

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

**November 28, 2017 – LCCH BOARD ROOM  
5:30 PM – 7:40 PM**

**MEETING MINUTES**

**CALL TO ORDER**

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

**Members Present:**

Mary Signorelli, Chair  
Phyllis Gleasman, Vice Chair  
Tom Warren, Commissioner  
Mary Murphy, Commissioner

**Members Not Present:**

Fred Miller, Commissioner

**Others in Attendance:**

Kevin Abel, CEO  
Donna Strand, CNO  
Brad Hankins, COO

Vickie Bodle CFO  
Ty Witt, MD, CMO  
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 October 24, 2017
2. Financial & Business Office Report
3. Vouchers/Warrants: \$ 891,849.52, payroll direct deposits: \$900,973.13. Write offs: Bad Debt-Hospital \$142,840.78 Bad Debt-Clinic \$0.00; Charity Care-Hospital \$83,195.42, Charity Care-Clinic \$192.20; Bankruptcy \$0.00: with combined total of \$226,228.40
4. Policies & Procedures  
Suicide and Mental Health Crisis Management

*A motion made by M. Murphy to approve the Consent Agenda with spelling correction, so approved by Board of Commissioners.*

**SPECIAL REPORTS:**

- **Guild B Home Tour Check Presentation – Guild B**

- Guild B presented a check to Lake Chelan Community Hospital & Clinics Board for a new Blood Gas Analyzer. The Board thanked Guild B for their efforts with the 2017 Home Tour which generated the funds for the new instrument.

- **USDA Financing – Kelly Arduino, WIPFLi**

- The Programs Director from USDA believes that the USDA letter of conditions will be delayed from December to January due to the thirty day response time on the Cultural Resource Study. The local USDA office has completed their financial analysis and forwarded the application to the state USDA office. USDA feedback on the project has been positive.

- **Bouten Pre-Construction Contract – Dick Bratton**

- Dick Bratton was on the phone to discuss the General Contractor / Construction Manager process and the Pre-Construction Services Agreement. The Board discussed the need for improved and more specific communications with the media regarding the project.
- The Pre-Construction Services Agreement was reviewed at the Board meeting. The Pre-Construction Agreement consists of front end costs and the description for pre-planning the construction project. The Certification of Insurance figures only cover the Pre-Construction Planning.

*A motion made by P. Gleasman to approve the Pre-Construction Agreement be accepted as is, seconded by T. Warren, so approved by the Board.*

- **Chief of Medical Staff – James Larsen, D.O.**

- Dr. Larsen presented the biannual Medical Staff report to the Board:
- In the last six months, the Medical Staff were involved in the resuscitation quality improvement (RQI) with Healthstream™.
- He shared if an outside provider is not privileged or appointed to LCCH, the provider on-call will be the patient's provider.
- Dr. Bradley presented a standardized step guideline for signing in and out of surgery.
- The providers are requesting a change in our exterior quality reviewer as a way to get a new perspective on quality review. It is a best practice to periodically change reviewers. Dr. Witt will look into the process of changing to a reviewer that works with the primary care practice segment to encompass all providers in the educational process, patient safety, and improvement of quality.
- A new chief of staff will be elected in December 2017.

- **3<sup>rd</sup> Quarter Safety Dashboard – DeLynn Barnett**

- The quality indicators are all green with the exception of timeliness. Three claims were outside of the 12 day requirement.

- **Administrative and Clinic Space Discussion - Board**

- A discussion took place in regards to removing the administrative offices from the hospital and replacing the vacated space with the Clinic. It would benefit the patient experience and the hospital by having centralized check-in, consolidated laboratory, consolidated radiology, and physician patient rounding would be enhanced. The evaluation by the architect and General Contractor / Construction Manager would entail using the current Lake Chelan Clinic space for administrative purposes. An initial cost evaluation will be conducted at a December meeting with the architect and General Contractor / Construction Manager.

*A motion made by M. Murphy to examine the placement of the clinic at the new hospital in lieu of non-clinical services, seconded by P. Gleasman, & approved by Board of Commissioners*

- **Strategic Plan Measurements - Board**

- The board discussed Goal 3 for the financial measurements of the strategic plan which was not completed at the previous board meeting.

**Goal 3 - Improve the financial strength of Lake Chelan Community Hospital & Clinics.**

- Strategic Initiatives:

- Improve clinical processes and productivity.
  - o Measured by performance against budget and volumes.
- Monitor against Washington State Critical Access Hospital financial performance benchmarks for total margin, days cash on hand, days in accounts receivable, EBIDA, and debt service coverage.
  - o Measured by Flex Monitoring Team Washington State Critical Access Hospital median statistics.
- Improve caregiver safety as benchmarked against other public hospital districts in Washington State.
  - o Measured by the Washington state Workers Compensation Dashboard.



*A motion made by M. Murphy to add EBIDA and debt service coverage ratio as financial measurements to support the financial strategic initiative, seconded by T. Warren, & approved by Board of Commissioners*

## **STATE OF THE HOSPITAL REPORTS**

### **- Chief Operations Officer – Brad Hankins, RN, COO**

#### **- Operations:**

- Interior painting of the hospital continues.
- The remodel to Patient Access is underway. Patient Access has been relocated across the hall during the remodel.

#### **- Outpatient:**

- The primary care/ specialty medical no-show rate for November was 4.8%.
- Third available is currently at nine days.
- The first clinical day of our non-operative spine service line is December 11<sup>th</sup>.
- Annual wellness visits are successfully progressing.
- Our first ACH site visit was November 9<sup>th</sup> and our first ACO site visit will be January 16<sup>th</sup>. According to our ACO/Qualis site visit in November LCCHC is progressing on pace and ahead of most other CAH/RHC's in the state.
- Our first Chronic Disease Management classes began October 30<sup>th</sup> and will continue through December.
- Positions for Care Coordination Nurse and an Outpatient Nurse Manager, have been posted and we hope to have someone in these positions shortly after the first of the year.

