

April 11, 2011

The regular meeting of the Board of Commissioners of the Whidbey Island Public Hospital District was called to order at 6:00 p.m. by Board President, Anne Tarrant. Present were President Tarrant, Commissioner Wallin, Commissioner Cammermeyer, Commissioner Case, and Commissioner Zaveruha. Chief Executive Officer, Tom Tomasino; Chief Financial Officer, Joe Vessey; Chief Operating Officer, Hank Hanigan; Chief Human Resources Officer, Carolyn Pape; Chief Nursing Officer, John Bitting; Chief Quality Officer, Teresa Fulton; Dale Roundy, Esq., and many hospital and medical staff, as well as community members were present. Reporters Nathan Whalen from the Whidbey News Times and Sue Ellen White from the Whidbey Examiner also attended. Jim Riney of Riney Productions was present to electronically record the meeting.

### **Points of Order**

Commissioner Zaveruha stated that he would abstain from voting on the EMS Collective Bargaining Agreement due to a potential conflict of interest.

### **Minute Approval**

President Tarrant called for a motion to approve the minutes from the March 14, 2011 regular Board Meeting and the minutes from the March 31, 2011 Special Board Meeting. Commissioner Case made a motion, seconded by Commissioner Wallin, to approve the minutes as presented. Motion carried.

### **Public Questions or Comments**

Commissioner Cammermeyer addressed the public gathered at the meeting saying that when public comments are made it is not always appropriate for the Commissioners to respond to those comments at the time they are made. If necessary the issue raised in a public comment may be added to the agenda of a future meeting of the Board of Commissioners. She stated that recently in a letter to editor the Commissioners were accused of sitting like logs instead of reacting to public comments that were made. She stated that it is not appropriate for the Commissioners to engage in a discussion at the time a public comment is made. Community member, Don Farber of Coupeville, addressed the Commissioners. He stated that he was the author of that letter and that last month he attended a Board Meeting for the first time. He stated that he meant no offense by the letter but the meeting was shocking to him. He also stated that when he was here last month he was concerned because there was no way for him to identify the participants of the meeting. He didn't know who the Commissioners were or who the other people at the table were. He asked the Commissioners and Administration to introduce themselves, which they did. He stated that when he attended the meeting last month he was concerned after hearing Dr. Borden speak. He has talked with his neighbors and something seems odd and there is a lot of confusion in the public about what we are hearing. He was wondering why Dr. Borden was terminated and why Dr. Outlund was on leave from the medical staff. He stated that it would be nice to have a statement of what is happening at Whidbey General at a future meeting. There is a sense of secrecy. People are concerned and he has had people ask him to come and address this issue.

### **Education**

#### **A. Ethics Committee**

Mike Unruh, RN, BSN, MA, LMHC, an Emergency Department nurse reported that for the last year he has been the chair of the Ethics committee and he is here to report on ethics and integrity. He read a story about a nurse that demonstrated some of the ethical issues in healthcare. Ethics is the study of who we ought to be and how we should make decisions and act in light of who we are and who we say we are. It is important to respond effectively to ethical concerns because when they aren't resolved the results can be errors or unnecessary and potentially costly decisions that can be bad for patients, staff, the organization and society at large. When employees perceive that they have no place to bring their ethical concerns it can result in moral distress which is a recognized factor in professional "burnout". This is a

major cause of turnover, especially among nurses. Mr. Unruh gave an overview of Clinical and Organizational Ethics and outlined the differences between Ethics and Compliance. He outlined some of the common ethical challenges in healthcare and introduced the concept of Integrated Ethics that is now being used at Whidbey General Hospital. Integrated Ethics improves ethics quality through three core functions: Ethics Consultation, Preventative Ethics and Ethical Leadership. Ethics Consultation services handle both requests for consultation about specific ethical concerns and requests for general information, policy clarification, document review, discussion of hypothetical or historical cases, and ethical analysis of an organizational ethics question. Effective Ethics Consultation promotes health care practices consistent with high ethical stands, helps to foster consensus and resolve conflicts in an atmosphere of respect, honors participants' authority and values in the decision-making process, and educates participants to handle current and future ethical concerns. Preventative Ethics aims to produce measurable improvements in an organization's ethics practices by implementing systems-level changes that reduce disparities between current practices and ideal practices. Specific Preventative Ethics improvements may include redesigning work processes, implementing checklists, reminders, and decision support, evaluating organizational performance with respect to ethics practices, developing policies and protocols that promote ethical practices, designing education for patients and/or staff to address specific knowledge deficits, and offering incentives and rewards to motivate and reinforce ethical practice among staff. The Ethical Leadership function of Integrated Ethics calls upon leaders to make clear through their words and actions that ethics is a priority, their expectations for ethical practice, their practice of ethical decision making and their support of the facility's ethics program. The Hospital's Ethics Committee began meeting ten years ago and discusses cases retrospectively, educates staff and physicians, and addresses policies and procedures. As the Hospital moves forward with Integrated Ethics active clinical cases will also be reviewed and Preventative Ethics and Ethical Leadership teams have been added. The Ethics Consultation Service meets monthly and as needed and access to the service is either through the PSN or by way of phone call to Mike Unruh or Dr. Cheryl Kubisty. The Preventative Ethics Team meets monthly and brings in additional team members as needed for specific projects.

### **Quality and Patient Safety**

Teresa Fulton reported that on March 30<sup>th</sup> the Department of Health was at the hospital investigating a family complaint. As a result of this visit we received four citations but no federal tag citations. Last December a patient presented to the Emergency Department in acute distress and a previously developed medical care plan for this patient was used as a guideline for care. This care plan called for pain medication to be delivered via a patient controlled analgesic pump; however these are not used in the Emergency Department. There was no delay in treatment; the patient had an I.V. inserted within three minutes of triage and within another 15 minutes had been seen by a physician and received pain and nausea medication. The state cited us on the need to have policies and procedures which define standards of care for each specialty service. Since there was a care plan but it wasn't followed in the Emergency Department we need to create a medical staff policy advising how physicians should follow those continuity of care plans in the Emergency Department. Shortly after this patient's hospitalization, recognizing that the plan of care did not meet the Emergency Department's standards, Ms. Fulton, the Medical Staff Coordinator and the Hospitalist who wrote the care plan met to revise the plan so that it would meet their standard. Through the process of revising the plan there was considerable contact with that patient's family and then at the end of February, John Bitting, Ms. Fulton, and the Emergency Department Manager, Bonnie Maley, met with the family regarding the final care plan. The family member was appreciative and we felt that we had resolved her concerns; she even called the next day to express thanks. Despite this we received a complaint at the end of March. The citation from the state is based on one sentence that the Hospitalist charted in the medical record, stating that the patient was admitted in a full blown attack secondary to a delay in pain medication in the Emergency Department. However, this was not an accurate statement. Based on the timeline of treatment the patient received prompt care. We were also cited regarding our policy

on a patient's right to be protected from abuse and neglect because it is a nursing policy and not an organizational policy. We are making that change. In addition we are revising our brochure called "A Guide to Your Hospital Stay" which outlines the patient's rights and responsibilities and is given to every patient who is admitted to include that the patient has a right to be free from abuse as well as the right to seek protective services. Ms. Fulton assured the Board of Commissioners that this patient was not abused. The Emergency Department medical record shows the care received minute by minute; it was prompt and met the standard of care for the patient's condition. The last citation received was related to a policy and procedure that defines a patient's right to timely complaint resolution. We have a policy and procedure for patient and family complaints and that policy meets the conditions of participation for a Critical Access Hospital. However, the state has cited us and is holding us to the conditions of participation for Medicare for a prospective payment system hospital which is an entirely different system of which we are not a part and has an entirely different level of expectations within the CMS guidelines. We are revising our policy to meet that standard even though we are not that kind of hospital. The state has also mandated that a letter be written to the family resolving the complaint even though we personally met with them. Commissioner Cammermeyer asked if the state is equating abuse with a delay in giving medication. Ms. Fulton stated that they are not accusing us of abuse only that the right to be free from abuse and neglect and the right to seek protective services be included in the patient's rights and responsibilities. She stated that this patient received prompt medical attention and pain medication beyond what the care plan called for. Commissioner Cammermeyer asked if the citations could be appealed or questioned. Ms. Fulton stated that there isn't a need to because including this in the rights and responsibilities is not difficult and policy we already have in place can easily be rolled out to the entire organization. She stated that when the state walks through the doors of the hospital they can look at anything they want whether it is related to the patient complaint or not and when they come in they usually have a long list of things they want to look at. President Tarrant asked about the time frame for a response. Ms. Fulton stated that our corrective action plan is due by the end of April and our progress report is due June 30.

