

**BOARD OF COMMISSIONERS  
REGULAR MEETING  
APRIL 27, 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, Mary Ann Hink, Chief Physician Officer, MJ Tyler, SVH Interim Chief Nursing Officer; Michelle Sand, CVH Chief Nursing Officer; Lisa Buller, Regional Vice President & Chief Information Officer; Deborah Martin, Regional Vice President Human Resources; Dr. Kelly Cline Chief of Staff/Skagit Valley Hospital 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, Brad Berg, Legal Counsel, and Joanie Whitener, Executive Secretary. Also present: Julia Grace Sanders, Sarah Place, Mike Yengich, Sandi Browne, and Renee Stone.

**CALL TO ORDER**

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

**PUBLIC COMMENT**

There was no public comment.

**SAFETY/PATIENT STORY**

In recognition of patient safety, Ms. Michelle Sand shared two patient stories (a cardiac patient and a surgical patient) that highlighted how staff working together as one system between CVH and SVH resulted in the best patient care with successful outcomes.

**ACTION ITEMS**

**FINANCIAL STATEMENT  
AUDIT BY MOSS ADAMS**

Mr. Ishizuka advised that the presentation by Moss Adams would be postponed until a later date.

**RESOLUTION #3778 – Cath Lab  
Project**

Authorizing the Superintendent of the District and his designees to advertise and solicit bids for a Public Works Contract to carry out construction work, including, but not limited to the cardiac catheterization laboratory room and equipment.

**MOTION**

It was moved, seconded, and unanimously carried to approve resolution #3778.

## **REPORTS & DISCUSSION**

### **AGME REPORT**

Dr. Davis advised the Board that 18 residents had been approved for Internal Medicine. She added that the number of residents in Family Medicine would be known in October.

### **OPIOID ABUSE STATISTICS REPORT**

Dr. Davis and Dr. Hink gave a presentation highlighting opioid abuse statistics, particularly in Skagit and Snohomish counties, and what it meant for SRH. Dr. Hink and Dr. Davis provided an update on what SRH was doing to combat the epidemic, which included treatments, action-focused provider teams, policies created for new providers and the GME regarding chronic pain, as well as new MEDD tools and Epic tools available to use when developing the plan of care. In addition, they reported that orthopedic, surgery, and ED providers were working independently to reduce opioid use.

Commissioner Miller stated that he would like to see recurring measurements on this data.

### **NEW SVH CHIEF NURSING OFFICER**

Congratulations were extended to MJ Tyler in her official role as Chief Nursing Officer for Skagit Valley Hospital.

### **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 improving communication, coordination of care, and system processes between CVH and SVH.

### **CVH MEDICAL STAFF UPDATE**

Dr. Rosana Go, President/Cascade Valley Hospital Medical Staff, updated the Board on CVH Medical Executive Committee activities, which included improving communication between providers and nurses regarding patient care plans with a focus on teamwork to coordinate timely discharge planning and staffing to provide the best care possible.

### **MOTION TO REVISE THE AGENDA**

It was moved, seconded, and unanimously carried to modify the agenda to move up the Physician Governance Committee Report.

### **PHYSICIAN GOVERNANCE COMMITTEE REPORT**

Dr. Vaderah gave his report on the recent work of the PGC, which included progress on provider compensation with regard to tracking services as well as timely and accurate reporting that reflected the teamwork between the coders and finance. Other work included identifying the role of the PGC in coordination with the MEC to prevent duplication of work. Dr. Vaderah added that PGC elections were set for June and four of the current members were completing their two-year terms.

### **EXECUTIVE SESSION**

Mr. Lisser stated that the Board would now go into Executive Session to discuss with legal counsel legal risks of a proposed action

by the Board pursuant to RCW 42.30.110 (a)(i). The Board anticipated 20 minutes for Executive Session.

**REGULAR SESSION**

The meeting reconvened into Regular Session at 9:40 a.m.

**MOTION - REVISED CONSENT AGENDA**

It was moved, seconded, and unanimously carried to modify the Consent Agenda and remove the SVH Medical Staff Credentials Report from the Consent Agenda for further discussion and to approve the remainder of the Consent Agenda.

**SVH MEDICAL STAFF CREDENTIALS REPORT**

Discussion followed to revise the SVH Credentials Report to provide for a reappointment period for Dr. Chinnaya Parimi for a period of six months ending October 31, 2018.

**MOTION – SVH MEDICAL STAFF CREDENTIALS REPORT**

It was moved, seconded, and unanimously carried to approve the April 27, 2018 SVH Credentials Report as revised with respect to Dr. Chinnaya Parimi's reappointment.

