

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

**December 19, 2017 – LCCH BOARD ROOM
5:31 PM – 7:36 PM**

MEETING MINUTES

CALL TO ORDER

Mary Signorelli called the meeting to order at 5:31 P.M.

Members Present:

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

Members Not Present:

Fred Miller, Commissioner

Others in Attendance:

Kevin Abel, CEO
Brad Hankins, COO

Vickie Bodle CFC
List attached

REVIEW OF MISSION:

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

OATH OF OFFICE

- Phyllis Gleasman and Mary Signorelli were sworn in as Commissioners for Lake Chelan Community Hospital & Clinics by Tom Warren, Commissioner.

OTHER BUSINESS:

COMMUNITY CONSENT AGENDA:

1. Board Minutes of November 28, 2017
2. Financial & Business Office Report
3. Vouchers/Warrants: \$ 628,238.55, payroll direct deposits: \$910,356.66. Write offs: Bad Debt-Hospital \$54,202.20; Bad Debt-Clinic \$0.00; Charity Care-Hospital \$33,836.70, Charity Care-Clinic \$150.15; Bankruptcy \$170.15: with combined total of 88,359 20
4. Policies & Procedures
 - Per Diem Staff Requirements
 - Employee Travel Expense Procedures
 - Advance Directives – PCS
 - On the Job Injury or Accident Reporting
 - Fetal Heart Rate (FHR)
 - Epidural & Intrathecal Anesthesia
 - Water Management Plan
 - Loaner Consignment Policy
 - Room Service
 - Employment Disciplinary Procedures
 - Post Mortem Care

A motion made by T. Warren to approve the Consent Agenda, so approved by Board of Commissioners.

SPECIAL REPORTS:

North Central Accountable Community of Health – John Schapman

- John Schapman and Linda Evans Parlette with North Central Accountable Community of Health, attended the Board meeting to discuss the current status of the Medicaid Transformation Project. They covered the six projects under the Whole Person Care Collaborative which NCACH chose to focus on. Bi-Directional Integration, Opioid Use, Diversion Interventions, Community Based Care Coordination, Transitional Care, and Chronic Disease Prevention and Control.
 - o Bi-Directional Integration – Integrate physical and behavioral health needs in one system.

- o Opioid Use – Reduce opioid-related morbidity and mortality by targeting prevention of opioid misuse and abuse, treatment of opioid disorder, overdose prevention, and whole-person care.
 - o Diversion Interventions – Promote appropriate use of emergency care services and person-centered care through increased access to primary care and social services.
 - o Community Based Care Coordination – Promote care coordination for Medicaid beneficiaries, ensuring those with complex health needs are connected to the services needed to improve and manage their care.
 - o Transitional Care – Improve in-between care for patients discharged from acute care to either a home or supportive housing setting, mental illness discharges from inpatient care, or clients returning to the community after confinement.
 - o Chronic Disease Prevention and Control – Improve chronic disease management and control by using a basic approach in caring for people in a primary care setting.
- **Rural Health Clinic Annual Evaluation – Brad Hankins**
 - The patient demographics indicate 46% of our patient are over the age of 51.
 - The average size of three primary care providers panels are 2,812 vs. the current accepted size of family practice panels of 2,100 leaves these three panels essentially closed.
 - The lack of per diem nurses and a Nurse Manager remain the biggest non-physician staffing issue.
 - Jill Thompson attended the National Rural ACO meeting in early December.
 - LCCHC will be receiving the final list of Medicare participants for our area’s ACO in April of 2018.
 - John Laughlin will be providing outpatient behavioral health services at the clinic full time in 2018.
 - **Line of Credit – Kevin Abel**
 - LCCHC has maintained access to a line of credit in the amount of \$1,000,000 with North Cascades Bank since August of 2014 which has never been utilized. Jim Nelson with D.A. Davidson and Brad Berg with Foster Pepper have recommended that we discontinue the line of credit since it could have a minor impact on the bond offering.

A motion made by T. Warren to discontinue the Line of Credit, seconded by P. Gleasman, so approved by the Board.

- **Year in Review - Board**
 - Staff Accomplishments
 - o Outpatient - Zero findings on Department of Health Survey
 - o Outpatient – Integration of Outpatient Behavioral Health
 - o Financial – Clean (B&O) Department of Revenue Audit for 2013–2016 & Clean State Audit
 - o Business Office – Implemented Medicare auto posting.
 - o HIMs - Clinical documentation improvement with providers specific detailed coding & “Say It” voice recognition solution.
 - o Sanctuary - Partnership with EMS regarding transportation of Sanctuary patients to and from Wenatchee for admission / discharge.
 - o Quality – Updated healthcare safety zone portal to reflect needs of the organization.
 - o Radiology – Increased the number of days that echocardiography/vascular exams are offered.
 - o Pharmacy – Optimized formulary.
 - Commissioners
 - o Increased board educational opportunities.
 - o Preparedness for new facility and community awareness.
 - o Review account payable
 - o Caregivers’ delivery of quality of care and interactions with patients.
 - o Need for more Commission outreach in community.

