# Grays Harbor Public Hospital District No. 2
# Board of Commissioners

**DISTRICT BOARD**
Meeting Agenda
Tuesday, April 24, 2018
(following the Hospital Board Meeting)
Conference Room C; West Campus

## CALL TO ORDER

I. Excused Absences
II. Public Comment - Agenda Items (sign-in sheet at entrance; please limit comments to three minutes)

## CONSENT AGENDA

I. District Board Minutes; March 26, 2018
II. Hospital Special Meeting – Annual Education; April 18-20, 2018
III. February REVISED Checks/Warrants; $944,428.92
IV. March Checks/Warrants; $19,066.79

## COMMITTEE / CHAIRMAN REPORTS

I. Chairman's Report

## OLD BUSINESS

## NEW BUSINESS

## PUBLIC COMMENT

Public Comment – General (sign-in sheet at entrance; please limit comments to three minutes)

## NEXT MEETING

**Tuesday, May 22 6:00p Room C**

## ADJOURNMENT

**Grays Harbor Public Hospital District No. 2 does not discriminate against or exclude anyone from participation in public meetings. Requests for assistance should be made by contacting Administration at 360-537-5117, 48 hours in advance of the meeting. Thank you.**

*NOTE: Th**is is an "open" agenda. The Commissioners or Recording Secretary of the Board may elect to add, delete, or change** items prior to or at the meetings. This does not include legally advertised public hearings.*

GRAYS HARBOR COMMUNITY HOSPITAL

## *Our Mission*

*Heal, Comfort and Serve*
*Our Community with Compassion.*

## *Our Vision*

*To provide each patient superior service*
*and safety, exceptional by any standard.*

## *Our Values*

*Respect ● Integrity ● Compassion ● Excellence*

## *Our Standards*

*Communication ● Accountability ● Professionalism ●*
*Teamwork ● Ownership ● Safety ● Service*

## *Our Desired Future State*

"*We will be an integrated regional healthcare network,*
*partnering in our communities to provide exceptional care*
*with an inspired healthcare team*."

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GRAYS HARBOR COMMUNITY HOSPITAL

**HOSPITAL BOARD**
Special Meeting Agenda
Friday, April 20, 2018
3:30p
Conference Room C, West Campus

## CALL TO ORDER

I. Excused Absences

## BOARD ACTION

I. Discuss and take action on a Resolution relating to the composition of the Board of Directors of the Grays Harbor Community Hospital Foundation.

## PUBLIC COMMENT

Public Comment (please limit comments to three minutes)

**NEXT MEETING** **Tuesday, April 24** **6:00p** **Room C**

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GRAYS HARBOR COMMUNITY HOSPITAL

**HOSPITAL BOARD**
Meeting Agenda
Tuesday, April 24, 2018
6:00p
Conference Room C, West Campus

## EDUCATION

Diagnostic Imaging Services

## CALL TO ORDER

I. Excused Absences
II. Public Comment - Agenda Items (sign-in sheet at entrance; please limit comments to three minutes)

## CONSENT AGENDA

I. Hospital Board Minutes; March 26, 2018
II. Hospital Special Meeting; April 20, 2018

## BOARD ACTION

I. Medical Staff Credentialing Report
II. Chairman's Report
   A. Letter Foundation Membership

## COMMITTEE REPORTS

I. Board Quality April Report – Committee Chair
II. Board Finance April Report – Committee Chair
   A. Resolution 2018-02; Appointing Retirement Plan Administrator
   B. Resolution 2018-03; Petty Cash
   C. Resolution 2018-04; Rescind Signature Authority Larry Kahl
   D. Resolution 2018-05; Rescind Signature Authority Joe Vessey

## ADMINISTRATION

I. Executive Suite Summary Report – Tom Jensen, CEO
   A. Patient Commendation Letter & Email
   B. HMG Recruiting Report (no updates)

## OLD BUSINESS

## NEW BUSINESS

I. May Education
   - GHCH Communication Policy / Process
   - Crisis Intervention Prevention Training

II. Good of the Order

## PUBLIC COMMENT

Public Comment – General (sign-in sheet at entrance; please limit comments to three minutes)

**NEXT MEETING** **Tuesday, May 22** **6:00p** **Room C**

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**BOARD of COMMISSIONERS SPECIAL MEETING - ANNUAL EDUCATION**

***April 18 - 20, 2018***

**Harmony Hills Retreat Center**

7362 E State Route 106, Union, WA 98592 ; 360-898-2363

Executive Assistant, Teresa Ramirez: Cell 360-589-2773

**Wednesday, April 18**

6:00p Dinner – Dining Room

**Thursday, April 19**

8:00 – 9:00a Breakfast – Dining Room

**All Programs** – held in The Great Hall

9:00 – 10:00a ***Compliance – What are the regulatory agencies looking at?***
– Lori Laubach, CHC; MOSS ADAMS LLP

10:00 – 10:15a Break

10:15 – 11:30a ***Leadership and Communication on Terrible, Horrible, No Good, Very Bad Days***
– Mary Kay Clunies-Ross; Sunshine Communications