**EXECUTIVE QUALITY OVERSIGHT COMMITTEE/ COUNCIL**

Mr. Browning reported that the Executive Quality Oversight Council met April 20, 2018, and were presented with the following: Licensures and Certifications: Deborah Martin, VP of Human Resources, provided an update on lapsed or expired licenses. Data shows a majority of lapses are 46% special certifications, 23% DOH licenses, 21% BLS, and 10% ACLS. Some certifying organizations allow a grace period if certificates lapsed or contracts provide a specific time period to get certification completed. Staff receive 90-60-30 day notices that renewals are due, as well as outreach to supervisor and employee. HR will be working with management on lack of response including review of extensions, leave of absence, removal or demotion of those that do not adhere to policy. Hospice QAPI 2017 Summary and 2018 Plans: Christine Nidd, Manager of Quality, Hospice of the NW, provided a review of 2017 and plans for 2018. Hospice of the NW is rated 13th in the nation for the best place to work in Healthcare, as well as the top hospice in WA. Turnover rate is very low, and CHAP reporting (equivalent to DNV) showed zero reportable findings. 2017 focused on decreasing wait time for patients to meet with a nurse case manager (from 4 days to 2 days), improved internal communication and access to supplies. Focus for 2018 will be on timely care, (focusing on shortness of breath) symptom management, and care in the last 7 days of life. Employee Health Updates: Vicki Schiessl, Coordinator for Employee Health, provided an update on Employee Health activities. Needle Stick Program focused on reducing needle stick incidents. Last year there were 35, primary cause of injury was engaging safety device or recapping of needle. This year the organization will change to retractable needles. Other plans are monthly unit rounding's, and encouraging EQMM and daily huddle reporting. Respiratory Protection Plan expanded system-wide to cover 1,000 employees for N-95 respirator. Managers of

departments will manage annual testing of staff. Safe Patient Handling oversight team created, consisting of staff from both S and CVH. Team meets yearly to evaluate program, discuss injuries, allocations and equipment needs. Influenza Campaign for 2018-2019 will be utilizing the Caraflow program in which documents are electronic. Provides easy access for employees to obtain flu vaccine paperwork, auto file to employee records, and ability to pull current data. Employees vaccinated overall for SRH at 92.2%, CVH was at 85%, and both are above the national average which is 80%.

## **FINANCIAL PERSPECTIVES**

Mr. Ishizuka advised the Board on the March YTD financial report and noted that a new format was a work in progress. Mr. Ishizuka stated the new format would highlight information regarding the leading indicators, key financial ratios, and capital spending. He stated the Executive Summary would speak to the operating statement balance sheet and bond covenants.

## **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 CVH, March 13, 2018 and the March 23, 2018 meeting minutes, Strategic Planning Committee Meeting Summary, Finance Committee Meeting Summary, Key Performance Metrics, SRH monthly financial statement, Write-offs for SRH, Investment resolution for SVH, and Vouchers and Payroll as noted below:

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

Dr. Cline's report dated April 27, 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 April 27, 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 March 13, 2018 Board Work Session and the March 23, 2018 regular Board meeting were approved as recorded.

### **WRITE-OFFS**

SRH WRITE OFFS: Bad Debts - \$1,851,016.41  
Charity Care - \$439,655.80  
Bankruptcy - \$ -0-  
Liens - \$ -0-

**VOUCHERS AND PAYROLL**

AHS Accounts Payable vouchers #000031220-000031221 were approved as presented.

SVH Accounts Payable vouchers were approved as presented:

General SVH #235978- 238547  
Refund Mgr #45284-45751  
General CVH #902676-902694  
Payroll vouchers #059591-059663  
Payroll, EFT – Direct Deposit

**LEGAL REPORT**

Mr. Brad Berg provided an update on current legal and political activities in healthcare. He also advised due to recent events that according to the Open Public Meetings Act in an Executive Session (presuming the reason for the executive session meets criteria) no one could disclose who was involved in those discussions and such violations would incur penalties.

**CHIEF EXECUTIVE OFFICER &  
EXECUTIVE TEAM REPORT**

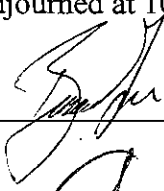

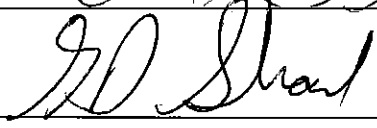
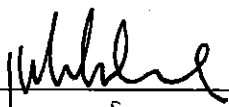
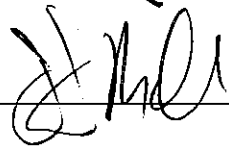
Mr. Ivie shared information on current activities in local healthcare, which included issuance of the RFP for Kidney Dialysis services, a successful Stroke Survey conducted by the DNV, and the opening of negotiation with WSNA.

**COMMISSIONER ROUNDTABLE**

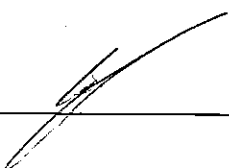
Roundtable was held.

**ADJOURN**

The meeting adjourned at 10:05 a.m.

  
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ATTEST:

  
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