

**BOARD OF COMMISSIONERS
REGULAR MEETING
JANUARY 25, 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, Jim Hobbs, Bruce Lisser, and Gary Shand, Julie Blazek, and Frei Burton; 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; Michelle Sand, VP & Chief Nursing Officer, Cascade Valley Hospital; Dr. Kelley Cline, Chief of Staff/Skagit Valley Hospital Medical Staff; Dr. James Fletcher, 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, Julia Weinberg and Brian Hill. Deborah Martin, Regional Vice President, Human Resources attended the second Executive Session.

CALL TO ORDER

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

PUBLIC COMMENT

Julia Weinberg and Brian Hill shared with the Board their perspectives about and experiences with Skagit Regional Health.

PATIENT STORY

On behalf of patient safety and satisfaction, Ms. Michelle Sand reported on recent patient transfers and increased coordination between Skagit Valley Hospital and Cascade Valley Hospital that resulted in a successful outcome and positive feedback from the patient experience.

**COMMITTEE
RECOMMENDATIONS**

Candidate Recommendations for
Position #1

Three potential candidates were presented as recommendations to replace Commissioner Al Dennis. The Board requested an Executive Session for a more in-depth review of the candidates.

EXECUTIVE SESSION

The meeting went into Executive Session at 8:10 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 8:25 a.m.

ACTION ITEMS

RESOLUTION #3857 APPOINTMENT OF FREI BURTON TO COMMISSIONER POSITION #1

Mr. Lisser read resolution #3857 appointing Frei Burton to Commissioner Position #1.

MOTION

It was moved seconded and unanimously carried to approve Resolution #3857.

OATH OF OFFICE

Mr. Lisser read and Frei Burton recited the Oath of Office. Following this, Ms. Burton took her place at the Commissioners' table.

RESOLUTION #3858 Amended WRHC Interlocal Agreement

Mr. Brad Berg and Mr. Paul Ishizuka presented to the Board the background and purpose for the amended Washington Rural Hospital Collaborative (WRHC), which would dissolve the previous agreement. The new agreement would simplify the membership and open up the opportunities to jointly negotiate the language of third party payer contracts with other hospitals.

MOTION

It was moved, seconded, and unanimously carried to approve Resolution #3858 to adopt the amended WRHC Interlocal Agreement.

REPORTS/PRESENTATIONS

ENVIRONMENT OF CARE

Mr. Byron Clouatre, Director of Skagit Valley Hospital Plant Operations and Mr. Curt Leland, Director of Cascade Valley Hospital Plant Operations, presented the Skagit Regional Health Environment of Care safety program highlights for 2018 and goals for 2019. The Environment of Care includes the Safety Committee and oversees required reporting on seven plans focused on medical equipment management, disaster and emergency management, hazardous materials management, life safety and fire prevention, safety, security and utilities management. The team will be rolling out a series of seven educational videos for employees in the coming weeks.

FINANCE REPORT Moss Adams Audit Summary

Mr. Ishizuka shared with the Board a summary of financial reports from the Moss Adams audit. He advised that Moss Adams would present their findings at the April Board meeting. Mr. Ishizuka also provided a report on the financial ratio analysis report to date.

CREDENTIALS REPORTS

MOTION

It was moved, seconded, and unanimously carried to approve the January 25, 2019, SVH Credentials Committee Report.

SVH MEDICAL STAFF CREDENTIALS REPORT

Dr. Cline's report dated January 25, 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 January 25, 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 January 25, 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 that included improving communications, clarification of policies, and clinical proctoring between the two hospitals. She reported that the American College of Obstetricians and Gynecologists (ACOG) had provided a full review in December and expected results of that review would create numerous regulation changes.

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 that included streamlining functions, PIUR in particular, between the two hospitals.

EXECUTIVE QUALITY OVERSIGHT COMMITTEE/ COUNCIL

Mr. Browning reported that the Executive Quality Oversight Council met January 18, 2019, and were presented with the following: **QM/ISO Audit** - The DNV survey for SVH and SRC was in February 2018. The survey team reviewed both CMS and ISO 2015 standards. It was a transition year for ISO 9001 standards from 2008 to the 2015 version, which was a major shift in process. There were 3 NC-1 and 6 NC-2 non-conformities at Skagit Valley Hospital and the SRC clinics. Likewise, Cascade Valley Hospital had 2 NC-1 and 5 NC-2 non-conformities during their full 3-year accreditation survey for both DNV and ISO, which was conducted in July, 2018. Both hospitals have set up a continuous audit process to manage the standards and related survey non-conformities (findings) from these surveys. SVH/SRC is in preparation for the 2019 survey, expect to be in February. CVH and SVH/SRC now have a unified Quality Plan based on the strategic

principles defined by the ELT and Board. Quality improvement projects at all levels of the organization now contribute to the overall strategic plan. Specific comments from the ISO/DNV Surveyors, such as, “The organization’s approach toward management of non-conformances is accountability – evidenced by 11 out of 13 nonconformities that were closed this year” and “Impressed with performance improvement projects”, show that they see great improvements in our Quality Management System (QMS). Risks relevant to the QMS were discussed including new in-house laboratory services, employee turnover and morale, and patient satisfaction scores – all of which will be included as part of the 2019 Quality Plan. **Environment of Care** - Byron Clouatre, Director of Inpatient Plant Operations (SVH) and Curtis Leland, EOC Committee Chair (CVH), provided an overview of their Environment of Care Safety Program Evaluation for 2018. The goal of the committee was to make safety a number one priority for all employees by providing a functional and safe environment, while considering the needs of staff, patients and visitors. 2018 was a year of upgrades, training, maintenance, and implementation of new processes and techniques. For example, we have achieved Crisis Prevention Institute certification of a minimum of 250 individuals at Skagit Valley Hospital and MOAB certification of 65 individuals at Cascade Valley Hospital, implementation of a unique identification tracking process for all preventative maintenance work, and certification of EVS, warehouse and receiving staff in DOT hazardous waste handling. In 2019 the focus will be more training, upgrades and implementation, and assessment, with a heavy emphasis on patient and employee safety. For example, we hope to contract with subject matter experts to review and make recommendations on Life Safety issues, make the Code Silver ‘Run, Hide, Fight’ video mandatory for all staff, and implement SKU tracking system for all PM’s at Skagit Valley Hospital. **Patient Experience Team “Discharge & Case Management”** - Jessica Bell (SVH), Director of Emergency Services and Lori Bennett (SVH), Director of Case Management, presented an update to their Patient Experience sub-group ‘Discharge & Care Management’. The discharge experience is the final step of an inpatient stay and unfortunately current Press Ganey responses show that patients do not feel ready to go home or that they fully understand their discharge instructions. The sub-group is working to improve the discharge experience to help improve patient safety, potentially reduce readmissions, and improve patient experience scores. The sub-group quickly realized that to achieve this they needed to work together with other groups, such as physician and nursing groups. Their goal is to achieve a top box score of 70% by December 1, 2019 and plan to do so by completing an analysis of underlying driving factors, identifying potential process solutions and metrics, implementing proposed solutions, evaluating outcomes and adjusting and repeating the cycle.

CONSENT AGENDA

It was moved, seconded, and unanimously carried to approve the "consent" agenda. The consent agenda included the December 11 Board Work Session, and December 21, 2018 Regular Board Meeting minutes, SRH Write-offs for SRH, resolutions for the appointment of Dr. Mary Ramsbottom to the Cascadia Care Network, LLC, SVH Investments, Surplus Equipment, and Vouchers and Payroll as noted below:

MEETING MINUTES

The minutes of the December 11, 2018 Board Work Session and the December 21, 2018 regular Board Meeting minutes were approved as recorded.

WRITE-OFFS

SRH WRITE OFFS: Financial Assistance - \$579,247
Bad Debt Write Off - \$1,386,820

VOUCHERS AND PAYROLL

AHS Accounts Payable vouchers #000031237-000031237 were approved as presented.

SVH Accounts Payable vouchers were approved as presented:
General SVH #255501- 258618
Refund Mgr #49056 - 49255
General CVH #902789 - 902793
Payroll vouchers #060417 - 060541
Payroll, EFT – Direct Deposit

LEGAL REPORT

Mr. Brad Berg updated the Board on legal activities including decisions during the last session regarding construction project bidding and prevailing wages. He stated historically wages determined by county but the change now based this determination on the highest wage (of any collective bargaining agreement) of the geographic areas. Mr. Berg noted that this would have a dramatic impact on construction projects and would create uncertainty of costs, especially on large projects.

**PHYSICIAN GOVERNANCE
COMMITTEE REPORT**

Dr. Vaderah was excused from the meeting but provided his written report that included recent PGC activities.

**CHIEF EXECUTIVE OFFICER &
EXECUTIVE TEAM REPORT**

Mr. Ivie shared information on current activities in the organization that included an update on the Key Performance Metrics, the status of the YMCA PT office, and the upcoming review by the Germane Consulting Group of the GME and Residency Program. He also advised that the updates to the Organizational Chart would be reviewed in more detail at a future Board Work Session. Mr. Ivie reported on the status of the SRH/UW agreement with a focus on building the relationship and increasing communications going

forward to provide value to Skagit Regional Health. In addition, Mr. Ivie stated that staff continued their ongoing daily readiness in preparation for their upcoming survey by the DNV, expected sometime in the next four weeks. Finally, he reported on the success of the Nick of Time event (student health screening) in Arlington and plan to provide similar opportunities. Dr. Hink reported on recruitment and provider turnover reduction, which she accredited to hiring with the right fit, desire to partner with SRH and fit into our community.

**ACTIVATE NOMINATION
COMMITTEE**

Mr. Lisser advised election of officers would be held March and recommendations presented in February. He requested the Nominating Committee meet this month and asked Commissioners Shand, Miller and Hobbs to serve in that capacity this year and present the nominations at the regular February Board Meeting.

COMMISSIONER ROUNDTABLE

Roundtable was held.

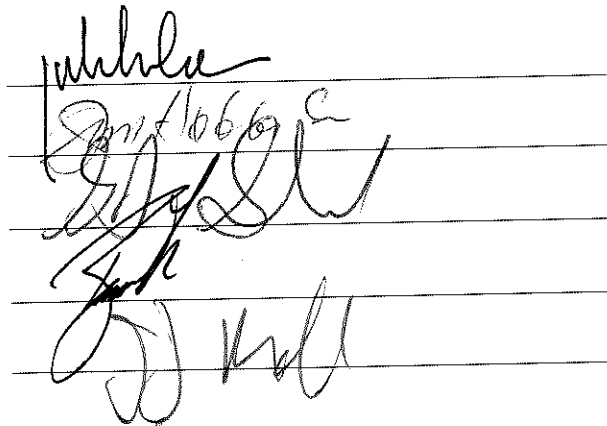
EXECUTIVE SESSION

The meeting went into a second Executive Session at 10:15 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 10:30 a.m. No action was taken as a result of the Executive Session.

ADJOURN



ATTEST:

