

August 8, 2011

The regular meeting of the Board of Commissioners of the Whidbey Island Public Hospital District was called to order at 6:06 p.m. by Board President, Anne Tarrant. Present were President Tarrant, Commissioner Wallin, Commissioner Case, Commissioner Zaveruha, and Commissioner Cammermeyer. Chief Financial Officer, Joe Vessey; Chief Operating Officer, Hank Hanigan; Chief Human Resources Officer, Carolyn Pape; Chief Quality Officer, Teresa Fulton; Interim Chief Nursing Officer, Renee Sidley; Chief of Staff, Doug Langrock, MD; Attorney, Dale Roundy; Attorney, Jim Fredman, and many hospital and medical staff, as well as community members were present. Reporters Sue Ellen White from the Whidbey Examiner and Nathan Whalen from the Whidbey News Times also attended. Jim Riney of Riney Productions was present to electronically record the meeting.

Points of Order

There were no points of order. President Tarrant noted that there would be an Executive Session towards the end of the meeting and that session would last approximately 45 minutes.

Minute Approval

President Tarrant called for a motion to approve the minutes from the July 11, 2011 regular Board Meeting. Commissioner Case made a motion, seconded by Commissioner Wallin, to approve the minutes as presented. Motion carried.

Education

Molly Nagel, Medical Staff Coordinator, presented the Medical Staff Office. She stated that Whidbey General Hospital is required by Medicare to have an organized medical staff that operates under bylaws approved by the governing body and is responsible for the quality of medical care provided to patients by the hospital. The medical staff must be composed of doctors and may also be composed of other practitioners. The medical staff must also periodically conduct appraisal of its members. There are six categories of medical staff. Active staff have full clinical privileges and membership and have call responsibilities. Affiliate Active staff have full clinical privileges and membership but no call responsibilities. Affiliate staff have no clinical privileges and no call responsibilities but full membership. This status is for medical practitioners who don't want hospital privileges but want to be involved in the medical community. Courtesy staff have full clinical privileges and membership and no call responsibilities. This status is for medical practitioners who are not practicing on the island on a daily basis but provide a needed service to the community and have active staff participation at another hospital. Allied Health Professionals have full clinical privileges and membership but no call responsibilities. Locum Tenens are temporary staff used to fill open positions or vacations of staff members. They do not have membership, only clinical privileges. As of August 1, 2011 Whidbey General has 159 medical staff members: 41 Active Staff members, 10 Affiliate Active members, 2 Affiliate members, 23 Allied Health Professional members, 83 Courtesy members. The hospital also has 16 credentialed Locum Tenens providers and 4 Privately Employed Assistants. The office positions on the medical staff are the Chief of Staff, Chief of Staff Elect or Past, Chief of Medicine, Chief of Surgery, Chief of Peer Review, and Chief of Credentials/Bylaws. With the exception of the Chief of Staff Elect/Past these are two year appointments. Elections are held by the Medical Staff at their November meeting. There are a number of committees and meetings that Medical Staff attend, but the Medical Executive Committee is the only one required by Medicare. The others are the general Medical Staff Meeting, Peer Review, Credentials, Trauma Committee, Cancer Committee. P & T, Infection Control, Hospitalist, Surgical Department, Emergency Department and Continuing Medical Education presentations. The Medical Staff Office conducts both privileging and credentialing. Privileging is the process in which a provider is reviewed for their competency and qualifications in meeting criteria set for a specific scope of practice. Credentialing is the process of obtaining, verifying and assessing the qualifications of a specific provider to provide patient care services. When the information for credentialing has been compiled the provider's file is reviewed by a physician member of the medical staff and then by the Credentials

Committee. If the provider is approved by the Credentials Committee then the file is presented to the Medical Executive Committee for review and recommendation. The recommendations of the Credentials Committee and Medical Executive Committee are then sent to the Board of Commissioner for final approval. An initial appointment is for one year and during that time a current active member of the medical staff acts as a proctor to the new provider, reviewing records and providing support. After the first year re-credentialing occurs every two years and at that time a provider's competence and performance is evaluated. President Tarrant asked how long the credentialing process takes. Ms. Nagel stated that it can take as little time as 30 to 60 days or as much time as 90 to 120 days depending upon how much time has elapsed since the provider completed their residency.

Public Questions or Comments on Agenda Items

There were none.

Quality and Patient Safety

Teresa Fulton reported that the Department of Health conducted the Trauma Survey at the end of July; a process that occurs every three years. It was an overwhelmingly excellent survey. The Department of Health will send a report at the end of the month but the expectation is that Whidbey General will remain a Level III Trauma Center. The surveyors had one suggestion regarding c-spine; the Hospital currently uses Nexus criteria and they suggested that the Hospital look at using East criteria. Ms. Fulton recognized the hard work of Dr. Zaveruha, Roger Meyers, and Marie Meyers through this process. Ms. Fulton reported that Whidbey General Hospital belongs to the Rural Healthcare Quality Network and that the hospital recently won recognition in five of nine quality improvement categories. We received recognition for outstanding performance in the best practice of emergency department door to electrocardiogram in less than 10 minutes. For patients who are having a heart attack time is a muscle we can save. We have exceeded the state goal of 10 minutes and our patients receive an EKG in 1 to 8 minutes. We received recognition for best practices in OB. We adopted national guidelines on induction and we do not perform elective deliveries before 39 weeks. Delivering a baby before 39 weeks without a clear medical reason puts the newborn at increased risk for low birth weight, respiratory distress and issues with hearing and eyesight. We ensure that delivery occurs when it is safest for the baby. We were recognized for best practices in the National Rural Medicare Beneficiaries Quality Improvement Project. WGH is one of the first critical access hospitals in the country to volunteer and ensure best practices on quality measures for heart failure, pneumonia, emergency room care, patient satisfaction, and medication safety. We were recognized for Patient Safety Projects for hand hygiene and medication management. And, finally, we received a best practice star for developing a quality culture. We were recognized as leaders in developing quality improvement programs where we monitor and report on quality measures and share our metrics with other rural hospitals. Commissioner Wallin stated that he sat in on the trauma review by the Department of Health and it was great to hear from the state that we have an excellent system and one of the best rural EMS systems that they have seen.

Medical Staff Report

A. Chief of Staff Report

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

Ann C. Dannhauer, MD – Active Staff Reappointment

Xiaowen Wang, MD – Courtesy Staff Reappointment

Camilla T. Allen, MD – Courtesy Staff Reappointment

Gregory M. Wolgamot, MD – Courtesy Staff Reappointment

Greta T. Go, MD – Courtesy Staff Reappointment

Commissioner Case made a motion, seconded by Commissioner Cammermeyer, to approve the reappointments as presented. Motion carried. Dr. Langrock presented the following medical staff appointments:

Robert W. Johnson, MD – Provisional Active Appointment

Matthew J.J. Marquart, DO – Provisional Active Appointment
David B. Jessup, MD – Provisional Courtesy Appointment
Patricia R. Geraghty, MD – Provisional Courtesy Appointment
Vivek Manchanda, MD – Provisional Courtesy Appointment
Pooja R. Voria, MD – Provisional Courtesy Appointment

Commissioner Case made a motion, seconded by Commissioner Cammermeyer, to approve the reappointments as presented. Motion carried. Commissioner Wallin noted that Dr. Scott M. Vanderheiden was left off the list of courtesy staff reappointments but his information was presented for signature. Dr. Langrock stated that he was left off in error. Commissioner Cammermeyer made a motion, seconded by Commissioner Case, to approve the appointment of Scott M. Vanderheiden, MD. Motion carried.

Individual Items

A. Administrative Update

Hank Hanigan introduced Interim Chief Nursing Officer, Renee Sidley to the Commissioners. Ms. Sidley has nineteen years of nursing experience and six years of executive leadership experience. She is already making a positive impact. He reported that Dr. Matthew Marquart is here and went through new employee orientation today. He reported that Gretchen Volbrecht from the North clinic has resigned and will be leaving at the end of August.

B. MEDITECH Contract

Joe Vessey presented Resolution 2011-314 which would grant Tom Tomasino the authority to enter into a contract with MEDITECH for Electronic Health Records. This agreement will cover the software for the system. An additional contract will be signed with Dell for the hardware. There are two major parts to the contract: license and implementation and ongoing maintenance. The agreement will include the following software licenses:

- Health Information & Quality Management
- General Accounting
- Revenue Cycle
- Scheduling & Referral Management
- Supply Chain Management
- Scanning/Archiving Phase I
- Scanning/Archiving Phase II
- Data Repository Phase I
- Data Repository Phase II
- Enterprise Medical Record
- Emergency Department Phase I
- Emergency Department Phase II
- Laboratory/Microbiology
- Blood Bank
- Imaging and Therapeutic Services
- Home Health
- Hospice
- Separate Outpatient Campus
- Operating Room Management
- Patient Care and Patient Safety
- Pharmacy
- Physician Care Manager Phase I
- Physician Care Manager Phase II

and a variety of interfaces connecting the software to other services

The licensing and implementation fee for these modules is \$3,129,229.00. Once the software is live the ongoing monthly maintenance fee is \$22,976.00. The payment of the licensing and implementation fee is contingent upon the delivery date. We will pay 10% upon signing the agreement, 40% upon software delivery, 40% 90 days following software delivery, and the final 10% 180 days following the software delivery. There are protections

built into the contract in the event that the modules are delayed. The monthly fees are locked in for the first 36 months and then are subject to a 6% increase for years four and five. Commissioner Cammermeyer made a motion, seconded by Commissioner Zaveruha, to approve Resolution 2011-314 giving Tom Tomasino the authority to contract with MEDITECH for an Electronic Health Record system. Motion carried.

