

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

**February 27, 2018 – LCCH BOARD ROOM
1:30 PM – 3:07 PM**

MEETING MINUTES

CALL TO ORDER

Mary Signorelli called the meeting to order at 1:30 P.M.

Members Present:

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

Present by Phone:

Mary Murphy, Commissioner

Others in Attendance:

Kevin Abel, CEO
Brad Hankins, COO
Attendance sheet attached

Vickie Bodle, CFO
Donna Strand, CNO

REVIEW OF MISSION:

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

OTHER BUSINESS:

COMMUNITY CONSENT AGENDA:

1. Regular Board Meeting Minutes, December 19, 2017
2. Special Board Meeting Minutes, January 6, 2018
3. Regular Board Meeting Minutes, January 23, 2018
4. Financial & Business Office Report
5. Vouchers/Warrants: \$541,465.82, payroll direct deposits: \$1,383,784.59. Write offs: Bad Debt-Hospital \$155,632.57; Bad Debt-Clinic \$7,955.05; Charity Care-Hospital \$26,115.93, Charity Care-Clinic \$0.00; Bankruptcy \$0.00: with combined total of \$189,703.55.
6. Policies & Procedures:

Medication Management EMS Policy CAH

Initial Neonatal Resuscitation

Mass Casualty Patient Flow Policy

Volunteer Chaplain Program Policy

Safety Boards

Flexible Endoscopes–Clean & Processing CAH

Blood & Blood Products Administration

Document Control Plan

Policy & Procedure Template

Continuous Quality Improvement Committee Charter (CAH)

Preparing Medications for Administration Ampules, Vials, IV Containers CAH

A motion was made by F. Miller to approve the Consent Agenda with the removal of Continuous Quality Improvement Committee Charter (CAH). It was seconded and so approved by Board of Commissioners.

SPECIAL REPORTS:

Collins Woerman Update – Kris Paulson

- Kris Paulson from Collins Woerman called-in and presented a power point in regards to the information collected at the onsite meetings with the various departments February 13th – 15th. We are now in the finalization process of the program and will be moving on to the schematic design. The finalization of the program will allow the project team (primarily Bouten) to do the budget update.

– **AIA Collins Woerman Contract – Steve Smith**

- Steve Smith presented the AIA Architect contract with Collins Woerman which has been approved by USDA for signature. The Board approved the AIA Contract for signature upon receipt of letter for approval of funds from USDA

A motion was made to approve the AIA Architect Agreement with Collins Woerman pending the finance letter from USDA by T. Warren, 2nd F. Miller, so approved by the Board of Commissioners.

– **Organizational Chart – Kevin Abel**

- An updated organization chart was presented to the Board with the move of Environment of Care, Environmental Services and Nutritional Services from under the CEO to the COO. This change is more consistent to the traditional approach to the management of facilities, nutritional services and environmental services under a COO. Brad had these departments as direct reports prior to the consolidation with Lake Chelan Clinic.

A motion was made by T. Warren to approve the updated Organization chart as presented. It was seconded by F. Miller and so approved by the Board of Commissioners.

– **Stroke and Trauma Quality Plan – Courtney Wallace**

- 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 Continuous Quality Improvement Committee (CQI).

– **Quality Improvement Plan – Courtney Wallace**

- The Annual Quality Improvement Plan for 2018 is mandated to be reviewed on a periodic basis. The report was previously reviewed and approved by the Continuous Quality Improvement Committee (CQI).

A motion to approve the Stroke and Trauma Quality Plan and the Annual Quality & Patient Safety Plan together by P Gleasman, 2nd by T. Warren & so approved by the Board of Commissioners.

– **4th Quarter Safety Dashboard – Delynn Barnett**

- All indicators are green with the exception of timeliness of claims filing which was red due to four claims being filed after our twelve days goal. Two of those four claims were filed as incidents and later became claims but still counted outside of the twelve days for filing.

– **Equipment Planning – Joe Thompson**

- Joe Thompson reviewed the replacement hospital project's equipment needs and presented three proposals at the last Facilities Committee meeting for equipment planning for the new facility. He recommended the final choice of Mitchell Planning to the Board.

- o Mitchell Planning

- Company regional office is based out of Portland, OR.
- Budget not to exceed \$50,000.
- Services tailored to the needs of the hospital.
- LCCHC will take the information supplied by Mitchell, make the final purchases, and arrange with the vendors for the move of those purchases to the new facility.

A motion to approve a contractual relationship with Mitchell Planning for assisting with the equipment planning stage of the move to the new facility by T. Warren, 2nd P. Gleasman and so approved by the Board of Commissioners.

– **CEO Transition – Kevin Abel**

- The Board received a high level list of projects and duties that will be used in the transition with the interim CEO.

- The NCACH Board replaced Kevin's position with Scott Graham from Three Rivers Hospital. The two board representatives from public hospital districts are now from Three Rivers Hospital and Samaritan, Moses Lake.
- The interviews have been set up for the three interim candidates.

STATE OF THE HOSPITAL REPORTS

- Chief Operations Officer – Brad Hankins, RN, COO

Operations:

- The irrigation line project at the new Hospital site has been pressure tested and termed serviceable. There is additional concrete to pour next week, this would complete the irrigation project.

