

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

**DECEMBER 17 – LCCH BOARD ROOM
1:30 PM – 5:40 PM**

MEETING MINUTES

CALL TO ORDER:

Phyllis Gleasman called the meeting to order at 1:31 P.M.

Members Present:

Phyllis Gleasman, Chair
Mary Murphy, Vice Chair

Jordana LaPorte, Commissioner
Fred Miller, Secretary

Members Absent:

Mary Signorelli, Commissioner

Others in Attendance:

George Rohrich, CEO
Mike Ellis, CFO
Courtney Wallace, CQO
List of attendees

Jane Jedwabny, Interim Co-CNO
Lisa Greenlee, Executive Assistant

REVIEW OF MISSION:

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

PUBLIC COMMENTS:

The Lake Chelan Health & Wellness Foundation presented a check to the hospital in the amount of \$325,000 to cover the cost of the 3D mammography machine.

CHAIR'S REPORT:

P. Gleasman introduced George Rohrich as the new CEO for Lake Chelan Community Hospital and Clinics.

M. Murphy and J. LaPorte requested items to be included in the Board Agenda.

A motion was made by M. Murphy to amend the agenda to include in Old Business Master Facilities Planning and in New Business a letter to the staff, seconded by J. LaPorte and approved by the Board of Commissioners.

CONSENT AGENDA:

- A. Regular Board Meeting Minutes, November 19, 2019
- B. Community Committee Minutes, December 4, 2019
- C. Facilities Steering Committee Minutes, December 2, 2019
- D. Finance Committee Meeting Minutes, December 11, 2019
- E. Vouchers / Warrants \$45,229.44; payroll direct deposit \$941,853.57

F. Write-Offs & Charity: Bad Debt-Hospital \$64,076.08; Bad Debt-Clinic \$7,376.21; Charity Care-Hospital \$80,065.86; Charity Care-Clinic \$1,299.30; Bankruptcy \$0.00; Total \$152,817.45

G. Credentialing

Adam Sciuk, MD	vRad initial application
Deborah Conway, MD	vRad initial application
David Battiste, PA student	Medex ED Rotation

A motion was made by J. LaPorte to approve the consent agenda, seconded by F. Miller, and approved by the Board of Commissioners.

OLD BUSINESS:

Construction Project Update – Mike Ellis, CFO

M. Ellis reviewed the current status of the construction project. The architect is at the hospital this week doing a final round of Design Development meeting which is the last step prior to construction documents. Construction documents are to be completed in January. M. Murphy requested clarity on the signage expenses. J. LaPorte asked about the overall parcel plan with the lot being divided. M. Ellis confirmed the lot was being divided from 1 into 2 portions. There was discussion about Board approvals during the building process and about a Special Board Meeting to approve the completed design.

Line of Credit – Mike Ellis, CFO

M. Ellis presented Resolution #621 as a replacement to Resolution #608 Revised.

A motion was made by J. LaPorte to approve Resolution #621 and rescind Resolution #608 Revised, seconded by M. Murphy and approved by the Board of Commissioners.

Master Facilities Planning

P. Gleasman explained the Facilities Steering Committee discussed the Master Facilities Planning and put it on hold until G. Rohrich was available to participate. It is on the agenda for the January 2020 Facilities meeting. M. Murphy requested that a master program plan be put into place by March. J. LaPorte suggested a second facilities committee or a subcommittee be formed to handle this.

A motion was made by M. Murphy that the CEO will prepare by March 1, 2020 a Master Facilities Plan process, outline, timeline and cost for Board review at the next special or regular Board meeting, whichever occurs first, seconded by J. LaPorte and approved by the Board of Commissioners.

NEW BUSINESS:

Finance Committee Report – Fred Miller & Mike Ellis, CFO

M. Ellis reported financials are not yet completed for November. Gross revenues year-to-year are down 5% for the first half of 2019 and 10% for the second half. Backlog of AR is continuing to be worked on along with process improvement. Cash position increased in October.

Capital Request

M. Ellis explained the main unit of the telemetry monitoring system stopped working and needs to be replaced at a cost of \$42,260 plus shipping. Currently using a loaner from the vendor.

A motion was made by M. Murphy to approve the cost of the new telemetry equipment, seconded by J. LaPorte and approved by the Board of Commissioners.

Review Board “Policy Review Guidelines”

There was a discussion of timelines for policy reviews. Several policies are from the Department of Health and require annual review, others are Board policies which require bi-annual review. A group of departmental policies are to be reviewed every two years after acceptance by the department. M. Murphy requested to add Conflict of Interest policy to the annual review list and Cyber Security to the departmental review list.

A motion was made by M. Murphy to approve the Policy Review Guidelines with the changes discussed, seconded by J. LaPorte and approved by the Board of Commissioners.

Business Plan Progress Report – Courtney Wallace, CQO

- Service Pillar Goals
 - Develop/Implement new hire and annual Employee AIDET training: Green
 - Develop/Implement Noise Reduction plan for MSU: Yellow
 - Develop/Implement Discharge Meds patient education plan: Yellow
- Quality/Safety Pillar Goals
 - Improve ED throughput: Green
 - Define/Implement CAUTI bundle: Green
 - Educate Providers/Staff to WSHA Primary C-Section standards: Green
 - Complete formation of 3 Primary Care teams: Green
 - Transition Wellness visits to team RN’s: Green

C. Wallace stated there was wonderful education done with staff this year surrounding the Service and Quality Pillars. Huge successes and wins for the team. Any items that were not accomplished in full are moving forward into the 2020 plan.

2019 Community Health Needs Assessment – Page Bartholomew, Action Health Partners

A brief summary of the CHNA report was presented by Action Health Partners. The report is updated every three years and represents Chelan, Douglas, Grant and Okanogan Counties. A. Benegas is creating a LCCHC implementation plan for each of the five defined health indicators. R. Eickmeyer works with A. Benegas directly to make an impact on our community. A discussion comparing Chelan to the state and the region ensued. M. Murphy requested policies on the health indicators come to the Board.

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

A motion was made by M. Murphy that the CEO will develop a LCCHC Community Health Improvement Plan by May 31, 2020 that will focus on priority health needs in the hospital district as identified in the CHNA approved Dec 17, 2019 and other local health data, seconded by F. Miller, and approved by the Board of Commissioners.

Community Committee Revised Committee Charter

J. Laporte presented the revised Community Committee charter. The revisions included a position title and the length of term for Board Members.

A motion was made by M. Murphy to adopt the charter revision, seconded by F. Miller, and approved by the Board of Commissioners.

Holiday Staff Letter

A. Benegas presented a holiday letter authored by M. Signorelli to send to staff.

A motion was made by M. Murphy to approve letter as presented to be sent to staff, seconded by J. LaPorte, and approved by the Board of Commissioners.

Board Education Compliance

S. Krupla provided each Commissioner with a packet of “homework” to be completed by Dec 31. Commissioners are to notify the Executive Assistant when they have completed the packet. S. Krupla reviewed how busy 2019 has been with monthly meetings, staff awareness education, and provider education. She stated a subcommittee has been formed to focus on policy and procedures.

Conflict of Interest

M. Murphy explained based on the RCW it is best practice to have a conflict of interest policy in place with an annual review. There were several Conflict of Interest policies available for evaluation. M. Murphy suggested everyone review the AHA policy and the district policy to discuss at the January Board meeting. The Conflict of Interest policy and form will be on the agenda for the January meeting.

STATE OF THE HOSPITAL REPORTS

CNO Report –Jane Jedwabny, Co-Interim CNO

J. Jedwabny welcomed the new Employee Health Nurse/Nurse Educator Joanna Evans. She is assisting with clinical skills. There are a couple of per diem positions posted. The team is continuing with process improvements with both clinical and business elements.

CEO Report – George Rohrich, CEO

G. Rohrich indicated he has met many of the staff. He will be introducing a two-pronged initiative in 2020 addressing both financial and cultural objectives. G. Rohrich is optimistic and encouraged by what he has seen so far.

OTHER BUSINESS:

J. LaPorte requested scheduling the Strategic Planning meeting that is generally held in the summer now so there is less opportunity for conflicts. M. Murphy asked if a calendar could be developed for 2020. G. Rohrich recommended reviewing the meetings from 2019 to develop a calendar and suggested the Executive Assistant create the calendar.

A motion was made by M. Murphy to develop a Board Annual Calendar by February 25, 2020, seconded by J. LaPorte, and approved by the Board of Commissioners.

PUBLIC COMMENTS:

R. Eickmeyer expressed appreciation for the work the LCH&W Foundation has done with the Murdoch Grant.

EXECUTIVE SESSION

At 3:30 PM P. Gleasman announced the Board would convene into Executive Session for discussion on performance of a public employee (RCW 42.30.110(1)(g))

Executive Session ended at 5:10 PM

REGULAR SESSION

The Board of Commissioners reconvened into Regular Session at 5:11 PM.

MEETING ADJOURNED:

Meeting adjourned at 5:40 P.M.

Submitted:

Fred Miller
Board Secretary

1-28-2020
Date

Attest:

[Signature]
CEO

1-29-2020
Date