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CASCADE MEDICAL
PARTNERS IN YOUR HEALTH

Minutes of the Board of Commissioners Special Meeting
Chelan County Public Hospital District No. 1
Arleen Blackburn Conference Room & Video Conference Connection
August 24, 2021

Present: Mall Boyd, President; Tom Baranouskas, Vice-President; Mary Helen Mayhew, Commissioner; Helen Rayfield, Commissioner; Bruce Williams, Commissioner – via Zoom; Diane Blake, Chief Executive Officer; Pat Songer, Chief Operating Officer; Marianne Vincent, Chief Financial Officer; Melissa Grimm, Senior Director of Human Resources; DeAnna Griggs, Senior Director of Nursing; Jill Barich, Executive Assistant; **Via Zoom**: Chad Schmitt, Virtual Chief Information Officer; Clint Strand, Director of Public Relations

Guests: Duane Goehner, Community Member; **Via Zoom**: Molly Elder; Maddie McPhee; Dan Young, Paramedic; Sammy; Ryan Swan, Paramedic

Topics	Actions/Discussions
CALL TO ORDER	▪ President Mall Boyd called the meeting to order at 9:00 AM following a board education session which was viewing the WSHA webinar "Business is not as usual: Strategic Planning During Uncertain Times – Board's Role in Strategic Planning".
CONSENT AGENDA	▪ Tom Baranouskas moved to approve the consent agenda. ▪ Mary Helen Mayhew seconded the motion. ▪ Motion was approved.
COMMUNITY INPUT	▪ Duane Goehner commented that in these uncertain times the emotional toll is taking an effect on people. He encourages management to document processes as we go through the next phase of the pandemic.
VALUES	▪ Diane Blake shared thoughts on commitment. There are examples of commitment throughout our facility with people doing all they can to cover gaps in staffing, etc.
FOUNDATION REPORT	▪ The next Foundation meeting is Friday, August 27th. ▪ The Garden and Art Tour was successful. ▪ The Foundation is putting on a BBQ to celebrate staff tomorrow.
PUBLIC RELATIONS UPDATE	▪ Clint Strand is focused on a lot of background work such as our website and messaging around the pandemic and vaccinations. ▪ He is working with Chelan Douglas Health District, Confluence Health, Lake Chelan Hospital and Columbia Valley Community Health to produce a facts versus myths document regarding the COVID-19 vaccines. ▪ Clint produced some radio ads for recruitment that will be airing soon.
COMMITTEE REPORTS:	
a. Finance Committee	▪ The committee heard from Ethan Maffey, Director of Process Improvement on some of the projects, in process, that affect finance. ▪ We did receive loan forgiveness for the Paycheck Protection Program loan. For 2021 financials, management is working to show financials based on real time work. There are a lot of one-off factors that are showing on this year's financials, such as the recognition of the cash for the Paycheck Protection loan. ▪ We have some potential upcoming staffing issues. ▪ There are four policies the committee recommends approval which will be presented at the September meeting. ▪ Management is now reviewing market wage for all positions prior to the budgeting process. There may be some wage adjustments prior to the budget approval so it is easier to incorporate them into the 2022 budget. ▪ Board education – one possible topic is the new Rural Health Clinic cap. DZA is doing an analysis on this and we are hoping we can have one of them provide that education. If DZA is not available, we will schedule this for a time when they are able to present.
DISCUSSION/REPORT: NEW BUSINESS	
a. October Board Meeting Date	▪ The October board meeting is currently scheduled for October 26th. Diane has a conflict with a WSHA board meeting. We are proposing moving that meeting to October 19th. The board is all available on the 19th for the meeting and it will be officially moved to a Special Board Meeting.
DISCUSSION/REPORT: OLD BUSINESS	
a. COVID-19 Update	▪ Regionally our new case rates per 100,000 was at 94 for Chelan and Douglas Counties. Yesterday it was 811 per 100,000. This is being echoed across the state.

