

**BOARD OF COMMISSIONERS
REGULAR MEETING
MAY 24, 2019**

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 Peter Browning, Frei Burton, Jim Hobbs, Bruce Lisser, and Gary Shand, Jeff Miller, and Julie Blazek ; Brian Ivie, President & Chief Executive Officer; Danny Vera, Regional Vice President & Chief Operating Officer; Paul Ishizuka, Regional Vice President & Chief Financial Officer; Lisa Buller, Regional Vice President & Chief Information Officer; Michelle Sand, VP & Chief Nursing Officer, Cascade Valley Hospital; Dr. Connie Davis, Deborah Martin Regional VP, Human Resources; Dr. Kelley Cline, Chief of Staff/Skagit Valley Hospital Medical Staff; Dr. James Fletcher, President/Cascade Valley Hospital Medical Staff; Brad Berg, Legal Counsel, and Joanie Whitener, Executive Secretary. SRH staff present: Kari Ranten and Sandi Browne. Guests: Brian Hill

CALL TO ORDER

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

PUBLIC COMMENT

There was no public comment.

PATIENT STORY

On behalf of patient safety and satisfaction, Ms. Deborah Martin shared comments from a patient and family regarding their positive experience and the benefits received from our pet therapy program.

PRESENTATIONS

**ENVIRONMENT OF CARE
SAFETY PROGRAM**

Regional Director of Support Services, Mr. Byron Clouatre reviewed with the Board the evaluation of Skagit Regional Health's Environment of Care Safety Program for 2018 and plans for 2019. He noted a wide range of project and trainings that had been completed in 2018 and advised of the project/training focus in 2019 that included Management of Aggressive Behavior (MOAB) training, emergency preparedness drills, continuation of the Draeger install and preparation for the purchase of new IV pumps. Mr. Clouatre finished stating the goal of the program was to ensure safety as the top priority by providing a safe, functional environment for patients, staff and visitors.

LEAPFROG

Mr. Ivie gave an update on Leapfrog, a national organization that facilitates a hospital safety survey and administrates hospital safety grades. In addition to surveys, Leapfrog gathers information from secondary sources such as the Centers for Medicare and Medicaid Services. Data collected ranged from late 2015 to early 2018. Skagit Regional Health did not complete a survey in 2018 which impacts 24% of Leapfrog's grade. In part due to a lack of survey information, Skagit Valley Hospital is currently graded a D. Cascade

Valley Hospital does not have enough data to be graded. Skagit Regional Health will submit a Leapfrog survey in June for the Fall grading period and will plan to submit information annually going forward by integrating Leapfrog into the organization's quality and strategic plans with a focus on patient safety.

BOND RATING

Skagit Regional Health leaders, Board members and finance team participated in the annual bond rating presentation with Moody's in early May. Commissioner Jeff Miller, chair of the Finance Committee, said the presentation was very well done and thorough. The presentation included information on our organization, our strategic focus, growth and finances, our regional presence and portfolio of services. Skagit Regional Health's current rating is a Baa2. The bond rating reflects on an organization's ability to repay long-term debt and overall strength.

FINANCIALS

Chief Financial Officer, Paul Ishizuka presented the financials through April, which show net income of more than \$400,000 and volumes reflecting an increasing case mix index and patient acuity

ACTION ITEMS

FINANCE COMMITTEE CHARTER - UPDATED

The Board was presented with a recommendation from the Finance Committee to Proposed changes, committee reviewed and recommended it be presented to the Board for approval. Changes reflected members (?), clarification vs. substance change and included 12 month calendar – matching up with activities.

MOTION

It was moved, seconded and unanimously carried to approve the changes and accept the updated Finance Committee Charter.

EXECUTIVE SESSION

Mr. Browning stated the Board would go into Executive Session at 9:30 a.m. to discuss with legal counsel matters pursuant to RCW 42.30.110 (1) (g). The Board anticipated 20 minutes for Executive Session.

REGULAR SESSION

The meeting reconvened into Regular Session at 9:58 a.m. No action was taken as a result of the Executive Session.

CREDENTIALS REPORTS

MOTION

It was moved, seconded, and unanimously carried to approve the May 24, 2019, SVH Credentials Committee Report.

SVH MEDICAL STAFF CREDENTIALS REPORT

Dr. Cline's report dated May 24, 2019 included the SVH Medical Executive Committee recommendations for membership and privileges which is attached and made part of these minutes

MOTION

It was moved, seconded, and unanimously carried to approve the May 24, 2019, CVH Credentials Committee Report

**CVH MEDICAL STAFF
CREDENTIALS REPORT**

Dr. Fletcher's report included CVH Credentials Committee recommendations as contained in his report dated May 24, 2019, which is attached to and made part of these minutes.

