



TRUE
COMMUNITY
MEDICINE

VALLEY GENERAL HOSPITAL
Public Hospital District No. 1, Snohomish County
MINUTES OF THE REGULAR MEETING OF MARCH 25, 2009

Present: Neil Watkins, Alice Cabe, Mark Judy, Brenda Rogers, John Beltz

Unable to attend: Dennis Dinkla

Medical Staff: Reza Dehkordi, MD

Guests: **VGH:** Kathy Nelson, Jennie Dominguez-Burton, Quinn Hatala, Vicki Hesseltine, Jennifer Scott, Monica Sylte, Lauren Barber, Joan Catlett, Marcy Nicol, Lisa Norton, Lin McIlrath
Public: Terri Judy, Jeff Judy, Mike Tatham, Barb Tatham, Bob Downing, Beth Stucker

Minutes By: Norma Walker

CALL TO ORDER

Commissioner Watkins called the meeting to order at 6:05 a.m.

MINUTES

On the motion of Commissioner Watkins and a second from Commissioner Cabe, the minutes from the Regular meeting of February 25, 2009 were approved as presented.

On the motion of Commissioner Watkins and a second from Commissioner Cabe, the minutes from the special meeting of March 4, 2009 were approved as presented.

On the motion of Commissioner Watkins and a second from Commissioner Cabe, the minutes from the special meeting of March 9, 2009 were approved as presented.

On the motion of Commissioner Watkins and a second from Commissioner Cabe, the minutes from the special meeting of March 13, 2009 were approved as presented.

PATIENT CARE STORY

Ms. Rogers shared comments from a patient survey recently submitted. In response to tests and treatments, they wrote: "After having been in four hospitals within 3 months prior to this stay, I'll say Valley General is far superior. I was not expecting this at a local, small hospital and I've left knowing that it all depends on management – big or small. Thanks!" Referring to the physician, they added "Excellent! Dr. Badari and Dr. Dehkordi! The doctors and staff has a much better grasp of individual care that I've received at UWMC or Swedish." In the 'overall' section, they added: "My only regret is that I didn't come here when I was initially ill. Had I done so, I am convinced I would not have experienced four months of critical care / home care and repeat illness. I will never return to the other institutions." In closing, they added a note to the CEO: "You have an exceptional staff and hospital. We have had an awful experience at three other hospitals prior to coming here and both {of us} deeply regret not coming to our local hospital. We will from now on!"

PUBLIC COMMENT

Before opening the public comment section, Commissioner Watkins announced a special Board meeting has been scheduled for the evening of Monday, April 27, 2009 from 6 – 8 PM in the Godard Room of VGH. This meeting will be an opportunity for the Board to respond to the request made of the Board at the February 25, 2009 meeting by the Citizen’s Group. Commissioner Watkins further stated he sincerely hopes the Citizen’s Group will be in attendance. The District has invested thousands of dollars in legal fees working to properly respond to the contents of the document received and requests made. It is the intention of the Board and the management of this District to clarify misunderstandings and misrepresentations with factual accounting and data. Our legal counsel and financial auditors will be in attendance to answer questions and provide valuable information.

Ms. Stucker stated she was glad to see an evening meeting scheduled as it is difficult for the Citizen’s Group to attend a 6 AM meeting.

BOARD FINANCE COMMITTEE REVIEW

Commissioner Watkins stated Board Finance met as scheduled and reviewed the February 2009 financial reports, and other topics, as Mr. Beltz will discuss.

February 2009 Financial Reports

Mr. Beltz summarized net patient services revenue for February 2009 were \$142,000 below budget, with total operating expenses under budget by \$152,000. Salaries were under budget by \$23,000, benefits were under by \$28,000, and agency use was over budget by \$64,000. The results from operations was an operating gain of \$5,000. Non-operating revenues for the month were \$62,000, which is under budget by \$11,000. Gross days in accounts receivable increased to 49.7 days. Days in accounts payable were 42.8 days.

