

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

January 22, 2015

In Attendance: Commissioners: Lois Robertson, John Jordan, Lynnette Elswick, Thomas Garrett, and Raymond King; Thomas Wilbur, CEO; Directors: Chris Wagar, Shelley Froehlich, Kim Manus, Joseph Clouse, Walter Price, and Michele Page; Other: Trina Gleese, Jenny Smith, Rick Knorr, Margaret Cureton, Jennifer Johnston, and Nancy Shaw.

Excused: Chief of Medical Staff, Jeremy Lewis, DO.

CALL TO ORDER:

Chairperson Robertson called the meeting to order at approximately 12:32 p.m.

READING OF LEGAL NOTICE:

The regular meeting legal notice was distributed as required.

APPROVAL OF AGENDA:

The agenda was reviewed and approved as presented by a motion made, seconded and passed.

APPROVAL OF PREVIOUS MEETING MINUTES

The regular meeting minutes of December 18, 2014 were approved by motion, seconded and passed.

BUSINESS FROM THE AUDIENCE

Quality Team Presentation – Medication Safety Alliance – Heidi introduced other members of the medication safety team: Shelley Froehlich, Jennifer Johnston, and Donna Hershey. The Medication Safety Alliance has been working for two years and is one of four active quality teams – ACU Patient Satisfaction, Readmissions Quality team and Swingbed Improvement team.

Shelley F. explained the first two of the group's "six aims" were derived from the Institute of Medicine following a 1999 survey surrounding the topic of "To Err is Human." The results of that study revealed that mistakes are common in the healthcare field; however, healthcare members were not proactive enough to respond to mistakes and make the process transparent. Since then, a follow up study occurred to outline "what healthcare should look like in the 21st Century". Six elements emerged as a result – Safe, Effective, Patient-Centered, Timely, Efficient and Equitable. The MSA team focuses on these elements in medication administration.

Heidi shared a "slices of swiss cheese" analogy to the safeguards in place to avoid medication mistakes; however, every so often the slices of cheese line up just right so a gap forms in the safety processes. The goal is to build a system of checks and balances to avoid mistakes. Elements of the checks and balances include: medication reconciliation upon admission and discharge; use of tele-

pharmacists as a standard verification practice; high risk medications are double-checked by another nurse prior to administration; and medication safety observations are conducted as well.

Jennifer explained that an audit check sheet is used to review all steps to medication administration during the observation process. Donna and Jennifer have been auditing at least two nurses per month to review medication administration techniques. Two key items are reviewed: teach back of the drug, purpose, and side effects to the patient and drug administration. The team recognized those RN's that were 100% compliant with a monthly incentive.

Heidi showed a graph on the results that have been derived from the work, noting RN medication administration techniques have improved and the number of medication errors has declined over the past eighteen months.

The Team was commended and thanked for their efforts towards improving medication safety.

COMMITTEE REPORTS:

Joint Conference/Planning – Tom stated that Dr. Lewis would not be available today, but he spoke with him on Tuesday this week and he indicated there was nothing significant to report.

Finance- Kim Manus pointed out that the year ended on a positive note. Rick is finalizing the Cost Report settlement, but Kim anticipates it will be a positive settlement. We continue to see positive results from our 340B Pharmacy program. Kim noted that we did receive insurance reimbursement for the telephone system claim in the amount of \$182,000 – which included allowance for equipment replacement and business interruption. This will be reported as income in 2014, even though we didn't receive the payment until this month.

MSA Designation – Kim reported that the District received notification that our request for exemption from the Spokane MSA (census tract designation) and to remain "rural" has been granted; therefore, the District will not be at risk of losing our CAH status for at least two years.

Auditors Report: The Auditors Report was presented as follows for the month of December 2014: Warrants #189463--#189920 and wire fund transfers #1022-#1038, in the amounts of \$1,221,419.15 and \$1,397,267.68, respectively; were approved by a motion made, seconded and passed.

Treasurers Report: Rick Knorr, Controller reported the year ended with 97 days cash on hand; the cash balance was slightly higher due to payroll occurring on January 2. The first half of Proshare funding was received on December 29.

Bad Debt/Charity Care: Trina Gleese provided proposed Write-off's for January 2015, as follows:

Bad Debt/Bankruptcy:	Hospital:\$ 84,845.51	Clinics:\$ 8,568.41	RMV: -
Administrative:	Hospital: 631.70	Clinics: 76.58	RMV: -
Charity Care:	Hospital: 19,132.66	Clinics: 3,324.56	RMV/LTC: -

Grand total of \$116,579.42 was approved by a motion made, seconded and passed.

Kim notified the Commissioners that the charity application/approval process is under review by the State to see if it should be standardized – which may result in strict requirements (and a potential for a longer determination window) for the application process.

Quality Assurance/Performance Improvement:

Heidi Hedlund reviewed and explained the hospital, residential care and primary/ancillary care score cards. Heidi stated that WSHA recently announced a new website titled Washington Hospital Quality.org. It is user-friendly and contains similar information as Hospital Compare. Heidi stated that the information on the website is not necessarily timely, (2013) and she will be able to ensure that our reporting data is available to the Board within 30 days.

Commissioner King complimented Michele Page and the staff at Long Term Care. He recently assisted at the facility during the holidays; he was impressed with the efforts of the staff.

SUPERINTENDENT REPORT

Strategic/Business Planning: Tom Wilbur reviewed with the Board our key 2014 strategic targets and goals. He noted that he is pleased with our results with most targets trending positive. He reviewed the December data, key items: readmissions are down, which Tom contributes to the continued efforts of the Readmission Team. [Tom noted we will be incorporating Spokane hospital readmissions into our tracker for 2015 as we made contact with Aging and Long Term Care of Eastern Washington at a meeting of our Pend Oreille Health Coalition group. ALTC-EW participates in a Bridging for Care program which funds care transitions for people that are discharged from Spokane facilities. Tom learned they are currently monitoring only a small portion of the eligible patients in Pend Oreille County. Tom indicated that clinic and readmissions team staff will be continue to work with them to assist with these patients in an effort to reduce readmissions].

Other key targets: patient satisfaction was generally holding steady in all three service lines and the clinic annual exams for diabetes care was trending to the 90% benchmark target. RMV and LTC combined census continues to trend positively; surgical case volumes (66 procedures) were well over the monthly target of 50. The Foundation exceeded the revenue target, raising approx. \$80K in 2014.

On our IT Network services, Walter Price noted that the new backup server is installed and is fully functional – the back-up times are nearly twenty times faster than our old system.

Tom Wilbur reviewed the District's 2015 Core Strategic elements (explaining we have 3 primary targets): 1) Finance - maintain our margin; 2) Quality – measure and monitor patient outcomes; and 3) Service – continue to improve patient satisfaction. We will also strive to develop local and regional affiliations to enhance, coordinate/consolidate services that make functional/business sense for the District. We are working to develop a two year business plan to transition to a value based purchasing model.

Another key business service target is to continue to work on comprehensive staff development – to provide training tools not only for required, but also desired functional skills for staff.

Care Delivery Systems – Shelley continues to identify best practices by utilizing systems and measured methods to provide high quality, affordable healthcare.

Capital & Facilities – The goal is to ensure that we retain viable physical facilities while maintaining financial stability and sufficient capital for future operations and facilities.

Success Factors – the program is underway and baselines are being established. Tom noted that it has been an evolution for staff to set “smart goals” to be specific, measurable, attainable, realistic, and with defined timelines.

Tom is confident that the plan target elements will be realistic and keep us on track to maintain local control of our care delivery system.

Care Coordination Updates: Tom noted that Laura Mae Baldwin visited recently and met with our providers to discuss a potential grant for care coordination activities. The funding, through University of Washington will focus on hypertension (HTN). We are also next in line for an Empire Health Foundation (EHF) grant (via the Cargill Foundation) to develop means (technology) to monitor patients at home in an effort to maintain health and wellness – also with transitions of care.

The Health Care Authority is also funding a grant through the Washington State Hospital Association in which we may have an opportunity to participate. The grant, known as SIM – State Innovation Model Grant is \$65M – and is divided into five divisions. Our Critical Access Hospital Network group aligns well with the SIM goals to manage chronic disease, coordinate care and ensure appropriate technology. The State received the grant from CMS and will be responsible for the disbursement of the funds.

