

**BOARD OF COMMISSIONERS
REGULAR MEETING
NOVEMBER 17, 2017**

The Regular Meeting of the Board of Commissioners of Public Hospital District No. 1, Skagit County, was held at Skagit Valley Hospital.

ATTENDANCE

Present were: Commissioners Julie Blazek, Peter Browning, Al Dennis, Jim Hobbs, Bruce Lisser, Jeff Miller, and Clark Todd; Mike Liepman, President & Chief Executive Officer; Paul Ishizuka, Interim Chief Financial Officer, Dr. Mary Ann Hink, Chief Physician Officer; Deborah Martin, Regional Vice President Human Resources; MJ Tyler, Interim Chief Nursing Officer; Lisa Buller, Regional Vice President & Chief Information Officer; Dr. Lucia Muller/Skagit Regional Health Medical Staff; Dr. Rosana Go, President/Cascade Valley Hospital Medical Staff; Dr. Sanjeev Vaderah, Representative for the Physician Governance Committee; Kari Ranten, Director of Marketing and Communications, and Joanie Whitener, Executive Secretary. Also present: Brian Ivie, Sandi Browne, Dan Nelson, Gary Shand, and Brandon Stone.

CALL TO ORDER

The meeting was called to order at 8:01 a.m. by Mr. Lisser

**CUSTOMER/COMMUNITY
PERSPECTIVE**

PUBLIC COMMENT

There was no public comment.

**RESOLUTION 3708 – DISTRICT 1
SUPERINTENDENT/CEO
APPOINTMENT**

It was moved, seconded, and unanimously carried to approve Resolution 3708 appointing Mr. Brian K. Ivie as Superintendent and Chief Executive Officer of the District.

**INTERNAL PROCESS
PERSPECTIVE**

SAFETY/PATIENT STORY

Ms. Tyler, in recognition of patient rights and safety, shared a patient's recent experience whose care and interactions with staff were communicated as the direct reason she felt confident in her choice to receive her treatment at SRH.

SRH MEDICAL STAFF UPDATE

Dr. Lucia Muller, Past President/Skagit Regional Health Medical Staff, updated the Board on SRH Medical Executive Committee physician activities, which included work related to processes for improved patient experience and care and provider mandates regarding flu vaccinations with a goal of 100% participation.

CVH MEDICAL STAFF UPDATE

Dr. Rosana Go, President/Cascade Valley Hospital Medical Staff, updated the Board on CVH Medical Executive Committee activities which included a change to the MEC recurring meeting date to allow for Brian Ivie and Paul Ishizuka to attend in the new year. Dr. Go added that Epic issues were being resolved and work continued on developing Arlington provider specialists into the referral base.

**EXECUTIVE QUALITY
OVERSIGHT COMMITTEE/
COUNCIL**

Ms. Blazek reported that the Executive Quality Oversight Council met November 10, 2017, and were presented with the following:

Case Management: Lori Bennett, Director of Case Management, provided an overview of the department. Comprised of 5 distinct operational areas, Case Management provides clinical documentation improvement, utilization review, social work/discharge planning, spiritual care, and population health activities in identifying patients and working on minimizing readmissions. A gap analysis was done with areas for improvement noted including decreasing departmental silos and improving the transparency of data and improvements. The most important role of Case Management is to advocate on behalf of the patient, utilizing a patient-centric approach. 2018 goals were reviewed, focusing on efficiencies, quality, education, and communication.

Human Resources Staffing: Deborah Martin, Regional VP of Human Resources provided an update on corrective action plans. As a follow-up to a DNV review, work continues to be captured on employee performance reviews and on employees that rated below expectations and unsatisfactory. Current data shows issues related to dependability, demonstration of cooperation, evaluations of patient/customer communications and interactions. Most fall within the category of personal attributes. Additional data will be accumulated by early 2018 in which detailed information can be formed and action plans designed.

Environment of Care (EOC) Update: Darrin Gillis, Director of Plant Operations, and Byron Cloutre, Director of Inpatient Plant Operations, provided a status update on the Environment of Care: Hazard Waste Management. Many changes have been made to ensure accuracy in separation of various types of hazardous wastes, staff safety, and management of costs associated with disposal. Information is provided to all employees during orientation to ensure staff are educated prior to starting work. Updates were provided on how the organization is labeling hazardous, aerosols, chemotherapy drugs, toxic, and ignitable items, as well as colored containers to dispose of objects based on material such as needles and other sharps. A summary of costs associated with waste disposal was presented. Continued communication between both SVH & CVH to move towards standardized processes will continue into 2018.

FINANCIAL PERSPECTIVES

Mr. Ishizuka advised the Board of the financial projection of operating costs through the end of 2017. He highlighted the Epic implementation and the work going forward to maximize the system with direct impact on the revenue cycle and the creation of user friendly reports with better working information.

REVISED CONSENT AGENDA

It was moved, seconded, and unanimously carried to remove the Credentials Reports for SVH and CVH from the Consent Agenda for further discussion during the Executive Session.

QUALITY OBJECTIVES:

AMENDED CONSENT AGENDA

It was moved, seconded, and unanimously carried to approve the amended "consent" agenda, which included, the October 27, 2017 meeting minutes, SRH monthly financial statement, Write-offs for SVH, SRC, CVH and CVC, Investment resolution for SVH, Surplus Equipment resolution, and Vouchers and Payroll as noted below:

MEETING MINUTES

The minutes of the October 27, 2017 Board meetings were approved as recorded.

