

**BOARD OF COMMISSIONERS
REGULAR MEETING
DECEMBER 21, 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; Danny Vera, Regional Vice President & Chief Operating Officer; Paul Ishizuka, Regional Vice President & Chief Financial Officer, Dr. Joshua Griggs, Chief Quality Officer; Lisa Buller, Regional Vice President & Chief Information Officer; MJ Tyler, Vice President and SVH CNO; 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, Kari Ranten, Renee Stone, Sandi Browne, Jimmy Schuler, and Frei Burton.

CALL TO ORDER

The meeting was called to order at 8:05 a.m. by Mr. Lisser

PUBLIC COMMENT

No public comment

PATIENT STORY

On behalf of patient safety and satisfaction, Ms. Kari Ranten, presented a patient story exemplifying the caring and professional service given by our SRH staff to a patient as observed by a community member.

ACTION ITEMS

RESOLUTION #3844
Honoring Al Dennis

Mr. Lisser read the resolution honoring Al Dennis for his three years of loyal and dedicated service to Public Hospital District No. 1 and the greater Skagit County community.

MOTION

It was moved, seconded, and unanimously carried to approve Resolution #3844.

RESOLUTION #3843
Honoring Dr. Rosana Go

Mr. Lisser read the resolution honoring Dr. Rosana Go for her dedicated leadership as President of the Cascade Valley Hospital Medical Staff for the past two years.

MOTION

It was moved, seconded, and unanimously carried to approve Resolution #3843.

RESOLUTION #3837
2019 Incentive Plan

The 2019 Employee Incentive Plan was previously presented and discussed at the December 11, 2018 Board Work Session.

MOTION

It was moved, seconded, and unanimously carried to approve the 2019 Employee Incentive Plan as presented.

**FINANCE REPORT & 2019
BUDGET**

Mr. Ishizuka presented the Board with a report of the financials that included the October and November financial statements and the long range financial plan which included defined priorities and budget implications. Mr. Ivie also presented the Operating Budget details and the relationship to Patient Satisfaction. Mr. Ishizuka concluded with a presentation of the proposed Capital Budget.

MOTION

It was moved, seconded, and unanimously carried to approve the 2019 Operating and Capital Budgets.

CREDENTIALS REPORTS

MOTION

It was moved, seconded, and unanimously carried to approve the December 21, 2018, SVH Credentials Committee Report.

**SVH MEDICAL STAFF
CREDENTIALS REPORT**

Dr. Cline's report dated December 21, 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 December 21, 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 December 21, 2018, 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 that included working on systemized approach at both hospitals with a key focus on developing the service lines.

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 focus on streamlining processes for both MECs and continued work to improve patient satisfaction scores.

**EXECUTIVE QUALITY
OVERSIGHT COMMITTEE/
COUNCIL**

Mr. Browning reported that the Executive Quality Oversight Council met December 14, 2018, and were presented with the following: **Patient Experience Update** - MJ Tyler (SVH) and Michelle Sand (CVH), both VP & CNO, presented an update to their Patient Experience sub-group 'Provider and Nurse/MA Communication'. Collaboration continues between the two facilities to increase patient satisfaction, standardize My Chart work flow and messaging, as well as move towards clinical excellence. SVH continues work with Sound Physicians in reviewing patient rounding, partnering between providers and RNs, establishing an

effective and reproducible model for best practice, and simplifying the use of the white board. CVH is developing a patient communication tool to be implemented in 2019. In addition has created a work group to clarify messaging and plan of care for patients in the ED, bringing their 4th Qtr. Overall Top Box Score to 72.0, compared to 3rd Qtr. score of 56.3. **Pharmacy Quality Improvement Project** - Keith Fongemie, Director of Pharmacy-SVH, provided an overview of their efforts with the 2018 Quality Improvement Project. This project was created to reduce controlled substance discrepancies by the Pharmacy by 50%. Upon review of data collected Qtr. 1, over 100 discrepancies were reported. Primary reasons found were normal operations (miscounted, fixed or related to auto dispensing device issues) and performance (incorrect procedures, not reconciling discrepancy). Quality improvement efforts were focused towards performance, training evaluations and improvement, and meeting with staff to discuss expectations. Pharmacy Operations will continue with Controlled Substance Discrepancies as the 2019 Quality Improvement Project. **Key Performance Metrics for 2019** - Dr. Josh Griggs, Chief Quality Officer, reviewed 2019 key performance metrics. Results for year-end 2018 are still pending, however patient falls and patient satisfaction are expected to miss the minimum goals and will remain on the list for 2019. Patient Falls will expand to include all patient care areas (not just those admitted) and we plan to tighten goals for 30 Day Readmissions. Proposing a new composite metric, Target Zero, which will broaden CLAUTI and CLAPSI measures (to include opioid adverse drug events, pressure ulcers, sepsis mortality, C. difficile, and post-operative DVT). Proposed changes for 2019 also include eliminating the Flu Vaccine and ED Left without being seen as both of these metrics have been met. Employee Needle Sticks will be broadened in scope to include all workman's compensation claims and the Employee Turnover metric will change to a morale question through Though Exchange.

ACTION ITEM

CONSENT AGENDA

It was moved, seconded, and unanimously carried to approve the "consent" agenda. The consent agenda included the November 16, 2018, meeting minutes, EQOC Charter, 2019 PHD #1 Board Meeting Schedule, SRH Write-offs for SRH, resolutions for the 2019 Holiday Schedule, CEO Base Comp, SVH Investments, and Vouchers and Payroll as noted below:

MEETING MINUTES

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

WRITE-OFFS

SRH WRITE OFFS: Financial Assistance - \$592,279
Bad Debt Write Off - \$1,389, 625

VOUCHERS AND PAYROLL

AHS Accounts Payable vouchers #000031234-000031236 were approved as presented.

SVH Accounts Payable vouchers were approved as presented:
General SVH #253100-255500
Refund Mgr #48818-49055
General CVH #902778-902788
Payroll vouchers #060299-060416
Payroll, EFT – Direct Deposit

LEGAL REPORT

Mr. Brad Berg updated the Board on the reduced payment to outpatient clinics status and reported that a lawsuit has been filed by American Hospital Association in DC and had named a Washington hospital as part of the lawsuit.

**PHYSICIAN GOVERNANCE
COMMITTEE REPORT**

Dr. Vaderah reported on PGC activities including setting productivity expectations for 2019, identifying departments for extended hours, promoting MyChart, and working with a consultant to reorganize the compensation model.

**CHIEF EXECUTIVE OFFICER &
EXECUTIVE TEAM REPORT**

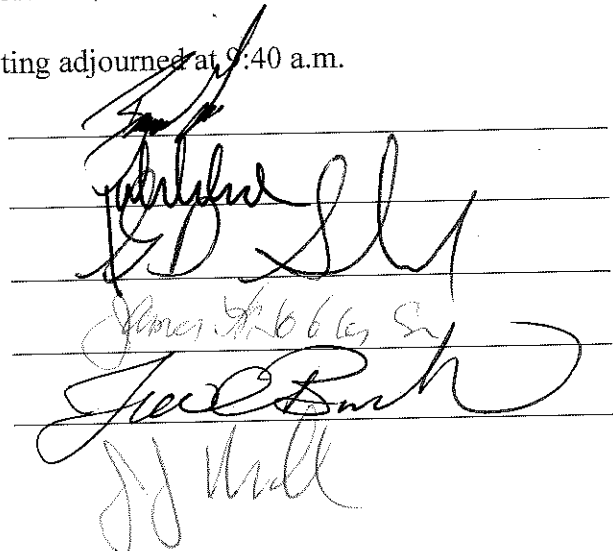
Mr. Ivie shared information on current activities in the organization that included a recent visit by Department of Health to the Mental Health Unit that resulted in no findings. He advised of a recent visit and comprehensive review of our services by ACOG with a report back expected in eight weeks. Mr. Ivie also reported a smooth transition of our Kidney Dialysis services and the first procedure in the new Cath Lab was successful.

COMMISSIONER ROUNDTABLE

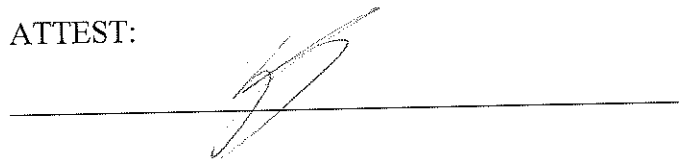
Roundtable was held.

ADJOURN

The meeting adjourned at 9:40 a.m.


The block contains three handwritten signatures written over horizontal lines. The top signature is partially obscured by a large scribble. The middle signature appears to be 'James H. B. G. Sr.' and the bottom signature is 'Joe Bush'.

ATTEST:


A handwritten signature is written above a horizontal line.