November 14, 2016

The regular meeting of the Board of Commissioners of the Whidbey Island Public Hospital District was called to order at 7:02 am by Board President, President Wallin. Present were President Wallin; Commissioner Cammermeyer; Commissioner Gardner via telephone; Commissioner Fey; Commissioner Anderson; Chief Executive Officer, Geri Forbes; Chief Nursing Officer, Linda Gipson; Chief Human Resource Officer, Cindy Paget; Chief of Staff, Dr. Brenden Hansen; and several other hospital staff.

**Points of Order**

President Wallin stated the meeting will be audio and video recorded today. President Wallin stated there were no points of order for consent agenda.

**Consent Agenda**

Commissioner Wallin made a motion to approve the regular Board minutes from the October 10, 2016 regular Board meeting minutes and the vouchers as presented, seconded by Commissioner Fey motion. Motion carried. Vouchers audited and certified by the auditing officer as required by RCW 42.24.080, and those expense and reimbursement claims certified as required by RCW 42.24.090, and have been recorded on a listing which has been made available to the Board. #205212 to #206154 and #3642 to #3656 in the total amount of $7,065,137.28 with Capital equipment vouchers in the amount of $3,566,374.59, motion carries therefore the vouchers are approved for payment in the amount of $10,631,511.87.

**General Public Comments**

- None

**Medical Staff Report**

A.  **Chief of Staff Report**
Dr. Brenden Hansen, Chief of Staff reported the following: The Medical Staff Elections are complete. Dr. Chinn was reelected to Chief of Peer Review and Dr. Robert Wagner was reelected to Chief of Credentials. They both will serve another 2 years in these roles. Med Staff has donated two leaves to the Tree of Life for Dr. Benjamin Hu and Patricia Stanwood, CRNA who will be retiring and they both have been at WhidbeyHealth for a significant amount of time.

- Policy update: Laboratory Order Management has three revisions
  - Change from WGH to WhidbeyHealth throughout the document
  - Revised verbal order to telephone orders to be consistent with institutional verbiage.
  - Added exceptions for emergencies being acceptable for telephone orders.

Commissioner Fey made a motion, seconded by Commissioner Cammermeyer to approve the Laboratory Order Management revisions as presented. Motion carried. Commissioner Cammermeyer asked if verbal orders require a follow up such as a signature. Dr. Hansen said yes within 30 days signature is required. Most people are within 24-72hrs regardless of what the verbal order is. CNO Linda Gibson responded that the hospital’s policy is that the orders be signed within 24hrs and 72hrs if it’s over a weekend period of time. CMS & DOH requires them to be signed within close proximity of each other in order for the Physician to determine if the order was taken correctly and implemented correctly. Chart completion time is for all aspects of the patient’s care including medication. Dr. Hansen stated that it is easier to get things signed now having electronic medical records. Dr. Hansen then stated that we now have new privileges for Tele-Psychiatry as we sign our contract with Insight. In order for Insight to provide the hospital with Tele-Psychiatry a new privileging request form
has been recommended by Denise Schultz in Credentials. Commissioner
Cammermeyer asked how long it will take for a new provider to come through. Dr.
Hansen said the time frame will vary but generally 6-8 weeks. Whether it is an in-
person or tele-service all providers must go through the same credentialing process.
Tele-Psych providers will be licensed in Washington State but could be located
anywhere in the country.
Commissioner Fey made a motion, seconded by Commissioner Cammermeyer to
approve the Privilege Request Form as presented. Motion carried.
Dr. Hansen presented the following practitioners for initial appointments:
Michelle Aube, CRNA Provisional Courtesy Appointment
Jonathan Miller, MD Provisional Courtesy Staff Appointment
Steven Ferronato, MD Hospice and Palliative, Consulting Appointment
Robert Terse, MD Sleep Medicine, Consulting Appointment
Commissioner Fey made a motion, seconded by Commissioner Cammermeyer to
approve the provisional courtesy staff appointments as presented. Motion carried.
Dr. Hansen reported the following advancements from provisional status:
Paul Cornett, CRNA Advanced clinical practitioner
Commissioner Fey made a motion, seconded by Commissioner Cammermeyer to
approve the provisional to active staff advancements as presented. Motion carried.
Dr. Hansen reported the following reappointments:
Robert Burnett, MD Reappointment to Active Staff
Michael Kazel, DO Reappointment to Active Staff
Annette Fly, NP Reappointment to Active Staff
Vickie Werve, ARNP Reappointment to Active Staff
Muhammad Ayub, MD Reappointment to Active Staff
Commissioner Fey made a motion, seconded by Commissioner Cammermeyer to approve the provisional courtesy staff reappointments as presented. Motion carried.

Construction Update:
George Senerth, Exec. Director of Facilities & Plant Eng. reported the following updates regarding expansion:

- The roof is water tight. Material framing we are at 100%. MEP mechanical electrical and plumbing is currently ongoing as well as the testing of some systems. All metal installation such as window frames will be installed in December not including the glazing.

- The generator pad has been poured and they are starting to set block this week. The generator fuel tank and roof top equipment will hopefully be delivered by Thanksgiving and then set on the roof depending on the wind level for the crane that day.

- The Loop Rd. will open on November 22nd and the Boys & Girls Club road will then be closed to all employees using temporary bollards. Bollards will go in at a later date.

- Logistics planning for Ambulatory Surgery has started. Four beds will need to be relocated to allow the building of a new connecting corridor is scheduled to take place on January 6th, 7th & 8th and back in business on the 9th.

- Currently looking at the renovation of peri-op and how it will affect the other areas below peri-op such as conference room A &B, Administration, as well as the two bathrooms in the connecting corridor. We are looking at how we can do this logistically.

- Major Medical Equipment (MME) has gone out to bid we are expecting it back within the next couple of weeks. Furniture, Fixtures & Equipment (FFE) we are
wrapping up meetings with staff and Administration. Should be going out to bid within the next few weeks.

- Staff tours of the building have begun.

Commissioner Wallin and Commissioner Cammermeyer are both on the Building Committee and they get weekly updates from Anderson Construction with any Change Orders. Change Orders are a part of normal construction, but not all Change Orders are brought back to the board for approval. Commissioner Wallin and Commissioner Cammermeyer also attend a lot of the weekly construction meetings. The construction budget is monitored very closely. Commissioner Gardner stated that the Finance Committee periodically reviews all of the construction Change Orders, spending to date and contingency funds as well.

Geri Forbes, CEO, thanked George’s team for working over the weekend installing lights in the OR’s. Geri also thanked the Foundation for paying for 50% of lights and the hospital paid for 50% of the lights.

**Quality and Nursing Update**

Linda Gipson, CNO/CQTO reported the following:

- Winter demand usually brings a high number of medical admissions in the ER. We are starting to hit out maximum inpatient capacity on a fairly regular basis in these last several weeks. During times of max capacity we utilize the Real Time Capacity Demand Process that the Institutes for Health Care Improvement recommended several years ago for handling the mismatch of demand and capacity. When we are full most of the other hospitals in the region are full as well making transferring patients to other medical facilities is not ideal and not helpful to people living on the Island to go off Island for their care. To help with
this we are going to a different mode when we experience periods of high demand such as a having a 30 minute target wait time once an order has been written to the time the patient gets a bed the inpatient unit. By decreasing the wait time for patients that are intended to be admitted could improve patient satisfaction. We will also schedule times to meet twice per day once early in the morning during peak demand times to anticipate what the demand will be for the rest of the day and what needs to be done in terms of discharges and placement to make space for other incoming patients. We perform very well on our quality matrix and nurse sensitive quality indicators so we want to make sure that our quality measures don’t suffer due to our patient volume increasing. We must clearly and diligently communicate to patients when there are unanticipated wait times. A decision on whether or not observation patients can go home or become inpatient should be made within 23 hours. The ER will be putting up clocks that count backwards from 24 hours so that everyone knows exactly where we are at in that process. Discharge Planning conferences meet at 9:00am will be working very diligently together to get people into long term placement. Our biggest challenge is in long term placement. The largest number of avoidable days is with skilled nursing facilities and being able to get patients in to skilled nursing facilities. Heidi Saunders and her Transitions of Care team are working hard to develop relationships with other organizations and facilities to try to create additional capacity for patients needing long term nursing care. We are working diligently on this so please let Linda know if anyone is experiencing any delays or problems getting long term care for patients. The Institute for Healthcare Improvement process goes from green, yellow and then red. Green means
everything is good and happening like it is supposed to happen. Yellow means things are becoming a challenge in trying to find capacity for patients. Red means we are on divert and need to start sending patients out. We do not want red. Commissioner Anderson asked if there is always a high demand this time of the year. Linda stated the peak we are seeing now is a little earlier than prior years. We typically to see a peak from in December; January; and February. Haven’t seen flu as of yet but we are seeing Pneumonia. We have seen our first case of Whooping Cough in Washington. There was an outbreak last year of Whooping Cough due to people being reluctant to get appropriate immunizations. Commissioner Cammermeyer asked who all is involved in the early morning “Huddling”. Linda stated Huddling team meets at 7:30am to anticipate the need for the day and again at 2:00pm to see whether or not the plan worked and if we are on target. The Huddling Team includes ED Charge Nurse, Inpatient Charge Nurse and Supervisor.

- We have now established bedside patient rounding. Patients will know they are going home the day before they are discharged so they can be ready to go with discharge instructions given. Medications can also be ordered in advance. E-Prescribe will help make this process smoother even with narcotics. Some physicians will need to be approved to prescribe narcotics and we are in the process of getting everyone who needs this approval completed.

- Training in three key specialty areas such as ICU, Obstetrics, and the Operating Room. It takes a great deal of time, effort and experience for people to be efficient and proficient in those areas and it is becoming more difficult to recruit people with these skills across the nation. We are going to try a different approach by growing our own specialists. The OB and OR have decided to
engage in 12 month training programs. Peri-Anesthesia, Critical Care Consortium for the ICU training with clinical time at Providence, and Association Obstetrical Nursing program for OB Nurses. We will be starting a fourth program with UW in January for certification preparation for Medical Surgical and ICU Nursing program. We are currently working with Cindy Paget in HR to create a policy regarding training sign on bonuses and a “Stick Around clause” to help eliminate other hospitals recruiting specialists we have trained and certified.

- Patient Family Advisory Council (PFAC) has become members of The Institute For Patient and Family Center of Care which will provide us a lot of information and access to a lot of resources directed towards creating an environment that is truly patient and family friendly. One of our members of the counsel is attending an intense training workshop in San Antonio Texas through the institute. PFAC needs more members. Prior patients are encouraged to apply as well.

- Each year we receive a report from the CDC of Maternity Practices and Infant Care comparing us to 2582 acute care hospitals across the United States and we typically have done well improving these scores. We are 100% in Labor and Delivery Care, Infant Care, Port Partum Care and Discharge Planning. We have opportunity to improve in systems and processes. The Perinatal Council will meet monthly to develop a process to help improve all systems, policies and practices. C-sections are included in this report. Our C-section rate has been stable and is currently 28%-30% which is best practice across the nation. Perinatal Council does review all of those cases. We are seeing a high number of moms coming in with drug addiction issues needing C-sections due to fetal
distress or inadequate prenatal care. Naval personnel and dependents are still utilizing our facility to deliver their babies.

**Staff and Status Reports from Administration**

A. **Administrative Update**

Geri Forbes, CEO reported the following:

- Thanks to all Veteran’s.

- Linda and Geri have an upcoming meeting at the base to discuss OB delivery while the hospital at Naval base is doing renovations. The base is looking to partner with WhidbeyHealth & Island Hospital.

- Women’s health services – Dr. Robert Burnet and Midwife Alicia Darr have officially started seeing women patients at the Women’s Clinic on Tuesday’s in Freeland. If this model works well we will look to rotate other specialists to bring a broader care services throughout the island at other clinics.

- We have expanded our lab services in Clinton. Which has been very well received and was a service being asked for.

- Tree of Hope – Program that WhidbeyHealth participates in to provide some of the wish list items of children on the island who are less fortunate. POC Shari Anderson andersha@whidbeyhealth.org.

- Town Hall – We had the opportunity to participate in the October 25th Town Hall meeting held at the Oak Harbor Yacht Club. Next meeting will be at the Coupeville Library on January 19th 5:00pm - 6:30pm. Commissioner Gardner will attend not sure who else will attend at this time.

- Patient Stories – A way for patients to share their experience with staff and the care they received at our hospital. We take pride in hearing the good
experiences but we also want to know about negative experiences as well. We have a quality team that will investigate any negative experiences thoroughly and we will follow up with the individuals to let them know that we take negative feedback very seriously and we will take action on problems that happen within the hospital.

- Geri thanked Dr. James Giem for being a wonderful addition to our staff. A patient wrote about her experience with Dr. Giem and how attentive and thorough he was. Dr. Giem referred her to Dr. John Hassapis and she had another great experience. Both physicians met and exceeded the expectations of the patient.

- Tuesday November 22nd skin cancer testing at the Oak Harbor Library, Coupeville Library & Freeland Library. You can find more information on the testing on www.whidbeyhealth.org.

**Finance:**

Ron Telles, CFO discussed and presented the following financials for September 2016:

- Moss Adams was on-site to do their audit as well as the State Auditor.
- We are right in the middle of budget season.
- Clinic visits are low compared to the last two years. Low month in September.
- ER is busy. We are consistently close to 2000 level.
- Inpatients and outpatients are down
- MRI & CT Scans are stable
- Home health & hospice has been growing. We are budgeting for it to grow even more next year.
- September last year compared to this year we made 900K year to date. We are
tracking like last year. Last year was a good year.

- Cash on hand 42 would like it to be at 45. November looks strong. We are sitting at 52 on Friday.

- Instead of writing off bills of those with no insurance we need to work on converting these people to the Apple program so we can get reimbursed now while we still have this program.

- Moss Adams gives a very detailed report to the Finance Committee. Contact Moss Adams to get more info on the audit.

- Geri thanked Jennifer Reed and Ron Telles for working diligently on getting the budget done.

**MISC**

Geri Forbes mentioned the new WhidbeyHealth logo is now on the ambulances.

Commissioner Wallin would like to review with the Board all of the hospital’s committees and responsibilities in January 2017.

Geri – Looking into temporary space for board meetings due to upcoming construction.

**Board Items**

**New and Updated Policies:**

Jake Kempton, General Counsel, was asked to present on the policies that were before the Board for approval. Commissioner Gardner stated that she was unable to access her hospital email account and as such was not able to review the policy prior to the board meeting.

- **Recruitment Bonus Policy.** Jake gave an overview of the content of the policies, beginning with the Recruitment Bonus and Recruitment Bonus Matrix. Jake stated that the current policy on recruitment bonus’ is not current with market rates and needs to be updated. The Recruitment Bonus Policy sets forth limits
and guidelines as to who is authorized to offer a recruitment bonus, what positions qualify to receive that bonus, and other general rules regarding Recruitment Bonus’.

