

**CHELAN COUNTY PUBLIC HOSPITAL DISTRICT No. 2**  
**LAKE CHELAN COMMUNITY HOSPITAL**  
**MEETING OF THE GOVERNING BOARD**  
**February 26, 2008**  
**LCCH BOARD ROOM**  
**11:00AM – 1:00PM**

**Mission:**

Our Business is Healthcare. Our Mission is to provide healing opportunities with care, compassion and dignity.

**Vision:** Lake Chelan Valley will be a community where all individuals have the opportunity to reach their highest potential for health. We maintain an unyielding focus on service to our community, patients, their families and to each other striving to exceed expectations. We create a compassionate and healing environment that promotes excellence by recognizing and supporting the unique contribution of all who serve here.

**CALL TO ORDER**

Mary Pat Scofield, Chairperson, called meeting to order at 11:03 AM.

**Members Present:**

Mary Pat Scofield, Chairperson  
Jim Wall, Secretary  
Fred Miller

**Members Excused:**

David Dickes, Vice Chair  
Dennis Evans

**Others in Attendance:**

Dave Bernier, CEO  
Karen Spurgeon, Interim CFO  
Terry Johnson, Plant Engineering  
Dennis Ashmore, Chelan Fire District  
Judy Moser, Credit Services  
Ed Nelson  
Bernice McCulley  
Paul Cossette, RT  
Lee Tinsley, Infection Control/UR  
Carolyn Hood, Human Resources  
Juanita Pinger, Operating Room

Lisa Anderson, CNO  
Toni Gomez, Administrative Assistant  
Karl Jonasson, EMS  
Susan Towne, Materials Management  
Celeste Thomas, Marketing Consultant  
Todd Erickson, Wellness Program Coordinator  
Judy Ervin  
Nancy Young, HR  
Fran Hagen  
Jodi Sweeney, Patient Registration

**MOTION:**

It was moved, seconded and carried to accept the minutes of the January 22, 2008 Board Meeting as presented.

## **REPORTS/PRESENTATIONS:**

### Quality Assurance/Risk Management CQI Report –

Dave Bernier reported the job vacancy for Director of Quality Assurance/Risk Management has been advertised. Washington Casualty Insurance and the Department of Health are aware of the vacancy and will be notified when the position has been filled. In the meantime departments will continue to monitor and submit DASH-board data as required. Dave also reported he has been in contact with Suzanne Waddill-Goad, and has asked her assistance in acquiring leads for filling the position.

### Business Office Report –

Karen Spurgeon, Interim CFO, distributed copies of the income statements to the Board and then presented the hospital finance report noting 74.7 A/R days were recorded for the month of January, and net revenue is up. In closing Karen reported \$90,000 in claims on Home Health accounts were brought in and credited Judy Moser and Jerri Dion for their leadership and hard work.

### Nursing Services Report –

Lisa Anderson, CNO reported interviews for vacant scrub tech positions are in process. The new schedule for nursing staff will go into effect this week for a 90 day trial basis. A schedule change added an additional fulltime nurse to the floor and will provide better shift coverage. Patient Centered Care web conference will be held in the Bragg room on February 27<sup>th</sup> from 9:00-10:15am, for all who are interested in attending, and regularly scheduled luncheon meetings will start up again next month.

Todd Erickson, LCCH Community Wellness Coordinator was introduced and gave an informative presentation on the various programs currently in place; flu vaccine clinics, community health walks which include blood pressure and heart rate checks are a few. Participation and attendance in the Diabetic education classes has increased; classes are held on the third Tuesday of each month and are presented in Spanish and English.

Future programs and partnerships with City Parks Department, Chelan and Douglas County entities, local businesses and school districts will include local health fairs, job shadowing program, athletic events, remote respiratory program, and parenting classes, which will be the only known program of its kind in the region and will be presented in English and Spanish.

In closing Todd informed the Board he is working, in cooperation with the clinics, to establish Executive Health and Wellness packets that will target health issues for senior men and women over 40. Once developed packets will be marketed to local businesses and entities. Todd will continue working with Celeste Thomas scheduling Health Minute spots to be aired on radio, and articles of interest for publications in local newspapers as well as being posted on LCCH website.