Outpatient:

- A small office will be built in the waiting area at the clinic.
 - Our medical no-show rate for January was 5.4%.
 - Third available currently are at 12 days.
 - Our first ACO site visit was January 25, 2018, and the ACO consultant felt LCCHC is succeeding with the project and has a good framework in place for implementation.
 - o Our integrated Outpatient Behavioral Health program.
 - o Our functioning patient portal.
 - o Full-time consult Nurse.
 - o Annual wellness visits among other functions of the clinic.
 - Our new Consult Nurse begins orientation this week, all Lake Chelan Clinic positions are now filled.
 - Our first regularly scheduled annual wellness visits begin next Monday.
 - Our team is ready for the Whole Person Care Collaborative regional kick-off in March.
 - Catholic Family Services indicates a full-time DMHP for Chelan and Manson as part of the new diversion program and Whole Person Care Collaborative partnership.
 - We will be starting our second round of Chronic Care Self-Management meetings in March.
 - Recruitment has begun to fill Dr. Waszkewitz's open practice.
 - Internal work has begun on changing our primary care model to team based/open access.
- ### **- Chief Nursing Officer –Donna Strand, RN, CNO**
- Nursing has been busy orienting OB staff and working on innovative moves for staffing needs.
 - The Pharmacy passed their state inspection.
 - Dr. Kerr from the Pathology Department at Confluence is overseeing our lab and has signed our RSV policy.
- ### **- Chief Medical Officer – Kevin Abel for Ty Witt, MD CMO**
- LCCHC will be assigned a new reviewer from WSHA Hospital Shared Services.
 - The Medical Staff is working towards a more concise review of stats.
- ### **- Chief Financial Officer – Vickie Bodle, CFO**
- January financial statements closed with net income of \$46,935 for the month.
 - Combined AR for the hospital and clinic for the month was at 67.8 days.
 - HRG has been brought in to assist the Business Office by working on old claims to capture the maximum return for our accounts receivable.
- ### **- Chief Executive Officer – Kevin Abel, CEO**
- The Soroptimist Club held their annual meeting on January 29th and presented a check in the amount of \$11,800 for mammography exams. The club will be turning over the Chelan Chase to Rotary in 2018 due to declining membership of the Chelan Soroptimist Club.
 - LCCHC has entered into an agreement with UW Medicine for Antimicrobial Stewardship Program Services. The program is designed to provide Washington CAH hospitals access to UW education and guidance on the appropriate use of antimicrobial drugs with the aim to improve patient outcomes,

reduce microbial resistance and decrease the spread of infection caused by multidrug-resistant organisms. This service is grant funded.

- Dr. Waszkewitz will not be renewing his contract effective September 1, 2018. He is planning a one year assignment for the National Health Service in Graymouth, New Zealand.
- Governor Inslee signed the 2017-2019 State Capital Budget which included an appropriation of \$300,000 to the LCCHC replacement hospital budget. Prior to accessing the funds, we will need to complete a Contract Readiness Survey and fulfill other requirements such as providing environmental surveys.

OLD & NEW BUSINESS:

- **Action Items:**

A. Credentialing:

John A. Schirmer, CRNA	Locums	Allied - Anesthesia
Alan G. Pratt, M.D.	Initial Appointment	Consulting - Tele-Radiology
Ravi S. Menon, M.D.	Re-appointment	Consulting - Tele-Neurology
Linda Strand, M.D.	Re-appointment	Consulting - Radiology
Christine Lamoureux, M.D.	Re-appointment	Consulting - Tele-Radiology
Stephanie Runyan, D.O.	Re-appointment	Consulting - Tele-Radiology
Beverly Stern, D.O.	Re-appointment	Consulting - Tele-Radiology
Anna A. Hansen, M.D.	Re-appointment	Consulting - Radiology
Abbi L. Pattison, RD, NU	Re-appointment	Allied - Dietitian
Kenneth W. Jones, M.D.	Re-appointment	Courtesy - Plastic Surgery
Amy Ellingson, M.D.	Re-appointment	Active - Family Medicine
Tobe Harberd, M.D.	Re-appointment	Active - Family Medicine
Lisa Yusi	PA - Student	Proctor - Hevly, & Barstad
Adam D. Boyd	PA - Student	Proctor - Kathy Hevly, ARNP
Leah R. Talley	PA - Student	Proctor - Brian Barstad, M.D.

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

BOARD EDUCATION:

Courtney Wallace provided education on quality reporting:

- In quality, a medication event is any medication reaction, error, omitted dose, extra dose, wrong dose, wrong patient, or outcome which is documented and tracked by the nurse and/or pharmacists.
- Improvements to our medication system to prevent errors are:
 - o Use of a scanning system where the medication is scanned, bracelet of patient is scanned and documented in the patient records.
 - o PIXIS system only lets the nurse get the medication for the patient.
 - o The system limits the access to high risk drugs.
 - o LCCHC is using premixed solutions for IV.

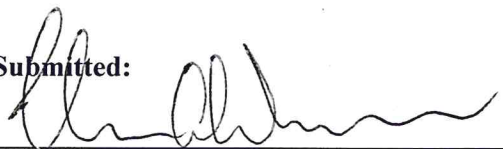
BOARD SUMMARY:

- A lot of positive activity with the framework for the new hospital, and the interim CEO interviews.

MEETING ADJOURNED:

- Meeting adjourned @ 3:07 P.M.

Submitted:



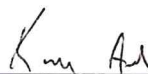
Board Secretary

3/20/18

Date

App by T. Warren 3.15.18

Attest:



Kevin Abel, CEO

3-20-18

Date