

**BOARD OF COMMISSIONERS  
REGULAR MEETING  
AUGUST 24, 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, Jeff Miller, 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; MJ Tyler, Vice President & SVH Chief Nursing Officer; Deborah Martin, Regional Vice President, Human Resources; Lisa Buller, Regional Vice President & Chief Information Officer; Dr. Rico Romano Chief of Staff-elect/Skagit Valley Hospital Medical Staff; Dr. Rosanna Go, President/Cascade Valley Hospital Medical Staff; Lori Nomura, Legal Counsel, and Joanie Whitener, Executive Secretary. Also present: Kari Ranten, Sandi Browne, Kelsey Fleischman, Kathleen Abhold, Brian Hill and Mary Wright and Matt Stopa, Moss Adams Auditors.

**CALL TO ORDER**

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

**PUBLIC COMMENT**

There was no public comment.

**PATIENT STORY**

Kari Ranten, Director of Marketing and Communication shared a patient and family experience at Cascade Valley Hospital

**REPORTS & DISCUSSION**

**MOSS ADAMS AUDIT REPORT**

Mary Wright, Partner and Matthew Stopa, Senior Manager from Moss Adams reported on their meeting with the Finance Committee and advised the Board on the delay due to GASB. They provided information to the Board on Auditor communications, Financial highlights, Comparisons to other hospitals, as well as an Accounting update regarding GASB 75 and its impact and plan for adoption.

**ALCOHOL DEPRESSION  
PROJECT**

Kelsey Fleischman, Population Health Project Manager, presented information on her project to improve depression screening and to improve and standardize alcohol screening. She advised of the benefits of Audit-C (Alcohol Screening Tool) and the PHQ (Depression Screening Tool) and shared data on performance trends. Ms. Fleischman concluded with outlining the next steps and focus on preventative health.

**SVH MEDICAL STAFF UPDATE**

Dr. Rico Romano, Chief of Staff-Elect Skagit Valley Hospital Medical Staff, updated the Board on SVH Medical Executive Committee physician activities that included working to align peer review processes for the entire system; implementing recommendations from Horthy Springer on leadership council

processes; and continued work with Dr. Davis and Mr. Ivie to improve communications and HCAPS scores.

#### CVH MEDICAL STAFF UPDATE

Dr. Rosana Go, President/Cascade Valley Hospital Medical Staff, updated the Board on CVH Medical Executive Committee on recent activities that included restructuring the peer review process and efforts to align both MECs. She stated physicians were focused on proofreading their notes to correct all errors before signing charts into Epic.

#### EXECUTIVE QUALITY OVERSIGHT COMMITTEE/ COUNCIL

Mr. Browning reported that the Executive Quality Oversight Council met August 17, 2018, and were presented with the following: Three presentations were given at the August EQOC meeting. **Clinical Documentation Improvement (CDI)** Lori Bennett, Director of Case Management, provided an update on department activities since her last presentation in March. Project commitments are on target for 2018 such as reviewing non-Medicare payers (exceeding the target of 25%), improving report capabilities, and the implementation of the program at CVH. Work continues on outpatient CDI program development and implementation, physician support, and regular meetings with HIM. Challenges continue in recruitment of CDI Specialist, which is a highly specialized field of practice. While intensive training is provided, current staff have less than 2 yrs. in role. Discussions continue on ways to recruit to current nursing staff. **Falls Committee** Preet Singh, Assistant Chief Nursing Officer and Karen Hiatt, SRC Director of Clinical Practice & Education presented information on the Falls Committee. Comprised of an interdisciplinary team, they are tasked with reviewing incidents of patient falls with the focus of prevention. Currently in 2018, SRH has had 11 falls with injuries. Reports show that injuries incurred from patient falls comprise of hematomas, contusions, abrasions, hip and rib fractures. The Committee is currently revising the Falls Reduction Policy and other initiatives including preventative equipment evaluations. Pre-shift and mid-shift huddles, utilization of risk metrics, policy information dissemination, and post fall documentation in EPIC are other ways the Committee is working towards preventing injuries. **Alcohol & Depression** Kelsey Fleischmann, Project Management Facilitator for Population Health, presented information on an Alcohol & Depression Screening Project. Working with outpatient clinics on alcohol depression screening for the last year, the AUDIT-C (Alcohol Use Disorder Identification Test-Consumption) tool was used. The screening allows providers to educate patients about risks of consumption levels, correlation to patient's current (and future) health situation, and medication interactions. Designed for primary care settings, the pilot project was completed by 17 providers across 5 clinics. Benefits of the project are monetary (\$21,000 generated since EPIC 'go-live'), the ability to track trends and patient's mental

well-being. Upon review of the project, screenings occurred more frequently during preventive visits, but were lacking in the transfer of care visits and where interpreters were present. Project will continue with other SRH clinics through the end of 2018.

## **FINANCE REPORT**

Mr. Ishizuka presented the Board with an overview of the July Financial Statements including year-to-date (7 months) consolidated activity measures.

## **ACTION ITEMS**

### **RSLN 3815 Interlocal Agreement With Whidbey Island Public Hospital**

It was moved, seconded, and unanimously carried to approve the Interlocal agreement with Whidbey Island Public Hospital.

### **CONSENT AGENDA**

It was moved, seconded, and unanimously carried to approve the "consent" agenda with the exclusion of the SVH Credentials Report. The subsequent consent agenda included the Medical Staff Credential Reports for SVH and CVH, July 27, 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. Romano's report dated August 24, 2018 included the SVH Medical Executive Committee recommendations for membership and privileges which is attached and made part of these minutes. Dr. Romano'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 August 24, 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 July 27, 2018 regular Board Meeting were approved as recorded.

### **WRITE-OFFS**

SRH WRITE OFFS: Financial Assistance - \$528,621  
Bad Debt Write Off - \$2,352,038

### **VOUCHERS AND PAYROLL**

AHS Accounts Payable vouchers #000031226-000031227 were approved as presented.

SVH Accounts Payable vouchers were approved as presented:  
General SVH #244539-246555  
Refund Mgr #48078-48472  
General CVH #902736-902744  
Payroll vouchers #059879-059955

Payroll, EFT – Direct Deposit

**LEGAL REPORT**

Ms. Lori Nomura stated there was no new information to report.

**PHYSICIAN GOVERNANCE  
COMMITTEE REPORT**

Dr. Vaderah provided his report to the Board that included the Committee's support of the Residency Program and their shared work to establish protocols, provide better feedback for the development of top quality residents.

**CHIEF EXECUTIVE OFFICER &  
EXECUTIVE TEAM REPORT**

Mr. Ivie shared information on current activities in local healthcare, and presented the 2018 Key Performance Metrics to date. He stated the formalized leadership daily rounding program would start on Monday, August 27. He stated that 16 cases were scheduled with the new da Vinci Robotics.

**COMMISSIONER ROUNDTABLE**

Roundtable was held. Jeff Miller stated that he would miss the next Finance Committee and Board meetings. Julie Blazek stated she would attend Finance Committee.

**EXECUTIVE SESSION**

The meeting went into Executive Session at 9:55 a.m. to discuss with legal counsel matters pursuant to RCW 42.30.110 (1) (g). The Board anticipated 30 minutes for Executive Session.

**REGULAR SESSION**

The meeting reconvened into Regular Session at 10:23 a.m.

**REVISED AGENDA**

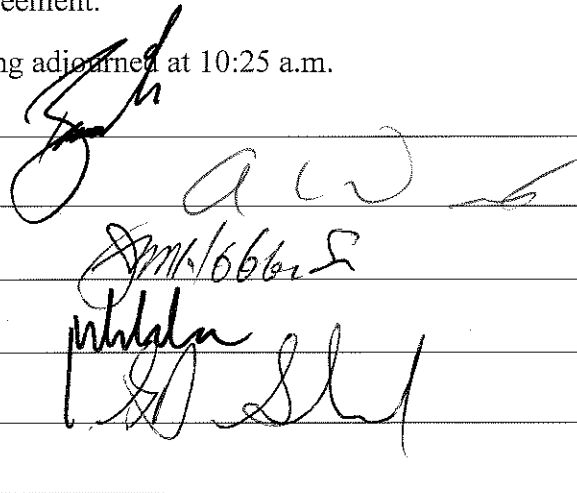
It was moved, seconded, and unanimously carried to revise the agenda to include the ratification of the tentative agreement of the Cascade Valley Hospital RN Bargaining Union.

**MOTION – Approve Ratification**

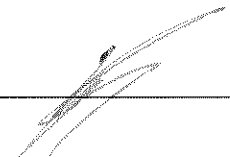
It was moved, seconded, and unanimously carried to approve the ratification of the tentative Cascade Valley Hospital Bargaining Union Agreement.

**ADJOURN**

The meeting adjourned at 10:25 a.m.

  
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ATTEST:

  
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