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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
October 19, 2021

Present: Mall Boyd, President; Tom Baranouskas, Vice-President; Mary Helen Mayhew, Commissioner; Helen Rayfield, Commissioner; Bruce Williams, Commissioner; Diane Blake, Chief Executive Officer; Marianne Vincent, Chief Financial Officer; Pat Songer, Chief Operating Officer; Melissa Grimm, Senior Director of Human Resources; Jill Barich, Executive Assistant; **Via Zoom**: Chad Schmitt, Virtual Chief Information Officer; Clint Strand, Director of Public Relations; Deborah Kelly, Interim Director of Nursing
Guests: Duane Goehner, Community Member; Ann MacPherson, Foundation Member

Topics	Actions/Discussions
CALL TO ORDER	▪ President Mall Boyd called the meeting to order at 9:00 AM
CONSENT AGENDA	▪ Helen Rayfield moved to approve the consent agenda. ▪ Bruce Williams seconded the motion. ▪ Motion was approved.
COMMUNITY INPUT	▪ None
VALUES	▪ Diane Blake shared thoughts on the value of Empowerment. The Director of Nursing and Nurse Manager positions have both been filled by internal candidates. She also shared a blog post about inclusion and allowing employees to grow.
FOUNDATION REPORT	▪ The Foundation had a benevolent night at the Wildflour and raised around $4,000. There was also a benevolent night at Colchuck ▪ The Foundation Retreat is next week at Mountain Springs Lodge.
PUBLIC RELATIONS UPDATE	▪ Clint Strand has spent a lot of time interacting with the media about an employee incident that took place earlier in the year. ▪ There was a drive-thru flu clinic on Saturday at Alpine Lakes Elementary. ▪ October is “Think Pink” month – there are free and reduced cost mammograms for those who need them. Thank you to the foundation for their support. ▪ Clint is working on the Annual Report that will be sent to the community in 2022. ▪ He is in the midst of the social media campaign for open positions in our facility.
DISCUSSION/REPORT: OLD BUSINESS	
a. COVID-19 Update	▪ Case rate over 14 days for Chelan and Douglas counties are 651.5/100,000 which is down from 705/100,000 in September. Capacity in hospitals is tight across the state. Confluence is not accepting inter facility transfers for some things. The majority of hospitalized patients are not fully vaccinated. Some of the limitation on beds is due to staffing constraints. ▪ The State has completed their update of the Crisis Standards of Care. There will be training for hospital staff later this week. ▪ Hospitals have been working with WSHA on the vaccine mandate and the effects on staffing. Staffing concerns are not as severe as everyone initially thought would exist. We will not see a reduction in services due to the mandate. ▪ There is concern about long term care facilities and EMS where there are lower vaccination rates. It is unknown if hospital systems will be impacted by this. ▪ We do have the monoclonal antibodies available for treatment of patients who meet criteria. We have received more doses of the antibodies and are able to offer some outpatient treatment. Getting vaccinated is the best way to protect yourself. ▪ Boost doses are available for Pfizer for those who meet the criteria. Moderna boost doses will be available when we have approval from the State. There has been discussion with the school district about the youth Pfizer immunizations. We expect we will give those doses in the clinic. ▪ The flu vaccine is also very important this year and is available in the clinic. ▪ The reporting period for CARES funds was extended 60 days. We are preparing to submit for the next round of Provider Relief funds. ▪ Initially we had 37 unvaccinated employees – one person was actually vaccinated; fourteen initiated vaccination; five resigned prior to October 18th; one received a medical accommodation; fourteen were granted religious accommodations. Five staff members chose not to accept the accommodations; one person is on leave and one was terminated for not requesting an accommodation. Our staff vaccination rate is 97%.

b. MediTech Report	▪ There are a number of tasks that were not completed that got us to the point of deciding to push the go live. We are working to determine a new go live date. We would like a February 1 date, MediTech is pushing for a mid-month go live. ▪ We are using this as an opportunity to continue to learn so there is a higher degree of understanding of the system prior to go live.
DISCUSSION/REPORT: NEW BUSINESS	
a. Q3 Dashboard	▪ In Q2 we anticipated there would be more areas where we were behind target as the year progressed. The MediTech implementation work has tabled a lot of items. ▪ Implementation of the Patient and Family Engagement Council will be moved to 2022. ▪ The four financial stewardship goals are behind schedule. There has been a lot of work in those areas that have moved us forward they just don't relate to these specific goals. ▪ The people pillar is mostly green but we will move the goal on organizational strengthening using Lean and IHI principles to next year.
b. Draft 2022 Organizational Goals	▪ The long-term goals were set as part of our three-year strategic plan by pillar. 2022 is the final year of this strategic plan cycle. ▪ Sr. Management is still working on the 2022 goals and the board's input is important in finalizing next year's plans. ▪ Reviewed and discussed the draft 2022 goals.
c. Organizational Structure Changes	▪ The organizational chart in the packet is how we have been structured for the past year and a half or so. ▪ We will change the Sr. Director of Nursing position to Director of Nursing and change the Sr. Director of Human Resources to Chief Human Resources Officer. The Director of Process Improvement will move under the Chief Operating Officer. ▪ Administrator on Call will change to just the Chief's and nursing issues will go to the Director of Nursing.
COMMITTEE REPORTS:	
a. Finance Committee	▪ The committee spent a lot of time discussing the budget and budget process. The process begins in July and takes several months. There was good input from a lot of people throughout the budget process. ▪ We have exceeded some of our operating budget. There were several events in 2021 that are non-recurring events that have affected our cash collections such as the EMS Levy catch up funds and some grants that we were not expecting. ▪ Volumes are coming back in 2021 and we are having a good year. ▪ The finance committee is recommending approval of the 2022 budget and the wage increase that is being proposed. ▪ We spent a lot of federal funds in 2021 on capital equipment, the 2022 capital budget has more Plant improvements. ▪ The committee also recommends continuing with DZA as our audit firm. We do not have their engagement letter yet for 2022. ▪ Ethan Maffey presented on some process improvement projects that affect finances. ▪ Board education – the Rural Health Care Cap is not a concern for us in 2022, but looking long term there may be some implications. The committee would like to have DZA do an education for the full board in the future on this topic. ▪ In the "20 Questions binder" there is a section on hospital finances. The AHA also has an educational piece on finance committees and what they should be considering.
August Finance Report	▪ We had a net margin of $387,000 versus a budget of $40,000. Volumes were high in August and we receive $120,000 from the Foundation for the mobile clinic. ▪ YTD we have a net margin of $1.23 million, this excludes the PPP Loan proceeds received in 2020, but recognized this year, which gives a truer picture of this year's performance. We are also receiving additional EMS levy funds that were not collected by the county last year. ▪ Revenue was high in August – The Emergency Department and Lab are both well above budget. ▪ Salaries and benefits are over budget due to the additional EMT shift and the Temp Check person. ▪ Purchased services are over budget partially due to the chiller issue, a temporary staff member in Accounting and some additional expenses in IT for Meditech. ▪ Cash collections on patient accounts were good. ▪ Days in Net AR percentage dropped slightly. ▪ We just completed our provider relief reporting and submitted that report to DZA.