Patient Centered Medical Home (PCMH) - Tom noted our plans include expanding our care coordinator efforts, with a potential to increase our numbers to monitor diabetic and other chronic care - COPD and asthma will be added to our monitoring set in 2015. Our PCMH certification is predicated upon the ability to monitor and track patients with chronic diseases.

Tom reported positive results from meeting with the local health care coalition. He is drafting a Memorandum of Understanding; next steps are to develop a Community Health Needs Assessment.

The CAHN will meet tomorrow all day during a planning session. The group is comprised of members from Pullman and the Tri State areas with hopes to offer resources in response to the challenges.

Capital Planning/A&E Services: Tom announced the A&E Committee had interviewed four architect and engineering firms and the group had narrowed our most qualified list to two: NAC Architecture and Architects West. Tom requested approval to move forward, based upon the Committee’s order of preference, to develop an A&E Service Contract by the February meeting. He noted that we are still trying to meet a July timeline to have design drawings with bid specifications to go to construction bid in August/ September and break ground thereafter. We are trying to determine if this is a good bid timeline to obtain good pricing. Tom will keep the Board informed as information develops.

Chris Wagar has formed a Clinic Design Team to identify and set plans for the clinic project – Tom noted that Jean Natwick of NAC Architects is very good about coordinating and working with providers during the schematic to final design phases.

An Executive Session will be required at the conclusion of the regular session to discuss Medical Staff privileges/credentialing (RCW 70.44.062) and to review the Superintendent contract for approximately 20 minutes.

OLD/NEW BUSINESS

New ALF/Bond: Tom Wilbur and Michele Page presented the latest community presentation on the proposed residential care facility. Tom solicited the Board's and audience review and input. Tom will present any revised information to the community in a series of forums – beginning with our own staff next month. He noted we are working on a schedule to address local businesses (PUD, Ponderay Newsprint), Rotary, local school districts, Chamber of Commerce, EDC, etc... We also plan to host community forums both here at the hospital and River Mountain Village. Commissioner Robertson requested a list of the meeting dates. Commissioner Garrett suggested working to bring information to the local church leadership, as well.

Commissioner Elswick suggested Michele Page compose a video presentation that could be shared. Tom Garrett noted that a Citizen's Committee has proven to be successful in obtaining school bonds. Commissioner Jordan suggested involving a River Mountain Village resident that is a proponent of the new facility and can speak to the benefits of no longer transitioning to long term care.

ACTION ITEM AGENDA

The selection for contracting for architect and engineering services was discussed. There was no action taken.

Placeholders for Future Meeting:

The reauthorization of the District Corporate Compliance Plan and the Joint Board (District and Foundation) will be discussed during future meetings.

OTHER BUSINESS

There was no other business to discuss.

NEXT MEETING DATE

The next regular meeting of the Commission will occur on Thursday, February 26, 2015 at 12:30 pm.

EXECUTIVE SESSION

As permitted by RCW 41.05, the meeting was moved to Executive Session at approx. 2:32 pm. for approximately 60-90 minutes for credentialing and personnel matter (CEO evaluation and contract review).

RETURN TO OPEN SESSION

The Commission returned to Open Session at approximately 4:00 pm.

Resolution No. 2015-01, CEO Contract Renewal and Compensation Update. A motion made, seconded and unanimously passed Resolution No. 2015-01 to approve a new CEO employment contract for 2015-16 and incentive compensation for 2014.

Per the recommendation of the Medical Staff Executive Committee, the Board of Commissioners approved the following privileges by a motion that was made, seconded and passed unanimously:

Appointments:

Initial Appointment (pending DEA and Trauma IV requirements):
Michael McIsaac, PA-C

Re-Appointments – Emergency Medicine, Courtesy Status:
Troy Mattox, MD
Todd Ewert, MD
Martha Winje – Emergency Medicine, Health Care Affiliate Status

Telestroke Provider:
Minal J. Bhanushall, MD

Inland Imaging New Physician:
Sadaf Zaidi, MD – Off Site Physician (01/01/15)

Inland Imaging – Physician Resignation:
Robert Barry, MD (12/31/14)

ADJOURNMENT

There being no further business, the meeting adjourned at 4:05 pm.

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

Lois Robertson, President
Board of Commissioners



John Jordan, Secretary
Board of Commissioners