STATE OF THE HOSPITAL REPORTS

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

- Interior painting of the Hospital continues on third floor.
- Security cameras are being upgraded.

Outpatient:

- Our medical no-show rate for December was 5.1%.
- Third available currently are 8.8 days.
- The first clinical day for our non-surgical spinal service was December 11th.
- To facilitate integrated behavioral health at LCC we are now limited to two exam rooms in all our suites except Walk-In.
- Annual wellness visits continue.
- We are currently interviewing for a Care Coordination Nurse.
- The Outpatient patient portal is completely functional.

Chief Nursing Officer – Kevin Abel for Donna Strand, RN, CNO

- Nursing is working with Human Resources on combining position descriptions to decrease the overall number of position descriptions and gain consistency in nursing roles. The language on the descriptions have been standardized and refer to the skills checklist for specific competencies. They have added behavior language, i.e., “ability to make independent decisions, ability to maintain composure, etc.” They also added a requirement to “be available for on-call two shifts a month.”
- Our 4th House Supervisor is currently orienting. When she is on the schedule in mid-January, we will be very focused on standardizing processes and defining the house supervisor role. We will be focusing on centralizing staffing decisions, have proactive patient care, skills and competency assessment, appropriate delegation, and chart completion.
- The lab hired a Medical Lab Tech to replace their locums.

Chief Medical Officer – Ty Witt, MD CMO

- Included in CEO’s report

Chief Financial Officer – Vickie Bodle, CFO

- November’s financial statements closed with net income of \$40,024 for the month. Year-to-date net income is \$173,700.
- AR days were 63.1

Chief Executive Officer – Kevin Abel, CEO

- The providers at Lake Chelan Clinic have recommended Hepatitis C laboratory screening on patients born prior to 1965 based on current research. Medicare will provide coverage for this screening. Patients without Medicare, will be informed that the test may not be covered by their insurance.
- The Medical Staff held officer elections for the 2018-2019 term. Keri Bergeson, MD was elected Chief of Medical Staff, Jennifer Snyder, MD was elected Vice Chair, and Tabetha Bradley, MD was elected Secretary.
- A three day meeting took place with Bouten and Collins Woerman on December 13–15. The agenda focused on lean concepts in design, current state flows, adjacencies, barriers, and space sharing to assist with the mapping process.
- The Yakama Nation and the Colville Tribe have accepted the Cultural Resources Study completed by Historical Research Associates Inc. Rick Rose from USDA stated the process in state level should be finished in early January and the national level takes approximately two weeks for approval.
- Mary Signorelli, Barry Leahy, and Kevin met with City Representatives; Mike Cooney, Craig Gildroy, Lewis Gonzalez, and Joey Meisenheimer to obtain permitting information from the City Planning Department for our project. It was recommended that we use the pre-application process on the permit.

OLD & NEW BUSINESS:

- **Action Items:**
 - A. Credentialing:

Tabetha Bradley, MD	Re-appointment	General Surgery
Ty Witt, M.D.	Re-appointment	Gynecology
Thomas Hudson, M.D.	Re-appointment	Consulting – Tele-Radiology
Russell Gelormini, D.O.	Provisional	Consulting – Tele-Radiology
Eric Prince, M.D.	Provisional	Consulting – Tele Stroke
Heidi Desmone, RN	ARNP Student	Proctor – Kathy Hevly, ARNP

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

BOARD EDUCATION:

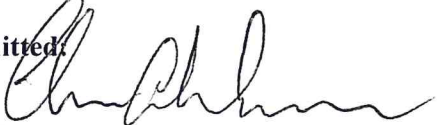
- ACH Opioid Project
 - Ryan Spillman gave a presentation on the Opioid Project in NCWACH.
 - o Opioid Policy requirements regarding doses, have been limited to 90 mg equivalents of morphine per day. – No more than 18 doses for patients age 20 or younger. (Approx. 3-day supply). – No more than 42 doses for patients age 21 or older. (Approx. 7-day supply).
 - o LCCHC Outpatient Services
 - We have two agreements: Outpatient Services Patient Agreement, Controlled Substance Agreement.
 - Three undocumented no-shows in 12 month period: Possible dismissal
 - Pain Medication:
 - o No more than 90 mg equivalents without contacting a pain management specialist
 - o Provider will review prescription with patient. It is required the patient follows the narcotic prescribing contract to continue receiving medications.
 - Controlled Substance Agreement
 - o Treatment will be stopped if patients; Request / accept pain medication from other providers, use more than one pharmacy, share prescriptions, and random drug screenings to detect other addictive opioids, or illegal drug use.

BOARD SUMMARY:

- A lot of educational information presented at today’s meeting.

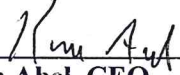
MEETING ADJOURNED:

- Meeting adjourned @ 7:36 P.M.

Submitted: 

 Board Secretary

_____ 2/28/18
 Date

Attest: 

 Kevin Abel, CEO

_____ 2-27-18
 Date

LCCHC Board Meeting
Sign in Sheet for 19 DEC 17

John Schapman

Linda Van Parlette

John Schapman

Valerie Akil

Ryan Stillman

Neil Shyne

Marianne Patton