Mr. Beltz further shared focus continues on staffing control / productivity. Physical Therapy, Emergency, Imaging and Birth Center use agency most to man unfilled positions. Birth Center and Emergency have filled their permanent positions recently, so that will decrease in the future.

Patient volumes related to the conversion from Senior Behavioral Health to an Inpatient Psychiatric Treatment Unit continues to exceeded our expectations to date, and so has CDTS. Demand for services is growing.

The Wound Care center continues to exceed patient volume and financial expectations.

Bad Debt and Charity Care

Commissioner Watkins motioned for the approval of the following bad debt and charity care:

	<u>February 2009</u>
Bad debt	\$ 297,964
Back from collections	(22,805)
Uncollectible	9,860
Charity care	321,003
Bankruptcy	(0)
Contract denials	<u>6,902</u>
Total:	\$ 612,924

Commissioner Cabe seconded the motion.

Vouchers

On the motion of Commissioner Cabe and a second of Commissioner Dinkla, vouchers 115497 – 116012 and 81832 – 81878, with credits totaling \$29,653.61, in addition to automated clearing house transactions totaling \$651,981.75 were approved as presented.

Bond Refinance

The bond refinancing process is continuing. Mr. Beltz anticipates bringing final information forward to the Board for final pricing sale of the bonds at the April Board meeting.

IT Funding

As part of the economic stimulus package, funds have been designated by the federal government toward healthcare information technology improvements. We were notified by the Hospital Association that we are eligible for funding totaling approximately \$1.6 million beginning in Medicare FY 2011. Continue to pursue that funding and will advise.

Anesthesia

The current Anesthesiology group has expressed difficulty covering the needs of the practice since Dr. Leftenant resigned. With only three anesthesiologists in the group, it's difficult to cover for vacations and other needs. Administration is requesting approval to enter into negotiations of a subsidy agreement with the group to assist in stabilizing the group and in providing locum tenens coverage.

With a motion from Commissioner Cabe and a second from Commissioner Watkins, Administration may proceed in negotiating a subsidy arrangement to provide locum tenens coverage for the Anesthesia group.

BOARD QUALITY COMMITTEE

Commissioner Cabe reported on the discussions of the Board Quality Committee meeting of March 11, 2009:

- **Infection Control Annual Risk Assessment and 2009 Program Plan:** The largest percentage of infections in 2008 were UTI's at 21%, and establishing a separate tracking mechanism will be established for capturing catheter associated UTIs.

New benchmarks were established for surgical site infection tracking in 2008, and improvement has been seen in knee and lap chole patients. The World Health Organization surgical checklist is being implemented by VGH to capture all elements/criteria for data collection and benchmarking. Even though MRSA cases were stable in 2008, there was an increase related to surgical site infections, which indicates MRSA is coming into the hospital from the community. C-diff increased significantly in 2008, and Dr. Preston recommended more attention in this area and focused review of individual case auditing as well as staff education.

There was discussion regarding emphasis on an antimicrobial stewardship program to include hand hygiene, environmental sanitation and improved compliance with contact precautions. Mark Judy requested that the costs related to healthcare acquired infection that are not paid (Medicare) be quantified for evaluation, and he directed that a future Infection Control Committee meeting be devoted to discussion of environmental particularly handwashing effectiveness.

The tuberculosis risk assessment evaluates levels of disease in the community and the conversion rates to determine if continued testing is warranted.

Focus will continue on increased awareness of sharps devices and level of attention to proper techniques and practices, as well as ensuring that safe devices are utilized in all areas of the hospital.

- **Environment of Care Annual Report – 2008:** The 2008 EOC annual report documents accomplishments in 2008 and sets goals for 2009. Many significant improvements were achieved in 2008, i.e., staff compliance with mandatory training requirements, implementation of a security guard, MSDS training, reduction in thefts, Birth Center lockdown, and development of the decontamination team. For 2009 work will move forward to reduce ergonomic injuries, implement facility lockdown procedures, staff training on fire extinguisher use and operation, and implementation of a Workplace Violence Plan, and develop and test an evacuation procedure.
- **Integrated Quality/Credentialing Program:** A draft proposal has been developed for a new Integrated Quality/Credentialing Committee for the purpose of collaborating with all members of the professional and clinical staff at valley General Hospital through its medical staff quality performance improvement and credentialing activities. The committee would consist of medical staff representatives and hospital representatives and would streamline the integration of medical staff quality and credentialing issues. Work is ongoing to evaluate the committee structure and clarify the scope.
- **DOH Survey Update:** The Department of Health corrective action plan on survey deficiencies cited has been accepted, and work is underway to implement changes described in the plan to bring standards into compliance. The Progress Report is due for submission to DOH on May 13.

Initiative I-1000

After last month's Board discussion on Initiative I-1000 the Board requested further research to analyze the District resident's vote response to this initiative. In total, 27,000 were in favor of the passage of I-1000 and 22,000 were against passage. Ms. Cabe added all but one public comment received was in opposition of I-1000. The concern regarding billing difficulties for the procedure was clarified and resolved.

Commissioner Cabe reiterated her stance from February's meeting, agreeing with the Ethics Committee recommendation, in general terms stating the hospital will not interfere, but we will not perform the act on the premises and will not dispense or administer the drugs for this purpose. And that VGH will encourage the patient to consider all options, including Hospice and other end of life comfort measures.

Commissioner Watkins stated his only concern was in regard to the vote response from the public. Commissioner Watkins concurs with Commissioner Cabe's position.

On the motion of Commissioner Cabe and a second from Commissioner Watkins the Board adopts the Ethics Committee's recommendation as noted above and in February's Board minutes.

Whether we participate or not, a public posting must be made stating the Hospital's position. Information about the initiative must be provided to the public, if requested. Staff have the option to 'opt out' if a Hospital were to elect to participate. Believing in physician / patient autonomy, we will not interfere with their choices. The law is very clear as to the physician participation. Those steps will be stated in the policy. There are area hospital that have chosen

to participate, so patients have local options, should that be their choice.

CNE Report

Ms. Rogers reported the neonatal resuscitation discussion continues. We are currently interviewing two Family Practice physicians to join the Internal Medicine group.

A recently hired OR nurse manager will be here in two weeks and the recently hired ED manager will arrive April 23. Both bring much talent and experience. Looking forward to their arrival.

Ms. Rogers would like to recognize Quinn Hatala and Dr. Dehkordi for their efforts that have improved the pneumonia core measures from a range of previous 30 – 70% prior to the arrival of the Hospitalists, to the current 100% achievement.

Medical Staff Report

Ms. Dominguez-Burton reported the Medical staff suspended a physician in light of sexual harassment allegations. The summary suspension was reviewed and discussed with legal counsel, who recommended sustaining the action as an Administrative Suspension. Investigation is on-going and attorney interactions are underway.

Credentialing Files

Ms. Dominguez Burton presented the credentialing files to the Board, summarizing any information necessary for the Board to make their decisions. Ms. Dominguez-Burton reported MEC has reviewed this list and recommends approval of these files.

On a motion from Commissioner Cabe and a second from Commissioner Watkins, the credentialing files were approved as presented.

BOARD PLANNING COMMITTEE

The Planning Committee met and discussed much of what we will discuss today, including the levy consideration, the Medical Staff Development Plan, the 5-year physician economic development plan, the mental health advocacy discussion as well as reviewed the VGH growth and statistical volume presentation Ms. Nelson will share today.

Levy Recommendation

Ms. Nelson reported it is a well known fact more physicians are needed to grow coverage and meet community needs. The ability to recruit additional physicians is dependant upon the passage of this levy increase proposal. Timing is critical. November's ballot may include a Monroe City road tax initiative. Next spring all the school districts will be out for M&O votes. This year our levy rate decreases from \$0.12 to \$0.08. We are asking to increase the levy amount to thirty-five cents per thousand assessed valuation.

