DocuSign Envelope ID: 11E8EFCD-301A-416C-AB0B-CE7206403E3D

CASCADE MEDICAL
PARTNERS IN YOUR HEALTH

Minutes of the Board of Commissioners Meeting
Chelan County Public Hospital District No. 1
Administration Conference Room & Video Conference Connection
April 28, 2020

Present: **Via Video Connection**: Mall Boyd, President; Tom Baranouskas Vice-President; Mary Helen Mayhew, Commissioner; Helen Rayfield, Commissioner; Bruce Williams, Commissioner;
On site: Diane Blake, Chief Executive Officer; Shawn Ottley, Chief Clinical Officer; Pat Songer, Chief Operating Officer; Jim Hopkins, Chief Financial Officer; Jill Barich, Executive Assistant
Guests: **Via Video Connection**: Rachel Hansen, PR Coordinator; Marianne Vincent, Director of Accounting; Melissa Grimm, Director of HR

Topics	Actions/Discussions
CALL TO ORDER	▪ President Mall Boyd called the meeting to order at 9:02 AM,
CONSENT AGENDA	▪ Mary Helen Mayhew moved to approve the consent agenda. ▪ Helen Rayfield seconded the motion. ▪ Motion was approved.
COMMUNITY INPUT	▪ None
VALUES	▪ Diane Blake introduced Melissa Grimm, Director of Human Resources. Melissa will attend the next in-person meeting for a more formal introduction. ▪ Diane shared notes from three employees received during the COVID-19 outbreak thanking leadership for their preparations and great communication and for the support that staff feel from one another and our community. ▪ The Board echoed the sentiments of staff and are thankful for all the hard work everyone has done. Our culture of shared values is very evident right now.
PR Update	▪ Rachel Hansen has done ten press releases in the last nine weeks. Video updates have been posted on our Facebook page for the past five weeks. These are reassuring to staff and the community. ▪ Four PSA videos have been completed. One on how to use the outdoors safely was very successful. ▪ Another PSA video on how to wear a mask, which was done by one of our nurses will be released soon. ▪ Three articles have been submitted to the Echo. Dr. Moholoy was featured in the Wenatchee World and he will be writing a column for them. ▪ It is important for us to tell the story of what is happening in Leavenworth and Cascade Medical and it is not as bad as places like New York. ▪ We need to continue sending a message to the community that it is safe to come in for care and patients should not delay needed care. We are also sharing the safety measures we have implemented to keep everyone safe. ▪ Commissioners can help by spreading the word that we are seeing patients in the clinic when appropriate and via telehealth, including dietary and mental health visits. The lab is doing some in person lab tests for non-COVID related issues. ▪ Rachel is working with WSHA on a statewide campaign along with other hospitals as everyone is dealing with the same concerns of people delaying needed care.
COMMITTEE REPORTS	
a. Finance Committee	▪ Tom Baranouskas reported for the Finance Committee. ▪ There have been two finance meetings since the last full board meeting in late February. In early March the committee spent a lot of time developing the work plan for the year. Shortly after this meeting, COVID hit and the work shifted. ▪ April 23rd the committee met again. The work plan was reviewed and will be adjusted to be able to focus on the items that were not focused on in March and April. ▪ DZA completed our audit remotely and the committee members and leadership attended the exit conference via conference call. We anticipate a positive adjustment for OPEB. The cost report work is still being completed. DZA will attend the June Board meeting to present audited financials. ▪ Jim anticipates revenue being off by 50% for April. Work has been happening around obtaining funds from the various programs to help us remain sustainable.

	▪ We did receive funds through the Payroll Protection Program to help with payroll expenses for the next couple months.
b. Medical Staff	▪ Tom Baranouskas reported about the Medical Staff Meeting he attended in early March. ▪ Carmen Rivera of COHE presented her annual training with providers. ▪ Katelin Limon, CM Dietitian presented about gut health. ▪ UW student, Emily Muller presented on the use of aspirin. ▪ Alex Riggs, Infection Control Nurse, presented information on the flow of COVID patients and talked about testing criteria and evaluation of symptoms. ▪ At that time providers were concerned about being inundated with patients from Wenatchee coming up here for testing as the wait at the ED in Wenatchee was 4-6 hours.
DISCUSSION/REPORT: NEW BUSINESS	
a. Q1 Organizational Dashboard	▪ Detailed notes were included in the Board Packet with explanations of the status of each objective. There are a number of objectives that are not on schedule due to the focus being shifted for COVID work. ▪ Sr. Leadership will be meeting tomorrow to review the objectives for the year and determine what items they still believe can be completed this year and which items may be adjusted. ▪ Diane is most concerned with the Community Connections section and how the current COVID situation will affect our entire community. Since we are not able to gather right now, it will be harder to share the information we had hoped to share. There will likely be more people in our community struggling as we move through this pandemic. ▪ Data is showing the Latino community is having higher rates of COVID infection. Rachel Hansen did work on finding information in English and Spanish to distribute to orchard workers and people in the fruit packing warehouses. Grant County Health District has some good materials and Rachel was able to obtain permission to use them. The Chelan Douglas Health District has requested that all educational materials be vetted through them prior to distribution. The materials were just recently approved and are being distributed now.
b. Current COVID-19 Response Activities	▪ Some services have been closed partially due the Governor's proclamation requiring all non-urgent services be stopped if it will not harm the patient within the next three months. This was due to the shortage of PPE throughout the state and the need to protect patients and healthcare workers. ▪ In person PT services were stopped due to the close proximity of patients and providers. ▪ The following services are currently not being offered in our facility: endoscopy, mammograms – Confluence is not reading right now, Dexa Scans, treadmill tests, rehab services. All other services are being offered either in person or via telehealth. Patients should come in for routine lab tests. The Emergency Department is open as usual. We are taking Swing Bed patients. The Clinic is seeing some patients in person and others via telehealth. Some patients are being followed up with via phone calls. ▪ We have established a Respiratory Clinic area for all patients with respiratory symptoms. Providers are wearing PPE and patients are being treated as potential COVID patients. These patients are currently being seen in the PT gym, but this clinic will be moving to the back corner of the facility, next to the Endoscopy suite. We are currently seeing 2-4 patients a day in the respiratory clinic and expect we will keep it open at least through the end of the year. ▪ We do have PPE but are continuously working on resupply. We currently have projections of enough masks on hand for 41 days. ▪ We are planning to sign an agreement for reprocessing of N-95 masks which will extend out our forecast for masks. ▪ Every patient who comes into the facility is wearing a surgical mask, regardless of the reason for their visit. ▪ It is thought there will be a bigger surge of COVID and flu in the fall. ▪ All staff are screened at the beginning of their shift for fever and any COVID symptoms. We anticipate this will be the process for some time. Currently some staff whose regular jobs are on-hold are conducting the screening. We need to determine how we will do this long term. ▪ PPE needs will be increasing as we open more services and we will need to determine, how much more will be needed. ▪ There are concerns about continued social distancing and how do we meet and get work done and what do rehab services look like.

	▪ Telehealth visits are currently being reimbursed at the same rate as in person visits by commercial payors. Medicare's reimbursement is $92/visit versus the $275 we receive for our all-inclusive rate. ▪ We need to spend time to understand with what our financial future looks like. Volumes may be lower based on how patient care areas are structured. ▪ We may be seeing increased volumes in the Emergency Department if patients are not seeking primary care and/or are waiting longer to access care. ▪ The flow of visitors in our community will also affect our volumes. ▪ Financially we are ok for the next few months. The Payroll Protection Program will fund payroll through the middle of June. The goal is to get the maximum forgiven on that loan. It is unknown if there will be additional federal funding available. ▪ Providers are not currently as busy as usual due to more patients being seen via telehealth and fewer visits being scheduled. ▪ The DOH did release some guidelines on rehab services and how they can begin to resume normal services. ▪ Test kits are still in short supply and some kits we did receive were recalled. There is a home test kit that is supposed to be coming out soon. The home test is to test for antibodies to the corona virus. Health care providers warn against the antibodies test as it does not provide real value. Just because a person has the antibodies does not mean they cannot get the virus again. There will be a lot of debate about this test, but we may provide it in the near future. ▪ There is a Rehab services work group looking at options that allow them to open and meet the cleaning requirements and social distancing. The plan being discussed is to have Rehab patients wait in their vehicles and enter and leave through the double doors at the main entrance. Scheduling will all take place in the department or via phone. ▪ The Chelan-Douglas Health District is understaffed and does not currently have the capacity to do contract tracing. The State is looking at a volunteer group to help with this. ▪ Mental Health is going to be a big issue going forward. Based on anecdotal information, patients who have not previously reported issues with anxiety and depression are reporting those issues now. ▪ Senior Leadership is beginning to look at the long-term effects on the community, facility, etc.
ACTION ITMES: NEW BUSINESS	
a. Credentialing Approvals	▪ Per our policy, Dr. Barstad and Dr. Raiche's credentialing files were reviewed and approved by the Medical Executive Committee, CEO, a member of the Board Quality Oversight Committee and the Board President prior to the expiration date of March 31st and were approved. The Board is still required to approve these privileges at the next regular meeting. ▪ The credentialing files for the other providers have been reviewed by the Medical Executive Committee, CEO, and a member of the Board Quality Oversight Committee and there are no concerns, and all recommend approval of privileges. ▪ Mary Helen Mayhew moved to approve privileges for the following providers: o Dr. Brian Barstad – Active Privileges – effective April 1, 2020 o Dr. Miranda Raiche – Active Privileges – effective April 1, 2020 o Dr. Anna Hansen – Teleradiology Privileges – effective May 1, 2020 o Dr. John Blackwell – Provisional Teleradiology Privileges – effective May 1, 2020 o Dr. William Rusnack – Provisional Teleradiology Privileges – effective May 1, 2020 ▪ Bruce Williams seconded the motion. ▪ Motion was approved.
February & March Finance Report	▪ The Cash forecast worksheet has been updated from the Finance meeting. We expect lower cash receipts in the next few months. ▪ YTD we have posted a negative margin of $299,000. Volumes were not much lower than March 2019. We have some expense variances partially due to COVID supplies and pharmaceutical supplies. ▪ COVID expenses are being tracked via a separate cost center so they are easily tracked. We will be working on a FEMA grant to help with some of the additional expenses we have incurred and need to be able to track those expenses. ▪ Contractual allowances are negative due to lower volumes in swing bed and clinic. ▪ Expenses – salaries and professional fees are over budget due to additional staff being on duty and the need for some continued agency nursing.

