

**BOARD OF COMMISSIONERS  
REGULAR MEETING  
OCTOBER 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 Peter Browning, Al Dennis, Jim Hobbs, Bruce Lisser, and Gary Shand and Julie Blazek joined by phone; 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; 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: Adele Skinner, Kari Ranten, Renee Stone, Sandi Browne, Frei Burton, Carla Reese, Kari Brenna, and other members of the WSNA.

**CALL TO ORDER**

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

**RESOLUTION #3830  
Honoring Hospice of the Northwest**

Mr. Lisser read the resolution congratulating Executive Director, Bob Laws and all the staff of Hospice of the Northwest for the distinction of receiving the top honor as #1 on Modern Healthcare's Best Places to Work in Healthcare list for 2018.

**MOTION**

It was moved, seconded, and unanimously carried to approve Resolution #3830.

**PUBLIC COMMENT**

Carla Reese and Kari Brenna presented the Board with their thoughts on current bargaining issues and employee safety.

**PATIENT STORY**

On behalf of patient safety and satisfaction, Dr. Mary Ann Hink, presented a patient story with a successful outcome involving the practice of ParaMedicine.

**ACTION ITEMS**

**BUDGET HEARING**

The meeting recessed and a public hearing on the budget opened for receipt of public comment. The 2019 tax budget for Skagit Valley Hospital and Skagit Regional Clinics was shared.

There was no public comment. The hearing closed and the meeting reconvened.

**MOTION - RSLN #3827  
Adoption of 2019 Tax Budget**

It was moved, seconded, and unanimously carried to approve resolution #3827, adoption of the 2019 Tax Budget

## **CREDENTIAL COMMITTEES REPORTS**

### **MOTION**

It was moved, seconded, and unanimously carried to approve the October 26, 2018, SVH Credentials Committee Report.

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

Dr. Cline's report dated October 26, 2018 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 October 26, 2018, CVH Credentials Committee Report.

### **CVH MEDICAL STAFF CREDENTIALS REPORT**

Dr. Go's report included CVH Credentials Committee recommendations as contained in her report dated October 26, 2018, which is attached to and made part of these minutes.

### **EXECUTIVE SESSION**

The meeting went into Executive Session at 8:32 a.m. to discuss with legal counsel matters a medical staff matter pursuant to RCW 70.44.062. The Board anticipated 10 minutes for Executive Session.

### **REGULAR SESSION**

The meeting reconvened into Regular Session at 8:42 a.m. No action was taken as a result of the Executive Session.

## **REPORTS & 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 that included continued development of credentialing process using the Harty Springer model, FBC training and preparation for the upcoming ACOG review.

### **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 working on resolution to challenges with cardiology consult and infectious disease services. She noted an increase in HCAP scores for listening to patients/family.

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

Mr. Browning reported that the Executive Quality Oversight Council met October 19, 2018, and were presented with the following: **SRH Readmission Trends**-Tabitha Squires, Program Coordinator for Population Health, provided an update on analysis of readmissions data. There appears to be no specific cause for the rise in cases. Along with Lori Bennett, Director of Case Management, interviews were conducted with ten patients utilizing the WSHA Aspire toolkit. Care Management is grading patient care into 4 areas based on LACE risk scores with a strong focus on the

top 2% of risk scores. Dependent on the risk level for readmission, care plans will be created in partnership, hospital visits before discharge and during any readmission, phone calls within 72 hours of discharge with additional follow-up calls, consideration of home monitoring programs, and extra care coordination if needed. CVH readmission rates are one of the lowest in the state, SVH is 3-4% higher than UW who has a high amount of acuity patients. **Value Based Purchasing – Financial Impacts**-Dr. Connie Davis, Chief Medical Officer, presented information on the financial impact at both SVH and CVH. Of payments made to hospital by Medicare, 2% is removed and required to be earned back based on quality program performance in the following areas: VBP, Readmissions, and HACs (Hospital Acquired Conditions). Data is reviewed for the prior years of 2013-2016, through a complicated analysis process from WSHA Readmissions Reduction Program Analysis, which is reflected in 2018. SVH's overall net impact is \$15,700 positive, CVH is at (-\$28K) mainly due to receiving 1.0% penalty on HACs. For 2019 the number for SVH is (-118,900) and CVH (-13,000). Strides have been made to improve our overall Quality program scores, however these will not be reflected until future reports.

**DOH Pharmacy Inspection at CVH**-Robert Cockrell, Director of Pharmacy – CVH, provided an overview of the Oct. 10-11 inspection visit by the Dept. of Health. Deficiencies were found with the IV Clean Room, record keeping, pharmacy and non-pharmacy specific workflows. DOH's visit was during the process of regionalizing several policies and processes. Most items listed have been corrected and continue to be resolved as the process moves forward. A written action plan for each item that includes timelines and persons responsible will be submitted to the DOH by October 26<sup>th</sup>.

## FINANCE REPORT

Mr. Ishizuka presented the Board with an overview of the Financial Statements for September, as well as the 3<sup>rd</sup> quarter, and year to date. He advised of bond rating observations, revenue cycle consolidation for 2015-18, and reviewed the consolidated activity measures and consolidated statement of operations. Mr. Ishizuka reported that the numbers revealed an overall excellent performance.

## ACTION ITEMS

## CONSENT AGENDA

It was moved, seconded, and unanimously carried to approve the "consent" agenda. The consent agenda included the September 28, 2018, and October 9, 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:

**MEETING MINUTES** The minutes of the September 26, 2018 regular Board Meeting and the October 9, 2018 Work Session minutes were approved as recorded.

**WRITE-OFFS** SRH WRITE OFFS: Financial Assistance - \$541,597  
Bad Debt Write Off - \$1,547,444

**VOUCHERS AND PAYROLL** AHS Accounts Payable vouchers #000031231-000031231 were approved as presented.

SVH Accounts Payable vouchers were approved as presented:  
General SVH #249177-251088  
Refund Mgr #48661-48880  
General CVH #902750-902763  
Payroll vouchers #060054-060161  
Payroll, EFT – Direct Deposit

**LEGAL REPORT** Mr. Brad Berg stated nothing new to report on legal activities in healthcare. He advised there would be a need for an Executive Session

**PHYSICIAN GOVERNANCE COMMITTEE REPORT** Dr. Vaderah reported (put in his report) Metrics will remain the same for 2019.

**CHIEF EXECUTIVE OFFICER & EXECUTIVE TEAM REPORT** Mr. Ivie shared information on current activities in local healthcare that included growing patient volumes and retaining patients, budgeting process (will present by end of year); delay on KD sale to be presented at November Board meeting with no change to the transition date; reviewed our Key Performance Metrics and med staff leadership partnership to address issues for improvement.

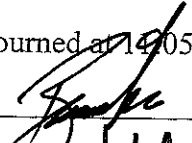
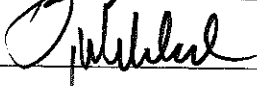
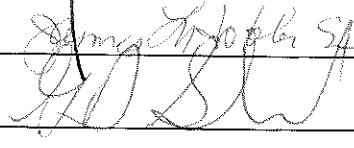
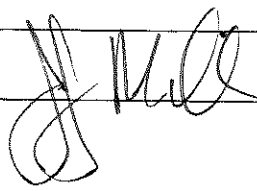
**COMMISSIONER ROUNDTABLE** Roundtable was held. Al Dennis reported that he would be resigning his term as of Dec. 31, 2019.

**EXECUTIVE SESSION** The meeting went into Executive Session at 10:15 a.m. to discuss with legal counsel matters regarding personnel and litigation matters pursuant to RCW 42.30.110 (1) (g) and RCW 42.30.110 (1) (i) The Board anticipated 60 minutes for Executive Session.

**REGULAR SESSION** The meeting reconvened into Regular Session at 11:05 a.m. No action was taken as a result of the Executive Session.

**ADJOURN**

The meeting adjourned at 14:05 a.m.

  
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ATTEST:

  
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