

**BOARD OF COMMISSIONERS  
PUBLIC HOSPITAL DISTRICT NO. 1 OF PEND OREILLE COUNTY**

February 23, 2017

In Attendance: Commissioners: Lois Robertson, Lynnette Elswick, Terry Zakar, and Raymond King; Chief of Medical Staff, Clayton Kersting; Thomas Wilbur, CEO; Directors: Pete Peterson, RN; Walter Price, Kim Manus, Chris Wagar; Others: Vicki Richter, Jenny Cooper, Mary Berscheid, RN; Michelle Knight, RN; Heidi Hedlund, Trina Gleese, Chelsea McLaughlin, Jenny Smith, Lori Stratton, Jen Allbee, and Nancy Shaw.

Excused: President Thomas Garrett; Michele Page, RCS Director; Joseph Clouse, HR Director.

CALL TO ORDER:

Vice Chairperson King called the meeting to order at approximately 12:33 p.m.

READING OF LEGAL NOTICE:

The regular meeting legal notice was distributed as required.

APPROVAL OF AGENDA / CONSENT AGENDA:

The meeting Agenda, Auditors Report and Uncompensated Report were included.

The following consent agenda items were approved as presented by a motion made, seconded and passed.

Auditors Report: January 2017: Warrants #200239-#200596 and wire transfers #1418-#1437 in the amounts of \$998,459.32 and \$1,644,951.33, respectively, plus a Loan Payment Deduction of \$40,000 and Mountain West fee for five USB card swipes of \$376.25.

Bad Debt/Charity Care: all-inclusive January 2017 District Write-off's for \$131,798.63.

APPROVAL OF PREVIOUS MEETING MINUTES

The regular meeting minutes of January 26, 2017 were approved by motion, seconded and passed.

BUSINESS FROM THE AUDIENCE:

Annual Foundation Board Update – Jenny Smith distributed the 2016 Annual Foundation Report to the members of the Board. Highlights of the Foundation's work were presented:

- The Foundation's Mission Statement has been updated to reflect "promoting health and improving lives"
- Total 2016 contributions to the Foundation were \$130,239, up from \$92,820 in 2015, and net fund raising (after expenses) was nearly \$63,000, up 40% from 2015.
- \$15,000 has been earmarked for advancing education for hospital District employees
- Received an anonymous \$10,000 donation in 2016 for palliative/residential care
- Patient Safety Grant secured through Coverys
- 40% increased revenue during 2016
- Net revenue, \$62,500; Contributions, \$27,829
- \$10,000 donated from Food for our Children Foundation and the Idaho Forest Group

- \$99,000 was dedicated to the Healthy Kids Snack Bag Program – as of Jan. 2017
- Hospital and school district payroll deduction/donations to the Snack Bag Program increased 43% - Jenny attributed this to the efforts of Lori Stratton
- Expansion of the Snack Bag program to Pend Oreille Valley Adventist School, Pend Oreille Skill Center, Pend Oreille River School and West Bonner After School Program

There was discussion about the fund raising events and various programs and the consensus was the programs have proven to be self-sustaining and the Foundation is maintaining a healthy General Fund, which affords opportunities to better serve the needs of the District.

Jenny invited any suggestions or ideas for improvement and thanked everyone for their support and donations; the Board thanked and commended Jenny and Lori for a job well done, not only for the Foundation, but also for community outreach and the local health coalition support.

#### COMMITTEE REPORTS:

Joint Conference/Planning - Tom Wilbur passed out a copy of the District's existing policy relating to Death with Dignity [State Initiative 1000, passed in 2008] (the "Act") and explained the District excluded providers from participation under the Act on District time/premises. The policy indicated "hospital," but was intended at the time to be inclusive to the entire District. It precludes staff, providers in particular, from participating under the Act in the performance of their duties on hospital or clinic premises. Under both the District policy and the Act, if asked, providers are expected to proceed with openness and compassion to provide information about life-ending treatments, other options, and the life ending medication. If a provider opted to participate, they were expected to do so outside of the District's service umbrella, which is a grey area for practical application. As an employee of the District, when is a provider participating independently of their professional role with the District?

The Act (via RCW and WAC) states that a health care facility can prohibit a provider from participating under the program on its premises/time, but it also provides that a health care facility cannot prohibit "a health care provider from participating in the Act while acting outside the course and scope of the provider's capacity as an employee or independent contractor" nor can a "facility sanction a physician or pharmacist who assists a patient who 'contracts' with his attending physician to act outside of the course and scope of the provider's capacity as an employee of a prohibiting health care facility."

Dr. Kersting was recently approached with a request to receive life-ending medication from a local resident and asked what would be our "possible sanctions," per District policy, as he was planning to participate under the Act. Tom noted that this was unclear in both the District policy and under District Bylaws. At the time of the Act was passed, there was really not much debate on how our policy would be handled; our providers didn't expect to participate. However, it was time to clarify and/or revisit our policy; this was the first time any request had been made since the Act was passed.

Tom Wilbur noted that he had a conversation with Commissioner Tom Garrett prior to his leaving on vacation earlier this week. Though Mr. Garrett was excused from the meeting, Tom was confident that he could speak on his behalf in his absence. He noted that Commissioner Garrett was strongly

opposed to any District participation with assisted suicide under the Death with Dignity Act, in any form. However, Tom G also noted that he was only one of five Commissioners.

Dr. Kersting explained the intent of the Initiative is to protect all parties involved and place legal requirements and protections around the process. He noted that unintentional and intentional suicides frequently occur; many patients will take their own life whether assisted, or not. The particular resident in question is requesting assistance in an appropriate, controlled manner. Per the Act, two physicians must verify that the condition is terminal (within 6 months), a psychiatrist must weigh in on the patient's mental state; and the family, in this case, is also involved. The State requires that, if the physician does not wish to participate, he or she will not place the patient under any undue stress. The individual making this request is confined to his room, is in extreme pain, and to require him to transfer for multiple visits would place him under undue stress. Dr. Kersting wished to bring the issue to the Board and requested a review of the policy and to further clarify what ramifications he may face if he did continued under the Act. The patient is a resident in his own home.

There was much discussion amongst the group, many felt the law was passed by majority referendum in the State and others felt the decision should remain between the patient and their physician. Tom W. shared state-wide data, noting there have been approximately 175-200 cases annually over the past 3 years; after a steady incline since the inception of the Act. Of these patients, 20% expire prior to taking the medication.

Tom W. spoke with each board member individually regarding the request and our policy not clearly defining "sanctions may be applied." He did note that Tom G. would press for strict sanctions as this is a moral boundary that should not be crossed. Following much discussion, the Board members present were in agreement that they felt participation under the Act was physician/patient decision and the Board should let the guidelines of the Act stand. They would not encourage nor prohibit participation. Dr. Kersting responded to an earlier question from Commissioner Elswick by noting that three of the District's physicians were aware of the case and in agreement with the process.

**Following a motion made and seconded, the four Board members present voted to rescind the existing District Death with Dignity Act policy; Tom Wilbur, CEO representing Commissioner Garrett, and recognized as such by the other Commissioners, voted against; the motion was passed by a 4-1 vote.**

Tom W. noted that as this had just come up, he had not the chance to review any policy changes with the medical staff or the Board. He would review the Act, potential policy guides, consult with legal and risk management, and conduct further discussion at the March medical staff. He will bring a revised policy for review by the Board next month.

Dr. Kersting stated that privacy at the check-in desk remains an issue in the new clinic building and asked whether any steps have been taken to remedy the situation. Tom W. noted that sound abatement is being addressed.

Tom W. acknowledged and thanked Dr. Kersting for his contribution in overseeing the work of the ACO/COO. He noted that in comparison our statistics stack up nicely to other ACO participants.

Finance – Tom noted that Kim would not be at the meeting – she is trying to get the year end closed and ready for audit. We are under a time pinch due to our desire to issue bonds in May.

Quality Assurance – The Directors recapped the departmental scorecards: Pete Peterson noted that IP and ED patient satisfaction scores remain similar to last year; HCAHPS scores were improved in the nurse communication and staff response time categories; physician communication score is lower than desired; hospital environment scores remain unchanged; pain management remains in the 90<sup>th</sup> percentile; medication communication needs improvement; D/C information has improved. Pete noted that transport times remain high, partly due to EMS transport issues.

QMM Scores – Medication errors, narcotic reversal scores are very favorable; tele-pharmacy use has been initiated to address anti-coagulant management. Immunization rates have improved to 89% with a goal of 98%; better tracking methods are being re-evaluated to improve this score. There has not been a hospital fall in over 55 days (knock wood) and the Falls Committee rounds *hourly* on all at-risk fall patients. The fall assessment policy has been revised to increase bed alarms and restraints are being placed for short periods when nursing staff are not available to provide one-on-one oversight. In addition, a post-fall huddle process is in place to address the causes surrounding a patient fall immediately following a fall.

Residential Care Services – Chelsea McLaughlin reported that falls occur more frequently in an assisted living setting due to its more independent living nature and residents are in their rooms by themselves. There were no medication event occurrences during the quarter; UTI's were lower than last quarter. Resident satisfaction scores have improved; the questions were adjusted as the clientele don't necessarily understand the meaning of some questions.

Heidi reported no changes to the LTCU measures; reports will be updated in March.

Primary/Ancillary Care – Chris Wagar expressed appreciation on behalf of the entire team to Pete Peterson for his willing and responsive effort in assuming the role of DNS.

Chris explained that her scorecard has been divided into the three Healthcare Triple Aim sections – Improve Patient Experience, Reduce Per-Capita Costs, and Improve Care Quality. Since Ancillary departments are primarily outpatient services, Press Ganey (IP/ED) surveys have limited questions for those corresponding departments (e.g.- Radiology has 2 survey questions), so the departments have initiated an internal survey on a monthly basis with two key questions: likelihood to recommend services and identify areas in need of improvement. Patient comments have been overwhelmingly positive and are shared with members of the staff. Of note: Laboratory satisfaction scores were 100% in four areas; clinics 95%; Radiology: ED wait time had the lowest score at 91%; and three other scores were 94% or above.

The financial goals were reviewed; a Molina home health care coordinator has been hired (Jody) who has worked under the Molina program and brings a wealth of experience to the District. Chris anticipates a similar program will be in place with Amerigroup by Q3. Care coordination is somewhat offset via grant and some Medicaid visits and will become a source of revenue.

Chris also reviewed the scores for patient call backs, referral wait times, call center management, co-pay collections, eligibility confirmation, Ameritox accuracy, disease documentation, Head CT times to rule out stroke, employee flu shots and employee fit testing. A chronic disease and case

management program is being initiated, which allows 20 minutes of nursing time per month to assist patients in achieving their health goals. The transitional care management program ensures patients are receiving follow up within 2 days of hospital discharge and an appointment is made within 7-14 days with the primary care provider which has proven to decrease readmissions to the hospital.

Heidi clarified that completing an Advance Directive will be initiated by the primary care provider for patients 65 or older; the question will be asked at annual wellness visits and are coded separately.

Commissioner Elswick commented that Dr. Walker, Christina (RN) and the ER tech all provided excellent care during a recent ER visit.

Heidi commended the Directors for their scorecard reporting efforts, noting it serves as a performance gauge and tool.

The new CT scanner is being installed and anticipated to be functional by Tuesday. The mobile unit will be decommissioned on Friday.

An Executive Session will be required following the meeting.

#### SUPERINTENDENT REPORT

Tom Wilbur acknowledged and thanked the efforts of the Revenue Cycle Team and Patient Financial Services for their diligence in collection efforts.

SEIU Contract Negotiations: Tom W. passed out a petition from the RN's asking us (CEO/Board) to negotiate for transparency and fair wages. The transparency issue related to language SEIU wanted to add requiring management to negotiate any changes to staffing schedules. Tom noted that 1) staffing schedules are a management right; and 2) we presently engage the RN's when contemplating any changes we may make to staffing levels, shifts, and schedules under the Nurse Staffing Committee guidelines. Which were established under a 2010 Ruckelshaus Memorandum agreed to by WSHA/SEIU/WSNA. Tom noted he wasn't planning to add contract language to do the same thing. The issue is fairly minor and should be resolved.

He then provided an analysis of the RN union/management contract wage proposals. He noted that as negotiations get down to economics a general slowdown is customary. He indicated he had gone over the same wage proposal analysis with the negotiating committee (3 of 4 RN's and their SEIU Rep.) immediately prior to the meeting. Per usual, we are down to disagreeing about the "value" of wage increases. As is customary, RN's feel that only COLA adjustments received at the beginning of each year "count" as a wage increase for negotiation purposes. "Step" increases the RN's receive annually on their anniversary date (ranging from 1.0% to 2.4%) don't "count" because they had been previously negotiated and are part of their "existing" contract – never mind that they actually get the wage increase every year.

He noted the management offer is 1.5%/year for three years; which actually carries a cumulative wage increase of around 8.0% – 12.0%, when you factor in step increases over three years. On the other hand, the RN proposal of 3.0%/year COLA carries a 12.0%-17.0% cumulative increase over the same three years. The only RNs who receive the actual "face value" cumulative COLA increase

[4.6% (mgt.) and 9.3% (union)] are RN's who are at the very top end of the scale (step 26) and no longer receive any additional step increase on their anniversary date. However, Tom noted, those RN's are also paid 62% higher than a first year RN as their experience has value.

Tom noted that over the last two years all non-contract staff received a 1.5% COLA increase; compared to inflation which was essentially flat. He explained the nurses were under the impression that non-contract staff received a 3.5% increase on Jan. 1, which is incorrect. He did note that two job codes (NAC's and Medical Assistants) were increased due to market corrections (per Milliman survey) not based upon the State minimum wage adjustment.

Commissioner Elswick weighed in and noted that she did not feel that nurses should be penalized for longevity, but rather acknowledged for their commitment and tenure. Commissioner Robertson stated that she felt that nurses should be compensated at milestones of career tenure to ensure that they are being acknowledged, appreciated, and valued. The negotiation process will proceed on Monday. Commissioner Elswick requested that Tom consider offering a fair increase that will be aligned with market; Tom will continue to keep the Board members apprised of the progress.

#### ACTION ITEM AGENDA

**Foundation Services Agreement** – A motion made, seconded and passed unanimously approved the 2017 Letter of Agreement between the District and the NHHS Foundation.

**Surplus Property** – Resolution No. 2017-02 was unanimously approved to surplus the Toshiba CT machine/transducer, and Apollo ultrasound machine.

**ALF Bond "Draft" Resolution** – Tom included a pre-development design with A&E Cost Estimates and a draft copy of the bond resolution for the Board's consideration. The official statement and final resolution will be presented next month.

**Priority 3 Capital Project** – A motion was made, seconded and unanimously passed to approve remodeling the space in the former Family Medicine clinic space with the intent to turn it into office space (upstairs) and a possible Education center (downstairs) and relocate patient financial services to that location from Dr. Cool's dental building in an amount not to exceed \$35,000.

#### OTHER BUSINESS:

Chris Wagar reported on the progress of the Safety Task Force, which was created to improve District-wide safety policies, procedures and processes in an effort to communicate feedback to staff members and the Board of Commissioners. The team unanimously agreed on the need for security officers, especially during the overnight hours when the Sheriff's office is on call. The group has done extensive research and is making recommendations based upon facts, not emotional reaction. The community crime risk has been evaluated; Chris proposed a security guard presence for 12 hour shifts 8 pm – 8 am, 7 days per week; the group unanimously agrees that guards should wear uniforms, carry handcuffs and a flashlight, but following extensive research and inquiries to other facilities it was determined that they should not carry any weapons (e.g.- gun, pepper spray, taser) due to safety and liability issues. Commissioner Garrett has been in attendance at the meetings.

Per the recommendation of the Medical Staff Executive Committee, the Board of Commissioners approved:

Provisional to Full Status – all Emergency Medicine:

|                           |                       |
|---------------------------|-----------------------|
| Darrol K. Hval, D.O.      | Randall Fryer, D.O.   |
| Jonathan W. Lueders, M.D. | Thomas R. Tobin, M.D. |
| George Biancarelli, M.D.  | Cody Ellefsen, M.D.   |

Re-appointments:

|                          |                 |
|--------------------------|-----------------|
| Florence Gin, M.D.       | Radiology       |
| *Shannon Radke, M.D.     | Family Practice |
| *Jeffrey Ispirescu, M.D. | Pain Management |

\*These 2 providers have pending professional references, they are tentatively approved – if the professional references are received prior to the February Board meeting, without adverse recommendation or comments, they will stand approved by Medical Staff the date the last reference is received, and will go to Board as Medical Staff Approved - approved by Medical Staff, 02/16/2017. If they are not received by 02/23/17, they will be given temporary privileges until all references are received, and will be represented to Medical Staff at the March, 2017 meeting.

EXECUTIVE SESSION

There was no Executive session required.

NEXT MEETING DATE

The next regular meeting of the Commission will occur on March 23, 2017.

ADJOURNMENT

There being no further business, the meeting adjourned at 2:25 pm.

Minutes recorded by Nancy Shaw, Administrative Assistant and Tom Wilbur, CEO.

  
Thomas Garrett, President  
Board of Commissioners

  
Terry Zakar, Secretary  
Board of Commissioners