

**BOARD OF COMMISSIONERS
REGULAR MEETING
NOVEMBER 16, 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, Jim Hobbs, Bruce Lisser, and Gary Shand and Julie Blazek; 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; Dr. Sanjeev Vaderah, PGC Chair; Brad Berg, Legal Counsel, and Joanie Whitener, Executive Secretary. Also present: Jola Barnett, Tamara Cesena, Byron Clouatre, Kari Ranten, Renee Stone, Christina Logalbo, Sandi Browne, Frei Burton, Chip Bogosian, Paul Maughan, Julia-Grace Sanders, Gina Lovell, Marci Ozaki and Rosemary Eldousoky.

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 Al Dennis from the meeting.

PUBLIC COMMENT

No public comment

PATIENT STORY

On behalf of patient safety and satisfaction, Dr. Connie Davis, presented a patient story with successful outcome.

**RESOLUTION #3834
Honoring Dr. Morris Johnson**

Mr. Lisser read the resolution honoring Dr. Morrie Johnson for his outstanding career as a general surgeon and physician leader for more than 30 years at Skagit Regional Health.

MOTION

It was moved, seconded, and unanimously carried to approve Resolution #3834.

**RESOLUTION #3835
Kidney Dialysis Sale**

Sale of Skagit Regional Health Outpatient Kidney Dialysis Services to Fresenius Medical Care Ventures, LLC.

MOTION

It was moved, seconded, and unanimously carried to approve Resolution #3835.

**CREDENTIAL
COMMITTEES REPORTS**

MOTION

It was moved, seconded, and unanimously carried to approve the November 16, 2018, SVH Credentials Committee Report.

**SVH MEDICAL STAFF
CREDENTIALS REPORT**

Dr. Cline's report dated November 16, 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 November 16, 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 November 16, 2018, which is attached to and made part of these minutes.

REPORTS & DISCUSSION

**PATIENT EXPERIENCE QUIET
& CLEAN**

Mr. Byron Clouatre provided the Board with details on the Clean and Quiet plan and the tools used by Environmental Services Department to improve the SRH patient experience, which included the implementation of the HUSH program and designated quiet hours.

**REVENUE CYCLE
RESTRUCTURE**

Ms. Tamara Cesena, Director Revenue Cycle presented the Board with a definition and description of the Revenue Cycle. She included information on the opportunities and objectives for performance improvement resulting in the successful outcomes scorecard.

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 accountability and promotion of flu vaccination, continued work on the credentialing process, and focus on opioid issues/challenges.

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 developing tools to increase patient satisfaction and acknowledged appreciation of good nurse hires

**EXECUTIVE QUALITY
OVERSIGHT COMMITTEE/
COUNCIL**

Mr. Browning reported that the Executive Quality Oversight Council met November 9, 2018, and were presented with the following: **Infection Prevention Overview** - Dr. Gary Preston, Chair, Infection Control Committee, provided an update on infection prevention at both SVH and CVH. Data was presented comparing central line and urinary catheter-associated infection and device use trends compared to peers nation-wide via the CDC's National Healthcare Safety Network (NHSN). Decreased device use since 2015-16 has been associated with fewer infections. Both facilities have significantly reduced their utilization of devices compared to previous years, with special recognition given to CVH which has

significantly lower urinary catheter use compared to peer hospitals. The decrease has been associated with emphasis on appropriate device use encouraged during safety huddles, collaboration during patient rounds and use of mini RCAs to identify opportunities for improvement. Additional gains will be made if devices can be removed before patient transfers unit to unit and placement of urinary catheters in the ED avoided. The eQMM system will be used in the future to centralize findings and track interventions. Risk of *Clostridium difficile* is most associated with exposure to antimicrobials and proton-pump inhibitors. The combined Antimicrobial Stewardship Committee has made head-way in formulary management and review of guidelines for therapy and prophylaxis. Data assessing appropriateness of therapy will guide future initiatives to improve practice and reduce antimicrobial exposure and risk of *Clostridium difficile* disease. **Water System Audit and Legionella Prevention** - Byron Clouatre, Director of Plant Operations, presented information on SRH's water system audit and ways to prevent Legionella bacteria. The McKinstry group, involved with the WA State Engineers Association, provided assistance in developing water management schematics, analysis of our water systems, and identification of high risk areas where water can accumulate and cause Legionella. Stagnant water causes bacteria to grow and spread in building water systems causing illness. Areas such as: showerheads and hoses, cooling towers, hot water storage tanks, water filters, ice machines, spas and hot tubs, faucet flow restrictors and any building alterations and construction are monitored. To aid in the prevention of Legionella, flushing water systems with new chlorinated water kills the bacteria and removes stagnant water. Overall treatment time is 8 hours with verification being done by measuring chlorine levels, with testing being done on both hot and cold water. The larger the building, the more challenging it becomes to ensure all areas are tested and flushed with chlorinated water. Constant monitoring of areas where water can accumulate and inclusion of a Water Management plan ensures the safety of our patients and staff. **Patient Experience Team "Clean & Quiet"** - Byron Clouatre, Director of Plant Operations and Kelly Morgan, Manager – Environmental Services for CVH, presented information on the Clean & Quiet subgroup of the Patient Experience project. Of 21 hospitals in the Western WA region, Press Ganey patient scores rated SVH 81.4% (#8 of 21) and CVH at 99% (#1 of 21) HCAHP top box score for cleanliness. In collaboration between both facilities, best practices were initiating a "3-touch process" in which housekeeping staff interact with patients three times a day: mornings introduce themselves, provide services at noon and again at the end of the day. The addition of adding housekeeping staff name and contact information on white boards, leaving a tent card "while you were out" to let the patient know their room has been cleaned, and leaving a different flower card each morning (includes an uplifting verse) lets our patients know they are

important. A HUSH campaign is being developed, in which twice a day, for ten seconds, staff are reminded to provide an environment of rest and healing by lower voices and noise from equipment. Working with marketing, CVH will be able to provide signage to place in various departments as reminders, possibility of purchasing hush curtains to limit noise between shared rooms, and different canister wheels for mobile equipment. With simple changes that focus on the patient, we enhancing their experience and comfort with SRH care.

FINANCE REPORT

Mr. Ishizuka presented the Board with a brief report of the projected financial data for October, November and December. He stated the 2019 Budget would be presented at the December meeting.

ACTION ITEMS

CONSENT AGENDA

It was moved, seconded, and unanimously carried to approve the "consent" agenda. The consent agenda included the October 26, 2018, meeting minutes, Write-offs for SRH, resolutions for SVH Investments, and Vouchers and Payroll as noted below:

MEETING MINUTES

The minutes of the October 16, 2018 regular Board Meeting minutes were approved as recorded.

WRITE-OFFS

SRH WRITE OFFS: Financial Assistance - \$533, 183
Bad Debt Write Off - \$1,471, 901

VOUCHERS AND PAYROLL

AHS Accounts Payable vouchers #000031232-000031233 were approved as presented.

SVH Accounts Payable vouchers were approved as presented:
General SVH #249189-253099
Refund Mgr #48881-48917
General CVH #902764-902777
Payroll vouchers #060162-060298
Payroll, EFT – Direct Deposit

LEGAL REPORT

Mr. Brad Berg advised there would be a need for an Executive Session. He also reported the proposal to reduce payment to off-campus facilities (historically paid at hospital rates) to 40% of the current rate was adopted Nov. 2 and would be implemented over a 2-year period. Mr. Berg added that there could be some litigation challenging this adoption in the future.

PHYSICIAN GOVERNANCE COMMITTEE REPORT

Dr. Vaderah reported on PGC activities including the 2019 physician payment basket, MyChart as an incentive metric in 2019, physician leadership training, and provider work/life balance.

**CHIEF EXECUTIVE OFFICER &
EXECUTIVE TEAM REPORT**

Mr. Ivie shared information on current activities in the organization that included Key Performance Metrics for 2018, the 2019 budget, preparation for the strategic planning retreat and bringing the new Chief Operating Officer on board. He also gave an update on the Da Vinci, and training in the Family Birth Center.

COMMISSIONER ROUNDTABLE

Roundtable was held.

EXECUTIVE SESSION

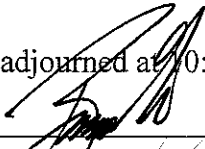
The meeting went into Executive Session at 9:40 a.m. to discuss with legal counsel matters pursuant to RCW 42.30.110 (1) (g) The Board anticipated 20 minutes for Executive Session.


REGULAR SESSION

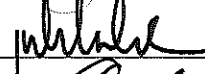
The meeting reconvened into Regular Session at 10:01 a.m. No action was taken as a result of the Executive Session.

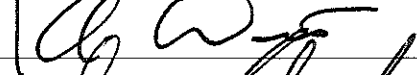
ADJOURN


The meeting adjourned at 10:01 a.m.

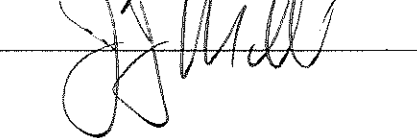












ATTEST:



