

CLALLAM COUNTY
PUBLIC HOSPITAL DISTRICT NO. 2

**BOARD OF
COMMISSIONERS
MEETING**

LINKLETTER HALL
6:00 P.M.

July 21, 2021



Working together to provide excellence in health care.



Board of Commissioners Meeting

Wednesday, July 21, 2021

6:00 pm

- VIRTUAL MEETING VIA TELEPHONE (PUBLIC INCLUDED) -

Local (360) 417-8444, Conference ID: 456805#

Internal x78444, Conference ID: 456805#

I. PLEDGE OF ALLEGIANCE

II. CONSENT AGENDA

- A. Minutes from June 16, 2021 and July 7, 2021 (pages 1-12);
- B. Bad Debt for June 2021 in the amount of \$135,696.09;
- C. Vouchers for June 2021 in the amount of \$9,525,617.92;
- D. Payroll for the period of May 30, through July 10, 2021 in the amount of \$9,090,549.96.

III. OMC FOUNDATION PRESENTATION – Bruce Skinner, Executive Director

IV. PATIENT STORY – Jennifer Burkhardt, Chief Human Resource Officer/General Counsel

V. MEDICAL STAFF RECOMMENDATIONS – Dirk Gouge, DO, Chief of Staff

- A. June 2021 Medical Staff Credentials Report (page 13)

VI. QUALITY/SAFETY REPORT – Scott Kennedy, MD, Chief Medical Officer

VII. OLYMPIC MEDICAL PHYSICIANS (OMP) UPDATE – Joshua Jones, MD, Chief Physician Officer

- A. 2Q2021 Olympic Medical Physicians Update
- B. Physician Employment Agreement

VIII. PUBLIC COMMENT

IX. OLD BUSINESS

X. ADMINISTRATOR'S REPORT – Darryl Wolfe, Chief Executive Officer

- A. 2019-2022 Strategic Plan Update
- B. Operations Update

XI. NEW BUSINESS

- A. PACs (Picture Archiving Communication System) Storage Purchase – Darryl Wolfe, CEO
- B. Diagnostic Imaging X-Ray Purchase for Hospital – Scott Kennedy, MD, Chief Medical Officer

XII. OTHER

- A. Board Audit, Budget and Compliance Committee Agenda (page 14)
- B. Board Strategic Planning Committee Agenda (page 15)
- C. Quality Management Oversight Committee Agenda (page 16)



**Board of Commissioners
Business Meeting Minutes
June 16, 2021**

The meeting of the Board of Commissioners of Olympic Medical Center was called to order at 6:00 pm by Board President John Nutter in Linkletter Hall. The meeting was then opened with the pledge of allegiance. Due to the COVID-19 virus pandemic and Governor Jay Inslee's Open Public Meetings Act and Public Records Act Proclamation 20-28.15, the meeting was held virtually with attendees and the public calling into the published conference line.

In attendance were Commissioners Ann Marie Henninger, RN, BSN (virtual), Thom Hightower, RN, (virtual) Jim Leskinovitch, John Miles, MD, (virtual), Tom Oblak and John Nutter; Chief Executive Officer Darryl Wolfe; OMP Chief Physician Officer Joshua Jones, MD; Chief Nursing Officer Vickie Swanson, MSN, RN; Chief Human Resource Officer/General Counsel Jennifer Burkhardt; Risk and Compliance Officer Donna Davison; and Executive Assistant to the CEO and Board Gay Lynn Iseri. Chief Medical Officer Scott Kennedy, MD, and Chief Financial Officer Lorraine Cannon were excused.

CONSENT AGENDA

- A. Minutes from May 19, 2021 and June 2, 2021;
- B. Bad Debt for May 2021 in the amount of (\$18,867.19);
- C. Vouchers for May 2021 in the amount of \$11,997,484.10;
- D. Payroll for the period of May 2, 2021 through May 29, 2021 in the amount of \$6,077,603.30;
- E. Surplus Property.

MOTION: To approve the Consent Agenda with the corrected Surplus List as presented. ***Motion carried unanimously.***

PATIENT STORY – Jennifer Burkhardt, Chief Human Resource Officer/General Counsel

The patient story was sent to Mr. Wolfe commending the good care he received as a cardiac rehab patient. He complimented the staff running the program, and the excellent cardiology team in Sequim headed by Dr. Kara Urnes. He stated everyone involved in the clinical process was excellent including Medical Assistants, Nurse Practitioners and front office staff.

MEDICAL STAFF RECOMMENDATIONS – Dirk Gouge, DO, Chief of Staff

The May 2021 Medical Staff Credentials Report was presented for approval as follows:

Appointment to the Allied Health Professional Staff:

1. Coudriet, Michael, ARNP OMP – Walk in Clinic

Reappointment to the Allied Health Professional Staff:

1. Speed, J. Charles, PA-C Jamestown Family Health – Family Medicine

Appointment to the Active Staff:

1. Homburger, Jay, MD Envision – Anesthesiology
2. Krishnan, Ranjini, MD OMP - Cardiology

Reappointment to the Active Staff:

1. Berry, Alan, MD Jamestown Family Medicine – Family Medicine
2. Chard, Rachel, MD Envision – Anesthesiology
3. Hennessey, Katherine, MD OMP Women’s Health - Family Medicine
4. Jahns, Frank, MD OMP – Gastroenterology
5. Kowitz, Alan, MD OMP - Urology
6. Myhre, J. Nikki, DO Koru Health – Family Medicine
7. Plamoottil, Sheena, MD OMP Women’s Health – OB/Gyn
8. Pullara, Joseph, MD OMP – Hospitalist
9. Scott, Robert, MD Family Medicine
10. Swanson, Eric, MD OMP – Hospitalist
11. Yager, Alexa, MD PESI – Emergency Medicine

Appointment to the Telemedicine Staff:

1. Craig, Paul, MD RADIA - Radiology
2. Evans, Jamie, MD Insight – Telepsychiatry
3. Krishnanathan, Ruben, MD RADIA - Radiology
4. Lee, Lawrence, MD RADIA – Radiology
5. Wang, Hanbing, MD Providence – Telestroke (CBP)

Resignations/Contract Terminations:

1. Barton, Matthew, MD Anesthesiology – Effective 3/31/2021
2. Pederson, Bradley, DPM Podiatry – Effective 4/30/2021
3. Shannon, Kathy, ARNP NOHN – Effective 6/1/2021
4. Young, Tracy, ARNP Jamestown – Effective 3/1/2021

MOTION: To approve the May 2021 Medical Staff Credentials Report as presented.
Motion carried unanimously.

Medical Staff Bylaws Revision

Minor housekeeping changes to the Medical Staff Bylaws were presented for approval. Changes occurred in Sections 2.2.7, 2.5.4.2.1, 2.5.13, 2.5.15, and 2.5.15.2.

MOTION: To approve the revision to the Medical Staff Bylaws as presented. **Motion carried unanimously.**

Orthopedic Surgery Privilege Request Form Revisions

Revisions were presented for the delineated privileges of robotic-assisted joint replacement and elective total hip and total knee replacements.

MOTION: To approve the revisions to the Orthopedic Surgery Privilege Request Form as presented. **Motion carried unanimously.**

QUALITY/SAFETY REPORT – Vickie Swanson, MSN, RN, Chief Nursing Officer

Recognizing excellence as a result of the project ‘Exceeding Industry Standards for Quality Monitoring of Flexible Endoscopes’ was presented as attached. Dennis Kitchens moved up through the workforce development program from Nutrition Services and was instrumental in ensuring better processes that resulted in cleaner equipment. He now works in endoscopy as a Surgical Technologist.

OLYMPIC MEDICAL PHYSICIANS (OMP) UPDATE – Joshua Jones, MD, Chief Physician Officer
OMP Operating Rules

Discussion deferred.

OMP Provider Employment Agreements

The employment agreement for Dr. Quang Nguyen was presented for approval. He will join OMC with over a decade of experience by the end of 2021.

MOTION: To approve the employment agreement with Quang Nguyen, MD, OB/Gyn, at the annual salary of THREE HUNDRED NINETEEN THOUSAND SEVEN HUNDRED EIGHTY-SIX DOLLARS (\$319,786) as presented. **Motion carried unanimously.**

The employment agreement for Margaret Gardner, CNM, was presented for approval. She would be able to join OMC by September 2021, and is currently working as a nurse sonographer in the community

MOTION: To approve the employment agreement with Margaret Gardner, CNM, at the annual salary of ONE HUNDRED TWENTY-TWO THOUSAND DOLLARS (\$122,000) as presented. **Motion carried unanimously.**

OLD BUSINESS

Cancer Center Linear Accelerator Construction Project – Darryl Wolfe, Chief Executive Officer

OMC received two qualified bidders for the Cancer Center linear accelerator project. Strict criteria were advertised to ensure very qualified bidders. JR Abbott Construction came in at the lowest responsible bid.

MOTION: To award the bid for the Cancer Center Linear Accelerator Construction Project to J. R. Abbott Construction for TWO MILLION SIX HUNDRED EIGHTY-SEVEN THOUSAND THREE HUNDRED AND TWO DOLLARS (\$2,687,302) as presented.

Discussion: Board President Nutter commended Mr. Wolfe and the team for the due diligence in selecting the best well qualified firm for the project. It was noted the project would be complete by the end of December 2021. ***Motion carried unanimously.***

ADMINISTRATOR'S REPORT – Darryl Wolfe, Chief Executive Officer

Operations Update

A COVID-19 vaccination clinic was opened on the hospital campus, and over 80 doses have been administered in the previous two weeks. Efforts will continue as cases have surged back to the moderate zone since masking mandates have loosened up.

A lot of time and energy has been recently spent on receiving input on the Strategic Plan updates by staff, providers and the community via virtual forums. The revised plan should be available by August.

A Medical Staff Development plan to look at demographics of the county and service area to determine needs of the community for specialists and primary care is currently underway. Interviews have been conducted with the medical staff and leadership. The plan should be finalized by the end of July.

The Chief Operating Officer search continues with over 30 applications received so far. Top candidates will be determined and interviews will be scheduled.

Mr. Wolfe noted his membership on the WSHA Strategic Planning Committee and NW Pop Committee. He voiced interested in networking with other healthcare leaders across the state.

The Linear Accelerator project is moving along after a short delay. The remodel of the Surgery Clinic at 1021 Caroline is near completion. The MOB generator project is underway after delay in receiving it. The remodel of the primary care space in Sequim is still planned. Hospital space planning will be next on the project list. An architect will be secured with healthcare expertise

to help position us well for the next 5-10 years.

NEW BUSINESS

Hospital Pneumatic Tube System Replacement – Darryl Wolfe, Chief Executive Officer

The aging pneumatic tube system at the hospital is used heavily by the Pharmacy and Lab Departments. Vital parts need to be repaired, including key pads and stations. There are 24 stations that need repair, rewiring and a new blower will be installed.

MOTION: To approve the Pneumatic Tube System Upgrade Project at the hospital for the cost of TWO HUNDRED NINETY-THREE THOUSAND SIX HUNDRED FORTY-SEVEN DOLLARS AND EIGHTY-EIGHT CENTS (\$293,647.88), plus tax, as presented. ***Motion carried unanimously.***

There being no further business, the meeting was finally adjourned at 6:35 pm.

APPROVED AND ADOPTED this 21st day of July, 2021.

ATTEST:

| | | |
|--------------|-------|--------------|
| | _____ | President |
| _____ | _____ | Commissioner |
| Secretary | | |
| _____ | _____ | Commissioner |
| Commissioner | | |
| _____ | _____ | Commissioner |
| Commissioner | | |



**Board of Commissioners Meeting
June 16, 2021**

By: Vickie Swanson, MSN, RN, Chief Nursing Officer



Recognizing Excellence

Project: Exceeding Industry Standards for Quality Monitoring of Flexible Endoscopes



Background

Part of OMC's quality and safety process for ensuring flexible scopes used during endoscopy procedures are ***processed appropriately*** includes regular quality checks.

One of those quality checks, ATP testing, ***requires a passing score of 45 or less (Industry Standard)***



ATP

ATP is short for "Adenosine Triphosphate" which is an organic molecule used by all living cells as energy currency. ATP is found in :

- *Human Tissues
- *Excretions/Body Fluids
- *Bacteria
- *Molds/Yeast

All of these substances can be found in an endoscope channel after use and after improper or insufficient manual reprocessing, subsequently resulting in the potential spread of infection.



Timeline



Dennis Kitchens, ST CER, Lead Processor



Dennis wanted to do better

Together with his endoscopy colleagues, Dennis set about identifying process changes that would help the team achieve that quality goal of excellence.

This standard created would be applied to all 22 scopes in the OMC inventory.

ATP Target Score

The team established an ATP **passing score of 20 or less, far exceeding industry requirements.**

Any flexible scope with a score greater than 20 underwent additional processing until the score of 20 or lower was achieved

Standard Established

Repeatable Process



ATP Test Tracking Form

Dennis developed a flexible scope ATP test tracking form to validate every flexible scope, in endoscopy, is subject to ATP testing on a frequent and regular basis.

Process Improvement

As the endo team pursued their goal, processing improvements were identified, including a specialized cleaning brush and careful tracking of each scope (there are currently 22 such scopes) as it moved through each processing stage.



Pursuit of Excellence



Quality Achieved

Data show now OMC's flexible scopes consistently meet the exceptional quality score of 20 or less



Congratulations!

The surgical services department would like to commend Dennis for his commitment to safety, quality, and willingness to pursue standards of excellence that exceed the norm.





Administrator's Report

Board of Commissioners Meeting
June 16, 2021

Presented by
Darryl J. Wolfe, Chief Executive Officer



Operations Update

- COVID-19 Vaccination Site
- Strategic Planning Process
- Medical Staff Development Plan
- Chief Operating Officer Search
- Washington State Hospital Association
- Construction Update



**Board of Commissioners
Work Session Minutes
July 7, 2021**

The regular meeting of the Board of Commissioners of Olympic Medical Center was called to order at 12:30 pm by Board President John Nutter in Linkletter Hall. The meeting was opened with the pledge of allegiance.

Due to the COVID-19 virus pandemic and Governor Jay Inslee's Open Public Meetings Act and Public Records Act Proclamation 20-28.15, the meeting was held virtually with attendees and the public calling into the published conference line. In attendance were commissioners Ann Marie Henninger, RN, BSN, Thom Hightower, RN (virtual), Jean Hordyk, John Miles, MD, (virtual), Jim Leskinovitch (virtual), John Nutter and Tom Oblak; Chief Executive Officer Darryl Wolfe; Chief Medical Officer Scott Kennedy, MD; Olympic Medical Physicians Chief Physician Officer Joshua Jones, MD; Chief Human Resources Officer/General Counsel Jennifer Burkhardt; Chief Financial Officer Lorraine Cannon; Risk and Compliance Officer Donna Davison; staff, and Executive Assistant to the CEO and Board Gay Lynn Iseri were also in attendance. All attendees were observing appropriate social distancing measures and masking protocol. Chief Nursing Officer Vickie Swanson, MSN, RN was excused and working elsewhere in the hospital.

PATIENT STORY – Jennifer Burkhardt, Chief Human Resource Officer/General Counsel

The patient story was read commending staff and physicians for the good care received as a patient at Olympic Medical Center.

EMPLOYEE RECOGNITION – Jennifer Burkhardt, Chief Human Resource Officer/General Counsel

Ms. Burkhardt recognized Patti Hought, Director of Patient Experience and Civil Rights Coordinator, for her hard work and dedication in her role. The rest of the Patient Experience team was then recognized as follows: Michelle McFall, CPXP, Manager of Patient Experience, Li Li, BA, Amber Rauch, and Sophia Rognlien, all Patient Experience Advocates.

RESOLUTION 537 – APPOINTING A DEPUTY TREASURER – Lorraine Cannon, Chief Financial Officer

The resolution was presented to appoint Jillian Jenkins, Controller, to the Deputy Treasurer position and remove Mika Nel, as she is no longer employed at OMC.

MOTION: To approve Resolution 537 Appointing a Deputy Treasurer, and amending Board Resolution 509 as presented. *Motion carried unanimously.*

RESOLUTION 538 – AUTHORIZING INVESTMENT OF MONIES IN THE LOCAL GOVERNMENT INVESTMENT POOL (LGIP) AMENDMENT – Lorraine Cannon, Chief Financial Officer

The resolution was presented to remove Darryl Wolfe as the ‘authorized individual’ and replace him with Lorraine Cannon be authorized to make amendments, changes or alterations to the Form or any other required documentation.

MOTION: To approve Resolution 538 Authorizing Investment of Monies in the Local Government Investment Pool (LGIP), and repealing Resolution 526 as presented. **Motion carried unanimously.**

REVISED STRATEGIC PLAN UPDATE – Darryl Wolfe, Chief Executive Officer

The Board Strategic Planning Committee has been meeting regularly to receive input through various virtual open public forums. The vision has been to continue 85% of the current plan, and add new goals around diversity, equity and inclusion, telehealth, reimbursement and work force development. Work continues with the Medical Staff Development Survey and results will be received soon. The Hospital Master Space Plan project will be underway as soon as a qualified architect is retained.

There being no further business the meeting finally adjourned at 1:00 pm.

APPROVED AND ADOPTED this 21st day of July, 2021.

ATTEST:

| | |
|--------------|--------------|
| _____ | _____ |
| Secretary | President |
| _____ | _____ |
| Commissioner | Commissioner |
| _____ | _____ |
| Commissioner | Commissioner |

**CONFIDENTIAL
MEDICAL STAFF**

CREDENTIALS REPORT – June 2021

The following are being recommended for approval by the Medical Executive committee. These recommendations are based upon a review of the (re)applicant’s education, experience, demonstrated current professional competence, judgment, health status, documented results of clinical performance and the results of other quality review and monitoring studies. Other matters bearing on these recommendations include professional ethics, discharge of staff obligations, and compliance with applicable Medical Staff Bylaws and policies. No applicant shall be discriminated against, denied nor granted Medical Staff membership or clinical privileges on the basis of gender, age, sexual orientation, race, creed, ethnicity/national origin, on the basis of any other criterion lacking professional justification.

MEDICAL STAFF

Appointment to the Allied Health Professional Staff:

- | | |
|--------------------------|---------------------------|
| 1. Peterson, Glenn, PA-C | PESI – Emergency Medicine |
|--------------------------|---------------------------|

Reappointment to the Allied Health Professional Staff:

- | | |
|---------------------------|---------------------------|
| 1. Chommuang, Suree, ARNP | OMP – Walk in Clinic |
| 2. Krause, Loren, CRNA | Envision – Anesthesiology |
| 3. Relyea, Sandra, PA-C | OMP - Pediatrics |

Appointment to the Active Staff:

- | | |
|----------------------------|--------------|
| 1. Bissonette, Rosella, MD | OMP – OB/GYN |
|----------------------------|--------------|

Reappointment to the Active Staff:

- | | |
|--------------------------|---------------------------------|
| 1. Chatterley, Scott, MD | Northwest Pathology – Pathology |
| 2. Grinberg, Irene, MD | PESI – Emergency Medicine |
| 3. Jewell, Patrick, MD | OMCC – Medical Oncology |
| 4. Kennedy, R. Scott, MD | Chief Medical Officer |
| 5. Lloyd, Kelly, MD | Northwest Pathology – Pathology |
| 6. Young, Russell, MD | Silver Falls - Dermatology |

Additional Privilege Request:

- | | |
|-------------------------|----------------------------------|
| 1. Edwins, Claire, ARNP | Pulmonology privileges requested |
|-------------------------|----------------------------------|

Resignations/Contract Terminations:

- | | |
|-------------------------|---|
| 1. Barton, Matthew, MD | Honorary Staff – Effective 5/1/2021 |
| 2. Byers, Candace, PA-C | Jamestown – Effective 6/8/2021 |
| 3. Lyndes, Harry, MD | Internal Medicine – Effective 5/16/2021 |
| 4. Shannon, Kathy, ARNP | NOHN – Effective 06/01/2021 |

Approvals:

C&Q Committee: 06/15/2021
 Medical Executive Committee: 6/28/2021
 Board of Commissioners: 7/21/2021
 Medical Staff: (For Information)



Board Audit, Budget and Compliance Committee

AGENDA

DATE: July 12, 2021
 TIME: 11:30 am – 1:00 pm
 LOCATION: Linkletter Hall
 MEMBERS: Jim Leskinovitch (chair), John Nutter, Thom Hightower, Darryl Wolfe, Lorraine Cannon, Scott Kennedy, MD, Jennifer Burkhardt, Donna Davison
 EXCUSED:

| | TOPIC | RESPONSIBLE | ACTION OR INFO |
|-----------|--|-----------------------------|-----------------------------|
| 1. | Compliance Update | | |
| | A. Compliance Update | Donna | Info |
| 2. | Financial Update | | |
| | A. Capital Budget Discussion (two handouts) | Lorraine | Info |
| 3. | Capital / Agreements | | |
| | A. PACs IT Storage Purchase B. Diagnostic Imaging X-Ray Replacement Purchase C. Physician Employment Agreement – David Bayne, MD | Darryl Scott Jennifer | Info Info Action 7/21 |
| 4. | Other | | |
| | A. | | |

Next Meeting: August 9, 2021 at 11:30 am



Board Strategic Planning Committee

AGENDA

DATE: July 7, 2021
 TIME: Immediately following board meeting
 LOCATION: Linkletter Hall
 MEMBERS: Jean Hordyk (chair), Tom Oblak, Ann Marie Henninger, Darryl Wolfe, Lorraine Cannon, Jennifer Burkhardt, Bobby Beeman
 EXCUSED:

| | TOPIC | RESPONSIBLE | ACTION OR INFO |
|----------|--------------------------|--------------------|-----------------------|
| 1 | Strategic Plan Revisions | All | Discussion |
| 2 | Other | All | Discussion |
| 3 | | | |
| 4 | | | |

Next scheduled meeting: August 4, 2021



Quality Management Oversight Committee (QMOC) Agenda/Minutes

Purpose: Monitor the effectiveness of the Quality Management System (QMS)

| | | |
|----------------------------|---------------------------|--|
| DATE: June 28, 2021 | TIME: 10:00AM-12PM | LOCATION: Wendel and WebEx (link) <i>(LIMIT 17 in room- consider joining virtually)</i> <i>Join by phone 206-207-1700 Mtg # 1877 712 0504</i> |
|----------------------------|---------------------------|--|

MEMBERS:

| | | | |
|---------------------|-------------------|------------------|----------------|
| Darryl Wolfe, Chair | Thom Hightower | John Miles, MD | Tom Oblak |
| Jennifer Burkhardt | Scott Kennedy, MD | Joshua Jones, MD | Vickie Swanson |
| Mark Fischer, MD | Lorraine Cannon | Donna Davison | Patti Haught |
| Liz Uraga | | | |

GUESTS:

| | | |
|-------------|--------------|--------------|
| Tim Frymyer | Aaron Possin | Wendy Willey |
|-------------|--------------|--------------|

| Topic | Time/Start | Responsibility/Executive Sponsor |
|---|-------------------------|--|
| Patient Story | 10:00 am 10 min. | Patti Haught/Jennifer Burkhardt |
| Consent Agenda <ul style="list-style-type: none"> Minutes – May 2021 ALT Minutes May 2021 Action Items <i>(open in Chrome or Edge browser)</i> Corrective/Preventive Action Status | 10:10 am 5 min. | Darryl Wolfe |
| A. Respiratory Therapy | 10:15 am 20 min. | Tim Frymyer/Scott Kennedy |
| B. Med/Surg and Pediatrics | 10:35 am 20 min. | Aaron Possin / Scott Kennedy & Vickie Swanson |
| C. Laboratory and Pathology | 10:55 am 20 min. | Wendy Willey/Scott Kennedy |
| Standing Agenda Items <ul style="list-style-type: none"> Recent Serious Safety Events/Root Cause Analyses (RCAs) and Results of Recent Risk Assessments – Donna Davison Safety Program Updates – QMS Updates – Liz Uraga | 11:15 am 15 min. | Donna Davison/Jennifer Burkhardt Liz Uraga/Vickie Swanson |
| Adjourn | | |
| Next QMOC July 26, 2021 | | |