Commissioner Scofield suggested we champion Governor Gregoire's "Healthiest State in the Nation" program and challenge the City of Chelan and local businesses to participate.

CEO Report –

Dave Bernier, new CEO, informed the Commissioners that "he hit the ground running", he's been briefed on every department, and he has many ideas to improve operations. He presented an extensive *Powerpoint* presentation of the status of many programs, to include accomplishments.

a. **MISSION STATEMENT:** To begin the strategic planning process, the hospital needs a very clear mission statement and vision understood by all. Dave read the current mission statement and informed the Commissioners that it is clear, succinct, and relevant. He recommended the Commissioners approve the mission statement on an annual basis. **ACTION:** It was moved, seconded and carried to approve the mission statement as currently written.

b. **VISION:** Dave then read the Vision statement. During the Employee Rallies held by Dave upon his arrival, he asked the hospital staff if they could recite the hospital's vision. No one could remember the Vision. It was agreed by the Commissioners, and the audience, that the Vision statement, although crafted very carefully, is not easy to remember. Dave proposed the following graphic depiction as the vision of the hospital:



**ACTION:** It was moved, seconded and carried to approve the Vision as depicted. Commissioner Scofield asked that the Mission and Vision be displayed in many areas of the hospital. Dave will ensure this happens.

c. **LOGO:** Many staff members, together with our marketing consultant, Celeste Thomas, have developed numerous logos to replace the existing hospital logo. The many different logos were presented to the hospital, and the following logo was voted

as the best logo to depict our mission. It was recommended that the new LCCH Logo be approved:



**ACTION:** It was moved, seconded and carried to approve the logo as depicted.

d. **ORGANIZATIONAL CHART:** Dave recommended a few modifications to the Organizational Chart, to include adding the Foundation and Guilds, realigning Anesthesia under nursing, and restructuring the Business Development position.

**ACTION:** It was moved, seconded and carried to approve the organizational chart as presented to the Commissioners.

e. **RESTRUCTURING OF BUSINESS DEVELOPMENT POSITION TO CULTURAL TRANSFORMATION OFFICER:** Dave presented a proposal to replace the vacant Business Development Director position with a Chief Transformational Officer. He envisions this c-level position as an energetic individual who will be tasked with transforming the culture at LCCH, implementing and managing the patient and family-centered care program, hospital goals & objectives, organizational development and operational enhancement, policies & procedures, and strategies for garnering local, state and national awards.

f. **BUILDING A HEALTHY COMMUNITY:**

(1) **RECRUITMENT:** Dave informed the Commissioners of the recruitment efforts underway for a new Chief Financial Officer (CFO) and Psychiatrist. Several resumes have been received for the CFO position and interviews will be held the week of March 17<sup>th</sup>. A search committee telephonically interviewed three (3) Psychiatrists, two of whom were invited to visit LCCH. Dr. Laura Perri did visit Chelan and we look forward to Dr. Tom Riordan's visit.

(2) **WEBSITE AND ADVERSITING:** Celeste Thomas has made several updates and additions to the LCCH website. Dave encouraged everyone to visit the site and send comments and suggestions to Celeste. Commissioner Scofield suggested that we expand our advertising with Go Lake Chelan by having them add a link to the LCCH website that will allow the display of LCCH audio/video ads.

g. **QUALITY HEALTHCARE:**

(1) Dave informed the Commissioners of issues with Sacred Heart Medical Center (SHMC) tele-pharmacy project. When LCCH entered into a tele-pharmacy contract with SHMC, LCCH was in the process of purchasing CPSI software

for the hospital. SHMC had no concerns with this new software, however, with new leadership at SHMC, they have requested that we transition to their compatible Meditech software platform, or provide a bridge from CPSI to their software. The cost of such “bridge” is approximately \$100,000. Christy Neilsen, our pharmacist, and Ross Hurd, chief information officer, are looking at alternative tele-pharmacy options for the hospital.

(2) The Laboratory department recently obtained a new microscope-camera. This equipment has the ability to capture a photo of cells which can be downloaded to our pathologist in Wenatchee for readings. Ross Hurd, chief information officer, noted throughout his research on the equipment he has found no mention of any other facilities currently using “tele-laboratory”. It was suggested we take advantage of the opportunity and promote our being the first hospital in the nation to be using this “tele-laboratory” technology. During Lab Month (April) Celeste Thomas will be working with Ross Hurd and Sally Harper, spreading news of the microscope via the web, radio ads and newspaper publications, which could very possibly lead LCCH towards a nomination for “Most Wired Hospital”.