### **Medical Staff Report**

#### **A. Chief of Staff Report**

Dr. Doug Langrock, Chief of Staff, presented the following medical staff reappointments:

- Amy A. Picco, DO – Active Staff Reappointment
- Jerald G. Sanders, MD – Active Staff Reappointment
- John A. Sherman, MD – Active Staff Reappointment
- Michael J. Picco, DO – Active Staff Reappointment
- Robert D. Wagner, MD – Affiliate Active Staff Reappointment
- Nicholas Muff, MD – Courtesy Staff Reappointment
- Thomas W. Martin, MD – Courtesy Staff Reappointment
- Jerome R. Waldbaum, MD – Courtesy Staff Reappointment
- Kara L. Carlson, MD – Courtesy Staff Reappointment

Commissioner Case made a motion, seconded by Commissioner Zaveruha, to approve the reappointments as presented. Motion carried.

Dr. Langrock presented the following medical staff appointment:

- Lawrence D. Becker, MD – Provisional Courtesy Staff Appointment

Commissioner Case made a motion, seconded by Commissioner Zaveruha, to approve the appointment as presented. Motion carried.

Dr. Langrock presented the following Allied Health Professional staff appointments and reappointments;

- Deborah D. Bibby, PA-C – Allied Health Professional
- Cynthia Jaffe, LM – Provisional Allied Health Professional

Commissioner Case made a motion, seconded by Commissioner Zaveruha, to approve the Allied Health Professional reappointment and appointment as presented. Motion carried.

Dr. Langrock noted that the following resignations from the medical staff:

Clay Danenower, MD  
James D. Martin, MD  
Tracy Nimmerichter-Burgess, MD

Dr. Langrock presented a revision of a medical staff policy called Operating Room Procedure that has already been approved by the Medical Executive Committee for approval. There was discussion regarding point two of the section labeled Pre-Op & Informed Consent. It was decided to change the word "side" in the second sentence to "laterality". There was discussion regarding point five of the section labeled Elective Cases. The word "days" was changed to "day". Commissioner Case made a motion, seconded by Commissioner Cammermeyer, to approve the Operating Room Procedure policy as amended. Motion carried.