	▪ We are applying for some additional provider relief funds at this time. ▪ In the 2022 budget we have $262,000 of SHIP Funds which is Small Hospital Improvement Projects grant that we will receive next year for COVID relief. ▪ We have contracted with Trubridge to help us roll down our Accounts Receivable in preparation for the change over to MediTech. ▪ We typically approve the resolutions for the bonds at this meeting, but we have not received the data from the County. We will present those to the board in November. ▪ We have a new Payroll Coordinator who started this week which will help us get back on track with reporting financials.
2022 Budget Hearing – 2nd Reading	▪ Patient volumes have been adjusted slightly from the first draft based on an additional month of data. The biggest change is a proposed increase in clinic volumes of 8%. ▪ We have a proposed bottom line of $749,000, before any wage increases above step increases and represented staff increased per contracts. ▪ Wage increases for non-union staff are recommended at 1.5%, plus their 1.5% step increase (which is already included in the budget). Managers and providers would receive a 3% increase. Management and the Finance committee recommend the 3% increase for staff.
ACTION ITEMS: NEW BUSINESS	
a. Resolution 2021-05 – 2022 Operating and Capital Budget	▪ Bruce Williams moved to approve the 2022 Operating and Capital Budget. ▪ Mary Helen Mayhew seconded the motion. ▪ Motion was approved.
Administrator Report	▪ Thank you, Marianne, for all your work on the budget. The budget process this year has been very solid and reviewed by the Sr. leadership team several times. Each time the budget has been where they needed it to be, allowing for a very thorough review. ▪ Molly Bloss, RN has been promoted to the Nurse Manager position and Samantha Jerome, RN has accepted the Director of Nursing position. ▪ Our interim Director of Nursing, Debbie Kelly, will stay on for a bit to help with the transition and provide some coaching and mentoring. ▪ We have had a couple interviews for the interim Chief Operating Officer position. Pat Songer is participating in those interviews to help determine the appropriate skill set. Timing may be an issue as we would like some overlap with Pat. Melissa Grimm is also working on screening permanent Chief Operating Officer candidates and setting up interviews for candidates. We do have a number of applicants for the position. ▪ We had an interview for another outreach provider who is bi-lingual. We will bring her back to meet with more of the team. ▪ There is potential for funds to be available for spending on workforce development by our state. Representatives Cody and Slatter are leading this effort. WSHA is hosting a call tomorrow to discuss this and the need for more training slots for nurses and other skilled positions. Diane will be participating in this call. ▪ Diane has been participating in Our Valley Our Future (OVOF) work group calls. The group will help determine the goals for the next strategic plan for OVOF. Some of the goals that have been suggested may not be reasonable. Some good concepts have been discussed which includes all those who provide healthcare being more collaborative. ▪ The Lake Chelan CEO announced his resignation, and the interim CEO at Confluence also resigned which will extend Dr. Rutherford's tenure as Confluence's CEO. ▪ The city has convened monthly meetings with a few agencies to discuss healthy community and how we can work collaboratively. There is a plan to do some exercise stations on Blackbird Island. We were asked for input and if there is a way to incorporate a mental health component into this. Diane tuned in to the city council meeting last week which discussed the Osborn Elementary site. One item in our Community Heath Needs Assessment is a community gathering place, which the Osborn site may become. ▪ Diane continues to work with Dr. Jerome, Dr. Stirling and Dr. Richardson to work on provider coverage for the emergency department (ED) and clinic. The current plan is to add 10 hours additional emergency department coverage on Mondays, which would put an ED provider in the ED all day. Three clinic providers would like to step out of night ED coverage, which will add additional ED provider hours. The plan is to have those providers be back-up to the ED during the day initially, but at a certain point it will not be appropriate for them to be back up. Once these providers are not backing up the ED,

	they likely will be able to see more clinic patients. At least one of the providers feels they will be able to open up their practice again. This idea will be presented to the full medical staff. The next question will be hospital coverage. ▪ WSHA Board role updates – Diane should officially be elected to the WSHA Chair role next week. WSHA pulled big system CEO's together to discuss collaboration. All facilities can collaborate on work force and learn from one another on cybersecurity. The big systems respect the small rural facilities and value their role in caring for their communities. ▪ Pat Songer would like to thank the board and leadership for the great work they do.
BOARD ACTION ITEMS	▪ Part Time Resident Advisory Council meeting is Saturday, October 23rd. ▪ Complete your timecards for October. ▪ 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	▪ This was a very informative meeting. ▪ Pat will be missed.
EXECUTIVE SESSION – Performance of a Public Employee (RCW 42.30.110(1)(g))	▪ The board will move into Executive Session at 11:30 AM for 30 minutes. ▪ The board returned to regular session at 12:00 PM.
ADJOURNMENT	▪ There being no further business, Tom Baranouskas moved to adjourn the meeting. ▪ Helen Rayfield seconded the motion. ▪ The meeting was adjourned at 12:01 PM.

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Mall Boyd, President

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