

**BOARD OF COMMISSIONERS  
REGULAR MEETING  
MARCH 23, 2018**

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 Gary Shand; Brian Ivie, President & Chief Executive Officer; Paul Ishizuka, Regional Vice President & Chief Financial Officer, Connie Davis, Chief Medical Officer, MJ Tyler, SVH Interim Chief Nursing Officer; Michelle Sand, CVH Chief Nursing Officer; Lisa Buller, Regional Vice President & Chief Information Officer; Dr. Kelly Cline Chief of Staff/Skagit Valley Hospital Medical Staff; Dr. Rosana Go, President/Cascade Valley Hospital Medical Staff; Dr. Alison Porter, Representative for the Physician Governance Committee; Kari Ranten, Director of Marketing and Communications, Brad Berg, Legal Counsel, and Joanie Whitener, Executive Secretary. Also present: Jola Barnett, Sandi Browne, Renee Stone, Sarah Place, Adele Skinner, Dr. Theodore Kim, Dominique Dailly, and other oncology staff.

**CALL TO ORDER**

The meeting was called to order at 8:00 a.m. by Mr. Lisser

**PUBLIC COMMENT**

There was no public comment.

**ACTION ITEMS**

**RESOLUTION #3767  
Celebration of Dr. Theodore Kim**

Mr. Lisser recognized and thanked Dr. Kim for his dedicated service to patients, as a board certified oncologist. It was moved seconded and unanimously carried to accept Resolution # 3767.

**ANNUAL ELECTION OF  
OFFICERS**

It was moved, seconded, and unanimously carried to accept the following officers for a one-year term beginning March 23, 2018.

Bruce Lisser – President  
Peter Browning – Secretary

**2018-2019 BOARD COMMITTEE  
STRUCTURE**

It was moved, seconded, and unanimously carried to accept the 2018-2019 Board Committee structure as presented.

Mr. Ivie stated he would communicate any resulting changes to the committee structure to the affected community members.

**REPORTS & DISCUSSION**

**SAFETY/PATIENT STORY**

In recognition of patient safety, Ms. MJ Tyler shared a recent event that exhibited exceptional teamwork between a variety of staff, departments, and providers that directly resulted in a successful patient outcome.

**SRH MEDICAL STAFF UPDATE**

Dr. Kelley Cline, Chief of Staff-Elect/Skagit Regional Health Medical Staff, updated the Board on SVH Medical Executive Committee physician activities, which included review and work on MEC policies as related to bylaws and standards for compliance with DNV and the hospital.

**CVH MEDICAL STAFF UPDATE**

Dr. Rosana Go, President/Cascade Valley Hospital Medical Staff, updated the Board on CVH Medical Executive Committee activities, which included work to promote standardization for better patient care as well as patient satisfaction and continued efforts on physician recruitment.

**EXECUTIVE QUALITY  
OVERSIGHT COMMITTEE/  
COUNCIL**

Ms. Blazek reported that the Executive Quality Oversight Council met March 16, 2018, and were presented with the following: Case Management CDI Review - Lori Bennett, Director of Case Management, provided an overview of the CDI (Clinical Documentation Improvement) program. The goal of these reviews is to identify clinical indicators ensuring that the diagnoses and procedures are supported by medical coding. By clarifying what is used in written queries into a patient's health record, we improve our documentation, coding, reimbursement and classifications of severity of illness/risk or mortality. The CDI program has been in effect since 2012 at SVH and will be implemented at CVH mid-year. Focus for 2018 includes physician education, Medicare, and new productivity expectations of program staff. DOH Review of CVH Lab - Charles Broadbent, CVH Lab Director, provided an update of their Jan. 23<sup>rd</sup> on-site inspection by DOH surveyors. Areas inspected comprised of technical procedures, quality control/quality assurance policies, safety manual and personnel records. Deficiencies found in 4 areas: proficiency testing (PT), personnel training/records, records retention, and quality control. Quality Control processes updated and implemented per DOH specifications. ISO Update / Summary of DNV Outcomes - Sarah Place, Director of Quality, provided an overview of the DNV Survey conducted Feb. 27<sup>th</sup> – Mar. 1<sup>st</sup>. Final report received via email Mar. 5<sup>th</sup> with an NC 1 finding. SRH continues to progress with ISO, including accomplishments in the areas of an ISO Transition Committee being formed, Leadership engagement with corrective action and data management, quality Policy and manual updated and standardized throughout SRH system, enhanced process for environmental surveillance and an Internal Auditing Program being established. Focus will be on the Strategic Plan for 2018-2019 which encompasses growth, recruitment, Epic stabilization and optimization, and performance improvement.

**DNV SURVEY UPDATE/NEXT  
STEPS**

Ms. Sarah Place, Director of Quality provided information on the final response to the DNV Survey. She reported that all corrective

action plans had been submitted and would be ready to turn in by end of day to meet March 25 deadline. Ms. Place added that SVH was working with CVH on the recent findings to help CVH better prepare for their upcoming survey. She advised that ISO was key to sustaining processes and shared how corrective actions (improvements) were continually tracked for ongoing compliance.

## **FINANCIAL PERSPECTIVES**

Mr. Ishizuka advised the Board of the new format for presenting financial information to the Board which would provide more clarity to the information in a more understandable information vs. data-driven structure. The information would include an executive summary, leading indicators, key financial ratios, capital spending, key statistics (leading indicators), capital spending report and balance sheets. There would also be a periodic update of accountability status (key performance metrics).

## **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, February 13, 2018 and the February 23, 2018 meeting minutes, Strategic Planning Committee Summary, 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:

### **SVH MEDICAL STAFF CREDENTIALS REPORT**

Dr. Cline's report dated March 23, 2018 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 March 23, 2018, 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 February 13, 2018 Board Work Session and the February 23, 2018 regular Board meeting were approved as recorded.

### **WRITE-OFFS**

SRH WRITE OFFS: Bad Debts - \$1,148,589.61  
Charity Care - \$653,541.37  
Bankruptcy - \$ -0-  
Liens - \$ -0-

**VOUCHERS AND PAYROLL**

AHS Accounts Payable vouchers #000031219-000031219 were approved as presented.

SVH Accounts Payable vouchers were approved as presented:

General SVH #234094- 235977  
Refund Mgr #44643-45283  
General CVH #902647-902675  
Payroll vouchers #059503-059590  
Payroll, EFT – Direct Deposit

**LEGAL REPORT**

Mr. Brad Berg provided an update on current legal and political activities in healthcare.

**PHYSICIAN GOVERNANCE  
COMMITTEE REPORT**

Dr. Alison Porter reported on PGC activities. She stated that Dr. Vaderah had replaced Dr. Morrie Johnson as Chair of the PGC. Dr. Porter also stated the PGC was re-examining its' role in the current organization as working representatives and administrative partners outside the hospital. Dr. Porter shared that the PGC was aware of the need to increase training and knowledge in their leadership roles, including face-to-face conflict resolution, quality metrics, clinic efficiency, productivity coding and billing, and continued Epic training in order to communicate and pass on this knowledge to other providers. Dr. Porters advised that the PGC were elected positions and reported that the next elections would be held in June.

**CHIEF EXECUTIVE OFFICER &  
EXECUTIVE TEAM REPORT**

Mr. Ivie shared information on current activities in local healthcare. He advised that Dr. Davis and Dr. Hink would provide the Board with an update on actions being taken inside our organization in response to the opioid epidemic. Mr. Ivie note Doctor's Day was on March 30<sup>th</sup> and would be celebrated at the hospitals and clinics on March 28 and March 29.

**COMMISSIONER ROUNDTABLE**

Roundtable was held.

**EXECUTIVE SESSION**

The meeting went into Executive Session at 10:00 a.m. to discuss with legal counsel matters pursuant to RCW 42.30.140 (4). The Board anticipated 10 minutes for Executive Session.

**REGULAR SESSION**

The meeting reconvened into Regular Session at 10:05 a.m.

**MOTION TO AMEND THE  
AGENDA**


It was moved, seconded, and unanimously carried to take action on the recommendation for approval of the SEIU contract.

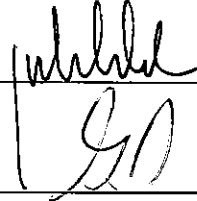
**MOTION CVH SEIU CONTRACT**

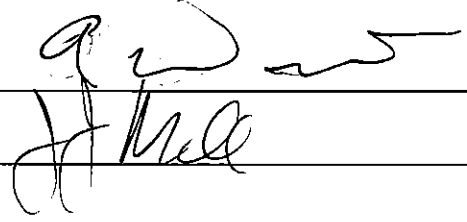
It was moved, seconded and unanimously carried to approve the SEIU contract for Cascade Valley Hospital.

**ADJOURN**

The meeting adjourned at 10:07 a.m.

  
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ATTEST:

  
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