

**BOARD OF COMMISSIONERS  
REGULAR MEETING  
FEBRUARY 22, 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, 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; Michelle Sand, VP & Chief Nursing Officer, Cascade Valley Hospital; MJ Tyler; Dr. Connie Davis, Deborah Martin; 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, and Jimmy Schuler.

**CALL TO ORDER**

The meeting was called to order at 8:04 a.m. by Mr. Lisser

**EXCUSED ABSENCES**

It was moved, seconded, and unanimously carried to excuse Frei Burton from the meeting.

**PUBLIC COMMENT**

There was no public comment.

**PATIENT STORY**

On behalf of patient safety and satisfaction, Ms. Kari Ranten, Director of Marketing recounted numerous examples of staff's commitment to provide excellent patient care during the recent challenges created by the severe winter weather.

**ACTION ITEMS**

**FINANCE COMMITTEE  
RECOMMENDATIONS**

Mr. Miller presented the names to two very qualified candidates for the Finance Committee 1.) Jeff Stewart and 2.) Mark Reed (from Arlington service area)

**MOTION**

It was moved seconded and unanimously carried to approve both candidates presented and accept appointment to the Finance Committee.

**REPORTS/PRESENTATIONS**

**DNV UPDATE**

Dr. Joshua Griggs, Chief Quality Officer presented a report to the Board on last week's reaccreditation survey at Skagit Valley Hospital and Skagit Regional Health's Clinics. Dr. Griggs first advised that all findings from the 2018 survey had been resolved. He stated the 2019 report included two NC1 findings, which would require re-survey in 45-60 days, one NC1 finding, which required corrective action plans and data to be submitted to DNV; and four NC2

findings, which also required corrective action plans that would be checked up on again next year. Dr. Griggs also shared that the SRH Clinics had no findings in the 2019 report.

## **FINANCE REPORT**

Mr. Paul Ishizuka, Chief Financial Officer shared with the Board an overview of financial results for 2018 which showed the organization concluded the year with an \$8.7 million positive margin. It was noted that the recruitment of 32 new providers, including many new specialists and surgeons, and also the retention of providers at a higher rate, contributed to the positive net increase. Mr. Ishizuka added that in 2018 volumes were strong and continued to grow, the lab was brought in house at Skagit Valley Hospital, and focus had been placed on the revenue cycle. The Board congratulated the entire organization on these results.

## **EXECUTIVE SESSION**

Mr. Lisser stated the Board would now go into Executive Session. The meeting went into Executive Session at 9:05 a.m. to discuss with legal counsel matters pursuant to RCW 42.30.110 (1) (g). The Board anticipated 5 minutes for Executive Session.

## **REGULAR SESSION**

The meeting reconvened into Regular Session at 9:12 a.m. No action was taken as a result of the Executive Session.

## **CREDENTIALS REPORTS**

### **MOTION**

It was moved, seconded, and unanimously carried to approve the February 22, 2019, SVH Credentials Committee Report.

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

Dr. Cline's report dated February 22, 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 February 22, 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 February 22, 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. She stated the ACOG report had been received and advised of next steps. Dr. Cline also advised of work to coordinate the two Credentialing Committees using tools from Horty Springer.

**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 work to abbreviate the credentialing process and an improved proctoring process.

**MOTION TO AMEND THE  
AGENDA**

It was moved, seconded, and unanimously carried to amend the agenda to allow Dr. Vaderah to give his report for the Physician Governance Committee.

**PGC REPORT**

Dr. Vaderah reported on activities in the PGC that included the development of an RFP to seek out a consultant to help providers with production based compensation. He also gave an update on the American Board of Medical Specialties and a petition for separate board with re-certification that was CMS based and currently not accepted in Washington State)

**EXECUTIVE QUALITY  
OVERSIGHT COMMITTEE/  
COUNCIL**

Mr. Lisser reported that the Executive Quality Oversight Council met February 15, 2019, and were presented with the following:  
**RCA Redesign** - New policies and procedures went into effect in February of 2019 and with that came clarification of roles and responsibilities, objective triggers that necessitate an RCA, and more timely completion of RCA's. Specific details include: RCAs will be conducted on all Department of Health reportable events as well as events that score high on a Safety Assessment Scoring matrix; Completion of RCAs ideally within seven, and no longer than 14 days after an incident. **DNV Update:** The DNV surveyors were here February 12th-14th, on the heels of the snowiest February on record, in 70 years. We reviewed the preliminary report of DNV survey findings. All nine non-conformities from the 2018 survey were closed. The 2019 findings included two NC-1 conditional, 1 NC-1, 4 NC-2 findings, and 2 Opportunities for Improvement. Corrective action plans to address each non-conformity will be completed by operational leaders, then reviewed and compiled by the Quality team for submission to DNV within the required timeframe. DNV will re-survey the conditional findings within 45 to 60 days and will return in approximately one year to review the other items and perform their annual review. **Lab Update:** Janet Oertli, Manager, Lab, provided a lab update. The Department of Health accreditation to maintain licensure will be this March and the lab is preparing for their inspection. Specific work underway includes reviewing and updating personnel records, proficiency testing, policy, and quality control. We recognize that there are challenges with the complexities with the recent transition and believe we will be prepared prior to their inspection. **Stroke Plan:** Jessica Bell (SVH), Director of Emergency Services presented an update to the 'Stroke Plan'. In 2018 we went out into our community to provide education on the warning signs of a stroke. This activity is important as we know that the sooner the treatment is initiated, the better the outcome. In order to expand our expertise, we partner with Swedish participate in the Coverdell Stroke

Program. Lisa Rodgers-Potters provided a patient story that demonstrated how life changing the program can be in permanently improving patient outcomes.

