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

OCTOBER 23 2018 – LCCH BOARD ROOM 1:30 PM – 4:30 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, Secretary Mary Murphy, Commissioner Jordana LaPorte, Commissioner

Others in Attendance:

Steve Patonai, Interim CEO Vickie Bodle, CFO Donna Strand, CNO Brad Hankins, Clinic Administrator, Ty Witt, M.D., CMO List of attendees

REVIEW OF MISSION:

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

PUBLIC COMMENTS:

- No public comments were made.

OTHER BUSINESS:

CONSENT AGENDA:

- A. Regular Board Minutes, September 25, 2018
- B. Special Board Meeting Minutes, October 16, 2018
- C. Special Board Meeting Minutes, October 19, 2018
- D. Vouchers/Warrants \$548,823.34; payroll direct deposits \$952,575.04. Write offs: Bad Debt-Hospital \$83,199.49; Bad Debt-Clinic \$168.50; Charity Care-Hospital \$24,436.62; Charity Care-Clinic \$0.00; Bankruptcy \$0.00 with combined total of \$17,804.61.
- E. Credentialing

Nathan Scott, OP Re-appointment Optometry Kevin Morris, DPM Re-appointment Podiatry Re-appointment Tele-Radiology Joshua Morais, MD Frank Welte, MD Re-appointment Tele-Radiology Jonathan Bold, MD Re-appointment Tele Radiology David Tague, MD Re-appointment Tele-Radiology Shwan Kim, MD Re-appointment Tele-Radiology Medical Student - Dr. Bergeson Quinn Cannon Charles Waszkewitz, MD One year leave of absence.

Mary Signorelli submitted a correction on the Facilities Steering Committee Meeting Minutes from September 18, 2018. Page 2, last item #4. Changed statement to read Mary Signorelli notified the committee that the board had designated the committee as a standing committee.

A motion was made by J. LaPorte, to approve the Consent Agenda with the correction of the Facility Steering Committee Minutes dated September 18, 2018, seconded by M. Murphy and approved by Board of Commissioners.

OLD BUSINESS:

- CEO Recruitment Update - Mary Signorelli, Board Chair

 The Board has been meeting in Executive Session with Steve Patonai, Interim CEO to video interview four candidates. Dates have been set for on-site interviews with all four candidates.

Facility Steering Committee Recommendations -

- It was recommended by the Facility Steering Committee to sell- by- owner the existing hospital. The
 property and building need to be surplused by Resolution before this can proceed forward.
- On Resolution #592, the forth WHEREAS, was changed to read, "WHEREAS, the District has determined it would be in the best interest of the District to sell the Property."
- Resolution #592 Surplus Property and Building The Resolution will be approved subject to receipt of the USDA letter per Fred Miller.

A motion was made by P. Gleasman to approved Resolution #592 to be dated today, contingent on the receipt of the USDA letter, seconded by F. Miller and approved by the Board of Commissioners.

A motion was made by M. Murphy to direct the CEO to work with Heritage Heights with the lease agreement for property access that would be mutually beneficial for both parties, seconded by J. LaPorte, and approved by the Board of Commissioners.

Board Committee Charters

Affiliations / Partnerships Committee Charter – Steve Patonai

- The Affiliations / Partnerships Committee will be a standing committee with an advisory role to the Board of Commissioners.
- The purpose of the Committee is to identify, explore, research, and pursue opportunities to informally and formally affiliate and/or partner with other health care organizations whose affiliation and/or partnerships may be beneficial to LCCHC.
- The Committee will meet monthly and report to the Board quarterly.

A motion was made to approve the Affiliations /Partnership Committee Charter by J. LaPorte, seconded by F. Miller, and approved by the Board of Commissioners.

Community Committee Charter – Brad Hankins

- The Community Committee will be a standing committee with an advisory role to the Board to identify, explore and evaluate opportunities to increase overall communication, wellness, and outreach offerings within the community.
- Will meet as needed and report quarterly to the Board.

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

- Finance Committee Charter - Vickie Bodle

- The Finance Committee will be a standing committee with an advisory role to the Board to:
 - Review and discuss the monthly volumes, financial statements, financial indicators, trends and variances.
 - Review and recommend the annual budget, annual audit and projects and decision which have potentially significant financial impact.
- Meeting more or less than monthly and report to the board on a monthly basis.

A motion was made to approve the Finance Committee Charter by M. Murphy, seconded by P. Gleasman, and approved by the Board of Commissioners.

Governing Board Bylaws – Mary Signorelli

- The Board Bylaws were reviewed and changes were decided upon.

A motion was made to approve the Governing Board Bylaws as corrected by M. Murphy, seconded by J. LaPorte, and approved by the Board of Commissioners.

NEW BUSINESS:

- Medical Staff Bylaws - Ty Witt, M.D.

- Medical Staff Bylaws were approved by email with eight members voting in favor of accepting the Medical Staff Bylaws as written to make 51% of the members voting.