	▪ Cash receipts were down in February, but March was an average month and just over budget. April cash receipts are looking good. ▪ Days in AR went up slightly, the dollar amounts were lower in March. ▪ Supplemental funding – The Paycheck Protection Program Loan was received and last week's payroll was funded through that account. Up to 25% of the funds can be spent on interest and utilities. Benefits and pension can also be paid through this account. There is an eight-week measurement period. We may be able to get five payrolls in this measurement period. We should be able to include our interest payment on bonds of $191,000 in this measurement period. We may be eligible for some additional funds in the next few weeks.
Administrator Report	▪ The Paramedic Lecture Series was cancelled in early March. That event is held annually at the Icicle Inn and they allowed us to cancel with no penalty. ▪ The Chelan conference in June has been cancelled. ▪ We purchased three hospital beds for just over $31,000 to prepare for a possible surge. There was one bed in the budget to be replaced. We should be able to be reimbursed for these beds through FEMA. Several of our other beds are due to be replaced. ▪ The Foundation has cancelled the Golf Tournament and are considering cancelling the Home and Garden Tour. They are extending their funding for the current project through the next golf tournament in June 2021. ▪ Marlene Farrell, Foundation Coordinator is working on some grants for us and is working on community connections for donations that are coming to the hospital. She has less Foundation work currently. ▪ Advocacy – Diane has had communication with Representative Schrier regarding hospital needs and funding concepts. She will continue to connect with her and others regarding financial challenges. ▪ Dr. Butruille requested time to volunteer in a COVID hotspot. He is not scheduled yet, but with the clinic being slower and Dr. Richardson not taking his scheduled sabbatical, we have enough staff. Currently the need in the hotspots is for nurses. Dr. Butruille will use some of his sabbatical time if he goes. ▪ There is lots of planning on "where do we go from here." The City of Leavenworth is putting together a group on how do we safely invite people back to our community. We will be participating in the city's work group. ▪ Chelan-Douglas Health District has pulled together a similar group for the two county area. Diane will be attending along with Dr. Rutherford, County Commissioners from each county, Keith Goehner and others. ▪ Diane's Executive Committee role with WSHA is taking more time than previously thought. One of the big topics now is around when can surgeries and elective procedures be resumed. Financially facilities who do surgeries are struggling. Diane participates in a weekly call with WSHA and system CEO's on how do we get going again. The Executive Committee will be talking with the Governor this afternoon. There was a plan in place to resume surgeries but was halted due to concerns from the nursing unions. Diane will be talking for Rurals as much as possible. Deanna Griggs, Director of Nursing, is participating on some calls as well. ▪ There has been a lot of work in our area around surge planning. We have not received the support we thought we should through the Ready Coalition, so a more local collaboration is working together. ▪ New rules have been established around employees taking loans from personal 403B plans. We have signed some documents to allow staff to access some funds if needed. ▪ We received $90.0000 of federal money from the Small Hospital Improvement Plan. Through WSHA we will receive an additional $20,000 federal grant. The larger systems agreed to forego their portion of this grant so Rurals can receive more. This will be in the form of PPE. ▪ Cascade Medical opted out of the Families First Corona Virus Act which would give staff up to twelve weeks of paid leave for child-care. Most organizations who participate in this program would receive a tax deduction to offset the cost, however as a Public Hospital District we are prevented from taking a tax cut on this, and we would have to absorb all of the cost. Several other hospitals were opting out of this act due to concerns around staffing levels as well as no reimbursement. Staff have several other options for time off and Melissa Grimm is available to help staff with other options.

	▪ We had an audit by DOH around COVID preparedness. Alex Riggs, RN and Samantha Jerome, RN were instrumental in this audit. DOH was complimentary in the work that has taken place in our facility. The one area that they recommended more training was in donning and doffing PPE.
BOARD ACTION ITEMS	▪ Check e-mail at least three times per week, or more frequently if you are home and able. ▪ Talk to community members and remind people to not put off necessary medical care. Providers are still seeing patients in person. ▪ Several WSHA webinars are upcoming. The Board's Role as Ambassadors in the Community is tomorrow, April 29th. All Commissioners should have an email from WSHA with a link to register. Take advantage of these webinars and let Jill know if you need assistance. ▪ All signature pages are being sent via DocuSign today. Please watch your email and sign as soon as possible.
STRATEGIC QUESTION / MEETING EVALUATION / COMMISSIONER COMMENTS	▪ It was a very informative meeting, lots of great work.
ADJOURNMENT	▪ There being no further business, Tom Baranouskas moved to adjourn the meeting. ▪ Helen Rayfield seconded the motion. ▪ The meeting was adjourned at 11:11 AM.

DocuSigned by:
Mall Boyd
E6DB6632329C497...
Mall Boyd, President

DocuSigned by:
Helen Rayfield
AE3B46A241CB4F6...
Helen Rayfield, Secretary