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Department of Neighborhoods

Pam Renna,

Northwest Hospital

John Shaw,

Department of Planning &
Development

Northwest Hospital & Medical Center Standing Advisory Committee (SAC)

DRAFT Meeting Minutes

Meeting #9

January 21, 2016

Adopted TBD

Northwest Hospital & Medical Center
1560 N 115th Street
Medical Office Building – Board Room
Seattle, WA 98133

Members and Alternates Present

Karoline Derse

Joan Hanson

Shawn MacPherson

Scott Sheehan

Keith Slack

Louis Stanton

Victoria Stiles

Susan White

Chris Yeager

Staff and Others Present

Maureen Sheehan

Karen Peck

Chris Blado

Cindy Hecker

Matt Sobotta

Joy Borkholder

Pam Renna

Adam Parcher

I. Welcome, Introductions, & Housekeeping

Mr. Scott Sheehan opened the meeting. Brief introductions followed.

He asked the Committee if there are any questions regarding the new by-laws.

A question was asked if there were significant difference with the previous by-laws.

Ms. Sheehan responded that there were minor reorganizations of the sections and clarification of the terms, but there were no major differences.

Mr. Louis Stanton raised a question about missing the definition of “consensus” on the by-laws. Ms. Sheehan noted that a quorum is 51% and a consensus is a simple majority of those present – and eligible to vote -- in order to vote. She commented that she will make a clarification in the by-laws.

A motion was moved to accept the by-laws as corrected; and it was seconded. With a quorum being present and the majority of those present having voted in the affirmative; the motion passed.

Mr. Sheehan opened the floor for questions or corrections to the November 12, 2014 Meeting Minutes.

A motion was moved to accept the minutes as written; and it was seconded. With a quorum being present and the majority of those present having voted in the affirmative; the motion passed.

Mr. Sheehan opened the floor for discussions and nominations for the Committee's chair and co-chair.

A question was asked regarding term limits, and Ms. Sheehan noted that Committee membership is two years and renewable.

Mr. Sheehan noted that he is comfortable both in continuing his role as the Committee's chair, as well as someone else replacing him. Ms. Shawn MacPherson commented that she feels the same way.

A question was asked regarding time commitment. Mr. Sheehan commented that participation is very nominal, and it involves meeting facilitation. Ms. Sheehan noted that her role is to provide support and assist in the meeting facilitation.

Without further discussions, the Committee nominated Mr. Scott Sheehan as chair and Ms. Shawn MacPherson as co-chair. The Committee voted unanimously to have Mr. Sheehan and Ms. MacPherson to continue in their roles.

II. 2015 Year in Review & 2016 Goals

Ms. Cindy Hecker presented the 2015 highlights and activities around the campus as well as the upcoming 2016 goals.

For fiscal year 2015 key statistics, there were not a lot of changes. Almost 10,000 patients were admitted. Northwest Hospital has about 1,750 employees, and about 900 medical staff that practice on the campus. Childbirth has been a key part of Northwest Hospital's business and the hospital provided 1,223 births last year, which was up from the year before. A component of Northwest Hospital's strategic plan is to grow that business. Outpatient clinic visits were about 195,000, which grew from last year and Emergency Department visits were about 36,000.

For the last three years, Northwest Hospital experienced a positive steady growth over all of its major services. Currently, the hospital is in a rebuilding year. Prior to its affiliation with UW Medicine, being an independent hospital creates financial challenges. Northwest Hospital is rebuilding its services in order to create a stable and viable financial organization.

Northwest Hospital has been doing work on the outpatient clinics. Last year, it was a key strategic initiative of the hospital to grow access to outpatient clinics. There has been new construction and renovation of the outpatient clinics in order to consolidate these services in a way that make sense. Some of the clinics were remodeled and rebranded such as Richmond Beach and Lake Forest Park. The expansion and growth of the ambulatory clinic network is a continued focus for Northwest Hospital.

In the current environment, it has been challenging and difficult financially for an independent practitioner to survive the health care environment, many of them are aligning with a health care system in order to cover their overhead costs. Northwest Hospital has employed numerous physicians that were interested in being part of a system.

Northwest Hospital continues to make investments to stay current in its core service offerings such as the Breast Center. Northwest Hospital heard feedback from the community as well as patients who seek care at the campus regarding the lack of a 3D tomosynthesis unit that is becoming a standard for care. There was a decrease in the market share as patients were leaving Northwest Hospital and going to Evergreen because they have that technology there. A tomosynthesis unit is currently being installed at Northwest Hospital, and it is scheduled to go live in the first quarter of 2016.

Ms. Hecker mentioned that the campus was built in the 1960's, and the hospital tower was built in 1982. The campus is aging and the areas that need to be looked at for upgrades include the Medical Surgical Unit and the Childbirth Center. The patient population has so many choices now, but having an updated and modern Childbirth Center brings a different perspective on the quality of care the patients expects to receive. Northwest Hospital is currently doing a minor facelift to this area, but is considering building an entirely new Childbirth Center in order to compete in the marketplace.