A motion was made to approve the Medical Staff Bylaws by M. Murphy, seconded by P. Gleasman, and approved by the Board of Commissioners.

- Compliance Plan – Steve Patonai, Interim CEO

We have been actively doing Compliance in the past with several policies, but have not had a Compliance Plan. This is a plan that wraps around and outlines all those policies.

A motion was made to approve the Compliance Plan by P. Gleasman, seconded by M. Murphy, and approved by the Board of Commissioners.

- Appointment of Interim Compliance Officer:

- The CEO cannot be a Compliance Officer for more than six months.

A motion was made to approve Steve Patonai as interim CEO to be the Compliance Officer for up to six months made by M. Murphy, seconded by J. LaPorte and approved by the Board of Commissioners.

- Infection Prevention Plan – Mary Murphy

 We had been actively doing Infection Prevention, but this document pulls all policies and documents together and reviews the priorities for Infection Prevention.

A motion was made to approve the Infection Prevention Plan as presented by P. Gleasman, seconded by M. Murphy and approved by the Board of Commissioners.

- Utilization Pian - Mary Murphy

- We had been actively doing Utilization Review, but this document pulls all policies and documents together and reviews the priorities for the Utilization Plan.

- Risk Management & Patient Safety Plan – Mary Murphy

- Risk Management and Patient Safety had been actively in place, this is the document that pulls it all together and reviews the priorities.
- Having the Infection Prevention Plan, Utilization Plan, and Risk Management & Patient Safety Plan in place, raises the standards and quality reporting to satisfy the Department of Health's requirements.

A motion was made to approve the Utilization Plan and the Risk Management & Patient Safety Plan as presented by M. Murphy, seconded by P. Gleasman, and approved by the Board of Commissioners.

- Quality Plan – Mary Murphy

The language on the Quality Plan reflects what is currently in practice. The major change of the plan
was the indicator matrix which has transformed the reporting process up through the Board of
Commissioners for approval.

A motion was made to approve the Quality Plan as presented by P. Gleasman, seconded by J. LaPorte and approved by the Board of Commissioners.

- Disaster Plan - Ray Eickmeyer

The Lake Chelan Community Hospital & Clinics Disaster Plan for 2018 include the following updates:
 Organization Chart
 Surge Capacity

House Supervisor Roles

Call Tree

Muster Stations

Call Tree

Resource List

Emergency Contact List.

Internal Disasters (Emergency Action Plan)

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

Clinical Contracts Review Summary – Donna Strand

- Clinical contracts are currently in a yearly review process signed off by senior staff.
- Evaluations on done on each contract received by the hospital & clinics.

A motion was made to approve the Clinical Contracts Review Summary by M. Murphy, seconded by F. Miller, and approved by the Board of Commissioners.

STATE OF THE HOSPITAL REPORTS

Financial Report – Vickie Bodle, CFO

- Septembers' financial statements closed with net income of \$13,512 for the month.
- YTD's financial statements closed with net income of \$7,259.
- Combined AR days were at 61.8.

Medical Staff Report - Ty Witt, M.D., Medical Director

- Applications have been coming through the Residency Program in preparation for Match Day. Match
 Day is when US medical school students are placed into residency training programs located in the
 United States teaching hospitals. There are approximately 40 applicants for the two spots for the
 program.
- Dr. Witt invited the Board of Commissioners to tour the clinic, see operational space and functionality of the clinic.

Chief Nursing Officer –Donna Strand, RN, CNO

- Donna is very busy changing how we manage supplies and developing new policies.

- Chief Operations Officer - Brad Hankins, RN, Clinic Administrator

Outpatient & Clinic:

- Our primary care/specialty medical no-show rate for August was 8.2%.
- We have developed 20 minute standardized Primary Care appointments.
- Third available's is currently at 6.8.
- Recruitment continues for one RN, one MA and two unit clerks.
- ACO will change to a larger ACO starting January 2019.
- Upgrading Centricity to version 12.3 went well.
- Two of three Primary Care teams are 80% staffed.
- We receive a \$57,000 Transitional Care Diversion Intervention TCDI grant from NCACH last week, and a \$10,000 OPBH integration LAN grant from NCACH this week. The two grants combined with our high Transitional Care Plan score puts us at fully funded on the ACH side going into 2019.

- CEO Report - Steve Patonai, Interim CEO

- We are reducing nine outside storage units.
- Anticipating the State to change the operating budget to the end of the year. We will seek Board approval of our 2019 budget in December which will interface with our Business Plan.

PUBLIC COMMENTS:

Ann Congdon – The public doesn't have an opportunity to weigh in on particular items if they can't speak freely within the meeting at the time of conversation between the Board.

 MaryAnn Patton – Encouraged discussion with the community about the surplus of the property and the building to build trust and generate creative collation of uses for the property.

MEETING ADJOURNED:

Meeting adjourned @ 3:12 P.M.

Submitted:	Attest:
Fred Miller.	
Board Secretary, 1/07/18	CEO // Q 7 // 8
Date	Date