	The Delta variant is the main reason for the major increase. Everyone, including those vaccinated are at risk of contracting the Delta variant. Those who are vaccinated are less likely to become as sick. ▪ Confluence is postponing non-urgent procedures that require an overnight stay. Hospitals across the state are full. Confluence is not accepting transfers except stroke or cardiac. Samaritan Health in Moses Lake has no room and is not accepting transfers. The vast majority of people in the hospital are unvaccinated. There are also staff shortages that are affecting hospital's ability to take patients. Most have beds available, but they do not have staff to care for them. The state has surpassed its high number of COVID hospitalized patients. ▪ There are currently 1,412 COVID patients hospitalized in Washington. Typically, more traumas occur during the summer months which is also putting strain on hospitals. ▪ Rural facilities are struggling to find facilities to transfer COVID patients. ▪ The statewide transfer center has become overwhelmed with requests to find beds for patients. ▪ Mandatory vaccine requirement for all healthcare workers must be vaccinated by October 18th in order to maintain employed. This also applies to all contractors, vendors, volunteers – as a facility we are required to confirm the vaccination status for every person. There are exemptions for some healthcare conditions and sincerely held religious beliefs. We are working with our legal team to ensure we are meeting the requirements of the state mandate. We do have some staff who are unvaccinated, and we believe we may lose some of them. ▪ There was a change in indoor masking mandates as of yesterday, for unvaccinated staff who are now required to be masked at all times while inside the facility, even if working alone in an office. ▪ All of this puts a strain on staff and management. ▪ As of yesterday, we had just twenty rapid test kits. We did receive more tests which are used to test symptomatic patients and we test patients prior to endoscopy procedures, etc. There are some supply delays for medical supplies as well as technology equipment. Orders are coming in piece by piece instead of complete. ▪ We are restarting our hospital incident command meetings. ▪ At times, requests are being made to cross state lines to find beds for patients.
b. MediTech Report	▪ We are closing in on the closing stages of our go live on November 1st. We are in the process of integrated testing beginning today. This will take place all week. ▪ We will do a readiness test at the end of the month which will help identify additional training that needs to take place prior to go live. ▪ End user training begins September 1st. This will take place through the mock go live on September 20th which will help determine needed adjustments for go live. ▪ Some current hurdles are with third party vendors and things we need to get in place prior to go live.
ACTION ITEMS: NEW BUSINESS	
a. Data Archiving proposal	▪ We need to make a decision on our legacy (Centricity and Healthland) data. There are three options which meet the requirement for retaining the data. 1. Keeping a copy of the data - has low value and is not easily accessible. 2. Data archiving with a third party – gives us access to the data but it is not in MediTech. 3. Move all the data into MediTech – which is very expensive. ▪ One thing to consider is how long will the data be accessed. Typically, information is pulled for 6-8 months and then it becomes somewhat irrelevant. Providers want to have information that is accessible to them. ▪ Management is proposing a hybrid option which will archive the data, with a third party, and we will bring on a temporary employee to move relevant data into MediTech based on scheduled patients. Capstone is the system agreed upon for data archiving. ▪ We will need to roll our Accounts Receivable down which will take 60-90 days. Chad will work with Marianne and the business office team on accessing this information. ▪ Tom Baranouskas moved to approve the proposal for data archiving with Capstone. ▪ Helen Rayfield seconded the motion. ▪ Motion was approved.
b. EMS fourth position proposal	▪ The pandemic has impacted the importance of EMS in the healthcare system.