11:30 – 12:30p ***What's the Big Picture in Washington State*****?** What are the goals of our state government? How are our demographics changing? How is federal policy affecting us? How are hospitals faring?
– Cassie Sauer, WSHA Chief Executive Officer

12:30 – 1:30p Lunch – Dining Room

**EXECUTIVE SESSION OF THE BOARD OF COMMISSIONERS**
**RCW 42.30.110(1)(i): to discuss with legal counsel the legal risks of a proposed action of the district.**

1:30 – 5:00 p ***Understanding the Landscape***
– Kimberly McNally, MN, RN, Executive Coach, Consultant and Published Author McNally & Associates

6:00 pm Dinner – Dining Room

**Friday, April 20**

8:00 – 9:00a Breakfast – Dining Room

9:00 – 10:30a ***Destination on Key Strategies & Board Initiatives***
– Kimberly McNally, MN, RN, Executive Coach, Consultant and Published Author McNally & Associates

10:30 – 10:45a Break

10:45 - 12:00p ***Destination on Key Strategies*** - continued

12:00 – 1:00p Lunch – Dining Room

Grays Harbor
COMMUNITY
HOSPITAL

# FINANCIAL STATEMENTS

April 2018

# GHCH Consolidating Balance Sheet—Assets
## 4/30/18

Grays Harbor COMMUNITY HOSPITAL

| | Total 4/30/18 |
|---|---|
| **CURRENT ASSETS:** | |
| Cash | 5,147,215 |
| Temporarily Restricted Cash-Peds | 0 |
| Patient Receivables: | |
| Gross Patient Receivables | 75,794,827 |
| Less Allowance for Uncollectibles | (51,302,909) |
| **Net Patient Receivables** | 24,491,917 |
| Other Receivables | 1,841,782 |
| Third Party Receivables | 0 |
| Inventories | 1,943,541 |
| Prepaid Expense | 683,610 |
| Temporarily Restricted Curr Assets | 103,867 |
| Other Current Assets | 2,104,375 |
| **Total Current Assets** | 36,316,308 |
| **Board Designated Assets** | 204,380 |
| **Property, Plant & Equipment** | |
| Land & Land Improvements | 2,185,947 |
| Building & Improvements | 68,082,971 |
| Medical Office Building | 1,317,699 |
| Equipment | 38,487,002 |
| CIP--First Step | 0 |
| CIP | 533,452 |
| Total CIP | 533,452 |
| **Total Fixed Assets** | 110,607,071 |
| Accumulated Depreciation | (74,272,615) |
| **Net Property, Plant & Equipment** | 36,334,457 |
| Other Assets: | |
| Project Fund | 2 |
| Reserve Fund | 2,175,672 |
| Phys Loans/Guarantees (after 2001) | 0 |
| Other Non current Assets | 2,319,801 |
| Intangible--Pension | 740,624 |
| Investments | 0 |
| Deferred Pension Outflows | 1,781,739 |
| Permanently restricted Assets | 6,324,782 |
| **Total Other Assets** | 13,342,621 |
| **TOTAL ASSETS** | 86,197,765 |

# GHCH Consolidating Balance Sheet—Liabilities 4/30/18

Grays Harbor COMMUNITY HOSPITAL

| | Total 4/30/18 |
|---|---|
| **CURRENT LIABILITIES** | |
| Short Term Notes Payable | 3,000,000 |
| Accounts Payable | 13,607,787 |
| Due to Third Parties | 838,149 |
| Payroll & Related | 3,255,163 |
| Other Current Liabilities | 2,863,050 |
| Current Portion -LT Debt | 2,121,960 |
| **Total Current Liabilities** | 25,686,109 |
| | |
| Long Term Liabilities | 2,927,631 |
| **Total Long Term Liabilities** | 2,927,631 |
| | |
| **LONG TERM DEBT** | |
| Notes Payable | 1,833,117 |
| Bonds Payable | 26,184,783 |
| **Total Long Term Debt** | 28,017,900 |
| | |
| **Total Liabilities** | 56,631,641 |
| | |
| **EQUITY** | |
| Fund Equity | 33,068,084 |
| Equity--Prior Year | (7,993,433) |
| Permanently Restricted Assets | 6,324,782 |
| Reserve for Pension/Other | 1,497,903 |
| Net Income(Loss)--Current Year | (3,331,212) |
| **Total Equity** | 29,566,124 |
| | |
| **TOTAL LIAB & FUND EQUITY** | 86,197,765 |

## Grays Harbor Community Hospital
## Consolidated Income Statement
## 04/30/2018

Grays Harbor COMMUNITY HOSPITAL

| | Month | Month Budget | Variance | % Variance |
|---|---|---|---|---|
| **Revenues** | | | | |
| Inpatient Revenue | 10,605,214 | 10,205,210 | 400,004 | 3.92% |
| Outpatient Revenue | 12,159,059 | 14,808,895 | (2,649,836) | -17.89% |
| ER Revenue | 6,280,624 | 6,712,726 | (432,102) | -6.44% |
| Physician Revenue | 1,049,645 | 1,324,271 | (274,626) | -20.74% |
| Total Revenue | 30,094,541 | 33,051,102 | (2,956,560) | -8.95% |
| **Revenue Deductions** | | | | |
| Bad Debt | 106,887 | 498,844 | (391,957) | -78.57% |
| Charity | 2,050 | 71,449 | (69,399) | -97.13% |
| Other Deductions | 22,633,066 | 24,283,928 | (1,650,862) | -6.80% |
| Total Revenue Deductic | 22,742,003 | 24,854,221 | (2,112,218) | -8.50% |
| Net Patient Revenue | 7,352,537 | 8,196,881 | (844,342) | -10.30% |
| Other Revenue | 266,007 | 278,625 | (12,618) | -4.53% |
| Net Operating Revenue | 7,618,545 | 8,475,505 | (856,960) | -10.11% |
| **Expenses** | | | | |
| Salaries | 2,912,867 | 3,248,428 | (335,561) | -10.33% |
| Benefits | 1,121,003 | 1,118,921 | 2,082 | 0.19% |
| Professional Fees | 1,635,698 | 1,078,794 | 556,904 | 51.62% |
| Supplies | 969,212 | 1,013,023 | (43,811) | -4.32% |
| Utilities | 89,148 | 94,275 | (5,127) | -5.44% |
| Purchased Services | 1,104,423 | 958,841 | 145,582 | 15.18% |
| Agency | 48,000 | 111,703 | (63,703) | -57.03% |
| Depreciation | 279,780 | 324,205 | (44,425) | -13.70% |
| Rent/Lease | 100,906 | 122,272 | (21,366) | -17.47% |
| Other | 98,620 | 402,998 | (304,378) | -75.53% |
| Insurance | 88,969 | 95,834 | (6,865) | -7.16% |
| Interest | 144,759 | 147,529 | (2,770) | -1.88% |
| Total Expenses | 8,593,382 | 8,716,823 | (123,438) | -1.42% |
| Net Operating Income | (974,837) | (241,318) | (733,522) | 303.96% |
| Operating Margin % | -12.80% | -2.85% | | |
| Non-Operating | 4,206 | 230,418 | (226,212) | -98.17% |
| Net Income | (970,630) | (10,900) | (959,730) | 8804.86% |
| Net Income Margin % | -12.74% | -0.13% | | |

**GRAYS HARBOR PUBLIC HOSPITAL DISTRICT NO. 2**
**BOARD OF COMMISSIONERS REGULAR MEETING**
**April 24, 2018**

**COMMISSIONERS PRESENT**
Andrew Bickar, District 4
Michael Bruce, District 2
Miles Longenbaugh, District 3
Melanie Sturgeon, At Large 2
Robert Torgerson, At Large 1
Becky Walsh, District 5
Maryann Welch, District 1

**OTHERS PRESENT**
Niall Foley, Executive Director Finance
Tom Jensen, CEO, GHCH
Teresa Ramirez, Executive Assistant, GHCH
Members of the Public

## CALL TO ORDER

President Welch called the meeting to order at 7:44p.

Public Comment – Agenda Topics
President Welch opened the meeting to members of the public for comment regarding topics listed on the agenda.

## CONSENT AGENDA

Submitted under the Consent Agenda were:

- District Board Minutes; March 26, 2018
- Hospital Special Meeting – Annual Education; April 18-20, 2018
- Revised February Checks/Warrants; $944,428.92
- March Checks/Warrants; $19,066.79

**ACTION**: A motion was made by Commissioner Bruce, seconded by Commissioner Walsh, and unanimously carried to approve the Consent Agenda.

## COMMITTEE / CHAIRMAN REPORTS

President Welch brought forward one of the strategic focuses is to increase communication from the Board. Efforts will be taken to attend City Council meetings, community civic meetings, participate on radio shows, and attend GHCH employee forums. Board members were assigned to participate in specific City Council meetings, as well as Employee Forums in May.

## OLD BUSINESS

None

## NEW BUSINESS

None

Public Comment – General
President Welch opened the meeting to members of the public for comment.

- Maryanna Hopkins will be collecting signatures of support for the I-1600 Initiative. Ms. Hopkins wants to see GHCH succeed and care continuing to be provided to community members, as well as future generations having their babies at the hospital.

**ADJOURNMENT**

The meeting adjourned at 7:56p.

**APPROVED AND ADOPTED THIS 22nd day of May, 2018.**

**ATTEST:**

Teresa Ramirez
Recording Secretary

Commissioner Robert Torgerson
Secretary

**GRAYS HARBOR PUBLIC HOSPITAL DISTRICT NO. 2**
**BOARD OF COMMISSIONERS SPECIAL MEETING - ANNUAL EDUCATION**
**April 18-20, 2018**

**COMMISSIONERS PRESENT**

Andrew Bickar, District 4
Michael Bruce, District 2
Miles Longenbaugh, District 3
Melanie Sturgeon, At Large 2
Robert Torgerson, At Large 1
Becky Walsh, District 5
Maryann Welch, District 1

**OTHERS PRESENT**

Melanie Brandt, CNO (April 19th half-day only)
Niall Foley, Exec. Dir. Finance, GHCH (April 19th half-day only)
Tom Jensen, CEO, GHCH
Anne Marie Wong, MD, CMO (April 19th half-day only)
Teresa Ramirez, Executive Assistant, GHCH

**Speakers**

See Agenda

## CALL TO ORDER

The special meeting of the Board of Commissioners was convened at 9:00a on Thursday, April 19, 2018 in the Great Hall at Harmony Hills Retreat Center.

