

Wrangell Medical Center Wrangell, Alaska



Our Mission: To Enhance The Quality Of Life For All We Serve!



Board of Trustees

May 15, 2013



WRANGELL MEDICAL CENTER
BOARD OF DIRECTORS MEETING AGENDA
May 15, 2013 -- 5:30 p.m.
Location: Nolan Center Classroom

MEMBERS: Woody Wilson, President; Bernie Massin, Vice-President; Terri Henson, Secretary; Cori Robinson, Treasurer; Members Dorothy Sweat, Judy Allen, Barbara Conine, Marleen Messmer, Megan Clark, Ex-Officio member Marla Sanger, RN, Interim CEO

1. CALL TO ORDER by Vice President, Bernie Massin.
President Wilson has asked Vice President, Bernie Massin, to chair this meeting as President Wilson will be attending via teleconference
2. ROLL CALL
3. AMENDMENTS TO THE AGENDA
4. CONFLICT OF INTEREST
5. CONSENT ITEMS
 - a. Minutes of the meeting held 4/17/2013
 - b. Financial statements: March 2013
 - c. Statistics: March & April 2013
6. PERSONS TO BE HEARD
During this section of the agenda, the WMC Board will invite and listen to topics not on the agenda. The Board will note the topics, and will not take any official action on any of the topics presented but will refer items to the administration to be researched. A sign up sheet is available before the meeting to allow community members to sign up for an opportunity to speak before the board.
7. CORRESPONDENCE: None
8. ADMINISTRATOR'S REPORT: Attached
9. MEDICAL STAFF REPORT: Verbal
10. ACTION ITEMS: None
11. DISCUSSION ITEMS: None
12. INFORMATION ITEMS
Update on latest steps taken toward the New Hospital Project.

OUR MISSION: To Enhance The Quality of Life For All We Serve!

WRANGELL MEDICAL CENTER
BOARD OF DIRECTORS MEETING AGENDA
May 15, 2013 -- 5:30 p.m.

13. BOARD COMMENTS

14. EXECUTIVE SESSION

a. Discussion of Wrangell v. Rea, et.al. 1WR-12-55

15. ADJOURN

5. CONSENT AGENDA

- a. 4/17/13 Meeting Minutes
- b. Financials: March 2013
- c. Statistics: March & April 2013



**WRANGELL MEDICAL CENTER
BOARD OF DIRECTORS MEETING MINUTES
April 17, 2013 -- 5:30 p.m.
Location: Nolan Center**

CALL TO ORDER:

Meeting was called to order by President Wilson at 5:32 p.m.

ROLL CALL:

Present: President Woody Wilson, Vice-President Bernie Massin, Treasurer Cori Robinson, Members Barb Conine, Marlene Messmer, and Megan Clark.

Absent: Secretary Terri Henson, Members Dorothy Sweat, Judy Allen

Quorum established

Assembly Member James Stough was also absent

AMENDMENTS TO THE AGENDA: None

CONFLICT OF INTEREST: None

CONSENT ITEMS

Motion made by Barb Conine to approve consent item 5.a, minutes of the regular meeting held March 20, 2013, item 5. B and Financial Statement for February 2013. Seconded by: Cori Robinson.

Motion passed unanimously.

PERSONS TO BE HEARD: None

CORRESPONDENCE: None

CEO'S REPORT:

Attached. Marla Sanger, Interim CEO, also added a thank you to the community for their support and participation in the Health Fair – with an approximate attendance of 600 people, it was noted that would be roughly 25% of Wrangell's population. It was announced that Sandi Calvert has joined the staff as the Quality Improvement Director.

MEDICAL STAFF REPORT:

None, though Marla Sanger clarified that, in discussion with Dr. Prysunka, things would be brought before the Board if it appeared necessary, but in the normal course of events there would not likely be a report.

ACTION ITEMS: None

DISCUSSION ITEMS: None

WRANGELL MEDICAL CENTER
BOARD OF DIRECTORS MEETING AGENDA
April 17, 2013 -- 5:30 p.m.

INFORMATION ITEMS:

- a. President Wilson presented a power-point comparison of the differences, advantages and disadvantages between a low-sloping roof and a peaked roof. The presentation was developed by Borough Manager, Tim Rooney, with information provided by Layton Construction.
- b. Marla Sanger, Interim CEO, reported that the building team will meet again in approximately three weeks and the Project Committee will soon be re-formed. President Wilson asked for a volunteer from the Board to serve on that committee, Vice President Bernie Massin volunteered.
- c. The question has been asked if there is a way to change the look of the new building to provide some continuity in design between the new hospital and the new AICS building – so that the medical campus has an integrated look. The changes would be mostly cosmetic and not require major re-design of the floor plan.

BOARD COMMENTS:

Barb Conine, noted that the author of the book (the Board is studying: Navigating the Board Room, by Dennis D. Pointer), assumes that the board is appointed rather than elected.
(this touched off a discussion about different kinds of boards – elected and appointed)

Megan Clark, also reflected on the reading: “Everyone needs to be a champion for the organization, not on a board in order to further their own agenda.”

It was noted that President Wilson and Cori Robinson will be traveling during May’s regular meeting.

ADJOURN

With no further business, the regular meeting adjourned at 6:23 p.m.

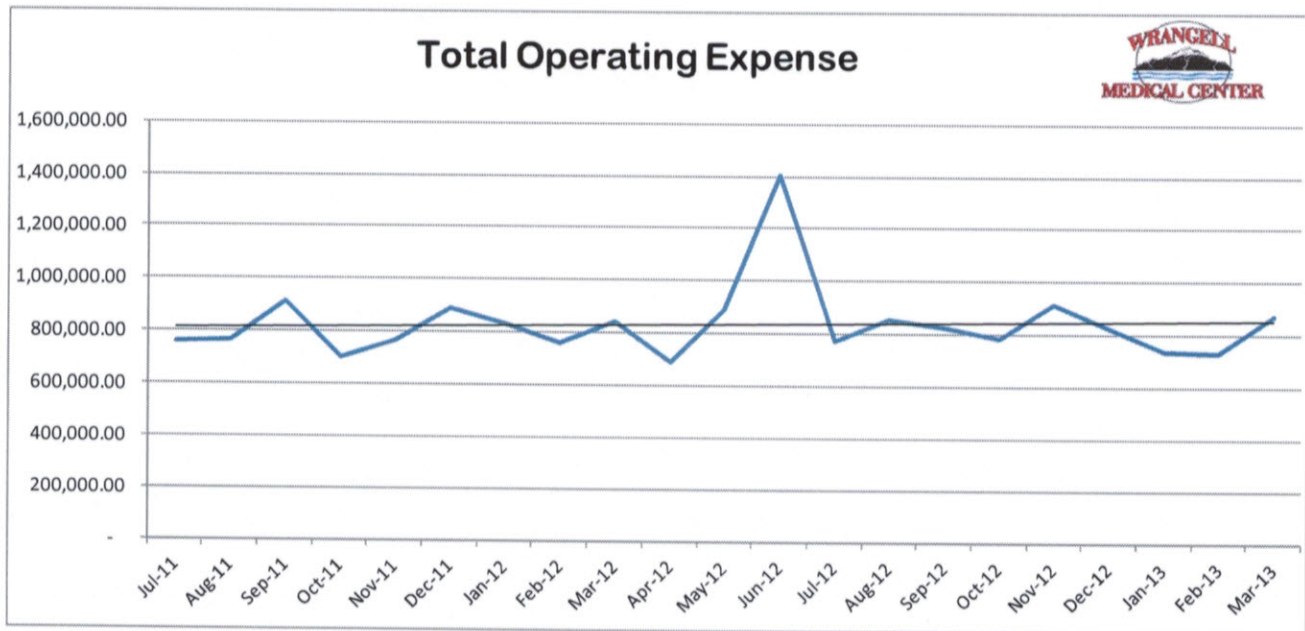
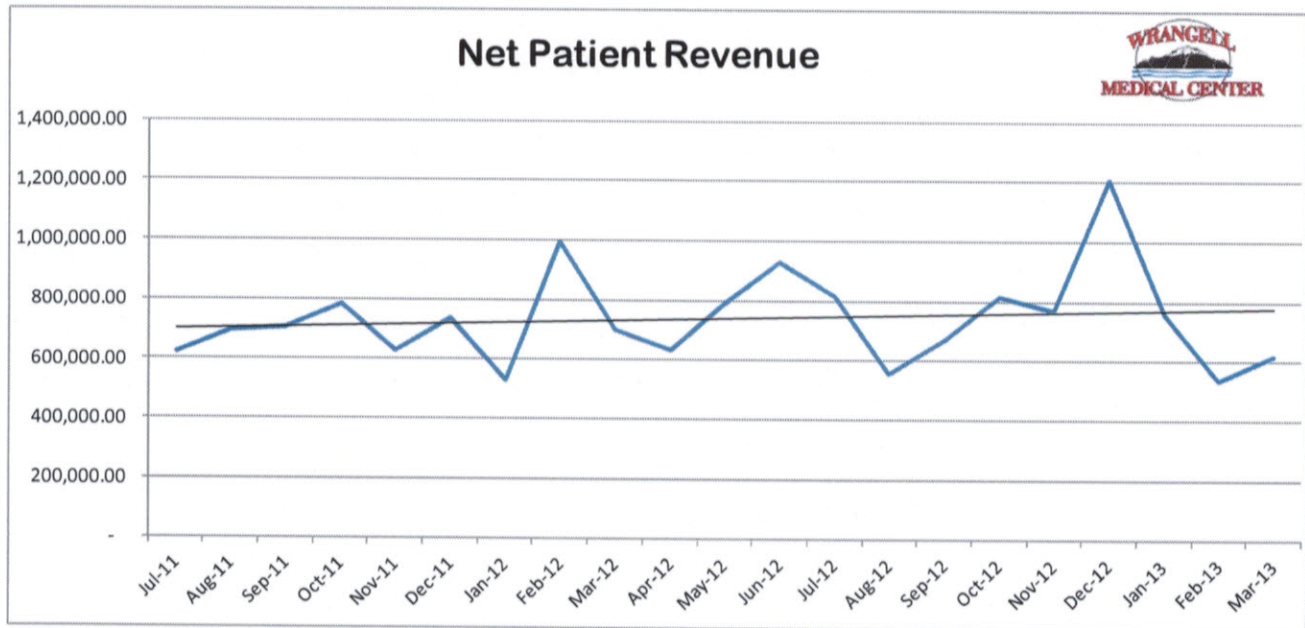
Terri Henson

Kris Reed,
Certified:

March 2013

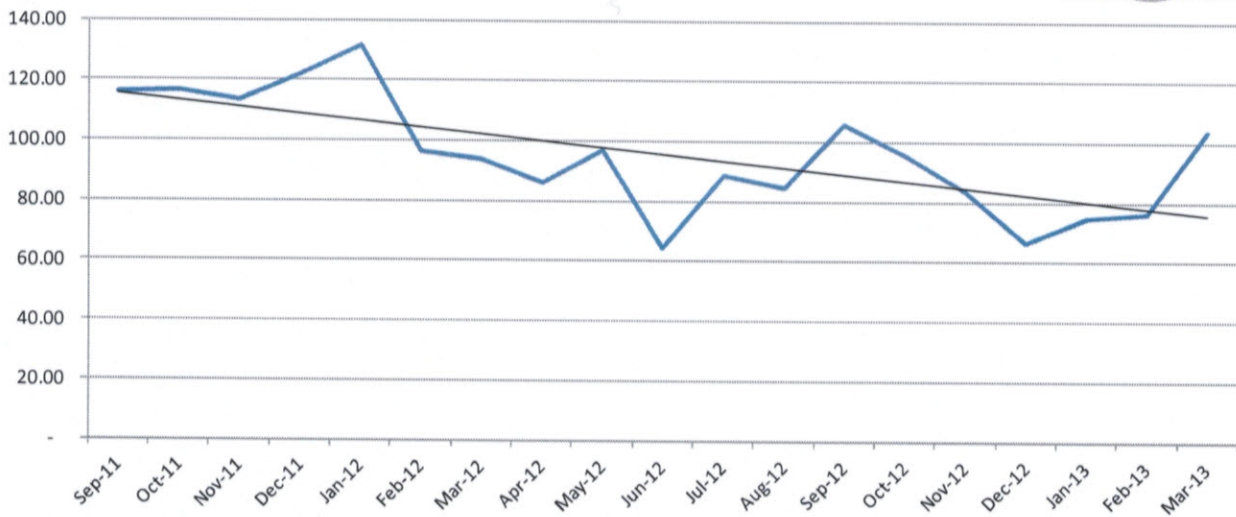
For March, Net Revenue was higher than in the previous month, but still over 20% below budget.

Total Expenses were 7% over.



Net Days in Account Receivable took a jump up in March

Net Days A/R



Total Cash



WRANGELL MEDICAL CENTER
BALANCE SHEET
FOR THE MONTH ENDING: 03/31/13

	Current Year	Prior Year	Net Change
ASSETS			
CURRENT ASSETS			
CASH IN THE BANK	1,078,262.46	1,638,192.27	(559,929.81)
PATIENTS A/R	2,505,344.00	2,602,584.89	(97,240.89)
NET ALLOWANCE OF A/R	(301,685.00)	(301,685.00)	.00
GRANT RECEIVABLE	95,948.26	2,738.64	93,209.62
OTHER A/R	.00	.00	.00
INVENTORY	192,513.26	162,070.26	30,443.00
PREPAID EXPENSE	32,582.84	30,238.50	2,344.34
 TOTAL CURRENT ASSETS	 3,602,965.82	 4,134,139.56	 (531,173.74)
PROPERTY PLANT & EQUIPMENT	12,187,341.50	11,640,850.35	546,491.15
ACCUMULATED DEPRECIATION	(7,270,687.00)	(6,892,551.31)	(378,135.69)
NET PROPERTY PLANT & EQUIPMENT	4,916,654.50	4,748,299.04	168,355.46
 TOTAL ASSETS	 8,519,620.32	 8,882,438.60	 (362,818.28)
LIABILITIES/FUND EQUITY			
LIABILITIES			
CURRENT LIABILITIES			
A/P AND ACCRUED EXPENSES	235,337.40	420,085.68	(184,748.28)
EMPLOYEE COMPENSATION	486,148.22	494,063.37	(7,915.15)
CURRENT BONDS PAYABLE	.00	.00	.00
CURRENT SETTLEMENT PAYABLE	.00	.00	.00
TOTAL CURRENT LIABILITIES	(721,485.62)	(914,149.05)	192,663.43
FUND EQUITY			
CONTRIBUTED CAPITAL	.00	.00	.00
ACCUMULATED AMORTIZATIONS	.00	.00	.00
NET CONTRIBUTED CAPITAL	.00	.00	.00
RETAINED EARNINGS	.00	.00	.00
RESERVED	.00	.00	.00
UNRESERVED	8,187,397.67	7,675,961.83	511,435.84
NET INCOME (LOSS)	(389,262.97)	292,327.72	(681,590.69)
TOTAL RETAINED EARNINGS	(7,798,134.70)	(7,968,289.55)	170,154.85
PRIOR YEAR ADJUSTMENTS	.00	.00	.00
TOTAL EQUITY	(7,798,134.70)	(7,968,289.55)	170,154.85
 TOTAL LIABILITIES/EQUITY	 8,519,620.32	 8,882,438.60	 (362,818.28)

WRANGELL MEDICAL CENTER
OPERATING/INCOME STATEMENT
FOR THE 9 MONTHS ENDING 03/31/13

	----- S I N G L E -----				----- Y E A R T O -----			
	ACTUAL	BUDGET	\$ VARIANCE	% VAR	ACTUAL	BUDGET	\$ VARIANCE	% VAR
ROUTINE ROOM AND BOARD								
INPATIENT REVENU	92,075.67	105,342.28	(13,266.61)	(12.59)	644,706.82	948,080.52	(303,373.70)	(31.99)
OUTPATIENT	3,721.63	7,739.61	(4,017.98)	(51.91)	62,691.00	69,656.49	(6,965.49)	(9.99)
EMERGENCY ROOM	79,332.89	104,195.73	(24,862.84)	(23.86)	958,210.98	937,761.57	20,449.41	2.18
LONG TERM CARE	241,168.08	289,154.28	(47,986.20)	(16.59)	2,156,491.32	2,602,388.52	(445,897.20)	(17.13)
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TOTAL ROUTINE	416,298.27	506,431.90	(90,133.63)	(17.79)	3,822,100.12	4,557,887.10	(735,786.98)	(16.14)
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ANCILLARY CHARGES								
INPATIENT	29,637.42	58,516.21	(28,878.79)	(49.35)	377,615.43	526,645.89	(149,030.46)	(28.29)
OUTPATIENT	260,586.84	361,569.56	(100,982.72)	(27.92)	3,175,123.61	3,254,126.04	(79,002.43)	(2.42)
LONG TERM CARE	19,014.15	15,459.90	3,554.25	22.99	137,514.49	139,139.10	(1,624.61)	(1.16)
HOME HEALTH	.00	.00	.00	.00	.00	.00	.00	.00
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TOTAL ANCILLAR	309,238.41	435,545.67	(126,307.26)	(28.99)	3,690,253.53	3,919,911.03	(229,657.50)	(5.85)
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TOTAL CHARGES	725,536.68	941,977.57	(216,440.89)	(22.97)	7,512,353.65	8,477,798.13	(965,444.48)	(11.38)
FED MAN DISC IP	4,100.27	(7,891.48)	11,991.75	151.95	365,213.90	(71,023.32)	436,237.22	614.21
FED MAN DISC CLI	.00	.00	.00	.00	.00	.00	.00	.00
FED MAN DISC LTC	.00	.00	.00	.00	.00	.00	.00	.00
STATE MAN DISC I	(6,299.00)	(8,856.47)	2,557.47	28.87	(73,405.73)	(79,708.23)	6,302.50	7.90
STATE MAN DISC C	.00	.00	.00	.00	.00	.00	.00	.00
STATE MAN DISC L	(43,499.75)	(73,296.38)	29,796.63	40.65	(381,065.85)	(659,667.42)	278,601.57	42.23
BAD DEBTS	(37,274.09)	(27,495.90)	(9,778.19)	(35.56)	(238,461.56)	(247,463.10)	9,001.54	3.63
CHARITY	(11,008.66)	.00	(11,008.66)	.00	(201,205.71)	.00	(201,205.71)	.00
OTHER DISCOUNTS	(13,687.65)	(17,805.38)	4,117.73	23.12	(235,773.94)	(160,248.42)	(75,525.52)	(47.13)
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NET PATIENT RE	617,867.80	806,631.96	(188,764.16)	(23.40)	6,747,654.76	7,259,687.64	(512,032.88)	(7.05)
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OPERATIONAL EXPENSES								
SALARIES	295,787.64	327,478.48	31,690.84	9.67	2,708,076.55	2,947,306.32	239,229.77	8.11
BENEFITS	121,993.08	138,546.32	16,553.24	11.94	1,169,942.34	1,246,916.88	76,974.54	6.17
SUPPLIES	117,172.99	81,370.32	(35,802.67)	(43.99)	718,671.03	732,332.88	13,661.85	1.86
DEPRECIATION	38,334.69	32,651.22	(5,683.47)	(17.40)	340,786.24	293,860.98	(46,925.26)	(15.96)
LOCUMS & STUDIES	.00	.00	.00	.00	.00	.00	.00	.00
OTHER EXPENSES	296,884.46	229,769.39	(67,115.07)	(29.20)	2,365,441.15	2,067,924.51	(297,516.64)	(14.38)
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TOTAL EXPENSES	870,172.86	809,815.73	(60,357.13)	(7.45)	7,302,917.31	7,288,341.57	(14,575.74)	(.19)
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GAIN (LOSS) FR	(252,305.06)	(3,183.77)	(249,121.29)	(7824.72)	(555,262.55)	(28,653.93)	(526,608.62)	(1837.82)
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MISCELLANEOUS RE	1,349.00	3,258.20	(1,909.20)	(58.59)	14,516.85	29,323.80	(14,806.95)	(50.49)
INTEREST EARNED	3,522.75	9.86	3,512.89	35627.68	3,753.91	88.74	3,665.17	4130.23
SHARED REVENUE	.00	.00	.00	.00	.00	.00	.00	.00
GRANT REVENUE	(2,000.00)	4,308.33	(6,308.33)	(146.42)	104,270.54	38,774.97	65,495.57	168.91
EXCEPTIONAL RELI	.00	.00	.00	.00	.00	.00	.00	.00
NON OPERATING RE	200.00	3,542.11	(3,342.11)	(94.35)	43,458.28	31,878.99	11,579.29	36.32
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NEW GAIN (LOSS)	(249,233.31)	7,934.73	(257,168.04)	(3241.04)	(389,262.97)	71,412.57	(460,675.54)	(645.09)
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Wrangell Medical Center
FYE 2013

GENERAL FD 1010000	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
Cash on Hand	150,671.86	358,464.40	120,468.70	40,645.97	294,342.24	275,351.41	158,175.95	124,532.76	50,585.68
Deposits & Transfers	983,460.46	884,172.44	561,824.86	1,075,607.49	814,874.10	635,923.10	830,931.03	655,061.13	753,432.71
Interest									
Bk Chg	578.41						1,086.52	0.00	
Expenditures	775,089.51	1,122,168.14	641,647.59	821,911.22	833,864.93	753,098.56	863,487.70	729,008.21	793,032.75
BALANCE	358,464.40	120,468.70	40,645.97	294,342.24	275,351.41	158,175.95	124,532.76	50,585.68	10,985.64
MONEY MARKET ACCOUNT 10120000									
Beginning Balance	90,609.10	2,823.19	3,777.77	2,952.67	28,061.67	39,624.21	654,928.33	541,346.84	581,859.32
Deposits	427,211.29	254,954.19	83,174.34	315,106.97	346,560.71	815,285.94	146,391.03	240,494.90	201,871.44
Interest	2.80	0.39	0.56	2.03	1.83	18.18	27.48	17.58	12.08
Transfers	515,000.00	254,000.00	84,000.00	290,000.00	335,000.00	200,000.00	260,000.00	200,000.00	425,000.00
Balance	2,823.19	3,777.77	2,952.67	28,061.67	39,624.21	654,928.33	541,346.84	581,859.32	358,742.84
Accts. Rec. Hosp - 10310000	2,748,587.30	2,419,993.98	2,642,581.92	2,421,439.49	2,363,575.52	2,323,082.74	2,527,732.06	2,420,202.40	2,505,344.00
Accounts Payable	229,986.18	95,477.87	211,541.21	111,635.48	266,061.90	160,387.62	125,250.14	103,235.01	79,694.37
BOARD DESIGNATED FUND 10150000									
Cash on Hand	628,197.64	628,197.64	628,197.64	628,197.64	628,197.64	628,197.64	628,197.64	628,197.64	628,197.64
Deposits									
Interest									
Withdrawals									
BALANCE	628,197.64	628,197.64	628,197.64	628,197.64	628,197.64	628,197.64	628,197.64	628,197.64	628,197.64
RESTRICTED FUND 10170000									
Cash on Hand	5,581.20	5,581.44	5,581.68	5,541.91	5,542.14	5,542.37	5,542.61	5,543.04	5,543.18
Interest	0.24	0.24	0.23	0.23	0.23	0.24	0.23	0.20	0.14
Withdrawals			40.00						
BALANCE	5,581.44	5,581.68	5,541.91	5,542.14	5,542.37	5,542.61	5,542.84	5,543.04	5,543.18
FIRSTBANK 10130000									
Beginning Balance	3,167.49	36,429.13	59,670.18	86,599.28	100,439.54	109,318.56	116,444.23	125,026.81	132,878.54
Deposits	33,814.65	24,264.24	27,510.62	14,631.87	9,135.14	7,406.05	8,804.61	8,122.64	6,650.73
Interest	1.39	6.23	12.08	16.76	21.31	24.08	25.47	24.46	28.84
Bank Charges	554.40	784.42	593.60	808.37	277.43	304.46	247.50	295.37	264.20
Withdrawals		245.00							
Balance	36,429.13	59,670.18	86,599.28	100,439.54	109,318.56	116,444.23	125,026.81	132,878.54	139,293.91
TOTAL CASH ON HAND	1,031,495.80	817,695.97	763,937.47	1,056,583.23	1,058,034.19	1,563,288.76	1,424,646.89	1,399,064.22	1,142,763.21

7. CORRESPONDENCE

a. None

8. ADMINISTRATOR'S REPORT

- a. Attached



**Interim CEO Report to the Board of Directors,
Wrangell Medical Center
May 15th, 2013**

Organizational Profile

May is always a significant month in the Wrangell Medical Center year because of the Brian Gilbert Memorial Golf Tournament and Dinner Auction. Our sixth annual tournament will take place May 25, 2013, with the awards banquet and auction following that evening. This tournament and accompanying charity banquet is the cornerstone fundraiser for the Wrangell Medical Center Foundation. With the community's help, the Foundation will continue to increase its support of residents in Southeast Alaska who must travel away from home for cancer treatment. Our Cancer Care program is dedicated to reducing the additional stress and impact of travel related expenses for those suffering from cancer in our region. A second goal of the Foundation is to build a scholarship fund to help us 'grow our own' by providing assistance to exceptional local students wishing to study in the field of medicine. Thanks to the generous support of many, our event raised over \$46,000 last year. We expect that 2013 will bring even greater success.

Another annual May event is National Nurses Week, which began Monday, May 6th. At WMC we celebrate our licensed nurses and also our certified nursing assistants because they work together to care for our patients and residents. Clinical care is based on current medical evidence and it is provided with sensitivity and compassion. WMC is fortunate to have such high caliber, dedicated nurses and certified nursing assistants! Happy Nurses Week with gratitude!

Several WMC staff and family members got involved as Wrangell hosted a most memorable celebration for local residents and hundreds of visitors during the re-dedication of Chief Shake's House on Shakes Island. Festivities began with the arrival of canoe paddlers from all across SE Alaska and continued with a parade, singing, dancing, and a community-wide dinner with gift giving. By planning in advance and coordinating with AICS we had additional staff available at the clinic and medical center should there be an increased need for medical services over the busy weekend. Some of our Long Term Care residents were out in the community enjoying various events and activities.

Core Competencies

WMC continues to make progress with the electronic medical record. The large number of visitors and activities the first week in May prompted a postponement of the April 29th start date for implementing the Critical Access Hospital features of our CPSI computer system. Monday, May 6th was chosen as the new date, which meant implementation of the Critical Access Hospital features at the same time WMC had planned to begin using the Emergency Department documentation. Physicians and staff are adapting to this dual implementation which will contribute to getting the right information onto the right accounts for patients who move from one status to another. In addition Emergency Department documentation will now become part of the electronic medical record. These changes were facilitated by advance planning, training and support from our clinical "Super Users" and our CPSI consultant.

There are many reasons we are moving into the digital age with our medical record but the most compelling may be the potential for error reduction, the ability to improve clarity of physician orders and an increased ability to capture meaningful information. This information along with electronically captured quality data can guide improvements in care for individual patients as well as raising the bar on quality for all of our patients and residents.

Another reason we are transitioning away from paper charts has to do with regulatory requirements. The American Recovery and Reinvestment Act of 2009 was signed by President Obama on February 17, 2009. The Law includes the Health Information Technology for Economic and Clinical Health Act or the HITECH Act. The HITECH Act establishes programs under Medicare and Medicaid to provide incentive payments for the Meaningful Use of Certified Electronic Health Records technology. The goal of the HITECH legislation is to improve healthcare outcomes, to facilitate access to care and to simplify care. It is believed that the installation of electronic health records in medical practices is only the beginning. The goals of HITECH will be met when the EHR is used in a meaningful way.

Dave Garretson, our CPSI consultant, provided a summary of how WMC is progressing toward these goals. He states "At this time, Wrangell Medical Center is meeting the requirements for "Meaningful Use" and should be ready to attest to the use of the Electronic Medical Record, Stage 1, by June 1, 2013. Attainment of this goal means that Wrangell Medical Center qualifies for increased reimbursement from Medicaid and Medicare, as well as substantial dollars from CMS, this year and for several years to come. Meaningful Use Stage 2 will result in additional funds from CMS for Wrangell, but will also require continued diligence on our part." Attached is Mr. Garretson's full summary.

Operations Focus

On April 30th WMC had two visitors; Connie Kanen from the Alaska State Hospital and Nursing Home Association (ASHNHA) and Erin Edin from the Alaska electronic Health Network (AeHN). They are trying to bring the use of electronic networks that allow for sharing of selected patient information among that patient's clinical providers in a way that is secure. This work is going on with a few larger hospitals but Connie and Erin are trying to make the same technology available to smaller hospitals. WMC and AICS are considering whether they would be good candidates to participate in this kind of a project. AICS and WMC already strive for continuity of care for our patients but our computer systems don't easily communicate with each other. The electronic health network would help overcome that difficulty making it easier for physicians and others to follow the patient's care and treatment as they move from one area to another within their system of care. Conversations are underway to decide if this is something we wish to pursue.

In closing, I invite everyone to participate in the golf tournament, dinner and auction! We will have a wonderful time and contribute to some very good causes!



WRANGELL MEDICAL CENTER

MAY 6, 2013

Wrangell Medical Center has worked diligently over the past year and a half to implement the software and user requirements to demonstrate that as a facility and as a staff, there is meaningful use of the Electronic Medical Record. This has required substantial investment of time and capital, as well as a commitment by the Physicians and staff. At this time, Wrangell Medical Center is meeting the requirements for "Meaningful Use" and should be ready to attest to the use of the Electronic Medical Record, Stage 1, by June 1, 2013. Attainment of this goal means that Wrangell Medical Center qualifies for increased reimbursement from Medicaid and Medicare, as well as substantial dollars from CMS, this year and for several years to come. Meaningful Use Stage 2 will result in additional funds from CMS for Wrangell, but will also require continued diligence on our part.

While not exhaustive, the following list shows all the requirements Wrangell has been able to meet:

1. **CPOE, Computerized Physician Order Entry**, has been the most recent accomplishment. The physicians have been required to master the use of CPSI software to review their patients' charts, including all the lab results, radiology reports, etc., as well as enter their orders by computer. When fully implemented, physicians will be able to work from their office as completely as from the nurses' station in the hospital. They will be able to pull up a patient's complete medical record from anywhere they have an internet connection. Kudos to our physicians and staff for this major accomplishment.
2. **Physician Problem List** – Our physicians are required to record the problems for which the patient is admitted and the status of that problem when discharged.
3. **Medication List** A complete electronic list of a patient's medication is maintained in the secure computerized medical record.
4. **Maintain active allergy medication list** – An important patient safety issue is being addressed by patients' allergies following him/her throughout the hospital stay and remaining on the person's profile in the electronic medical record from stay to stay. This prevents the physician from ordering a medication to which the patient is allergic.
5. **Demographics** – We are required to, and have set up our system to, capture certain demographic information about our patients.
6. **Vital Signs** – These are recorded electronically and maintained in the patient's record, again being readily available for review by physicians.
7. **Quality Measures** – We are required to keep record of certain measures of care we provide.
8. **EMR to patient and Electronic discharge instructions** – we are able to provide the patient an electronic copy of his/her discharge instructions and will next year have the ability to provide the complete electronic record of the entire stay.
9. **Advanced directive** – We must now inquire as to the patient's advanced directives.
10. **Clinical lab results as structured data**



11. Patient List

12. Patient Education – We can provide education materials to the patient on his/her diagnosis or medication regimen.

13. Medication reconciliation – This is an important tool for patient and physician. We now must complete a list of medications the patient is on when he/she enters the hospital. The physician is required to review that list at admission and again at discharge. The patient goes home with a printed list of medications showing any new meds as well as whether he/she should continue/discontinue the medications he/she takes at home.

14. Transition of Care Summary – We provide a summary of the care the patient received while in our facility when the patient must be transferred to another facility. This provides important continuity of care for the patient perhaps going to a facility that has no other records for this patient.

15. Immunization Registries Data Submission – We electronically submit information to government agencies that require history of immunizations.

10. ACTION ITEMS

a. None

11. DISCUSSION ITEMS

a. None

12. INFORMATION ITEMS

- a. New Building update (verbal)

13. BOARD COMMENTS

14. EXECUTIVE SESSION

- a. Discussion of Wrangell v. Rea,
et.al. 1WR-12-55