

**BOARD OF COMMISSIONERS  
REGULAR MEETING  
SEPTEMBER 29, 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, Al Dennis, Jim Hobbs, Bruce Lisser, Jeff Miller, Clark Todd, and Peter Browning joined by conference call; Mike Liepman, President & Chief Executive Officer; Tom Litaker, Regional Vice President & Chief Financial Officer; Deborah Martin, Regional Vice President Human Resources; Dr. Kelley Cline/Skagit Regional Health Medical Staff; Dr. Rosana Go, President/Cascade Valley Hospital Medical Staff; Kari Ranten, Director of Marketing and Communications, and Joanie Whitener, Executive Secretary. Also present were SRH employees Lisa Norton and Renee Stone. Community member present: Gary Shand

**CALL TO ORDER**

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

**CUSTOMER/COMMUNITY  
PERSPECTIVE**

**PUBLIC COMMENT**

There was no public comment.

**INTERNAL PROCESS  
PERSPECTIVE**

**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 preparing for the Epic implementation, utilizing multi-disciplinary rounds for improved patient experience and increased care plan communication between staff, families, and the patient, and review of service lines by MEC divisional chiefs for changes as needed with further direction from Administration.

**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 on transfers between both facilities, rounding, and focused improvement on Press Ganey scores.

**EXECUTIVE QUALITY  
OVERSIGHT COMMITTEE/  
COUNCIL**

Ms. Blazek reported that the Executive Quality Oversight Council met September 15, 2017, and were presented with the following:  
**VBP (Value-Based Purchasing)**

Sarah Place, Director of Quality, gave a presentation on the Hospital Value-Based Purchasing Program for SRH and CVH. This program was initially required in the Social Security Act and further defined in the Affordable Care Act. The program provides payments to hospitals based on quality of care for inpatient acute care services, not just quantity of the services provided. Scores for VBP are calculated on a National and State level. Higher scores are given based on performance standards of clinical process of care, patient experience of care, and 30-day mortality measures. Lower scores are better in categories of health care associated infections and

efficiency measures. This year, SVH scored 40 with CVH at 45. We did very well in comparison to National 37 and State at 38. For 2018, we are looking to achieve overall total performance scores of 25% in each of these categories: Safety, Clinical Care, Patient Experience of Care, and Efficiency. **Human Resources Staffing**  
Deborah Martin, Regional VP of Human Resources provided an update on staffing evaluations. In years past, all evaluations were completed at the end of year. This year, reviews were completed within the employees' birth month. By streamlining this process it ensured a smooth transition of getting these completed throughout the year and provide more insight and thought into evaluations. Evaluations have been done for Q1 and Q2, with 80-83% completed. DNV requires us to review our information, identify employees whose evaluations are unsatisfactory and adequately address those deficiencies. Of those employees who are on a performance improvement plan, we also need to show if they met the plan, was follow-up conducted with the employee, and what was the outcome. Renewal audits are also taking place pertaining to licensures being expired, employees working out of scope, maintaining certifications. In the Q1 of 2018 we will have data for the year 2017 to review and note progress and where improvements need to be made. **Quality Management System Review and ISO Progress**

Sarah Place provided a status report on the Quality Management System (QMS) and the ISO standards gap analysis for 2015. Many changes are taking place, including clarification of what top management and top Board responsibilities are. The Strategic Planning processes determine external and internal issues that affect the Quality Management System; including patient satisfaction, regulatory requirements, patient safety, and quality of care. The SET team has identified these areas of improvement for leadership and have focused resources that are supportive of initiatives such as the GREAT program. The ISO Committee continues to work on internal audits, quality policy updates, dashboard reporting of corrective actions and improvements, environmental surveillance, and completion of 2015 gap analysis.

