



Public Hospital District No.1: Board of Commissioners Meeting Agenda
Wednesday November 15, 2023 | 5:30 PM
Arleen Blackburn Conference Room and Zoom Connection

All times listed are approximates and not a true indication of the amount of time to be spent on any area.

I.	Call to Order	5:30	Tom Baranouskas
II.	Pledge of Allegiance	5:30	Tom Baranouskas
III.	Consent Agenda	5:30	Tom Baranouskas
	All consent agenda items will be approved by the Board with a single motion. Any of the following individual items may be pulled for discussion at the request of a commissioner.		
	• Meeting Agenda		
	• October 25, 2023 Board Meeting Minutes		
	• November 7, 2023 Special Meeting Minutes		
	• Previous Month's Warrants Issued:	#10120446 – 10120619	10/14/2023 – 11/07/2023 \$ 642,537.66
	Accounts Payable EFT Transactions:	#20220321 – 20220333	10/14/2023 – 11/07/2023 \$ 593,159.40
	Payroll EFT Transactions:	#16300 – 16495	10/21/2023 – 11/03/2023 \$ 419,597.75
IV.	Community Input	5:35	Commissioners
	Public comments concerning employee performance, personnel issues, or service delivery issues related to specific patients will not be permitted during this public comment portion of the meeting. Public comments should be limited to three minutes per person.		
V.	Gender Affirming Care	5:40	Dr. Kendall
VI.	Foundation Report	6:10	Foundation Member
VII.	CM Values	6:15	Diane Blake
VIII.	Public Relations Report	6:20	Clint Strand
IX.	Old Business	6:30	
	a. IT Update		Chad Schmitt
	b. Meditech Update		Pat Songer
X.	New Business	6:45	Commissioners
	a. CEO Annual Evaluation Process & Materials		
XI.	Committee Reports	6:55	
	a. Part Time Resident Advisory Council		Mall Boyd
	b. Quality Oversight Committee		Mall Boyd
XII.	Action Items	7:10	Commissioners
	a. MOTION: Approve Credentialing		
	b. MOTION: Approve 2024 Organizational Objectives		
	c. MOTION: Approve Organizational Succession Plan		
	Strategic Question: What should CM be considering as we build strategy around ensuring a pipeline of future leaders and key personnel?		
	d. MOTION: Resolution 2023-14 Amendment to CEO Employment Agreement		
XIII.	Administrator Report	7:25	Diane Blake
XIV.	Board Action Items	7:45	Commissioners
XV.	Meeting Evaluation/Commissioner Comments	7:50	Commissioners
	Roundtable discussion to evaluate meeting topics and identify opportunities for improvement.		
XVI.	Adjournment	7:55	Tom Baranouskas

BOARD CALENDAR REMINDERS

November 21, 2023	Governance Committee	Administration Conference Room	9:00 AM
December 5, 2023	Finance Committee	Administration Conference Room	9:00 AM
December 7, 2023	Annual Board Retreat	Icicle Village	8:00 AM
December 13, 2023	CM Foundation Board Meeting	Squirrel Tree Restaurant	9:00 AM
December 20, 2023	Board Meeting	Arleen Blackburn Conference Room	5:30 PM

Values

Commitment – We demonstrate our pursuit of individual and organizational development by always going above and beyond to find the answer, discover the cause, and advocate the most appropriate course of action.

Community – We demonstrate our effectiveness and quality in complete transparency with each other and in line with the values of our medical center.

Empowerment – We prove our promise to patients and our dedication to both organization and community through the manner in which we empower each other and carry out each action.

Integrity – We set a strong example of behavioral and ethical standards by demonstrating our accountability to patient needs and our devotion to performing alongside one another as we exhibit our high standards each and every day.

Quality – We demonstrate an exceptional and enduring commitment to excellence. We are devoted to processes and systems that align our actions to excellence, compassion and effectiveness on a daily basis.

Respect – We embrace equality on a daily basis through positive, personal interactions and recognize the unique value within each of our colleagues, patients, and ourselves.

Transparency – We demonstrate complete openness by providing clear, timely and trusted information that shapes the health, safety, well-being and stability of each other and our community.

AGENDA / PACKET EXPLANATION

For Meeting on November 15, 2023

Below is an explanation of agenda items for the upcoming Board meeting for which you may find pre-explanation helpful.

- **Consent Agenda** – While preparing for the November meeting, we discovered an error with the October agenda, in that the warrant listing and EFT transactions had not been updated properly and still listed the transactions that were approved in September. So while the packet information you reviewed for October, including the cover sheet summarizing the warrants and transactions to be approved in October was correct, the agenda ultimately was not. In order to clearly ensure approval of the October warrants and EFTs, we have listed them correctly in November, in addition to the actual warrants and EFTs for which we are seeking approval at this November meeting. Also, please feel free to connect with Marianne or Diane with any questions in advance of Wednesday’s meeting and / or pull individual warrants or other items from the consent agenda at the meeting, should you wish to discuss.
- **Gender Affirming Care** – No documents are included in your packet for this topic. Dr. Kendall will be in attendance to share her background and work in gender affirming care and looks forward to your questions and the discussion. This is a board-requested meeting topic.
- **Old Business**
 - IT Update – No documents are included in your packet for this topic. Chad Schmitt, VFCIO, will provide an update on ongoing technology work.
 - Meditech Update – No documents are included in your packet for this topic. Pat Songer, COO, will lead a summary discussion of Meditech optimization work.
- **New Business**
 - CEO Annual Evaluation Process & Materials– Included in your packet are the following documents related to the CEO annual review: evaluation timeline/process, 360 review questions, and the list of multi-raters for the evaluation. The Governance Committee has reviewed the process and documents. Discussion is welcome.
- **Committee Reports**
 - Part Time Resident Advisory Council – Included in your packet is the agenda from the most recent council meeting, to facilitate Mall’s report.
 - Quality Oversight Committee – Included in your packet is the agenda from the most recent QOC meeting, to facilitate Mall’s report.
- **Action Items**
 - Credentialing – A list of providers to be credentialed will be sent to you separately in advance of the meeting. For your consideration is a teleradiologist who works for the teleradiology company with which we contract; final work will be completed early in the week of the board meeting.
 - 2024 Organizational Objectives – Included in your packet is a proposed list of 2024 objectives. While additional work and planning has occurred since the

board discussion in October, no changes have been made to the proposed objectives; it is identical to the version the board viewed in October.

- Organizational Succession Plan – Included in your packet is CM’s Succession Plan document, which has been updated by management via a review with the full executive team. This plan is refreshed annually as a standard, best practice. We look forward to board discussion as well as any suggested edits. A strategic question has been included as a mechanism for generating board input and feedback.
- Resolution 2023-14 Amendment to CEO Employment Agreement – Included in your packet are two documents for this item, the proposed employment agreement Amendment No. 12 and the resolution proposing adoption of Amendment No. 12.

Further Notes

- As you review your packet, please be thinking about strategic questions and ways to engage in strategic discussion as we move through the meeting.
- Due to the early date of the November meeting, October financials, including the bad debt and Charity Care numbers, are not yet available; those will be presented in December.



CASCADE MEDICAL

PARTNERS IN YOUR HEALTH

Minutes of the Board of Commissioners Meeting

Chelan County Public Hospital District No. 1
 Arleen Blackburn Conference Room & Video Conference Connection
 October 25, 2023

Present: Tom Baranouskas, Board President; Bruce Williams, Vice President; Mall Boyd, Secretary; Jessica Kendall, Commissioner; Diane Blake, Chief Executive Officer; Pat Songer, Chief Operations Officer; Melissa Grimm, Chief Human Resources Officer; Clint Strand, Director of Public Relations; Megan Baker, Executive Assistant

Via Zoom: Marianne Vincent, Chief Financial Officer; Chad Schmitt, Virtual Fractional Chief Information Officer

Excused: Gustavo Montoya, Commissioner

Guests: Shawndra Duke, Operational Safety Manager; Rich Adamson, Cascade Medical Foundation; Erin McCool, Ogden Murphy Wallace; Karl Kranz, Community Member; Cindy Puckett, Community Member; James Klarich, Community Member; Duane Goehner, Community Member

Via Zoom: Kathy Jo Evans, Director of Accounting; Colby Toll, Human Resources Manager; Mary Morse, Patient Services Representative;; Michael (No affiliation known)

Topics	Actions/Discussions
Call to Order	<ul style="list-style-type: none"> President Tom Baranouskas called the meeting to order at 5:31 pm. Tom then led the pledge of allegiance.
Consent Agenda	<ul style="list-style-type: none"> Bruce made a motion to excuse Gustavo from the meeting. Jessica seconded the motion and the commissioners unanimously approved. Bruce requested to pull the agenda from the consent agenda and then motioned to approve the consent agenda as amended. Mall seconded. Motion unanimously passed. Bruce motioned to amend the agenda to move item b, Resolution 2023-11: 2024 Operating and Capital Budget directly after the budget hearing. Mall seconded. Motion to amend the agenda unanimously approved.
Community Input	<ul style="list-style-type: none"> Duane Goehner provided commentary regarding his interpretation of CM shared values. James Klarich provided commentary reflecting his dissatisfaction of a patient care experience. Cindy Puckett requested the mobile clinic to be accessible to folks in Dryden. She suggested to park it at the fire department.
Foundation Report	<p>Rich Adamson provided the Foundation Report.</p> <ul style="list-style-type: none"> CMF's annual retreat occurred today at Sleeping Lady. There is a new fundraising campaign for a hematology analyzer as the group concluded their fundraising for Cardiac Rehab. The group is adding a stretch goal to cover a few projects as they reach their other goals. The ten benevolent nights of 2023 brought in around \$20,000. The 2024 golf tournament is slated for June 17.

<p>September Finance Report</p>	<p>Marianne Vincent provided the Finance Report.</p> <ul style="list-style-type: none"> • CM posted a positive net margin \$97,000, compared to a budgeted net margin of (\$37,000) yielding positive variance of \$134,000. • Our year-to-date net margin of (\$493,000) is \$9,000 better than the budgeted net margin of (\$502,000). • Professional fees are over budget by (\$149,000) in September due to Clinic practice share consulting, legal expenses for union contract renegotiation, interim director for Radiology, and nurse registry staffing. • Contractual Allowance reflected a large positive number related to our cost report settlement. • September cash collections on patient accounts were nearly \$3,000,000 which is above our budgeted collections of \$2,700,000. • Year-to-date, cash balances total \$15,000,000 compared to a budget of \$13,000,000, a positive variance of \$2,000,000. • There was a substantial drop in days in net AR which reflects a great job by Business Office. • Chargemaster work is continuing and charge capture work is beginning. We have a consultant coming in to assess our business office operations.
<p>2024 Budget Hearing: 2nd Reading</p>	<p>Marianne Vincent led the budget hearing.</p> <ul style="list-style-type: none"> • Patient volumes by department were forecasted using historical trends, knowledge of current factors and estimates of volumes for new programs and services. <ul style="list-style-type: none"> ○ The large growth projection for Acute/IP is related to the addition of our hospitalists and the anticipation of just two additional admissions per month. ○ Our clinic projections consider being fully staffed and the increased efficiency stemming from practice share work. • Price increases planned for most departments at 7%, except for Ambulance at 6% and Clinic at 5%. Revenue was added for new services. • We projected to add 4.15 FTE for 2024. • Our capital budget was decreased from September draft plan due to savings related to IT expenses. <p>The commissioners engaged in a discussion around wage increases for non-union staff. CM analyzed the market to ensure wages remain at market and further increased lower earning wage scales to ensure base compensation begins at no less than \$18.00/hr. Further adjustments were made to avoid wage compression. Nationally, SHRM predicts a 4-5% wage increase.</p> <ul style="list-style-type: none"> • The Finance committee had recommended a 5.5% annual increase for non-represented staff. Discussion ensued.
<p>Action Item</p>	<p>Motion: Approve Resolution 2023-11: 2024 Operating & Capital Budget</p> <ul style="list-style-type: none"> • Bruce moved to approve the budget with the 4.0/5.5% wage increase. Tom seconded. Motion unanimously approved.
<p>CM Values</p>	<ul style="list-style-type: none"> • Diane Blake provided the CM Values report via a story highlighting integrity and the essential nature of a hospital's impact on the community it serves.
<p>Public Relations Report</p>	<p>Clint Strand provided the Public Relations Report.</p> <ul style="list-style-type: none"> • Website <ul style="list-style-type: none"> ○ Up and running. There were updates and optimization efforts within the first 24 hours.

	<ul style="list-style-type: none"> • Social Media <ul style="list-style-type: none"> ○ Facebook: reaching +53% within the last 90 days. Over the last 90 days, engagement has tripled. Posts getting the best traction are those highlighting our team members. ○ Recently launched Instagram. There were video crews onsite today filming a variety of reels for 60-90 second public service announcements. Corey Rubinfeld, PA-C “edutainment” reel about slicing an avocado. That video has been viewed over 1,500 times. • Think Pink campaign and Post Hotel. Big thanks to them for sponsoring a drawing for an all-day day pass for those folks receiving mammograms this year. • Outreach <ul style="list-style-type: none"> ○ Drive thru Flu clinic tonight. ○ Community Engagement night 11/1. Insurance navigators will be present. Dr. Wefel will also be present. ○ Halloween candy distribution on 10/31 from 3-6 PM. • Upcoming work <ul style="list-style-type: none"> ○ Optimizing social media content ○ Mapping out information for annual report. • Commissioners thanked Clint for his work and asked to see open enrollment and COVID information on the website.
<p>Old Business</p>	<p>IT Update</p> <ul style="list-style-type: none"> • Chad Schmitt provided the IT Update • The group is working to complete a 3rd quarter cyber risk analysis. They’ve ramped up their interrogation process of analyzing incoming potential threats. • CM has made significant progress in cursory clean-up of CM environment. • Expect to see emphasis on innovation in 2024 and ways to leverage new technology. <p>2024 Draft Objectives</p> <p>Commissioners discussed the objectives within the context of the strategic questions.</p> <p><u>Strategic Questions:</u></p> <ul style="list-style-type: none"> • Which of the proposed objectives for 2024 do you see as the highest priority? <ul style="list-style-type: none"> ○ Commissioners commented on the value of finishing projects that have already been started. Other areas of priority included ensuring long-term financial sustainability. • Is there any big picture work missing from the plan which will be essential to tackle in 2024? <ul style="list-style-type: none"> ○ Diane reported that the CM stretches intentionally when drafting annual objectives. Additional work remaining includes mapping the objectives to ensure the work fits into a reasonable plan, given available resources and refining around that if necessary. • Is there an opportunity to consider where AI can occur within this work? Diane reported that WSHA’s quality and strategic planning committees will be working to address AI recommendations and best practices. CM plans to stay connected to WSHA on this. Chad reported that when AI exists as a part of applications already in use, organizations will have to choose to participate or fall behind.

<p>New Business</p>	<p>Commissioner Time Commitment Document</p> <ul style="list-style-type: none"> Commissioners engaged in a discussion and confirmed the document more accurately reflects the time commitment needed. <p>Q3 Organizational Dashboard Review Diane Blake led the discussion.</p> <ul style="list-style-type: none"> Majority of initiatives are on track to timely completion. Most relate to either ways CM is working to meet community needs and/or implementing growth strategies. Reminder this is the first of a three-year plan. Charge capture work will be carried over to next year. <p>WSHA Annual Meeting Recap Diane Blake, Pat Songer, and Bruce Williams were in attendance.</p> <ul style="list-style-type: none"> The group shared learnings around: <ul style="list-style-type: none"> The value of educating communities about public hospital districts The importance of culture in relation to service excellence, and the essentialness of considering in-person and virtual service offerings in tandem, that services need to be convenient and also high touch Understanding the impacts of systemic racism in medicine and how to approach eliminating that injustice. The complexity of AI in relation to medicine <p>Quality Rounding Report</p> <ul style="list-style-type: none"> Tom Baranouskas and Bruce Williams provided the report. The commissioners reported the value of the structured rounding and commended the quality department for their work on this. There was excellent discussion around PPE use with Alex Riggs, Infection Control. The group is excited to proceed with board quality rounding.
<p>Committee Reports</p>	<p>Finance Committee Bruce Williams provided the report.</p> <ul style="list-style-type: none"> While much of this committee report was covered in the budget discussion, Bruce gave an update on bond compliance work and discussed audit firm selection and future planning topics. <p>WSHA Board Meeting Bruce Williams provided the report.</p> <ul style="list-style-type: none"> WSHA sued DOH over their reinterpretation of geographic restrictions related to charity care. WSHA held a press conference in early October to discuss ongoing financial losses for hospitals across the state. Legislative priorities for 2024 were discussed as was the need for direct advocacy at the local level with state representatives.
<p>Action Items</p>	<p>Motion: Approve Conflict of Interest Policy</p> <ul style="list-style-type: none"> The addition of annually signing a disclosure statement is best practice. Bruce moved to approve, Mall seconded the motion and commissioners unanimously approved. <p>Motion: Approve Resolution 2023-12: Authorizing the 2024 Regular Property Tax Levy</p> <ul style="list-style-type: none"> Jessica moved to approve, Mall seconded the motion and commissioners unanimously approved. <p>Motion: Approve Resolution 2023-13: Authorizing the 2024 EMS Property Tax Levy</p> <ul style="list-style-type: none"> Mall moved to approve, Jessica seconded the motion and commissioners unanimously approved.

Administrator Report	<ul style="list-style-type: none"> • CM was approved to be Class A member of the Rural Health Collaborative. • Thank you to Mall who will be joining us Saturday at the Part Time Resident Advisory Council meeting. • We're working to renew both the CM Foundation and Lake Wenatchee Fire & Rescue agreements. We hope to have those to the board for consideration in December. • Diane informed the board of an unanticipated capital expenditure. A colonoscope needed repair and as the repair exceeded more than half the cost of replacing the colonoscope, Diane approved the purchase of a new one. • Confluence Health is temporarily not performing non-emergent imaging studies. CM working to plan for filling that access gap. • Flu Vaccine Administered <ul style="list-style-type: none"> ○ As of 10/23: 606 flu, 315 high dose, 209 regular, 27 children, 55 employee doses ○ Leavenworth fire Dept ○ Multilingual Fair ○ Mountain Meadows, Lake Wenatchee Fire & Rescue • Melissa has been an advocate for work-force development. She led much of the work to implement the medical assistant program. This year she is working to implement a CNA apprenticeship program. Melissa has been asked to join both a state board and additional task force to collaborate with others on work-force program implementation. • Pat was appointed as the WSHA rural representative to the EMS and Trauma Care Steering Committee.
Board Action Items	<ul style="list-style-type: none"> • Please check your email. • Bruce and Mall will attend Community Engagement Night on November 1 • Please complete your board self-assessment survey by November 7 • Mall will attend Foundation meeting
Meeting Evaluation/ Commissioner Comments	<p>Requested topics:</p> <ul style="list-style-type: none"> • Continued vaccine updates • Data related to Medicaid re-enrollment • Telehealth education in the future • Education on patient retention, if we have metrics
Executive Session	<ul style="list-style-type: none"> • Tom called the executive session at 8:00 PM for 50 minutes. • The group extended the meeting at 8:50 PM for an additional 15 minutes. • The group exited the executive session at 9:05 PM.
Adjournment	<ul style="list-style-type: none"> • Bruce made a motion to adjourn the meeting at 9:05 PM. Mall seconded the motion and the commissioners unanimously approved.

Tom Baranouskas, President

Mall Boyd, Secretary

FINANCIAL ACCOUNTING
WARRANTS / EFTS ISSUED

Commissioner Meeting: Nov. 15, 2023

Below is a listing of the Accounts Payable warrants issued since the last Board of Commissioners meeting along with the EFT transactions and payroll EFT transactions since the last Board of Commissioners meeting.

Accounts Payable Warrant Numbers	10120446 – 10120619	\$642,537.66	10/14/2023 – 11/07/2023
Accounts Payable EFT Transactions	20220321 – 20220333	\$593,159.40	10/14/2023 – 11/07/2023
Payroll EFT Transactions	16300 – 16495	\$419,597.75	10/21/2023 – 11/03/2023
Grand Total		\$1,655,294.81	

Prepared by:

Kathy Jo Evans
Director of Accounting

Timeline for CEO Review - 2023

October Governance Committee Board members to review CEO market wage data (comp data used Lake Chelan, Klickitat, Skyline and Gallagher (blended Acute Care and Rural Critical Access)) and assess for full board review, as planned in early 2023

November 7 Special Meeting with Executive Session to review market data

November 15 Consider resolution to amend CEO wage to market, if needed

November 16 Deadline for Board review of performance review documents and process

December 1 Executive Assistant disseminates 360-review survey to reviewers, with due date of 12/15/23.

December 7 Deadline for CEO completion of self-evaluation, both the written synopsis and the 360 self-survey.

December 8 Deadline for Executive Assistant to send completed CEO self-evaluation to all Board members, for help in facilitating completion of their 360-review survey.

December 15 Deadline for completion of CEO review survey by all reviewers

December 19 Deadline for Executive Assistant to send survey results to Board President and Vice President, for use in completing a draft CEO evaluation document.

December 19th through January Special Meeting

Board members leading CEO review meet and complete draft CEO evaluation, with individual input from the rest of the Board members, the 360-review results and CEO's self-evaluation.

TBD: Special Meeting (propose date)

Special Meeting of the full board to finalize CEO review documents prior to the regularly scheduled Board meeting. Board President to provide a summary of the 360-review results along with written performance (**Annual Appraisal Form**). Relevant review documents will be sent out in advance to all board members. Executive Assistant and/or HR will help with this process.

CEO will join in the last 15-20 minutes of the special meeting to begin initial discussion related to her performance evaluation.

January 24, 2024: Review Presentation Meeting

Full Board will conduct CEO final performance review in Executive Session at January regular Board meeting.

Future Year Process Notes

Cascade Medical typically performs a market analysis for exempt employees every two years. In future years, beginning with 2025, CEO market wage analysis will be included with the other exempt employees. The ideal time frame for this work will be during the summer months, which will allow for market wage adjustments to be considered and implemented early enough to be captured in the budget for the ensuing year.

If a change in wage or benefits occur* it should be documented by Resolution of the Board, voted on in an open public meeting and appended to CEO Agreement. The Resolution cannot back date wage or benefit change; any change would be effective going forward after passage of the Resolution.

*The only time two meetings are needed to review and then approve a CEO Agreement is for appointment or removal of a CEO / Superintendent. Further, if there are no changes made to the CEO Agreement, then no resolution is needed; the Agreement is effective until terminated as provided for in the Agreement.

2022 CEO Review Survey

INTRODUCTION

In preparation for Diane's annual review, the Board of Commissioners would like your feedback on her performance as CEO this past year. Please complete the survey by December 14, 2022. We appreciate your input.

* 1. Which category best describes your role at Cascade Medical?

- Administrative Staff
- Commissioner
- Provider

* 2. Demonstrates commitment and leadership to Cascade Medical's mission, vision and values.

Outstanding - consistently exceeds standards	Highly Effective - often exceeds standards	Good - meets standard	Needs Improvement	Needs Significant Improvement - far below standard
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<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Comments

* 6. Promotes medical staff involvement in discussions about risk management, quality of care and safety, all relative to the clinical aspects of patient care.

Outstanding -
consistently
exceeds
standards

Highly Effective -
often exceeds
standards

Good - meets
standard

Needs
Improvement

Needs Significant
Improvement - far
below standard

No Opinion



Comments

* 9. Consistently holds direct reports accountable for modeling the organization's Shared Values and behavioral standards.

Outstanding -
consistently
exceeds
standards

Highly Effective -
often exceeds
standards

Good - meets
standard

Needs
Improvement

Needs Significant
Improvement - far
below standard

No Opinion



Comments

* 10. Develops, supports and promotes policies and culture to support a consistently safe facility for patients, visitors and staff.

Outstanding -
consistently
exceeds
standards

Highly Effective -
often exceeds
standards

Good - meets
standard

Needs
Improvement

Needs Significant
Improvement - far
below standard

No Opinion



Comments

* 11. Leads effort in physician recruitment to ensure candidates align with the organization's mission, vision, values and standards. Ensures CM provides adequate numbers and types of providers to serve community needs within the framework of CM's sustainable services.

Outstanding -
consistently
exceeds
standards

Highly Effective -
often exceeds
standards

Good - meets
standard

Needs
Improvement

Needs Significant
Improvement - far
below standard

No Opinion



Comments

* 14. Makes self available to staff. Provides regular performance feedback to direct reports. Continually works to improve supervisory skills.

Outstanding -
consistently
exceeds
standards

Highly Effective -
often exceeds
standards

Good - meets
standard

Needs
Improvement

Needs Significant
Improvement - far
below standard

No Opinion



Comments

15. List overall strengths:

16. List areas of weakness/need for development:

17. Other Comments:

Suggested People to Complete CEO Review Survey

- All 5 Board Members
- Executive Assistant
- COO
- CFO
- Chief Human Resources Officer
- Director of Public Relations
- Director of Nursing
- Clinic Director
- ED Medical Director – Dr. Stirling
- Clinic Medical Director – Dr. Jerome
- Chief of Staff – Dr. Butruille
- Other regularly scheduled providers
 - Corey Rubinfeld, PA-C
 - Kelly Boeing, PA-C
 - Dr. Kendall
 - Dr. Richardson
 - Dr. Moholy
 - Dr. Merritt
 - Sam Linn, PA-C
 - Dr. Wefel
 - Alex Pelman, PA-C
 - Dr. Gentles
 - Dr. Frank
 - Reese Bradburn
 - Lauren Liebling



Part-time Resident Advisory Council Meeting
October 28, 2023 | 10:00 AM
Arleen Blackburn Conference Room & Zoom Connection

Optional Social Time

9:30 AM

- | | | |
|---|------------------------|---|
| <p>I. Call to Order</p> <ul style="list-style-type: none"> • Introductions • Approval of April 22, 2023 Minutes | <p>10:00 AM</p> | <p>Neil McReynolds,
President</p> |
| <p>II. Discussion</p> <ul style="list-style-type: none"> • Cascade Medical <ul style="list-style-type: none"> ○ Commissioner Input ○ Value Story ○ CM & Industry Updates | <p>10:05 AM</p> | <p>Mall Boyd, Commissioner
Diane Blake, CEO</p> |
| <p>III. Foundation Report</p> | <p>10:35 AM</p> | <p>Strode Weaver, CM
Foundation Member</p> |
| <p>IV. Leavenworth Update</p> | <p>10:45 AM</p> | <p>Clint Strand, Director of
Public Relations</p> |
| <p>V. Council Input</p> <ul style="list-style-type: none"> • Ideas for engaging with Latinx population • Ways to promote CM in community, including part-time residents • Innovative strategies for staff retention | <p>10:55 AM</p> | <p>Council Members</p> |
| <p>VI. Council Business</p> <ul style="list-style-type: none"> • Council Leadership Appointments <ul style="list-style-type: none"> ○ Vice President • Proposed Future Dates | <p>11:40 AM</p> | <p>Neil McReynolds,
President</p> |
| <p>VII. General Q&A Thoughts</p> | <p>11:50 AM</p> | <p>Diane Blake</p> |
| <p>VIII. Adjournment</p> | <p>12:00 PM</p> | <p>Neil McReynolds,
President</p> |
| <p>Lunch Social</p> | <p>12:00 PM</p> | |

Proposed Future Meetings:

2024	2025	2026
April 20th	April 19th	April 25th
November 9th	October 25 th	October 24 th



A G E N D A
Board Quality Oversight Committee
November 14, 2023
8:00 – 10:00 AM
Administration Building Meeting Room

The documents contained in this file are part of the performance/quality improvement and peer review programs to review the services rendered in the hospital/clinic areas, both retrospectively and prospectively, in order to improve the quality of medical care of patients and to prevent medical malpractice (RCW 70.41.200 (1) (a)).

Therefore, **all** information following the agenda is confidential and protected under: [RCW 4.24.250](#); [RCW 70.41.200](#); and [Senate Bill 5666](#)

Agenda Item		Time
1.	Call to Order	8:00 AM
2.	Consent Agenda Approval <ul style="list-style-type: none"> • November 14, 2023, Agenda • September 5, 2023, Minutes 	8:00 AM
Committee Work		
1.	Review Action Items <ul style="list-style-type: none"> • Bring items to September Board Meeting: Megan <ul style="list-style-type: none"> ○ Quality Structure ○ Disclosure of Unanticipated Outcomes Policy ○ Charter • Schedule Board Quality Rounding: Megan • Add quality RCW and protection language to top of the rounding form: Sarah 	8:00 AM
2.	Patient Story	8:05 AM
3.	Review Policies <ul style="list-style-type: none"> • Quality Assessment and Performance Improvement Program 	8:10 AM
4.	Q2 Quality Committee Reports	8:15 AM
5.	Discuss New Committee: Diversity Equity and Inclusion	8:20 AM
6.	Review Q3 Data <ul style="list-style-type: none"> • Patient Safety and Quality Data • Incident Reporting Data • Patient Satisfaction Report • Notable Achievements 	8:25 AM
7.	Discuss Board Quality Data Presentation	8:50 AM
8.	CAH Program Evaluation Review	8:55 AM
9.	Board Quality Rounding Review	9:05 AM
10.	Discuss QOC Annual Report- December Board Meeting	9:15 AM
11.	Review Committee Survey Results	9:20 AM
12.	Review/Revise Committee Charter	9:30 AM
13.	Draft 2024 Work Plan	9:40 AM
14.	Set Initial 2024 Meeting Dates	9:50 AM
15.	Provider Credentialing	9:55 AM
Adjournment		
1.	Adjournment	10:00 AM

Quality – *We demonstrate an exceptional and enduring commitment to excellence. We are devoted to processes and systems that align our actions to excellence, compassion, and effectiveness on a daily basis.*

Materials provided in advance of meeting along with agenda:

1. September 5, 2023, Minutes

2. Policy- Quality Assessment and Performance Improvement Program
3. Q3 Data
4. 2022 CAH Program Evaluation
5. Quality Goals – Development Form
 - a. Infection Control
 - b. Clinic
6. Board Quality Rounding Forms
 - a. Infection Control
 - b. Clinic
7. Board Quality Rounding Suggestions
8. 2023 Workplan
 - a. With notes to guide QOC annual report out at December board meeting
9. Committee survey results
10. Committee Charter
 - a. Track changes format to highlight anticipated changes
11. Draft 2024 workplan

Committee Reports:

- Safety Committee
- Infection Control Committee
- Emergency Care Committee
- Safe Patient Handling Committee

Working Copy Draft 2024 Goals
Includes Pillar Statements & 2023-2025 Objectives
Cascade Medical

Patient & Family Centered Care: Patients and their families will experience exceptional, high-quality, safe, compassionate, whole-person care.

Long Term Objective: **Deliver quality care that is accessible, equitable, and safe every time, every touch**

2024 Annual Draft Objectives (some with identified tactics listed, to capture them):

- Implement Mobile Integrated Healthcare
- Optimize Team-Based Care
 - Explore expansion of family practice hours
 - Identify new provider for telepsychiatry services
 - Implement school-based clinic
 - Continue optimization of mobile clinic
 - Partner mobile clinic with other community resources, such as mobile library and mobile food bank
- Improve patients' first touch experience at CM

Financial Stewardship: Maintain a financially stable Public Hospital District that meets our communities' needs now and in the future.

Long Term Objective: **Grow revenue, maintain strong cash balances and manage expenses to sustain essential services and support our commitment to funding future growth**

2024 Annual Draft Objectives (some with identified tactics listed, to capture them):

- Service Line Expansion
 - Explore and implement outpatient infusion opportunities
 - Develop implementation plan for urgent care (dependent upon impending study)
 - Explore mobile MRI
 - Explore telehealth expansion with attention to retail health trends
- Develop and implement charge capture program
- Build structure for developing and sustaining long term financial plan
- Optimize Rehab Services

Our People: Retain, attract, engage, develop, and support outstanding, community-focused team members who consistently demonstrate commitment to our Shared Values.

Long Term Objective: Provide an exceptional employee experience within a safe, stable, family-based work environment

2024 Draft Annual Objectives:

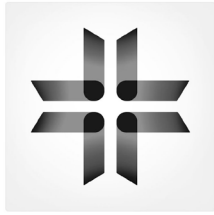
- Optimize the Living Well Program
- Continue to develop leaders
- Expand education / training opportunities and workforce training / apprenticeship programs
- Explore alternative retention strategies

Community Connections: Deliver services, programs and outreach that increase access, meet community-defined needs and are developed in partnership with our communities.

Long Term Objective: Collaborate with community to define needs and nurture partnerships to support healthy lifestyles

2024 Draft Annual Objectives (some with identified tactics listed, to capture them):

- Promote Cascade Medical in the community
 - Prepare for educating the community about the EMS Levy
 - Develop and implement comprehensive external communication plan, including around marketing
 - Increase promotion of Charity Care
- Develop and implement Spanish language focus for mobile clinic, chronic care, and same day appointments



CASCADE MEDICAL
PARTNERS IN YOUR HEALTH

Succession Planning Document

November 202~~3~~2

Cascade Medical Succession Planning Document

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Executive Summary:

Succession planning is a process to identify and develop employees so they can become capable of replacing leaders who exit the organization or who are unavailable to lead on a short-term, emergent basis. A succession plan is optimally a broad plan that addresses and enriches the organizational bench strength over time as well as identifies the short-term emergency succession planning that is needed for each critical position.

Creating a strong succession plan is a process that happens over time. It includes transition planning for key positions. It must be a purposeful process that is engaged by the CEO and the Board.¹ While the Board is responsible for selection of a CEO, selection for positions beyond the CEO are the responsibility of the CEO. The contents of the succession plan should include processes for all critical or hard to fill positions.

A succession plan isn't needed for every position, but it is needed for the chief and board roles as well as any hard to recruit or fill positions that, if open in an emergency or for some time, would create organizational vulnerability.

Adopting the philosophy of hiring for succession is necessary for board members, chiefs and administrative team members to build an ongoing process for succession.

A companion process to the succession plan is a talent pool assessment. This work involves assessing each existing employee and new employee for the ability to be promoted in terms of their hard and soft skills. With both existing and new employees, there should be an organizational and purposeful intent to understand what employees want for their future. This way the organization can be intentional with internal recruitment and train appropriately to build the internal pipeline for the future.

Cascade Medical values diversity within its team. A diverse team brings broader perspectives to planning and decision-making, maximizing organizational potential. With that in mind, all hiring opportunities and succession planning activities will consider diversity, with a goal for the Cascade Medical team to be broadly diverse and exhibit a close representation of the communities we serve.

Emergency Plan

Emergency CEO and Chief / Senior Leadership Succession:

The top priority is the emergency plan for the chief executive officer (CEO) position. When the CEO is absent or has an emergency absence and will be unavailable, the Chief Operating Officer (COO) first will assume command as CEO, followed by the Chief Human Resources Officer (CHRO), and in her absence the Chief Financial Officer (CFO) will assume command as CEO.

When there is an emergency absence or extended absence of the COO, CHRO or CFO, the CEO shall either take command of the position or appoint someone to take on responsibilities in the short term.

Process for Emergency Coverage of CEO/COO/CHRO/CFO:

Should there be an emergency involving the CEO, COO, CHRO or CFO, whoever in the organization learns about the incident should call the administration office or, if the Executive Assistant is not available, the Administrator on Call. The Executive Assistant or Administrator on Call will notify the CEO if it is the COO, CHRO or CFO position and the CEO will appoint a designee or designees for given functions. If it is the CEO, the Executive Assistant or Administrator on Call will notify the Board President, who will appoint the COO or, if absent, the CHRO, then the CFO, to assume the CEO position in the short term.

Emergency Leadership Team Member Succession:

Refer to the Cascade Medical Succession Work Plan document dated November 2022²³ for emergency plans for any given director.

Process for Emergency Leadership Team Member Succession:

Should there be an emergency involving a Leadership Team member (Director), whoever in the organization learns about the incident should call the administration office. The Executive Assistant will notify the CEO and the CEO will work with Senior Leadership (COO, CHRO, and CFO) to appoint a designee or designees for given functions for the short term.

Emergency Provider Succession:

For the Clinic, there is need for a succession plan in advance of a crisis. Attention to the level of provider, such as physician versus nurse practitioner or physician's assistant should be considered. Attention to gender should also be considered to ensure appropriate balance of male and female providers, as well as dual language capability. For emergency absences, considerations include the use of pool providers, locum tenens providers, other part time providers within the area, and fellows in family practice or tapping the current providers for colleagues who may be interested in a short-term assignment or perhaps permanent re-location to the area.

The current Clinic Medical Director was appointed in 2016. ~~While the current Medical Director is likely stay in the role for some time,~~ It is good practice for a future potential successor ~~should~~ to still be identified on the Cascade Medical Succession Work Plan, regardless of the anticipated time the current Clinic Medical Director may intend to serve in that role. In the event of an emergency, the current Chief of Staff would step in to cover the role of Clinic Medical Director, on an interim basis.

For the Emergency Department (ED), there are currently three physicians and two physician assistants who regularly cover the ED. Additionally, ~~one-two~~ Clinic physicians participates in ED coverage. There are ~~three-two~~ per diem physicians at this point who are well respected and

perceived well by staff and other providers in the system. The first emergency consideration should be full use of these per diem providers, with locum coverage utilized as a last resort.

Consideration needs to also be given to the succession of the ED Medical Director. Having this position identified and filled is a requirement of the State of Washington Department of Health. The current ED Medical Director has been in place since June 2019. This position has been added to the Succession Work Plan, to ensure proper planning occurs around this role. In the event of an emergency, the current Chief of Staff and Administration would collaboratively identify who would step in to cover the role of ED Medical Director, on an interim basis. In the event of longer, planned absences, an internal provider will be selected to serve as interim ED Medical Director.

Process for Emergency Provider Succession:

For the Clinic: Should there be an emergency involving a Clinic Provider, whoever in the organization learns about the incident should call the Clinic Director and, if after hours or on the weekend, the Administrator on Call (AOC). The Clinic Director or AOC will notify the Clinic Medical Director and CEO and will begin assessing the impact to patients and take immediate action necessary. The Clinic Director will work with the COO on short term coverage for the Provider, needs depending, and will keep the CEO readily informed.

For the Emergency Department: Should there be an emergency involving an Emergency Department Provider, whoever in the organization learns about the incident should call the Administrator on Call (AOC), who shall ensure the ED Medical Director and the CEO are notified. For immediate coverage needs, the AOC will work with the Clinical Resource Nurse (CRN) and the provider calling off, if applicable, to locate immediate replacement coverage. Coverage gaps beyond immediate needs will be resolved by the ED Medical Director, who manages the Emergency Department Provider schedule, with support from the Medical Staff ~~Relations Manager~~Coordinator, CEO and other leaders in the organization, if needed.

Identification of Positions Needing Long Term Succession Planning

1. CEO

The first position that is critical is the CEO position. While the urgency for permanent replacement is not present, a thoughtful determination of criteria and the process for recruitment can be decided upon and then enacted when needed. To make this simple, the current CEO position description will suffice as a basis for identifying technical and behavioral requirements. Additional characteristics will be identified by analyzing the organization’s Strategic Plan and determining which leadership qualities and skills will be most successful in carrying forward the Strategic Plan.

With the strategy to employ Chiefs with CEO capability, long term succession should theoretically be built in. Should none choose to assume a CEO role at the time it is essential, external recruitment would be necessary.

To determine CEO candidate competence, the candidate should fit the requirements within the job description. Each external candidate should provide the Board with evidence of past performance that meets or exceeds everything outlined in the job description. They should present at least five personal references that can be contacted. If the candidate does not have strong emotional intelligence, ~~s/he~~they should not be hired, even if ~~s/he~~they have strong operational and strategic visioning skills. If the candidate doesn’t fit the organization’s values, ~~s/he~~they will not be successful in the role. Finally, the candidate’s personal and professional goals and professional education plans should also be taken into consideration.

2. Board Commissioners

The board positions are of equal importance regarding succession planning. According to Cascade Medical Bylaws adopted January 24, 2017, board members shall serve in terms of six years in length, unless they have been appointed to finish the remainder of another Commissioner’s term. Three (3) of five (5) board members have served greater than one term to date.

Commissioner Name	Expiration Date of Term	Status of Term	Year for succession
Bruce Williams	End of 2023 ⁹	Current term began 2018 Subsequent term begins 2024	Re-elected in 2023 ¹⁷
Jessica Kendall	End of 2025	Appointed in 2022	Will need to run for election in 2023 to finish appointed term Elected in 2023 to serve out remainder of appointment
Tom Baranouskas	End of 2027	Upcoming Current term begins 2022	Re-elected in 2021

Gustavo Montoya	End of 2025	Appointed in 2022	Will need to run for election in 2023 to finish appointed term <u>Elected in 2023 to serve out remainder of appointment</u>
Mall Boyd	End of 2027	Upcoming <u>Current</u> term begins 2022	Re-elected in 2021

According to the Revised Code of Washington (RCW), for Public District Hospitals there is a set process for election of new board commissioners. The organization is also allowed to appoint should an opening occur prior to an election year. RCW 42.12.070

Commissioners may leave office during their six year term or at the end of their six year term.

- 1) If a commissioner leaves office during ~~his/her~~their six year term, the remaining commissioners choose a successor who will serve until the next regularly scheduled election of commissioners. Where possible, it is preferable that the leaving commissioner provide several months' notice and leave prior to the May preceding the next regularly scheduled commissioner election. This gives the remaining commissioners time to choose a successor and gives the successor the opportunity to stand for election. If the new commissioner decides to serve beyond the next regularly scheduled election, ~~s/he~~they must file for election in the May preceding the November election.
- 2) If a commissioner decides not to run for re-election for another term but decides to serve until the end of ~~his/her~~their term, the remaining commissioners should recruit a strong replacement to run in the November election for the open seat. Because the filing period for a November election is in the preceding May, the remaining commissioners should begin recruiting a strong replacement early in the year of the November election.

In order to ensure a predictable succession process and a pipeline of qualified board members, the Board and CEO should actively seek out interest over time from community residents with known leadership success who demonstrate Cascade Medical's values and behavioral standards, who possess strong business acumen and who fill existing or anticipated gaps on the Board Matrix. The board should consider courting individuals so that when the need arises, they have exposure to the organization and interest in pursuing an appointed position followed by the election process. For example, the board may involve community leaders in appropriate committees and/or activities of the organization, such as the community leader dinners or via advisory councils. This is particularly important with the possibility of future open positions.

3. Leadership Team Directors

Currently, ~~there are~~ no internal candidates are capable of immediately assuming the role of director for a department. Several internal candidates exist who could be groomed over one to two years to step into a Leadership Team Director role.

As the job descriptions are revised and the values and behavioral standards are incorporated, recruitment criteria and parameters should be based on the job descriptions. In addition, the current trend for team interviews should be incorporated into the process for a permanent

director position. A fitting candidate should be able to produce evidence of their success as a leader through documents demonstrating their presentation skills, financial and other operational results, ability to implement change, ability to work well with others at every level and the ability to move the department forward.

4. Providers

As a provider resigns or isn't able to continue in ~~his/her~~their current role, the Clinic Medical Director, Clinic Director, Senior Leaders and a small group of providers will assess the provider needs of the organization and determine the recruitment needs and plans. In collaboration with providers and the Board of Commissioners, the plan will be reviewed, finalized and enacted. Recruitment to date has been achieved ~~via a mix of primarily through~~ employed providers knowing others who may be interested in relocating, open recruiting, and utilization of a recruitment agency.

~~WThis is the greatest recruitment method—~~word of mouth from providers ~~they~~candidates have worked with or from others they trust who know them is one of the greatest recruitment methods. This tactic is effective and should continue. ~~R~~Some recent success has occurred through regular provider job postings, including print and on-line advertisements as well as posting on electronic job boards. In addition, the Clinic actively recruits medical students for rotation which is another way to keep an open pipeline of outstanding candidates. If all these methods fail, then activation of locum tenens use or a professional provider recruitment firm should be considered. Collaboration with the Wenatchee Emergency Medical Group should also be cultivated in order to cover emergent or perhaps longer term needs specific to the Emergency Department.

Philosophy – internal vs. external recruitment

If external, what, when, how

For emergency succession, internal assignment shall be considered initially and case by case; the use of temporary agencies may be used such as with the Executive Assistant to the CEO role.

Outside of emergencies, at the present ~~most~~many permanent replacements of leadership positions will need to be recruited externally, which will be led by the Chief Human Resources Officer. Recruitment firms will be used only when absolutely necessary, due to the cost of services.

To enhance the succession plan, the organization annually updates a talent pool assessment. This will enable the organization to first lean to the inside for recruitment of leadership positions. The talent pool assessment takes into consideration the current talent pool and hiring practices and the shift to consistently hiring right, as well as evaluation and coaching practices which shift to effective and timely evaluations and more formal coaching by leaders to foster continuous growth in employees. It will also take into consideration the desires of employees for future positions in the organization, either lateral or upward moves. The plan will consider leadership training needs that will be offered to employees interested in or groomed for future positions.

ⁱ “CEO Succession Planning that Works”, Mercer, LLC 2012

AMENDMENT NO. 12 TO EMPLOYMENT AGREEMENT

This Amendment No. 12 is an amendment to that certain Employment Agreement between Public Hospital District No. 1, Chelan County, Washington d/b/a Cascade Medical Center (“CMC” or the “District”) and Diane M. Blake (“Blake”) with an effective date of January 1, 2013, as approved by the passage of District Resolution No. 2013-02 (hereinafter the “Agreement”). The District and Blake agree as follows:

1. Section 4.1 of the Agreement is hereby amended to read as follows:

4.1 For all services rendered by the CEO under the Agreement, CMC shall pay the CEO an annual salary of \$246,000.00, less required federal and state withholding for taxes, FICA, and other authorized withholdings or deductions. Effective the first full pay period of 2024, the annual salary of \$246,000.00 will be increased by the Board approved annual increase of 5.5%. The CEO’s salary shall be paid in installments equal to 1/26th of the annual salary amount and shall be paid on CMC’s regular pay days, which occur every two weeks.
2. All other terms and conditions of the Agreement are ratified and confirmed by the Parties.
3. This Amendment No 12 shall be effective December 1, 2023.

APPROVED by Diane M. Blake
this 15th day of November 2023.

APPROVED by the Board of
Commissioners of Public Hospital
District No. 1 of Chelan County,
Washington, at an Open Public
Meeting the 15th day of November 2023.

Diane M. Blake

President
Board of Commissioners

RESOLUTION NO. 2023-14

A RESOLUTION OF THE BOARD OF COMMISSIONERS OF PUBLIC HOSPITAL DISTRICT NO.1 OF CHELAN COUNTY, WASHINGTON, APPROVING AMENDMENT NO.12 TO THE EMPLOYMENT AGREEMENT BETWEEN THE DISTRICT AND DIANE M. BLAKE AS CHIEF EXECUTIVE OFFICER/SUPERINTENDENT OF THE DISTRICT.

WHEREAS, RCW 70.44.070 requires the District to establish the compensation of the Superintendent by Resolution; and

WHEREAS, the District, by passage of District Resolution No. 2013-02 approved an Employment Agreement between the District and Diane Blake as Chief Executive Officer/Superintendent of the District effective January 1, 2013; and

WHEREAS, pursuant to Section 5 of the Agreement, the District Board has reviewed market wage information for the Chief Executive Officer/Superintendent and determined that an increase in compensation is warranted and approved the change in compensation as set forth in Amendment No. 12 to the Employment Agreement at a Regular Open Public Meeting on November 15, 2023, with said change in compensation to be effective in two parts on December 1, 2023, and then the first full pay period of 2024; now, therefore,

THE BOARD OF COMMISSIONERS OF CHELAN COUNTY PUBLIC HOSPITAL DISTRICT NO. 1 HEREBY RESOLVE AS FOLLOWS:

Section 1 The Employment Agreement between the Chelan County Public Hospital District No. 1 and Diane M. Blake, with an effective date of January 1, 2013, as approved by District Resolution No. 2013-02, is hereby amended as set forth in Amendment No. 12 to the Employment Agreement attached hereto and by this reference made a part herein as if set forth in full.

Section 2 This Resolution shall be effective immediately upon passage by the Board.

RESOLVED this 15th day of November, 2023.

CHELAN COUNTY PUBLIC HOSPITAL
DISTRICT NO. 1

By: _____
President, Commissioner

By: _____
Commissioner

By: _____
Commissioner

By: _____
Commissioner

By: _____
Commissioner

Credentialing Approvals

Telerad Privileges: (Initial Appointment: 1-year)

- Dr. Muneen Desai

Cascade Medical's credentialing process has been followed for these providers.