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 – April 23, 2019

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; Pat Songer, Chief Operating Officer; Jill Barich, Executive Assistant.

Guests: Rachel Hansen, PR Coordinator; Kathleen O'Connor, Clinic Director; Marlene Farrell, Foundation Coordinator; Mogens Bach, CM Foundation; Cindy Overby, McKinstry Healthcare; Dr. Jerome

Topics	Actions/Discussions
CALL TO ORDER	▪ President Bruce Williams called the meeting to order at 9:14 AM, following a board education webinar by WSHA, Finance 101.
PLEDGE OF ALLEGIANCE	▪ Pledge of Allegiance was recited.
CONSENT AGENDA	▪ Mall moved to approve the Consent Agenda. ▪ Helen seconded the motion. ▪ Motion was approved.
COMMUNITY INPUT	▪ None.
FOUNDATION REPORT	▪ Mogens Bach is a new Foundation member and reported on their recent meeting. ▪ Foundation is working on the golf tournament and they had a conference call with DZA to review their 2018 financials. ▪ Welcome to Marlene Farrell, the new Foundation Coordinator.
VALUES	▪ Diane shared that a couple weeks ago we hosted the regional lab manager meeting. Robin Wolf our Lab Director noticed how nicely the food was prepared and thanked the dietary department for their hard work. The lab director from another facility who was attending the meeting commented to Robin on what a nice job and great food our dietary department prepared.
Provider Check-in: Dr. Jerome	▪ Dr. Jerome thinks we need to begin evaluating the need for a second behavioral health specialist. It has been very helpful to have the services of Dr. Moholy. The next steps would be to have someone who is available to meet with patients on a longer term basis and have Dr. Moholy handle the warm hand-offs and short-term patient support. ▪ Dr. Moholy is working with our patient groups – Pain Group and Diabetes Group which has been successful and patients are having positive outcomes. ▪ Dr. Jerome can now prescribe Suboxone, along with Dr. Merritt to help manage opiate patients. We can now offer this service in our clinic. All clinic providers are adhering to more strict prescribing of pain medications.
QI Presentations • Clinic • Dietary	▪ Kathleen reported on some of the QI initiatives in the clinic. The Whole Person Care collaborative has provided funding for the work we are doing. There are now three people at the admitting desk in the clinic. Medical Home attestation is about a month away. ▪ Kathy Baker presented on the QI project for the dietary department which is formalizing our dysphagia levels to the national standards which are referred to as IDDSI.
PR Update	▪ 3D Mammography is launching this week. ▪ Free Sports Physicals day is scheduled for August 18th and is later in the day so the clinic will not close early. ▪ Bike Party is May 18th. The Trauma Team has helmets to give away at the event. They are looking for volunteers to help. ▪ National Nurses week – we have two individuals who will be recognized for leadership roles in nursing in the Wenatchee Valley, DeAnna Griggs and Shawn Ottley.
COMMITTEE REPORTS	
a. Medical Staff Meeting	▪ Dr. Gentles did a presentation on chest tube placement. ▪ Rapid Response Teams have been implemented in our facility.
b. Part Time Resident Advisory Council	▪ Presented information to the group on signage in our facility and being able to direct patients to where they need to go to check-in. ▪ The first phase of our signage plan will be to clearly direct patients to the main entrance once the administration parking lot is designated as patient parking. ▪ They suggested having a greeter at the front door to welcome patients and direct them to the appropriate check-in location.