#### **h. SUPPORTING PHYSICIANS:**

(1) At the February 12, 2008, medical staff meeting, Dave asked the staff what medical services, if any, for which they have a significant need in the Lake Chelan Valley. Most thought Internal Medicine services, with experience in diabetes management and sleep apnea, are routinely referred to other medical facilities. Since that meeting, Dave did find an Internal Medicine physician interested in relocating to Chelan. He is in the process of defining the position, scope of care, and space needs before moving forward.

(2) Dr. Nathan Scott, optometrist in Chelan, recently treated a patient with a corneal ulcer. Unfortunately, the hospital did not have the necessary scapula to obtain a culture. Working with Sally Harper in the Lab, Juanita Pinger in the Operating Room, and Susan Towne in Purchasing, the hospital did secure equipment to support future needs.

(3) The hospital recently installed ChartLink, an information system upgrade to interface the Lake Chelan Clinic with the hospital. Now, the clinic can access various test results easier, and import the results into their electronic medical records.

#### **i. PROVIDING AN OUTSTANDING ENVIRONMENT:**

(1) **EMPLOYEE RECOGNITION PROGRAM:** Dave recently activated a committee to design an employee recognition program for the hospital.

(2) **EMPLOYEE ACTIVITY COUNCIL (EAC):** Leading by example, Dave has participated in the Employee Activities Council (EAC) and encourages the staff to be creative and get involved with planning future activities.

(3) **HOUSEKEEPING:** During his many introductory department briefings, he challenged the Housekeeping staff to continue doing a great job, however, asked if they can safely experiment with “pleasant” smelling chemicals, such as Fabuloso.

(4) **DIETARY SERVICES:** Prior to purchasing a new electric grill, Dave asked Dietary Services to secure proposals for potentially installing a propane line and gas appliances to enhance the culinary cooking abilities of the hospital. Diane Haight has been contacting local vendors for comparison cost, quality and efficiency of gas stoves vs. electric. Dave would like to see the hospital offer “Room Service” to patients when they are hungry vs the traditional “wait until we serve you at noon” modality.

#### **j. COMMUNITY PARTNERSHIP:**

(1) **AMBULANCE SERVICE ON EVENINGS & WEEKENDS:** Karl Jonasson, EMS director, briefed that the evening and weekend relocation to the Fire District on February 17<sup>th</sup> went very well. He noted that response time to the scene have decreased, significantly enhancing the service to the community. Although hard to measure, this community partnership will save precious time and potentially lives.

(2) **BRAGG EDUCATIONAL CENTER:** The Bragg Education Center is receiving a face-lift. The walls have been painted a more pleasing color, a television stand was build in the room, and a computer will be installed to allow patients the ability to research medically-related topics. When the room is completed, we plan to have a photo opportunity with the Foundation to continue educating the community on philanthropic opportunities.

#### **k. ENSURING FISCAL RESPONSIBILITY:**

(1) **ELIMINATION OF PROFESSIONAL CONTRACT:** On January 12, 2008, the hospital recently terminated the contract for Dr. David Lewis, a psychiatrist in Los Angeles who routinely provided professional consultative services to the hospital. Dr. Lewis was originally contracted in 2002.

(2) **WASHINGTON STATE FINANCIAL AUDIT:** On Thursday, January 24, 2008, auditors from the Washington State Auditor’s office out-briefed Dave on an audit that covered the period of January 1, 2007 and ending December 31, 2006. The audit was planned and conducted using a risk-based approach in these general areas:

- Accountability for public resources
- Compliance with State laws and regulations and entity policies
- Financial statements

There were no findings and recommendations. Dave commended the staff in the Fiscal Services and the Business Office for a job well done!

(3) **LABORATORY IDENTIFIES CPSI COMPUTER GLITCH, MAKES CORRECTION:** On January 25, 2008, the Lab identified outpatient laboratory tests outsourced (to Quest Laboratories) for testing were not being billed. It appears that the problem was the new interface with the recent implementation of our computer system, CPSI. The lab tests identified as problematic were corrected and measures were implemented to provide a quality review of billed charges in the future.