The cost to VGH to get on the ballot is \$25,000. The Levy Committee is independently raising funds to assist in its independent campaign. They have raised \$16,000 so far. The Foundation has approved providing \$11,000 to the process.

At this point, it is the recommendation of the VGH Board Planning Committee and the Medical Staff to move forward with the levy attempt.

The need is incredibly apparent. It's up to us (employees, management, physicians, commissioners) to get out to educate and inform the public and spread the message to the community for the levy initiative to succeed.

Being deeply involved in fundraising, Commissioner Watkins shared this will not be an easy process. What ever the campaign committee is able to raise, Commissioner Watkins moves VGH to continue plans to proceed in August with the proposed \$0.35 levy increase. Commissioner Cabe seconded the motion, noting Commissioner Dinkla supported going forward in absentia. Additional assessment by the independent levy committee is underway and status of its ongoing work and advice will be brought back to the April or May VGH Board meeting. More to come.

Obstetrics / Surgeons / Orthopods

The current OB program is at risk of closure. Hospital Board and leadership strongly support maintaining the program. The current OB group is having difficulty, with their patient volumes declining. We are looking at how to support the current group as well as how to grow more services that the community desires, such as midwives. Discussions continue with general surgeons to sustain their economic practice viability around call coverage. Orthopods are not far behind.

It is increasingly important to obtain the right number of physicians for our community. New physicians coming out of medical school won't participate in as much call coverage. It is estimated it takes 1.7 new physicians to replace one existing current physician.

Mental Health Advocacy

With the current healthcare crisis, and the governor's declining budget for healthcare services, mental health advocacy groups are desperately looking for support and alternative solutions. Met with a group of local mental health providers at a special Board meeting on March 4, 2009. Continuing to identify methods to address situation. Will meet again with the group in mid-April.

Medical Staff Development Plan

The Medical Staff Development Plan was extensively reviewed by the Medical staff and the Board, which review what types and number of physicians are needed in this community. This document is used by the Medical Staff, through the credentialing process, when considering applicants. The Medical Staff and Board committees recommend the adoption of this document.

On the motion of Commissioner Cabe and a second of Commissioner Watkins, the revised Medical Staff Development Plan is adopted as presented.

VGH VOLUMES – HISTORICAL COMPARISON PRESENTATION

Ms. Nelson reported on the market share trends from 2005 through 2008, which positively compares VGH volumes against region-wide data, VGH historical trends, and the market share volumes within our District. (The graphs are attached to these minutes.)

OTHER REPORTS:

In the interest of time, Commissioner Watkins asked if there were any reports that could be deferred, or could not wait until the next meeting.

VGH Foundation

Ms. McIlrath asked to share a few important pieces of information. The Black & White event is scheduled for May 16, 2009. It's anticipated to be a wonderful event with a world class harpist arranged for the entertainment.

The Beyond the Bedside Community outreach event is scheduled for April 22, 2009.

Two of the newest Foundation members are actively working to move the Foundation to a higher level. It's going to be very exciting.

Health and Healing

In September Therapeutic Touch classes were offered to the nurses, and about ten participated. One of the ACU nurses is using the techniques with patients to counter nausea. One of the OB nurses is using the techniques to help mom's through the labor process. Both report having success in achieving a positive outcome.

Norma Fieldcamp from Dietary has often had her photographs for sale at the Bazaar, and can be found framed in staff lounges and other offices within the hospital. Working with the same sign company that made our directional signs and Norma Fieldcamp, five pictures were identified to purchase and display in public areas of the hospital.

Information Technology Update

The server room will be completed this week. Would be available to tour after the next meeting, if desired. Ms. Norton provided an updated timeline with the stimulus package included (attached).

