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CASCADE MEDICAL
PARTNERS IN YOUR HEALTH

Minutes of the Board of Commissioners Retreat
Chelan County Public Hospital District No. 1
Pine River Ranch & Video Link
August 26, 2021

Present: Mall Boyd, President; Tom Baranouskas, Vice President; Helen Rayfield, Commissioner; Mary Helen Mayhew, Commissioner; Bruce Williams, Commissioner; Diane Blake, Chief Executive Officer; Pat Songer, Chief Operating Officer; Marianne Vincent, Chief Financial Officer; Melissa Grimm, Sr. Director of Human Resources; DeAnna Griggs, Sr. Director of Nursing; Jill Barich, Executive Assistant; Clint Strand, Director of Public Relations; Whitney Lak, Clinic Director; Dr. Jay Jerome, Clinic Medical Director; Dr. Eric Stirling, Emergency Department Medical Director; Dr. Geoff Richardson, Chief of Staff
Guests: Duane Goehner, Community Member

Topics	Actions/Discussions
CALL TO ORDER	• President, Mall Boyd called the meeting to order at 9:00 AM
Opening, Welcome, Culture of Shared Values and deliverables for the day	• Diane Blake shared thoughts and a poem about Leadership and building bridges. • During the morning session we hope to get a good understanding of provider staffing throughout the facility – clinic, emergency department and hospital. • In the afternoon we will look at the work that has been done around risk stratification and assessing where we are at mid-cycle with our strategic plan. • Everyone participated in an ice breaker activity where they shared a historical figure they would like to meet and their worst job experience.
Considerations for Provider Coverage:	• Our current provider staffing structure has been in place for several years and was common many years ago, but we are likely one of the only facilities operating with this coverage model today. • Non-holiday weekdays the emergency department is covered by a physician assistant with back-up from a clinic provider. The clinic provider who is covering the emergency department has a lighter patient load to allow time for possible emergency department work. Clinic providers cover scheduled, walk-in and same day appointments. Thursday's Dr. Butruille works in endoscopy and sees very few clinic patients. Hospital patients are admitted, rounded on and discharged by clinic providers. • Clinic providers also cover the emergency department weeknights on a rotating schedule. For providers who live close by, they may go home if there are no patients, and come back when called that a patient has arrived or is on their way via EMS. • Emergency Department Holiday Coverage – emergency department and clinic providers cover our recognized holidays on a rotating schedule. • Weekends are covered by emergency department providers and are on-site. • Clinic providers are challenged with being able to see their patients in the clinic, round on patients they have in the hospital and admit new patients, which takes a good amount of time. Emergency Department providers are challenged with having time to round on in-patients on the weekends when the emergency department is busy. Weekend admits to the hospital are not feasible due to the time it takes to complete the admit process, unless the patient is being admitted from the emergency department. • Are there additional services that CM could provide that would help us to keep some patients, that make sense, and would be revenue generating? • Challenges of not adapting our physician coverage model – potential attrition of long-tenured clinic physicians; challenged future physician recruiting; long-term structure and challenges with filling clinic/emergency department Advanced Practice Professionals (Physician Assistant/ARNP) role; dissatisfaction of team members. • Considerations for a future model: complete structure shift vs. tiered/flexed approach to change; completely separate emergency department team? Structure for hospital coverage and how to cover emergent holes in emergency department physician coverage; flexibility with emergency department coverage requirement by clinic physicians – impact to weekday emergency department current coverage

	structure? Structure for hospital coverage; short and long term financial considerations; changed model likely adds cost; Impact on current emergency department APP roles; changing stroke and STEMI protocols and on-call vs. in house physician; community preference for physician over APP as primary care provider. • Management would like to have some decision by the end of the year. There are a lot of downstream effects of making changes.
Risk Stratification Assessment / Update	• Reviewed and discussed the risk stratification list with the rankings completed by the Sr. Leadership team. • The highest ranked risks are the Rural Health Clinic payment cap, which is now capped at our 2020 rates and Clinic provider/MD coverage. • Based on the timing of when the ranking was completed and now, there are a number of items on the list which likely would move up the list.
Community Health Needs Assessment Work Plan Check-In	• Reviewed the CHNA strategies and discussed the items that we are behind what we originally planned. The pandemic has affected progress on some strategies. Some items will not be completed during the current CHNA period and a few will be pushed and planned to be worked in 2022. • CHNA Strategic Thinking: o COVID Care – how do we continue to move forward with plans in the midst of COVID? o Bilingual care and all forms in Spanish? The outreach provider will be bilingual and be able to provide more bilingual care. o Isolation • CHNA Vision o No barriers o Mobile clinic and getting more care out into the community o Paramedicine program o MEND – nutritional needs for community – Meals on Wheels o Increased health promotion versus illness treatment
Progress Toward Achieving 3 Year Goals	• We are halfway through the three-year cycle of our current CHNA which will be complete at the end of 2022. • We will be working on our next CHNA in 2022 to develop a plan for the next three-year cycle. • Reviewed the progress made to date on the CHNA. • Discussed accomplishments to the Strategic Plan to date and areas where we believe we may fall short of meeting the 2022 goals.
Wrap Up, Next Steps	• Next Steps: o There is already a meeting set up with a small group of providers to discuss in more detail the provider staffing model. Management will circle back with the board as plans are developed. o Management will continue to work on the 2022 plan and will catalog all the ideas captured today. • Feedback: o Board members feel it was a great meeting with good conversation. o The conversation with providers was very helpful for the board to understand the provider scheduling. o Breakout groups were very good and the day flowed very nicely. o There are always hurdles to overcome but everyone has a positive outlook on the future. o The dialogue with providers was a very comfortable conversation and valuable to everyone. There was great engagement by everyone. o Thank you, Bruce, for encouraging us to add strategic questions on the agenda.
ADJOURNMENT	• There being no further business, Bruce Williams moved to adjourn the meeting. • Mary Helen Mayhew seconded the motion. • The meeting was adjourned at 4:46 PM.

DocuSigned by:
Mall Boyd
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Mall Boyd, President

DocuSigned by:
Tom Baranouskas
Helen Rayfield, Secretary Tom Baranouskas, Vice President