### **Individual Items**

#### **A. Administrative Update**

1. Tom Tomasino stated that Whidbey General has over 700 employees and those employees come and go, as do physicians. The organization does not routinely talk about employees who have left the organization out of respect for them. He stated that he finds it offensive when someone demands that kind of private information be shared, but that some clarification is in order. Mr. Tomasino stated that at the last regular board meeting, Dr. Borden shared with the Board and the public that he had been asked to step down for reasons that he found unethical and that he was asked not to attend board meetings by both his employer and by the hospital. Mr. Tomasino stated that he said at that time that the hospital did not impose that requirement and he stands by that statement now. The hospital did communicate concerns directly to his employer regarding patient safety, patient satisfaction and confidentiality of our peer review system. We asked for cooperation in these areas as well as cooperation with increased communication. Dr. Borden did not share these items with the board or the public. The hospital is trying to improve patient satisfaction, quality and is trying to ensure the confidentiality of our peer review and quality systems. Mr. Tomasino stated that in 2008 the Board moved to contract with an exclusive anesthesiology service for reasons of patient safety because we had difficulty maintaining consistent anesthesiology services. This exclusive agreement would provide consistent service in the operating rooms and would allow our operating team to become familiar with the anesthesiologists and would ensure coverage. Dr. Outlund was offered a contract with the anesthesiology group that we contracted with but he turned that contract down. Dr. Outlund then requested a leave of absence to look for another position and recently asked to extend his leave of absence to care for an ailing father. Those are the reasons he is on leave. Mr. Tomasino reported that hospitalists, Dr. Oscar Busso and Dr. Anne Busso will be joining the organization on July 25. He also reported that Dr. Everett, the assistant ED Director for NEP at Skagit Valley Hospital has been appointed as the interim ED Director here at Whidbey General Hospital while NEP conducts a nation wide search for a new director. He reported that NEP/Team Health has partnered with the Studer Group and Dr. Everett will be implementing some of the Studer principles in the Emergency Department to improve our patient satisfaction and the first contact interaction with our patients. Mr. Tomasino reported that the on-line Leadership Evaluation Manager that we have been working on putting in place this year is moving forward. He stated that his goals for the organization are now in the system and he thanked Aggie Jendro-Calim for the work she has done developing those goals and turning them into something measurable and useful. She will be meeting with the administrative team in the next few weeks to get their goals on-line. This will give us an objective evaluation system. The hope is to move this out to the rest of our management team.

2. Hank Hanigan reported that the contract for the new MRI has been signed and the equipment has been ordered. It appears that the new system will be up and running sometime this summer. Mr. Hanigan reported that we have received a tremendous amount of support for the Hospice Certificate of Need (CON) in terms of letters. As of right now we have 93 letters supporting the CON and none against it. We are accepting letters through tomorrow. Mr. Hanigan reported that we have been negotiating with three vendors for a medication dispensing

system and we have been able to get the cost down to under \$300,000 which will fit in well with the grant we received from the Murdoch Foundation.

3. Carolyn Pape reported that the LDI this month is on another Studer best practice, AIDET. AIDET stands for Acknowledge, Introduce, Duration, Explanation and Thank-you. This is a very simple, but powerful model that a lot of our clinicians are already implementing. At the LDI we will be fine-tuning this approach.

4. John Bitting reported that a number of hospital and medical staff had the opportunity to sit down with representatives from Swedish and learn about their tele-stroke program. They demonstrated how they could assist us with consultative services using technology. A neurologist from Swedish would be able to consult with the patient and the physician in real time as if they were in the same room. We don't have our own neurologist and stroke is one of our big issues. Tom Tomasino stated that this would allow us to bring that specialist right to the bedside and the Quality Improvement Committee has recommended to the Administration Team to go forward with this.

5. Tom Tomasino reported that as we all know the State of Washington is in crisis mode with the budget. There are some items that if cut will affect us including cutting the hospital safety net assessment and limiting visits to the ED for Medicare patients to three "non-emergency" visits per year. Our more vulnerable patients will be affected. There are also potential cuts to DSHS payments and Basic Health.

#### B. EMS Collective Bargaining Agreement

Carolyn Pape reported that the EMS agreement is the only agreement to be bargained this year and it represents about 50 employees. She recognized the EMS team for their compassion and clinical excellence. She stated that it is always a positive experience to sit down with them and that resolution on the contract was reached quickly. Ms. Pape highlighted the changes made to the agreement:

- 1.04 Dues Deductions & 1.06 Bargaining Unit Information: changes made to how the hospital communicates with the union
- 8.07.07 Continuation of Transfer Crew: changes to how the EMS staff is managed and provides a more efficient way to provide a regular extra crew to respond to needs in the community.
- 9.01 No Holidays: premium hours paid for Christmas Eve which is in-line with the other union contracts.
- 11.01 Medical, Dental, and Long Term Disability (LTD) Insurance: eligibility for benefits at .6 FTE which is in-line with the other union contracts.
- 12.07 Education Meetings Leave: the manager has the option to approve additional education hours for those who had not availed themselves to it in the previous year
- 12.10 Bereavement Leave: the hours of bereavement leave were adjusted to reflect the 24 hour shifts.
- Wage increases: Year One: .5%; Year Two: 1.25%; Year Three: 2%

Commissioner Cammermeyer made a motion, seconded by Commissioner Case, to accept the changes to the EMS Collective Bargaining Agreement as presented. Commissioner Zaveruha abstained from voting due to a potential conflict of interest. Motion carried.

