CASCADE MEDICAL
PARTNERS IN YOUR HEALTH

Minutes of the Board of Commissioners Meeting
Cascade Medical Center – Arleen Blackburn Conference Room
Public Hospital District No. 1 – June 19, 2018

Present: Bruce Williams, President; Mall Boyd, Vice-President; Mary Helen Mayhew, Commissioner; Helen Rayfield, Commissioner; Tom Baranouskas, Commissioner; Diane Blake, CEO; Amy Webb, Chief Operating Officer; Jim Hopkins, Chief Financial Officer - absent; Jill Barich, Executive Assistant.

Guests: Rachel Hansen, PR Coordinator; Marianne Vincent, Director of Accounting; Lester Stoltz, EMT; Shawn Ottley, Quality Coordinator; Kathleen O'Connor, Clinic Director; Jerri Smith, Business Office Director; Katrina Rostedt, RN

Topics	Actions/Discussions
CALL TO ORDER	▪ President Bruce Williams called the meeting to order at 9:05 AM.
PLEDGE OF ALLEGIANCE	▪ Pledge of Allegiance was recited.
CONSENT AGENDA	▪ Mall moved to approve the consent agenda as presented. ▪ Mary Helen seconded the motion. ▪ Motion was approved.
COMMUNITY INPUT	▪ None.
FOUNDATION REPORT	▪ The golf tournament yesterday was very successful.
VALUES	▪ Diane shared some comments from recent patient satisfaction surveys. Mountain Meadows provided feedback on how they appreciate the clinic providers visiting their facility, and specifically recognized Dr. Merritt for her work with the memory care unit. An ED survey thanked Dr. Martin and Ben, RN for the care they provided a patient. She also shared a recap of a voicemail she recently received from a patient who was in the Emergency Department following a bike accident. He was very appreciative of the care he received from Doug, PA student and Lester Stoltz, EMT, who were the two staff members who primarily worked on him.
QI Presentations	▪ Kathleen O'Connor presented the QI indicators for the clinic. ▪ Jerri Smith presented the QI Indicators for the Business Office and Admitting.
PR Update	▪ MyHealth Patient portal is in the process of being rolled out. There is additional staff in the clinic waiting area to help patients get set-up this week. ▪ Patient Centered Medical Home – Rachel is working on flyers to announce our certification. ▪ The Physical Therapy videos will be on NCW Life channel soon. ▪ EMT's are producing some safety messages for the public. ▪ Bike Safety Event will be held on July 14th from 10:00 – 2:00. Bike helmets will be given away and there will be a safety course for the kids to ride. ▪ Dr. Moholy will be presenting on our integrated behavioral health model at the upcoming Rural Health Conference in Chelan. ▪ We have begun advertising on Facebook for open nursing positions.
COMMITTEE REPORTS	
a. Medical Staff	▪ Mall attended the June Medical Staff Meeting. Confluence Health staff came and talked about their stroke protocol and discussed what Cascade providers may want to consider for their protocol.
b. Governance Committee	▪ Reviewed the New Commissioner Orientation policy and made some minor changes. This policy will be brought to the full board for approval in July. ▪ Discussed the Quarterly CEO Review which will take place in July. ▪ Committee Self-Assessment surveys will be completed in the Fall. The Governance Committee used open ended questions last year and had fewer questions. They encourage the other committees to do the same this year. ▪ Discussed the upcoming full board self assessment. ▪ Board Education – the August education will be about the upcoming levy. ▪ Provider Relationships – we will continue to have a board member attend Medical Staff meetings and have providers attend Board meetings, as staffing allows.
ACTION ITEMS: NEW BUSINESS	
a. Credentialing	▪ The Medical Executive Committee has reviewed the credentialing files and recommend approval of privileges for the following providers: o Dr. Joshua Frank – Adjunct Privileges

	○ Lauren Musick, PA – Provisional Privileges ▪ Mall moved approval of privileges for Dr. Joshua Frank and Lauren Musick, PA – pending Lauren's successful completion of ATLS certification. ▪ Tom seconded the motion. ▪ Motion was approved.
DISCUSSION / REPORT: OLD BUSINESS	
a. Retreat Review	▪ The review of our demographics was informative and helpful for our focus. ▪ The Senior population is growing. ▪ There are areas of opportunity for the pediatric population. ▪ Receiving the data (charts) in advance would have been helpful so they could be reviewed prior to the meeting. ▪ Acoustics in the meeting room were not good. Some slides were hard to read due to the angles and the natural light in the room. ▪ Providers are needed at the retreat. ▪ Discussions were sometimes at the management level instead of staying at the board level of oversight. ▪ Should the focus of the retreat be more than one year out? ▪ The reading material was good – need to keep the customer focus. ▪ Need to research different facilitator options and how the information is presented. ▪ How does the Board grow the culture of Inquiry? Ask the "what if" question.
b. EMS Levy Planning Check-in	▪ Focus groups were wrapped up. ▪ Rachel spoke with Kelly O'Brien about how the fire district ran their levy. They had a seven member citizen committee who solicited donations. The citizens group presented at community group meetings and they attended the Farmers Market weekly. Kelly's advice is to provide the facts and not let the politics get in the way. The Open Houses they hosted were sparsely attended. Hit the message hard in January and February. He recommends doing some light advertising in the Fall. ▪ We still need to find the right person to lead our citizens committee.
May Financials	▪ A negative margin of ($93,000) was posted in May. ▪ Expenses were high in salaries and benefits due to having two directors of nursing and back-pay for IAFF members. There were also some late invoices from a staffing agency. ▪ Statistics – All departments had good volumes. ▪ Cash receipts were over budget. ▪ AR days crept up slightly. The over 90 days category is now below 25%. ▪ Jim and Diane will be meeting with the HCA to discuss the PEBB retiree allowance. ▪ Tom Baranouskas heard there may be some changes to the 340B pharmacy program. Diane stated it is unknown at this time what will happen with this program. We need to keep communicating with our state leaders about how this can benefit our patients by receiving a discount on their prescriptions.
Administrator Report	▪ We have received our PCMH Certification with Distinction for behavioral health. ▪ The daily reimbursement rate for commissioners attending meetings is being raised effective July 1, 2018 to $128/day. ▪ Connecting with our community – Children's Home Society was looking for a space to meet with their patients one day a week during the summer, due to the school not being available. We will be able to assist them with a temporary space. ▪ The Accountable Communities of Health has a project around opioids. Nancy Bywater from Mt. Stuart Physical Therapy reached out to us to see if we would be interested in working collaboratively with them on this project. We are looking at how we may be able to do this without pushing the limits of our staff. ▪ Some providers and Sr. Leaders recently met with a psychiatric nurse practitioner. There may be some interest from providers in possibly expanding our behavioral health program. ▪ AZ Wells Charitable Trust has been providing funds to us for several years. We receive between $30,000 - $40,000 a year. Bank of America is now managing the fund and there is some concern that the fund is not performing as it should. Diane recently attended a meeting about this and will remain involved in the conversations. ▪ There is a new bulletin board in the hallway between the Acute Care and Emergency Department called 'Caught Ya". This is for staff and visitors to catch others doing a good job. Thank you to DeAnna Griggs for implementing this board for all staff to utilize.

	▪ Public Records Request – We recently received a public records request from the Seattle Times requesting information on our Bad Debt and Charity Care. WSHA and AWPHD hosted a couple calls to help facilities handle this request. Jill Barich and Diane will be meeting with our legal counsel later today to create a clear plan for our response. ▪ The Grand Columbia Health Alliance collaborative is exploring purchasing Epic. Samaritan in Moses Lake uses Epic Connect in their clinic. The smaller facilities are waiting to see what happens with Samaritan. They are also talking to Providence, Confluence and MultiCare. Diane had a call with the CFO from Samaritan and learned more about the process. Diane will be meeting with Dr. Rutherford later this week and will continue this conversation. ▪ Baltimore Trip – Diane travelled with Representative Cody, who is the head of Health and Wellness for the State of Washington, along with other State staff. The goal of the trip was to learn about Global Budget, which is a payment model for rural facilities in Maryland. Rural to them is 275,000 people with 17,000 admissions a year. The message was very clear that the definition of rural is very different and this payment model would not work for rural in our State as it exists in Maryland. They also have better data sharing than we have. The State held a Global Budget meeting the same day as our retreat. As of now, no additional meetings have been scheduled. ▪ Sue Birch and Representative Eileen Cody will be presenting at the Chelan Conference and will have a break-out session for discussion on the Global Budget topic. There will be a Joint Select Committee on Healthcare meeting that Diane will attend to help educate the committee members on rural challenges. ▪ Rural Advocacy Days are September 24 – 26 in Washington, DC. Diane is planning to attend. ▪ Meaningful Use payback – Jim Hopkins and Diane had a call with our attorney and have requested a mediation hearing. We believe this will take place in August. ▪ Provider Roles – There has been a lot of discussion lately between the provider groups on responsibilities. The ED provider is responsible for rounding on Acute Care and Swing Bed patients on weekends and deal with any issues during the night and weekend for those patients. Swing Bed patients do not require daily rounding, but Acute Care and Observation patients do require daily rounding. When clinic staffing is low, we have occasionally brought in an ED provider to cover the ED during the week days. The Matrix of Care has been adjusted for the ED provider to round on patients during the week days if the ED is covered by an ED physician. ED physicians feel they should only do holding orders for Acute Care admissions and the provider taking over the care of the patient should complete the History and Physical. The Saturday clinic providers have agreed to complete the full admission for these patients though the summer. Diane is looking to identify a third party person to help us work through the issues of who should do what. The end goal is for good continuity of care for our patients.
BOARD ACTION ITEMS	▪ Check your e-mail at least three times a week. ▪ There are changes to the Rounding schedule, so please check your dates. ▪ Chelan conference is upcoming. Hotel confirmations will be sent this week. ▪ Please sign up for August Open Forum meetings.
COMMISSIONER COMMENTS	▪ Diane did a great job at the Golf Tournament dinner last night. ▪ Could we do a Residency Program through the University of Washington like Lake Chelan Community Hospital is doing? ▪ Tom and Mall rounded with Human Resources and Finance last week. ▪ Helen and Mary Helen rounded on Purchasing/Central Supply and Dietary a couple weeks ago.
ADJOURNMENT	▪ There being no further business, Tom moved to adjourn the meeting. ▪ Mall seconded the motion. ▪ The meeting was adjourned at 12:33 PM.

Bruce Williams, President

~~Helen Rayfield~~, Secretary
Mall Boyd