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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
September 28, 2021

Present: Mall Boyd, President; Tom Baranouskas, Vice-President; Mary Helen Mayhew, Commissioner; Helen Rayfield, Commissioner – excused absence; 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;; Jill Barich, Executive Assistant; **Via Zoom**: DeAnna Griggs, Senior Director of Nursing; Chad Schmitt, Virtual Chief Information Officer; Clint Strand, Director of Public Relations

Guests: Duane Goehner, Community Member; Strode Weaver, Foundation Member; Cassie Sauer, WSHA CEO; Alex, Community Member

Topics	Actions/Discussions
CALL TO ORDER	▪ President Mall Boyd called the meeting to order at 9:00 AM
CONSENT AGENDA	▪ Bruce Williams moved to approve the consent agenda. ▪ Mary Helen Mayhew seconded the motion. ▪ Motion was approved.
COMMUNITY INPUT	▪ None
VALUES	▪ Diane Blake shared a letter from the MJ Murdock Charitable Trust.
FOUNDATION REPORT	▪ The Foundation donated $120,000 for safety equipment and additional funds they pledged for the mobile clinic this year. ▪ CM staff are consistent supporters and the amount from payroll deductions seems to grow each year. ▪ There was a benevolent night at Colchuck which resulted in a donation of $1,100. ▪ There will be another benevolent night on October 13th at Wildflour at Kahler Glenn. ▪ The Foundation has eighteen current members, six of those are new this year.
PUBLIC RELATIONS UPDATE	▪ Clint Strand has been busy with parking communications. Metered parking is coming soon. We are working to ensure there is suitable parking for staff and patients. ▪ There was a lot of time spent on a response to an article that was published in the Leavenworth Echo. Our providers were concerned about some of the statements made in that article and all came together to sign off on a response. ▪ Clint is working on letting patients know about our transition to MediTech and the change to a new patient portal. ▪ We are executing an ad campaign for open positions at our facility. This campaign will begin on October 1st.
COMMITTEE REPORTS:	
a. Medical Staff	▪ The meeting was in early September. Dr. David Tirschwell from the UW Stroke Center joined and presented on the Tele-stroke program. The program would allow for a neurologist in Seattle to exam the patient virtually. They can be connected in about four minutes as time is of the essence with these patents. This program would require us to have a CT Tech and pharmacist on site 24/7. We also have a barrier with the fact patients must be transported to the fish hatchery to be picked up by a helicopter or taken to Wenatchee if a fixed wing plane is required for transport. There are several items we will need to consider, including the additional costs before a decision to implement the program can be made. One consideration is Confluence does not have neurologists on staff 24/7. Our providers are very interested in this program. ▪ Providers are also concerned with staffing due to the vaccine mandate.
b. Governance Committee	▪ The committee reviewed the OPMA and Conflict of Interest policy as well as the commissioner job description. ▪ The committee discussed their self- assessment survey and decided to keep the same questions as in the past. ▪ The CEO evaluation and process will stay the same this year. The rating scale was adjusted last year and we would like to be able to trend results. Mall will be reaching out to providers to encourage them to respond to the survey. ▪ The next Community Health Needs Assessment process was discussed. Diane Blake will be looking for consultants to assist with this work. ▪ Reviewed and discussed an article on board committees from AHA which will be sent to all commissioners when we have new committee assignments.

