CASCADE MEDICAL
PARTNERS IN YOUR HEALTH

Minutes of the Board of Commissioners Meeting
Chelan County Public Hospital District No. 1
Arleen Blackburn Conference Room & Video Conference Connection
March 22, 2022

Present: Tom Baranouskas, President; Bruce Williams, Vice-President; Mall Boyd, Commissioner; Mary Helen Mayhew, Commissioner; Helen Rayfield, Commissioner.
Diane Blake, Chief Executive Officer; Pat Songer, Chief Operating Officer; Melissa Grimm, Chief Human Resources Officer; Tammy Spencer, Executive Assistant; **Via Zoom:** Clint Strand, Director of Public Relations; Chad Schmitt, Chief Information Officer.

Guests: Marlene Farrell, Foundation Coordinator – via Zoom; Carmen Garrison, WSNA – via Zoom; Duane Goehner, Community Member – via Zoom; Katrina Rostedt, RN

Topics	Actions/Discussions
CALL TO ORDER	▪ President Tom Baranouskas called the meeting to order at 9:00 AM, following a board education discussion focused mainly on Succession planning.
CONSENT AGENDA	▪ Mary Helen Mayhew moved to approve the consent agenda as presented. ▪ Mall Boyd second the motion. ▪ Motion was approved.
COMMUNITY INPUT	▪ Katrina Rostedt RN from Cascade Medical ER Department brought in a group letter of concern about leadership structure specific to WAC 246.320.136 ▪ Board thanked Katrina for taking the time to express perspective
VALUES	▪ Diane Blake shared Universal Design which involves making a building as accessible as possible to all people with or without disabilities and making all feel welcome. The importance of ADA compliance ensuring everyone can access the building is fundamentally important. We always want to be thinking "How can we continue to improve on making our community feel welcome?" DEI is an important factor. Diane read a comment card that a patient in a wheelchair sent in, and that patient was very grateful for the automatic door opener. "It is helpful when there are no other people around to assist."
FOUNDATION REPORT	▪ Marlene Farrell reported on activities of the Foundation. ▪ June 20th Annual golf – great sponsorship of $30,000 to 35,000. We are still looking for volunteers and golfers ▪ May 8th 5k race partnering with the Leavenworth Chamber all proceeds will be going to Cascade Medical Foundation ▪ München House in June, Squirrel Tree in July working on Benevolent night- more information to come ▪ September Charm Walk ▪ October 1st Partnering with Icicle Creek Center for the Arts they are comping space for Wenatchee big band concert/dance event ▪ AED Campaign 3 grants and community fundraising we have 21 AEDs ordered and we will have old and new ones out in the community. Working with the Emergency Department to provide a training video. We will have about 30 AEDs throughout the community ▪ Foundation board membership is growing which is great as we are a working board and the more members the more work we can do. We lost a few valued people last year and some are coming up on their 6-year term. Vito the owner of Squirrel Tree is a new member, and we have 3 more coming to the board meeting as potential new members. 2 possible returnees Ken West and David Larson.
PUBLIC RELATIONS REPORT	▪ Clint Strand reported. We have been putting together new photos including masks, in part for Annual Report to Community, due out in a few weeks. Ambulance wraps are expected to have more blue in the color scheme and we are about 90% done. We are excited to announce Health and Safety event Saturday June 4th working with Marin Winters, RN and we will have bike helmet and life jacket sizing and give aways. They will be talking about water safety and Life Flight will be on the ground and have availability to sign up for Life Flight if folks are interested.
DISCUSSION/REPORT: OLD BUSINESS	

