

#### **REVISED**

January 14, 2013

The regular meeting of the Board of Commissioners of the Whidbey Island Public Hospital District was called to order at 5:03 p.m. by Board President, Anne Tarrant. Present were President Tarrant; Commissioner Wallin; Commissioner Case; Commissioner Gardner; Commissioner Cammermeyer; Chief Financial Officer, Terry Litke; Chief Operating Officer, Hank Hanigan; Chief Nursing Officer, Linda Gipson; Chief Quality Officer, Teresa Fulton; Chief Human Resources Officer, Dana Ashcroft; Chief of Staff, Gabe Barrio, MD; Attorney, Dale Roundy; Carla Jolley; Heather Maddox; David Larson and several other hospital staff.

#### **Points of Order**

None

## **Minute Approval**

President Tarrant called for a motion to approve the minutes of the December 12 regular Board and the revised August 13, 2012 regular Board Meeting minutes. Commissioner Cammermeyer made a motion, seconded by Commissioner Case, to approve all minutes. Motion carried.

#### **Education**

## A. Palliative Care

Carla Jolley, Pain Management Coordinator gave a presentation on "Palliative Care: Supporting the Journey". Carla Jolley presented the following:

- Defining Palliative Care Palliative care is a special kind of patient and family-centered health care that focuses upon effective management of pain and other distressing symptoms, while incorporating psychosocial and spiritual care to patient/family needs, values, beliefs and culture.
- Goal of Palliative Care The goal of palliative care is to anticipate, prevent and reduce suffering and to support the best possible quality of life for patients and their families, regardless of the stage of their disease or the need for other therapies.
- Who is Palliative Care for? Persons living with life-limiting and serious illness:
  - o Metastatic or advanced cancer
  - o Congestive heart failure (CHF)
  - Chronic obstructive pulmonary disease (COPD), emphysema, lung disease
  - o Kidney failure
  - o Liver failure
  - o Neurological diseases (e.g., ALS, Parkinson's)
  - o Dementia
- Continuum of Palliative Care Palliative care begins at diagnosis and should be delivered concurrently with disease-directed, life prolonging therapies and should facilitate patient autonomy, access to information, and choice. Palliative care becomes the main focus of care when these are no longer effective, appropriate or desired.
- Hospice Care Hospice care is a service delivery system that provides palliative care for patients who have a limited life expectancy, as they enter the terminal stage of an illness or condition. It supports family members coping with complex consequences of illness, disability, and aging as death nears. It further addresses the bereavement needs of the family following the death of the patients.



- Palliative Approaches to Care Provide expert symptom management;
  Implement interventions to assist in reaching goals; Participate in ongoing advanced care planning; Educate about disease process, treatments-benefits and burdens, and emotional/spiritual responses; Provide timely referrals to the interdisciplinary team and appropriate resources; Address the needs to allow quality of life closure.
- Opportune Times to Reassess the prognosis and consider Palliative Approach:
  - o A visit to the emergency room
  - o An admission to the hospital
  - o A transfer to the intensive care unit
  - o An office visit where laboratory, x-ray, or scan results indicate the illness is worsening
  - o A routine visit where goals of treatment are not being met i.e., the medical interventions are just not working as expected
  - o An expressed concern by the patient and/or family about the patients poor quality of life
- Levels of Palliative Care Primary Palliative Care: health care providers trained in the basic skills and competencies to deliver quality palliative care. Secondary Palliative Care: specialist, clinicians, teams, and organizations that provide consultation and specialty care. Tertiary palliative care: refers to academic medical centers where specialist knowledge for the most complex cases is practiced, researched and taught.
- Where can it be delivered? Acute Care settings, Outpatient Care settings, Longterm care settings, Home care services and their settings, Hospice services and their settings.
- Palliative Care Consultative Services in Hospitals Multiple different models depending on the setting, size, and geographic region. Number of hospital programs from 2000-2010, 25% 65%, most in hospitals with under 300 beds. Washington 2011 CAPC report gets an A with 90% (9/10) under 300 beds, under 50 beds 83% (33/40), 50 under 29% (8/28). Benefits acute services (2008) found that PC patients had about \$5000 dollars in savings that died, and for those PC patients who were discharged savings of about \$1700 per admission. Workforce is one of the difficulties in moving PC forward as physician specialists (1/71 cardiologists, who have had cardiac event), (1/141 oncologists for newly dx cancer patients), (1/1200 palliative care physicians, patients living with serious life-threatening illness).
- Palliative Care Education National ELNEC (End of Life Nursing Education Consortium) Curriculum. Since 2001 14,000 Train the Trainers have reached over 400,000 nurses and clinicians. WGH pilot June 2005 2 day program; interdisciplinary and interdepartmental Core elements:
  - o Care at the End of Life
  - o Pain Management
  - o Symptom Management
  - o Ethical Issues in Palliative Care Nursing
  - o Cultural Considerations in EOL Care
  - o Communication
  - o Loss, Grief, and Bereavement
  - o Preparation for and Care at the Time of Death



Carla Jolley closed the presentation with the following: Palliative care aims to guide and assist the patient and family in making decisions that enable them to work toward their goals during whatever time they have remaining. Palliative care affirms life by supporting the patient and family's goals for the future, including their hopes for life-prolongation, as well as hopes for peace and dignity throughout the course of illness, the dying process, and death. Carla Jolley thanked the Board for their time. President Tarrant thanked Carla Jolley for her very informative presentation.

## B. Breast MRI Fundraising update WGH Foundation

Laura Blankenship, Foundation Director reported we are heading towards our goal for the Breast MRI application. Laura Blankenship introduced Carmen McFadyen, Foundation member. Carmen McFadyen thanked the Board for the opportunity to give an update on the Breast MRI application. The Breast MRI application is an add-on application to our existing equipment. This application is a very important factor in further diagnosing women and men. This Breast MRI application will allow local residents to come to Whidbey General Hospital and not have to travel off island. Residents can get care and receive care at Whidbey General Hospital. Carmen McFadyen stated this is our home hospital and the best place to get care. Carmen McFadyen asked for donations and passed out envelopes. Carmen McFadyen thanked Laura Blankenship for all her efforts and stated they are both heading into the community for donations as well. Carmen McFadyen stated the amount needed is \$225,000 dollars. Carmen McFadyen stated we are hoping to raise \$40,000 dollars from the Tour de Whidbey bike tour. Carmen McFadyen stated the Auxiliary will possibly donate \$25,000 - \$30,000 dollars towards the Breast MRI application and Radia has pledged \$10,000 dollars. Carmen McFadyen stated if our goal is met we are looking at purchasing in June 2013.

President Tarrant thanked Laura Blankenship and Carmen McFadyen. President Tarrant stated the Guild members were also very excited to start the fundraising as well. President Tarrant reported "The Tour de Whidbey" bike tour will be held September 21, 2013. President Tarrant reminded the board of an upcoming plaque dedicated to the original Parent Guild on January 31, 2013 at the hospital.

# Public Questions or Comments on Agenda Items

There were no public questions or comments on agenda items.

# Quality and Patient Safety

Teresa Fulton, CQO reported this past year we had 1032 events. Not as many as the previous year. In 2011 we had over 1300 events entered into PSN. Each of these reports gives us an opportunity to improve and protect our patients, visitors and staff. The best opportunities are the near misses. This means our staff caught something before it reached a patient. In 2012 we had 80 near misses reported. This is great reporting. Our staff prevented potential harm from reaching our patients 8% of the time. For this coming year we need to work on increasing this percentage. Teresa Fulton, CQO stated we always work to better our patient care.

## **Medical Staff Report**

# A. Chief of Staff Report

Dr. Gabe Barrio reported the Medical Executive Committee would like to create an Anesthesia Committee. This committee shall be a standing sub committee of the Medical Executive Committee to review and look at quality and compliance in core measures. Dr. Barrio stated this recommendation has been read twice for board to approve. Commissioner Wallin made a motion to approve and seconded by Commissioner Case, motion carried.

Dr. Barrio thanked Teresa Fulton, CQO for her recommendation to start the Anesthesia Committee.



#### **Individual Items**

## A. Administrative Update

Hank Hanigan, COO recognized Laura Blankenship, Foundation Director and Carmen McFayden for their efforts in moving forward to with the Breast MRI project. Hank Hanigan thanked Carla Jolley for the great presentation and for her turnover help in Home, Health and Hospice. Carla has helped tremendously with Meditech.

Linda Gipson, CNO stated Carla Jolley is also team lead for Practice Council for Nursing and thanked Carla for all of her hard work and dedication.

#### B. Capital Requests

Hank Hanigan, COO reported we need to replace two coagulator instruments in the Lab. This request is in the amount of \$40,000 dollars to purchase two blood coagulators. Hank Hanigan stated these coagulators are critical for patient testing. This has been approved by the Finance committee. Commissioner Gardner made a motion, Commissioner Wallin seconds to approve purchase of two coagulator instruments not to exceed \$40,000 dollars, motion carried.

#### C. Relay Health

Terry Litke, CFO reported with the implementation of two host systems, Meditech (hospital) and Maestro (Home Health/Hospice), we identified that there would be implementation fees for both products. With that realization, we researched and identified that our current Relay Health products, Claims Admin and McKesson On Line Eligibility are not guaranteed to work well with Meditech. These items are key to the Revenue Cycle's success. We have worked with Relay Health on other solutions for us. Terry Litke, CFO stated Relay Health is offering a more robust suite of products for our organization and Relay Health has discounted the recurring fees across the board on all products, which is another 6%, moving the multi-product recurring fee discount from 21% to 27%. Terry Litke, CFO stated Relay Health has given us competitive implementation fees for 2 systems (Meditech and Maestro). Relay Health waived the entire \$32,000 in implementation fees for Relay Account Print which means we are implementing both print and online at zero cost to Whidbey General Hospital. Terry Litke, CFO reported the discount level for the three product purchase is 21%; the one-time implementation fee discount is 20%. Terry Litke, CFO is asking for \$251, 538 dollars for the Relay Health products. Commissioner Gardner made a motion, Commissioner Cammermeyer seconds to approve the purchase of Relay Health products, motion carries.

Commissioner Gardner requested to meet with Terry Litke, CFO regarding Relay Health.

## **Board Items**

# A. Committee Assignments

President Tarrant presented Commissioner assigned committees as follows:

- Finance Committee President Tarrant, Commissioner Gardner
- Credentials Committee Commissioner Cammermeyer PHD
- Building Committee Commissioner Wallin, Commissioner Cammermeyer PHD
- Compliance Committee Commissioner Case MD
- Medical Executive Committee President Tarrant, Commissioner Wallin
- General Medical Staff Commissioner Case MD
- Quality Committee Commissioner Case MD
- Island County Board of Health President Tarrant

## B. Bylaw Changes

President Tarrant stated the Bylaw changes were approved at the last board meeting and has provided the signature sheet for Commissioners to sign.



#### Staff and Status Reports from Administration

## A. Administrator's Report

Hank Hanigan, COO asked if there are any questions on the Administrators report. No questions.

Hank Hanigan, COO updated the board on the new CT scanner. He is pleased to announce that we have performed two exams with the new CT. Hank Hanigan, COO stated Dr. Hawkins said the CT is much clearer and takes less time. Hank Hanigan, COO reported that all of the staff are very excited about the new CT scanner. President Tarrant shared the community's excitement and positive feedback.

Hank Hanigan, COO introduced Heather Maddox, Hospice Manager. Heather Maddox stated the next step at Hospice is sending our Medicare application in. Heather Maddox stated she has revised a couple hundred Policy/Procedures and is reorganizing them. Heather is strategically planning and rolling out a plan in the late summer. This includes: Accreditation process and starting our pilot. Commissioner Cammermeyer is very happy and excited for the Hospice program to begin.

## B. Financial Report

Terry Litke, CFO reported November's financial statements show a negative margin of (\$919,136) with a negative operating margin of (15.1%). Contributing factors to the November loss are the recording of a payable to the Medicare program in the amount of \$407,000 (included in the adjustments to revenues section) and the purchased services amount for November from the PCA physicians group in the amount of \$242,000 (included in the operating expenses section).

The average inpatient census for November was 16.20, which was a 17.1% increase from the October average census of 13.84. Inpatient surgeries were 45 in November, which was the same as October. Total outpatient volumes were down 5.5% in November from October. Gross patient revenues were at \$13,748,777 which was under budget by 14.1%, or \$2.26 million (We know there were some charges that did not get recorded in November but we don't know how much yet). Operating expenses were over budget by \$629,152 or 9.2%. Salaries and wages were over budget by \$323,997 or 9.6% and employee benefits were under budget by \$529,310 (68.2%). (The salaries and employee benefits look out of line due to a YTD reclassification from employee benefits to salaries in the amount of \$420,000). Purchased services were over budget by \$464,665 or 77%, and professional fees were over budget by \$183,196 (201%).

The Days Cash on Hand decreased from 74.3 in October to 63.3 in November due mainly to the December 1<sup>st</sup> LTGO loan payments of \$1.4 million, which were paid in November due to December 1<sup>st</sup> being on a week-end. Days of Net Revenue in Receivables increased from 38.0 in October to 40.6 in November, which means we collected less than we had the previous month, which also contributed to the decrease in cash.

## C. Review of Dashboard Report

Linda Gipson, CNO reported this was a main topic at the last Strategic Planning meeting. We need to look at each department separately and see where improvement is needed. Linda Gipson, CNO stated we have a strong correlation of patient census and patient perception. Linda Gipson, CNO reported we are working on building staff and this will help to better our scores. This dashboard in the red will get to green.

## **Consent Agenda**

## A. Approval of Monthly Write-Offs and Vouchers

Vouchers audited and certified by the auditing officer as required by RCW 42.24.080, and those expense reimbursement claims certified as required by RCW 42.24.090, have been recorded on a listing which has been made available to the Board. Commissioner Cammermeyer made a motion, seconded by Commissioner Gardner, to approve vouchers



#162486 to #164156, and #2872 to #2879 in the total amount of \$6,154,340.45. Motion carried.

Commissioner Cammermeyer made a motion, seconded by Commissioner Case to approve the Capital equipment vouchers for December in the amount of \$127,109.52 therefore the vouchers are approved for payment in the amount of \$6,281,449.97. Motion carried.

# Agenda Items for next Regular Board Session

None

# **General Public Comments**

No general public comments.

## Adjournment

There being no further business, President Tarrant called for a motion to adjourn. Commissioner Gardner made a motion, seconded by Commissioner Cammermeyer, to adjourn the meeting at 6:48 p.m. Motion carried.