## PRESENTATIONS

Education included:

- *Compliance – What are the regulatory agencies looking at?*
  – Lori Laubach, CHC; MOSS ADAMS LLP
- *Leadership and Communication on Terrible, Horrible, No Good, Very Bad Days*
  – Mary Kay Clunies-Ross; Sunshine Communications
- *What's the Big Picture in Washington State?*
  – Cassie Sauer, WSHA Chief Executive Officer
- *Understanding the Landscape & Destination on Key Strategies & Board Initiatives*
  – Kimberly McNally, MN, RN, Executive Coach, Consultant McNally & Associates

## EXECUTIVE SESSION

President Welch announced adjournment of the Special Board Meeting at 12:56p in order to convene an Executive Session for 30 minutes under RCW 42.30.110(1)(i) to discuss with legal counsel the legal risk of a proposed action of the district.

At 1:26p notification was provided to the public that the Board of Commissioners were extending their Executive Session an additional 10 minutes.

At 1:36p the Executive Session adjourned related to the aforementioned RCW, and another Executive Session was convened for 15 minutes under RCW 42.30.110(1)(g) to review the performance of a public employee.

At 1:50p the Executive Session adjourned and the Special Board Meeting re-convened.

## ADJOURNMENT

At 5:00p, the special meeting adjourned with no action taken; and will reconvene at 9:00a, April 20, 2018.

## CALL TO ORDER

The special meeting of the Board of Commissioners was convened at 9:00a on Friday, April 20, 2018 in the Great Hall at Harmony Hills Retreat Center.

## ADJOURNMENT

At 12:30p, the special meeting adjourned with no action taken.

**APPROVED AND ADOPTED THIS 24th day of April, 2018.**

**ATTEST:**

Teresa Ramirez
Recording Secretary

Robert Torgerson
Board Secretary

**GRAYS HARBOR COMMUNITY HOSPITAL**
**BOARD OF DIRECTORS REGULAR MEETING**
**April 24, 2018**

**COMMISSIONERS PRESENT**
Andrew Bickar, District 4
Michael Bruce, District 2
Miles Longenbaugh, District 3
Melanie Sturgeon, At Large 2
Robert Torgerson, At Large 1
Becky Walsh, District 5
Maryann Welch, District 1

**OTHERS PRESENT**
Niall Foley, Executive Director Finance
Tom Jensen, CEO, GHCH
Teresa Ramirez, Executive Assistant, GHCH
Members of the Public

## BOARD EDUCATION

Charles Skorzewski, Lab/Diagnostic Imaging Director, and Wilna Wheeler, GHI Supervisor, provided a presentation and handout on Diagnostic Imaging Services provided through the Hospital and GH Imaging.

- A Radiologist is on site every day of the week and on-call on weekends.
- Pain injection services are available every day of the week. Sinus injections are administered to treat migraine headaches.
- Recently OB/GYN ultrasound has been added as a new service.
- Interventional Radiology is offered as a course of treatment prior to surgery, or simply to alleviate immediate pain.
- PACS services allows images to be "pushed" to other care providers/centers.
- Wait times are less than a week for most modalities.
- An average of 16 – 20 mammograms are performed a day
- Hurdles/Deficiencies – staffing transitions/recruiting talent; cross-training/right-sizing the dept. to meet Truven productivity.
- Dawn was highlighted as an employee who has gone above and beyond by organizing and facilitating an Ocean Shores cancer support group.

## CALL TO ORDER

President Welch called the meeting to order at 6:30p.

Public Comment – Agenda Topics
President Welch opened the meeting to members of the public for comment regarding topics listed on the agenda.

## CONSENT AGENDA

Submitted under the Consent Agenda were:

- Hospital Board Minutes; March 26, 2018
- Hospital Special Meeting; April 20, 2018

**ACTION**: A motion was made by Commissioner Walsh, seconded by Commissioner Sturgeon and unanimously carried to approve the Consent Agenda.

## BOARD DISCUSSION AND ACTION

Medical Staff Credentialing

Submitted was the Medical Staff Credentialing Report.

**ACTION**: A motion was made by Commissioner Bruce, seconded by Commissioner Walsh, and unanimously carried to approve reappointment of Nicholas Shawnik, DO, as Courtesy Staff for a period of two years in the Specialty of Emergency Medicine.

**ACTION**: A motion was made by Commissioner Torgerson, seconded by Commissioner Bickar, and unanimously carried to approve reappointment of Ronald Oman, ARNP, as an Allied Health Professional for a period of two years in the Specialty of Family Medicine.

**ACTION**: A motion was made by Commissioner Walsh, seconded by Commissioner Bickar, and unanimously carried to approve reappointment of Samuel Donohoe, MD, as Active Staff for a period of two years in the Specialty of Hospitalist.

**ACTION**: A motion was made by Commissioner Bruce, seconded by Commissioner Torgerson, and unanimously carried to approve appointment of Timothy Larson, MD, as Provisional Staff for a period of one year in the Specialty of Cardiology.

**ACTION**: A motion was made by Commissioner Walsh, seconded by Commissioner Bickar, and unanimously carried to approve appointment of Alvin Massenburg, PA-C, as Provisional Staff for a period of one year in the Specialty of Hospitalist.

**ACTION**: A motion was made by Commissioner Torgerson, seconded by Commissioner Bruce, and unanimously carried to approve reappointment of Hui Wang, MD, as Courtesy Staff for a period of two years in the Specialty of Medical Oncology.

**ACTION**: A motion was made by Commissioner Walsh, seconded by Commissioner Sturgeon, and unanimously carried to approve reappointment of Christopher Wolfe, MD, from Provisional to Consulting Staff for a period of two years in the Specialty of Cardiology.

**ACTION**: A motion was made by Commissioner Torgerson, seconded by Commissioner Bruce, and unanimously carried to approve appointment of Justin Suszko, MD, as Provisional Staff for a period of one year in the Specialty of Radiation Oncology.

**ACTION**: A motion was made by Commissioner Torgerson, seconded by Commissioner Walsh, and unanimously carried that Trenton Sensiba, DO, be approved for the additional privileges of Wound Care with Hyperbaric Management.

Resignations were noted:

- John Ensley, MD, in the Specialty of Emergency Medicine
- Elissa Freudenberg, PA-C, in the Specialty of Internal Medicine
- Kevin Mierzejewski, MD, in the Specialty of Emergency Medicine
- Heidi Sedra, ARNP, in the Specialty of Internal Medicine

## CHAIRMAN'S REPORT

Letter Foundation Membership
Submitted was a letter from GHCH Foundation Chair, Randy Ross, related to GHCH Foundation membership. Membership was addressed during a Special Board meeting conducted on Friday, April 20, 2018. Additional discussion will be held in determining GHCH Foundation Reports being provided to the Hospital Board. Commissioner Bruce raised the issue of a report being submitted in the same format as the Executive Suite Report.

Board of Director Annual Education
During the Annual meeting last week, the Board conducted some strategic planning, with the top strategic priorities as (1) workforce recruitment and retention, and (2) communication by the Board (3) improving the patient experience.

## COMMITTEE REPORTS

### Board Quality Report

Commissioner Walsh provided report on the April Board Quality Committee meeting. See Attachment A for notable information.

### Board Finance Report

Commissioner Torgerson provided report on the April Board Finance Committee meeting. See Attachment B for notable information.

Resolutions
Submitted was Resolution 2018-02; Petty Cash. East Campus cafeteria petty cash has been removed and new petty cash locations are included. Diana Thompson has been named the custodian of accounts.

**ACTION**: A motion was made by Commissioner Torgerson, seconded by Commissioner Walsh, and unanimously carried to approve Resolution 2018-02; Petty Cash.

Submitted was 2018-03; Appointing Niall Foley Plan Administrator.

**ACTION**: A motion was made by Commissioner Longenbaugh, seconded by Commissioner Bruce, and unanimously carried to approve 2018-03; Appointing Niall Foley Plan Administrator.

Submitted was Resolution 2018-04; Rescind Signature Authority Larry Kahl.

**ACTION**: A motion was made by Commissioner Torgerson, seconded by Commissioner Walsh, and unanimously carried to approve Resolution 2018-04; Rescind Signature Authority Larry Kahl.

Submitted was Resolution 2018-05; Rescind Signature Authority Joe Vessey.

**ACTION**: A motion was made by Commissioner Bruce, seconded by Commissioner Walsh, and unanimously carried to approve Resolution 2018-05; Rescind Signature Authority Joe Vessey.

Commissioner Bickar reported from a presentation by WSHA at the Annual Education that there are 107 hospitals in the state and 38 operate at a loss. GHCH is not alone.

## ADMINISTRATION

Executive Suite Summary Report
Submitted was the Executive Suite Summary for April, which included a patient commendation letter, as well as a patient commendation email.

- The Statement of Work should be released to the Board in the near future and soon thereafter, provided to the public. One major category of focus is accounts receivables. Financial offset from reduction in force will be reflected in the financials in another 45 days.
- Development of the Care Transition Team (case management) will have a positive impact on inpatient/ observation status and ED throughput to the floors.
- Leadership is spending a significant amount of time every day with Navigant consultants.
- Mr. Jensen expressed appreciation for the Board's active engagement during the Annual Education, as well as various other hospital/Navigant meetings.
- Commissioner Longenbaugh reported that approximately 94% of the departments have reached the 25th productivity percentile.

## OLD BUSINESS

None

## NEW BUSINESS

None

## GOOD OF THE ORDER

Commissioner Bruce expressed that the Annual Education was very informative and valuable for Commissioners' education.

Commissioner Longenbaugh brought forward that Nancee Long and Melanie Brandt will be on KBKW at 7:10a tomorrow.

**PUBLIC COMMENT** – General
President Welch opened the meeting to members of the public for comment.

- Maryanna Hopkins, citizen and former employee, distributed copies of Whole Washington related to I-1600 initiative, and strongly encouraged hospital leadership and the Board to support efforts to pass the initiative.
- Donna Albert echoed support of Initiative I-1600, and encouraged the Board to strongly consider and evaluate the benefits, even though insurance companies will be the losers.
- Glen Ramisky requested that more information be provided about the Navigant initiatives. He also expressed concerns about case management. Mr. Ramisky warned of a local provider who refers his patients to Summit Pacific and St. Peters, and the need for leaders to educate and encourage staff to refer community members to GHCH. Mr. Ramisky was complimentary of the hospital and its good work.
- Liz Ellis expressed that GHCH is not alone as a rural healthcare provider, and believes that the hospital is heading toward the perfect storm in healthcare challenges. Ms. Ellis referenced an article she had downloaded. She brought forward that there are people locally who cannot access care at GHCH because they don't have the right insurance,

and wants GHCH to be here for everyone and to create an equitable healthcare system. Ms. Ellis thanked the hospital for their hard work and hanging in there.

- Doug Barker noted his objection about not being informed of the Special Meeting on the 20th. It was clarified that the meeting was posted on the Hospital's website and that no one from the media has submitted a request to the District to be notified of special meetings.

**ADJOURNMENT**

The meeting adjourned at 7:44p.

Attachment A ..... Board Quality Report

- A handout was provided on the new billing statements that are now being mailed to patients.
- ED Operations;
  - There was a slight increase in patients; however, a similar seasonal increase was experienced last year.
  - Left Without Being Seen metrics are static; however, there was a 2% decrease from last year.
  - The remaining metrics are static overall. Navigant has been providing feedback on improvement opportunities.
  - A slight increase was noted in in-patient admits, and a decrease in patient transfers.
  - Continue to address staffing in the ED and optimizing efforts with the support of Navigant. Continue to recruit for two FTE positions.
- Sepsis;
  - Overall compliance in January increased from 33% to 54%.
  - Mortality cases are forwarded to QUR and the Clinical Programs Manager.
  - Appropriate Antibiotic Selection; a re-education email was sent to nursing staff in March.
  - Repeat Reflex Lactic Acid outcomes are doing well.
  - Median door to triage time for the Mortality cases was six minutes and the median time for Door to Doc was 26 minutes.
  - There was one direct admit, and 6/9 cases arrived via EMS. Additionally three cases were previously diagnosed with Cancer and were terminally ill.
  - Shortness of air and altered mental status remains our top signs and symptoms upon arrival.
  - GHCH mortalities are at 5.26%; well below the national average of 15-16%.
- Quality Report;
  - There have been no new reportable events.
  - The Quality Dept. drafts core measures letters that are sent to providers, which will also be drafted for nursing in the near future. Core measures will be highlighted during Skills Fair this year.
  - Medicaid Quality Incentive; it appears GHCH will meet measures to receive a 1% increase.
  - Survey Readiness; focused efforts are on hold until Navigant initiatives wind down a bit more.
  - Root Cause Analysis are ongoing.
- Core Measures;
  - Aspirin on arrival for AMI has dropped below benchmark in November and December, with no trends or correlation identified.
  - CT results for Acute Stroke with Interp. in 45 Minutes; GHCH has small populations that meet this measure. Compliance has risen to 100% since May and been sustained for those months with patients in the population
  - ED Throughput; Efforts are underway to educate nursing on documenting when the patient physically leaves the ED.
  - Endoscopy/Colonoscopy Surveillance; compliance improved slightly. Education provided on documentation within the Operative Report related to appropriate follow up intervention for normal colonoscopy and/or history of Polyps.
  - Elective Delivery; provider compliance has been excellent since June of 2017.
  - Exclusive breast milk feeding; Staff provided Breast Feeding education through a renowned International Breastfeeding Certified Lactation Consultant to improve perceptions of patients that choose to breast feed and/or how to encourage those that choose not to exclusively breastfeed.