**MOTION**

It was moved, seconded and unanimously approved to remove Resolution #3870 Humidity Upgrades from the Consent Agenda for further discussion.

**MOTION**

**Approval of Rsln #3870**

It was moved, seconded, and unanimously carried to approve Resolution #3870 Humidity Upgrades.

**CONSENT AGENDA**

It was moved, seconded, and unanimously carried to approve the "consent" agenda. The consent agenda included the January 25, 2019 Regular Board Meeting minutes, SRH Write-offs for SRH, resolutions for SVH Investments, Surplus Equipment, and Vouchers and Payroll as noted below:

**MEETING MINUTES**

The minutes of the January 25, 2019 regular Board Meeting minutes were approved as recorded.

**WRITE-OFFS**

SRH WRITE OFFS: Financial Assistance - \$502,689  
Bad Debt Write Off - \$2,507,997

**VOUCHERS AND PAYROLL**

AHS Accounts Payable vouchers #000031238-000031238 were approved as presented.

SVH Accounts Payable vouchers were approved as presented:  
General SVH #258619 - 261785  
Refund Mgr #49256 - 49337  
General CVH #902794 - 902799  
Payroll vouchers #060542 - 060694  
Payroll, EFT – Direct Deposit

**LEGAL REPORT**

Mr. Brad Berg stated he had no report for the Board meeting but advised of an item for the Executive Session.

**CHIEF EXECUTIVE OFFICER &  
EXECUTIVE TEAM REPORT**

Mr. Ivie shared information on current activities in the organization that included his appreciation for staff efforts to provide patient care and maintain operations at the hospitals and clinics during the challenging weather. He also gave an update on the improvements to the KPMs and addressed challenges. Ms. Lisa Buller, Chief Information Officer provided information on the recent breach at UW, which she advised was caused by human error and not malicious.

**PRESENTATION OF THE  
NOMINATION COMMITTEE**

The Nominating Committee recommended Peter Browning for president and Julie Blazek for Secretary. As there were no other

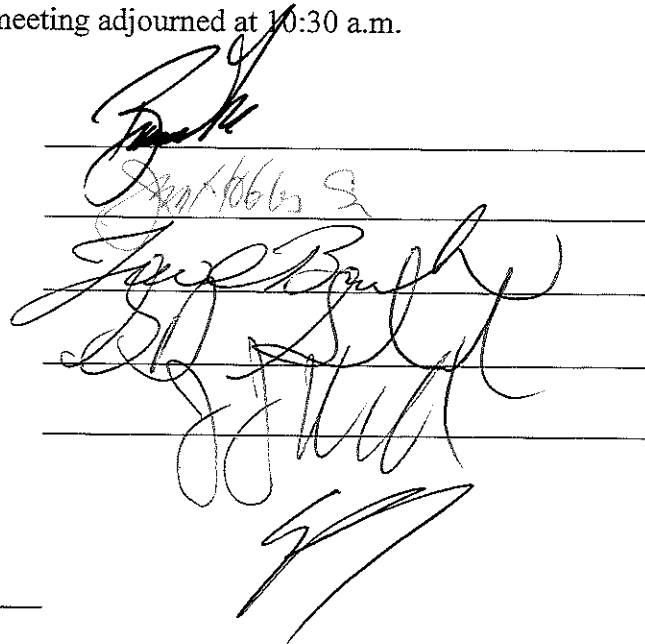
nominations from the floor, Mr. Lisser stated the nominations were closed and the recommendations of Mr. Browning and Ms. Blazek were approved.

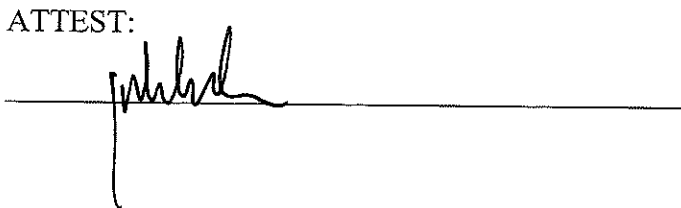
**COMMISSIONER ROUNDTABLE** Roundtable was held.

**EXECUTIVE SESSION** The meeting went into a second Executive Session at 10:05 a.m. to discuss with legal counsel matters pursuant to RCW 42.30.110 (1) (g) and RCW 42.30.110 (1) (i.). 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** The meeting adjourned at 10:30 a.m.

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ATTEST:  
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