RESOLUTION 2009-05: CEO EMPLOYMENT AGREEMENT

Commissioner Watkins stated today, Mark Judy and the hospital Board of Commissioners unanimously concur to amend his Employment Agreement to terminate effective July 29, 2009.

Upon the motion by Commissioner Cabe and a second by Commissioner Watkins, Resolution 2009-05 amending the VGH CEO Employment Agreement was adopted as presented.

Commissioner Watkins stated:

"The decision to initiate this change in our senior leadership has been a difficult undertaking. We believe this is the best way for this Board to move forward in many critical matters confronting the delivery of healthcare which are fundamental and necessary to insure the success of Valley General Hospital in meeting the health care needs of the people throughout the Hospital District.

The Board is moving forward with this change understanding that we are separating from an individual intensely committed to the success of Valley General Hospital.

Mark is highly regarded by this Board, his leadership team, the hospital community and VGH physicians. We are fortunate to have benefited from nine years of Mark's leadership. Mark has developed a strong management team who together with the Board and physician leadership, have developed a solid strategy for the future of VGH.

The many positive changes implemented at VGH have positioned the hospital well for future growth. The Board believes so strongly in the future of the hospital that this morning it unanimously voted to go to the voters in August to request an increase in its regular levy, to enhance the right number and right type of physician specialists for our community; to extend

the useful life of the current facility by continuing necessary upgrades; and to provide outreach services to the southwest part of the hospital district. This Board action was taken notwithstanding the leadership change at hand. This signifies the Board's long-term vision for success for this community hospital.

Mark has been a change agent at VGH, demanding improvement in quality and patient safety throughout this organization. Cultural change, including increase employee and physician accountability, performance and behavioral expectations, can be difficult. Although this was challenging for many people, Mark's high standards and expectations instituted positive changes that have made VGH a better place to work and receive care. It has also made it the appropriate time to move on. This departure will enable Mark to spend more time with his family and pursue other opportunities. A new community will be richly blessed with the benefits and capacities to be invested through the lives and presence that Mark and Terri Judy will bring into their midst."

In Commissioner Dinkla's absence, Commissioner Cabe read a statement provided by Commissioner Dinkla:

"Unfortunately a prior family commitment keeps me from being in attendance at this important Board meeting. I have written this brief statement prior to my leaving and I ask that someone please pass on my feelings regarding today's announcement.

I have the highest regard for our outgoing CEO, Mark Judy. Mark is a man of the highest ethical and moral convictions. Our hospital district has been truly blessed to have Mark's knowledge, vision, expertise, and leadership skills to lead VGH for all these years. I was there the day we selected Mark as our new CEO. After making our decision and getting an acceptance of our offer from Mark, we three Commissioners shared amongst ourselves "How did we ever secure a man of his caliber and reputation in the health care field to be our leader?" Mark has more than lived up to our expectations, which were very high.

In a very challenging era in health care, Mark's insight, expertise, management skills and exceptional devotion to high quality medicine have served the district well. There have been many challenges over the years and there will be many more as we move forward in these tough economical times. Mark has laid the foundation for VGH to move forward and face these challenges head-on in the future. He has put together a very talented leadership team that will provide strong and steady leadership of VGH for years to come.

The visible changes to VGH during Mark's tenure are many, including the updating of the physical plant such as the ED, new programs such as diabetes education and the wound care program, the new care facility across the street and the negotiations for the new MOB space which has been crucial in our attracting and keeping new physicians for VGH. Even greater in my opinion are the invisible changes in staff, leadership team, programs and procedures involving quality of care. The results of these changes are reflected in comments and scores received in the various hospital surveys from the State and Joint Commission.

I thank Mark for all he has done for VGH and I will forever cherish the friendship of Mark and Terri. I wish them God's blessing and the best of everything in their future plans."