- Environment of Care Report
  - The number of 5018 Security calls are steadily decreasing. Security continues to round and be a presence, in an effort to deter unacceptable behavior toward staff.
  - Thefts have been fairly light this quarter with only one reported in January.
  - Code grays continue to decline. De-escalation training is contributing to the downward trend.
  - Fire Drills have met the completion criteria
- Workplace Safety Report;
  - Needle Sticks have been related to mis-use of protection devices and staff have been re-educated. A trial will be conducted on different IV catheter systems. Education will be provided at MAST.
  - Strains are the result of improper lifting and use of improper lift equipment. Staff re-education has been provided.
  - A new category will track actual physical violence in the future.
- Medication Safety Report;
  - Greatest degree of errors is related to prescribing and incomplete orders.
  - Medication errors are under-reported across the nation.
  - Narcotic Documentation; If orders are incomplete, communication is sent to the department director to address with the nurse. Pharmacy follows-up to ensure completed documentation. This is an area in which improvement is needed, in order to elevate monitoring for diversion.
  - Medication machine over-rides are challenging to address due to the urgency in caring for patients.
  - The 5 Rights of Medication Administration (right patient, right drug, right dose, right route, right time) errors are highly correlated to wrong dose.
  - CPOE is the use of computerized order entry in which a clinician directly places the medication order electronically, with the order transmitted directly to the recipient (Provider to Pharmacist/Pharmacy Staff). A study of inpatient medication errors found that approximately 90% occurred at either the ordering or transcribing stage. These errors had a variety of causes, including poor handwriting, ambiguous abbreviations, or simple lack of knowledge on the part of the ordering clinician. A CPOE system can prevent errors at the ordering and transcribing stages by (at a minimum) ensuring standardized, legible, and complete orders.
- Patient Advocate Report;
  - Quantros; The system is divided into three buckets; grievances, safety events, disruptive events. CMS requires that patient grievances are resolved within seven days. Stages to address grievances begins at the bedside, then referred to charge nurse, and then a formal complaint through Quality. Grievances and time to closure are both increasing. Part of the delay involves a new process of sending quality of care issues through the peer review process. Safety Events have increased; however, metrics include near misses which staff are encouraged to report.
  - Inconsistent availability of Wi-Fi connectivity creates challenges in consistently being able to utilize wireless scanners.
  - Data collection and analysis will continue in order to determine causes of hypoglycemia.
- Resuscitation Results Report;
  - There were a total of 12 Code Blues in the facility during the first quarter of 2018. Of those 12, only two were outside of the CCU/ED.
  - Survival rate for Code Blues occurring PTA for the 1st Quarter was 17%. Survival rate for those Codes occurring in-house during the 1st Quarter was 100%.
  - Last year the majority of codes occurred during the day, and this year a shift has been noted to night-time hours.

- Education being provided during the Skills Fair.

- Moderate/Deep Sedation;
  - Compliance was 17% in January; however, increased to 36% in March. Discrepancies will be examined more closely for trends. Staff and providers are being educated. Other issues are related to varying forms existing in different departments.
  - Every year nursing staff have to be deemed competent in moderate deep sedation through the Education Department.
  - Clinical Contracts Report; Submitted was the Clinical Contracts Report. Ms. Morrison, reported that each agency considered to be clinical is assigned a specific measure by which the hospital monitors for compliance.
- Report was provided on HCHAPS Scores.

Attachment B ..... Board Finance Report

- Correction made to March minutes; Board Designated Assets balance should have been reported as $900,000, as Mr. Vessey had already drawn down $1M prior to the meeting.
- Reviewed were March highlights:
  - (+) IP Volumes
    - Acute admits at target for the month
    - LOS below budget
    - IP surgical cases 9% above target; minutes 21% above target
  - (+) HMG Clinic Volumes
    - Clinic visits 9% above target for the month; up 8% YTD
    - Work RVUs up 25% for the month; up 22% YTD
  - (-) OP Volumes
    - Registrations down 10% from target; -10% YTD
    - ED visits down 9% from target; -10% YTD
    - OP surgical cases down 10% from target, -11% YTD
- Mr. Torgerson invited Niall Foley be permitted to sit with the Board of Directors during their meetings, in order to be better accessible in the event financial questions or topics need to be addressed.
- Statistics:
  - Acute Admits came in on target at 289.
  - Acute Patient Days came in at 14% below target, and 4% below last March.
  - Medicare Case Mix Index (CMI) remains elevated, which reflects sicker patients and results in higher reimbursement.
  - Length of Stay (LOS) has improved, with support from Navigant Subject Matter Experts.
  - Observation Patients came in at 157; well below the target of 423.
  - FTE's came in at 619; below the target of 633, and continuing to more closely meet the 25th percentile goal.
- Work Relative Value Unit was defined as the work component of the Relative Value Unit associated with individual CPT codes that are billed. There are three RVU resources; work RVU (physician expense), expense RVU (practice expense), malpractice RVU (cost of insurance).
- Consolidated Income Statement:
  - Net Operating Income came in at a loss of $573,236.
  - Net Income came in at a loss of $616,993.
  - Agency came in at a significant savings - $56,147, compared to last year of $321,740.
  - Supplies are down compared to last year, and focused efforts on continued savings are underway through Navigant.
  - Rent/Lease came in at $75,197; which is primarily attributable to leasing of diagnostic imaging equipment and rental beds.
  - ER Revenue is down from target, as volumes have been down.
  - YTD Net Operating Income shows a loss of $2,497,923.
  - YTD Net Income shows a loss of $2,360,582.