	▪ Currently we operate a traditional EMS system with transfers to Confluence and no tiered response system. We have what is referred to as a sick care model vs. healthcare model. We only focus on 911 calls, currently no community paramedicine. ▪ The fill rate of our 4th EMT position was 80% during COVID; Pre-COVID 60%. Days without two crews 61, days with only one crew 7. ▪ Total calls from July 1, 2020 to June 30, 2021 were 1,346 total calls and 873 transports ▪ Payors are willing to pay for community paramedicine and mobile integrated healthcare. ▪ The payment structure model is likely to change in the next 2-3 years. ▪ Mary Helen Mayhew moved to approve the addition of a fourth EMS position. ▪ Tom Baranouskas seconded the motion. ▪ Motion was approved.
c. Credentialing	▪ Helen Rayfield moved to approve the recommended privileges for the following providers: 1. Adjunct – Dr. Joshua Frank 2. Provisional Adjunct: ▪ Dr. Matthew Messerschmidt ▪ Alexander Pelman, PA-C 3. Teleradiology Privileges: ▪ Dr. Shannon Calhoun ▪ Dr. Eugene Chung ▪ Dr. Timothy Conner ▪ Dr. Jason Grennan ▪ Dr. Jonathan Jaksha ▪ Dr. Waheed Jalalzai ▪ Dr. Jarrett Kuo ▪ Dr. Steven McCormack ▪ Dr. Kara Perrelli ▪ Dr. Mohammed Quraishi ▪ Dr. Shannon St. Clair ▪ Dr. Shawn Stone ▪ Dr. Frank Welte ▪ Bruce Williams seconded the motion. ▪ All files have followed our designated process and been reviewed by a Department Director, Medical Executive Committee, CEO, Board Quality Committee Representative and the Board Chair. ▪ Motion was approved
July Finance Reports	▪ In July we had a positive margin of $506,000 versus a budget of $89,000. This was due to a busy Emergency Department and ambulance crew. ▪ We have a YTD positive margin of $815,000 due to higher volumes. ▪ Going forward we will adjust the graphs to remove the Paycheck Protection Program loan funds that were received in 2020, but recognized in 2021, and include a note to this effect. The funds will be moved to the non-operating revenue line. This will keep the focus on actual performance for 2021. ▪ Contractual allowances are higher than normal due to higher revenues. ▪ Expenses – salaries and benefits are over due to COVID staffing. Professional fees are over due to nurse registering and miscellaneous administrative expenses. ▪ Cash receipt were $1.5 million, compared to a budget of $1.7 million. The business office is busy with MediTech build as well as their regular work. ▪ Days in Net AR is up to 53.2 due to higher revenues. ▪ We received $60,000 in covid testing claims for uninsured individuals. ▪ Rehab and clinic revenues are down, but overall busy. ▪ We have until the end of September to complete our reporting of CARES Act funds. DZA will then be reviewing this data and completing our Single Audit. ▪ Marianne Vincent is working on the first draft of the 2022 budget and will review it with the Sr. Management team. Capital purchases are anticipated to be between $800,000 - $1 million based on requests that have been submitted. Most of these requests did not fit into the CARES Act funding regulations.
Administrator Report	▪ Staffing – we have candidates for the outreach position which includes the mobile clinic and school clinic. This provider would also have some scheduled time in our clinic.

	The last second interview was Friday August 20th and we hope to make an offer to a candidate this week. We have identified a Locum Physician Assistant who will be covering Kelly Boeing's maternity leave. The locum will be here September 1st through December 31st. We typically don't backfill maternity leave, but staff is feeling the stress with Meditech implementation. The locum will be here four days a week versus Kelly's three-day week schedule. ▪ We have not begun recruiting for the new provider position the board approved at the July meeting. Work has been happening around what that schedule will look like. We hope to begin recruiting soon. ▪ There are concerns about clinic support staff shortages. Whitney Lak, Clinic Director, has functioned some days as a Medical Assistant supporting a physician. We have looked at the wage scale for Medical Assistant's and we are a little over market rate. ▪ Advocacy days in Washington DC has typically been held in September. WSHA has scheduled virtual meetings to talk with Congressional representatives about hospital needs. ▪ We heard from the City of Leavenworth that they expect to have parking meters go live September 15th. We will be communicating with staff on how this will be easy for them. We are still working with the city on the offsite parking spaces to make those spaces available to all staff who need a space. ▪ There were articles in the Wenatchee World about Confluence not renewing their contract with Regence/Blue Cross which would affect several employers in our region. This appears to be part of their negotiations and we will stay tuned on the progress. ▪ We have been doing a lot of planning around stroke protocols in the Emergency Department, especially those who arrive via private vehicle. We will consider a formal tele-stroke program with the University of Washington which would allow us to offer some analytics. Many rural facilities have begun working with the UW on when to offer these medications. There will be a presentation at the September Medical Staff meeting. The annual cost of this program is about $30,000 which is an investment to ensure our community is getting the most timely care. There will be more to come on the progress of this program.
BOARD ACTION ITEMS	▪ Complete your timecards for August. ▪ We have registered for the WSHA Annual meeting series. Commissioners can register for the webinars individually. ▪ Check e-mail at least three times per week, or more frequently if possible. ▪ Signature pages are being sent via DocuSign today. Please sign as soon as possible. ▪ Please provide Jill dates when you will be out of town and not checking email.
STRATEGIC QUESTION / MEETING EVALUATION / COMMISSIONER COMMENTS	▪ Good presentations and great information on the updates. ▪ The EMS presentation was very interesting. Board would like to hear more about EMS in the future.
ADJOURNMENT	▪ There being no further business, Helen Rayfield moved to adjourn the meeting. ▪ Tom Baranouskas seconded the motion. ▪ The meeting was adjourned at 10:58 AM.

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Mall Boyd
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Mall Boyd, President

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Tom Baranouskas
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~~Helen Rayfield, Secretary~~

Tom Baranouskas, Vice President