## **QUALITY OBJECTIVES:**

### **CONSENT AGENDA**

It was moved, seconded, and unanimously carried to approve the "consent" agenda. The consent agenda included the Celebration Memo, Medical Staff Credential Reports for SVH and CVH, the August 25, 2017 meeting minutes, Community Outreach Committee Report, 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:

## **CELEBRATIONS**

Retirement celebrations in August:

- Connie Bishop retired 9/1/17 as a staff nurse in Mental Health Center with 5 years of service
- Mickie Jaros retired 9/14/17 as a HIM Specialist with 13 years of service
- Robin Eriksen-Booker retired 9/15/17 as a patient advocate at Cascade with 26 years of service
- Gloria Lebeau retired 9/28/17 as a CNA in OSC with 26 years of service

## **SVH MEDICAL STAFF CREDENTIALS REPORT**

Dr. Cline's report dated September 29, 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 September 29, 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 25, 2017, regular Board meeting were approved as recorded.

## **COMMUNITY OUTREACH COMMITTEE MINUTES**

The Community Outreach Committee report for September 5, 2017 was accepted.

## **FINANCIAL STATEMENTS**

The SRH Financial Statements for August were reviewed.

## **WRITE-OFFS**

SVH WRITE OFFS: Bad Debts - \$ 1,565,944.01  
Charity Care - \$357,353.11  
Bankruptcy - \$529.28  
Liens - \$ -0-

SRC WRITE OFFS: Bad Debts - \$50,412.62  
Charity Care - \$22,584.53  
Bankruptcy - \$24,965.67

CVH WRITE OFFS: Bad Debts - \$469,498.31  
Charity Care - \$60,676.90  
Bankruptcy - \$-0-

CVC WRITE OFFS: Bad Debts - \$18,268.99  
Charity Care - \$ -0-  
Bankruptcy - \$75.85

## **RESOLUTION 3694 - APPROVING INVESTMENT FUNDS BY AGENT**

Resolution 3694 investments authorized and directed by agents of the District, including resolutions 3687, 3688, and 3690.

## **RESOLUTION 3695 - SURPLUS EQUIPMENT**

Resolution 3695 to remove surplus equipment from the fixed asset listing as noted on the original resolution.

## **VOUCHERS AND PAYROLL**

AHS Accounts Payable vouchers #000031212-000031214 were approved as presented.

SVH Accounts Payable vouches were approved as presented:

General SVH #223006-224962  
Refund Mgr #38423-38905  
General CVH #901983-902170  
Payroll vouchers #058970-059106  
Payroll, EFT – Direct Deposit

**CHIEF EXECUTIVE OFFICER &  
EXECUTIVE TEAM REPORT**

Mr. Liepman and the Senior Executive Team gave reports on recent activities in healthcare including the upcoming Epic implementation on October 1.

**COMMISSIONER ROUNDTABLE**

Roundtable was held.

**EXECUTIVE SESSION**

The meeting went into Executive Session at 9:00 a.m. to discuss and to review the qualifications of an applicant for public employment or to review the performance of a public employee pursuant to RCW 42.30.110 (g).

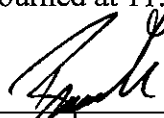
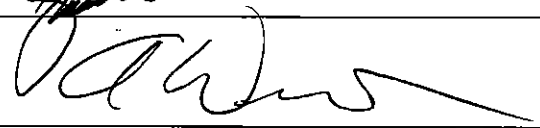
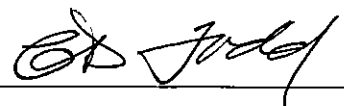


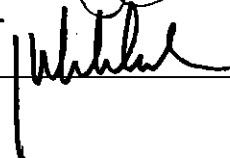
The Board anticipated 2 hours for Executive Session.

**REGULAR SESSION**


The meeting reconvened into Regular Session at 11:00 a.m. No action was taken as result of the Executive Session.

**ADJOURN**

The meeting adjourned at 11:00 a.m.

  
\_\_\_\_\_  
  
\_\_\_\_\_  
  
\_\_\_\_\_  
  
\_\_\_\_\_  
  
\_\_\_\_\_  
  
\_\_\_\_\_

ATTEST:

  
\_\_\_\_\_