

**BOARD OF COMMISSIONERS  
REGULAR MEETING  
FEBRUARY 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, Bruce Lisser, Jeff Miller, and Gary Shand; 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; Michelle Sand, CVH Chief Nursing Officer; Dr. Rico Romano 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: Sandi Browne, Michelle Gjersee, Mike Yengich, Renee Stone, Sarah Place, Kathleen Abhold

**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 #3760  
Amended By Laws**

Discussion centered on the Board committees' charter membership in the amended By Laws.

**MOTION**

It was moved, seconded, and unanimously carried to table Resolution 3760 for further discussion at the March 13, 2018, Board Work Session before approval of the amended By Laws would be made.

**RESOLUTION # 3763  
Employee Incentive Plan**

Mr. Lisser provided background and history of the Employee Incentive Plan, which started in 2012. Mr. Ivie described the current composite score at three levels to reflect quality performance. He stated the goal was to achieve maximum performance that would demonstrate significant improvement.

**MOTION**

It was moved, seconded and unanimously carried to accept Resolution 3763, Employee Incentive Plan for 2018.

**2018 CAPITAL BUDGET**

Mr. Ishizuka presented the processes to date used in developing the final 2018 Capital Budget, which was recommended by the Finance Committee to bring to the Board for acceptance. Mr. Ishizuka also reviewed the top five capital items and the long term financial plan.

## **MOTION**

It was moved, seconded, and unanimously carried to accept the recommendation to approve the 2018 Capital Budget.

## **REPORTS & DISCUSSION**

### **SAFETY/PATIENT STORY**

Dr. Connie Davis, in recognition of patient rights and safety, advised of the organization-wide improvement regarding the CMS suicide prevention process. Dr. Davis reported on a visual poster of safety steps to remind staff to remove any equipment that could cause potential danger. In addition, she stated the MHU now used identifier gowns and those gowns would eventually be implemented on all floors. Dr. Davis concluded that staff would continue to receive education to these improvements for overall increased patient safety.

### **SRH MEDICAL STAFF UPDATE**

Dr. Rico Romano, Chief of Staff-Elect/Skagit Regional Health Medical Staff, updated the Board on SVH Medical Executive Committee physician activities, which included work to improve the patient experience and the inpatient/outpatient peer review process.

### **CVH MEDICAL STAFF UPDATE**

Dr. Rosana Go, President/Cascade Valley Hospital Medical Staff, updated the Board on CVH Medical Executive Committee activities, which included collaborative efforts between CVH and SVH physicians and work towards improved communication between facilities and increased patient satisfaction.

### **EXECUTIVE QUALITY OVERSIGHT COMMITTEE/ COUNCIL**

Ms. Blazek reported that the Executive Quality Oversight Council met February 16, 2018, and were presented with the following: Standardized Safety Huddle Process - Mary-Katherine Waters, Director of Quality - CVH, provided a detailed presentation on process improvements and standardization of Daily Safety Huddles. Assessments were done at each facility (SVH, CVH, SRC), key participants of huddles were reviewed, discussions of best practices, and the development of an electronic reporting template with specific modifications for each facility. Additional improvements include one central location for storage of safety huddle information, to include lessons learned. Overall goal is to operate as one entity - SRH (Skagit Regional Health), resulting in improved communication and collaboration at both hospitals and all clinics. Long-term strategic recommendations were made to the Committee such as implementation of a regional safety role, exploring reporting capabilities, focusing on 'patient first', and repeating the Culture of Safety survey end of 2018. Go live date is set for March 5<sup>th</sup>. Delinquency Statistics Nov 2017 - Jan 2018 - Robin Reilly, Intc Director of HIM, reviewed the delinquency statistics from both SVH and CVH. Of 5580 discharges, 515 had delinquent charts which resulted a Q1 average of 9% that were non-compliant. Development of a communications log for providers and HIM to track issues was

created. Dr. Davis, Dr. Griggs, and Ben Gunn continue to provide support to providers at each facility. Future EPIC dashboard reporting is currently being designed by Dr. Griggs, providing real-time information. For February delinquent stats, we will be providing reports for each facility, a report comprised of both, and a comprehensive detailed report similar to past reports from the HIM department.

## **EOC SAFETY PRESENTATION**

Mike Yengich, Director of Projects & Facilities and Safety Officer, provided an overview of The Environment of Care (EOC) Safety Committee including staff membership and responsibilities. Mike reviewed the seven physical environment plans with their 2018 corresponding initiatives and the 2018 EOC Hazard Surveillance Rounding matrix. The seven physical environment plans are safety, security, utilities, life safety/fire prevention, hazardous materials, medical equipment, and disaster/emergency management.

Mr. Ivie noted that additional data on access and security issues would be presented at a future Board Work Session.

## **AMENDMENT TO THE AGENDA**

It was moved, seconded, and unanimously carried to continue the existing Board Committees for one more month.

Mr. Lisser appointed Julie Blazek, replacing retired Commissioner Clark Todd, to the Nominating Committee.

## **FINANCIAL PERSPECTIVES**

Mr. Ishizuka provided the Board with the outstanding results of the recent audit. He commended Controller Kathleen Abhold, who had major responsibility for the outcome and shared with the Board the exemplary compliments Ms. Abhold received from the auditors. Mr. Ishizuka also reported that the December/January financials would be ready next week and presented to the Board next month and added that the forecast was slightly better than had been expected. Mr. Ishizuka advised that future reports would be more informational than data driven, with more explanations than variations.

## **QUALITY OBJECTIVES**

### **CONSENT AGENDA**

It was moved, seconded, and unanimously carried to approve the "consent" agenda. The consent agenda included January 26, 2018, meeting minutes, SRH monthly financial statement, Write-offs for SVH, SRC, CVH and CVC, Investment resolution for SVH, and Vouchers and Payroll as noted below:

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

Dr. Romano's report dated February 23, 2018 included the SVH Medical Executive Committee recommendations for membership and privileges which is attached and made part of these minutes. Dr. Romano'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 February 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 January 26, 2018 regular Board meeting were approved as recorded.

**WRITE-OFFS**

SRH WRITE OFFS: Bad Debts - \$1,779,677.21  
Charity Care - \$532,029.41  
Bankruptcy - \$ -0-  
Liens - \$ -0-

**VOUCHERS AND PAYROLL**

AHS Accounts Payable vouchers #000031218-000031218 were approved as presented.

SVH Accounts Payable vouchers were approved as presented:

General SVH #232223- 234093  
Refund Mgr #43957-44642  
General CVH #902585-902646  
Payroll vouchers #059403-059502  
Payroll, EFT – Direct Deposit

**LEGAL REPORT**

Mr. Brad Berg reported on legislation activities.

**PGC REPORT**

Dr. Sanjeev Vaderah reported on the recent Physicians Governance Committee Work Session which included focus on improving patient access, physician productivity and engagement while identifying and correcting barriers to efficient workflow to align with the organization's goals..

**CHIEF EXECUTIVE OFFICER &  
EXECUTIVE TEAM REPORT**

Mr. Ivie shared information on current activities in local healthcare. He advised that a site visit from the DNV was expected soon and stated that Commissioners would be invited to the opening and exit meetings. Mr. Ivie reported that three excellent presentations were brought to the attention of the SVH Foundation for support and were well received.

**COMMISSIONER ROUNDTABLE**

Roundtable was held.

**EXECUTIVE SESSION**

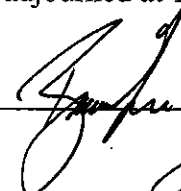

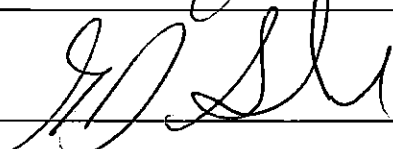

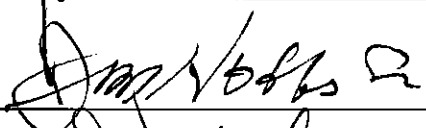
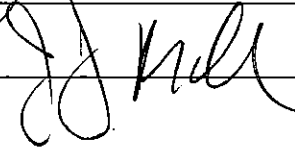
The meeting went into Executive Session at 9:50 a.m. to discuss with legal counsel matters pursuant to RCW 42.30.110 (1) (i). The Board anticipated 10 minutes for Executive Session.

**REGULAR SESSION**

The meeting reconvened into Regular Session at 10:00 a.m. No action was taken as a result of the Executive Session.

ADJOURN

The meeting adjourned at 10:00 a.m.

  
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ATTEST:

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