

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

**July 24, 2018 – LCCH BOARD ROOM
1:30 PM – 3:05 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
Jordana LaPorte, Commissioner

Member Absent:

Mary Murphy, Commissioner

Others in Attendance:

Steve Patonai, Interim CEO
Vickie Bodle, CFO
Donna Strand, CNO
Brad Hankins, COO
DeLynn Barnett, Director of HR

Rich Ulhorne, Media
Kim Reeves, Foundation Dir.
Jane Jedwabny, Sanctuary Dir.
Celeste Thomas, Marketing
Lee Tinsley, UR
Erik Volk, WIPFLI

REVIEW OF MISSION:

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

OTHER BUSINESS:

CONSENT AGENDA:

1. Regular Board Minutes, June 19, 2018.
2. Financial & Business Office Report.
3. Vouchers/Warrants: \$594,498.06, payroll direct deposits: \$936,383.90. May, 2018 Attestation Write offs: Bad Debt-Hospital \$79,863.43; Bad Debt-Clinic \$0.00; Charity Care-Hospital \$55,568.73, Charity Care-Clinic \$0.00; Bankruptcy \$0.00; with combined total of \$135,432.16.

A motion was made by P. Gleasman to approve the Consent Agenda with the correction under 1. to read, Regular Board Minutes, seconded by F. Miller and approved by Board of Commissioners.

CHAIR REPORT – Mary Signorelli: Discussed the Special Meetings regarding interviewing the CEO Candidates. The Board will be interviewing two candidates on-site, one on 8/2 & 8/3 and the other on 8/6 and 8/7/2018.

OLD BUSINESS:

CEO Recruitment Update – Mary Signorelli, Board Chair

- There are two CEO candidates who will be interviewing on-site 8/2 & 8/3 and the other 8/6 & 8/7/2018.
- Board Retreat – Mary Signorelli turned the meeting over to Steve to discuss the Retreat. Steve shared that the Board Retreat will be on August 8th from 10:00 AM-7:00 PM and August 9th from 7:30 AM – 4:00 PM at Howards on the River in Pateros, WA. Jodi Corona will facilitate. There are 14 who are invited, including the Board of Commissioners, three physicians, and the Administration Team. Discussions will be focused on a 10+ year Vision for LCCHC.

NEW BUSINESS:

- There was an agenda emailed to the Board today for the candidates who will be here on-site.

- Erik Volk from WIPFLi presented the attached documents and discussed the audit process.

STATE OF THE HOSPITAL REPORTS

- **Medical Staff Report – Ty Witt, M.D., Medical Director** - Tabled until next Board meeting.

- **Credentialing –**

| | | |
|-----------------------|-----------------|-----------------------------|
| Kenneth Huang, ARNP | Locums | Family Medicine/Urgent Care |
| Beverly La Mar, ARNP | Provisional | Family Medicine |
| Benjamin Strong, MD | Re-appointment | Tele-Radiology |
| Richard Mitchell, MD. | Re-appointment | Tele-Radiology |
| Barbara Cronin, CRNA | Re-appointment | Anesthesia |
| Vanessa Willey, CRNA | Re-appointment | Anesthesia |
| Louise Simons, MD | Re-appointment | Family Medicine/ED Dept. |
| Kara Wages | Medical Student | Keri Bergeson, MD |
| Joshua Policella | Medical Student | Megan Guffey, MD |

Phyllis Gleasman made a motion to approve the credentialing as presented, seconded by Jordana LaPorte and approved by the Board of Commissioners.

- **CEO Report – Steve Patonai, Interim CEO**

- Per the Olympia and Regional Offices, the USDA application and documents were submitted to the National USDA Office last week and should be presented to the Funding Committee soon.
- We have received the fully executed Affiliation Agreement from University of Washington for the Family Medicine Residency program. The Memorandum of Understanding is awaiting University of Washington and Columbia Valley Community Health's signatures.
- Steve updated the Board on the current status of the Chelan EMS lease with Fire District #7. Previously, LCCHC had an agreement with the Fire District #7, whereby the Fire District would allow the Chelan EMS staff to be housed in their station in return for EMS providing training to Fire District #7 staff. Steve Patonai and Ray Eickmeyer met with Chief Tim Lemon at LCCHC on June 1st, one of a variety of topics being the lease agreement. Chief Tim Lemon presented a proposal whereby LCCHC could lease the space at Fire District #7 for approximately \$42,000 per year. Consequently, while LCCHC was considering options, the Fire Dept. had a bat issue at its station, so the Chelan EMS crew was brought back into the hospital temporarily as a staff safety measure. After discussions with several of the EMS staff over the next few weeks and evaluating options, Steve Patonai called Chief Tim Lemon on July 23rd (followed up by a letter to Chief Tim Lemon) to inform him that LCCHC decided to make this relocation back to the hospital permanent. Having the EMS crews based in the hospital provides opportunities for additional synergies in day-to-day operations and projects in addition to the approximately \$42,000 in annual lease cost savings for the hospital. (Mary Signorelli stated she wanted to go on record that Kevin Abel and her met a couple of times with Chief Tim Lemon in the past and have never refused a meeting nor had there been any other requests for meetings.)
- Rap Sessions: Steve led a series of Rap Sessions, June 25th – 28th to update the staff to discuss volumes, current trends, provide the statistics and operational updates, and also to answer any questions.. 109 employees were in attendance. He will continue these every three months to keep the employees updated.