REPORTS and DISCUSSION

SVH MEDICAL STAFF UPDATE

Dr. Kelley Cline, Chief of Staff Skagit Valley Hospital Medical Staff, updated the Board on SVH Medical Executive Committee physician activities.

CVH MEDICAL STAFF UPDATE

Dr. Jim Fletcher, President/Cascade Valley Hospital Medical Staff, updated the Board on the recent activities of the CVH Medical Executive Committee.

**EXECUTIVE QUALITY
OVERSIGHT COMMITTEE/
COUNCIL**

Mr. Shand reported that the Executive Quality Oversight Council met May 17, 2019, and presented with the following topics:

Readmissions - Tabitha Squires, Interim Manager Population Health presented an update on the Multi Visit Patient (MVP) KPM Project. There are financial and patient satisfaction reasons to try to reduce readmissions. When patients can care for themselves at home it often leads to a faster recovery. The MVP project includes an interview with a Care Manager while inpatient to determine what factors are driving their readmission. Post discharge phone calls to the patient focus on avoiding readmission through education and intervention. Readmissions are decreasing and the downward trend is currently 10.87%. Discharge analysis by primary diagnoses shows a high number of readmits for sepsis, heart failure, OPD/respiratory failure and GI hemorrhage. A large number of readmits are Medicare patients which have lower reimbursement rates. These patients also have a greater LOS. CVH has a lower readmission rate and this may be due to the higher availability of Home Health for patients. There are only 2 Home Health options for Skagit County.

Utilization - Lori Bennett, Director Case Management presented the Utilization and Case Management Annual Plan. Utilization Review (UR) focuses on the need for furnished services (diagnostic tests, labs, specialty consults, surgery, PT/OT/ST, medications), longer LOS patients, and documenting the medical necessity for both inpatient stays and outpatient services. RN case managers check for potentially avoidable days (PADs) and work closely with providers to document the medical necessity for admission using InterQual criteria. These reviews show a high level of delayed diagnosis tests on weekends and holidays. At SVH 1st quarter 2019, 136 reported of delay in furnished services. At CVH 1st quarter 2019, 130 reported of delay. There are many reasons why complex care patients remain in the hospital. There is an insufficient number of

facilities in Skagit County who can meet the needs of those patients. It also takes several days to get authorization from insurance companies. At SVH, the team has worked to address LOS greater than 14 days. This will also be implemented at CVH. In addition, SRH has partnered with XSOLIS (an external vendor) to have them review LOS and whether inpatient admit status is appropriate or whether the patient should be placed in Observation.

**ADDITIONAL CREDENTIALS
REPORT FROM CVH MED
STAFF PRESIDENT**

Dr. Fletcher stated he had an additional item in his Credential Report to review with and request approval from the Board. He reported that the CVH OB Committee proposed and the MEC approved, a change to the rules and regulations regarding proctoring for obstetric privileges to make the requirements the same for family physicians and obstetricians requesting cesarean section privileges.

MOTION

It was moved, seconded, and unanimously approved to accept the change to the rules and regulations regarding the proctoring for obstetric privileges as proposed by the CVH OB Committee.

CONSENT AGENDA

It was moved, seconded, and unanimously carried to approve the “consent” agenda. The consent agenda included the April 26, 2019 Regular Board Meeting minutes, 2018 EOC Safety Program Evaluation, Rsln 3895 Cascadia Care Network, LLC Manager Appointments, SRH Write-offs, Rsln 3893 for SVH Investments and Rsln 3894 for Surplus Equipment, and Vouchers and Payroll as noted below:

MEETING MINUTES

The minutes of the April 26, 2019 regular Board Meeting were approved as recorded.

WRITE-OFFS

SRH WRITE OFFS: Financial Assistance - \$763, 241
Bad Debt Write Off - \$2,078, 592

VOUCHERS AND PAYROLL

AHS Accounts Payable vouchers #000031243-000031244 were approved as presented.

SVH Accounts Payable vouchers were approved as presented:
General SVH #267636 - 270477
Refund Mgr #49368 - 49380
General CVH #902810 - 902811
Payroll vouchers #060895 - 060993
Payroll, EFT – Direct Deposit

LEGAL REPORT

Mr. Brad Berg stated he would have a report to give during the Executive Session.

**PHYSICIAN GOVERNANCE
COUNCIL (PGC)**

Dr. Vaderah was unable to attend the meeting but provided a written report of recent PGC activities to the Board, which included the