



**Lake Chelan Community Hospital & Clinics**  
**STRATEGIC BOARD MEETING**  
**Chelan Municipal Golf Course**  
**August 9, 2017**  
**9:00 A.M. - 4:23 P.M.**

**CALL TO ORDER**

Mary Signorelli called the meeting to order at 9:00 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	Donna Strand, CNO
Vickie Bodle, CFO	Courtney Wallace, Quality Director
DeLynn Barnett, HR & Risk Management	Celeste Thomas, Marketing/PR
Brad Hankins, COO	Ty Witt, M.D., CMO
Ryan Stillman, MHA Intern	Gary Begin, Managing Editor, NCW Media

**A. Public Comment** – No comments from community members present.

**B. 2017 – 2019 Strategic Plan Update** – This meeting will focus on setting strategic goals, strategies, and measurements. The strategic plan will be reviewed by the Board of Commissioners throughout the year and updated annually. The discussion on the current status of the strategic plan included -

**Goal 1 – Improve the health status of the Lake Chelan Valley** – NCWACH has selected the initial regional initiatives, we are currently awaiting a regional implementation plan.

- Mental Health treatment integration and standardization of depression-screening tools.
- Standardized Opioid Rx therapy will be tracked as a region.
- Immunizations –
  - Best practices achieved as top clinic in Chelan/Douglas Health Service District for immunization rates, timeliness and vaccination compliance.
- OB indicators – Need to get metrics that measure NTSV, C-Section. What percentage of women getting pre-natal care?
- Current OB Indicators
  - Elective deliveries before 39 weeks – 0%
  - Primary C-section rate 16.6%
  - NTSV – Cesarean section rate 33.3%.
  - Exclusive breast feeding rate – 70%
- IT - We are meeting all objectives measured by meaningful use statistics prior to the beginning of the 90 days.

- Future goals to include:
  - Continue work with other facilities to share electronic transition of care of patient records with more physicians across the state.
  - Look into a single EHR system instead of the three systems currently in place.

**Goal 2 – Continually improve quality of care and the patient experience**

- Evaluate our clinical quality against state and national benchmarks. Our quality benchmarks have been recently changed to be comparable with national benchmarks.
- Medical campus to support excellent patient and family centered care with a healing environment which will be flexible to the changing needs of our community.
  - Development of new facility.
  - GC/CM process approved July 27<sup>th</sup>.
  - USDA application submitted. USDA will contact other entities for their evaluation, i.e. Environmental, Letter to Tribes, etc.
  - Washington State Office of Rural Health approved Critical Access status for LCCHC site.
- Develop highly skilled and compassionate professionals to improve the patient care experience.
  - Majority of indicators improved from 2016.
  - Patient and Family Advisory evaluates goals and objectives to align with “Patient and Family Engagement Measure” from CMS.
  - AIDET 98.9% participation.
  - HCAHPS continue the focus on nurse communication, hospital staff responsiveness, pain management, communication about medicines, discharge information, cleanliness of room and bathroom and quiet at nights.

**Goal 3 - Improve the financial strength of LCCHC – measured by performance against budget and volumes**

- Clinical Performance
  - Revenue under budget 3.7% and expenses over 0.3%.
  - Patient day 9.1% over 2016.
  - Surgeries 16.9% over 2016.
  - Clinical visits 3.7% over 2016.
  - Radiology, Lab, PT/OT and EMS billable below 2016.
- Financial Flex Monitoring with Critical Access Hospital median statistics.
  - Lake Chelan Community Hospital & Clinics year-to-date total margin 2016 .4% compared to Washington State Median for CAH 2.2%.
  - Cash on hand is 53 days compared to Washington State Median for CAH cash on hand of 48.
  - Days in Accounts Receivable 48 compared to the Washington State Median for CAH of 51
- Caregiver safety as benchmarked against other Public Hospital Districts in Washington State.
  - The hospitals Timeliness, Frequency Rate Time loss Frequency Rate, Severity Rate, and Needle-Stick Frequency Rate were all in the green and well above others statewide.

**Goal 4 – Build collaborative relationships to improve local healthcare**

- Development of Family Medicine Residency in collaboration with CVCH and U of W.
  - ACGME site visit completed
  - CVCH hired WIPFLI to assist in the modeling of project.
- Attract and retain high quality medical staff in the community.

- 2017 Physician Survey 66.6% very satisfied 16.6% neutral 16.6% somewhat dissatisfied.
- Joe Victoria-Lopez hired as full time urgent care/walk-in provider.
- For future surveys, look at different measurements and the reasons behind those metrics.
- Collaborate with Foundation and regional partners to offer health and wellness programs.
  - NCWACH initiative activities selected including integration of physical and behavioral health, community based care coordination, transitional care, diversion interventions, opioid use and chronic disease prevention and control.
  - Foundation accomplishments in collaboration with LCCHC, Manson School District and Chelan School District.
    - Manson Family Fit Night, 60 Days Healthier You Challenge
    - Chelan Family Fit Night, VOE Safety Fair, Max/Bike safety, Community Senior Exercise program, etc.
  - The Board believes the hiring of a professional fundraising firm would assist with the \$2 million goal.

### **C. Board Evaluations**

- Over all the Board evaluations, recognizes room for enhancement and a need for cohesiveness as a Board.
  - Our mission statement needs to be addressed to develop a stronger mission statement more in line with the current purpose and activates of the District.
  - Consider development of a Legislation Day, to meet with the legislators in the area along with Ben Lindekugel from AWPHD.
  - Board member to attend more employee functions, especially the Employee of the Quarter.

### **D. Caregiver Survey**

- Participation in the Caregiver Survey was at 113 caregivers.
  - Idea to continue increase participation – a drawing through the EAC for a prize for participating in the annual survey.
  - A spirit of teamwork and cooperation exists in my team – up to 90% positive contributed to Nash training.
  - Overall the survey demonstrated improvement over the prior year. .

### **E. Physician Survey**

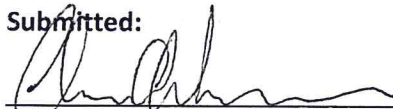
- Areas needing improvement or having concerns:
  - Need to streamline systems, and have better follow-through on issues with IT.
  - CPSI not as robust as other EHR systems.
  - Need to have enhanced Social Services for patients.
  - Need more RN support in Med-Surg and OB.
- Overall the providers feel the hospital, CEO and Board are going in the right direction.
- Major goals:
  - Using our present resources, we need to improve clinical practices and bring up to a more modern model.
  - Our goals need to be something we can sustain and would work with staff and technology.
  - Increased referrals and utilization of general surgery, gynecology, and internal medicine.
  - Group diabetic classes - monthly encounters in a group with existing staff is at 10 – 15% growth.

- F. Health Facilities Planning & Development** – Jody Carona as facilitator of the Board retreat, lead the Commission in a discussion on 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, and operational needs. Prioritize no more than four strategic planning goals.
- o Common goals include: Recognizing the NCWACH - 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:
    - o Opioid epidemic;
    - o Mental health;
    - o Chronic disease prevention; and
    - o Pre-conceptual and perinatal health.
  - o Creating an EHR plan that is cohesive in the hospital and clinics to be fully implemented by 2022.
  - o Continue to work with CVCH on the University of Washington Residency Program.
  - o Continue to work with Confluence to support their bed shortage by retaining patients with clinical needs locally.
  - o Continue developing convenient models in primary care, aligning with providers and team-based health professional coordinating care and delivering safe and affordable health care in the valley.
  - o Add Accountable Care Organization elements to the strategic plan.
  - o Begin planning for relocating the clinic to Apple Blossom Center.

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

Meeting Adjourned at 4:23 P.M.

Submitted:



Board Secretary

9/26/17.

Date

Attest:



Kevin Abel, CEO

9/26/2017

Date