

## **Agenda**

1. 6:00 - CALL TO ORDER
  - a. Introductions as Needed
  - b. Business from Audience
  
2. 6:05 - CONSENT AGENDA – See separate Consent Agenda
  
3. 6:10 - Committee Reports
  - a. 6:10 - CEO – Renée Dunham
    - i. CNO update
    - ii. Review of WWRHCC
  - b. 6:20 – Executive Committee – No Action
  - c. 6:20 - Quality update – Amy Thomason
  - d. 6:30 – Legislative update – Brent Meldrum
  - e. 6:40 - Finance – Drew Hooper
    - i. Financial Summary
    - ii. Financial Dashboards and Statements
  
4. 6:55 – Commissioner Business
  - a. Review of Commissioner Stipends
  - b. Approval of Medical Staff Privileges
    - i. Mary Ellen Biggerstaff, ARNP (Provisional: 1 year)
    - ii. Navnett K. Singha, MD
    - iii. David Stanone, MD
    - iv. Kevin Reed, MD
    - v. Alireza Bozorgmanesh, MD
    - vi. Hillary Allen Kissick, MD
    - vii. Kevin Ochoa, MD
    - viii. David Munson, MD (Temporary: 3 months)
  
5. 7:15 – Financial Feasibility Firm Selection Process – Ron Hulscher
  - a. Presentation of Dingus, Zarecor & Associates
  
6. 7:25 – Architect Selection Process – Renée Dunham
  - a. Presentation of Scherer & Associates
  
7. 7:50 – Presentation of Replacement Facility Property – Renée Dunham
  
8. 8:35- Adjournment

**Executive Session** - RCW 42.30.110 (g)

**Consent Agenda**

A very useful technique involves the use of a consent agenda. The board agenda planners (usually the executive or governance committee, but occasionally the board chair with the CEO) divide agenda issues into two groups of items. The first are those items that must be acted on because of legal, regulatory, or other requirements, but are not significant enough to warrant discussion by the full board. Such issues are combined into a single section of the board agenda book; members review these materials prior to the meeting, and if no one has any questions or concerns, the entire block of issues is approved with one board vote and no discussion. This frees up a tremendous amount of time that would otherwise be squandered on minor issues. Any member can request that an item be removed from the consent agenda and discussed by the full board. The success of the consent agenda is predicated upon all board members reading the material in the consent agenda section of the board agenda book. If they do not, then the board becomes a veritable rubber stamp.

The second group of agenda items are those important issues that require discussion, deliberation, and action by the board. These are addressed one by one.

**Executive Session Justification**

Executive Session is convened to discuss the following topics, as permitted by the cited sections of the Revised Code of Washington (RCW):

- Executive session (RCW 42.30.110)
  - (a) national security
  - (b) (c) real estate
  - (d) negotiations of publicly bid contracts
  - (e) export trading
  - (f) complaints against public officers/employees
  - (g) qualifications of applicant or review performance of public employee/elective office
  - (h) evaluate qualifications of candidate for appointment to elective office
  - (i) discuss claims with legal counsel
    - existing or reasonably expected litigation
    - litigation or legal risks expected to result in adverse legal or financial consequences
    - presence of legal counsel alone does not justify executive session
  - QI/peer review committee documents and discussions
- Final action must be in open meeting



**BOARD OF COMMISSIONERS MEETING  
02/25/10**

AGENDA	DISCUSSION/CONCLUSIONS	RECOMMENDATIONS/ACTIONS/FOLLOW-UP
<p><b>CALL TO ORDER</b></p> <p>Business from Audience</p> <p>Introductions as needed</p>	<p>The Mark Reed Hospital Board of Commissioners Meeting was called to order February 25, 2010 at 6:08 p.m.</p> <p>Commissioners present: Louie Figueroa, Drew Hooper, Brent Meldrum, Dean Schwickerath, Amy Thomason</p> <p>Also Present: Tommi Halvorsen-Gatlin, Mayor Dave Osgood, Ray Dudenbostel, Joy Iversen, David Cannaday, Caren Holley, Otis Leathers, Kristin Goldy, Renee Dunham, Dave Spaulding, John Scherer, Jim Brinkley, Chris Merritt, Evert Challsted, Ed Swalender, Barbara Saylor, Dr. David Blackett, Ron Hulscher</p> <p>Evert Challstad from McCleary proposed a 20 acre site of bare land that is available immediately East of the hospital. Commissioners took time to look at proposal and noted that it was submitted after the deadline but it would be considered if the initial property selection was deemed unfeasible to develop.</p> <p>Introductions were made.</p>	
<p><b>APPROVAL OF MINUTES</b></p>	<p>The minutes from January’s meeting were pulled from the consent and a revision was made to the minutes. Ron Hulscher noted that there was a statement that needed to be corrected regarding purchase of lab equipment on a visa card. The formal clarification will state that Orchards purchases were for lab equipment and visa purchases were for miscellaneous items.</p>	<p><i>It was moved by Dean Schwickerath to approve the amendment to January’s minutes. Amy Thomason seconded the motion, and it passed by a unanimous vote.</i></p>
<p><b>CONSENT AGENDA</b></p>	<p>The rest of the consent agenda was presented to the Board for approval.</p>	<p><i>It was moved by Drew Hooper to approve the consent agenda. Louie Figueroa seconded the motion, and it passed by a unanimous vote.</i></p>

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**COMMITTEE REPORTS  
AS REQUIRED**

**CEO: RENÉE DUNHAM**

**CNO Job Description:**

A new job description has been drafted for CNO position by Mitzi VanDewege. Mitzi has been acting as the interim CNO and now must resign the position so it is important that we move forward immediately to recruit. The management and executive teams along with the nursing staff helped Mitzi develop the job description summary. The hospital is moving forward with recruitment and the position has been posted. Executive team will do the initial interview and then full facility involvement will help select candidate, which is targeted for April. We are doing a widespread newspaper campaign.

**WWRHCC Involvement/Benefits:**

MRH is one of 10 Critical Access Hospitals in the area who pay dues to the Western Washington Rural Health Care Collaborative. Some benefits MRH gets for paying these dues: access to grants and funding; involvement in telemedicine and telehealth projects- especially with EMR; each specialized departments meet quarterly or monthly or via phone and set goals and network with peers to solve issues collaboratively; sponsors compliance program, which helped our implement our compliance program at the hospital.

In January, Renée and physicians attended a CEO/MD session in Seattle which was sponsored by the Collaborative. At the conference Mark Reed was commended from peers as having one of the best medical staffs at the retreat. Dues are about \$16,000 to \$18,000 a year and the Collaborative is very active and productive.

**LEGISLATIVE UPDATE: BRENT MELDRUM:**

There are five initiatives that we are following closely:

**House Bill 3024** which effect nursing breaks. Nurses have to have uninterrupted 30 and 15 min breaks and leave the floor. In the middle of a trauma, they would be required to take them instead of using their judgment to determine when the break time is appropriate. This initiative passed the house and is now in the senate.

**Infection rate reporting:** Looking for some revision in the current codes but the CDC right now is mandating that most of these issues are reported even though the system is not fully developed. Legislature is also trying to enforce this

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	<p>reporting even though there is not system.</p> <p><b>Influenza protection:</b> Mandating all healthcare workers to get influenza vaccine or wearing masks when caring for patients if they have not received the shot.</p> <p><b>Access to Financing:</b> Current environment poses challenges to hospitals seeking financing; it is difficult to seek bonds. AWPHD is trying to allow PHD's to mortgage properties to secure financing.</p> <p><b>Adverse Events Reporting:</b> Hospitals are required to report all adverse events, but since there were some hospitals that didn't participate, it appeared that events were going unreported, but most who said they had none were small CAH's. Fines are \$1,000/day for not reporting but surveys to find these lapses are sometimes months down the road and the cost incurred by this fine would not be tolerable to smaller organizations. Bill has been tabled and WSHA is working with hospitals to ensure that they are reporting the AE's.</p> <p><b><u>FINANCE COMMITTEE: DREW HOOPER:</u></b></p> <p><b>2009 Financials-</b> Payroll and other expenses are being reconciled into 2009 totaling about \$45,000. We've been holding Medicare and Medicaid contractual obligations and we feel good about the conservativeness on these obligations. We will know for sure once the audit has been done what needs to be held and what needs to be paid.</p> <p>Cost report is done in June by a third party for the hospital and submitted to Medicare and then the final reconciliation will be completed. If there is an error, it will show on the positive side.</p> <p><b>Jan Financials-</b> Net patient revenue was down except for inpatient areas and the clinic volumes looked good but were a little under budget. Trending is coming back up after low numbers in Nov &amp; Dec of 2009. ER volumes are down and part of this may be due to challenges relating to consistent ER staffing in the Emergency Department.</p> <p><b>Transparency-</b> We are moving toward a process where after board approves financials they will be posted to the website each month along with End of Year 2008 and End of Year 2009.</p>	<p><i>Barbara Saylor, MRH Director of Quality, will add definition for Adverse Events for board at the next meeting.</i></p>
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<p><b>COMMISSIONER BUSINESS</b></p>	<p><b><u>COMMISSIONER BUSINESS:</u></b></p> <p><b>Commissioner Stipends:</b> Stipends were reviewed because when we set up policy with five commissioners and strategic plan review (2<sup>nd</sup> review) to make sure that the expenses are in line with where we thought they would be.</p> <p>Commissioner Schwickerath stated that he felt the stipends were too large. Commissioner Hooper noted that he would like the names stated with the commissioner numbers on future reports. Will review again prior to budget for board.</p> <p><b>Approval of Med Staff Privileges:</b> Some physicians are resubmitted this month because some of the packets were missing from last month.</p> <p>Commissioner Meldrum noted that the system for the privileging committee has a good process now and that the reviews are a lot more thorough. Physicians are formally notified and checklist system has been implemented to make sure that no applications are missed.</p> <p>Physicians presented for approval: Mary Ellen Biggerstaff, ARNP (Provisional: 1 year), Navnett K. Singha, MD; David Stanone, MD, Kevin Reed, MD, Alireza Bozorgmanesh, MD, Hillary Allen Kissick, MD, Kevin Ochoa, MD, David Munson, MD (Temporary: 3 months)</p> <p><b><u>FINANCIAL FEASIBILITY FIRM SELECTION: RON HULSCHER</u></b></p> <p>As we work toward USDA financing for new hospital construction, we must meet their requirements and one of the areas is to have a formal study done by a qualified CPA firm.</p> <p>We invited proposals from 5 firms to submit an RFP for a financial feasibility study according to USDA community facilities guidelines with an examination opinion. There are three components requested of the firms: 5 year financial feasibility; debt capacity; market analysis to state to USDA determination of need for the project. We received 4 responses, with 2 of the firms partnering on a proposal.</p>	<p><i>Amy Thomason moved to accept the recommendations for approval of medical staff privileges as presented. Drew Hooper seconded the motion. Passed unanimously.</i></p>
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	<p>\$50,000 to \$100,000 was the range of the proposal costs. The least expensive firm did had high expectations of the hospital staff. The partnered firms from Spokane and West Virginia plan to split the job and pool resources to do a lot of the work and share the responsibilities. They must do another market analysis to verify the data from the first one and certify the data.</p> <p>Ron recommends that we engage the partnered firms of Dingus, Zarecor &amp; Associates and Arnett &amp; Foster. Our attorney has reviewed the letters of engagement and \$59,500 is fair and they have good references. Other firms were too expensive or not able to complete the project in the allotted time. Moved, Louie, seconded Dean, passed unanimously.</p> <p><b><u>ARCHITECT SELECTION PROCESS: RENÉE DUNHAM:</u></b></p> <p>Our preferred and recommended architectural firm was selected as John Scherer &amp; Associates. The RFQ was published in trade journal in Seattle and we went through a process similar to the financial feasibility where we narrowed down cost, fee structure, how available they would be to the project, scope, experience, creativity and ability to solve problems, control project costs.</p> <p>Three of the top firms were asked to interview in person on-site: Clark/KJOS, Salmon Bay Design Group, and John Scherer &amp; Associates. We checked references and looked at principal architect's level of involvement and their ability to work with local contractors. Experience with USDA funding projects and their ability to work with staff and administration were also considered.</p> <p>Renée announced that John Scherer and Associates are the recommended candidates. Drew Hooper noted that his feedback on references was good as well.</p> <p>John Scherer introduced his team including Jim Brinkley who is partnering with Scherer &amp; Associates. Jim is a nationally recognized planner specializing in hospitals. John has 25 years of healthcare and all of his firm's clients are repeat clients.</p>	<p><i>Louie Figueroa moved to accept Ron Hulscher's recommendation to engage Dingus, Zarecor &amp; Associates and Arnett &amp; Foster for the financial feasibility study. Dean Schwickerath seconded the motion. It passed unanimously.</i></p> <p><i>Amy Thomason made a motion to engage Scherer &amp; Associates as the architectural firm for the replacement facility project. Louie Figueroa seconded the motion. It passed unanimously.</i></p>
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# 2010 Mark Reed Health Care District Strategic Plan and Focus

In the fall of 2009 the Board of Commissioners, along with the district's Administration, medical staff and Community Advisory Committee (CAC) developed a plan which was to act as the strategic roadmap for the hospital district in 2010. This strategic plan was broken down into five areas of focus or "buckets" to help outline the work ahead for making necessary changes and improvements to the Hospital District. Our Quality program is an invisible bucket that encompasses all five areas of focus.

This page will be updated monthly with administrative progress reports and community development updates. Individuals who have questions or want more information on the progress listed here may attend both the CAC meetings and the Board of Commissioner meetings. Details on both monthly meetings are listed on the website as well.

*The "bucket list" is a list of accomplishments for 2010 organized by area of focus and then listed by the month of completion or month in which a milestone was reached in the project.*



## **Bucket #1 - COMMUNITY**



## **Bucket # 2- ORGANIZATIONAL DEVELOPMENT**



## **Bucket #3 – FACILITY**



## **Bucket #4 - CORE PROCESSES & SERVICES**



## **Bucket #5 - FINANCE**



### **Bucket #1 - COMMUNITY**

#### **February:**

- Two Town Hall meetings were held in February to discuss Hospital Replacement Project with community members.
- Several future/potential CAC members have been identified and will be contacted when that group is restructured later this year.
- Website has new construction page to update people on status of project.
- Website has updated news articles from local newspapers available in pdf form by title.
- Community education taking place at chamber and city council meetings regarding new construction project as well.
- FD5/Mark Reed staff meeting scheduled for February.
- Ads for volunteer pool (specifically targeted to Health Fair) have been placed in newspapers.
- Researching how to broadcast our board meetings and/or have them filmed and available on our website via You Tube.
- Gathering information about fundraising consultant firms for Foundation's capital campaign.



### **Bucket # 2- ORGANIZATIONAL DEVELOPMENT**

#### **February:**

- We are expanding the number of employees who receive the online customer service training.
- Several managers utilizing continuing education opportunities to strengthen job performance and growth of positions.
- QA plan is being updated for the laboratory and education will occur for staff.
- Ongoing meetings with Gladys Campbell, nursing consultant, has resulted in some great discussions and documentation to define who we serve, what types of services we provide, and potential barriers to delivering excellent service and care.
- QI committee working with Med Staff on finalizing feedback letters.
- New staff tobacco cessation assistance policy has been developed and will be distributed to all staff members in February.
- Purchaser attended an autoclaving course and is implementing lessons learned to operations at Mark Reed.

### **Bucket #3 - FACILITY**



#### **February:**

- Have started process of inventory and clean out of storage units to downsize to one unit.
- Preliminary landscaping is being done at Maple Street house.
- Room 6, formally used for medical records, is being reclaimed for use as a patient room.
- Applied for Home Depot “Do Something” grant to assist with funding the gazebo project this summer.
- Assessing quotes for roof replacement for both main campus and Maple Street.
- Adding gravel to back of Maple Street house to eliminate mud issue.
- John Scherer and Associates has been selected as the final architect firm for the new facility project, pending Board and contract agreements.



### **Bucket #4 – CORE PROCESSES & SERVICES**

#### **February:**

- Medical Records coder to attend continued training during last week of January to provide depth in department. She will take coder certification course in June.
- Have one bid for ultrasound machine vendor so far.
- Continuing to receive vendor bids for PACs in Radiology. Will make decision in March.
- Continuing to meet with vendors for laboratory equipment such as the microbiology analyzer and the urine analysis analyzer.
- Purchaser was awarded a national scholarship to attend the Amerinet national conference.
- Nursing Project Manager was invited to attend an open house for discharge planners regarding the skilled nursing program. Will take place later this year.
- Phone/disaster committee has developed an SOP/Policy regarding who to contact in case of system failure with the phone system. Identified leads, priority list of people to notify, etc.
- Diagnostic Imaging has decided to open on Saturday’s beginning in March to outpatients to increase the access and availability of our services.



### **Bucket #5 - FINANCE**

#### **February:**

- Obtaining legal reviews of engagement letters from firms who will conduct the financial feasibility and debt capacity studies.
- Finance department continues to fund depreciation and conservatively administer cash in preparation for the new facility project.
- Have established weekly reports on patient volumes and FTE’s are included for review.

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	<p><b><u>PRESENTATION OF REPLACEMENT FACILITY PROPERTY:</u></b></p> <p>All properties proposed were listed and then the feasible properties were presented to the public and commissioners on a PowerPoint presentation with the pros and cons of each site.</p> <p>After all properties were considered, Renée asked the commissioners to remove the sites they do not want considered and to pick their top property to have the study done on and then to rank the remaining in order of preference.</p> <p>All commissioners selected the Oakhurst site as their top priority for the study to be conducted on. Renée then asked the commissioners to make a formal motion to perform the feasibility study on the Oakhurst site, noting that pending the outcome, if the site does not seem feasible, new sites will be considered.</p>	<p><i>Amy Thomason moved that the board allow the hospital administration to move forward with the feasibility study on the Oakhurst site. Dean Schwickerath seconded the motion. It passed unanimously.</i></p>
<p><b>Executive Session</b></p> <p><b>ADJOURN</b> Regular Session</p>	<p>There was no business for executive session.</p> <p>The regular session was adjourned at 8:19 p.m.</p>	<p><i>Dean Schwickerath moved to adjourn the meeting; Amy Thomason seconded the motion.</i></p>

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 RECORDING SECRETARY

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 BOARD SECRETARY