

**WRANGELL MEDICAL CENTER
BOARD OF DIRECTORS' MEETING
February 16, 2005**

PRESENT:

Roll Call showed those board members present were: Larry Clarke, President; Brian Merritt, Vice President; Lynne Campbell, Secretary; Mark Robinson, Member. Also present were Janet Bunes, DNS, Acting Administrator; Olinda White, Controller and Karen Wright, Administrative Assistant.

CALL TO ORDER:

President Larry Clarke called the meeting to order at 5:15 p.m.

APPROVAL OF AGENDA:

Brian Merritt moved to approve the agenda with the addition of Economic Development Committee Report to follow the Compliance Report; Discussion of Resolution of Medical Staff under Old Business and Policy for Physician's Assistant under New Business. Motion was seconded and passed.

APPROVAL OF MINUTES:

Regular Board Meeting of January 19, 2005 — Brian Merritt moved to approve the minutes with the inclusion of Lynne Campbell being present. Motion was seconded and passed.

CONFLICTS OF INTEREST: None was expressed.

CORRESPONDENCE: Discussion of the letter received from Mark Walker regarding the chronology of WCS taking over the clinic and the receipt of the 330 grant.

ADMINISTRATOR'S REPORT:

Janet Bunes gave a rundown on the state survey conducted this month. Surveyors were also here to investigate an allegation of abuse which was determined to be unfounded. We have not received the survey yet; we will have ten days to submit our Plan of Correction upon receipt. Janet felt there were no serious problems found. The surveyors cited us on some of the regulations which have been on the books for years, but have never cited us before on these.

MEDICAL STAFF REPORT:

Dr. McCandless reported that the last two weeks we have seen a flu epidemic in the hospital. Some of these patients have been admitted to the LTC unit for further recuperation.

New peer reviews have been received; some were good, and some were the usual noncommittal responses. The reviews depend on the reviewing physician; some are better than others.

Medical staff is currently working on the delay of chart completion with medical records.

Our next medical student should be here in May. We are expecting four students a year, now that we are rotating with Petersburg.

Dr. McCandless discussed the flu epidemic that has hit Wrangell and that it is not the strain for which the vaccine was developed. Many of the patients had been vaccinated. However, he felt that those who were vaccinated were not as sick as those who were not.

PERSONS TO BE HEARD:

Laura Johnson read the following into the record:

February 15, 2005

Wrangell Medical Center Board of Directors

Dear Board Members:

It was suggested by you that I put in writing my comments from the January 2005 board meeting. Thank you for taking the time to listen to my concerns.

First I owe you an apology. As concerned community members you have come forward to serve this board voluntarily, a service that I appreciate. As an employee of Wrangell Medical Center I have a right to voice my concerns to you, however you also have a right to be treated with respect regardless. So let me try again.

I am suspicious of the behaviors and intentions of some members of Wrangell Community Services. I know you are already aware of some of these things, but I want you to know that others are aware and concerned. Here are some that come to mind.

1. Hushed 330 grant: WCS has not made public their application for, or the approved, 330 grant. I know this board is making efforts to acquire them. It just makes a lot of people wonder that do they have to hide? Especially when two community members received letters from Senators Lisa Murkowski and Ted Stevens thanking them for their letters of support for WCS to receive the 330 grant, when in fact they had not sent these letters to the Senators. Perhaps there is an explanation for this; if so I would like to be corrected.
2. Contracts for services: I do not see WCS making efforts to establish contracts with the local pharmacy, our hospital laboratory, or our physical therapy services. If they provide these services on their own or contract with other providers, this competes with already existing services. If laboratory and

physical therapy at Wrangell Medical Center are compromised not only does this adversely affect acute care, but it jeopardizes our long term care program, and ultimately our facility and staff.

3. Hand-outs: Some of the things included in the rental fee of our clinic space are exam room and waiting room furniture, and housekeeping services. If WCS had rented a space downtown for Tideline clinic they would have had to furnish it and hire their own housekeeping at much greater cost than they are paying now. Because of this it offends me that they would approach their landlord demanding rent free space or that they be allowed to purchase that space, or it a no-go
4. Improved clinic health care: Because of the conflicts going on a year ago I established health care with a physician in Ketchikan for my chronic asthma. Although bitter at the time, I left the option open that if Tideline provided improved health care I would think about re-establishing care locally. I have been listening for a consensus from community members to decide whether I want to re-establish local care. Now, seven months after Tideline has opened, I will only take myself or family there when absolutely necessary. It is not because the clinic staff or doctors are not competent or uncaring. Rather, under new management the doctors have not made patients their priority. This is what I hear from the community, and this is what I have experienced. Many people have complained that the doctors now seem more concerned with the responsibility of their liability, than the care of their patient. Under management of WMC they had less of that responsibility and could focus more on the patient. Not only have I heard these complaints from community members but I have heard of several people establishing care elsewhere. As Tideline clinic loses patients, so does WMC center lose those referrals for lab, x-ray, physical therapy, etc. (we still get referrals, unless or until WCS seeks to establish their own or contract elsewhere, as mentioned above). Tideline clinic could produce evidence that shows what a full schedule they have, but are the doctors working full time? If they have reduced their hours, of course their schedules are going to be full.

In the past I have requested that the board pursue re-opening Stikine Family Clinic under the management of Wrangell Medical Center. I understand the arguments made against this, and I understand the impossibility versus the possibility. However, as a precaution I think there needs to be a plan in place to take such action if Wrangell Community Services becomes a threat

to Wrangell Medical Center survival. This is what I ask from the board: please look at the possibilities and what it would take to recover our clinic if for nothing more than a last resort. As staff members and board members of Wrangell Medical Center we are all here to maintain the viability of this hospital for our patient sake.

Thank you for taking the time to listen.

Sincerely,

Laura Johnson

Valery McCandless reported on a proposed Health Summit to be held in Wrangell at the time of the Health Fair which would include Wrangell Community Services, Wrangell Medical Center and SEARHC.

OLD BUSINESS:

Denali Grant — Karen Wright reported that it is still on hold..

Resolution of Medical Staff — Larry Clarke has prepared a draft for strategic and operational plan. Dr. McCandless stated he wanted identification of future challenges in health care and how the medical center planned to deal with these..

NEW BUSINESS:

Financial Reports — Financial reports for the month of January were reviewed and clarified.

Cash Flow Statement — Cash flow is still alright despite loss for the month due to loss less than depreciation.

Olinda White reported on when accounts become bad debts and are turned over to the collection bureau.

Board Statistics — Statistics were reviewed for the month of January. Olinda White stated that January and February were very busy months.

Also, Ron Chadwick has been put on contract for six months to work with subacute rehab patients. We are soliciting patients from other southeast areas, and are seeing some of these come here for the short term. We are paying their transportation to Wrangell.

Medicare has not paid us for ER claims since Fargo, North Dakota has taken

over the processing. The billing office is working on straightening out this problem.

Personnel Policies Revision — Lynne Campbell moved to approve the revised Personnel Policies and Procedures. Motion was seconded. Following discussion, motion was passed.

Physician's Assistant Policy — Karen Wright presented a new Policy on the Physicians Assistant as dictated by the state surveyors. Following review and discussion, it was determined to table until next month's meeting.

COMPLIANCE REPORT:

Olinda White reported that the Compliance Report again focused on the laboratory, looking for improvement. There has been some, but lab and billing are still working on it.

Other Committee Reports — President Larry Clarke reported on the Economic Development Committee which is currently working on a site for the Cold Storage.

BOARD COMMENTS:

Mark Robinson discussed the critical condition look on health care nationwide.

There being no further business, the meeting was adjourned.

Karen Wright
Recorder