

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

**MARCH 24, 2020 – TELE-CONFERENCE & LCCH BOARD ROOM
1:30 PM – 4:00 PM**

MEETING MINUTES

CALL TO ORDER:

Phyllis Gleasman called the meeting to order at 1:36 P.M.

Members Present: (all via tele-conference)

Phyllis Gleasman, Chair
Mary Murphy, Vice Chair
Mary Signorelli, Commissioner

Jordana LaPorte, Commissioner
Fred Miller, Secretary

Others in Attendance: (all via tele-conference)

George Rohrich, CEO
Mike Ellis, CFO
Jaime Minnock, CNO
Devon Ehlert, CCOO
Kylie Schmitz, Executive Assistant
Maria Sirois, CQO

Vickie Bodle, Controller
Payge Fries, HIMS
Colene Hickman, Rev Cycle Dir.
Dick Bratton
Tabetha Bradley, MD
Members of the media

REVIEW OF MISSION:

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

CHAIR’S REPORT:

P. Gleasman recognized the Incident Command and EMS teams for an outstanding job during the COVID-19 Pandemic.

CONSENT AGENDA:

- A. Regular Board Meeting Minutes, February 25, 2020
- B. Special Board Meeting Minutes, March 3, 2020
- C. Community Committee Minutes, March 4, 2020
- D. Facilities Steering Committee Minutes, March 2, 2020

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

OLD BUSINESS:

Foundation Report – George Rohrich, CEO

G. Rohrich met with Tom Anglin to discuss the formation of an ad hoc committee to establish a recommendation to the Board for the Naming Policy. The committee has yet to be formed, and will possibly be delayed until the Foundation has recruited a new Executive Director.

Board Self-Evaluation

M. Murphy presented the Board with a summary of the self-evaluations and proposed that the three lowest scored areas are used to determine the improvement plan. The Board discussed educational opportunities, including adding a webinar either before or after the monthly Board meeting. P. Gleasman asked M. Murphy to re-send webinar material to the Board, adding that with the Stay Home, Stay Healthy order this is an opportune time to complete these. J. LaPorte reminded the Board that educational opportunities need to be tracked per WSHA. G. Rohrich added educational opportunities are available through QHR, many are WSHA approved.

The Board discussed being adequately apprised of work in Board committees, citing that minutes are not very comprehensive and the lack of presenting recommendations.

P. Gleasman requested M. Murphy to put together a recommendation from the self-evaluations.

M. Murphy requested that all Board members send K. Schmitz their availability for educational opportunities.

Facilities Master Plan

G. Rohrich presented a proposal from Health Facilities Planning & Development. M. Signorelli questioned if moving forward during the current pandemic is an appropriate plan, offering concerns over current data inaccuracies. J. LaPorte questioned if waiting would be appropriate given the importance of having this information ready at the end of the six-month construction pause. G. Rohrich commented that space and building issues can be completed now, and items that would be impacted by the current pandemic can be delayed. G. Rohrich will work with Health Facilities Planning & Development to manage the timeline.

A motion was made by F. Miller to approve the proposal with G. Rohrich managing the timeline, seconded by M. Murphy, and approved by the Board of Commissioners.

NEW BUSINESS:

Finance Committee Report

M. Ellis reported February financials to the Board, noting an increase in net AR and deductions from patient revenue. P. Gleasman asked about the status of the \$350,000 line of credit, M. Ellis stated it is scheduled to be paid in April.

A motion was made by M. Signorelli to accept the financials as presented, seconded by M. Murphy, and approved by the Board of Commissioners.

Board Policy Review

- **Approval Authority for Contracts and Agreements**
G. Rohrich presented the above policy. This policy builds on a current policy in place regarding equipment purchases. The proposed policy outlines purchase approval by employee role for equipment, contracts and agreements. The Board discussed the CEO limit \$5,000 as low but agreed to leave it as is and re-address next year.

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

Credentialing

The Medical Staff recommended Dr. Christina Geaktras for initial appointment as a vRad provider. M. Signorelli was not notified for review. K. Schmitz and G. Rohrich spoke explaining the vRad credentialing process and noted this deviation in policy. Follow up will be made with P. Fries.

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

Tele-Stroke

G. Rohrich presented a new Tele-Stroke contract with Swedish. This service had been removed within the last year at LCCHC. Emergency Department staff have expressed their wishes to have it reinstated citing the benefit to the community. The Board raised questions regarding billing for services. J. Minnock commented on our ability to perform interventional care and retaining patients as LCCHC has Speech Language Pathology in-house. Benefits include faster neurology consults and priority placement. G. Rohrich confirmed that the insurance liability limits are within our required range. The Board asked if there were other Tele-Stroke providers in the area. J. Minnock stated that our options are Swedish or UW. The UW contract is more expensive and provides LCCHC less resources.

A motion was made by M. Murphy to approve the contract as presented, seconded by F. Miller, and approved by the Board of Commissioners.

