

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

**MARCH 26, 2019 – LCCH BOARD ROOM  
1:30 PM – 4:35 PM**

**MEETING MINUTES**

**CALL TO ORDER:**

Phyllis Gleasman called the meeting to order at 1:32 P.M.

**Members Present:**

Phyllis Gleasman, Chair  
Mary Murphy, Vice Chair  
Fred Miller, Secretary  
Jordana LaPorte, Commissioner  
Mary Signorelli, Commissioner (arrived at 1:55 P.M.)

**Others in Attendance:**

Steve Patonai, CEO  
Vickie Bodle, CFO  
Brad Hankins, Clinic Administrator  
Kris Haasl, CNO  
Lisa Greenlee  
List of attendees

**REVIEW OF MISSION:**

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

**PUBLIC COMMENTS:**

Dr. Guffey asked about the new facility/clinic status and expressed concerns about recruiting and retention. Richard Uhlhorn requested information on what changes were being considered for new facilities, square footage, and clinic location. He also inquired about coding issues and employee resignations.

**CHAIR'S REPORT:**

Phyllis Gleasman reported the Board is working to maximize the use of the \$44.5M new facility funds.

**CONSENT AGENDA:**

- A. Regular Board Meeting Minutes, February 26, 2019
- B. Special Board Meeting Minutes, February 19, 2019
- C. Special Board Meeting Minutes, February 21, 2019
- D. Community Committee Minutes, February 20, 2019
- E. Community Committee Minutes, March 20, 2019
- F. Facilities Steering Committee Minutes, February 11, 2019
- G. Facilities Steering Committee Minutes, March 18, 2019
- H. Vouchers / Warrants \$305,689.26; payroll direct deposit \$903,276.94
- I. Write-Offs & Charity Bad Debt-Hospital \$128,217.08; Bad Debt-Clinic \$10,732.20; Charity Care-Hospital \$46,838.26; Charity Care-Clinic \$879.73, Bankruptcy \$0.00 with combined total of \$186,667.27
- J. Credentialing
  - Darren Wardle, DPM                      Locums -Proctor                      Podiatry
  - Krista Frahm, OT                              Provisional                              Occupational Therapy
  - Jannel Burton, OT                            Re-appointment                        Occupational Therapy
  - William Cagle, MD                            Re-appointment                        Behavioral Health

Bradley Craig, MD  
David Tague, MD  
Danielle Satow  
Janal Kim  
Elizabeth Reed

Re-appointment  
Re-appointment  
ARNP Student  
MEDEX Student  
MD Student

Internal Medicine for ED  
Consulting – VRAD  
Proctor: K. Hevly, ARNP  
Proctor: L. Simons, MD  
Proctor: K. Bergeson, MD

*A motion was made by M. Murphy to approve the consent agenda without credentialing, seconded by J. LaPorte, and approved by the Board of Commissioners.*

*A motion was made by M. Signorelli to approve the credentialing, seconded by F. Miller, and approved by the Board of Commissioners.*

#### **OLD BUSINESS:**

Nothing reported at this time

#### **NEW BUSINESS:**

##### **Finance Committee Report – Fred Miller & Vickie Bodle, CFO**

Vickie Bodle reported financials for January and February are completed. Gross AR is at 80 days due to the coding backlog and updating internal processes. Cash on hand at end of February was approximately \$2.5M. She provided information regarding the Washington State Audit Report – no substantive issues.

##### **Community Committee Report – Celeste Hankins**

The goal in 2019 is to have two State of the Hospital meetings. The Community Committee recommended a public meeting, District Forum on the Hospital, on May 8 at 5:30pm with all Commissioners present.

*A motion was made by M. Murphy to hold a Special Board of Commissioners meeting May 8 at 5:30pm, seconded by M. Signorelli, and approved by the Board of Commissioners.*

##### **Facility Steering Committee Update**

No report -tabled at this time.

##### **Compliance Officer - Appointment**

S. Patonai has been serving as interim Compliance Office for the past 5½ months. He recommended Sheri Krupla be appointed the Compliance Officer.

