

**BOARD OF COMMISSIONERS
REGULAR MEETING
DECEMBER 15, 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, Clark Todd; Brian Ivie, President & Chief Executive Officer; Paul Ishizuka, Regional Vice President & Chief Financial Officer, Deborah Martin, Regional Vice President Human Resources; Connie Davis, Chief Medical Officer, 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. Gary Blume, Representative for the Physician Governance Committee; Kari Ranten, Director of Marketing and Communications, and Joanie Whitener, Executive Secretary. Also present: Mike Liepman, Gary Shand, Sandi Browne, Dan Nelson, Lisa Norton, and Eric Hall.

CALL TO ORDER

The meeting was called to order at 8:03 a.m. by Mr. Lisser

PUBLIC COMMENT

There was no public comment.

ACTION ITEMS

OATH OF OFFICE

Brad Furlong read and Gary Shand recited the Oath of Office. Mr. Shand would begin his official role as Commissioner #5 for PHD #1 on January 1, 2018.

RESOLUTION # 3724

Bruce Lisser read resolution #3724 honoring Clark Todd for over 20 years of service and dedication as Board Commissioner for PHD #1. It was moved, seconded, and unanimously carried to approve resolution #3724.

RESOLUTION #3725

Bruce Lisser read resolution #3725 honoring Mike Liepman for his leadership of PHD #1 in his roles as Chief Operating Officer and Superintendent, President and Chief Executive Officer. It was moved, seconded and unanimously carried to approve resolution #3725

REPORTS & DISCUSSION

SAFETY/PATIENT STORY

Dr. Connie Davis in recognition of patient rights and safety, highlighted the partnership and physician teamwork between Skagit Regional Health and Western Washington Medical Group, in their recent collaborative treatment and care of a patient with a positive outcome.

QUALITY REPORT

Dr. Davis shared a presentation and report on the purpose, lessons learned, and future scope of the daily Safety Huddles.

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, which included work to recognize and improve

CVH MEDICAL STAFF UPDATE

Epic work flow issues with the necessary identified resources, as well as the December 7 all provider meeting, work on peer review, and attendance at a Horty Springer conference in November. Dr. Rosana Go, President/Cascade Valley Hospital Medical Staff, updated the Board on CVH Medical Executive Committee activities that included provider support and acknowledgement of Epic benefits, status on the ortho & midwifery programs, and work between SVH and Smokey Point Behavioral Health and psych transfers.

EXECUTIVE QUALITY OVERSIGHT COMMITTEE/ COUNCIL

Ms. Blazek reported that the Executive Quality Oversight Council met December 8, 2017, and were presented with the following:

Safety Huddles - Dr. Davis and Preet Singh gave a presentation on the new Safety Huddles that are being held on a daily basis. The purpose of the huddles is for a group of multidisciplinary front line staff and leaders to meet to discuss patient safety, infection control, and environmental concerns and try to solve mitigate those issues in a timely manner. **Infection Prevention** - Gary Preston, Chair, Infection Control Committee and Greta Roorda, Infection Prevention RN Coordinator, provided a summary of infection control activities for 2017 and a presentation on the 2018 Infection Prevention Risk Assessment and Plan. Discussed were causes of infections linked to usage of central blood lines, catheters, surgical sites and other hospital acquired infections such as MRSA and C-diff. During bedside rounds, providers review the need for such lines and make the determination if they should be removed or remain for a longer period of time. SVH and CVH are sharing best practices to lower infection rates at both locations. Daily safety huddles also provide a shared platform in 'real-time' with other departments that can deal quickly with influenza, TB, and other possible exposures. **ISO Progress / Management Review/Contracts**- Sarah Place, Director of Quality Management, provided an update on ISO by reviewing leadership requirements per DNV. We continue to progress forward towards accreditation and updating our systems to meet 2015 standards. Along with other Quality Management System components, committees are being reviewed for support to quality and safety management systems. Designated committees will have metrics to report, which will be provided on an Executive dashboard used by the EQOC. A contract management audit was done and a corrective action plan requested for presentation in January. Other organizational risks identified include the low scores on the Culture of Safety survey. Subsequent work is being done via safety huddles and leadership rounding. Need a more robust EQMM analysis process, while data is captured for events we haven't incorporated learning opportunities. High employee turnover rates need to be addressed with support of compensation, education, employee health coverage, and standardization of processes through-out the system. New challenges with EPIC ensuring accurate Quality reporting, not supporting outcomes and data as needed.

