

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

**MAY 22, 2018 – LCCH BOARD ROOM
1:30 PM – 3:55 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
Fred Miller, Commissioner
Mary Murphy, Commissioner

Others in Attendance:

Steve Patonai, Interim CEO
Brad Hankins, COO
Attendance sheet attached
Vickie Bodle, CFO
Ty Witt, M.D.

REVIEW OF MISSION:

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

OTHER BUSINESS:

CONSENT AGENDA:

1. Regular Board Meeting Minutes, March 30, 2018
2. Regular Board Meeting Minutes, April 24, 2018
3. Facility Steering Committee Meeting Minutes March 2, 2018
4. Facility Steering Committee Meeting Minutes March 22, 2018
5. Facility Steering Committee Meeting Minutes April 17, 2018
6. Financial & Business Office Report
7. Vouchers/Warrants: \$1,520,271.62, payroll direct deposits: \$2,338,654.67. March 31, 2018 Attestation Write offs: Bad Debt-Hospital \$105,535.76; Bad Debt-Clinic \$0.00; Charity Care-Hospital \$31,005.61, Charity Care-Clinic \$0.00; Bankruptcy \$0.00: with combined total of \$136,541.37. April 30, 2018 Attestation Write offs: Bad Debt-Hospital \$57,422.29; Bad Debt-Clinic \$30,672.52; Charity Care-Hospital \$24,691.31; Charity Care-Clinic \$1,623.25; Bankruptcy \$0.00; with combined total of \$114,409.37.
8. Policies & Procedures:
Board Policy Approval Process

A motion was made by F. Miller to approve the Consent Agenda with the removal of the Facility Steering Committee Meeting Minutes, seconded by M. Murphy and approved by Board of Commissioners.

SPECIAL REPORTS:

- **Election of Secretary – Mary Signorelli**
 - Fred Miller, Secretary

A motion to approve F. Miller as secretary for the Board of Commissioner was made by M. Signorelli, seconded by M. Murphy and approved by the Board of Commissioners.

- **Quarterly Dashboard – Courtney Wallace, Quality**
 - Patient falls have reduced significantly

- Medication errors have increased significantly – which is good, because they are now being reported and training can take place to correct these errors.
- Safety committee has made great strides to reduce employee falls.
- **Policy Approval Process – Courtney Wallace, Quality**
 - A policy to speed up the approval process for policy and procedures hospital-wide has been adopted by the Board. Not all policies need to be presented to the Board for approval. Policies that will be brought to the Board include:
 - Any policy requested by the CEO, COO, CNO, CFO, CIO, or HR to be approved by the board.
 - Any policy requested by the Board of Commissioners for review and approval.
 - Hospital and/or clinic-wide administrative and financial policies as well as Board specific policies.
 Examples include:

<ul style="list-style-type: none"> ▪ Continuous Quality Improvement Plan ▪ Cardiac, Stroke, & Trauma Plan ▪ Charity Care Program ▪ Administrative Operating Guidelines ▪ Governing Board Bylaws ▪ Claims 	<ul style="list-style-type: none"> ▪ Governing Board Policy ▪ Credentialing ▪ Medical Staff Bylaws ▪ Financial Management Policies ▪ Administrative Policies ▪ Capital Procedures ▪ Accident Prevention Policy ▪ Tort
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A motion was made to approve the new Policy & Procedure process by M. Murphy, seconded by P. Gleasman and approved by the Board of Commissioners.

- **Residency Program Update – Steve Patonai, Interim CEO**
 - The Residency program is still moving forward and we are still finalizing the agreement with UW. We will be scheduling a special board meeting to present the financial projections and the finalized agreement for the Board approval.
- **Board Member Vacancy – Mary Signorelli, Chair**
 - We received five letters of interest for the vacancy on the Board of Commissioners. These applicants were narrowed down to two. The board requested additional information for consideration from those two remaining applicants. The Board members will go into Executive Session to review the additional information requested.
- **D.A. Davidson Report – Jim Nelson**
 - Jim Nelson is a bond underwriter and has worked with the hospital since 1993 on our voted bonds.
 - Moody downgraded our bonds to be in-line with comparable bonds for Critical Access Hospitals and to allow for the change of the rating criteria for Public Hospital Districts nationwide.
 - He noted that the Federal Reserve also raised the short term bond rates.
 - With the Moody downgrade, and the Federal Reserve increase, LCCHC is still well within the targeted interest rate given to voters of \$.38. The downgrade increased our rates by ¼% raising our rate from .325 cents per thousand to .34 cents per thousand of assessed value.
 - LCCHC may possibly have another opportunity with Moody’ to discuss our rating.
 - D.A. Davidson is prepared to set our bonds in motion upon receipt of a consent letter from USDA national office.

STATE OF THE HOSPITAL REPORTS

- **Chief Operations Officer – Brad Hankins, RN, COO**
 - **Operations**
 - Painting continues on the 3rd floor hallways. 3rd floor patient rooms will follow.

- Construction of a meeting room in the waiting area at the clinic began on April 17, 2018 and is now complete.
- The chiller compressor at the hospital developed a leak over the winter and required replacing (warranty issue).
- Providence Sacred Heart performed our bi-annual inspection on March 29-30th with no significant findings.
- Over 130 repair requests have been made to the Environmental Services Department since the last report.
- **Outpatient:**
 - Our primary care/specialty medical no-show rate for March / April combined was 5.1%
 - Third available currently are 12 days
 - Practice Management has been implemented and we are able to give the primary care physicians feedback on our systems with coding, performance on encounters, payors mix information, etc.
 - Lake Chelan Clinic can now perform bioavailability genetic testing in our outpatient setting.
 - Next service line to be developed, 1) expand non-surgical spine to include ablations and 2) lateral compartment partial knees.
 - We have changed our provider recruitment to an ARNP, a Family Medicine with OB and an Internal Medicine provider.
 - The Behavioral Health nurse care coordination began this past month.
 - We are now fully functional with our providers in the Whole Practice Care Consortium, leading into the changed plan development as the next step.
 - We began on May 12th in partnership with Catholic Family to have a Designated Mental Health Practitioner assigned to our area. We will begin with weekend coverage and move into seven days per week as soon as the hiring process has been completed.
 - While at the Northwest Rural Health Conference, held in Spokane, there are no current or future programs mentioned that we don't already have plans or are functional including: (biphasal patient portal, AWW's medical chronic care nurse coordination, behavioral health nurse chronic care coordination, community based nursing, lay chronic care education classes, integrated Behavioral Health, PHQ9 depression screenings, community based suicide prevention programming, etc.) or have a start date already set (community based para-medicine, residency training track, integrated community based Behavioral Health Diversion, team based primary, etc.). We have accomplished a lot in the last nine months to be on top of our game with these services.
- **Chief Nursing Officer –Courtney Wallace for Donna Strand, RN, CNO**
 - The Emergency Department has created an ED Improvement Plan, to improve patient satisfaction. Their goal of moving patients through the system, as soon as possible, with a target of ten minutes from the time they walk in the door to being seen by the provider.
 - Adopt a surge plan for capacity management which involves direct bedding, encompassing patient access services to complete the registration at the bedside.
 - The challenge is the five bed capacity in the Emergency Department. We are currently on tract 88% of the time.
 - On-going discharge phone calls have resulted in 93% satisfaction rate for discharged patients.
- **Chief Medical Officer –Ty Witt, MD CMO**
 - Surgery volumes have increased to between 60 – 70 cases per month.
 - First preliminary coding analysis has been completed, and we are researching methods to illustrate charting efficiencies with medical records.
 - Lake Chelan Clinic is assisting on the improvement of revenues from the clinic standpoint and to assist with new patient flow.
- **Credentialing – Phyllis Gleasman**
 - Credentialing:

- Lee Loung Liou, M.D.	Re-appointment	Tele-Neurology
- Steven Archibald, M.D.	Re-appointment	Tele-Radiology
- Blake Poleynard, M.D.	Re-appointment	Tele-Radiology
- James Larsen, D.O.	Re-appointment	Family Medicine/ED
- Jonathan Bolles, M.D.	Re-appointment	Cardiology
- Trent Lyman, PA-C	Re-appointment	Orthopedic Physician Assistant
- John Arnold, PhD	Re-appointment	Psychology
- Marc Paul, M.D.	Re-appointment	Tele-Radiology
- Kathy Hevly, ARNP	Re-appointment	Behavioral Health
- Edward Callaway, M.D.	Provisional Apt.	Tele-Radiology
- Surinder Rai, M.D.	Provisional Apt.	Tele-Radiology
- Mary M. Downey, PA-C	Provisional Apt.	Family Medicine

A motion was made by P. Gleasman to approve the credentialing, seconded by F. Miller and approved by the Board of Commissioners.

- Chief Financial Officer – Vickie Bodle, CFO

- March’s financial statements closed with net income of (\$165,956) for the month.
- April’s financial statements closed with net income of (\$137,210) for the month.
- YTD’s financial statements closed with net income of (\$356,667) was (\$3,873) over the budgeted loss of (\$356,667). Our most productive months are during the summer months.
- Combined AR for the hospital and clinic for the month was at 63.1 days

- Chief Executive Officer – Steve Patonai, Interim CEO

- Five major focus areas:
 - 1) Quality and patient satisfaction: We want to raise the bar. Strive to have the best quality, patient satisfaction and safety in the region.
 - 2) Access – Improve patient access, in Emergency Department by reducing the patients wait time. Increase our volumes in the clinics by increasing new patients and adding additional providers at the clinic including, Internal Medicine, Geriatric ARNP, Family Medicine provider and Physician Assistant to replace a vacant position.
 - 3) Overall Financials – Expense control has always been good in the past.
 - 4) New Hospital – Facilities Steering Committee had meeting with USDA. No issues, no red flags, etc. USDA state office hopes to have whole package sent to National office in June with a consent letter to us by end of July. Will need a resolution to appoint interim CEO and/or CEO as signer of all documents received from the USDA office.
 - 5) Be ready to occupy new facility when completed from quality, service and operational aspects.

EXECUTIVE SESSION:

- At 3:30 P.M. Commissioner Chairman, Mary Signorelli announced Board Members would convene into Executive Session to evaluate the qualifications of a candidate for appointment of elective office.
 - RCW 42..0.1.1(h)

REGULAR SESSION:

- The Board of Commissioners reconvened into Regular session at 3:45 PM.

MOTION ON APPOINTING COMMISSIONER POSITION #3:

A motion was made by F. Miller to appoint Jordana LaPorte as Commissioner Position #3 of Chelan County Hospital District #2, seconded by P. Gleasman and approved by Board of Commissioners. J. LaPorte will be taking the Oath of Office at the Special Board meeting on, May 31, 2018.

OLD & NEW BUSINESS:

- **Action Items:**

A. Resolution:

Resolution #588 Interim CEO

A motion was made by M. Murphy to approve Resolution #588 with the corrected dates, seconded by F. Miller and approved by the Board of Commissioners.

MEETING ADJOURNED:


- Meeting adjourned @ 3:55 P.M.

Submitted:

Fred Miller
Board Secretary

6/19/18
Date

Attest:


CEO

6/19/18
Date