FINANCIAL STATEMENTS

The 12/31/17 SRH financial projections were reviewed.

WRITE-OFFS

SVH WRITE OFFS: Bad Debts - \$831,287.31
Charity Care - \$288,843.06
Bankruptcy - \$9,439.30
Liens - \$ -0-

SRC WRITE OFFS: Bad Debts - \$106,530.74
Charity Care - \$22,803.28
Bankruptcy - \$865.79

CVH WRITE OFFS: Bad Debts - \$558,445.17
Charity Care - \$ 104,709.81
Bankruptcy - \$-0-

CVC WRITE OFFS: Bad Debts - \$6,286.96
Charity Care - \$ -0-
Bankruptcy - \$ -0-

RESOLUTION 3715 - APPROVING INVESTMENT FUNDS BY AGENT

Resolution 3715 investments authorized and directed by agents of the District, including resolutions 3704a, 3710, 3711, and 3713.

RESOLUTION 3716 - SURPLUS EQUIPMENT

Resolution 3716 to remove surplus equipment from the fixed asset listing as noted on the original resolution.

VOUCHERS AND PAYROLL

AHS Accounts Payable vouchers #000031216-000031216 were approved as presented.

SVH Accounts Payable vouchers were approved as presented:

General SVH #226761-228475

Refund Mgr #39707-41482

General CVH #902342-902506

Payroll vouchers #059194-059262

Payroll, EFT – Direct Deposit

LEGAL REPORT

Mr. Furlong and Mr. Nelson reported on the proposed Skagit Radiology (SRI)/SRH project by which SRI is to build a new imaging facility for occupancy by Skagit Digital Imaging (SDI) Cascade Imaging Associates (CIA), two limited liability companies owned SRI and SRH. He presented for Board review the documentation and memo regarding: (a) two property leases (one each for SDI and CIA); (b) a right of first refusal/opportunity (ROFR/O) between SRH and East Division Corporation (EDC), the land-owning arm of SRI; and (c) the purchase of the adjacent land occupied by the building owned by Family Practice Properties (FPP) and currently leased to SRH together with the closing of the purchase of the building. Discussion followed.

Mr. Furlong asked to revise the agenda to consider further steps in moving forward with this joint venture.

REVISED AGENDA

It was moved, seconded, and unanimously carried to revise the agenda for consideration of the SRI/EDC/SDI/CIA/FP/SRH transactions.

IMAGING/SRH JOINT VENTURE

It was moved, seconded and unanimously carried to grant the CEO authority to complete discussions and execute the documents: (a) acting as one member on behalf of SDI and CIA for the leases; and (b) on behalf of SRH for the ROFR/O with SRI and EDC and for purchase of the FPP land and building. The CEO was also authorized to take additional actions necessary to complete the transactions.

PGC REPORT

Dr. Vaderah advised of activities by the PGC members including work with Epic, which he reported was showing some great improvements but also some challenges.

CHIEF EXECUTIVE OFFICER & EXECUTIVE TEAM REPORT

Mr. Liepman and Mr. Ivie gave reports on recent activities in healthcare.

COMMISSIONER ROUNDTABLE

Roundtable was held.

The meeting went into Executive Session at 9:45 a.m. to discuss and to review issues pursuant to RCW 42.30.110 (b)(g).

EXECUTIVE SESSION

The Board anticipated 25 minutes for Executive Session.

REGULAR SESSION

The meeting reconvened into Regular Session at 10:40 a.m. No action was taken as result of the Executive Session.

SVH MEDICAL STAFF CREDENTIALS REPORT

Dr. Muller's report dated November 17, 2017 included the SVH Medical Executive Committee recommendations for membership and privileges which is attached and made part of these minutes. Dr. Muller's report was approved by the Board.

**CVH MEDICAL STAFF
CREDENTIALS REPORT**

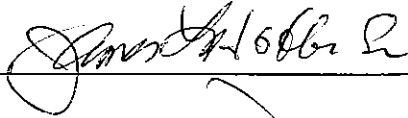
Dr. Go's report included CVH Credentials Committee recommendations as contained in her report dated November 17, 2017, which is attached to and made part of these minutes. Dr. Go's report was approved by the Board.

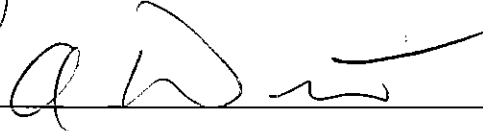
**APPROVAL OF MEDICAL
STAFF CREDENTIALS
REPORT**

It was moved, seconded and unanimously carried to approve the Medical Staff Credentials Report for SVH and the Medical Staff Credentials Report for CVH as presented.

ADJOURN

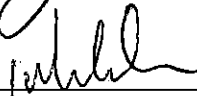
The meeting adjourned at 10:41 a.m.

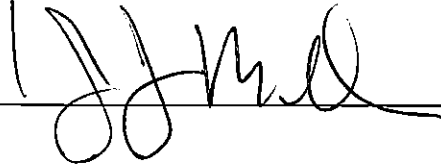












ATTEST:

