

February 12, 2025

The Working Board Meeting of the Board of Commissioners for Island Hospital was called to order by Commissioner Lang at 12:00 pm on February 12th in the Cypress Room of Island Hospital.


Those present were Commissioners Chip Bogosian, MD, Warren Tessler; Jan Iversen, Lynne Lang, PhD and Paul Maughan, PhD. Also present were Elise Cutter, CEO; Margo Yates-Williams, Interim CNO, Dr. Jason Hogge, CMO, Galina Gandy, CIO, Courtney Kuhlmeier, Administrative Specialist, and Kim Graf, Executive Business Manager.

Not Present: Rachel Mank, DO, COS

Elise was pleased to introduce Margo Yates-Williams, BSN, RN, CLNC. Margo recently joined Island Health as the Interim Chief Nursing Officer. Margo expanded on her personal and professional experience. All in attendance welcomed Margo to Island Health.

## 2024 Goal Results Presentation:

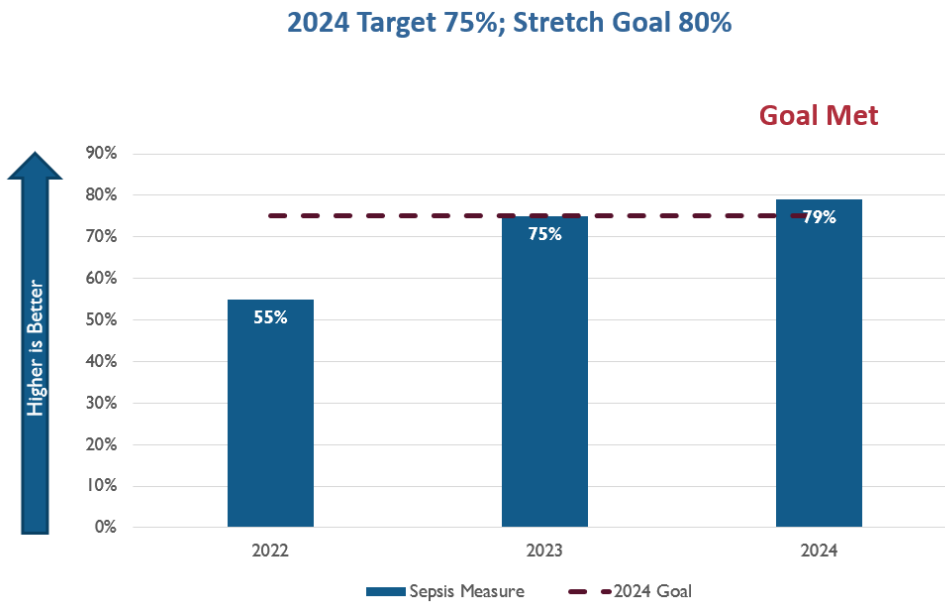
The senior leadership team reviewed the results of the 2024 CEO/Organizational Goals which centered around the four organizational focus areas of Clinical Excellence, Service Excellence, People and Sustainability.

		Organizational Quality Goals 2024				Approved by Board 12/23/23 Revised 5/23/24						
Focus Area		FY24 Goal	Measure Direction	Final Result	Target	Stretch Target	PRIOR YEAR	Rating	Target	Stretch	% Earned	Met Met Stretch Not Met
Clinical Excellence		<b>Sepsis Measure</b> (SEP-1) to meet 75% or higher compliance to Sepsis bundle for FY 2024	Higher is Better	73%	75%	80%	75%	13.0%	1.8%	2.0%	1.8%	Met
		<b>Mammography</b> Increase the % of women 50-74 who have had a mammogram to screen for breast cancer in the 27 months to 52%.	Higher is Better	77%	67%	68%	65%	10.0%	1.4%	1.5%	1.5%	Met Stretch
		<b>Diabetes:</b> Implement quality vantage Diabetes eQDM as measured by: * Hemoglobin A1c (HbA1c) (CMS-122) The percentage of patients aged 18-75 with diabetes who have hemoglobin A1c over 8% is less than or equal to 12% * Diabetic Retinopathy (CMS-121) The percentage of patients aged 18-75 with diabetes who are tested for retinopathy is greater than or equal to 50%.	Lower is Better	18%	12%	10%	21%	6.0%	0.8%	0.9%	0.0%	Not Met
		<b>HCAHPS Inpatient Overall Recommend This Hospital</b>	Higher is Better	58%	50%	52%	51%	6.0%	0.8%	0.9%	0.9%	Met Stretch
Service Excellence		Achieve an annual average of HCAHPS Inpatient "Overall Recommend This Hospital" on inpatient satisfaction scores greater or equal to 73%.	Higher is Better	81%	73%	80%	81%	7.0%	0.9%	1.1%	1.1%	Met Stretch
		<b>Outpatient Clinic Overall Willingness to Recommend</b> Achieve an annual average of "Overall Willingness to Recommend" on satisfaction scores greater than or equal 95%.	Higher is Better	96%	95%	96%	94%	7.0%	0.9%	1.1%	1.1%	Met Stretch
People		<b>Employee Engagement Score:</b> Increase employee engagement score from 3.84 to 3.95	Higher is Better	3.77	3.95	4.03	3.84	20.0%	2.7%	3.0%	0.0%	Not Met
		<b>Medical Staff Engagement Score:</b> Increase employee engagement score from 3.65 to 3.70 <b>"Defer until 2025"</b>	Higher is Better	N/A	3.70	3.76	3.65	0.0%	0.0%	0.0%	0.0%	Defer
Sustainability		<b>Financial</b> Ensure the Net Operating Margin meets or exceeds \$500,000	Higher is Better	(\$5,836,000)	\$500,000	\$750,000	(\$5,361,239)	11.0%	1.5%	1.7%	0.0%	Not Met
		<b>Days of Cash</b> Keep total days of cash on hand higher than 150 days	Higher is Better	160	150	153	156	5.0%	0.7%	0.8%	0.8%	Met Stretch
		<b>Growth</b> Increase Adjusted patient days to 31,411 in 2024	Higher is Better	32,193	31,411	35,378	30,654	15.0%	2.0%	2.3%	2.0%	Met
		Total Weight			90%	10%			100.0%	13.5%	15.0%	9.0%
		Total Bonus Potential			13.50%	15.00%		15.0%				

## Clinical Excellence:

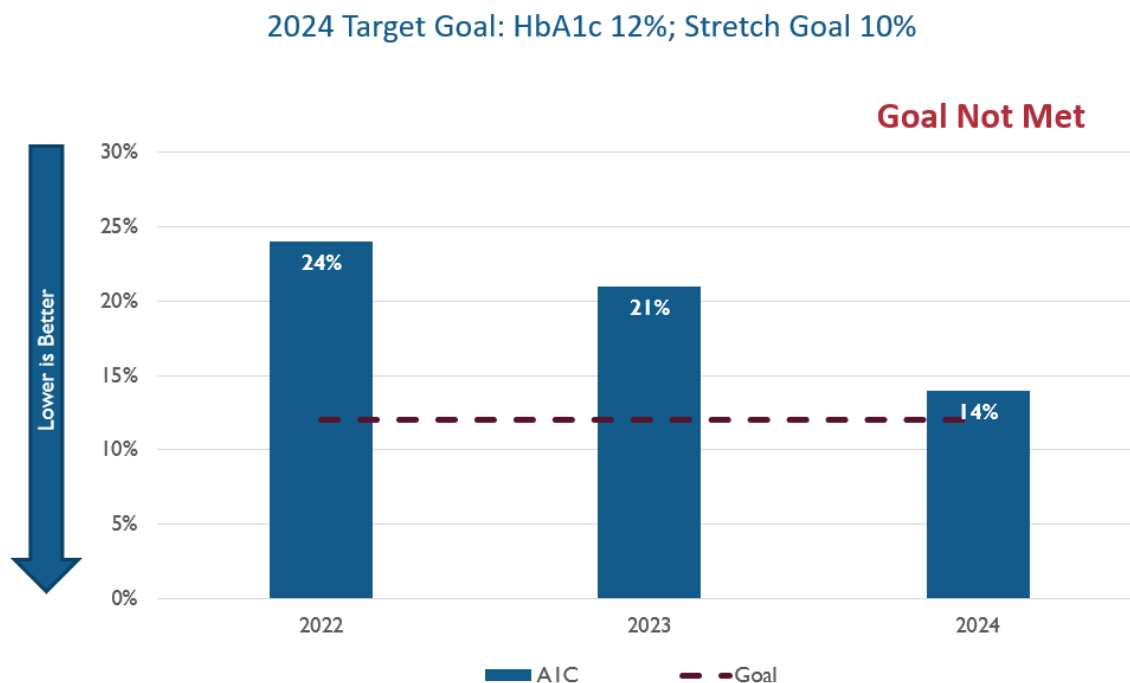
**2024 GOAL: Sepsis Measure (SEP-1) to meet 75% or higher compliance to Sepsis bundle for FY 2024 (stretch goal 80%)**

**Result:**



**2024 GOAL: Hemoglobin A1c (HbA1c) (CMS-122)**  
The percentage of patients aged 18-75 with diabetes who have hemoglobin A1c over 9 is less than or equal to a 12% with a stretch goal of 10%.

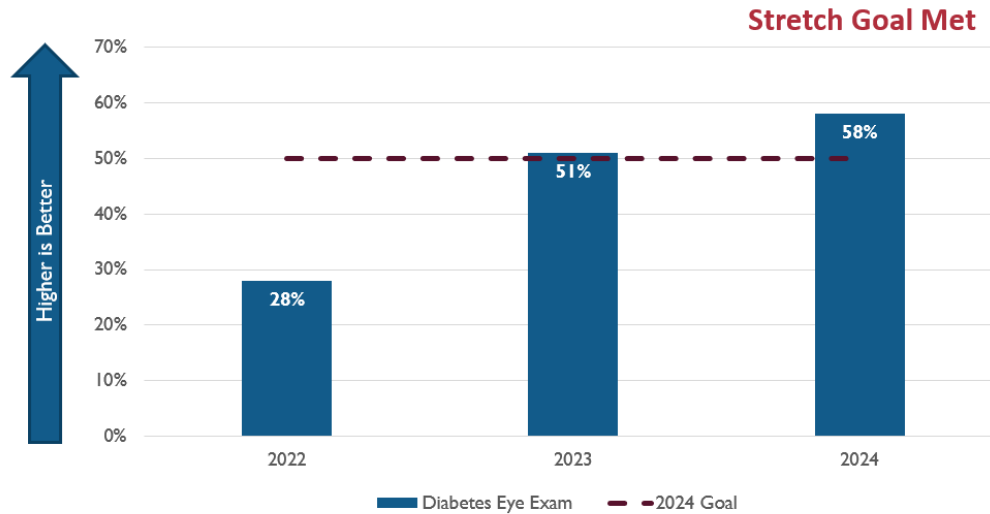
**Result:**



### 2024 GOAL: Diabetic Retinopathy (CMS-131)

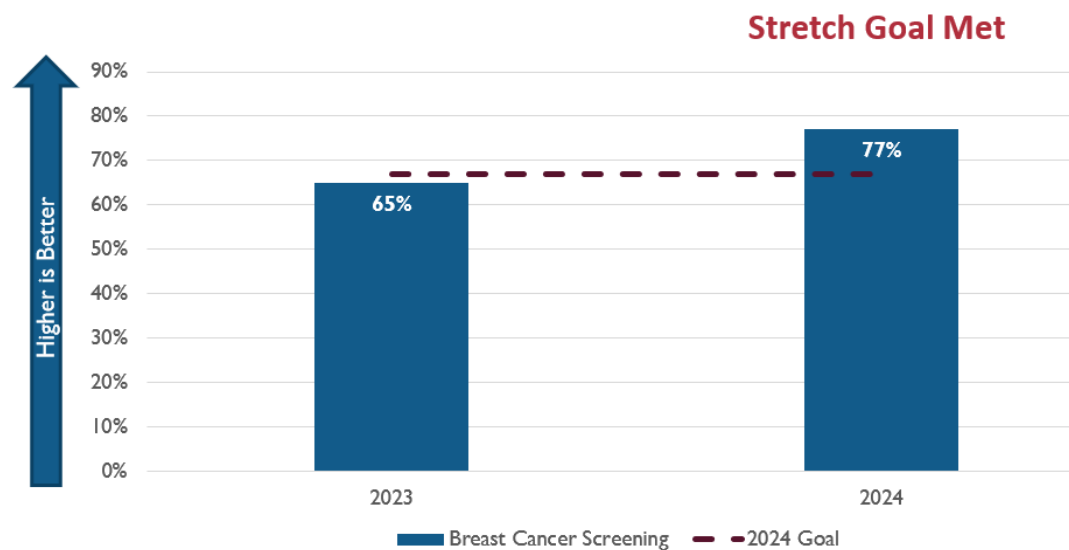
The percentage of patients aged 18-75 with diabetes who are tested for retinopathy is greater than or equal to a 50% with a stretch goal of 52%

Result:



2024 GOAL: Increase the % of women 50-74 who have had a mammogram to screen for breast cancer in the 27 months prior to 67% with a stretch goal of 68%.

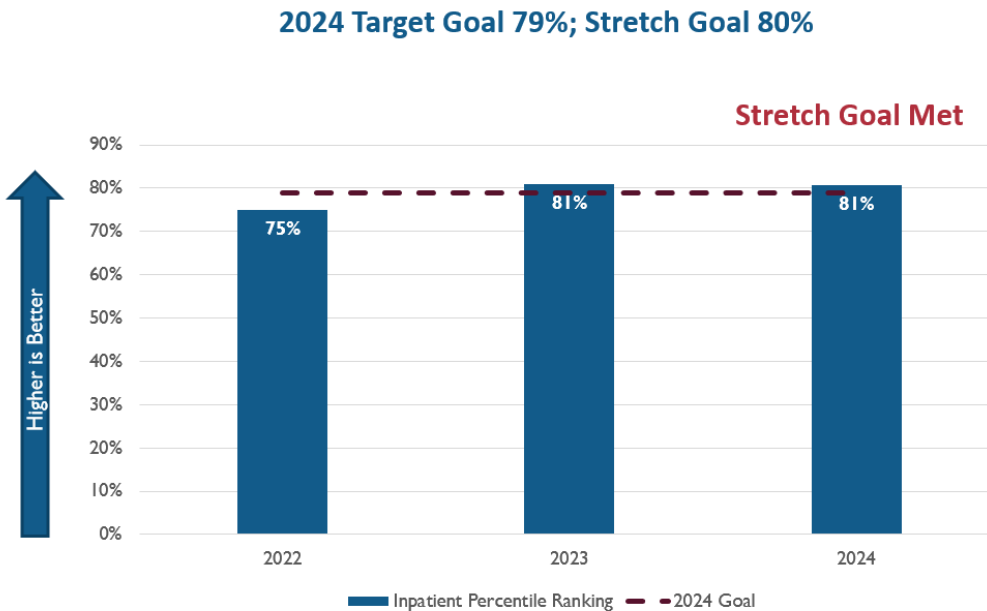
Result:



## Focus Area: Service Excellence

**2024 GOAL:** Achieve an annual or quarterly average of HCAHPS Inpatient “Overall Recommend This Hospital” on inpatient satisfactions scores greater or equal to 79% with a stretch goal of 80%.

**Result:**



**2024 GOAL:** Achieve an annual average of “Overall Willingness to Recommend” on satisfaction scores greater than or equal 95% for outpatient clinics (stretch 96%)

**Result:**



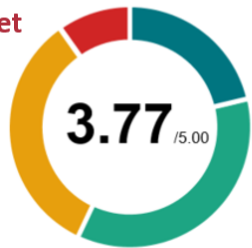
## Focus Area: People

**2024 GOAL:** Increase Employee Engagement score from 3.84 to 3.95 and a stretch goal of 4.03.

**Result:**

### Your Organization's Engagement Score and Respondent Distribution

Goal Not Met



**+0.01** vs. 2023 survey\*

**17<sup>th</sup>** Rank vs. Nat'l Healthcare Avg

**67%** Response Rate (417 out of 626)

#### Strengths

- Biggest increases since 2023 include:
  - ✓ Being involved in decisions that affect my work
  - ✓ Feeling like I belong with the organization
  - ✓ Perceptions that the organization provides high-quality care and service.
  - ✓ Staying with the organization if offered a similar position elsewhere.
  - ✓ Career-development opportunities, and
  - ✓ Actively doing things to improve patient safety.



#### Opportunities – Focus Areas

- Focus on Quality & Safety
- Communication

**Focus Area: Sustainability**

**2024 GOAL:** Ensure the Net Operating Margin meets or exceeds \$500,000 with a stretch goal of \$750,000.

**Result:**



**GOAL:** Keep total days of cash on hand higher than 150 days with a stretch goal of 153 days.

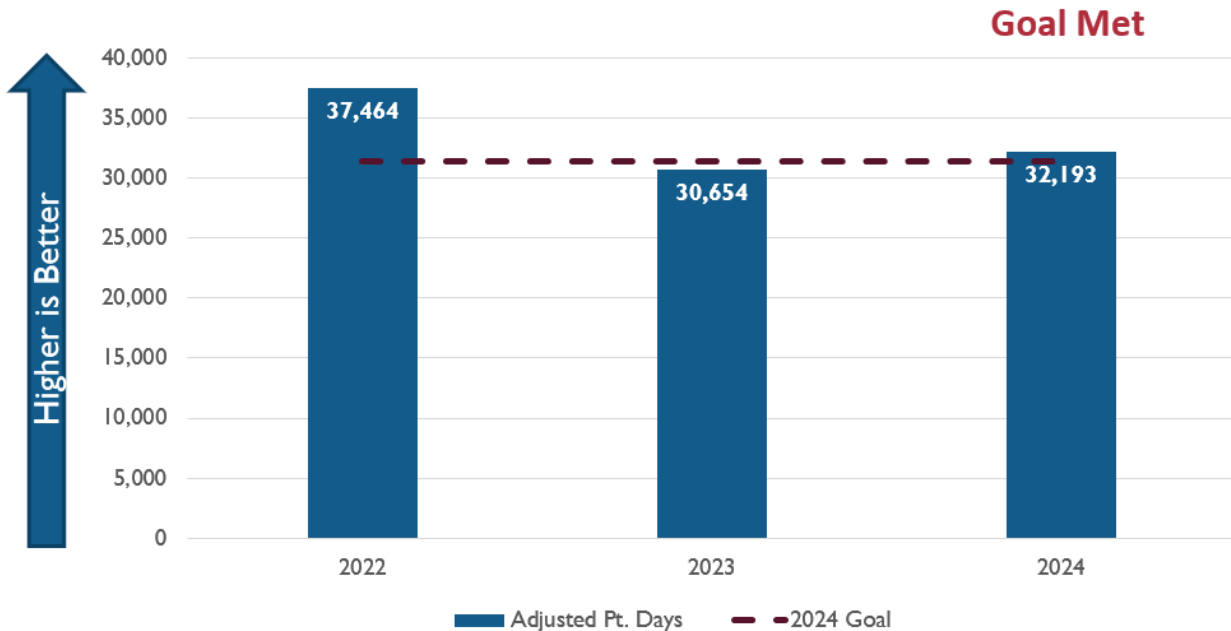
**Result:**



**2024 GOAL: Increase Adjusted patient days to 31,411 with a stretch goal of 35,378.**

**Result:**

**2024 Target Goal 31,411 days; Stretch Goal 35,378 days**



**Pro/Con Committee:**

As follow up to the January 23, 2025 Regular Board Meeting, Elise Cutter remarked on the Pro Committee and her solicitation efforts for Con Committee members at the January 23<sup>rd</sup> Regular Board Meeting. Elise reported that she did not receive any responses to her solicitation for Con Committee members.

After review and discussion, Commissioner Maughan made a motion to approve the Pro Committee as presented. Commissioner Iversen seconded the motion. Commissioners Lang, Bogosian, Iversen, Tessler and Maughan all voted aye, and the motion carried.

**Executive Session:**

Commissioner Lang called for an Executive Session to review the performance of a public employee. RCW 42.30.110(1)(g). The session is expected to thirty (30) minutes in length. At the end of the Executive Session we do not expect action to be taken and therefore will not reconvene.

The Commissioners went into Executive Session at 12:43pm.

**Action Item:** None

**ADJOURNMENT:**

There being no further business, Commissioner Lang called for the meeting to be adjourned at 12:43pm.

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Lynne Lang, PhD, President/Commissioner

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Jan Iversen, Commissioner

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Paul Maughan, PhD, Secretary/Commissioner

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Warren Tessler, Commissioner

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Chip Bogosian, MD, Commissioner