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

- **Operations**

- Construction begins on the Sanctuary showers in early August.
- The elevator needs minor repairs and the addition of an oil cooler, waiting for quote.
- There have been no HVAC issues with the hot weather.
- There have been 98 repair requests since last report.

- **Outpatient:**

- Our primary care/specialty medical no-show rate for June was 4%.

- Third availables are currently at 13 days.
- Beverly La Mar, ARNP joins us July 30th.
- We are currently short two RN's and an MA at LCC.
- We interviewed a Family Practice/OB physician two weeks ago.
- Locums coverage in Walk-in will extend to at least August 9th.
- We have not been able to find a locums Physician to replace Dr. Waszkewitz.
- Team based plan have slowed due to lack of staffing.

Chief Nursing Officer –Donna Strand, RN, CNO

- There were increased volumes over the Fourth of July weekend and they were managed well.
- Care rounds were started with the Medical/Surgical Unit Manager to discuss patients with care planning needs. Staff is currently being trained.
- Vitamin D levels are now being done in house and will help increase revenue.
- Expanded hours have been added for Radiology. There will be coverage 21 hours Monday -Thursday and 24 hours Friday – Sunday.
- Presented the ED Improvement Plan:
 - Division history/data. In the first part of 2017, we had multiple episodes of diverting patients that needed admission to a medical bed. The nurse managers and Dee changed the interview/hire process to fast track every RN applicant. They also changed the scheduling pattern to one that nurses prefer. These two changes addressed the staffing shortage that contributed to diverting patients. The Administrator On-Call role was formalized and a Nurse Leader On-Call was added to give the clinical staff support making decisions. We have decreased episodes of diversion from 21 at this time last year to five in 2018, and none since April.
 - In addressing the goal of Zero Diversions, we created a Surge Plan. Creating virtual beds, finding a safe patient care area and identifying a staffing plan were the main components of this Surge Plan.
 - ED Improvement Plan began in March and includes: Leadership meetings, daily huddles, direct bedding, and measuring our service times below:
 - o Door to discharge – ED arrival to departure in the 90th percentile for May and June, better than State CAH average.
 - o Door to admission – ED arrival to admission to MSU or Sanctuary - better than State CAH average and approaching 90th percentile in June.
 - o Door to Physician time – ED arrivals to first seen by Physician. The goal is twelve minutes, CAH averages seventeen minutes, LCCH was sixteen minutes in May and nineteen minutes in June. We are still working with the Physician to correctly document their times.
 - o Left without being seen – These patients are seen by a nurse and decide to leave before being seen by the Physician. In 2017 we averaged 1-2%, in 2018 we averaged 0.5-1%. Our goal is 0%.

Chief Financial Officer – Vickie Bodle, CFO

- June's financial statements closed with net income of \$87,092 for the month.
- YTD's financial statements closed with net income of (\$269,575), \$80,930 over the budgeted loss of (\$203,189).
- Combined AR for the hospital and clinic for the month was at 60 days.
- Board approved extra spending of approximately \$25,000 for updating the draft USDA projections.

Motion was made by Fred Miller to approve \$25,000 for the draft USDA projections, seconded by Phyllis Gleasman and approved by the Board of Commissioners.

- Financial audit was completed and there were no errors for Medicare.

OTHER BUSINESS:

- Jordana LaPorte requested that LCCHC provides Commissioners with a glossary of acronyms as well as place them on our website.

MEETING ADJOURNED:

- Meeting adjourned @ 3:05 P.M.

Submitted:

Fred Miller
Board Secretary

8/28/18
Date

Attest:



CEO (INTERIM)

8/29/18
Date