Lee Tinsley audited the inpatients lab results sent to Quest and verified that these tests were being captured and billed correctly.

(4) **REVIEWING CHARITY CARE PROGRAM:** In 2007, Lake Chelan Community Hospital did not collect over \$1 million in services provided, and wrote such accounts off as charity care. Prior to the arrival of the new CFO, Dave activate a committee, comprised of representatives from Registration, Patient Accounts, Credit Services, and Collections, to evaluate current procedures and policies and determine immediate corrective courses of action, if necessary. With the contracting of an outsourced collections company, we expect to increase revenue in this regard, and decrease charity care.

## I. HEALTHCARE PLANNING FOR THE FUTURE:

(1) **CEO CONTINUING EDUCATION:** Dave presented his proposed continuing education and meeting travel schedule to the Commissioners for approval. **ACTION:** It was moved, seconded and carried to approve the continuing education and travel schedule as presented.

(2) **BOARD EDUCATION:** Dave presented a brochure from *The Governance Institute* for an intensive 2-day seminar designed to educate the Commissioners on their roles and responsibilities. It was recommended that two or three commissioners attend the TGI this year, along with the CEO. Proposed dates and locations are as follows:

September 14-17, 2008  
November 9-12, 2008

Colorado Springs, CO  
Carlsbad, CA

Dave highlighted that the airfare to both locations are approximately \$381. When decided who will attend, Dave will request funding from the Hospital Foundation for the education portion of the seminar (approx \$1,500 per person). LCCH will pay the travel/hotel expenses. **ACTION:** It was moved, seconded and carried to approve the board education as presented. Names of attendees and seminar dates will be tabled until the March Board of Commissioners meeting.

(3) **STRATEGIC PLANNING SESSION:** Dave recommended a strategic planning summit with the Commissioners to develop a plan and strategy to address the following:

- strategy for potential construction bond
- form community hospital steering committee
- meet with Architects in mid-May

## **OLD AND NEW BUSINESS:**

### **Action Items:**

#### **It was Motioned, Seconded and Carried to approve:**

1. Resolution #415 supporting WSHA's "Never Events" as recommended by Medical Staff
2. Resolution #412 Appointment of David M. Bernier as Superintendent and Administrator, removal of Phil Sandifer as Interim Superintendent and Administrator.
3. Accept Vouchers/Warrants as presented: \$597,193.29 in payroll #75595 to 75646, \$716,245.50 in accounts payable and payroll registers #159602 to 160028,
4. Accept Write-Offs: \$95,985.33 in bad debts for referral to collections agencies per LCCH policy. (Bad Debt: \$35,708.29, Charity Care \$60,277.04).
5. Credentialing of the following Providers as approved by the medical staff and reviewed by Dennis Evans:
  - Kathy Hevly ARNP (Psychiatric Medicine/Change in Privileges)
  - Lynn A. Peterson, CRNA (Anesthesia – Provisional 6 months)
  - Myron Whitehead, MD (Pathology - Reappointment 2 year)
  - 3 month Provisional Privileges for Physician Assistants (to evaluate and do rounds on ARC Unit patients on non-covered days by Physicians)

## **OTHER BUSINESS:**

Celeste Thomas has negotiated discount rates with the Best Western at Lakeside, Campbell's Resort and Darnels Lake Resort for patients having surgical procedures at LCCH. The Registration Office will be the liaison for this discount program.

### **Audience:**

Karl Jonasson shared that the community partnership with Chelan Fire District 7 has proved to be beneficial to the community in terms of response time which on the average has been reduced by several minutes. David thanked Chief Dennis Ashmore for EMS opportunity to relocate and work with them. Manson Fire District 5 has expressed interest in working out collaboration project similar to that of District 7 for staffing/EMS.

**EXECUTIVE SESSION**

Executive Session was convened at 12:40pm for the specific purpose of discussing risk management, legal and personnel issues.

**ADJOURNMENT:**

Regular session was reconvened at 12:58pm and immediately adjourned with no action taken.

**Submitted:**

**Attest:**

\_\_\_\_\_  
**Board Secretary**

\_\_\_\_\_  
**Administrator/CEO**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Date**