	▪ Tom received his WSHA Healthcare Certification. The WSHA webinars will remain the backbone of our education this year.
1st Reading 2022 Budget	▪ The draft budget includes input from leadership and has been reviewed by the Sr. Leader team. The actual financial data included is through July as August financials are not yet completed. ▪ Reviewed the draft budget which includes forecasted growth, proposed FTE increases, charge increases, capital purchases of $694,000 and increased depreciation expense based on recent purchases. There are additional expenses in Purchased Services which includes software, IT services, service contracts, etc. ▪ Commissioners would like to have a better understanding of contractual allowance as we look at long-term financial planning. ▪ Radiology has an increase of 1 FTE which is due to volumes and in the past they had students who were able to help. We have not had any students recently. ▪ Reviewed capital budget items for 2022. The majority of the proposed purchases are for plant. ▪ The pediatric colonoscope would be used for smaller adults, we do not plan to offer pediatric colonoscopies. ▪ Proposed staff salary increases are typically projected to be small at the first reading and once the second reading comes around management hopes to be able to offer a larger annual increase. ▪ August financials are not finalized yet due to staffing challenges in the business office. It looks like August had good revenue. The end of September was the deadline to report the use of CARES Act Funds, but an additional 60-day grace period has been granted. We still hope to finalize our reporting by the end of the month. There are additional deadlines for other funds we received that are upcoming. ▪ Once August financials are finalized, we will submit data to DZA for an interim cost report. We also need to get GEMT data to DZA and continue training on MediTech.
Cassie Sauer, WSHA President & CEO	▪ Cassie Sauer, WSHA's President and CEO joined the meeting to share information about WSHA and thank the board for their support of Diane's leadership role on the WSHA Board.
DISCUSSION/REPORT: OLD BUSINESS	
a. COVID-19 Update	▪ Case rates over 14 days are at 785.2/100,000. This is down slightly from August. There is a slight plateauing in cases but is still very high. The cases in Washington are mostly the Delta Variant. ▪ Hospital capacity is very tight across the state. We are receiving patients in our state from Idaho and at times from Alaska. ▪ Most hospitals have stopped non-emergent surgeries. ▪ Regionally we have seen a drop in hospitalizations, which is due to more deaths and not fewer patients being hospitalized. The majority are people are not fully vaccinated. ▪ There is a strong demand for transfers due to tight bed space. Our state has come together so no area will go into crisis standard of care alone. Patients are being transported longer distances to find beds which is putting a strain on transport agencies. ▪ Work is going into the crisis standards of care in case it is needed. ▪ We did see in our four-county region a plateauing of the positivity rate at 11%. ▪ Across the state there are concerns about staffing. WSHA has been working with the State, and there has been an ask to bring in the National Guard for additional help. These would be facility paid resources at a very high rate of around $250/hour. ▪ Agency nursing costs are going up as there is a high demand for these resources. ▪ With the vaccine mandate there is concern about long term care facilities being able to care for all the patients in their facility, and if not, where would these patients go. ▪ There has been talk about monoclonal antibodies. We have been able to get a few doses of this medication which is given to COVID positive patients who meet certain criteria. We shared some doses with Lake Chelan Community Hospital. There is a huge demand for this medication but not enough has been manufactured. The state is now allocating the available doses. We will request doses and are working on a process to offer it on an outpatient basis. The best way protection is to get vaccinated. ▪ The Pfizer vaccine has been approved for a 3rd dose for people in certain categories. Some of our providers received Pfizer and they have been offered the third dose. We are working on a process to offer the third dose for all those who qualify.

	▪ Flu clinics were offered last year as drive through clinics. We are working on how we may be able to provide this type of service again. We do have the vaccine and patients can begin getting their shots now. ▪ We were running very low on Rapid COVID test kits last month, but we have been able to obtain more. They do have an upcoming expiration date, but we were able to get certification to use these for several months past the expiration date. We do have adequate supply right now of test kits. ▪ We started the Governor's mandate with thirty-six staff unvaccinated. Eleven have initiated vaccination and seventeen have requested accommodations. We have granted one medical and thirteen religious exemptions. We had one additional resignation. Most employees have until October 4th to let us know if they will accept the accommodations. It is also the last initiation date for a J&J vaccine to remain employed on October 18th. Four employees have stated they intend to initiate the J&J vaccination. One person has not communicated with Human Resources.
b. MediTech Report	▪ Go live is getting closer. ▪ The mock go live was last week. There were items identified to be worked through. ▪ The items that need to focused on are getting more attention. There are some minor things that need to be adjusted. ▪ The MediTech team is pleased with the progress and the team effort. ▪ October 15th is the "Go, No Go" deadline. After this date any major changes will need to go through an approval process.
ACTION ITEMS: NEW BUSINESS	
a. Conflict of Interest Policy	▪ The Conflict of Interest policy is on the agenda for approval as a reminder for commissioners to review the policy and think of any potential or perceived conflicts of interest. If Commissioners think there may be a conflict of interest, they should take it to the Board chair or CEO to get another opinion. ▪ Mary Helen Mayhew moved to approve the Conflict of Interest Policy. ▪ Tom Baranouskas seconded the motion. ▪ Motion was approved.
b. Commissioner Job Description	▪ Tom Baranouskas moved to approve the Commissioner Job Description. ▪ Bruce Williams seconded the motion. ▪ Motion was approved.
c. Credentialing	▪ Bruce Williams moved to approve the recommended privileges for the following providers: 1. Active – Corey Rubinfeld, PA-C 2. Adjunct – Dr. Ken Lindsey 3. Teleradiology Privileges: ▪ Dr. Geoffrey Fey ▪ Dr. Gulam Ashfaq Khan ▪ Tom Baranouskas 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
Administrator Report	▪ Diane participated on a call with Senator Murray this morning with about eighteen hospitals and last week there was a call with Senator Cantwell. There was a call with Representative Schrier that Diane was not able to attend. Some of the topics we are asking for support: o Pandemic response and workforce asks – our Federal leaders are sitting on committees where they can influence residency slots and where those slots are available. There is an ask for more spots and for them to be in the West. There is also an ask for more Visa spots for people to be able to stay. o Provider relief funds and thanking them for the support. One of the challenges is the deadline to use the funds by June 30. The pandemic continues and our higher expenses continue and for them to consider further funding for hospitals. o 340B program for rural and underserved areas. It provides some funding to us, but the pharmaceutical companies are trying to decrease the funding to this program. o We are taxed based and are able to ask for funding from our community. o Infrastructure funds for other facilities