*A motion was made by M. Murphy to appoint Sheri Krupla as the Compliance Officer, seconded by F. Miller, and approved by the Board of Commissioners.*

##### **Business Plan Progress Report – Kris Haasl, Courtney Wallace, Brad Hankins**

- Service Pillar (presented by Kris Haasl)
  - AIDET being used. All new employees will be receiving training: Green
  - Noise reduction is necessary as patients are not getting adequate quiet at night. Developed sleep menu choices for patients: Green
  - Discharge medication education being provided by pharmacist who will be meeting with patients prior to discharge: Green
- Quality/Safety Pillar (presented by Kris Haasl, Courtney Wallace and Brad Hankins)
  - Implemented bedside registration of ED patients: Green
  - Providing CAUTI bundle training for staff including Radiology and Lab: Green
  - Following WSHA guidelines and educating providers for Primary C-Section standards: Green
  - Three Primary Care teams were implemented as of Feb 14, 2019: Green
  - Resource nurses are imbedded in teams with wellness visits: Green

B. Hankins reported the ACO goal for annual wellness visits at the Clinic is currently 80%. LCCHC set a goal for 90% in 2019 Business Plan. B. Hankins recommended adjusting goal to meet ACO standards.

*A motion was made by M. Murphy to change the wellness visit goal to greater than 80%, seconded by M. Signorelli, and approved by the Board of Commissioners.*

**Quality Documents Approval – Courtney Wallace**

C. Wallace informed the Board of updates in the Quality Plan 2019, Infection Prevention Plan, and Risk Management & Patient Safety Plan and presented the plans for Board approval. The Complaint & Grievance Resolution Plan has not previously been reviewed by the Board.

*A motion was made by M. Murphy to approve the Quality Plan 2019, seconded by J. LaPorte, and approved by the Board of Commissioners.*

*A motion was made by M. Signorelli to approve the Infection Prevention Plan v2, seconded by F. Miller, and approved by the Board of Commissioners.*

*A motion was made by M. Murphy to approve the Risk Management & Patient Safety Plan v2, seconded by M. Signorelli, and approved by the Board of Commissioners.*

*A motion was made by F. Miller to approve the Complaint & Grievance Resolution Policy, seconded by M. Murphy, and approved by the Board of Commissioners.*

**STATE OF THE HOSPITAL REPORTS**

**Clinic Updates – Brad Hankins, RN, Clinic Administrator**

Our primary care no-show rate for February was 5.9%. Third available average YTD is 5.3 days with a low of 2.2 days and a high of 7.2. Well child visits should be at goal for March by the end of the month. LCC encounters for February were 1505 compared to 1546 in 2018.

**Patient Care Update –Kris Haasl, CNO**

Restructuring our OP Infusion Clinic and the new process will start April 1. Getting real time patient feedback regarding infusions. We are researching expanding upon the services that are offered through the OP Infusion Clinic.

**CEO Report – Steve Patonai, CEO**

The Service and Quality pillars updates demonstrate substantial positive progress. Patient satisfaction scores are strong. The Revenue Cycle Assessment identified opportunities for improvement in many areas. Recruiting a CFO with skills in revenue cycle and financial operations is ongoing with additional candidates being interviewed. Also finalizing a process to improve the turnaround time for Committee and Board minutes being completed and approved.

**OTHER BUSINESS:**

J. LaPorte requested a Workshop meeting prior to the District Forum to consider the agenda. Plan to schedule an Open Workshop for the Board of Commissioners for Tuesday, April 16 4:30 P.M.-6:30 P.M.

J. LaPorte suggested creating a Board Employee Appreciate Fund. The Board Members would contribute towards this fund from payroll deductions.

**PUBLIC COMMENTS:**

None at this time

**EXECUTIVE SESSION:**

- A. At 2:45 P.M. Commissioner Chairman, Phyllis Gleasman announced Board would convene into Executive Session for discussion on Performance of Public Employee(s) (RCW 42.30.110(1)(g))

**REGULAR SESSION:**

The Board of Commissioners reconvened into Regular session at 4:35 P.M.

**MEETING ADJOURNED:**


Meeting adjourned at 4:35 P.M.

**Submitted:**

Fred Meller  
**Board Secretary**

4/23/19  
**Date**

**Attest:**

  
**CEO**

4/24/19  
**Date**