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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
July 24, 2024

Present: Bruce Williams, President; Tom Baranouskas, Vice President; Jessica Kendall, Commissioner; Gustavo Montoya, Commissioner; Shari Campbell, Commissioner; Diane Blake, Chief Executive Officer; Marianne Vincent, Chief Financial Officer; Melissa Grimm, Chief Human Resources Officer; Megan Baker, Executive Assistant
Via Zoom: Clint Strand, Director of Public Relations
Guests: Ann MacPherson, CM Foundation

Topics	Actions/Discussions
Call to Order	• President Bruce Williams called the meeting to order at 5:31 pm. Tom then led the pledge of allegiance.
Consent Agenda	• Jessica moved to approve the consent agenda. Shari seconded the motion and the group unanimously approved.
Community Input	• None
Foundation Report	Ann MacPherson provided the Foundation Report. • The CM Foundation hosted its annual golf tournament on June 17, 2024, which was a great success, netting approximately $40,000. • The group has fully funded the hematology analyzer and has approximately $22,000 in excess funds, which will contribute towards their stretch goal of purchasing an MIH vehicle. • Benevolent Nights: o August 14th: Wok About Grill o September 21st: Jive Time in the Cascades • The CM Foundation is actively recruiting new members.
CM Values	Diane Blake provided the report. • CM defines integrity as "We set a strong example of behavioral and ethical standards by demonstrating our accountability to patient needs and our devotion to performing alongside one another as we exhibit our high standards each and every day." At CM, behaviors reflecting integrity include but are not limited to treating others with uncompromising truth and ethical behavior, putting character above all else, standing for truth even when it is unpopular, and seeking, allowing, and giving honest feedback. Diane shared two examples of integrity in action. • The Executive Team holds an all-day meeting once a month, focusing on major strategic planning and overlapping topics. They begin the meeting by reviewing a document called the DNA Code, which addresses key themes such as accountability, engagement, feedback, and growth. The group also participates in a roundtable where each member shares something they do well, something they're proud of, and something they're struggling with. It's common for a team member to mention a struggle that another member praises them for. This practice highlights the humility and integrity of each member, as well as their commitment to holding themselves to a higher standard and being more critical of themselves than of others. • Scott MacGregor, founder and CEO of Something New, highlighted

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	recruiter Sandra DiFiglia's integrity. Over a decade ago, she reported a candidate's rude behavior during an interview, despite the candidate's qualifications, choosing honesty over convenience. This decision left a lasting impression and illuminated Sandra's commitment to integrity.
Public Relations Report	No report.

Discussions & Reports	**A. Strategic Plan Cycle of Work**
	Diane Blake provided the report.
	• The Strategic Plan Cycle of Work developed from a request at the first Governance meeting this year. The request included considerations on how to enhance the connection between the board and leadership throughout the strategic planning cycle. The document is meant to serve as a communication tool and a map to guide the strategic planning work. The document also assists the board in focusing their strategic thinking on very specific areas.
	• Governance Committee and the Executive Team, including Dr. Kendall, have all reviewed the document prior to the meeting.
	• Commissioner suggestions:
	  ○ add years to document
	  ○ add descriptive language to the dashboard that ties the cycle document to the annual objectives
	• The Commissioners will decide how frequently they want to review the document, starting with quarterly review.
	
	B. Q2 Organizational Dashboard Review
	Diane Blake led the review.
	• The dashboard and list of long term and annual objectives were included in the packet.
	
	1. Patient and Family Centered Care Pillar
	(Caution/At Risk): Implement Mobile Integrated Healthcare
	(On Track): Improve Patient's First Touch Experience at CM
	  ○ CM is transitioning to a new appointment reminder system called Luma, which offers enhanced functionality and is expected to improve the patients' digital experience. Luma includes a waitlist function that electronically notifies patients when openings become available.
	  ○ Patient survey data continues to improve, consistently averaging above 4 out of 5.
	  ○ PSR team completed customer service training.
	  ○ CM has started tracking number of patients for whom appointment availability timeline does not work.
	  ○ The clinic schedule has been standardized to optimize patient experience and access, aligning with the team-based care objective.
	(Caution/At Risk): Optimize Team-Based Care
	  ○ Most work in this area is on track, but goal shows at risk due to delayed timelines related to an embedded school clinic and solution for telepsychiatrist.
	
