Access Report – Kevin Abel, CEO**

- The Annual Critical Access Hospital Report is required by the Department of Health and Human Services. The report consists of statistics, service changes and accomplishments that supported our critical access hospital status for the past twelve months. All numbers and indicators in the report support our continued license as a critical access hospital.

*Motion to approve the Annual Critical Access Report with the revision of #13 from EPIC to CPSI: T. Warren & approved by the Board of Commissioners.*

– **4<sup>th</sup> Quarter Safety Dashboard Report – Kevin Abel, CEO**

- The Quality Dash Board for the 4<sup>th</sup> Quarter 2016;
  - Positive indicators include – timeliness, within twelve days of injury; time loss, the number of injuries per 100 employees and injury severity rate.
  - Areas requiring improvement include an improvement plan for needle stick/sharps frequency and the frequency rate involving the number of injuries with employees. The CNO and Safety Committee are working on a plan to decrease needle stick incidents.

**STATE OF THE HOSPITAL REPORTS**

– **Operations & Outpatient – Brad Hankins, COO**

– **Operations**

- Interior painting continues.
- LCCHC received a letter from the Washington State Department of Health Jan. 31 in response to the 2016 survey tag on the generator system. The letter states, after the review of hospital correspondence and information provided by the Suzan Group, the Department of Health and Fire Marshal's office removed part one of Tag #K-145. However, part two relating to the emergency stop button outside of the generator room will remain and needs to be addressed by March 31, 2017, per the waiver approval letter. The installation of the emergency stop button is complete, and we are awaiting inspection.

– **Outpatient**

- The 60-day wellness challenge “Building a Stronger You” started in early February.
- Qualis has been selected by North Central Washington Accountable Community of Health as the vendor to assist this region's healthcare transformation. We are one of 20 clinic groups on a state grant and had our first site visit.
- Third availables are at nine days.
- Megan Guffey, M.D. is leading a group on opioid practices.
- There were 57 surgeries and procedures in January 2017, compared to 47 in January 2016.

- Joey E. Victoria-Lopez, PA-C, is our locum in LCC Urgent Care.
- **Quality & Patient Safety – Vernita Nolan, Quality & Patient Safety**
  - **Quality**
    - Five complaints were reviewed and addressed in January.
- **Medical Staff Report – Ty Witt, M.D., CMO**
  - Michael Travers, M.D. made an announcement about prescription limitations issued by the State of Washington, Department of Health on his license.
  - LCCHC is participating in the regional response with Confluence. CVCH and other providers under the coordination of Chelan-Douglas Health District will assist these patients with their medical care.
  - The OB & OR department had a coordination meeting for usage of anesthesia. David Ellis, CRNA, will work part time four days per month to assist with the heavy days.
  - VBAC (Vaginal Delivery after C-Section) coordination is in the final stages of approval.
- **Chief Financial Officer – Vickie Bodle, CFO**
  - January financial statements closed with net income of (\$198,161) for the month. The loss exceeded the budgeted loss for the month and was primarily associated to areas of ER, EMS, and OR. The financial reports are considered in draft form, until the accounting firm completes the year-end cost report.
  - Combined AR days for the hospital and clinic for the month was at 66.5 days.
- **Chief Executive Officer – Kevin Abel, CEO**
  - The Citizens' Bond Committee is co-chaired by Ty Witt, M.D. and Wendy Redmond.
  - The grant for a replacement ambulance sponsored by Fire District #5 was not approved. Kevin thanked the Fire District #5 Board for their support in the application.
  - The 2015 audit was completed by the State Auditor's Office and it was a clean report. The commission stated their appreciation for the good work by the Finance Department.
  - Courtney Wallace has been named the new Quality Director. Vernita Nolan was thanked for her years of service.

**EXECUTIVE SESSION:**

- At 7:07 P.M. Commissioner Chair Mary Signorelli, announced Board Members would convene into Executive Session to discuss the Review Performance of Public Employee (CEO Annual Review) – RCW 42.30.110.

**REGULAR SESSION:**

- The Board of Commissioners reconvened into regular session at 7:37 P.M.

**OLD & NEW BUSINESS:**

- **Action Items:**

A. Resolutions:

- Res #576 CEO Compensation – Approval of a three percent increase for this year's salary through the normal payroll process.

*A motion to approve a three percent less \$8.00 increase: T. Warren & approved by the Board of Commissioners.*

B. Credentialing:

Jeffrey D. Carroll	MEDEX PA Student	Emergency Dept.
Joey E. Victoria-Lopez, PA-C	Locums	Family Med/Urgent Care

Jannel Mikkelson, OT  
William Cagle, M.D.

Re-Appointment  
Re-Appointment

Occupational Therapy  
Behavioral Health

*I reviewed the application, the supporting documentation, the Medical Executive Committee's recommendations and information received during the credentialing and privileging process as appropriate. Based on this review, it is my opinion that the above applicants meet the requirements for Medical Staff appointment and clinical privileges as recommended. Moved and approved by P. Gleasman and the Board of Commissioners.*

**BOARD SUMMARY:**

- The Board will continue to discuss important issues on an ongoing basis.
- Board would appreciate less time spent on state-of-the-hospital reports. Senior staff will provide more of that information in written form next meeting as a trial.

**MEETING ADJOURNED:**

- Meeting adjourned @ 7:58 P.M.

Submitted:

Mary T. Signorelli  
Board Secretary Chair

3/28/17  
Date

Attest:

Kevin Abel  
Kevin Abel, CEO

3-28-2017  
Date