

Wrangell Medical Center

Wrangell, Alaska



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



Board of Trustees

September 18, 2013



WRANGELL MEDICAL CENTER
BOARD OF DIRECTORS MEETING AGENDA
September 18, 2013 -- 5:30 p.m.
Location: Nolan Center

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
2. ROLL CALL
3. AMENDMENTS TO THE AGENDA
4. CONFLICT OF INTEREST
5. CONSENT ITEMS
 - a. Minutes of the meeting held 8/21/2013
 - b. Financial statements & interim CFO report: July 2013
 - c. Statistics: August 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:
 - a. Pass resolution in support of achieving and sustaining a Level IV Trauma hospital designation.
 - b. Discussion on and approval of updated WMC Personnel Policies
 - c. Discussion and possible approval of continuation of CEO's contract
11. DISCUSSION ITEMS: None
12. INFORMATION ITEMS
 - a. New Hospital Project update (standing agenda item).

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

WRANGELL MEDICAL CENTER
BOARD OF DIRECTORS MEETING AGENDA
September 18, 2013 -- 5:30 p.m.

13. BOARD DEVELOPMENT

- a. 'Navigating the Boardroom', chapters 9-12, discussion.

14. BOARD COMMENTS

15. ADJOURN

5. CONSENT AGENDA

- a. 8/21/13 Meeting Minutes
- b. Financials: July 2013
& interim CFO report
- c. Statistics: August 2013



**WRANGELL MEDICAL CENTER
BOARD OF DIRECTORS MEETING MINUTES
August 21, 2013 -- 5:30 p.m.
Location: Nolan Center**

CALL TO ORDER:

Meeting was called to order by President Woody Wilson at 5:30 p.m.

ROLL CALL:

Present: President Woody Wilson, Secretary Terri Henson, Members Megan Clark, Barb Conine, Marlene Messmer, Dorothy Sweat, and Vice President Bernie Massin

Absent: Treasurer Cori Robinson, Member Judy Allen

Quorum established

Assembly Member James Stough was absent

AMENDMENTS TO THE AGENDA: added to item 5.c. Statistics: "Fiscal Years 2010-2013", and removed Executive Session.

CONFLICT OF INTEREST: None

CONSENT ITEMS

Motion made by Barb Conine to approve consent item 5.a, minutes of the regular meeting held July 17, 2013, item 5.b, Financial Statements and interim CFO report for June 2013, and item 5.c, Statistics for June 2013 and Fiscal Years 2010-2013. Seconded by: Megan Clark.

Motion passed unanimously.

PERSONS TO BE HEARD: None

CORRESPONDENCE: None

CEO'S REPORT:

Attached. Marla Sanger, Interim CEO, pulled highlights from the weekly board updates and welcomed Dana Strong, Interim CFO, and thanked Olinda White for her work in getting ready for and through the audit as well as helping Dana get up to speed on WMC finances.

MEDICAL STAFF REPORT: None this month

ACTION ITEMS:

- a. Motion was made to discuss and approve adoption of updated WMC Board Bylaws based on the recommendation of the Bylaws, Policy and Ordinance Review Committee, by Terri Henson, seconded by Barb Conine. With little discussion, the motion passed unanimously in a poll vote.

WRANGELL MEDICAL CENTER
BOARD OF DIRECTORS MEETING AGENDA
August 21, 2013 -- 5:30 p.m.

DISCUSSION ITEMS:

- a. Discussion of continuation of CEO's contract:
 - President Wilson asked for volunteers to a committee which should meet soon to study the current CEO contract and make suggestions to the full board about any changes that should be made before re-offering the contract.
 - The committee will be comprised of Barb Conine, Dorothy Hunt-Sweat and President Wilson, with the meeting to take place Monday, August 26 at 8:30 am at the Medical Center.
 - Interim CEO, Marla Sanger, also added that there are two parts to the process – the Engagement Letter and Master Agreement between the Medical Center and PeaceHealth – which provides a CEO to WMC – and her own agreement with PeaceHealth, which is more an 'in house' agreement at PeaceHealth.

INFORMATION ITEMS:

- a. Status of Personnel Policy Manual: The City sent notice to President Wilson that review of the new WMC Personnel Policy Manual has been tabled until such time that Assembly members may meet with WMC staff to ask a few questions about the manual. This meeting is to take place Tuesday, August 27 at 3 pm at the Medical Center, after which the Personnel Policy Manual will go back on the Assembly's Agenda.
- b. New Building Update: Marla Sanger, Interim CEO, reported that the amendment to the PeaceHealth management contract - to include Gary Hall (for the purpose of looking over the new building plans) and Roshan Parikh (to study the agreement with Innovative Capitol) – is nearly finished and that the studies should be happening at the time of the next Board meeting. Once these two mini-studies have been completed it will be possible to move forward with the feasibility study (which is a requirement before funding can be secured).

BOARD DEVELOPMENT:

- Board members commented on their learning from readings taken out of "Navigating the Boardroom", many were appreciative of the materials and felt that it helped them to be better Board members.
- President Wilson added two points: 1) if a Board member has an item to discuss under "Board Comments" that is important enough to take more than a few minutes, it should be added to the next month's agenda so that proper time and notice to the public may be given. 2) Please be sure to touch base with the administrator (CEO) if you happen to have a question that might need research, rather than bringing the question to the meeting where the administrator may not be able to answer it due to lack of resources at the moment.

WRANGELL MEDICAL CENTER
BOARD OF DIRECTORS MEETING AGENDA
August 21, 2013 -- 5:30 p.m.

BOARD COMMENTS:

Marlene M. – the process of going over and re-working the Bylaws was very interesting.

Terri H. – Will be absent from the next meeting

Megan C. – Will also be absent due to participating in the Susan G Komen walk that week.

Bernie M. – Might also be gone during the next meeting

Woody W. – Has recently been hired as a teacher mentor and will be traveling extensively during the school year, however will do his best to schedule that travel on non-board meeting weeks.

ADJOURN

With no further business, the regular meeting adjourned at 6:08 p.m.

Terri Henson

Kris Reed,

Date Certified:

Wrangell Medical Center
Statement of Net Assets
July 31, 2013

<u>Assets</u>	<u>Jul-13</u>	<u>Jun-2013</u>	<u>Net Change \$</u>	<u>Net Change %</u>		<u>Jul-13</u>	<u>Jun-2013</u>	<u>Net Change \$</u>	<u>Net Change %</u>
					<u>Liabilities & Fund Equity</u>				
Cash in the Bank	629,304	896,886	-267,582	-29.83%	A/P and Accrued Expenses	153,152	329,868	-176,716	-53.57%
Patient A/R	3,250,169	3,074,898	175,271	5.70%	Employee Compensation	429,315	406,123	23,192	5.71%
Net Allowance A/R	-236,761	-301,685	64,924	-21.52%	Total Current Liabilities	582,467	735,991	-153,524	-20.86%
Grant Receivable	29,218	32,435	-3,217	-9.92%					
	0	0	0		Unreserved Equity	7,979,113	8,187,398	-208,285	-2.54%
Inventory	169,448	165,446	4,002	2.42%	Net Income / (Loss)	114,251	-208,285	322,536	-154.85%
Prepaid Expense	53,326	29,228	24,098	82.45%	Total Equity	8,093,364	7,979,113	114,251	1.43%
Total Current Assets	3,894,704	3,897,208	-2,504	-0.06%					
			0						
Property, Plant & Equip	12,208,792	12,208,792	0	0.00%					
Accum Depreciation	-7,427,666	-7,390,897	-36,769	0.50%					
Net PP&E	4,781,126	4,817,895	-36,769	-0.76%					
Total Assets	8,675,830	8,715,104	-39,274	-0.45%	Total Liabilities / Equity	8,675,831	8,715,104	-39,273	-0.45%

Wrangell Medical Center
Statement of Revenues & Expenses
For The Month Ending July 31, 2013

	Jul-2013	Jun-2013	Net Change \$	Net Change %
Routine Room and Board				
Inpatient Revenue				
Outpatient	123,746	83,909	39,837	47.48%
Emergency Room	11,958	6,221	5,737	92.23%
Long Term Care	137,582	135,360	2,222	1.64%
Total Routine	250,281	248,880	1,401	0.56%
	523,567	474,369	49,198	10.37%
Ancillary Charges				
Inpatient				
Outpatient	98,216	65,458	32,758	50.04%
Long Term Care	297,530	358,238	(60,708)	-16.95%
	19,045	13,677	5,368	39.25%
	414,791	437,374	(22,583)	-5.16%
Total Charges	938,358	911,743	26,615	2.92%
Fed Man Disc IP	(2,796)	(11,420)	8,624	-75.52%
State Man Disc IP	(7,501)	(6,276)	(1,225)	19.51%
State Man Disc LTC	(38,025)	(49,428)	11,403	-23.07%
Bad Debts	(22,863)	(4,504)	(18,359)	407.61%
Charity	(18,847)	(1,355)	(17,492)	1290.82%
Other Discounts	(17,240)	(25,107)	7,867	-31.33%
	(107,272)	(98,090)	(9,182)	9.36%
Net Patient Revenue	831,086	813,653	17,433	2.14%
Operational Expenses				
Salaries	287,584	123,568	164,016	132.73%
Benefits	163,623	111,796	51,827	46.36%
Supplies	69,869	68,916	953	1.38%
Depreciation	36,769	43,540	(6,771)	-15.55%
Other Expenses	305,711	202,794	102,917	50.75%
	863,556	550,614	312,942	56.84%
Operating Gain/(Loss)	(32,470)	263,039	(295,509)	-112.34%
Misc Revenue	2,648	3,445	(797)	-23.12%
Interest Earned	10	(3,476)	3,486	-100.29%
Grant Revenue	135,750	44,593	91,157	204.42%
Non Oper Revenue	8,313	5,545	2,768	49.92%
	146,721	50,107	96,614	192.81%
Net Gain/ (Loss)	114,251	313,147	(198,896)	-63.52%

WRANGELL MEDICAL CENTER
Statement of Cash Flows

Month Ended	MTD Jul-13	YTD Jul-13
Cash Flows from Operating Activities		
Cash received from customers and third party payers	611,359	611,359
Cash payments to suppliers for services and goods	(717,049)	(717,049)
Cash payments to employees for services	(278,718)	(278,718)
Other operating receipts	20,202	20,202
Net cash flows from Non-Capital Financing Activities	(364,206)	(364,206)
Cash Flows from Non-Capital Financing Activities		
Grants Received	96,614	96,614
(Deposits to) withdrawals from escrow	0	0
Net cash flows from Non-Capital Financing Activities	96,614	96,614
Cash Flows from Capital and Related Financing Activities		
Additions to Property, Plant & Equipment	0	0
Capital Contributions Received	0	0
Net cash flows from capital and related financing activities	0	0
Cash Flows from Investing Activities		
Interest Income	10	10
Increase in Restricted Cash	0	0
Decrease in Board designated assets	0	0
Net cash flows from investing activities	10	10
Net Increase (decrease) in cash & cash equivalents	(267,582)	(267,582)
Cash and Cash Equivalents at the beginning of the year	896,886	896,886
Cash and Cash Equivalents at the end of the year	629,304	629,304

WRANGELL MEDICAL CENTER
Statement of Cash Flows Cont'd

Month Ended	MTD Jul-13	YTD Jul-13
Reconciliation of loss from operations to net cash flows from operating activities		
Loss from Operations	(32,470)	(32,470)
Adjustments to reconcile loss from operations to net cash flows from operating activities		
Depreciation	36,769	36,769
Other nonoperating revenues	96,614	96,614
Other nonoperating expenses	0	0
Decrease (increase) in assets:		
Patient Accounts Receivable	(190,098)	(190,098)
Other Accounts Receivable	3,217	3,217
Inventory	(4,002)	(4,002)
Prepays	(24,098)	(24,098)
Increase (decrease) in liabilities		
Accounts Payable & Accrued Liabilities	(176,716)	(176,716)
Employee Compensation & Related Items	23,192	23,192
Net Cash Flows from Operating Activities	(267,592)	(267,592)

Wrangell Medical Center

July 2013 Financial Statements

Dana Strong, Interim CFO

Executive Summary

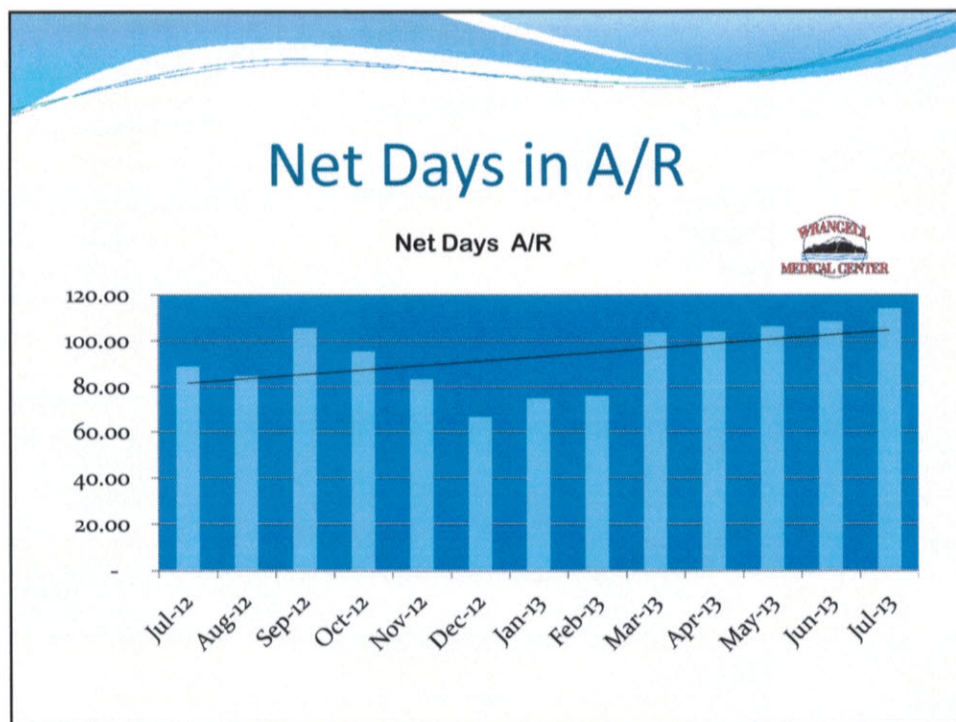
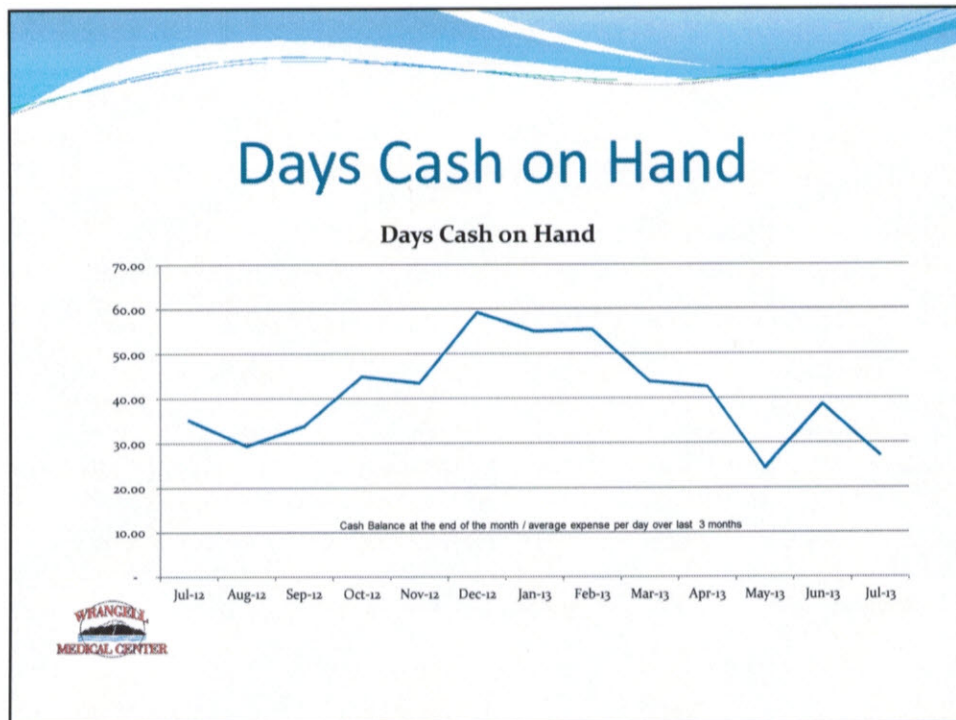
- 2013 Audited Financial Statements should be finalized by the end of September.
- July 2013 Financial Statements have been prepared utilizing comparative unaudited June 30 financials.
- July 2013 Net Patient Service Revenues increased by \$17,433 or 2% over June 2013.
- Total Patient Days increased by 68 or 15% from June 2013 to July 2013
- Gross Accounts Receivable increased by \$175,271 or 6% from June 2013 to July 2013.

Executive Summary Cont'd

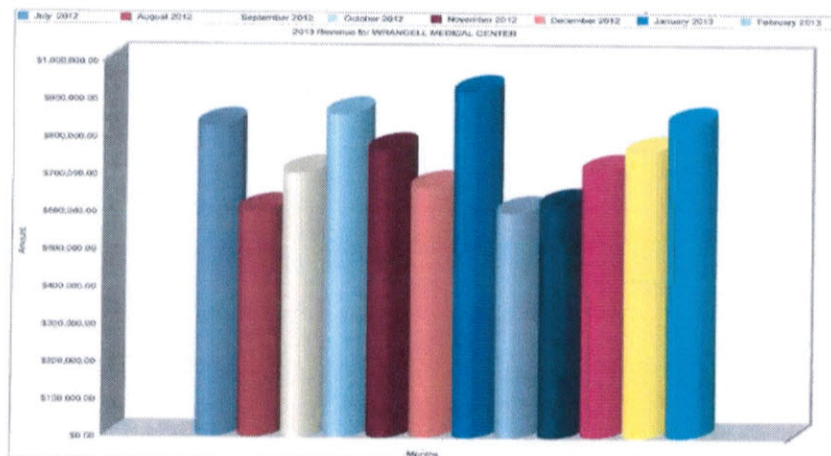
- Salaries & Benefits increased significantly from June 2013 to July 2013 (216K increase), since PTO was utilized by employees for vacations in June 2013, with a corresponding reduction in Accrued Expenses (175K) in July 2013.
- Other Expenses Increased by \$102,917 primarily due to Contract PT (46K), Travelling Nurses (20K), Purchased Services-Med Surg (7K), Purchased Services-Lab (3K) from June 2013 to July 2013. This correlates to the 15% increase in Total Patient Days previously noted above.

Other Items of Note

- We are currently working on the FY 14 Budget. We have distributed departmental revenue & expense reports to the Leadership Team for review and will be meeting with individual department heads soon for feedback. This is a change from prior years' budget process and is a best practice in most CAH facilities.
- I have asked the Business Office staff to review all A/R amounts over 90 days old and \$3,000 and follow-up for collection. This process will be on going and will result in increased Cash Flow and Days in A/R reduction.

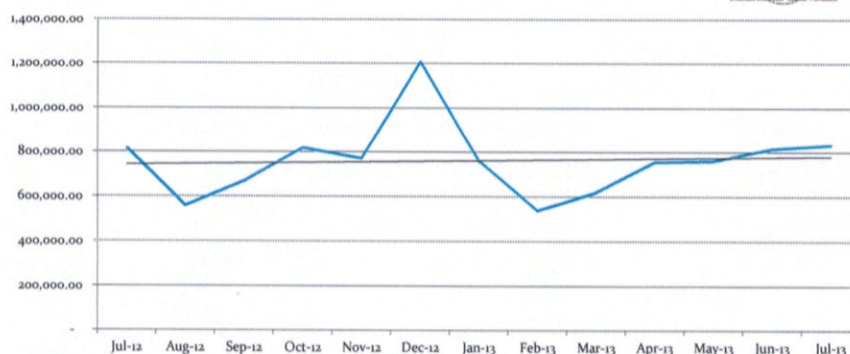


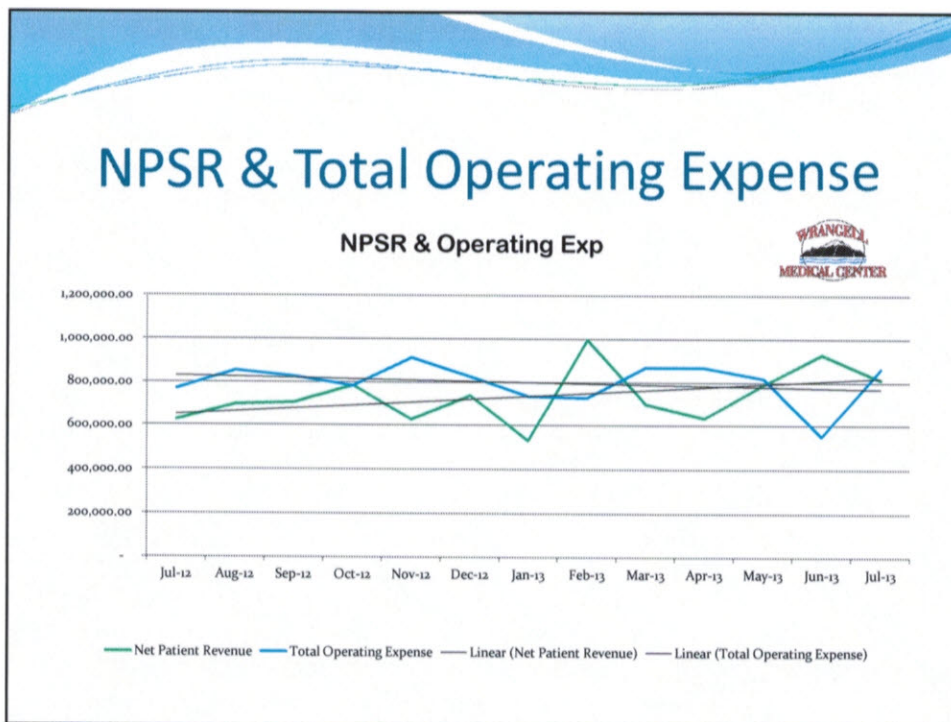
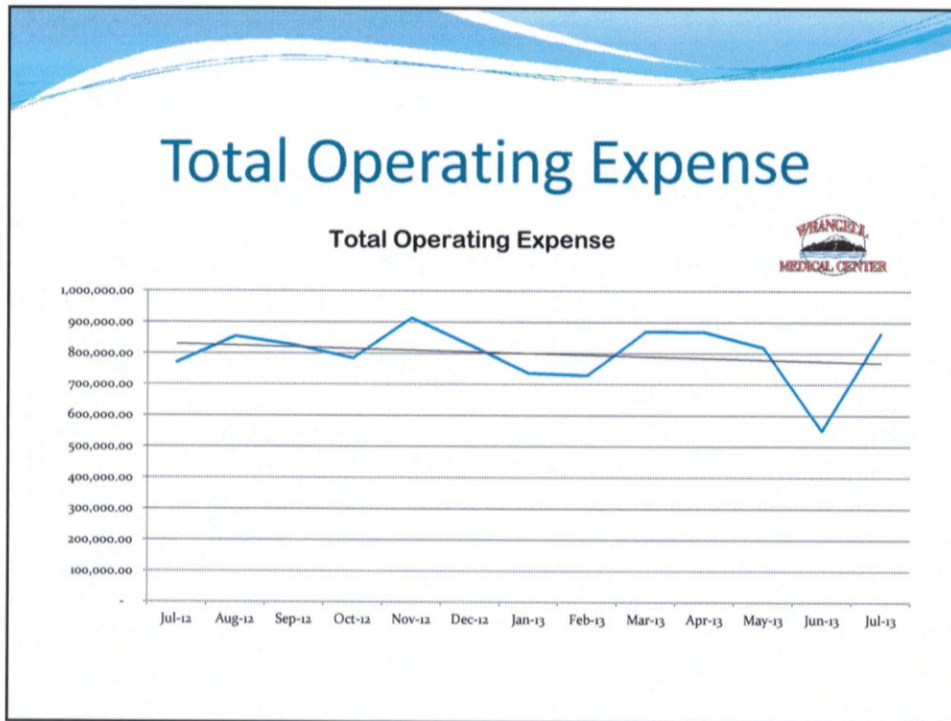
FY 2013 Revenue by Month



Net Patient Service Revenue

Net Patient Revenue





Alaska CAH Total Cost Per I/P Day

- Alaska CAH Cost per I/P day was \$2,461 in 2009 and \$2,855* today.
- Wrangell Medical Center CAH cost per I/P day is currently **\$2,875^** *and is substantially in line with peer Alaska CAH's per ASHNSHA data.*
- *-Assuming 4% per annum inflation factor: $\$2,461 \times 1.16 = \$2,855$ in 2013
- ^-Per Medicare interim rate review 7-3-13



6. PERSONS TO BE HEARD

7. CORRESPONDENCE

a. None

8. ADMINISTRATOR'S REPORT

Attached



**CEO Report to the Board of Directors,
Wrangell Medical Center
September 18th, 2013**

WMC's new Interim CFO, Dana Strong and his wife Sally arrived on August 13th, which happened to be right in the middle of our annual financial audit! They traveled all the way from their home in Maine but that didn't stop them from quickly settling so that Dana could get right to work. Dana brings a wealth of experience and he is already identifying opportunities for improvement in our revenue cycle and beyond. We are grateful to Dana and Sally for coming to Wrangell so quickly to help us at a very busy time for our hospital finances. WMC is also very thankful to Olinda White for stepping in briefly to help orient Dana to his new position at WMC.

On Monday, August 19th WMC was visited by three State of Alaska Health Facilities Surveyors who came to perform our annual Long Term Care inspection. Each of the surveyors is a Registered Nurse with significant experience. At times they split up and at other times they worked together to observe, assess, and evaluate the care provided by our staff. They also collaborated with the Deputy Fire Marshal who came from the Division of Fire and Life Safety in Juneau. The surveyors witnessed compassionate care being provided to our LTC residents but they also identified some opportunities for improvement, some of which were addressed on the spot. On Monday, September 9th, WMC received its report that will inform a corrective action plan.

Wrangell Medical Center celebrated our CNA students as they completed their final day of the training program on Friday, August 30th. WMC staff hosted a potluck luncheon for the graduates. Not everyone in the program was able to attend the celebration but they all deserve to feel proud of this accomplishment!

Sue Nelson has been very busy doing telephone interviews and scheduling site visits as a result of our RN recruiting effort with most referrals coming from Delta Staffing, the agency we engaged to seek qualified candidates. One RN has already visited Wrangell and we are hopeful that this will result in a permanent hire. Two more interviews will be happening September 22nd and September 25th.

WMC has a completely new website designed by Kris Reed. The site has a nice balance of images and written material. It is very informative without being overly "busy". Beautiful local photographs share the scenic splendor that Wrangell Island living provides. Over time we will add to the content. Please take a look and send us your feedback! www.wrangellmedicalcenter.org



Weekly Update to the Governing Board

For the week of Monday, August 12th 2013

From Marla Sanger, Interim CEO

Certified Nursing Assistant (CNA) Students Gain Experience

CNA students start practicing what they are learning by working on the floor with our current CNAs. Carin reports the class is going great. CNAs in training are: Hannah Gunkel, Kimi Spence, Candy Pete, Shaleen Kuntz, Danika Smalley, Billie Younce, Chelsie Ludwig and Courtney Neidiffer. **Graduation date is August 30!**

Good Times at the Golf Course: Supporting Cancer Care



On August 10th the WMC Foundation hosted **the Rally for Cancer Care**, a golf tournament that attracted 83 lady golfers including 45 women from Petersburg and 2 from Ketchikan. A **Men's Cancer Care** fundraiser happened the following day with both events being held on beautiful sunny days at Muskeg Meadows. These events provide support to patients and their loved ones across SE Alaska.

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Marla Sanger, Interim CEO
Ex-Officio Member

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Greg Salard, MD,
Chief of Staff

Lynn Prysunka, MD

Laura Dooley, MD

Bob Urata, MD,
Medical Director

Other Recipients

Bob Shymanski, ES Director

Sue Nelson, DON

Dana Strong, Interim CFO

Ken Tonjes, CAO, PH KM

Nancy Steiger, CEO PH NW
Network of Care

Wrangell Sentinel

Dana Strong, WMC's New Interim CFO, Arrived Aug 13th!



Dana and Sally Strong traveled from one coast to the other so that Dana could begin the Interim CFO role at WMC and help us to achieve our mission "to enhance the quality of life for all we serve".

Dana and Sally are finding Wrangell to be a very beautiful and welcoming community!

Dana Strong has many skills and extensive experience such as:

- Medicare cost report preparation (hospital, skilled nursing facilities, home health agencies, renal providers).
- Strategic planning (facilitated hospital board retreat to consider Critical Access Hospital designation).
- Compliance plan design & implementation (acted as Chief Compliance Officer to several healthcare providers).
- Medicare certification (Completion of pro-forma financial statements, capital budget, staffing budget and CMS Form 855 submission).
- Interim CFO Assignments (worked as interim CFO at hospitals, home health agencies & skilled nursing facilities).
- Budget Development
- Medicare Appeals (Developed PRRB appeals & have written several position papers for healthcare clients).
- Financial Statements
- Financial Modeling (calculating monthly client cost per treatments).
- Information system conversions

Please join me in welcoming Dana and Sally Strong!

WMC Continues to be Busy

Many thanks to everyone at WMC for rising to the challenge of a very busy summer season! It's a privilege to be here for our community when healthcare is needed.

Upcoming Meetings

Governing Board

Every 3rd Wednesday

Aug 21st 5:30pm

Sept 18th 5:30pm

**Location:
Nolan Center**

Quality

Every 4th Thursday:

Aug 22nd 3:00pm

Sept 26th 3:00pm

**Location:
Hospital Library**



Weekly Update to the Governing Board

For the week of Monday, August 19th 2013

From Marla Sanger, Interim CEO

Annual Financial Audit

WMC had its annual financial audit from Monday, August 12th through Friday August 16th. The team of auditors, led by Eric Campbell of BDO, began their work by gathering required financial documents, which Olinda White had helped make available. Various questions came up through the week and several different staff provided answers and documentation.

On the last day of the audit Mr. Campbell provided Marla Sanger with more than an hour of orientation to WMC's past audit findings and discussed various patterns as well as significant financial metrics to watch. We had a discussion about what might have contributed variances over time. A final report on the audited financials will be provided to WMC upon completion of the assessment.

State Surveyors Evaluate WMC's Long Term Care Facility

The financial audit ended Friday August 16th and on the following Monday, August 19th, WMC was visited by three State of Alaska Health Facilities Surveyors to perform our annual Long Term Care inspection. Each of the surveyors is a Registered Nurse with significant experience. At times they split up and at other times they worked together to observe, assess, and evaluate the care provided by our staff. They also studied our facility, and collaborated with the Deputy Fire Marshal who came from the Division of Fire and Life Safety in Juneau. The surveyors witnessed compassionate care being provided to our LTC residents but they also identified some opportunities for improvement, some of which were addressed on the spot. Other corrections and/or improvements will require a bit more time but the formal plan will be created within a 2-3 week period.

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Lynn Prysunka, MD

Laura Dooley, MD

Bob Urata, MD, Medical Director

Other Recipients

Bob Shymanski, ES Director

Sue Nelson, DON

Dana Strong, Interim CFO

Jeff Jabusch, Interim CBW
Manager

Ken Tonjes, CAO, PH KM

Nancy Steiger, CEO PH NW
Network of Care

Wrangell Sentinel



Weekly Update to the Governing Board

For the week of Monday, August 26th 2013

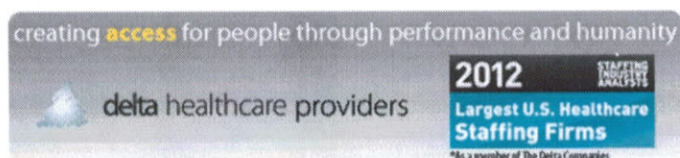
From Marla Sanger, Interim CEO

Congratulations to our Certified Nursing Assistant Graduates!



On Friday, August 30th, Wrangell Medical Center celebrated our CNA students as they completed their final day of the training program. WMC staff hosted a potluck luncheon for the graduates. Not everyone in the program was able to attend the celebration but they all deserve to feel proud of this accomplishment! The graduating CNAs are: Hannah Gunkel, Kimi Spence, Candy Pete, Shaleen Kuntz, Danika Smalley, Billie Younce, Chelsie Ludwig and Courtney Neidiffer.

Other Nursing Services Happenings:



We are working with Delta Healthcare Providers, a prominent staffing firm that is helping us recruit two permanent full time RNs. While we are very thankful for our traveling nurses, we have increased our reliance on that method of staffing to a point where a sizable proportion of our total nursing staff is on temporary assignment. Since joining forces with Delta we have had 4 qualified RN candidates to interview. Stay tuned!

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Network of Care**

Wrangell Sentinel

Other Nursing Services Happenings continued:

Katrina and Janet have been working hard on the Emergency Prep grant that is due this week. Meanwhile Diana is setting up for a busy clinic with Dr Gruchacz mid-September. Recently the nursing staff attended a Fall Precaution educational offering with Dr Pat Quigley. Dr Quigley, an expert at preventing falls, came to us from the VA system in Florida.

Update on Hospital Building Project – We Need It



There is tremendous support for a new Wrangell hospital facility and we don't want structural failures to remind us why we need it but they happen. On Friday, August 30th a pipe failed between the main floor and lower level of the hospital causing a portion of the ceiling downstairs to fall to the floor, showering the hallway with hot water and debris.

Thankfully, no one was in the area due to the late hour. An employee discovered the problem when approaching the elevator to take linens to the laundry room. The elevator door was noticeably warm and things happened fast after that. Our outstanding Wrangell Volunteer Fire Department responded immediately and made a quick repair of the broken pipe. Brian Smith and Bob Shymanski were there too, securing the area, cleaning up the water and damaged ceiling materials.

What's next for the building project? Given that a few years have passed since the new building was designed, and knowing that regulations and market forces have changed, I want a fresh look at the project by a couple of PeaceHealth (PH) system-wide experts. An amendment to the master agreement between WMC and PH will make that possible. I have asked Jeff Jabusch, Mayor Jack and the CBW Assembly to approve this amendment so we can move forward as quickly as possible. Meanwhile, we know our Fire Department is ready if we need them.

THANK YOU to Wrangell's amazing Fire Department!

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Every 3rd Wednesday

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Oct 16th 5:30pm

Nov 20th 5:30pm

**Location:
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**Location:
Hospital Library**



Weekly Update to the Governing Board

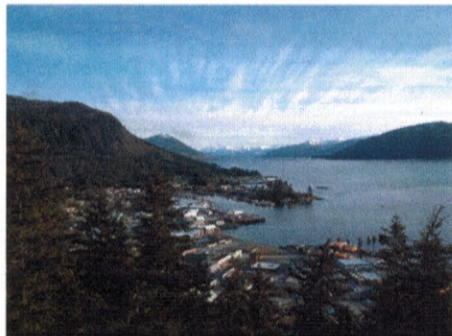
For the week of Monday, September 2nd, 2013

From Marla Sanger, Interim CEO

Wrangell Medical Center has a new website!

Click on the link below to see how it has changed

www.wrangellmedicalcenter.org



Thanks to the time and talent of Kris Reed, WMC has a completely new website that we hope will appeal to our community and external audiences as well especially as we work to recruit permanent RNs!

The new website has a nice balance of images and written material. It is very informative without being overly "busy". Beautiful local photographs share the scenic splendor that Wrangell Island living provides. Over time we will add to the content. Please take a look and send us your feedback!

Nursing Recruitment Update

Sue has been very busy doing telephone interviews and scheduling site visits as a result of our RN recruiting effort with most referrals coming from Delta Staffing, the agency we engaged to seek qualified candidates. One RN has already visited Wrangell and we are hopeful that this will result in a permanent hire. Two more interviews will be happening September 22nd and September 25th. Fingers are crossed!

Marla's Schedule

I will be attending the ASHNHA annual meeting 09/11-13, returning to Wrangell Saturday, 09/14.

WMC Governing Board

Woody Wilson, Chair

Bernie Massin, Vice Chair

Terri Henson, Secretary

Cori Robinson, Treasurer

Judy Allen

Megan Clark

Barb Conine

Marlene Messmer

Dorothy Hunt-Sweat

James Stough, CBW Liaison

**Marla Sanger, Interim CEO
Ex-Officio Member**

Medical Staff

Greg Salard, MD, Chief of Staff

Lynn Prysunka, MD

Laura Dooley, MD

Bob Urata, MD, Medical Director

Other Recipients

Bob Shymanski, ES Director

Sue Nelson, DON

Dana Strong, Interim CFO

**Jeff Jabusch, Interim CBW
Manager**

Ken Tonjes, CAO, PH KM

**Nancy Steiger, CEO PH NW
Network of Care**

Wrangell Sentinel

9. MEDICAL STAFF REPORT

Verbal

10. ACTION ITEMS

- a. Pass resolution in support of achieving and sustaining a Level IV Trauma hospital designation.

Attached information:

- Example Board Resolution
- Brief definition of 'Level IV Trauma Center' with checklist of items needed for application to receive designation.

Hospital Board Resolution

WHEREAS, traumatic injury is the leading cause of death for Alaskans between the ages of 1 and 44 years; and

WHEREAS, the 673 Medical Group strives to provide optimal trauma care; and

WHEREAS, treatment at a trauma hospital that participates in a standardized system of trauma care can significantly increase the chance of survival for victims of serious trauma; and

WHEREAS, participation in the Alaska Statewide Trauma System will result in an organized and timely response to patients' needs, a more immediate determination of patients' definitive care requirements, improved patient care through the development of the hospital's performance improvement program and an assurance that those caring for trauma patients are educationally prepared:

THEREFORE; BE IT RESOLVED that the board of directors 673 MDG resolve to provide the resources necessary to achieve and sustain a level IV trauma hospital designation.

IN WITNESS THEREOF, I have hereunto subscribed my name this [DAY] day of [MONTH], [YEAR].

Chairman of the Board

-Level IV/V Trauma Center Applicants
Essential or Desirable Resources/Services Available

The Level IV and V Trauma Centers in Alaska supplement care within the larger trauma system. It provides initial resuscitation and assessment of the injured patient. Most often these patients are transferred to a higher level of trauma care.

The Level IV facility must be licensed as a Hospital. Level V Trauma Centers must be licensed as a sub regional clinic or frontier extended stay facility that routinely provide emergency care in the community. Level V Trauma Centers are not formally recognized by the American College of Surgeons.

Please check off the resources listed below that are currently available at your facility. (Note: Level IV/V applicants do not require verification from the American College of Surgeons, Committee on Trauma). The following shows levels of categorization and their essential (E) or desirable (D) characteristics. Only items marked "E" are required for state designation as a Level IV/V Trauma Centers in Alaska. If you need further clarification, please see resource list. (E = Essential, D = Desirable, N/A = Not applicable)

Category	Criteria	Level IV	Level V
<i>Hospital Organization:</i>			
A. Administrative Support	Letter of Support from Governing Board	E	E
	Letter of Support from Medical Staff	E	E
B. Hospital Department	General Surgery	D	N/A
	Emergency Services	E	E
<i>Clinical Capabilities:</i>			
A. Special Availability (on call & available within 30 minutes of notification)	Anesthesiology	D	N/A
	General Surgery	D	N/A
	Radiology:		
	1. Available during hrs of operation or within 30 mins of patient arrival	E	E
	2. If the facility is not open 24hrs/day, after-hrs policy for availability of services	E	E
B. Critical Care Capabilities	With adequate notification, team leader shall be present in the ED at time of patient arrival when facility-defined trauma team activation criteria met	E	E
	When prior notification not possible, team leader shall be available within 20 mins of notification 80% of the time.	E	E

Category	Criteria	Level IV	Level V
Facilities/Resources:			
A. *Emergency Department/ Personnel	Designated Trauma Medical Director	E	E
	Nursing personnel with current specific training in trauma care who provide continual monitoring of the trauma patient from arrival to disposition	E	E
	Documented: a) well-organized resuscitation team b) documented notification and response times of team to activations	E	E
	Established written protocols utilizing ATLS guidelines for: a) trauma team activation criteria b) identification of trauma team responsibilities during a resuscitation c) resuscitation and treatment of trauma patients	E	E
	Physicians must: a) have current ATLS certification OR b) hold current emergency board certification and taken ATLS once OR c) scheduled to take ATLS within 4 months of review date d) adequate trauma-related CME's	E	E
	Certified PA or Nurse Practitioner with delegated authority to treat trauma patients. PA or NP must have taken ATLS once, with 16CME/2years trauma- related CME's. Additionally, NP must have scope of practice to treat trauma patients approved by AK State Board of Nursing.	N/A	E
B. * Emergency Department Equipment	Airway control & ventilation equipment, including laryngoscopes & endotracheal tubes of all sizes, bag-valve masks, pocket masks, and oxygen masks/equipment	E	E
	Pulse oximetry	E	E

Category	Criteria	Level IV	Level V
	End tidal CO2 determination	E	E
	Suction devices	E	E
	defibrillator	E	E
	Standard intravenous fluids & administration devices	E	E
	Broselow tape	E	E
	Broselow kit	E	D
	Capability to resuscitate, stabilize, and transport pediatric patients	E	D
	*Note: A trauma center that does not admit pediatric patients shall be capable of resuscitating, stabilizing, and transporting pediatric trauma patients.		
	Cardiac monitor	E	E
	Sterile surgical sets for:		
	a) Airway control (cricothyroidotomy)	E	E
	b) Thorocotomy tray	D	N/A
	c) Central Vascular access	E	D
	d) Intraosseous	E	E
	d) Chest tube insertion	E	D
	Needle decompression chest	E	E
	Gastric decompression	E	E
	Drugs necessary for emergency care	E	E
	Written policy: X-Ray availability, 24 hrs/day	E	D
C.* Well defined protocol	Two-way communications with vehicles of emergency transport system	E	E
	Skeletal traction devices	E	E
	Thermal control equipment for patient & blood/fluids	E	E
D. * Well defined transfer plans & written transfer protocols	a) Burn patients b) major trauma patients c) spinal cord injury patients d) head injury patients	E	E
E. Clinical Laboratory Service (available 24 hrs/day)	Standard analysis of blood, urine, & other body fluids	E	D
	Blood typing & cross-matching	E	D
	Coagulation studies	E	D
	Comprehensive blood bank or access to a community central blood bank with adequate storage capabilities	E	D
	Blood gases & pH determination	E	D

Category	Criteria	Level IV	Level V
	Microbiology	E	D
	Drug & Alcohol Screening	E	D
Performance Improvement:			
A. * PI programs with evidence of loop closure	On initial designation: A facility must have completed at least 12 months with a minimum of 4 meetings of audits on all qualifying trauma records. Compliance with internal policies must be evident Re-designation: must show continuous PI activities throughout designation period must be available for review.	E	E
	Pediatric-specific performance improvement program	D	D
B. *Trauma Registry data abstraction/submission to state trauma registrar	Must be current within 60 days of patient discharge and/or transfer	E	N/A
	Must have a central log for each trauma patient that tracks disposition & deaths	E	E
C. *Case review of all trauma deaths with classification:	[<i>Unanticipated mortality with opportunity for improvement</i>] OR [<i>Mortality without opportunity for improvement</i>] OR [<i>Anticipated mortality with opportunity for improvement</i>]	E	E
D. *Morbidity & Mortality Review	Including documented decisions by the TMD as to whether standard of care was met on all mortalities	E	E
E. * ATLS physician review of all trauma codes managed by a midlevel provider	Reviewed within 2 weeks of patient disposition	E	E (4 weeks)
F. * Multidisciplinary meetings	Review trauma & critical cases	E	E
	Documented processes & issues in providing trauma & critical care for initial designation:12 months with a minimum of 4 multidisciplinary meeting minutes; Re-designation: must be available for review continuous meeting minutes throughout designation period with a minimum of 4 meetings/year	E	E

CATEGORY	CRITERIA	LEVEL IV	LEVEL V
G. *Pre-hospital care review	Review pre-hospital care including those patients who are transported directly from scene to tertiary care center	E	E
<i>Prevention/Public Education:</i>			
A. Epidemiology research		D	N/A
B. Surveillance using trauma registry data		D	N/A
C. Prevention	Collaborate with injury prevention personnel	E	D
	Utilize existing trauma registry data	E	D
	Utilize national, regional, state, and local programs data	E	D
<i>Continuing Education:</i>			
A. * Formal programs in continuing education provided by facility for:	Physicians must: a) have current ATLS certification OR b) hold current emergency board certification and taken ATLS once OR c) scheduled to take ATLS within 4 months of review date d) adequate trauma-related CME's	E	E
	Midlevel Providers: current ATLS	E	E
	Nurses: TNCC, ATCN or trauma-related course *	E	E
<i>Trauma Services Support Personnel:</i>			
A. * Trauma Coordinator		E	E
<i>*Organ Procurement:</i>	Written process	E	E
<i>*Disaster Planning & Management:</i>	Written plan and periodic drills	E	E

*Considered Major criteria

10. ACTION ITEMS

- b. Discussion on and approval of updated WMC Personnel Policies

Background

These are the few policies that the city and borough Assembly, and attorney Bob Blasco, had questions about. The WMC Personnel Policy committee met again to tighten up the following policies which are being returned to the Board for recommended approval.

AT WILL STATUS OF EMPLOYMENT

~~Employment here is “at-will”. This means that at the sole discretion of either the employer or the employee, the employment relationship may be terminated at any time for any reason or no reason at all. No one in the facility other than the CEO has the authority to change the at-will nature of your employment.~~

Replace with:

Employment with the Wrangell Medical Center is strictly at will employment. The Wrangell Medical Center may terminate this employment at anytime without cause in the sole discretion of the Wrangell Medical Center.

EQUAL EMPLOYMENT OPPORTUNITY

Equal employment opportunity is granted to all qualified individuals without regard to race, color, religion, disability, sex, age, or national origin. Wrangell Medical Center will attempt to make reasonable accommodations for applicants and employees with disabilities.

BEREAVEMENT LEAVE

Scheduled employees, with approval of the CEO, will be granted a leave with pay of 40 hours for regular employees in the event of a death in the immediate family. The Supervisor must be notified and the bereavement leave must be requested immediately. Immediate family is defined as *parents, parents-in-law, spouse, children, grandchildren, grandparents, brothers, sisters, and domestic partners.*

JURY DUTY

Employees must notify their supervisor when they are notified that they are on call for jury duty. Also, please notify your supervisor when you have been released from the courthouse.

Employees, who are called to serve on Jury Duty, will be compensated by the Medical Center for his/her regular pay for the regularly scheduled time missed. Employees are allowed to keep any compensation offered by the court system for their service.

LOW CENSUS DAYS

When more personnel are scheduled than required because of intermittent low patient census, a low census period may be given to employees who request it, or it may be assigned to employees if there are no requests. Assignment will depend upon the particular needs of the Medical Center for that period; however, every effort will be made to equitably rotate such periods where feasible.

A low census period is a period without regular pay, but one for which benefits are accrued for all regular employees. Employees may elect to use PTO for low census periods.

A low census period must be assigned at least one hour before the scheduled shift, unless the supervisor and staff member agree to a lesser time period. Low census hours must be authorized by the supervisor in writing.

Low census periods do not contribute to overtime calculations.

Low Census Periods must be designated by the CEO. The CEO will designate a beginning and ending date for low census periods.

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PERSONAL APPEARANCE

Employees are expected to maintain high standards of neatness, cleanliness and personal hygiene. All employees should arrive for work in modest, neat and clean clothing appropriate for work. Wrangell Medical Center is an important part of our community and our employee's attire should be reflective of our professional commitment to those we serve. Our appearance should not distract from our professionalism individually or collectively, and should not be distractive or offensive.

Clothing must be clean, safe, non-wrinkled, in good repair and sized appropriately (no wrinkled, torn or revealing apparel) with no slogans, or inappropriate pictures/graphics. No sweatshirts, bare midriffs, low rider jeans or tank tops can be worn. Wrangell Medical Center and Wrangell Medical Center Foundation logo attire is acceptable. ~~Specific uniform requirements may apply depending upon your position. These will be documented in each department and communicated to all staff within that department. Any change to department dress code must have prior administrative approval. Note: Department heads will orient staff to particular departmental uniform requirements upon orientation.~~

All employees must wear a facility issued photo identification badge. This must be worn in a visible location above the waist at all times. The Personnel department will issue these upon hire. Duplicate identification badges may be obtained from the Personnel department.

Cosmetics, colognes and fragrances must be kept to a minimum so as to prevent discomfort or allergic reactions from co-workers and patients. These include, but are not limited to, heavy cologne, perfume, or after shave lotions.

Body piercings and jewelry must be conservative in nature and should not compromise health, sanitation or safety. Tattoos should not be perceived as offensive to patients, visitors or other staff. ~~Employees will be asked to cover any visible tattoos which are determined to be offensive and remove any excessive body piercings or jewelry at the discretion of the employee's immediate supervisor.~~

Footwear should be appropriate and safe for each employee's daily work activities. For reasons of safety and infection control, no open toe shoes, thong type footwear or any type of shoes with openings are allowed in clinical areas.

Supervisors are responsible for enforcing dress codes. Employees are responsible to know and follow the hospital and departmental dress codes. If any employee reports to work improperly dressed or groomed, the supervisor will instruct the employee to obtain a pair of scrubs, shower if necessary and return to their shift, or be asked to return home to change into appropriate attire. The employee will not be compensated during such time away from work. Repeated violations may result in disciplinary action.

ACCEPTANCE OF GIFTS

Employees should not accept gifts from acute care or swing bed patients unless it is a gift to all the staff, such as box of candy, fruit, etc. Employees and their families may accept gifts from long term care residents on special occasions, i.e., Christmas with the value of the gift not to exceed \$25. Money should never be accepted from patients or residents by individual employees. Employees are not permitted to borrow money from patients or residents under any circumstances. Patients or residents may make contributions to Wrangell Medical Center or Wrangell Medical Center Foundation.

BREAK TIME FOR NURSING MOTHERS

Wrangell Medical Center allows sufficient break time for breastfeeding employees to express milk or nurse infants at work for up to one year after the child's birth. Supervisors are encouraged to consider flexible schedules to accommodate employee's needs. Wrangell Medical Center will provide a private room or space close to an employee's work area to express milk or nurse an infant. Supervisors will ensure that employees are aware of these workplace accommodations.

It is Wrangell Medical Center's intent to fully comply with Section 4207 of the Patient Protection and Affordable Care Act. The actual federal regulations will govern any questions arising under this policy. In accordance with these regulations, breastfeeding time taken beyond the normal time allotted any employee for a break will be taken as leave without pay or vacation time.

SUBSTANCE SCREENING

It is the policy of Wrangell Medical Center to maintain a drug free work environment for all employees. Drug and alcohol testing will be conducted by a laboratory certified by CLIA.

Substances to be tested:

Alcohol	Amphetamines	Cannabinoids	Cocaine
Opiates	Oxycodone	PCP	TCH
Methamphetamines			

Pre-Employment Substance Screening:

All new job applicants will be informed that a substance screen is required. All offers of employment will be contingent upon the applicant passing a pre-employment substance screen. Testing methodology and procedures will follow the same guidelines established for employee testing. Wrangell Medical Center will pay the fees for the pre-employment substance screen.

- A written consent from the applicant will be obtained prior to the drug and alcohol testing being performed. Completed consents will be kept in personnel records.
- If the applicant refuses to submit to the drug and alcohol test, the offer of employment will be withdrawn.
- An individual will not be allowed to begin work or orientation until test results are received by the Employee Health Coordinator.
- Any applicant who has a positive test for the presence of any illegal or unauthorized substance will be denied employment.

Reasonable Suspicion Testing:

Employees who are reasonably suspected of being under the influence of any illegal or unauthorized substance will be subject to drug and alcohol testing. Before an employee can be requested to have a drug and alcohol test, the recommendation must be approved by the CEO, who will consider the reasonableness of the suspicion and the specific evidence on which the suspicion is based in granting or denying the recommendation.

Examples of reasonable suspicion may include but are not limited to:

- Observed alcohol or drug use during work hours or on-call shifts.

10. ACTION ITEMS

- c. Discussion and possible approval of continuation of CEO's contract

11. DISCUSSION ITEMS

None

12. INFORMATION ITEMS

- a. New Hospital Project Update

13. BOARD DEVELOPMENT

- a. Navigating the Boardroom,
chapters 9-12 discussion

14. BOARD COMMENTS