Following the commends from Commissioner Dinkla, Commissioner Cabe provided her comments:

“Time of Transition

It is important that everyone understand the work ahead of us in terms of a transition as Mark Judy prepares to leave Valley General Hospital. If not managed effectively, times of transition can increase organizational vulnerabilities. The workload on the present administrative group is exhausting and with one less set of hands, it will be even more difficult. It is the intention of this Board of Commissioners to make ourselves more available to support the organization during the anticipated time of transition. As always, the Board makes all decisions as a Member Board of three Commissioners and during this transition there will be no exception to that rule.

CEO Search

Plans are being finalized to secure a CEO search firm at this time. We have a group of search firms from which we will request RFPs. After a firm is selected, a CEO search committee will be appointed with appropriate stakeholders.

We hope that a slate of candidates can be amassed as soon as possible for the committee to interview. When a candidate is selected, negotiations for salary, benefits, and relocation costs and a temporary housing allowance will be undertaken. This is the best case scenario. The total cost for the first year could easily exceed a quarter of a million dollars out of operations.

If there are not viable candidates available for employment by Valley General Hospital within a reasonable period of time, an interim CEO may be considered. This is not the ideal option due to transitions and higher than necessary associated costs.

Expected Activities

● Commissioner Letter to Staff

In this time of transition, our associated physicians and staff need to know that the management group and Commissioners are organized and prepared to secure a new CEO with skills to take us on the next part of our journey. That letter is prepared and ready for distribution.

● Interim Operations Plan

The current administrative group and the Board of Commissioners will have a working management plan in place by mid-May or before to ensure that operations continue as smoothly as possible through the transition. The plan will be communicated to all stakeholders.

● Physician Relations

Management and staff need to understand that supporting our physicians through this time of uncertainty is very important. Physicians can be uncomfortable with change and the unknown that change brings. The organization has worked very hard to attract the physicians now on staff. Keeping our physicians apprised and part of the planning for next steps will be very important.

● 2008 Summary of operations

A summary of operations is being prepared that will reflect service line improvements, quality of care indicators, patient satisfaction survey results, patient safety initiatives, quality processes improvements, remodeling projects and other information. This summary will be helpful in our search for a new CEO.

- Levy

As I expressed at the last Board meeting, my wish is to run a Levy this year. Our support from taxes is one of the lowest in the State of Washington. We have continually reinvested in the facility and program advances when it was terribly difficult to do so. The Board is obligated, I feel, to let the public know why a Levy is necessary and exactly what Levy dollars are targeted to purchase on behalf of the district residents. The following are the planned expenditures: stabilization of the physician base; continued reinvestment in extending the life of our facilities; outreach clinic into the south west part of the District; and a dogged resolve to maintain the public asset that we hold in trust.

- Forward Progress

Since the residents deserve the best healthcare that their dollars can purchase and Valley General Hospital can produce the best outcomes possible within the scope of services, it will continue to be our mission to drive the quality outcomes higher and higher and we already stack up well with our peer group hospitals. We are building the information networks needed to effectively communicate all sectors of the patient visit. We have and will continue to enhance our quality and safety programs and push hard on algorithms and treatment pathways. Our physician staff has been effective and loyal and our staff members work hard on behalf of the residents of the district, but we can always be better. No human run organization can ever be perfect, yet the will to improve is the spark from which excellence is born.

Keeping Valley General Hospital alive and well in Monroe has been the work of many individuals since the hospital district was formed. The work has never been easy as healthcare is one of the most difficult business environments on earth. The technical complexities and regulatory intrusions and redundancies are renowned. Add to that a string of independent contractors uniting at will to form the medical community that espouses only the best in quality and safe patient care. Finally, add the always potent mix of money and politics, shrinking margins, and all the individual perspectives of those employed in healthcare settings as well as the needs of the district residents. Healthcare is not for the faint of heart. Yet, there are those that step up and are willing to lead organizations as CEO despite all known perils.

Mr. Judy, thank you for your contributions to our legacy as a small community hospital. You as all the others before you have worked hard, negotiated well, witnessed the miracles found in abundance in the healing environment, left some work undone, wished some things had worked out differently, but always struggled to move the organization forward. You have my thanks.”