March Consolidated Financial Summary:

| | |
|---|---|
| Total Revenue: | $33,418,577 |
| Revenue Deductions: | $25,881,206 |
| Net Operating Revenue: | $ 7,837,653 |
| Total Expenses: | $ 8,410,889 |
| Net Income: | ($ 616,993) |

- Balance Sheet; Cash continues to decline. Improvements in A/R and cash receipts are being realized on both the Hospital and HMG side. Given the focused efforts to hold A/R and coding vendors accountable, a decrease should be noted in April, with a downward trend continuing in the following months. The goal is to drop total A/R to the 50/55-day range. Currently the hospital is at 67 days.
- Unconsolidated Income Statement. Niall introduced a new Statement in response to Commissioner Longenbaugh's inquiry during last month's meeting:
  - The statement breaks out Hospital, HMG, Foundation, and District financials; however, discussion ensued related to caveats that need to be taken into consideration, e.g., RHC clinic revenue will show up as revenue under the hospital, not HMG.
  - Some departments budgeted under the hospital were transferred under HMG, which is reflected in increased expenses to HMG and decreased expenses on the hospital side.
  - A decision was made that Mr. Foley will submit the Unconsolidated Income Statement to Board Finance Committee only, on a bi-annual schedule.
- Graphs:
  - DNFB has been reduced from $14M to $8M.
  - FTE's are more in line with volumes, with continued improvement anticipated.
  - An increase in volumes has been realized the 1st quarter 2018.
  - Outpatient Registrations continue to trend down.
  - ED Visits remain under budget.
  - IP Surgical Minutes and Cases beat targets for March.
  - Clinic WRVU's are trending upwards.
  - MC/MD/HO Mix is flat, as expected.

Bond Covenants

Review was conducted of the Debt Service Coverage Ratio, Excess Margin, Cushion Ratio, and Liquidity Ratio (see report for details).

- Debt Service Coverage Ratio has improved.
- Cushion Ratio and Days Cash on Hand both continue below target.
- The goal is to meet all covenants by December.

Key Bank

Conversations have been held with Key Bank, Assured Guaranty, and Moss Adams. Efforts are underway to work through a waiver with Key Bank. A weekly call is also scheduled between the Hospital, Key Bank, Assured, and Navigant. The next couple of months are critical in terms of cash reserves. A Statement of Work has been drafted between the Hospital and Navigant. A significant amount of leadership time is solely devoted to Navigant's Subject Matter Experts, investigation into processes and systems, and implementation of corrective action. Daily calls are also being held separately with A/R vendors and Coding vendors. A steering committee will be formed, to include all parties and vendors, in order to more effectively communicate and collaborate on strategies.

Information

Mr. Jensen re-emphasized the amount of work being undertaken with Navigant's Subject Matter Experts. Transitional work in the ED begins this next week. After staff bumping across the organization has settled down, Navigant will re-assess whether potential exists for additional reduction in staff.

**MINUTES AND ATTACHMENTS APPROVED AND ADOPTED THIS 22nd day of May, 2018.**

**ATTEST:**

Teresa Ramirez
Recording Secretary

Commissioner Robert Torgerson
Secretary

**GRAYS HARBOR COMMUNITY HOSPITAL**
**BOARD OF DIRECTORS SPECIAL MEETING**
**April 20, 2018**
**3:30p**
**Conference Room C, West Campus**

**COMMISSIONERS PRESENT**

Michael Bruce, District 2
Miles Longenbaugh, District 3
Melanie Sturgeon, At Large 2
Robert Torgerson, At Large 1
Becky Walsh, District 5
Maryann Welch, District 1 (Conf Line)

**OTHERS PRESENT**

Tom Jensen, CEO, GHCH
Teresa Ramirez, Executive Assistant, GHCH

Members of the Public

**ABSENT**

Andrew Bickar, District 4

## CALL TO ORDER

Secretary Robert Torgerson called the Special Meeting to order at 3:33p.

Absences
Commissioner Bickar provided notice that he would not be in attendance during today's meeting.

**Action**: A motion was made by Commissioner Walsh, seconded by Commissioner Bruce, and unanimously carried to approve Commissioner Bickar's absence.

## DISCUSSION AND ACTION

A letter was submitted by the Grays Harbor Community Hospital Foundation, which outlines their current membership and dates of appointment, and requests for reappointments.

Submitted was Resolution 2018-01 Grays Harbor Community Hospital Foundation. The Resolution removes current board members and appoints new members of the board of directors of the Foundation, and directs the board of directors of the Foundation to prepare amended and restated bylaws.

**ACTION**: A motion was made by Commissioner Longenbaugh and seconded by Commissioner Sturgeon to approve Resolution 2018-01.

A motion was made by Commissioner Walsh and seconded by Commissioner Sturgeon to amend the Resolution by striking Melanie Brandt, CNO and John Eiland, D.O. from Section 1.

A motion was made by Commissioner Sturgeon and seconded by Commissioner Walsh to amend the Resolution by replacing "sole" members with "only" members in Section 2.

A vote was taken on the second amendment to make changes in Section 2 of the Resolution, and was passed unanimously.

A vote was taken on the first amendment to make changes in Section 1 of the Resolution, and was passed unanimously.

A vote was taken on the Resolution as amended, and was passed unanimously.

Public Comment

There were no public present.

**ADJOURNMENT**

The special meeting was adjourned at 4:07p.

**NEXT MEETING**

Tuesday, April 24 at 6:00p in Conference Room C, West Campus.

**APPROVED AND ADOPTED THIS 24th day of April, 2018.**

**ATTEST:**

Teresa Ramirez
Recording Secretary

Bob Torgerson
Secretary