a. COVID-19 Update	▪ Diane reported; Case rates last month in Chelan-Douglas area 1,288 new infections per 100,000 people over a 14-day period. Now it is 216 per 100,000 people over a 14-day period. Hospitals will probably remain quite full as procedures and care had to be delayed due to the pandemic. Masking requirements will remain in force in health care. Now that there is a pause, it gives our industry time to consider other things such as how do we better address work force trauma. ▪ Outside of CM the American Hospital Association is still pushing for more federal funding for hospitals. We are still trying to find our way out of the how to go back to normal operations and how to deal with that. It does feel a little unlikely that we will see more Federal funding at this point. ▪ One of the things we are working on is that the workflow to begin to see respiratory patients in the clinic. ▪ The Foundation will be looking at more hybrid meetings with zoom and in person.
b. IT Update	▪ Chad Schmidt reported; we are moving into post MediTech support, there is a lot of work to do yet. But we are working on how to request IT support and standardizing that process and with other processes. ▪ We are being diligent concerning our cyber security and keeping us protected from outside perimeter activity. As well as trying to define some processes for larger community wide events that may impact the power grid for example. ▪ We are working with a new security partner, so we are consistently being updated to any potential threats in the area. This is keeping us proactive in our security ▪ Obviously working on the larger event, how would the hospital react if we lost our power grid for example what is the hospitals stance on that concerning the community area for congregation for public support and how would we handle that? It is important to be proactive and something we should be doing to be prepared and diligent.
COMMITTEE REPORTS	
a. Governance	▪ Tom Baranouskas: we met on the 23rd of February and spent time on the AHA documenting our committee's and looking for any gaps. It looks like we are in good standing and did not find any real gaps. One area that we felt like there was a gap and that is to put a little structure around Sr. level and provider compensation, and we are going to add that to the Governance Committee work plan. ▪ We spent quite a bit of time working on our (board) succession planning. We are working hard on that; it is one of the top 3 items of importance. ▪ Patent Advisory Committee is an action that we have on our goals for this year. We'll see how that works and then looking at Resident Advisory Committee and going with that or not. ▪ Spoke a little about the retreat only to stress the 3-year strategic plan and what we are going to focus on. ▪ Community health needs assessment we are going to get an outside vender and Diane is going to get us some help on that. ▪ And finally, were going to do a full board assessment and we feel we can do that ourselves.
b. Finance	▪ Bruce Williams: we had a good presentation form USI Diane and Marianne will meet with USI in the future to consider some possible changes in our policy, but there is nothing glaring about that. We have looked at our finance dashboard and we will be getting together to talk about that. Long term financial planning is another thing that is on our agenda, but not sure when we will have the band width issue, both with covid and MediTech. But something we want to keep in mind to get to. But nothing to report at this time.
c. Quality Oversight Committee	▪ Mary Helen: we spent a lot of time reviewing the documents, death and dignity, and we spent a lot of time talking about our structure and what we were going to do with our timeline and setting our meeting dates for the rest of the year. And our work plan on how we are going to handle things like that. The discussion about reports and standardized reports on the other committees and how often they are meeting and what's being presented to us. There was some lack of standardization in the past in the written reports, but it seemed better this time. I see this committee evolving and improving and looking forward to how we are improving our whole structure
d. Medical Staff	▪ Tom Baranouskas: 3rd of March meeting Diane had shared the difficulty in hiring positions full time ED and at the time COO. Concerns such as childcare, housing, wages can make it difficult in terms of our hiring status. Another issue was emphasizing to the physicians that the projectivity reports that we have to do for Medicare are based primarily on their time sheets and timecards and the importance of taking care of that little bit of administration. Later in the agenda is a stroke protocol, totally supported by all the staff a little discussion about where are we? and let's get going. Supported completely by the physician staff. EMR discussion, they are

