

**BOARD OF COMMISSIONERS
REGULAR MEETING
JANUARY 26, 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, Clark Todd 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; Dr. Kelley Cline/Skagit Regional Health 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: Michelle Sand, Sandi Browne, Renee Stone, Sarah Place, Lisa Norton, Paul Mongue and Chip Bogosian.

CALL TO ORDER

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

EXCUSED ABSENCES

It was moved, seconded, and unanimously carried to excuse Mr. Jim Hobbs from the Board meeting.

PUBLIC COMMENT

There was no public comment.

ACTION ITEMS

RESOLUTION #3753

It was moved, seconded, and unanimously carried to approve the amended Bylaws as presented for the final reading by Mr. Brad Berg.

2018 OPERATING BUDGET

Mr. Ivie provided a summary of the priorities for the 2018 operating budget and Mr. Ishizuka presented the Board with the budget process, assumptions, performance improvement plans and the preparations for 2019.

MOTION

It was moved, seconded, and unanimously carried to adopt the 2018 Operating Budget as presented.

REPORTS & DISCUSSION

SAFETY/PATIENT STORY

Ms. MJ Tyler, in recognition of patient rights and safety, shared the experience of a patient who presented to the ED with no medical need. The patient received the care plan he required from the partnership between our healthcare community of nursing staff, providers, and case management staff as well as with NW Ambulance who all assisted with finding this patient placement in an

appropriate facility. She concluded the successful outcome highlighted SRH's commitment to care of our community.

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 determining divisional chief goals and quality metrics. Dr. Cline stated high priorities continued to be improving patient quality of care, proactive peer review, and provider engagement with more understanding of the system process.

CVH MEDICAL STAFF UPDATE

Dr. Rosana Go, President/Cascade Valley Hospital Medical Staff, updated the Board on CVH Medical Executive Committee activities that included continued education to enhance knowledge and capabilities of Epic. Dr. Go also acknowledged smoother transfers between facilities for improved patient care.

EXECUTIVE QUALITY OVERSIGHT COMMITTEE/ COUNCIL

Ms. Blazek reported that the Executive Quality Oversight Council met January 19, 2018, and were presented with the following: **ISO Standards:** Sarah Place reviewed the status of the ISO standards work and reminded the committee that DNV will be here before the end of March. There is ongoing preparation for the survey.

Contract Management Action Plan for 2018: Lisa Norton reported on the plan for contract management for 2018. There will be three focus areas. The first is the standardization of contract management quality metrics across SRH to ensure that contracted services are evaluated for safety and effectiveness. The second is combining all policies into one SRH policy. There needs to be a standardized contract approval and management process for the organization. Lastly clarify medical staff oversight of telemedicine providers for the purpose of privileging and credentialing.

Epic Safety Quality Presentation: Dr. Josh Griggs reviewed the EPIC related activities in the area of safety and quality. Patient safety is always in the forefront. The efforts have been both proactive and reactive and include a dedicated patient safety team, Epic patient safety email, real time dashboards and monitoring of high risk workflows. He reported on the delays in care, laboratory errors and communication. 1.) After go live, it is expected that several months will be spent stabilizing, meaning, finding and fixing issues with system. Several of our applications are still in full stabilization mode and others are beginning to move into optimization mode, which is where we gain many of the efficiencies and quality gains. Epic will be constantly improving for years to come. 2.) The future of taking the system from data, to information to knowledge and ultimately to wisdom was discussed. The EPIC team is optimistic that the optimization process will get us to where we need to be for the future of safe medical care. It will take time. Part of the process is listening to our users and developing the skills within the organization such as with the physician builder program to help move data to wisdom. He outlined the program that will include 5 providers becoming certified physician builders and 4 who

will function as super users and be stationed in multiple specialties and practice locations. This will speed up the process of optimization and gives the providers control over their system.

EPIC WINS

Ms. Lisa Buller shared with the Board numerous positive outcomes for staff, providers, and processes as a result of the Epic implementation.

MOTION TO AMEND AGENDA

It was moved, seconded, and unanimously carried to amend the agenda to include recommendation of approval of the Environment of Care Safety Plan for 2018.

MOTION

It was moved, seconded, and unanimously carried to accept the Environment of Care Annual Risk Analysis and Safety Plan for 2018

EMPLOYEE ENGAGEMENT FOLLOW-UP

The Commissioners gave their input after reviewing staff comments from the 2017 Employee Survey. A focused area for consideration was the need for improved communication between staff, between departments, and with senior leadership. Mr. Ivie advised that he would share comments from the Board at the upcoming employee forums. It was noted that Board members could attend the forums but Mr. Berg advised in a listening capacity only pursuant to the Public Meeting Act.