#### **Board Items**

There were none.

#### **Staff and Status Reports from Administration**

##### A. Administrator's Report

There were no questions.

##### B. Financial Report

Joe Vessey gave an update on the EMR selection process. Four vendors were on site to give demonstrations and after receiving feedback from staff and reviewing their proposals Healthland was eliminated as a prospective vendor. Of the remaining three vendors Meditech and Cerner were selected for site visits. The first site visit will be next week at a hospital in Missouri that uses Meditech and has for five years. This hospital is completely paperless. The

details for the site visit for Cerner are still being worked out. The site visit team includes John Bitting, Teresa Fulton, Joe Vessey, Dr. Brendan Hansen, Dr. John Oakland, Jim Rowe, Randy White, Chris Johnston, and Sue Bottorff. The visits will allow the team to observe the product being used in a real setting and will be used to determine staff satisfaction. Commissioner Cammermeyer stated that she had heard some rumors that the information system would cost as much as the bond and she wondered what the actual cost would be. Mr. Vessey stated that there are systems that are that expensive and in fact a larger hospital just recently implemented Epic and paid 30 million for it, however we are looking at systems that are a big step down from that in terms of cost. The cost for this system will depend upon how it is structured but overall it will be less than eight million over five years and because of the Reinvestment/Recovery Act it will be highly subsidized by Medicare. Joe Vessey reported that February was a good month relative to budget. There was a decline in cash of about \$500,000 but there was also an increase in accounts receivable of the same amount which leaves us at 55 days cash on hand. In March accounts receivable days should come down because we should receive payment from payers that were holding claims while they implemented new systems or new contracts. Gross patient revenues were 2% under budget but contractals were 3.5% under budget. Operating expenses were \$70,000 or 1% under budget. The bottom line was excess revenue over expense of \$110,167 which is an operating margin of 1.71% for the month on a budget of .8%. He noted that while the operating margin for February is budgeted at only .8%, the year is budgeted at 3%. The expectation is that volumes will increase for both the Lab and the MRI later in the year and the budgeted operating margin at that point will be much higher.

#### C. Review of Dashboard Report

Tom Tomasino noted that there were two additional items on the Dashboard: the Press Ganey ranking for Ambulatory Surgery and the Region 9 ranking.

### **Consent Agenda**

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

Vouchers audited and certified by the auditing officer as required by RCW 40.24.080, 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 Case made a motion, seconded by Commissioner Cammermeyer, to approve vouchers #145250 and 145323 in the amount of \$7,480.68. Motion carried. Commissioner Zaveruha abstained from the review, discussion, vote and written approval of these vouchers due to a potential conflict of interest. Vouchers audited and certified by the auditing officer as required by RCW 40.24.080, 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 Case to approve vouchers #144679 to #145521, and #2177 to #2296, excluding #145250 and 145323 in the total amount of \$5,966,401.13. Motion carried. Commissioner Case made a motion, seconded by Commissioner Cammermeyer to approve the write-offs for March in the amount of \$941,485.71. Motion carried.

### **Agenda Items for next Regular Board Session**

There was discussion about rescheduling the leadership meeting that had previously been canceled. Tom Tomasino stated that the Commissioners will be receiving potential dates for a meeting soon. Commissioner Cammermeyer noted that she would not be able to attend the next regular board meeting.

### **Adjournment**

There being no further business, President Tarrant called for a motion to adjourn at 7:30 pm. Commissioner Case made a motion, seconded by Commissioner Wallin to adjourn the meeting. Motion carried.