Mr. Judy followed Commissioner Cabe, with the following:

“Next Tuesday, March 31 marks the anniversary of a day very similar to today....15 years ago, I walked out of my office just a few miles to the west....a day with similar feelings and emotions and mixed blessings..... departing with the inner knowledge of having done the right thing.....

That day, for Terri and I, opened up an entirely new world of opportunity filled with uncertainty. It also allowed that community to proceed with substantial change in how health care could have evolved at its best....had they selected the right leadership....my hope for VGH is that it will not take multiple years and serial CEOs and lost opportunities to move this place

forward...in securing the right leadership.....thank goodness that community has, for the last 6-7 years, finally landed on the right leadership....

I have learned much from my Africa days.....one of the most important learnings is a concept called Ubuntu....a term with complex meaning and difficult to grasp in simple English terms....it embodies:

-Harmony and community are vital to human existence....
-My humanity is inextricably linked to yours.....

Much of who I am and how I lead derives from the influence of having lived and managed cross-culturally.....but, as you all know, I could talk for hours about all that....

I have treasured my relationship with this Board, with each of you, with Brenda and John and the others on the management team, as well as and especially a fondness for many, many hospital employees who just know me as Mark....and the physician leadership has been remarkable always supporting efforts to improve the patient's experience, even with difficult and challenging situations. I have no ill-will or hard feelings regarding this impending change. I personally believe and have been repeatedly recognized by this Board, as having performed my duties as your Chief Executive Officer with success, skill, integrity and to the utmost of my professional capability. I have poured my heart and soul into making Valley General Hospital a better place for our patients and for the communities of east Snohomish County, as well as for our staff and physicians. I will depart with no sense of failure.

I came for a single purpose and that was/is to improve the quality of care and the patient's experience. My favorite Powerpoint slide that I talk about at each new employee orientation:

From the Patient's Perspective.....

Patients and their families come here during a vulnerable time in their lives and they are looking for a few things from us.....most want to have an answer to a question and then they have some simple requests from each of us:

-What's wrong with me?
- Help heal me....
- Don't harm me...
- Be nice to me....

I want to especially thank and recognize my wife, Terri, who all of you know has served with me in partnership in every role I have ever served. And appreciation to my family.... And to my colleagues throughout the state in health care leadership and for the years of working together on significant policy to improve access and quality for our patients.

Much work is yet to be done before I finish here on July 29....including a pre-planned almost 5 week trip in late June & July to visit Joanna & family in Southern Ethiopia.....so really the time will be compressed to accomplish much:

- We need to get the Levy approved in August amidst the back-drop of an unprecedented difficult economic environment
- We need to stabilize the economic underpinnings of our key physicians and move forward with our five year plan to recruit and retain the right type and right number of physicians for east Snohomish County....in order for us together to meet the needs we are called here to serve.
- We need to achieve the bond refinancing to stabilize our balance sheet.
- And to the degree desired by this Board, I am available to assist in the new CEO search process.....

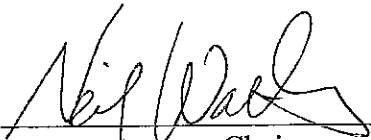
Thank you all very much....much has been accomplished.....and much needs to be addressed in this increasingly complex and rapidly changing field of health care delivery....”

ADJOURNMENT:

Commissioner Cabe encouraged the staff to go forward with a positive outlook, because even though our hearts are heavy today, there is much work to be done, and much to be grateful for. Commissioner Watkins stated: “The Board believes strongly in the success of this hospital and in the strength of each of you. Continue doing what you do best.”

With no other business to address, at 7:50 a.m., with the motion of Commissioner Cabe and a second from Commissioner Watkins, the regular meeting of March 25, 2009 was adjourned.

Attest:


Chair


Commissioner


Commissioner