Julie Rickard, PhD Proposal

D. Ehlert presented a proposal supporting Behavioral Health Integration. The RHC is required to have psychology embedded in primary care as a quality measure by EOY 2020. The RHC has received \$200,000 from NCACH in funding for programs such as this. D. Ehlert clarified that funding is available for program cost but not salaries. The proposal includes an hourly or project approach. D. Ehlert will negotiate with Julie Rickard as to our specific needs. The Board discussed measurable goals and recruitment. D. Ehlert stated that a recent graduate of an ARNP program would be the ideal candidate as the curriculum includes integrated behavioral health, but that this role can be filled by a licensed clinical social worker if needed. Discussed possibility of sharing call responsibility with Sanctuary. Julie Rickard provided support to CVCH in developing their program and is familiar with the regional demographics.

A motion was made by J. LaPorte to approve the proposal based on the hourly rate and separate the training portion until recruitment, seconded by M. Murphy, and approved by the Board of Commissioners.

VersaBadge

G. Rohrich presented a proposal for VersaBadge. The program records time and location information of the Emergency Department providers via an RFID chip worn by the doctor. Antennas would need to be installed in the department. Through LCCHC's current partnership

with QHR, the implementation fee would be waived, a savings of \$10,000. There is no additional investment required for equipment. The data recorded goes into the cost report. G. Rohrich stated that this does not save in salary cost but it is a financial benefit for reimbursement.

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

P. Gleasman requested commentary from G. Rohrich regarding the money spent in recent months. G. Rohrich stated that LCCHC expects revenues in tax support and disaster relief, adding that the cost report will be coming in June. Current projection is that LCCHC should start seeing return-on-investment by mid-year. M. Signorelli commented that it may be prudent to consider that the state or county might postpone taxes given the current pandemic. G. Rohrich will consider how that might affect LCCHC.

HOSPITAL REPORTS

CEO Report – G. Rohrich

Sequestration has been lifted due to the pandemic, the latest information on disaster relief includes \$140,000 received from the state of WA. Gov. Jay Inslee has recognized that shutting down elective surgeries and other services has had a large impact on Critical Access Hospitals and is continuing to place importance on relief.

Letter to Staff – G. Rohrich

G. Rohrich read a letter he sent to all staff. The subject being “LCCHC’s Commitment to our Staff during the COVID-19 Pandemic.” The message offers reassurance to staff that G. Rohrich will avoid staff layoffs or reduction in force, assist quarantined staff to maintain current compensation, and avoid use of low need, rather deploy staff to other duties. J. LaPorte asked if staff with excessive PTO/sick leave have been requested to use that at this time. G. Rohrich stated that it is encouraged, not mandatory. G. Rohrich asked if the Board would be willing to either make a separate supportive statement to keep staff safe during the pandemic or endorse his letter.

A motion was made by M. Signorelli to endorse the letter, seconded by M. Murphy, and approved by the Board of Commissioners.

Strategic Plan Report

G. Rohrich presented a new format for the strategic plan highlighting actual results and goals. This will be reported quarterly. Each month the pillar champions will present commentary on remarkable items. J. LaPorte requested G. Rohrich add in data from 2018 to show trends. P. Gleasman requested to add an additional marker if we are within 75% of the goal.

- **Growth and Innovation – D. Ehlert & J. Minnock**
D. Ehlert gave an overview of provider changes. J. Minnock gave an overview of 2019 goals.
- **Service – J. Minnock & D. Ehlert**
J. Minnock shared that there are data discrepancies with Press Ganey that are currently being addressed. D. Ehlert shared that her team is working on building reports.
- **Quality – M. Sirois & J. Minnock**

M. Sirois reported the first falls prevention task force meeting was held on March 18, 2020. Goal is 16 falls/annually, M. Sirois added that the goal should be zero and she is creating a top 10 checklist, including a review of best practices. Additional attention is being given to ensuring an up-to-date falls policy and post fall protocol. J. Minnock gave an overview of Q2 & Q3, stating discharge follow up is at 90%.

- **People – CHRO (G. Rohrich)**

G. Rohrich stated 75% participation in staff survey. Our Core began last week. CHRO position currently vacant, interviews in process.

- **Finance – M. Ellis**

M. Ellis had to step out for another call regarding COVID-19. G. Rohrich presented the finance pillar overview and stated LCCHC is working with QHR on items.

- **Community – G. Rohrich**

G. Rohrich stated that A. Benegas has largely been leading and coordinating this pillar. The volunteer program has not kicked off yet.

The Board provided feedback on the new format, appreciating the management involvement and factual data.

COVID-19 Update – M. Sirois

The Incident Command team has been monitoring supplies daily involving supply conservation strategies, assisting with childcare placement, creating access to tele-health and virtual visits, working diligently on staff and patient safety initiatives, has developed triage protocols for the clinic and emergency department, and enforced controlled building access at both the clinic and hospital.

In closing, G. Rohrich shared that LCCHC staff have stepped up in a most impressive way, thanking the executives and their teams for the hard and effective work happening every day.

MEETING ADJOURNED:

Meeting adjourned at 3:59 P.M.

Submitted:

Fred Milan
Board Secretary

4/30/2020
Date

Attest:

gm
CEO

4.30.2020
Date