COMMITTEE 2018 RESTRUCTURE

Mr. Ivie shared his recommendation for restructure of the Board Committees. Details would be formalized with assistance from Mr. Berg and presented to the Board at their next meeting.

FINANCIAL PERSPECTIVES

Mr. Ishizuka provided the Board with the work to date on the 2018 Capital Budget which would be presented for approval at the next Board meeting.

QUALITY OBJECTIVES

CONSENT AGENDA

It was moved, seconded, and unanimously carried to approve the "consent" agenda. The consent agenda included December 15, 2017, December 26, 2017, and January 15, 2018 meeting minutes, SRH monthly financial statement, Write-offs for SVH, SRC, CVH and CVC, Investment resolution for SVH, Investment resolution for AHS, and Vouchers and Payroll as noted below with the following correction to the December 15, 2017 minutes: Remove "Mr. Shand took his place at the Commissioners' table" to "Mr. Shand would begin his official term on January 1, 2018."

**SVH MEDICAL STAFF
CREDENTIALS REPORT**

Dr. Cline's report dated January 26, 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 January 26, 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 December 15, 2017 regular Board meeting, December 26, 2017 special Board meeting and the January 15, 2018 Board work session were approved as recorded.

FINANCIAL STATEMENTS

The SRH Financial Statements for October were reviewed.

WRITE-OFFS

SRH WRITE OFFS: Bad Debts - \$1,977,911.63
Charity Care - \$1,058,574.77
Bankruptcy - \$ -0-
Liens - \$ -0-

**RESOLUTION 3754 -
APPROVING INVESTMENT
FUNDS BY AGENT**

Resolution 3754 investments authorized and directed by agents of the District, including resolutions 3729, 3730, 3731, 3732, 3733, 3734, 3735, 3736, 3737, 3738, 3739, 3740, 3741, 3742, 3743, 3744, 3745, 3746, 3747, 3748, 3749, 3750, 3751, and 3752.

**RESOLUTION 3755 -
IMPROVING INVESTMENT
FUNDS BY AGENT**

Resolution 3755 investments authorized and directed by agents of the Affiliation, including resolutions 874.

VOUCHERS AND PAYROLL

SVH Accounts Payable vouchers were approved as presented:
General SVH #230532-232222
Refund Mgr #43285-43956
General CVH #902537-902584
Payroll vouchers #059322-059402
Payroll, EFT - Direct Deposit

LEGAL REPORT

Mr. Brad Berg was welcomed as Skagit Regional Health's new legal counsel and gave an update on current legislative issues related to healthcare.

PGC REPORT

Dr. Sanjeev Vaderah reported on views and activities of the Physician Governance Committee, which included Dr. Johnson's resignation as the PGC representative. Dr. Vaderah also stated work was being done to update the Provider Manual and included review of work expectations and Urgent Care.

**CHIEF EXECUTIVE OFFICER &
EXECUTIVE TEAM REPORT**

Mr. Ivie shared information on current activities in local healthcare including a status report on Sedro Woolley Skilled Nursing Facilities, the urology line of service in Anacortes, and the potential for an ED/psych triage bed build. Mr. Ivie added that staff continued to focus on preparations for the upcoming visit by the DNV.

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) (g) and RCW 42.30.110 (1) (i) The Board anticipated 30 minutes for Executive Session.

REGULAR SESSION

The meeting reconvened into Regular Session at 10:20 a.m.

**MOTION TO AMEND CONSENT
AGENDA**

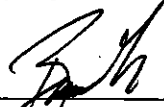
It was moved, seconded, and unanimously carried to amend the Consent Agenda.

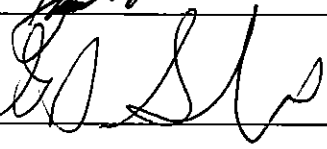
**MOTION TO AMEND CVH
CREDENTIALING REPORT**


It was moved seconded, and unanimously carried to amend the CVH Credentialing Report to add Charles Chafee, MD and Mark Luciana, MD to the Department of Ambulatory Medicine and to approve Dr. Chafee and Dr. Luciana for initial appointment and initial privileges.


ADJOURN

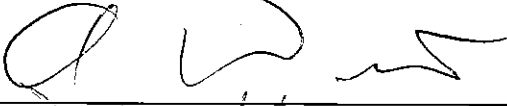
The meeting adjourned at 10:28 a.m.

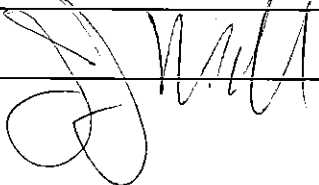












ATTEST:

