

## Agenda

1. **6:00 - Call to Order**
  - a. Introductions as needed
  - b. Business from audience
2. **6:05 - Consent Agenda** – See separate Consent Agenda – *Action (vote)*
3. **6:06- Patient Story- Renée Jensen**
4. **6:10 - Commissioner Business**
  - a. Proposed Repeal of Affordable Care Act, Mary Kay Clunies and Chris Bandoli, WSHA– *Info*
  - b. Hot Topic Article: “What Does ACA ‘Repeal and Replace’ Mean for Hospitals?” By Michael Wyland–  
*Discussion*
    - i. If the "Repeal and Replace" does not focus on wellness and/or reimburse for it, how does it affect the pursuit of our vision statement?
    - ii. If we are committed to our vision statement, how would we act differently in a volume based reimbursement system?
    - iii. How do we field questions from the public about how "Repeal and Replace" effects SPMC and the new Wellness Center project?
5. **Executive Reports**
  - a. 6:40 – Quality Report – *Info*
    - i. 2016 Quality Review, Deborah Jayne– *Review, Q&A*
    - ii. 2017 Quality Plan, Tammy Moore, DNP– *Review*
    - iii. Hand Hygiene Improvement Plan, Kathy Sakas, Lab Manager– *Info*
  - b. 7:10 – CEO Report, Renée Jensen– *Info*
    - i. CEO Report– *Info*
    - ii. Care Transformation Report, Tammy Moore, DNP– *Info*
    - iii. Single Source Broker -Hospital Trustee Overview, Holly Greenwood and Jim Chesmore– *Info*
  - c. 7:40 – Finance Reports, Will Callicoat – *Info*
    - i. Financial Summary – *Info*
    - ii. State Auditor Update – *Info*
    - iii. Surplus– *Info*
6. **Commissioner Business (continued)**
  - a. 8:00 – “Notification of Hearing for Annexation”– *Info*
  - b. 8:05 – Resolution 2017-01 Compensation Limit – *Action (vote)*
  - c. 8:15- Medical Staff privileges- none for February
  - d. 8:20 – Wrap up – Andrew Hooper
    - i. Meeting Evaluation – *Action*
7. **Executive Session (RCW 42.30.110)**
  - a. (g) review performance of public employee/elective office
8. **8:45 – Adjournment**

Upcoming events: - **BOLD events indicate desired Commissioner attendance.**

- February 27, 2017 4:00-5:00 pm- Community Education “Navigating Your Healthcare Visits” Mary Ellen Biggerstaff DNP | *Kelsey Conference Room*
- March 22, 2017 6:30 pm- Great Rivers BHO at McCleary City Council Meeting | *McCleary City Hall*
- March 9, 2017 7:00 am- Wellness Center Presentation at EGH Rotary Club | *Elma Bowling Alley*
- March 28, 2017 4:00- Community Education “Vision Awareness” | *Kelsey Conference Room*
- May 5, 2017- Summit Pacific Medical Foundation 10<sup>th</sup> Annual Celebrity Golf Tournament | *Salish Cliffs*

**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



### Finance Summary for January 2017

This is the first month's close after going live with the new electronic medical records system (Meditech). It is customary for hospitals in this situation to experience a delay of several months to produce accurate or complete financial statements. There is a backlog of claims that need to be completed for January charges to be captured in the system. Because of this, January's revenue figures look well below budget. Future income statements will capture a more complete vision of the District's year to date revenue performance.

### Volumes

The District is continuing to learn the reporting capabilities of the new Meditech system. We are able to capture volumes and are vetting the figures for accuracy. The good news is that Meditech has a much more robust reporting capability than TechTime. Once we get the reports dialed in, we will be able to drill down to identify specific details. For example, we have always reported total ED visits. We will now be able to see that total by payer, zip code origin, how many were admitted or transferred, etc. For January, we can report that we had 1,259 ED visits and 2,836 clinic visits. The urgent care had nearly 1,100 visits in January, which is a record volume.

### Revenue and Expenses

As stated above, January's income statement does not accurately depict the month's revenue performance. We anticipate it will take 2 to 3 months to have revenues normalize on the income statement. However, systems within Meditech are capturing expenses accurately. The following is a good depiction of the District's expenses for January:

<b>OPERATING EXPENSES</b>	January 2017	Budget
SALARIES AND WAGES	1,386,630	1,355,672
EMPLOYEE BENEFITS	227,226	297,068
PROFESSIONAL FEES	223,782	217,272
SUPPLIES	123,857	148,724
UTILITIES	39,465	39,024
PURCHASED SERVICES	475,945	364,744
INSURANCE	5,335	12,417
OTHER EXPENSES	54,591	73,778
RENTALS AND LEASES	21,563	22,963
INTEREST EXPENSE	60,148	62,269
DEPRECIATION & AMORTIZATION EXPENSE	165,209	49,794
<b>TOTAL EXPENSES</b>	<b>2,783,751</b>	<b>2,821,525</b>

*Renee K. Jensen, Chief Executive Officer*

600 East Main Street, Elma, Washington 98541

Owned and Operated by Grays Harbor County Public Hospital District No. 1, SPMC is an equal opportunity provider and employer



### **Balance Sheet**

The District's cash-on-hand decreased by \$500,000 to end at \$9.0 million, or 133 days. This is caused by a combination of events. The District collected \$2.1 million from receivables in January 2017 – slightly below average. December 2016 was a record month with \$6.8 million in gross revenue (the monthly average up until that point was \$5.6 million.) December's high revenue created a lot of new receivables that should have generated a greater collection amount in January compared to the \$2.1 million that was received. The mediocre collection is a result of spending time training and being inefficient in the new system. In addition to the sluggish cash collections, the District spent cash on a sizable deposit payment for the Meditech system.

### **Audit**

The District has an update on the previously reported HCA audit of 341 claims.  
W. Callicoon 2-16-2017

*Renee K. Jensen, Chief Executive Officer*  
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**STATISTICS**  
January 2017

MONTH			YEAR TO DATE		
ACTUAL	BUDGET	PRIOR MONTH	ACTUAL	BUDGET	PRIOR YEAR
<b>INPATIENT STATISTICS</b>					
26	19	28	26	19	231
	63	100	0	63	766
	9	17	0	9	130
0.0	3.3	3.6	0.0	3.3	3.3
<b>SWING BEDS</b>					
6	5	9	6	5	62
	64	128	0	64	771
<b>OUTPATIENT STATISTICS</b>					
	1,333	1,375	0	1,333	15,467
22	N/A	39	22	N/A	462
1,259	1,155	1,453	1,259	1,155	13,796
753	886	1,084	753	886	11,360
517	621	716	517	621	8,902
467	475	617	467	475	10,406
1,099	701	1,011	1,099	701	8,700
	2,539	2,343	0	2,539	27,826
<b>ANCILLARY STATISTICS</b>					
	10,233	10,860	0	10,233	117,026
	1,001	1,019	0	1,001	11,413
	240	288	0	240	2,876
	246	206	0	246	2,610
	30	31	0	30	343
<b>OTHER STATISTICS</b>					
				<b>Goal</b>	<b>Dec 31, 2016</b>
				65	10,406
			5	< 15	8,700
			133	159 -110	27,826
			2.5	2.5	2.7