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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
July 20, 2021

Present: Mall Boyd, President; Tom Baranouskas Vice-President; Mary Helen Mayhew, Commissioner; Helen Rayfield, Commissioner; Bruce Williams, Commissioner; 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; Chad Schmitt, Virtual Chief Information Officer

Guests: Kathy Jo Evans, Director of Accounting; Bob Adamson, CM Foundation; Josh Phillips, Paramedic; Clete, Community Member; Ryan Swan, Paramedic

Topics	Actions/Discussions
CALL TO ORDER	▪ President Mall Boyd called the meeting to order at 9:01 AM.
CONSENT AGENDA	▪ Tom Baranouskas moved to approve the consent agenda. ▪ Mary Helen Mayhew seconded the motion. ▪ Motion was approved.
COMMUNITY INPUT	▪ None.
VALUES	▪ Diane Blake shared insights from "The Daily Drucker" which has a daily reading for each day of the year. She shared the reading about Integrity.
FOUNDATION REPORT	▪ Thank you to CM for being a sponsor for the golf tournament and for all the volunteer hours provided by CM staff. ▪ The total raised was just under $40,000 after expenses. ▪ There is an upcoming benevolent night, July 27th 2:00 PM to closing at the Squirrel Tree Restaurant at Coles Corner. ▪ The Garden and Art show is coming up on August 7th from 12:00 – 5:00. There are ten gardens and local artists who will be showcasing their work. ▪ Marlene Farrell is working tirelessly on grants.
PUBLIC RELATIONS UPDATE	▪ No Report.
DISCUSSION/REPORT: OLD BUSINESS	
a. COVID-19 Response Activities	▪ As an organization we are working on how we incorporate some of the things we started doing for COVID as part of our everyday workflow. ▪ COVID case rates are up to 94/100,000 over a 14 day period. This is a slight increase. ▪ We are seeing an increase in the number of positive tests coming back in our facility. ▪ The Delta variant is becoming more prevalent in our state. ▪ We need to continue working on vaccinations. There are no mass vaccination sites in our area due to lack of demand at this time. ▪ The vaccination rate in Chelan County is good. Sixty-six percent of eligible people have initiated vaccination. Considering the full population, the vaccinate rate is about 56%. ▪ Masks are required in healthcare facilities. We have had an issue with a Chelan County Sheriff's officer not masking when they entered our facility. ▪ There was a big discussion at the WSHA board meeting about healthcare facilities mandating the COVID vaccine. It is a complex issue and as a state association they did not come to a decision on mandating this vaccine for healthcare workers. The UW Hospital is mandating the vaccine for their healthcare workers. ▪ New hires at Cascade Medical are required to have the COVID vaccine. ▪ The respiratory clinic is in the process of being re-worked. The plan is to move the respiratory clinic back into our rural health clinic. There will be a designated space in the clinic for these patients. There are some issues that are being worked through and we will need feedback from providers as this change is made.
b. MediTech Report	▪ Workflow validation is on target for late August. ▪ Dictionary work is scheduled to be complete by the end of the week. ▪ Integration work schedules are being created. ▪ Mock go live will be about the third week of September. ▪ The project is going very well and staff are putting in a lot of work.

