

**BOARD OF COMMISSIONERS  
REGULAR MEETING  
SEPTEMBER 28, 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, and Gary Shand; Brian Ivie, President & Chief Executive Officer; Paul Ishizuka, Regional Vice President & Chief Financial Officer, Connie Davis, Chief Medical Officer, Mary Ann Hink, Chief Physician Officer; Michelle Sand, Vice President & CVH Chief Nursing Officer; MJ Tyler, Vice President & SVH Chief Nursing Officer; Deborah Martin, Regional Vice President, Human Resources; Dr. Joshua Griggs, Chief Quality Officer; Lisa Buller, Regional Vice President & Chief Information Officer; Dr. Kelley Cline, Chief of Staff/Skagit Valley Hospital Medical Staff; Dr. Rosanna Go, President/Cascade Valley Hospital Medical Staff; Sanjeev Vaderah, PGC Chair; Brad Berg, Legal Counsel, and Joanie Whitener, Executive Secretary. Also present: Kari Ranten, Sandi Browne, Betsy Sauther, Jimmy Schuler, Frei Burton, Bruce Cornwall, Cammie Rome, Patricia Rhinevault, Kyla Malean and other members of the WSNA.

**CALL TO ORDER**

The meeting was called to order at 8:02 a.m. by Mr. Lisser

**EXCUSED ABSENCE**

It was moved, seconded, and unanimously carried to excuse Jeff Miller from the meeting.

**PUBLIC COMMENT**

Several nurses, Bruce Cornwall, Cammie Rome, Patricia Rhinevault, and Kyla Malean spoke to the Board regarding their thoughts on current bargaining issues

**PATIENT STORY**

Dr. Connie Davis, on behalf of patient safety and satisfaction presented a recent patient event that emphasized the importance of preventative healthcare and resulted in a positive outcome.

**REPORTS & DISCUSSION**

**EPIC ONE-YEAR  
ANNIVERSARY**

Ms. Lisa Buller, Chief Information Officer, gave a presentation on the implementation of Epic in honor of the upcoming Oct. 1 one-year anniversary of go live for the new Electronic Health Record and provided some statistics through August 2018. She noted that records were exchanged through Care Everywhere with organizations in all 50 states. Ms. Buller also reported that Skagit Regional Health had achieved a "Good Install" and would receive a rebate from Epic based on our performance. She added we are moving forward on optimization and would focus on improving participation in MyChart.

**SRH LAB UPDATE**

Ms. Jola Barnett, Vice President of Operations at Cascade Valley Hospital gave a status report on the implementation of the SRH in-house lab opening on October 1, 2018. She advised of challenges but noted the transition would mean additional tests would be performed at the hospital and lab processes and equipment would be standardized across Skagit Regional Health's five labs.

**DA VINCI UPDATE**

Ms. Kelly Bradford, Director of Surgical Services, provided an update on the new da Vinci robotic surgery program at Skagit Valley Hospital. She reported that since the first procedures were performed on Sept. 4, General Surgeons Joel Dean, MD and Josh Hawkins, MD had completed a total of 15 cases and another 16 cases were scheduled.

**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 that included a focus on patient satisfaction that included actions being developed to also increase physician engagement. Dr. Cline shared in her presentation positive comments made by patients in Press Ganey surveys about several of our providers.

**CVH MEDICAL STAFF UPDATE**

Dr. Rosana Go, President/Cascade Valley Hospital Medical Staff, updated the Board on the recent activities of the CVH Medical Executive Committee that included evaluating better and timelier processes for increased patient satisfaction.

**EXECUTIVE QUALITY  
OVERSIGHT COMMITTEE/  
COUNCIL**

Mr. Browning reported that the Executive Quality Oversight Council met September 21, 2018, and were presented with the following: **DNV Survey Results for CVH** - Mary-Katherine Waters, Director of Quality for CVH, provided an update on their DNV survey results, which took place July 31<sup>st</sup> – August 2<sup>nd</sup>. Feedback from the surveyor were very positive, commenting on high ISO performance, process for contract reviews, performance improvement projects, and cleanliness. CVH successfully closed all its 2017 corrective action plans (CAPs). CVH received two NC1 findings: restraints/seclusion and physical environment. Survey also resulted in five NC2 findings: medication orders, grievance procedures, management systems for physical environment & life safety, hazardous materials, and emergencies. CAPs are in place and currently being implemented since the DNV visit. CVH challenged two of the NC2 findings within the physical environment/life safety management system. Both pertain to construction of the hospital. Currently, CVH is waiting to hear back from DNV on #1 challenge status and there submission report of CAPs. **HCAHP Results and Improvement Plans** -VP/CNO's Michelle Sand (CVH) and MJ Tyler (SVH) presented Press Ganey HCAHPS scores thru partial Q3 for 2018. SRH leadership provided set individual

target goals for facilities to move towards, in comparison to our Western WA Peer Group. Rankings for Q3 resulted in SVH-16, CVH-5, and SRC-30. These goals are subject to increase based on continued receipt of surveys. Discussed were the Patient Experience 18-Month Operational Plan. Collaboration between facilities has begun, with 3 goals currently being implemented: 1) achieving 50<sup>th</sup> percentile or better for Recommended Hospital/Provider Office 2) providing clear and timely communication with every interaction/every time; 3) improving way finding including signage, maps, and volunteer support to assist our patients.