	○ Telehealth funding - we are able to offer telehealth to patients in their home and we are asking for support of those bills that will allow us to continue offering telehealth as a rural facility. ▪ Our legislators are well informed and understand our issues fairly well. There is a desire on their part to do what they can. ▪ Our Valley Our Future is an organization that looks broadly at the needs of the entire Wenatchee Valley. They have been somewhat Wenatchee focused but are in a strategic planning schedule and have formed action teams to ask people for input on their goals for the next cycle. Diane will be representing the upper valley at these meetings in the evenings over the next few months. ▪ Dr. Kranz came up with the idea that it may be helpful if he covered Saturday clinic for providers who would like to not work on a Saturday. This may give providers another half day in the clinic during the week. He is being very careful to not confuse people and let them know he is only filling in and not on the schedule regularly. ▪ We have an interim Physician Assistant who is covering for Kelly Boeing's maternity leave. Portia Kamps has been well received in the clinic. We have an interim Director of Nursing who started today and will help bridge the gap with transition. ▪ The Outreach provider who we offered the position to decided it was not the right time for her to move to Leavenworth. The second candidate has decided she wishes to remain with her current employer. We are struggling to find a provider who is Spanish speaking. We have a couple new candidates who we will be reaching out to soon. ▪ The work around revising how we schedule providers in the Clinic, Emergency Department and Hospital is continuing with the goal of developing a plan. Weekend hospital coverage is one of Diane's goals but we are not sure where this will end up. When a plan is developed it will be brought to the board. ▪ The regional hospital council meeting was a couple weeks ago. Regionally CEO's are struggling with staffing. One solution to this is training more people to do the jobs and reach out to schools to ask for additional training slots for nurses, MA's and CNA's. When we ask them to add spots we also need to commit to taking on more students for rotations. One of CNA requirements is for part of their rotation to be at long term care facilities which can be a barrier. There are a couple legislators who are working on funding for students and ensuring that there are rotations available. Schools need to be reminded to reach out to rural facilities for rotations. There is a lot of planning and discussion around training opportunities.
BOARD ACTION ITEMS	▪ Complete your timecards for September. ▪ 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	▪ Our state representatives don't know what is going on unless we reach out to them and keep them informed of what is important. ▪ We are fortunate to have Diane connected with Senator Murray and Cantwell. ▪ We talked through the strategic question on the agenda during the budget discussion. ▪ Chelan County has a climate resiliency program, "No Community Left Behind" which looks at how climate change affects the lower income people in our community more than others. For people who do not have air conditioning or are working outside when it is over 100 degrees, it is a health issue. We need to keep this in mind as well think about the future
ADJOURNMENT	▪ There being no further business, Bruce Williams moved to adjourn the meeting. ▪ Tom Baranouskas seconded the motion. ▪ The meeting was adjourned at 10:55 AM.

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