

**BOARD OF COMMISSIONERS  
REGULAR MEETING  
OCTOBER 27, 2017**

**ATTENDANCE**

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

Present were: Commissioners Julie Blazek, Peter Browning, Al Dennis, Jim Hobbs, Bruce Lisser, Jeff Miller, and Clark Todd; Mike Liepman, President & Chief Executive Officer; Tom Litaker, Regional Vice President & Chief Financial Officer; Paul Ishizuka, Interim Chief Financial Officer, Dr. Connie Davis, Chief Medical 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. Kelley Cline/Skagit Regional Health Medical Staff; Dr. Rosana Go, President/Cascade Valley Hospital Medical Staff; Dr. Henning Pforte, Representative for the Physician Governance Committee; Kari Ranten, Director of Marketing and Communications, and Joanie Whitener, Executive Secretary. Also present: Brian Ivie, SRH staff members Lisa Norton, Sandi Browne, Renee Stone Dan Nelson, Jonathan Lyons, Megan Davidson, Adelina Gonzales, Tammy Earley, Pammy Hammond, John Lien, Debbie Cheesman, and Tara Rosellini, as well as community members Eric Hall and Gary Shand

**CALL TO ORDER**

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

**CUSTOMER/COMMUNITY  
PERSPECTIVE**

**PUBLIC COMMENT**

Adelina Gonzales, SEIU representative advised the Board on labor negotiations to date. Other employees, Tammy Early, Pammy Hammond, John Lien Debbie Cheesman, and Tara Rosellini presented the Board with their views on current salary needs, recruitment incentives, and training opportunities.

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

Mr. Lisser gave the first reading of resolution #3708 providing for the appointment of Brian K. Ivie as Superintendent and Chief Executive Officer of the District. Resolution #3708 will be presented for approval at the November Board meeting.

**RSLN 3700 – HONORING TOM  
LITAKER**

Mr. Lisser read resolution #3700 honoring Tom Litaker for his 23 years of service as Chief Financial Officer at Skagit Regional Health. It was moved, seconded, and unanimously carried to approve resolution #3700.

**PET THERAPY RECOGNITION**

Recognizing the work of the Pet Therapy Team, Director of Volunteer Services Steve Schultz described the importance and gave examples of the value of this program to patients and staff. 9 service dogs and their owners were honored.

**INTERNAL PROCESS  
PERSPECTIVE**

**SAFETY/PATIENT STORY**

Dr. Hink, in recognition of patient rights and safety, shared information regarding the time-out approach used in the surgery department. She stated this method was introduced to SRH by Dr. Alison Porter from her experience using it at Virginia Mason. Dr. Hink advised the time-out approach offered checks and balances and gave each team member a voice in patient care. In addition, other benefits from using this approach included better engagement, team building, and accountability.

**BUDGET HEARING**

The meeting was recessed and a public hearing on the budget opened for receipt of public comment. The 2018 tax budget for Skagit Valley Hospital and Skagit Regional Clinics was shared. It was noted that Senior Management would return for final approval of the 2018 Operating Plan at the December meeting.

There was no public comment. The hearing closed and the meeting reconvened.

**RESOLUTION 3696 – ADOPTION  
OF 2018 TAX BUDGET**

It was moved, seconded, and unanimously carried to approve resolution 3696.

**SRH MEDICAL STAFF UPDATE**

Dr. Kelley Cline, Chief of Staff/Skagit Regional Health Medical Staff, updated the Board on SRH Medical Executive Committee physician activities and work related to the Epic implementation patient experience, formalized coaching programs and development of an in-house training program for physicians.

**CVH MEDICAL STAFF UPDATE**

Dr. Rosana Go, President/Cascade Valley Hospital Medical Staff, updated the Board on CVH Medical Executive Committee activities which included the Epic Go-Live and commended the work collaboration between both medical staffs.

**EXECUTIVE QUALITY  
OVERSIGHT COMMITTEE/  
COUNCIL**

Ms. Blazek reported that the Executive Quality Oversight Council met October 20, 2017, and were presented with the following:  
Blood Transfusion Audit: Sarah Place, Director of Quality, discussed the Blood Transfusion Audit that recently took place. The results of the audit showed that overall staff were ordering blood correctly per current policy and procedures. Minor issues with informed consent documentation consistencies. Both areas are being reviewed and will be discussed with the Medical Staff and MEC.  
EPIC / Safety Dashboard: Dr. Josh Griggs, CMIO, discussed the data collection for the Safety Dashboard. Cross department collaboration has resulted in a safety group that will meet weekly. The group will work on identifying issues, pulling accurate information into the dashboards, ensuring high risk safety areas are visible, as well as ensure the information is useful.  
Restraints: Connie Davis, CMO and Sarah Place, Director of Quality, discussed review of our restraint procedures. The process of ordering restraints is now being done through Epic which will require additional monitoring to ensure accuracy of the restraint log and patient documentation. The importance of proper training in

using restraints is being revised for nursing staff as well as Providers. Quality Metrics: Directors of Quality, Sarah Place (SVH) and Cindy Rodriguez (CVH) discussed Quality Metrics for both Skagit and Cascade hospital. Both locations continue to collaborate on areas within hospitals that impact outcomes of metrics. All staff have been consistently moving forward in a positive manner to ensure metrics for both locations are high. It is the goal by end of 2018 both hospitals will be at the 75% percentile for patient satisfaction. Culture of Safety: Sarah Place, Director of Quality, discussed the Culture of Safety survey. SRH had a 30% response rate. Preliminary feedback has been provided to employees. Action plans are being developed and additional feedback will be provided to employees as progress is made. Support from Executive leaders by providing focusing on the importance of the culture of safety is essential to the success. Medication Errors: Will Grooms, Pharmacist, reviewed medication errors and adverse events from their 2<sup>nd</sup> Quarter report. Data shows low incident rates with the exception of the incidences of low blood sugar after insulin administration. We must be vigilant with Epic to ensure accuracy of the quality reports in EPIC to capture data for safety.

## **REVISED AGENDA**

It was moved, seconded, and unanimously approved to move the PGC report up on the agenda.

## **PGC REPORT**

Dr. Pforte reported on the recent changes, challenges, and improvements for clinic providers due to the recent Epic implementation. In addition, he advised that representatives from ECG continued their work to identify and improve efficiencies in the clinics, call center, and staffing models.

## **FINANCIAL PERSPECTIVES**

Mr. Ishizuka updated the Board on the 2018 Budget.

## **QUALITY OBJECTIVES:**

## **CONSENT AGENDA**

It was moved, seconded, and unanimously carried to approve the "consent" agenda. The consent agenda included the Medical Staff Credential Reports for SVH and CVH, the August 30-31, September 8, September 18, September 21, September 25, September 29, and October 10, 2017 meeting minutes, SRH monthly financial statement, Write-offs for SVH, SRC, CVH and CVC, Investment resolution for SVH, Surplus Equipment resolution, Auditor/Deputy Auditor Appointment resolution, 2018 Legal Holidays resolution, and Vouchers and Payroll as noted below:

## **SVH MEDICAL STAFF CREDENTIALS REPORT**

Dr. Cline's report dated October 27, 2017 included the SVH Medical Executive Committee recommendations for membership and privileges which is attached and made part of these minutes. Dr. Cline'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 October 27, 2017,

which is attached to and made part of these minutes. Dr. Go's report was approved by the Board.

**MEETING MINUTES**

The minutes of the August 30-31, September 8, September 13, September 21, September 25, September 29, and October 10, 2017 Board meetings were approved as recorded.

**FINANCIAL STATEMENTS**

The SRH Financial Statements for September were reviewed.

**WRITE-OFFS**

SVH WRITE OFFS: Bad Debts - \$1,307,727.90  
Charity Care - \$428,366.44  
Bankruptcy - \$3,134.61  
Liens - \$ -0-

SRC WRITE OFFS: Bad Debts - \$26,994.43  
Charity Care - \$17,983.90  
Bankruptcy - \$71.38

CVH WRITE OFFS: Bad Debts - \$26,994.43  
Charity Care - \$103,173.68  
Bankruptcy - \$-0-

CVC WRITE OFFS: Bad Debts - \$16,466.63  
Charity Care - \$ -0-  
Bankruptcy - \$ -0-

**RESOLUTION 3701 -  
APPROVING INVESTMENT  
FUNDS BY AGENT**

Resolution 3701 investments authorized and directed by agents of the District, including resolutions 3691, 3692, 3693, 3697, 3699, 3704, 3705, and 3706.

**RESOLUTION 3702 -  
SURPLUS EQUIPMENT**

Resolution 3702 to remove surplus equipment from the fixed asset listing as noted on the original resolution.

**RESOLUTION 3703 -  
AUDITOR/DEPUTY  
AUDITOR**

Resolution 3703 auditor/deputy auditor appointment.

**RESOLUTION 3707 -  
2018 LEGAL HOLIDAYS**

Resolution 3707 adoption of legal holidays in 2018.

**VOUCHERS AND PAYROLL**

AHS Accounts Payable vouchers #000031215-000031215 were approved as presented.

SVH Accounts Payable vouchers were approved as presented:

General SVH #224963-226760

Refund Mgr #38906-39706

General CVH #902171-902341

Payroll vouchers #059107-059193

Payroll, EFT - Direct Deposit

**LEGAL REPORT**

Mr. Furlong stated there was no legal report, but advised there was one item for Executive Session

**CHIEF EXECUTIVE OFFICER & EXECUTIVE TEAM REPORT**

Mr. Liepman and the Senior Executive Team gave reports on recent activities in healthcare.

**COMMISSIONER ROUNDTABLE**

Roundtable was held.

**EXECUTIVE SESSION**

The meeting went into Executive Session at 10:20 a.m. to discuss and to review issues pursuant to RCW 42.30.110 (g) and RCW 42.30.110 (i).

The Board anticipated 40 minutes for Executive Session.

**REGULAR SESSION**

The meeting reconvened into Regular Session at 10:59 a.m. No action was taken as result of the Executive Session.

**ADJOURN**

The meeting adjourned at 11:00 a.m.

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ATTEST:

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