**Value Based Purchasing (VBP)** - Sarah Place, Director of Quality – SVH, provided an overview on VBP (Value Based Purchasing). The Affordable Care Act and Social Security Act requires participation in this quality incentive program, in which hospitals are paid for inpatient acute care services based on quality of care not quantity of services provided. Measures are weighted in the following areas: safety, clinical care, efficiency and costs, person and community engagement, at 25% each. Total performance scores for the State are 38.62 with National at 38.09. SVH scores are currently at 31.83 (1.81% VBP incentive payment) and CVH scoring is 33.5 (1.9% VBP payment). Areas for improvement for both facilities are heart failure management, decrease hospital acquired infections and readmissions, prevent early elective deliveries (before 39 wks), increase volumes of service line development, as well as review these areas for improvement opportunities.

## **FINANCE REPORT**

Mr. Ishizuka presented the Board with an overview of the August Financial Statements including the year-to-date income statement for past 8 months. He advised that the revenue numbers were strong, as well as consolidated activity measures. Mr. Ishizuka concluded that the financial data showed good performance against budget.

## **ACTION ITEMS**

### **CONSENT AGENDA**

It was moved, seconded, and unanimously carried to approve the “consent” agenda with the one correction to the September 11, 2018 minutes noting Julie Blazek was in attendance. The consent agenda included the Medical Staff Credential Reports for SVH and CVH, August 24, 2018, and September 11, 2018 meeting minutes, the Finance Committee Meeting Summary, the 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 September 28, 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 September 28, 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 August 24, 2018 regular Board Meeting were approved as recorded, and the September 11, 2018 Work Session minutes were approved as corrected noting attendance by Julie Blazek.

**WRITE-OFFS**

SRH WRITE OFFS: Financial Assistance - \$285,293  
Bad Debt Write Off - \$2,024,947

**VOUCHERS AND PAYROLL**

AHS Accounts Payable vouchers #000031228-000031230 were approved as presented.

SVH Accounts Payable vouchers were approved as presented:  
General SVH #246556-249176  
Refund Mgr #48473-48660  
General CVH #902745-902749  
Payroll vouchers #059956-060053  
Payroll, EFT – Direct Deposit

**LEGAL REPORT**

Mr. Brad Berg reported on recent legal activities in healthcare including new changes to the Charity Care Law effective October 1, which standardizes the way hospitals notify patients of the availability of charity care, clarifies definitions in state law, and requires hospitals to train appropriate staff on charity care policies and use of interpreter services...Mr. Berg noted that SRH was already compliant in its development and display of billing notification statements and signage in languages other than English regarding the charity services offered our organization.

**PHYSICIAN GOVERNANCE  
COMMITTEE REPORT**

Dr. Vaderah reported that new provider, Dr. Yuri Tsiurulnikov who heads the Department of Pain Management had been elected to the 7<sup>th</sup> seat of the PGC. He stated the PGC would be contacting all over the next few weeks to gather input on clinically relevant goals and finalize incentive metrics for 2019.

**CHIEF EXECUTIVE OFFICER &  
EXECUTIVE TEAM REPORT**

Mr. Ivie shared information on current activities in local healthcare that included recognition of Dr. Joshua Griggs as the Chief Quality Officer, a change in the OB structure and increased recruitment interest, an update and progress report on the sale of the Kidney Dialysis Center with the expectation of presenting a purchase agreement at the October Board meeting. Mr. Ivie stated the recent

Employee Forums had been successful in its efforts to reach more staff through WebEx and video-taped sessions. He advised focus on staff input regarding perception of improved communication methods and continued challenges was planned for the next Thoughtexchange. Mr. Ivie confirmed that the Strategic Planning Retreat was scheduled for November 29-30 at Semiahmoo..

**COMMISSIONER ROUNDTABLE**

Roundtable was held. Julie Blazek stated she would need to phone in to the Exec Committee and Board meetings in October.

**EXECUTIVE SESSION**

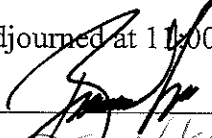
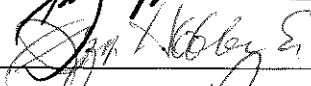

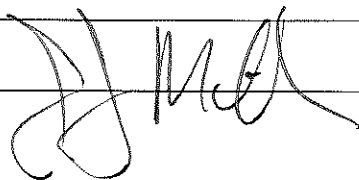
The meeting went into Executive Session at 10:45 a.m. to discuss with legal counsel matters pursuant to RCW 42.30.110 (1) (g). The Board anticipated 15 minutes for Executive Session.

**REGULAR SESSION**

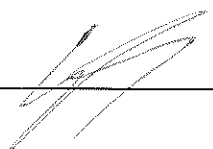
The meeting reconvened into Regular Session at 11:00 a.m. No action was taken as a result of the Executive Session.

**ADJOURN**

The meeting adjourned at 11:00 a.m.

  
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ATTEST:

  
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