	2. Financial Stewardship Pillar
	(On Track): Develop and Implement Charge Capture Program
	(Caution/At Risk): Build Structure for Developing and Sustaining Long Term Financial Plan
	(On Track): Optimize Rehab Services
	  ○ The work ahead includes developing a strategy to tackle efficiency opportunities to increase sustainability and access.

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(On Track): Service Line Expansion

3. Our People Pillar

(On Track): Optimize the Living Well Program
(On Track): Continue to Develop Leaders
(On Track): Expand Education/Training Opportunities and Workforce/Apprenticeship Programs
(On Track): Explore Alternative Retention Strategies

4. Community Connections Pillar

(Caution/At Risk): Develop and Implement Spanish Language Focus for Mobile Clinic, Chronic Care, and Same Day Appointments
(On Track): Promote Cascade Medical in the Community

- A significant amount of structural work has been dedicated to planning month-to-month activities, with an increased frequency of social media postings. It is essential to ensure all activities align with an objective.
- More work is needed in Charity Care training to ensure that individuals who may have out-of-pocket expenses are aware they could qualify for assistance.

C. EMS Levy Prep Update

Diane Blake provided the report.

- The last levy passed resoundingly. The timing was such that between the yes vote and the implementation of the taxes, property values saw a massive increase. As a result, CM collected significantly more in taxation than initially expected.
- Sustaining ambulance and emergency department services as they currently exist on anything less than $0.50 per $1,000 would be challenging.
- Matt Ellsworth from the Association of Washington Public Hospital Districts (AWPHD) is available to provide education. They can also participate in activities that CM cannot, such as a "vote yes" mailer.
- The Commissioners discussed ways to increase attendance at the September board meeting.

Strategic Question:
What considerations need to be weighed as the Board navigates the potential tension between community appetite for taxation and the amount of taxation needed to provide read, high-quality EMS to the community?

- Forecast the maximum potential revenue at a $0.50 rate per $1,000 of assessed property value and compare it with alternative rates to evaluate the financial impact on the community and the EMS program.
- Clearly define the EMS program components, including the department's scope, the number and condition of ambulances, staffing levels, availability, and the range of services provided. This transparency helps the community understand what their tax dollars support.
- Assess and explain how overhead costs are allocated within the EMS program. Ensure that the community understands how funds are utilized and the necessity of these expenditures in maintaining high-quality services.
- Share compelling patient stories that highlight the importance and impact of EMS and emergency services. Use these narratives to illustrate the real-life benefits and crucial role of EMS in the community, fostering a connection and support for the program.

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	• Analyze voter turnout data for August election to gauge community engagement and potential support levels. This information can inform strategies to increase awareness and participation in upcoming votes related to EMS funding. • The Commissioners discussed implementing a temporary board committee to support marketing and outreach efforts at CM. The anticipated duration is August 2024-July 2025. Members include but are not limited to Diane, Shari, and Clint. Diane and Bruce will work together to refine the details. **D. Continued Conference Discussion/Education** The Commissioners continued their WSHA + AWPHD Annual Conference discussion. • **AI & the Digital Transformation in Healthcare** o CM's focus on AI and digital transformation in healthcare involves addressing both opportunities and risks from a policy and resource standpoint. o Overarching discussions highlight the significant potential of AI, as well as the associated risks. o Key considerations include whether CM has sufficient resources to optimize AI access and implementation. o Immediate priorities include developing usage and governance policies, followed by conducting an inventory to assess current capabilities and needs. • **Quality** o Quality is an area CM could create specific dashboard, initiated by the Quality Oversight Committee • **The CEO Performance Evaluation: Best Practices & Recommendations** o While 360 reviews can be effective, they can also present challenges. Regardless of the chosen process, CM will still be subject to public records requests. The objective is to enhance the usefulness of the review by carefully refining the process. The Governance Committee will continue working on reevaluating and improving the CEO performance evaluation process.
Committee Reports	**Finance Committee** Tom Baranouskas provided the report. • The committee reviewed policies with no changes and discussed Q2 financials, highlighting a positive budget variance due to increased Emergency Department volumes. They addressed challenges with a new staffing law on meal and rest breaks and WSHA's related lawsuit. A recommendation for long-term financial planning education for the board later in the year was made. **WSHA Hospital Governing Boards Committee** Bruce Williams provided the report. • WSHA's proposed strategic plan emphasizes increased support for the board's role in quality oversight. • The group discussed the board's involvement in credentialing, noting that while some believe the board should play a larger role, opinions on the extent of involvement vary.
Action Items	**Motion: Approve Resolution 2024-07: Surplus Item** • Tom moved to approve; Gustavo seconded. Motion unanimously approved. **Motion: Approve Credentialing** • Shari moved to approve; Tom seconded. Motion unanimously approved.

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June Financial Report	**Marianne Vincent provided the financial report.** • The June net margin of $359,000 was greater than the budgeted net margin of $57,000 by $302,000. • Gross patient revenue of $3,782,000 in June exceeded the budgeted amount of $3,378,000 by $404,000. • The contractual allowance of $1,188,000 for June was greater than the budgeted amount of $1,157,000 by ($31,000). • Other Expenses were over budget in June by ($47,000) primarily due to our Medicaid Q1 Safety Net Assessment for the Safety Net Assessment Program. We will see quarterly payments of $51,000 that will be offset by SNAP revenue. • Cash receipts totaling $2,396,000 For June were greater than the budgeted cash receipts total of $2,060,000. • The June month end cash balance of $14,023,000 is less than the budgeted cash balance of $14,286,000 by ($263,000). • Our Balance Sheet shows a decrease in cash balances in June of ($68,000). June payments included $152,000 in bond interest expense. We will make another interest payment in early December, along with the principal payments due for 2024. • Our 2019-2022 State Accountability Audit concluded recently with no audit findings. The audit took a close look at our cash receipting, payroll compliance with wage rates and policy, accounts payable payments on credit cards, compliance with the Open Public Meetings Act and a review of our overall financial position. They also reviewed our PCI compliance (payment card industry) that requires us to complete an annual questionnaire. • CM is still experiencing challenges with our statement vendor for rehab billing but hope to have a resolution soon. • CM is in the beginning stages of our budget planning for 2025 with department directors finalizing work on their capital budget requests and work beginning on the operating budget soon. Work has begun to identify a resource to assist in the Revenue Cycle optimization of Meditech and we look forward to getting this work underway in early August. • Financial assistance in March was notably higher compared to June due to several inpatients having their applications approved during that period.
Administrator Report	**Diane Blake provided the report.** • CM provided 106 free sports physicals in June, in partnership with the school district. • The chiller has been shipped and is now in Wenatchee. Salcido is storing it for CM, and installation is likely to be in October. • **Staffing Committee Work**: A big thank you to Melissa, Natasha, and Marianne for their efforts. CM is on track with the committee's progress. • **Meal and Rest Breaks:** Compliance with the new law is removing flexibility for staff, requiring a shift to a precise time-keeping process. CM is moving to a to-the-minute system to mitigate the risk of class action lawsuits associated with a rounding system. • **CrowdStrike**: A few of CM's third-party vendors were affected by the CrowdStrike update, which led to IT outages across various industries. • **Vacation & Conferences:** Diane will be on vacation through mid-August. She will be offsite for the September Rural Collaborative Retreat on September 12 and 13 and will be in DC for Rural Advocacy Days from September 15 to 18, followed by an AHA Regional Policy Board meeting in Pasadena. • **Provider Compensation Work:** CM is likely to engage with a firm to assist with provider compensation analysis and to help develop a

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	structure and policies for provider compensation which will provide structure and guidance for the years ahead. • **Endoscopy**: Dr. Butruille is interested in expanding the endoscopy program by adding two additional endoscopy days per month. Current work is underway to understand operational impacts to the feasibility of this request as well as whether market demand exists to support program expansion. • **Annual Board Retreat**: CM plans to host the retreat on October 10 or 17. Further planning work is underway. • **Hiring:** CM is still working on filling the hospitalist position and has filled the second MSO position. Sam Linn will be departing in mid-September. The new Clinic Outreach Provider, Kalie Thompson, PA-C, will start in early November.
Board Action Items	• Let Megan know if you are going to be out of town. • Continue thinking about how best to approach the EMS levy. • Please check your email. • No August board meeting.
Meeting Evaluation/Commissioner Comments	• The meeting was highly productive with a thorough discussion, though time constraints limited exploration of some topics. • CMF board meeting 8/21: Shari
Executive Session: Performance of a Public Employee (RCW 42.30.110(1)(g)	• Bruce called the executive session to order at 9:00 PM for 15 minutes. • The board came back into regular session at 9:15 PM.
Adjournment	• Jessica moved to adjourn; Gustavo seconded, and the group unanimously agreed.

Signed by:
Bruce Williams
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Bruce Williams, President

Signed by:
Shari Day-Campbell
A1777FE3BF594A3...
Shari Campbell, Secretary