

August 10, 2022

The Working Board Meeting of the Board of Commissioners for Island Hospital was called to order by Commissioner Iversen at 12:00 pm on August 10 in the Cypress Room of Island Hospital and via WebEx.

Those present were Commissioners Warren Tessler; Jan Iversen, Lynne Lang, PhD and Paul Maughan, PhD. Also present were Elise Cutter, CEO; Carol Northup, RN CNO, Julie Stewart, CFO, Dr. Jason Hogge, CMO, Kim Graf, Deanna Marshall Administration and Briana Alzola, Anacortes American.

Not Present: Rob Carter, COS

Public Comment:

No Comments

Q2 Organizational Goal Review:

The Senior Leadership Team (Elise Cutter, Vicki White, Julie Stewart, and Jason Hogge) reviewed the Q2 Organizational Goals. Highlighted were the following:

Service Excellence:

Restraints: Vicki White, RN reported-

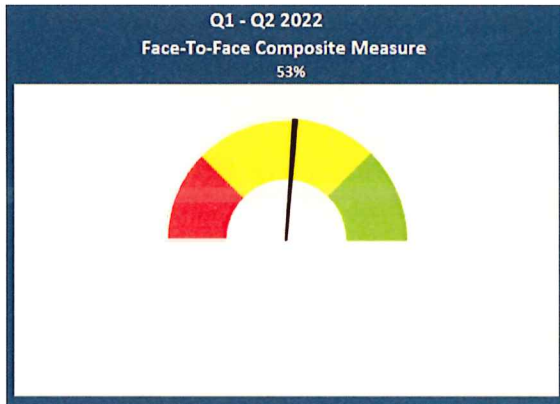
Goal:

Restraint: Initial Face-to-Face Composite Measure compliance at 73% compliance or higher.

Including:

- *F2F within 1 hour of restraint initiation
- *Immediate Situation
- *Documented Reaction to intervene
- *Documented Medical Condition
- *Documented Behavioral Condition
- *Need to continue or terminate documented

Q2 Results:

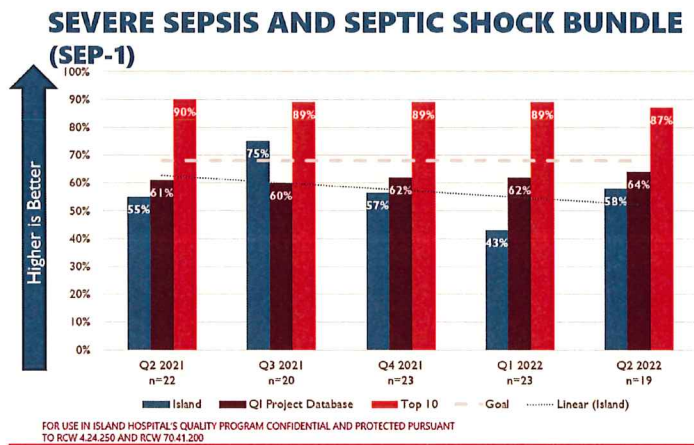


Sepsis: Vicki White reported-

Goal:

Sepsis Measure (SEP-1) to meet 68% or higher compliance to Sepsis bundle for FY 2022

Q2 Results:



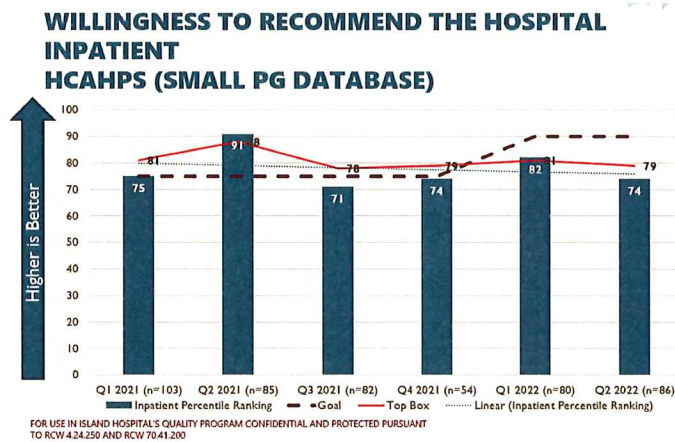
Willingness to recommend Hospital Inpatient: Vicki White, RN reported-

Goal:

HCAHPS Inpatient Overall Willingness to Recommend

Achieve an annual or quarterly average of HCAHPS Inpatient “Overall Willingness to Recommend” on inpatient satisfactions scores greater or equal to the **90th percentile**.

Q2 Results:



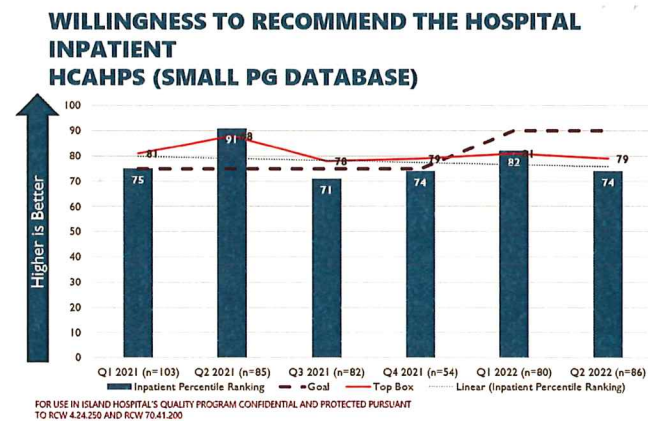
Willingness to recommend outpatient clinics overall: Dr. Hogge reported:

Goal:

Outpatient Clinic Overall Willingness to Recommend

Achieve an annual average of “Overall Willingness to Recommend” on satisfactions scores greater than or equal to the **50th percentile**.

Q2 Results:



Clinical Excellence

Diabetes: Dr. Hogge reported:

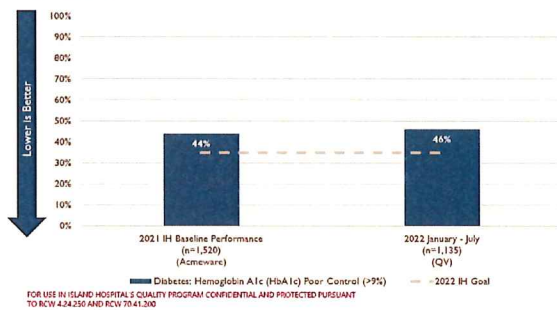
Goal:

Diabetes: Improve performance of three (3) Diabetes eQOM as measured by:

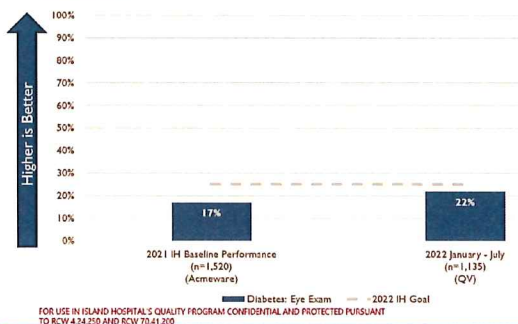
- Hemoglobin A1c (HbA1c) Poor Control (>9%) (CMS-122) eQOM at 35% compliance or lower.
- Eye Exam (CMS-131) eQOM at 25% compliance or higher
- Medical Attention for Nephropathy (CMS-134) eQOM at 83% compliance or higher.

Q2 Results:

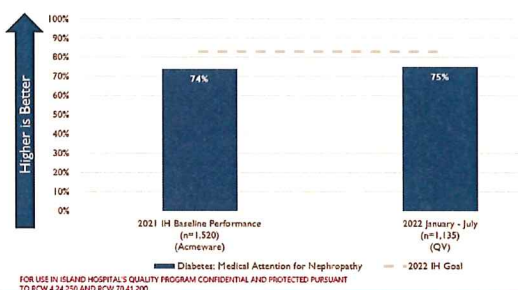
DIABETES HEMOGLOBIN A1C (HBA1C) POOR CONTROL (>9%) **GOAL: 35%**



DIABETES EYE EXAM **GOAL: 25%**



DIABETES MEDICAL ATTENTION FOR NEPHROPATHY **GOAL: 83%**



People Goal:

Goal:

Voluntary Turnover

Reduce Island Hospital voluntary turnover from FY21 27.1% to 23% or less in FY22.

Q2 Results: 21.1%

Sustainability Goal:

Financial: Julie Stewart reported-

Goal:

Financial

Achieve a 0% or higher operating financial margin within the overall performance of the organization.

Q2 Results:

	<i>June YTD Actual</i>	<i>June YTD Budget</i>	<i>Var %</i>
Gross Revenues			
Inpatient	\$ 25,818	\$ 24,053	7.3%
Outpatient	110,151	116,359	-5.3%
Other	1,060	1,064	-0.3%
Total	137,029	141,476	-3.1%
Deductions	82,323	84,414	-2.5%
Uncollectables	699	1,180	-40.7%
Net Revenues	54,007	55,882	-3.4%
Collection %	39.4%	39.5%	
Operating Expenses			
Total operating expenses	58,589	55,931	-4.5%
Operating margin	(4,582)	(49)	9230.4%
<i>Percent of net revenues</i>	-8.5%	-0.1%	

Growth- Julie Stewart reported:

Goal:

Growth

Increase Adjusted patient days by 5% over FY21.

Q2 Results:

Adjusted Patient Days	2021	2022	Inc / (Dec)
Jan - Mar	7,730	9,324	21%
Apr - Jun	7,636	9,668	27%
June 2022 YTD	15,366	18,992	24%

- Increase in inpatient days of 34% over 2021
- Increase in length of stay from 2.8 to 3.1
- Increase in hospital outpatient ancillary revenue of 11% over 2021

Board Development

The Strategy Committee presented the Board with draft edits to the current Bylaws for review. The Commissioners were asked to forward any additional edits to Elise Cutter. Any suggested edits will be reviewed by the Strategy Committee and presented at the September Board Meeting for review and or approval.

The Strategy Committee also presented a Code of Conduct document for the Commissioners to review and discuss. The Commissioners were asked to forward any additional edits to Elise Cutter. Any suggested edits will be reviewed by the Strategy Committee and presented at the September Board Meeting for review and or approval.

Action Item: No Action Items

ADJOURNMENT:

There being no further business, Commissioner Iversen called for the meeting to be adjourned at 1:24pm.