Staff and Status Reports from Administration

A. Administrator's Report

1. Carolyn Pape recognized the four stars for the 2nd quarter of 2011: Katie Bassett of Food and Nutrition, Cabulance and Courier Services, Marcia Fort from the North Whidbey Community Clinic, Maria Reyes from the MAC, and Bianca Terado from Patient Accounts. Carolyn reported that to date there have been 31 sessions educating employees on the Studer principle, AIDET (Acknowledge, Introduce, Duration, Explanation, Thank you). These sessions have been taught by the Department Manager and LaJolla Thiel, the Coordinator of Learning and Performance. All departments should have their training completed by August 31. In September there will be follow-up with employees using one-on-one observations and further education and support will be provided when necessary. At this month's LDI we had a guest speaker from the Studer Group, Michelle Bright. She was a captivating speaker who kept the group engaged all day discussing the following topics: HCAHPS, value based purchasing, patient satisfaction scores, perception of care, Leader Evaluation Manager, rounding, and high-middle-low.
2. Teresa Fulton reported that the equipment for the Telestroke program is now on-site and the credentialing and privileging process is being conducted for the neuro-surgeon. The training will begin once that has been completed and the program should be fully implemented by November. Ms. Fulton noted that while the system is portable, the aging infrastructure in the med/surg wing cannot support its use so it will be primarily used in the E.D. where a specific space has been designated.
3. Renee Sidley congratulated Janet Gaston who recently passed the Certified Emergency Nurse exam. She noted that she has worked in and is familiar with many hospitals, large and small, for profit and not for profit, and the numbers of nurses that Whidbey General Hospital has that are certified surpasses anything she has seen. She noted the Certified Emergency Nurse Exam is a very difficult exam and she is amazed at how many in the E.D. have it. She stated that this demonstrates both the hospital's support of its nurses and the care that the nurses have for furthering their education.
4. Hank Hanigan reported that the MRI project has gone very well. It is fully constructed and is in the testing phase. We may begin seeing patients as early as Monday. He also reported that Dr. Sanders has agreed to be the Medical Director for Hospice. Designating a Medical Director is one of the required steps in the Certificate of Need process.

B. Financial Report

Joe Vessey reported that cash in June was at 13.9 million which is a decrease of a little over 2 days from May. Accounts Receivable was at 43.8 days which is very good. We have reduced that number every month in 2011 and those working on revenue cycle should be recognized for their hard work. Gross patient revenues were under budget by 7%, contractuals were under budget by 3% and expenses were under budget by 6.5%. The bottom line for the month of June was a loss of \$157,407 on a budgeted gain of \$201,705. Year-to-date gross patient revenues are under budget by 6.1% and operating expenses are under budget by 2.4%. The bottom line is a loss for the year of \$430,085 on a budgeted gain of \$874,081. Commissioner Cammermeyer asked when the current voted bond expires. Mr. Vessey stated that it expires at the end of this year. President Tarrant asked how much it has cost the District to fulfill the recent inundation of public information requests. Mr. Vessey stated that there are a number of components to fulfilling these requests but he would estimate that it has cost the district about \$60,000 over the past three or four months. Trish Rose, Public Relations Coordinator, noted that these requests have taken a significant amount of her work time this year. In the past she rarely had requests to answer.

C. Review of Dashboard Report

Anne Tarrant noted that the readmit rate has increased and is now in red. Teresa Fulton stated that this rate is reflective of patients who are admitted frequently because they are at the end stage of a chronic disease. This next year the hospital will be working on a quality initiative through Medicare called Partnerships with Patients that will address chronic disease management.

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 Cammermeyer made a motion, seconded by Commissioner Case, to approve the payroll wire in the amount of \$4,354.80. Motion carried. Commissioner Zaveruha abstained from the review, discussion, vote and written approval of this payroll wire 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 #148278 to 149295, and #2334 to #2343 in the total amount of \$6,862,552.29. Motion carried. Commissioner Cammermeyer made a motion, seconded by Commissioner Case to approve the write-offs for July in the amount of \$656,620.44. Motion carried.

B. Approval of Sale of Surplus Items

Commissioner Wallin made a motion, seconded by Commissioner Cammermeyer to approve the sale of surplus items as presented. Motion carried.

Agenda Items for next Regular Board Session

Commissioner Wallin suggested that Roger Meyers make a presentation on the EMS system. Commissioner Zaveruha suggested that in October or November Dr. Worth Everett make a presentation on the Telestroke program.

Executive Session to discuss with legal counsel potential litigation as permitted by RCW 42.30.110

At 7:30 pm President Tarrant announced that the Board would go into Executive Session for approximately 45 minutes to discuss a matter authorized by RCW 42.30.110 and that the Board would not be taking any action during or following the Executive Session. At 8:30 pm President Tarrant announced that the Executive Session would continue another 15 minutes. At 8:47 p.m. the Board came out of Executive Session and returned to regular session. President Tarrant called the regular meeting back to order and reported that no action had been taken during the Executive Session.

General Public Comments

There were none.

Adjournment

There being no further business, President Tarrant called for a motion to adjourn. Commissioner Case made a motion at 8:47 p.m., seconded by Commissioner Cammermeyer to adjourn the meeting. Motion carried.