### **- Chief Nursing Officer – Donna Strand, RN, CNO**

- There were a total of six mock codes completed on every patient care area and with both shifts. The codes consisted of a drill, a debriefing, a redo of the drill with the same team, and a second debriefing. Staff appreciated the process and are fully engaged for more.
- We have received upgraded tele-stroke equipment as part of our contract with Swedish Medical Center, training to be started tomorrow.
- LCCH's Trauma-IV re-designation application will be submitted in December to the State.
- De-escalation trainers completed training and we will now plan for all staff to have didactic and hands on education.
- LCCHC has begun five minute safety briefings as a best practice to improve the patient-centered-care and quality at LCCHC. A safety briefing is a standing check-in at the beginning of every business day that touches on any patient care or safety issue that may impact caregivers or patients.

### **- Chief Medical Officer – Ty Witt, MD CMO**

- Medical staff will be bringing surgical cases to the medical staff meeting for discussion to further educational review.
- Trent Lyman, PA-C has been instrumental with coverage for the walk-in clinic.

### **- Chief Financial Officer – Vickie Bodle, CFO**

- October financial statements closed with net income of \$(32,449) for the month. Year to date net income is \$133,675.
- AR days were 63.5.

### **- Chief Executive Officer – Kevin Abel, CEO**

- Improved lighting has been added outside of the emergency room as well as a new camera angle for the security system.
- Link Transit reviewed the LCCHC Para-Transit program. They had no findings, have not received any complaints from our services over the last year, and has complemented the team on the billing submissions for accuracy.
- Kevin is presently the Vice Chair and will serve out his term through the next year per the bylaws of the North Central Washington Accountable Community of Health Board. The Whole Person Care

subgroup is in the process of finalizing the participation agreement that is tied to the funding of \$85,000 to \$95,000 which will be used to fund internal work on the project.

- An exit conference with the State Auditor's Office was held November 8<sup>th</sup>. LCCHC received a clean audit with no adjustments. Please congratulate the finance team for a job well done.
- The Foundation selected Westby & Associates as the consultant for the replacement hospital campaign. Westby & Associates has done hospital capital fundraising work with several healthcare organizations in Oregon and Washington. .
- An introductory meeting with Bouten Construction and Collins Woerman was held in Seattle on November 15<sup>th</sup>. Discussion included introductions to team members, steps for programming, and budget development overview. The team felt the original timeline with the Collins Woerman contract of a March 2019 construction start date was best for this project but that could be revisited at a future date. Bouten shared their budgeting process and noted the budget is tight but in line with expectations. The concept of trading clinic space at the current Lake Chelan Clinic site with non-clinical service space at Apple Blossom was discussed at the meeting.
- Historical Research Associates Inc. completed the Cultural Resources Study as required by the USDA. The report had no findings and recommended that no further cultural resources work is needed for this project. Kevin stated the Yakama Nation had a quick response to the Cultural Resource Study which was appreciated.

#### **OLD & NEW BUSINESS:**

##### **- Action Items:**

###### **A. Resolution #581 Surplus**

*A motion made by T. Warren to approve Resolution #581 & approved by Board of Commissioners.*

###### **Resolution #582 2018 Board Meeting Dates & Time**

*A motion made by M. Murphy to approve Resolution #582 & approved by Board of Commissioners.*

###### **Resolution #583 2018 Legal Holidays**

*A motion made by M. Murphy to approve Resolution #583 & approved by Board of Commissioners.*

###### **Resolution #584 Hospital Levy**

*A motion made by T. Warren to approve Resolution #584 & approved by Board of Commissioners.*

###### **Resolution #585 EMS Levy**

*A motion made by P. Gleasman to approve Resolution #585 & approved by Board of Commissioners.*

###### **B. Credentialing:**

Keri Bergeson, MD	Re-appointment	Family Medicine
Christina Lameroux, MD	Re-appointment	Tele Radiology
Shelly Jain, MD	Re-appointment	Tele-Radiology
Karen Phillips, MD	Re-appointment	Tele-Radiology
Cynthia Lyle, MD	Re-appointment	Tele-Radiology
Jamie Salatore, MD	Provisional	Tele-Radiology
Jennifer Witt, MD	Provisional	Tele-Stroke
Tara Biller, ARNP	Provisional	Tele-Stroke
Andrew Smith, MD	Resident	Proctor- Megan Guffey, MD

*The credentialing has been approved by a motion from P. Gleasman with the approval of all Board Members.*

#### **BOARD EDUCATION:**

##### **- JAMA**

- Article on the use of Hospitalists vs. Family Practice. Those patients cared for during their hospitalization by their own primary care physicians were more likely to be discharged to home, and were less likely to die within 30 days compared with those cared for by hospitalists.

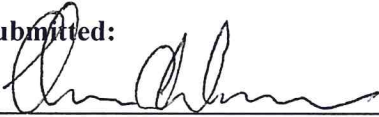
#### **BOARD SUMMARY:**

- Excited to make another step towards the new hospital.
- For those departments involved in the recent audits, we offer congratulations for a job well done.

**MEETING ADJOURNED:**

- Meeting adjourned @ 7:40 P.M.

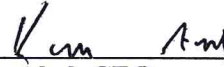
**Submitted:**



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**Board Secretary**

12-19-17  
**Date**

**Attest:**



\_\_\_\_\_  
**Kevin Abel, CEO**

12-19-17  
**Date**