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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
April 26, 2023

Present: Tom Baranouskas, President; Bruce Williams, Vice President; Gustavo Montoya, Commissioner; Diane Blake, Chief Executive Officer; Pat Songer, Chief Operating Officer; Marianne Vincent, Chief Financial Officer; Melissa Grimm, Chief Human Resources Officer; Clint Strand, Director of Public Relations**;** Megan Baker, Executive Assistant
Via Zoom: Jessica Kendall, Commissioner
Excused: Mall Boyd, Secretary; Chad Schmitt, Virtual Fractional Chief Information Officer

Guests: Deborah Williams, DW Consulting; Natasha Piestrup, Director of Nursing**;** Bob Keller, CM Foundation**;** Karl Kranz, Upper Valley Mend
Via Zoom: Whitney Lak, Clinic Director

Topics	Actions/Discussions
Call to Order	• President Tom Baranouskas called the meeting to order at 5:30 pm. He then led the pledge of allegiance.
Consent Agenda	• Tom moved to approve consent the agenda. • Gustavo seconded the motion and the commissioners unanimously approved
Community Input	• None

CM Values	• Diane Blake provided the CM Values report.
	• Listening session recap
	  ○ The consistent message heard by leadership was that folks love CM and their team, and they have significant job satisfaction in their roles.
	• CM EMS
	  ○ The crew was dispatched by District 3 to help rescue a dog from a creek. The crew went above and beyond call of duty and safely rescued the dog, and it's a reminder of the wide breadth of work team across the organization do to take care of the community.

Foundation Report	• Bob Keller provided the Foundation Report.
	• Established in 1992, the CM Foundation has raised more than $1.7 million for Cascade Medical. There is currently $450,000 in their endowment account.
	  ○ The Cardiac Rehabilitation Program is the Foundation's priority 2023 project. The CMF Golf Tournament funds are ahead of projection and will support the new addition to Rehab services.
	  ○ Golf Tournament: Kahler Mountain Club on June 19, 2023
	  ○ Benevolent Night @ Yodelin, May 18, 4:00 PM
	  ○ Jive Time in the Cascades: September 16, 6:30-9:30 PM

Public Relations Report	• Clint Strand provided the Public Relations Report.

	• Leavenworth Community Engagement Night, May 2nd ○ Promotional items include connecting with Commissioners, openings on the Part Time Resident Advisory Council and Dr. Wefel's arrival. • Kudos to Jade Wolfe for her diligence and commitment to publicize the Patient Family Advisory Council. • Kudos to Melissa for her preliminary work to make Hospital Appreciation Week (May 7-12) a success. • Cascade Medical Health and Safety Fair: Saturday, June 24 @ Alpine Lakes Elementary • The Annual Report to our Community is on track to be published in June.

Discussion/Report: Old Business	• IT Update
	  ○ None
	• Nursing Update
	  ○ Natasha Piestrup provided the Nursing Update.
	  ○ Kudos to Rachel Avery, Continuous Quality Improvement Director for her work on revamping nursing education with Natasha.
	  ○ Education
	  ▪ Nursing staff have participated in a variety of training and education efforts including Safe Patient Handling, AVADE Workplace Violence, Lippincott modules, and mock codes.
	  ▪ The team has upcoming mandatory trainings including restraint and moderate sedation, which will be completed by both practitioners and nurses. Other optional education offerings include tissue donation, hospice education, and poison control.
	  ○ Onboarding
	  ▪ Nurses have received training binders with instructions to provide feedback to Natasha who will then work to revise and update the material as requested.
	  ▪ Melissa and Rachel are working together to standardize the onboarding process which will include two full days of HR-related content.

Discussion/Report: New Business	• Clinic Practice Share Update
	  ○ Deb Williams provided the Practice Share Update
	  ○ CM providers, staff, and leadership have been incredibly collaborative and engaged in the work.
	  ○ After performing the assessment, Deb identified the following areas of focus:
	  ▪ Best practice sharing
	  ▪ Operational workflows
	  ▪ Optimizing staff skillsets
	  ▪ Developing efficiencies
	  ▪ Creating access for the community
	  ○ Team Based Care Model
	  ▪ Deb shared a one touch philosophy that a patient will receive the care and attention at the time of service. A traditional model is more typically a "back and forth" communication style between the patient, PSR, MA, and practitioner.

	▪ Patient care is the responsibility of all team members which will be guided through team agreements. ▪ The work includes development, implementation and evaluation, and sustainability phases. CM is currently in the operational foundation phase of team development. Within this phase, Deb is working to rally the team around a shared vision of care. Whitney and Clint are working together to develop the communication that will be provided to patients. • Q1 Organizational Dashboard o Diane Blake provided the Q1 Organizational Dashboard o CM updated the format of the dashboard and discussed the format of the new version. o Q1 : Below Target ▪ The Patient & Family Engagement Council experienced recruitment challenges but anticipates moving forward with new interest from applicants. ▪ Exploring and developing service in expansion strategies - most items are on track or ahead of schedule, and one project is lagging slightly, which puts the goal behind schedule. o Q1: Potential Regression ▪ Exploring off-campus care delivery strategies requires a creative approach to continue moving the work forward. ▪ The Living Well Program is a heavy lift yet currently on track. • Board Goals Check-in o Tom provided the Board Goals Check-in o WSHA's governance education program has been published. Completion of these modules will help commissioners reach their WSHA Health Care Governance Certification. o The Community Engagement Night is a great opportunity for the board o Gustavo and Jessica are participating in an ongoing mentorship process to ensure full board integration. • Listening Sessions Loop Closure o Diane provided the Listening Sessions Loop Closure o 50-60 attendees throughout all four sessions. o WSHA initiated a state-wide effort to encourage hospitals to participate in listening sessions, which CM hosted in November. o In March, CM leadership circled back with staff and shared feedback from the listening sessions, including that the majority of suggestions became work items and shared the status of those items, including which were also incorporated into the organization's strategic plan. o Leadership received great feedback during the listening sessions that included safety improvement opportunities, request for communication and loop closure, and additional tools to support efficiency.
Committee Reports	• Governance Committee

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	○ Tom provided the Governance Committee Report ○ The group recommended approval of the Public Records Request Policy which creates structure and a formal process around managing incoming requests. ○ The Board retreat is anticipated to be held in late fall, 2023. Retreat priorities include a review of the CHNA and succession planning. ○ Commissioners were asked to consider how they could think strategically about what topics they want to explore. • Finance Committee ○ Bruce provided the Finance Committee Report ○ The committee engaged in a robust discussion of the financial assistance policy. The state requirement is to apply charitable care efforts to hospital care, but CM includes EMS and clinic services. ○ Gustavo commended leadership's effort to ensure control systems are in place and transparent. • Quality Oversight Committee ○ Diane provided the Quality Oversight Committee Report via Mall's summary. ○ CM may elect to display data differently by using a control chart to more easily identify outliers that skew results. ○ Quality-related policies were approved internally, and the quality structure was updated. This reflects board involvement in CMs quality direction and initiatives. ○ Committee members described their appreciation for the presentation of committee reports and the overall content of documented discussions.
Action Items: New Business	• Resolution 2023-03 Authorizing Advance Voucher Payments ○ Bruce moved to approve the motion and Gustavo seconded. ○ The board unanimously approved the motion.
March Finance Report	• Marianne provided the finance report. ○ Year-to-date professional fees are over budget by $151,000 due to Meditech consulting fees. ○ Purchased Services shows a negative variance of ($60,000) for the month of March resulting from Business Office support, Centricity Hosting fees, and Pharmacy Expense. ○ Strong cash collections on patient accounts of $2,130,000 in March were above budgeted account collections of $1,706,000 by $424,000. We received a Medicare lump sum from Medicare in January which has us above budgeted cash receipts. ○ Days in Net Accounts Receivable decreased to 58.4 days in March, dropping from 60.5 days in February. ○ Our 2022 financial audit is still underway with just a few remaining schedules to be completed related to the Medicare cost report. We anticipate moving Chargemaster recommendations forward within the next few weeks.
Administrator Report	• Diane provided the administrator report. • Notice of capital budget overage ○ We budgeted to replace flooring and cabinets in the kitchen. The repair to the kitchen drain added around $40,000 to the anticipated request of $60,000 bringing the total to around $100,000.

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	○ The chiller may need to be replaced sooner than next year and is anticipated to cost around $340,000. • Advocacy Update ○ A legislature agreement was reached to increase Medicaid payments to approximately 80% of cost coverage for PPS hospitals via the Safety Net Assessment Program, a large improvement from current status. ○ The Difficult to Discharge bill yielded payment incentives and payment rate increases to support long-term care providers and appropriate patient placement efforts. ○ The 2023 legislative budget funds operation of 23-hour behavioral health crisis facilities and several programs to support individuals living with behavioral health conditions who have long-term care needs. The budget focuses heavily on behavioral health services for children and youth, including funding for the children's partial hospitalization/intensive outpatient treatment program (PHP/IOP) Medicaid benefit that WSHA successfully advocated for last year. ○ The Nurse Licensure Compact (NLC) was passed in April 2023. The compact allows registered nurses (RNs) and licensed practical/vocational nurses (LPN/VNs) to have one multistate license, with the ability to practice in person or via telehealth, in both their home territory/state and other NLC states. ○ CM operates under a nurse staffing committee which provides a nurse staffing plan. Agreement was reached in the legislature to strengthen nurse staffing committees and require additional data reporting from larger hospitals as an alternative to set staffing ratios. ○ The Cost Transparency Board, an effort to cap costs at 3%, despite much higher increased in labor and supply costs, did not pass, but we will continue to keep close eye on the efforts of the Cost Transparency Board. • UW Clerkship Program ○ CM's participation is on pause and will resume in late 2023. • Workforce Development ○ CM has regenerated their work with the high school job shadow program. We are currently hosting two students. ○ Melissa is participating in an advisory council with AHEC. ○ Rachel Avery received a scholarship to attend a project management course. ○ Aisha recently completed an Eye Movement Desensitization and Reprocessing (EMDR) training which is going to be a great tool for our patients at CM. She is also facilitating trauma workshops for first-responder families.
Board Action Items	• Commissioner filing dates are May 15-19. • Tom will attend the CM foundation meeting on May 17. • Please check your email.
Strategic Question/Meeting Evaluation/ Commissioner Comments	• The commissioners would like a practice share update from Deb Williams in the near future. • There was a request to hear from Molly and Chad on EMR and IT matters. • Interest was expressed in hearing more about gender affirming care in the future.

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Executive Session	• Tom called the executive session at 8:15 PM. • The group extended the meeting at 8:35 PM for an additional 10 minutes. • The group exited the executive session at 8:45 PM.
Adjournment	• Tom made a motion to adjourn the meeting at 8:45. Bruce seconded the motion and the commissioners unanimously agreed.

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Tom Baranouskas
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Tom Baranouskas, President

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Mall Boyd
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