	▪ Discussed the second phase of the signage project which will be to identify departments by common terms that patients will understand.
c. The Leadership Game	▪ It was a great team building exercise and a good way to get to know each other. ▪ There is a lot of great things happening, but at the same time we have a lot of work to do and we will need to strategize on how we will manage all that is coming our way.
ACTION ITEMS: NEW BUSINESS	
a. Parking Lot project – Authorize Board President	▪ We have a hard deadline from the City of Leavenworth that the parking lot needs to be improved by the end of June. We hope to have this completed prior to town getting busy. This is a Small Works project and when the bids are opened we will select the lowest responsive bidder who meets all the requirements of the bid. ▪ Mary Helen moved to authorize the Board President to review the bids and to thereafter authorize the Chief Executive Officer to award the bid and enter into a contract to perform the work with the lowest responsive and responsible bidder. ▪ Helen seconded the motion. ▪ Motion approved.
b. Part Time Resident Advisory Council member appointments	▪ The Advisory Council has recommended the below individuals be appointed to three-year terms on the council: o Shari Campbell o Steve DeForest o Neil McReynolds o Catriona Milgate o Ian Milgate ▪ Tom moved to approve the above individuals to three-year terms. ▪ Helen seconded the motion. ▪ Motion was approved
DISCUSSION / REPORT: NEW BUSINESS	
a. Q1 2019 Dashboard	▪ There are three areas that we are behind plan at the end of QI. o Financial Stewardship – Continue to grow revenue - A Charge Capture Work Plan or dollar goal and measures need to be set. The group has not met on a regular basis partially due to the absence of an HIM Director. o Our People – Develop a new process for orientation of new employees at a department level. o Community Connections – the school district has decided they do not have time in the schedule for Arrive Alive this year. The EMS Director had put in a lot of work on this project and it was on schedule. This goal may be replaced. The EMS crew is behind schedule for four public service announcements. The plan is still to complete four this year and anticipate making up the timeline.
b. Community Health Needs Assessment / Retreat Update	▪ We are working with Health Facilities Planning to work on our CHNA and do an environmental study to understand who is leaving our area for services and what services those are. The first phase of the project is data gathering. This data will be presented to the group on May 15th at which time we will begin to develop a plan and determine if there is other data we need. ▪ This information will also be used at the retreat along with information being prepared by the Finance Committee to look at long term financial strategies. DZA has also completed a service line study which will be reviewed by Sr. Leadership on 4/24. ▪ All commissioners, except Tom, are available to attend on May 15th.
c. Community Leader Dinner – June 19 – Date Pending	▪ The date will be changed due to a conflict on the night of June 19th for Diane and Mall. ▪ We are looking at a date in late July or early August. ▪ We may have a better idea of what information we need for the CHNA.
March Finance Report	▪ March revenue was down. We had a negative margin of just over $200,000. We were budgeted to have a negative margin for the month, but it was larger than anticipated. ▪ YTD we have a margin shortfall of ($108,000). ▪ Swing bed, CT, Pharmacy and ED were all down. ▪ Other Operating revenue is up with a CM Foundation donation and 403B funds. ▪ Professional fees are ahead of budget with less use of locums than anticipated. ▪ Cash Receipts were ahead of budget for the month of March, but behind budget YTD. ▪ Days in Net AR is continuing to come down, but still higher than management would like.
Administrator Report	▪ Clinic shelled space we are waiting on permitting from the city and then the project will go out to bid.

	▪ Legislative session – there was an addition to the nurse staffng bill for 8-hour shifts. This would limit our nurses to 8 hour shifts instead of the 12 hours shifts that currently exist. The impact to CM with nurse breaks and unscheduled on-call will not have big impact. There are some exemptions for critical access hospitals. ▪ We hired Dr. Eric Stirling as the ED Medical Director who will begin in June with a couple shifts. He will be here on a full schedule in July. We have limited locums between now and July. ▪ WSHA & AWPHD CEO Retreat: o There were some discussions on the global budget. We have discussed the challenges with this payment methodology. The managed care organizations are in agreement that there needs to be better communication and more conversations. The HCA would like to have a few facilities sign up to pilot this payment methodology by 2020. Most of the CEO's at the retreat did not feel the global budget would work for their community and some stated they need additional information in order to determine if it would work in their community. o Funding – talked about grants and how WSHA can support rural facilities with services related to grants. o Board Succession planning and ways to help educate candidates about the role of board members. o There were also conversations at the State level on OB services. We are beginning to look at would it make sense to have a mid-wife see patients here for their prenatal visits and just not deliver here. This could eliminate the need for them to travel to Wenatchee for these visits and they may be more likely to bring their newborn to one of our providers for pediatric care. ▪ Rapid Response team kick-off – this program trains staff, who in turn educate patients and family members, to alert staff if a patient is declining and help avoid the need for immediate response to a patient. WSHA was here for the kick-off and mentioned that they had a conversation with Shawn several months ago which made them think about how to implement a program like this in a rural facility. ▪ Tianna from WSHA and AWPHD is collecting data for integrated behavioral health to assist the team in making sure we are collecting data appropriately. ▪ 3D mammography unit – The FDA is likely to require notification to patients if they have dense breast tissue. Our unit does this automatically. The new machine is better at detecting cancer in dense breasts. The State of WA already required notification to patients if they have dense breasts.
Executive Session Performance of a Public Employee (RCW: 42.30.110(1)(g)	▪ The Board moved to Executive Session at 11:44 AM for 20 minutes, to review the performance of a public employee. ▪ The board returned to Open session at 12:04 PM
BOARD ACTION ITEMS	▪ Check e-mail at least three times per week. ▪ Safety Summit – if you are interested in carpooling and dinner Monday night e-mail Jill. ▪ September board meeting – due to Rural Advocacy Days in Washington, DC the fourth week of September, Diane asked if everyone would be available to push the September Board meeting to October 1st. Commissioners were in favor of changing this date. Jill will move the calendar invite. ▪ Jill will register everyone for the Chelan conference and check to see if we can add Sunday night to hotel reservations due to the conference beginning earlier Monday.
STRATEGIC QUESTION / MEETING EVALUATION / COMMISSIONER COMMENTS	▪ What is it we need to know before moving forward with adding an additional behavioral health consultant? ▪ If we added a volunteer to greet patients, are we ready to manage volunteers, train and manage this group?
ADJOURNMENT	▪ There being no further business, Mall moved to adjourn the meeting. ▪ Mary Helen seconded the motion. ▪ The meeting was adjourned at 12:31 PM.

Bruce Williams, President

Helen Rayfield, Secretary