	▪ Data archiving is a big component of this project. We need to pull our legacy data from Healthland. Chad Schmitt has been working with Dr. Raiche and the management team to review proposals for data archiving. ▪ Training will be provided by MediTech and we will also have some staff trained as trainers to teach staff. ▪ There has been an increase in cyber security attacks with ransomware demands. We have made some invests to protect our organization as much as possible and be able to recover from an attack should one ever occur.
DISCUSSION/REPORT: NEW BUSINESS	
a. Q2 Dashboard Review	▪ The updated dashboard is in the packet to show how we are progressing on the organizational goals. There is also a write-up to provide details. ▪ Equity of care – there are two projects that are related to this. We will be participating with the WSHA collaborative on this topic. Melissa Grimm will be our lead on this work. ▪ There are three areas where we will likely pause the projects for the remainder of the year: Improve clinic efficiency by standardizing & organizing provider / clinic hours & coverage; develop & implement a strategy to achieve 2% clinic market share growth; begin organizational strengthening using Lean and IHI principles. ▪ Clinic providers were asked multiple times to help identify patients to join the Patient & Family Engagement Council. Support staff were also asked, and several people were identified. Letters were sent out to nominated patients, but we received a very low response. There are now informational flyers in clinic exam rooms and the clinic waiting room. We have not yet scheduled interviews with community members who responded due to wanting to conduct several interviews on the same day.
b. Provider Staffing	▪ There have been ongoing discussions about provider staffing. The topic of how providers are scheduled and coverage for the emergency department will be a topic for the board retreat. ▪ Dr. Fosnaugh was hired early to replace Dr. Kranz. Several months ago, Dr. Jerome mentioned to Diane that provider staffing in the clinic needed to be reviewed. ▪ We have experienced some unusual increases in patient demand for provider staffing. ▪ A value stream project has just launched to help increase efficiency in the clinic. There is still a lot of work to do on this project and is expected to be a yearlong project. ▪ Providers schedules are blocked for admits, discharges, to cover the ED, medical director time, MediTech work and more. ▪ We have several part time providers and providers are feeling stressed from the pandemic and the need to care for our community. ▪ We have been structured to allow some same day/walk-in appointments and to have appointment access within a few days for empaneled patients. ▪ The physician assistant who also covers the emergency department during the workday is not able to see as many walk-in patients in the clinic due to the emergency department being busier. ▪ Most providers have full panels leaving less space for new patients. ▪ There is an increased demand for walk-in/same day appointments. We are averaging 5-7 walk-in requests for 3 available appointments each day. ▪ Our current process for establishing new patients is not working well. ▪ The number of days available and the number of empaneled patients shows the pressure being put on provider schedules. ▪ Additional short-term constraints on our provider schedules include: Kelly Boeing's upcoming maternity leave; outreach provider arrival timing; Meditech implementation and training demands; Meditech go live month will have decreased productivity; a month of all prescriptions converting to paper; time consuming hospital admission process. ▪ Long term constraints – clinic provider coverage of emergency department, hospital, clinic and clinic call and how that may change; will the outreach provider result in less, more or neutral demand for in-clinic work; future plans of career-length providers. ▪ What would a new position look like? Walk-in only versus a provider who carries a panel of patients; physician or mid-level? A new provider would be a mid-level to provide a better balance and help us meet our Medicare productivity levels. ▪ The data shows we have volume to cover the direct costs of a new mid-level provider. ▪ Diane Blake supports adding a new mid-level provider, there will be some changes needed in office sharing etc. by providers in the clinic.

	▪ Bruce moved to add a new mid-level provider to the clinic staff. ▪ Mary Helen Mayhew seconded the motion. ▪ Motion was approved.
ACTION ITEMS: NEW BUSINESS	
a. IT Support Services proposal	▪ The proposal for IT Support services will add our support staff as part of another organization. The staff that Scaled Data have sent to our facility have been very professional. The cost is a concern however, we will likely need to make this spend on our own, and this provides more resources and a higher level of expertise. ▪ Bruce Williams moved to approve the proposal for IT Support services. ▪ Tom Baranouskas seconded the motion. ▪ Motion was approved.
b. Credentialing	▪ Bruce Williams moved to approve Adjunct privileges for Dr. Jonathan Kim. ▪ Helen Rayfield seconded the motion. ▪ Dr. Kim's file has followed our process and been reviewed by the Emergency Department Director, Medical Executive Committee, CEO and Board Quality representative. ▪ Motion was approved
June Finance Reports	▪ The June financial statements reflect the proceeds of the Paycheck Protection Program Loan which we know has been forgiven. ▪ Several purchases were made in June for supplies to protect our staff and community from COVID that hit our bottom line. ▪ The Year-to-Date margin is much better than anticipated due to the recognition of the Paycheck Protection Program loan funds. ▪ Volumes for the speech therapy program should begin to increase with the recent hire of a .5 speech therapist. ▪ Salaries and benefits continue to be over budget due to COVID positions. ▪ Cash receipts were good. A little over $2 million, about $1.9 was for patient accounts. ▪ Accounts Receivable: Accounts over 180 days grew over the past couple months. There are a couple accounts that the business office is working to rebill, and we are continuing to struggle with denials on these claims. ▪ Days in Net Accounts Receivable – the decrease was due to a contractual allowance adjustment that was made. ▪ Marianne Vincent spent time with Kami Matzek following the June board meeting to learn more about contractual allowances and how the calculations are made. ▪ Due to all the recent capital purchases we have made, capital requests for 2022 are smaller. Budget packets will be going out to directors in the next week. ▪ We have informed our insurance agent of the recent chiller failure and are tracking those expenses. ▪ We received additional CARES Act funds that we may be able to use for lost revenue for a specific quarter.
Administrator Report	▪ Dr. Barstad has been working part time in our emergency department for the past several years. He is resigning and his last day will be the end of August. We will be looking at the emergency department provider schedule to back fill. ▪ Since early in the pandemic, we have been staffing a fourth ambulance position. Management is hoping to present information at the August board meeting on this topic. ▪ We are actively recruiting for the mobile clinic provider. We have two strong candidates and are continuing the process. We hope to make an offer soon. ▪ We filled the physician assistant position to replace the schedule Lucca Criminale, PA-C has been working one week a month. Alexander Pelman, PA-C will start on August 9th with a week of training with Corey Rubinfeld, PA-C and will have his first week filling the schedule the week of August 16th. ▪ Rural Advocacy Days is cancelled for 2021 due to Capital offices not being open as they have been. Washington State Hospital Association (WSHA) is working on Advocacy Days in Washington State in August or September. ▪ The Regional Hospital Council met recently. All facilities echoed challenges with staffing in clinical areas. Several facilities also experienced system failures due to the high temperatures we experienced recently. David Ohlson, Administrator for Columbia Valley Community Health talked about their future plans. They are focused on consolidation of some services in East Wenatchee.

	▪ Diane attended a forum with Congresswoman Kim Schrier on childcare. It costs more to have a young child in daycare than it does to send an older child to community college for a year. It is estimated that locally 5000 people lost their jobs due to childcare issues during the pandemic. ▪ The City of Leavenworth continues to work on their planning of a Healthy Community. There recently was a presentation to the city council, which Diane was unable to attend, but she did review the slides with other community leaders prior to the presentation. ▪ We are planning to host Staff Open Forum meetings in August. These will be in-person and will be 30 minutes long. ▪ Diane is out on vacation July 26th through August 9th.
WSHA Board Report	▪ Bruce attended the WSHA board meeting. The big and unresolvable issue was mandatory COVID vaccines for healthcare facility staff. ▪ The WSHA board just received the results of their board self-assessment and are determining what to do with that information. ▪ WSHA has been profitable for the past several years, due partially to a contract they had with the Centers for Medicare and Medicaid Services to provide quality and safety work. They no longer have that contract but have large enough cash reserves to cover the annual loss for about ten years. ▪ WSHA is working on their strategic plan. ▪ There is a new state requirement for a healthcare cost transparency board. The goal is to help slow down the increase in healthcare costs.
BOARD ACTION ITEMS	▪ 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.
STRATEGIC QUESTION / MEETING EVALUATION / COMMISSIONER COMMENTS	▪ Very good meeting and good discussion on the provider staffing topic. ▪ Great finance reports and the write-ups are helpful ▪ The discussions today were very good and being in-person makes it much easier. ▪ It is nice to hear from the other members of the Sr. Leader team.
EXECUTIVE SESSION – Performance of a Public Employee (RCW 42.30.110(1)(g)	▪ The board moved into Executive Session at 11:55 AM to discuss the performance of a public employee. ▪ The board returned to open session at 12:25 PM.
ADJOURNMENT	▪ There being no further business, Tom Baranouskas moved to adjourn the meeting. ▪ Helen Rayfield seconded the motion. ▪ The meeting was adjourned at 12:26 PM.

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Mall Boyd
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Mall Boyd, President

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Helen Rayfield
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