	having a little bit of growing pain there to as well. A couple Dr.'s commented on the startup of flow for new patients and Chad was very supportive to the Dr's and be sure they had the training they needed to alleviate that frustration
e. WSHA Board	▪ Bruce Williams: The WSHA Board has discussion questions in the agenda that you can think about ahead of time, which is helpful. The WSHA Board is interesting in that they do things a little differently, their agenda is 6 pages long but the meeting itself, is not that long, so they give more information in the agenda. They also send out a survey at the end of the meeting to get feedback on how you felt the meeting went and how you felt about it. Our agenda touched on safety net assessment program as well as compliance and other topics.
ACTION ITEMS: OLD BUSINESS	
a. Board Objectives	▪ Discussed importance of succession planning. We removed number 2 regarding education of each commissioner and added the succession planning goal. ▪ Mall moved that the board approve the revised 2022 board objectives ▪ Mary Helen second the motion. ▪ Motion was approved.
ACTION ITEMS: NEW BUSINESS	
a. Board President Job Description	▪ Tom Baranouskas As you can see there is a description which includes characteristics in relation to their desire to the board president. One of the additions are facilitating discussion with partnership with the Board, and management and working with the CEO. A little bit about public information on public hospitals. So, a little revision there. Any discussion on that change? ▪ Bruce moved to approve it. ▪ Mall seconded the motion. ▪ Motion was approved.
b. UW Stroke Program	▪ Recent months we've worked on improving stroke care including stroke protocols and standardization. Part of the continuing work was looking at partnering with the University of Washington on their TeleStroke program. The med staff has a strong recommendation to move forward with the stroke program, giving us the ability to consult with University of Washington for stroke patients and improving treatment time and the outcome. ▪ Mary Helen Mayhew made the motion to approve. ▪ Mall Boyd second the motion. ▪ Motion was approved
c. Credentialing	▪ Mary Helen Mayhew moved to approve privileges for the following providers: • Dr. Miranda Raiche – Active Privileges • Dr. Jason DiVito – Teleradiology Privileges • Dr. Monjari Gillian – Teleradiology Privileges • Dr Kevin Marcum – Teleradiology Privileges • Dr. Fang Yu – Teleradiology Privileges ▪ Mall Boyd seconded the motion. ▪ Motion was approved.
January Finance Report	▪ January performance we are currently $102,000.00 behind budget. We are early in the year, and we are hopeful we will make that up throughout the year. Our volumes are down and possibly Omicron had a role to play in that and we didn't run any endoscopies for most of the month of January and we had a greater number of illnesses in staff during January which all impacts volumes. Days in net AR have crept up a little bit, but I would expect that due to MediTech and the difficulty with that. I would expect to see that remain high for at least a few months as we work through this. The staff absences were a challenge in January due to illness and the MediTech issues.
Administrator Report	▪ We filled our COO position, and we welcome back Pat Songer to that position. ▪ MediTech and the use of MediTech in our system, we are frankly not satisfied with the level of service we are receiving from MediTech and working to continue to get that built out as it should be. ▪ Recruiting an emergency department physician has been a challenge We will consider a recruiter, but it's hard to entice someone over to our area at possibly a lower wage as we pay wages commensurate with low volume hospitals. ▪ In January we had 2 physicians in the clinic that we were able to pull from the night coverage schedule, Dr. Richardson and Dr. Butruille. As a reminder as preserving for the community, we have 2 additional physicians and by the beginning of the 3rd quarter that will be coming off the

	night call schedule that will be Dr. Merritt and Dr. Raiche. So, in the end we have 2 clinic physicians that would like to remain on the schedule Dr. Jerome and Dr. Fosnaugh. By the beginning of quarter 3 we have a plan to switch to 24 hour shifts vs the split between day and night. The clinic physicians will continue to cover back up during the day shift We have evolving questions concerning inpatient coverage on the weekend. We want to continue to work on life work balance for our physicians. ▪ We talked about in Governance we are going to go ahead and move forward with Health Facilities Planning which is Jodi Corona with Community Health Needs Assessment and strategic plan.
BOARD ACTION ITEMS	▪ Complete your timecards ▪ Check email at least three times per week, or more frequently if possible
STRATEGIC QUESTION / MEETING EVALUATION / COMMISSIONER COMMENTS	▪ Mall Boyd stated, what the Governance Committee has done in getting us (board) to think ahead and doing a great job in getting the board moving forward.
ADJOURNMENT	▪ There being no further business, Mall Boyd made a motion to adjourn the meeting. ▪ Bruce Williams second the motion. ▪ The meeting was adjourned at 10:45 AM.

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Tom Baranouskas, President Helen Rayfield, Secretary