Discussion occurred on how often these types of policies should be reviewed. Jake stated that the Policy Committee plans to meet on a monthly basis to review new policies that are updated or submitted for approval. Policies that are board-level policies will be brought to the Board for approval. Commissioner Gardener stated that she would prefer to see that policies come to the Board for approval only after receiving a committee recommendation from a Board sub-committee. Further discussion and clarification occurred between Commissioner Fey and Jake regarding the Recruitment Bonus and Recruitment Bonus Matrix. Commissioner Gardner moved to table the resolution to the next board meeting and refer it to the Finance Committee to review. Motion did not receive a second and failed.

Jake further clarified different provisions of the Recruitment Bonus Policy, and was asked to walk through each section of the policy. Further questions and discussion on the Recruitment Bonus policy occurred. Commissioner Gardner Called for the Question whether to vote on the issue at hand or to continue discussions. Motion passed. Commissioner Fey made a motion to accept the Recruitment Bonus Matrix and Recruitment Bonus Policy, as presented. Motion was seconded by Commissioner Anderson. No further discussion occurred. Motion passed with 5 votes in favor and 1 against.

- **Membership in Community Civic Organizations.** Jake explained that the District has participated in community civic organizations in the past, such as the Chamber of Commerce. After reaching out to the State Auditor’s Office to ensure
that this was permissible, he was able to locate guidance outlining the requirements for the District’s participation in such organizations. Geri Forbes stated that, although the Hospital has participated in these organizations for decades, it has never had a policy to support that practice.

Jake read through the policy. President Wallin requested that the policy be amended to include the Soroptimists. After further discussion, Commissioner Fey requested that the word “dues” found on Section 5 of page 1 of the policy be amended to say “Assessments.” Commissioner Anderson made a motion to accept the Membership in Community Civic Organizations policy, as amended. Motion seconded by Commissioner Fey. No discussion took place. Motion passed.

- **Travel and Other Special Expense Policy.** Geri Forbes, CEO, explained that she had requested that the current travel policy be updated because a former CFO had changed the travel policy to tie it to reimbursement guidelines for federal employees. Because District employees are not federal employees, the policy needed to be updated.

Jake read through and explained a portion of the Travel and Other Special Expense Reimbursement policy. Commissioner Gardner requested that the definition of Allowable Expenses be amended to state “including appropriate gratuities.” Commissioner Fey requested that the definition of Allowable Expenses also be amended to include ferry expenses. After further discussion on the policy, President Wallin requested that, in the interest of time, the Board discontinue its discussion on the Travel and Other Special Expense Reimbursement policy. Commissioner Fey made a motion to approve the Travel and Other Special Expense Reimbursement policy. Commissioner Anderson
seconded the motion. No discussion followed. Motion carried with 4 votes in favor and 1 abstention.

**Resolutions:**

Jennifer Reed, Controller, presented the following resolutions:

- **Resolution 371** – Approving 2017 Legal budget. Commissioner Gardner made a motion, seconded by Commissioner Cammermeyer to approve Resolution 371, as presented. Motion carried.

- **Resolution 372** – Regular Levy. Commissioner Gardner made a motion, seconded by Commissioner Cammermeyer to approve Resolution 372, as presented. Motion carried.

- **Resolution 373** – Regular Levy Increase 2017. Commissioner Gardner made a motion, seconded by Commissioner Fey to approve the Resolution 373 as presented. Motion carried.

- **Resolution 374** – EMS Levy. Commissioner Fey made a motion, seconded by Commissioner Cammermeyer to approve the 374 EMS Levy as presented. Motion carried.

- **Resolution 375** – EMS Levy Increase. Commissioner Fey made a motion, seconded by Commissioner Cammermeyer to approve Resolution 375, as presented. Motion carried.

**Agenda Items for next Board meeting**

President Wallin noted for the next Board meeting:

1) Next Board meeting will be held December 12th at 7:00 am.

**Adjournment**

There being no further business, President Wallin called for a motion to adjourn.

Commissioner Gardner made a motion, seconded by Commissioner Fey to adjourn the
meeting at 9:03 am. Motion carried.