

**BOARD OF COMMISSIONERS  
REGULAR MEETING  
JUNE 21, 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, 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. Rosanna Go, President/Cascade Valley Hospital Medical Staff; Brad Berg, Legal Counsel, and Joanie Whitener, Executive Secretary. Also present: Mike Yengich, Dr. Mary Ramsbottom, Sandi Browne, Renee Stone, Julia Weinberg, Rosalba Mayorga, and Raju A.T. Dahlstrom.

**CALL TO ORDER**

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

**PUBLIC COMMENT**

Mr. Raju A.T. Dahlstrom spoke to the Board of his experiences with Skagit Regional Health. Ms. Julie Weinberg, RN, advised the Board of WSNA negotiations currently in process and shared her feelings that SRH was on the right track towards changing its culture.

**SAFETY/PATIENT STORY**

In recognition of patient safety, Ms. Michelle Sand shared a letter highlighting a patient's positive experience of care at CVH.

**REPORTS & DISCUSSION**

**PATIENT MEDICAL HOME**

Dr. Mary Ramsbottom presented an overview, description and data regarding the demonstrated benefits of the Patient Centered Medical Home "model of care" to the Board. She stated this care delivery model sets up a team approach to coordinated, whole-person care with the primary care providers at the center. Dr. Ramsbottom concluded that successful medical home programs show improved quality of life for patients, fewer ER visits and hospital admissions and reduced health care costs.

**CONSTRUCTION PROJECT**

Mr. Mike Yengich gave an overview of the public works bidding process, which included details on the legal requirements, the competitive bidding process, small works roster projects, and emergency public works.

**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. She stated recent focus was on improved timeliness in charting and med reconciliation.

**CVH MEDICAL STAFF UPDATE**

Dr. Rosana Go, President/Cascade Valley Hospital Medical Staff, updated the Board on CVH Medical Executive Committee recent activities that included work to improve chart completion and continued focus on increasing patient satisfaction scores.

**EXECUTIVE QUALITY  
OVERSIGHT COMMITTEE/  
COUNCIL**

Mr. Browning reported that the Executive Quality Oversight Council met June 15, 2018, and were presented with the following:

**Mock Code Program: Hospital Resuscitation**-Kelly Boardley, CVH Staff Development Manager/ED Educator and Mark Sawdon, EMS, Staff Development Manager, provided an update on the Mock Code Program at CVH. Modifications were made to the program, as training was specific to equipment functionality and not the quality of resuscitation based on performance. A pre-test was done to see current skill levels followed by a post-test after modified training. It became clear that this was an area that needed enhanced, continuous training not only for clinical staff but also for the care of our patients. An enhanced training was implemented with 10 months of in-person and live simulations training, the release of a Command System which is continually active throughout the hospital, as well as continuous classes and training with additional pre-and-post testing to ensure confidence in response to Code Blue situations.

**Stroke QAPI**-Jessica Bell, Director of the SVH Emergency Department, discussed how the Stroke Program has grown since its inception in 2013. At that time, we had 213 patients (151 admits) compared to 2017 with 249 patients (159 admits). Our affiliation with Swedish Hospital's "TeleStroke" helped to grow the program. Continued quarterly meetings to review data, processes, and cases with regular interactions of physicians, neurosurgeons as well as EMS continue to enhance our care for the community. Our ambulance to CAT scan time is one of the fastest in the state, 87% of our patients get brain scanned within a short amount of time. Goals for 2018 are to continue to enhance our door to needle time of 45 minutes or less, provide community outreach to educate on signs of a stroke (FAST - Face, Arms, Speech, Time), and the importance of getting someone to the hospital quickly. Also of note, Skagit has received the Golden Plus Award from the American Heart based on data provided and the work that is currently being done by staff.

**Oncology QAPI** -Barbara Jensen, Director of Oncology, Diagnostic Imaging & Palliative Care, provided information on accreditation of our program. The Regional Cancer Center is self-monitored, representing over 50 quality metrics. Accreditation received from the American College of Surgeons-Commission on Cancer (for over 25 yrs), National Accreditation Program for Breast Centers (since 1<sup>st</sup> yr of inception in 2010), and American Society of Clinical Oncology-Quality Oncology Provider Initiative. Discussion focused on lung cancer, the second most frequent cancer seen in our area with the highest death

rate. New robotic surgery will aide immensely in removing lymph nodes and parts of infected lung. Chemotherapy is administered or recommended within 4 months prior to surgery or within 6 months post-op for surgically resected cases (though surgery is not always the first course of treatment). Moving forward, work continues to focus on multi-disciplinary discussions on standards of patient care including course of treatment, genetic testing to tailor specific cancer therapy to individual patient, moving on to hospice, nutritionist and speech therapy visits, and different screenings that can be done. Work is also being done on colon cancer by improving on the CEA tumor marker before treatment is given.

## **FINANCIAL PERSPECTIVES**

Mr. Ishizuka presented the Board with SRH's year to date financial report which included the activity measures, capital spending summary, and financial ratio analysis. He briefly discussed the collection process and revenue cycle and noted he would present the Board with information on the charity program at a future meeting.

## **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, May 25, 2018 meeting minutes, Strategic Planning Committee Meeting Summary, Finance Committee Meeting Summary, SRH monthly financial statement, Write-offs for SRH, resolutions for SVH Investment and Surplus Equipment, and Vouchers and Payroll as noted below:

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

Dr. Cline's report dated June 21, 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 June 21, 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 May 25, 2018 regular Board Meeting were approved as recorded.

## **WRITE-OFFS**

SRH WRITE OFFS: Charity Care - \$771,322.11  
Bad Debt Write Off - \$620,197.98  
Bankruptcy - \$ -0-  
Liens - \$ -0-

## **VOUCHERS AND PAYROLL**

AHS Accounts Payable vouchers #000031223-000031225 were approved as presented.  
SVH Accounts Payable vouchers were approved as presented:  
General SVH #240351-242520  
Refund Mgr #46951-47745  
General CVH #902706-902718

Payroll vouchers #059738-059817  
Payroll, EFT – Direct Deposit

**LEGAL REPORT**

Mr. Brad Berg provided an update on current legal and political activities in healthcare. Mr. Berg also advised of the adjustment to Board members per diem compensation effective July 1, 2018, from \$114.00 to \$128.00.

**PHYSICIAN GOVERNANCE  
COMMITTEE REPORT**

In Dr. Vaderah's absence Mr. Lisser read the written report from the PGC that included an update on the elections, work on productivity, and conversations about departmental leadership.

**CHIEF EXECUTIVE OFFICER &  
EXECUTIVE TEAM REPORT**

Mr. Ivie shared information on current activities in local healthcare, which included the recent Employee Forums and the rollout of the Thought Exchange. He also reported on the arrival of the robotics system and plans for a presentation event for providers, staff, and community at a later date.

**COMMISSIONER ROUNDTABLE**

Roundtable was held.

**EXECUTIVE SESSION**

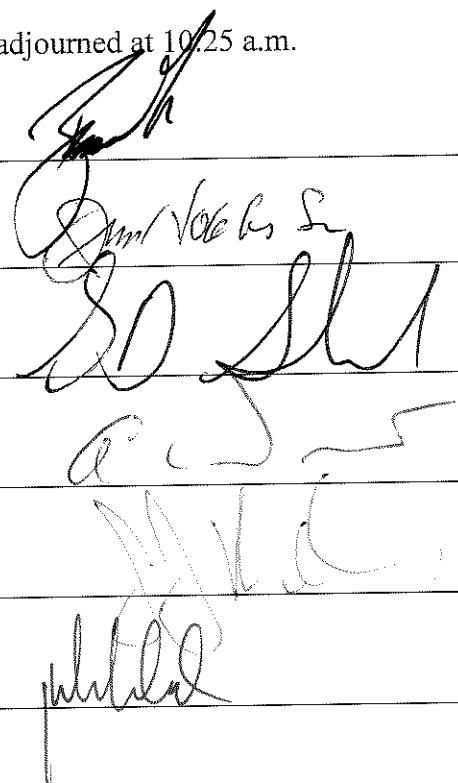
The meeting went into Executive Session at 9:55 a.m. to discuss with legal counsel matters of possible litigation pursuant to RCW 42.30.110 (1) (i). The Board anticipated 30 minutes for Executive Session.

**REGULAR SESSION**

The meeting reconvened into Regular Session at 10:25 a.m.

**ADJOURN**

The meeting adjourned at 10:25 a.m.

  
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ATTEST:

  
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