AMENDED BY LAWS
First Reading

Mike Liepman reviewed the changes to the Bylaws and provided answers from legal counsel as requested by the Board at their last work session.

MOTION

It was moved, seconded, and unanimously carried to approve the By Laws as presented for the first reading with the understanding that Appendix A would be deleted before final approval at the January Board meeting.

FINANCIAL PERSPECTIVES

Paul Ishizuka provided the Board with a presentation summarizing the focus for 2018 and into 2019. Mr. Ishizuka explained more fully the October financials and YTD data. He stated the 2018 Budget would be presented at the January Board meeting.

QUALITY OBJECTIVES

CONSENT AGENDA

It was moved, seconded, and unanimously carried to approve the "consent" agenda. The consent agenda included November 17, 2017, and December 12, 2017 meeting minutes, proposed 2018 Board meeting dates, 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 December 15, 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 December 15, 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 November 17, 2017 regular Board meeting and the December 12, 2017 Board work session were approved as recorded.

**PROPOSED 2018 BOARD
MEETING DATES**

The 2018 Board Meeting Schedule dates were approved as proposed.

FINANCIAL STATEMENTS

The SRH Financial Statements for October were reviewed.

WRITE-OFFS

SRH WRITE OFFS: Bad Debts - \$1,763,609.55
Charity Care - \$390,602.32
Bankruptcy - \$ -0-
Liens - \$ -0-

**RESOLUTION 3726 -
APPROVING INVESTMENT
FUNDS BY AGENT**

Resolution 3726 investments authorized and directed by agents of the District, including resolutions 3712, 3713, 3717, 3718, 3719, 3720, 3721, 3722, 3723, 3723A, and 3728.

**RESOLUTION 3727 -
SURPLUS EQUIPMENT**

Resolution 3727 to remove surplus equipment from the fixed asset listing as noted on the original resolution.

VOUCHERS AND PAYROLL

AHS Accounts Payable vouchers #000031217-000031217 were approved as presented.

SVH Accounts Payable vouchers were approved as presented:

General SVH #228476-230531

Refund Mgr #41483-43284

General CVH #902507-902536

Payroll vouchers #059263-059321

Payroll, EFT – Direct Deposit

Brad Furlong stated that there would be need for an Executive Session pursuant to RCW 42.30.110 (i).

Mr. Furlong was also thanked for his 25 years of service to PHD #1.

LEGAL REPORT

PGC REPORT

Dr. Gary Blume reported on views and activities of the Physician Governance Committee, which included focus on new models such as Patient-centered Medical Home.

CHIEF EXECUTIVE OFFICER & EXECUTIVE TEAM REPORT

Mr. Ivie shared information on recent activities in healthcare.

COMMISSIONER ROUNDTABLE

Roundtable was held.

EXECUTIVE SESSION


The meeting went into Executive Session at 10:05 a.m. pursuant to RCW 42.30.110 (i) to discuss with legal counsel matters relating to litigation or potential litigation. The Board anticipated 30 minutes for Executive Session.

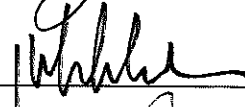
REGULAR SESSION

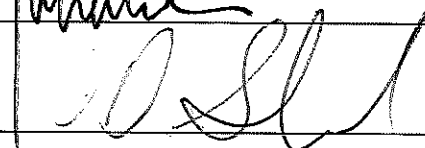
The meeting reconvened into Regular Session at 10:35 a.m. No action was taken as result of the Executive Session.


ADJOURN


The meeting adjourned at 10:35 a.m.














ATTEST:

