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 – November 27, 2018

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

Guests: Rachel Hansen, PR Coordinator; Mark Judy, CM Foundation; Terri Judy, CM Foundation; Michael Stanford, Ambulance Dept; Steve Sutherland, Pharmacist; Dave Sutherland, Pharmacist; Dr. Jerome, Provider

Topics	Actions/Discussions
CALL TO ORDER	▪ President Bruce Williams called the meeting to order at 9:05 AM, following a board education session on Open Public Meeting Training.
PLEDGE OF ALLEGIANCE	▪ Pledge of Allegiance was recited.
CONSENT AGENDA	▪ Mall moved to approve the Consent Agenda. ▪ Mary Helen seconded the motion. ▪ Motion was approved.
COMMUNITY INPUT	▪ None.
FOUNDATION REPORT	▪ Mark and Terri Judy reported that a grant has been submitted for $165,000 to assist in the purchase of the new mammography unit. ▪ Foundation board has committed to $100,000 to the funding of the mammography unit. ▪ The foundation held a "thank you" event for hospital staff earlier in November. The number of people who donate via payroll deductions increased from 31 to 44 following that event. ▪ Funding for the 2018 project of lab equipment has been provided to the hospital. ▪ NCW Foundation has a "Give 10" program to assist non-profits in planned giving. ▪ There will be new officers in December: Linda Bradshaw, President; Bob Adamson, Vice President; Nancy Lellelid, Secretary; Mark Judy, Treasurer; Wade Nash and Vangie Schasse Executive Committee Members at Large.
VALUES	▪ Diane shared a story about Community. It was about an art project called "PostSecret" People were asked to mail in secrets on a post card and they were posted on a website.
Provider Check-in: Dr. Jerome	▪ How is the role of clinic medical director working? He is scheduled for this work every Wednesday morning. He spends time meeting with Kathleen and others to discuss clinic issues, EMR issues, chart reviews, etc. ▪ Transitioning in the clinic to team-based care. Working on the Whole Person Collaborative and screening patients for depression, etc. The Medical Assistant who rooms the patient is now doing more screening work to gather data. The process is now the same in each pod with three support staff. One person handles the phones for the day, including refills, etc. The other two people room patients, etc. The roll-out of everyone's role is happening this week so all providers have the same level of support. ▪ Upcoming clinic remodeling: o Leadership would like to redesign the reception area in the clinic and have all the incoming phone calls for the facility go upstairs during the day. o Remove walls between provider offices to increase collaboration between providers and staff. o The shelled space needs to be built out to provide some private offices and a meeting space. ▪ Dr. Morris, a podiatrist will be coming here a couple times a month to see patients. He will do his own billing and provide his own support staff. He will be here the second and fourth Wednesday of the month beginning in February. He will do diabetic foot care and will be a good resource for providers and patients. ▪ The chronic pain group is ongoing. Different people have presented at these meetings including our dietitian. Physical Therapy will present at a future meeting. ▪ We have also started a Diabetes support group and patients appreciate the group. ▪ Biggest challenges are we don't have enough EMR and billing support to aid the providers. Providers would like more help with coding and being able to reduce denials,

	therefore they need additional education on documentation. Need to build in more efficiencies for providers. ▪ We will eventually have to deal with the double EMR systems. ▪ Providers are debating the best options for hospital coverage, such as having a hospitalist who handles those patients each day. One option may be having providers take a week to be the hospitalist on a rotating basis. ▪ There is some resistant from patients to see Dr. Moholy. Providers need to learn how to present the behavioral health services and at times may need to be more forceful in referring patients to this service to help patient outcomes. ▪ Most communication, via the new clinic portal, is typically answered within 24 hours. The goal of the new pod system is there are no missed calls. The triage nurse system has helped some with patients. ▪ We are working on getting referrals to Wenatchee and working through the process of getting patients scheduled timely with specialists.
QI Presentations	▪ Steve Sutherland presented the pharmacy QI project for 2018.
PR Update	▪ We are gearing up for the EMS Levy. The informational flyer is going to the printer soon. ▪ The EMS presentation was shared with the Part Time Resident Advisory Council and will also be presented to the Leadership team. ▪ The Community CPR class had over 30 participants in November. We will schedule another class in January. ▪ We are working to increase awareness of our Behavioral Health services with Dr. Moholy. ▪ We will be providing some video training for staff to help them know how to introduce integrated behavioral health in the clinic. ▪ Working on how to announce the new digital mammography unit to the community. ▪ A social media guidelines refresher was presented at the last Open Forums, reminding staff to not comment on any posts about the facility, either positive or negative.
COMMITTEE REPORTS	
a. Part Time Resident Advisory Council	▪ Presented the EMS Levy presentation to get their feedback and comments. ▪ We can always recruit new members, connect anyone interested with Diane.
b. Governance Committee	▪ Reviewed the Committee charter. ▪ Discussed the full Board self-assessment in detail. ▪ Reviewed the committee self-assessment and completed the work plan for 2018 to be submitted to the full board in December. ▪ Committee structure and positions, we anticipate these staying the same in 2019.
ACTION ITEMS: NEW BUSINESS	
a. Resolution 2018-08 – Proposition 1 – EMS Levy	▪ The board has discussed the need to run the EMS Levy in great detail. The levy is necessary in order to sustain ambulance services and the Emergency Department. ▪ Mall moved to approve Resolution 2018-08 - Proposition 1, setting an EMS property tax levy in support of the Emergency Department and Ambulance Service. ▪ Mary Helen seconded the motion. ▪ Motion approved.
b. Mammography Unit Purchase	▪ Our current mammography unit will no longer be supported after April 2019. The new unit will be an upgraded machine with better image quality. ▪ Mary Helen moved to approve the purchase of the digital mammography unit and to authorize Diane Blake, CEO to sign the purchase agreement. ▪ Helen seconded the motion. ▪ Motion approved.
c. Provider Credentialing	▪ Dr. Warren Fisher is an Emergency Department provider who has worked a few shifts for us in the past six months. The MEC has recommended extending his Provisional Privileges for an additional six months or five additional shifts. ▪ Mall moved to extend Dr. Fisher's Provisional Privileges. ▪ Mary Helen seconded the motion. ▪ Motion approved.
DISCUSSION / REPORT: OLD BUSINESS	
a. Q3 Dashboard – Quality Data	▪ Discussed the additional data added to the dashboard that was not available at the October meeting.
DISCUSSION / REPORT: NEW BUSINESS	
a. 2018 Board Self-Assessment Survey Results	• The Governance Committee spent a lot of time reviewing the board self-assessment survey. Areas they believe should be focused on are:

	○ Community Health Needs Assessment ○ Quality ○ Risks – what are the risk areas at CM ○ Strategic planning including capital expenditures to replace aging equipment • Board Education – continue to focus and improve
b. 2019 Proposed Board Meeting Dates	• Discussed the proposed 2019 meeting dates. Commissioners will submit known 2019 vacations to determine if we have any months without a quorum in attendance. • Will bring this schedule back to the December meeting for adoption.
c. 2019 Board Education Plan	• Reviewed draft of education plan for 2019. Before June, Tom would like to have another finance education session.
October Financials	▪ October ended with a negative margin. ▪ Revenues – reserve adjustment of $150,000 for the Medicare adjustment. ▪ Business office is working on rebilling Medicaid services, partially due to the adjustment in our rate. ▪ Expenses are $200,000 over budget, partially due to additional ambulance staff to assist with Oktoberfest. ▪ We will likely end the year over budget in expenses due to an increase in FTE's. ▪ Cash Receipts were good in October on patient accounts. Tax receipts were also received in October. ▪ Days in AR rose to 61.5, however, Net Accounts Receivable dropped.
Administrator Report	▪ We had a disaster drill on November 17th. A lot of staff and volunteers were on-site to assist with the drill. There are areas that we can make adjustments to our plan and learn from things that were missed. The goal was to test our surge in patients and community members of worried well. ▪ Due to Village Pharmacy closing, the drug take-back box will be moved from Village to our facility so community members can drop off any unneeded medications. ▪ We recently had a CT Survey and passed with no citations. This is the first year the state has done a survey specifically on CT. ▪ The pharmacy also had a survey recently and did very well. ▪ On November 28th, the Foundation is planning to have a big presence at the Wild Flower Restaurant at Kahler Glen to thank them for their support of the benevolent night. ▪ Jim and Diane met with the HCA, the Attorney General and two attorneys representing us on the Medicaid EHR repayment issue. There are a group of hospitals that are banding together to dispute the overpayments, but our issue is different from those facilities. It was helpful to meet with the HCA in person and were able to see that errors had been made by HCA in the data they used to calculate payments. Those errors were not discovered until recently. The HCA may have to take care in how they move forward on this issue due to the dollars originating at the federal level. ▪ Dr. Morris, a podiatrist, will be here one day in January and then twice a month beginning in February. ▪ WRHAP – had a meeting in Ellensburg last week. There have been challenges due to some members being frustrated with the lack of progress. The group is back on the same page and if we want to continue to work on payment reform, we need to remain a unified group and work with the state on their global budget. There is support for asking for continued funding for the support group. There is a meeting in Olympia next week with the WRHAP group to talk about where WRHAP is and what would be helpful in the future. ▪ Recruitment for COO – we will have three on-site interviews in the next two weeks. One internal candidate and two outside candidates. ▪ We have an interview scheduled for the ED Provider position. Dr. Gentles, Dr. Jerome, and Dr. Merritt will all be involved in the interview. Diane has spent a lot of time on the phone with the candidate. ▪ We have one potential Locum shift in January. Having Dr. Fosnaugh has helped us keep the number of locum shifts down. We have finalized a contract with another pool ED provider who will begin picking up shifts in February. ▪ Diane will be making a concerted effort to meet with legislative representatives from our area on healthcare issues. We anticipate there may be some challenges in the legislature this session, possibly around charity care and nurse staffing. ▪ Federally things may remain quieter due to a balance in power in the House and Senate. ▪ WSHA and the WSHA PAC will be important to us during the next legislative session both locally and federally.

BOARD ACTION ITEMS	▪ Diane's evaluation will be upcoming. Surveys will be sent soon. ▪ Board QI meeting on Thursday. ▪ Board Finance meeting on December 4th. ▪ E-mail Jill by December 7th with any known 2019 vacation dates. ▪ Check e-mail on a regular basis.
COMMISSIONER COMMENTS	▪ Good meeting, lots of good discussion.
ADJOURNMENT	▪ There being no further business, Mall moved to adjourn the meeting. ▪ Mary Helen seconded the motion. ▪ The meeting was adjourned at 12:30 PM.

Bruce Williams, President

Helen Rayfield, Secretary