Northwest Hospital is consistently rated and awarded with the highest quality and regulatory standards to ensure that NWH deliver top quality service to the community. Northwest Hospital was successfully surveyed by Department of Health (DOH), the Fire Marshal, Department of Oncology, and numerous other State regulators this year. In order to continue the success, Northwest Hospital continues to work and identify opportunities for improvement.

Northwest Hospital is not only focused on building new outpatient clinics, but on maintaining its core infrastructure. The major focus is on basic maintenance. A vendor was brought in to provide an assessment of Northwest Hospital facilities and infrastructures. A work plan was developed to address the required investments in the infrastructure upgrades such as the upgrade to the emergency power generators that has recently been completed. The hospital invested a significant amount of money to ensure its reliability and energy savings features.

She talked about the four pillars that Northwest Hospital focused on as a system when it became affiliated with UW Medicine. These are: 1) Serving the patients and families; 2) Providing the Highest Quality Care; 3) Becoming the Employer of Choice; and 4) Practicing Fiscal Responsibility.

One of the key areas that UW Medicine and Northwest Hospital continue to focus on is to ensure the patients have an outstanding experience at every encounter throughout the organization. Patients are surveyed on a regular basis to provide feedback about their experience and areas of improvement. The results are analyzed and benchmarked with Northwest Hospital, UW Medicine and nationally. There is also a program called "Patients Are First" that was started six years ago along with UW Medicine. This is an initiative led by a national vendor who works specifically with hospitals and other companies ensuring the patient experience and customer service is excellent. Northwest Hospital has been working with them for three years in order to enhance excellent patient experience. The patient satisfaction results continue to indicate a positive trend since Northwest Hospital began working with them.

There is always room for improvement in delivering outstanding patient care. Ms. Hecker described how proud Northwest Hospital is of the outcomes and accolades the hospital achieved both locally and nationally. Northwest Hospital and UW Medicine were recognized by Qualis, which is a quality group that oversees the quality of hospitals, as a leader in the community for keeping patients safe from hospital acquired line infections. This was a serious challenge a year ago, and for various reasons, patients were getting infections. A group was assembled and dedicated their time and focus on how to improve this. Because of the work, Northwest Hospital has been the leader in the state in the decrease of infection rates and safety of its patients. She also mentioned some of the awards the hospital has received as well as doctors associated with Northwest Hospital and UW Medicine rated in the top doctor issues of local magazines.

One key area last year was the ambulatory clinics; about 13 physician practices were transitioned into the Northwest Hospital Ambulatory Clinic Network to ensure a larger clinic network. Northwest Hospital recruited numerous providers and consistently met its service excellence goals, often receiving top scores within the system.

The other key area of focus was providing primary care service to patients on the weekends and evening hours. Prior to last year, there was no access that allowed the flexibility for the community.

Northwest Hospital did not have a robust service around infectious disease, and this is an area the hospital needed to focus on for both inpatients and outpatients. Northwest Hospital recently welcomed Dr. Santiago Neme and Dr. William Ehni, both providing infectious disease care for the Northwest Hospital campus, including both in- and outpatient care.

Northwest Hospital also brought in Dr. Alan Langman, formerly a successful independent provider, interested in being part of a larger health care system. He is a board certified otolaryngologist.

Previously, there were general surgeons fragmented in small practices that were in competition rather than working together. Northwest Hospital decided that it is best for the organization and for the marketplace to consolidate these surgeons into one group. Northwest Hospital also hired a colorectal surgeon and a surgeon that specializes in hernia care to be part of this group. The result was an increase in access and service, and the community has responded very positively.

Ms. Hecker noted some of the various clinics that were rebranded.

Dr. Martin Cahn, a primary care solo practitioner in the Fremont area, has recently become employed by Northwest Hospital. The hospital will be assisting him in relocating and expanding his practice in the Fremont area.

Northwest Hospital is working with UW to create a Kidney Stone Center on its campus. There is currently no urology center on campus. Other areas the hospital is looking at include hepatology and gastroenterology. Northwest Hospital has recruited a local Swedish physician whose specialty is hepatology, and she is expected to start on

campus in February. Northwest Hospital also employed a local gastroenterologist who has been working with the hospital through Seattle GI.

The Ballard Multispecialty Clinic successfully opened. The Ballard community was very happy about this new access point through UW Medicine for primary care and urgent care needs. The Sports Medicine Clinic and its physical therapy practice have relocated to this site from a prior location in Ballard.

Mr. Matt Sobotta was introduced as part of the Advancement Team for Northwest Hospital and UW Medicine. Philanthropy is a very important part of the hospital. Northwest Hospital is partnering with UW Medicine Advancement to take advantage of their expertise, knowledge, and expanded ability to assist the hospital. The goal is to rekindle past relationships and create new opportunities for giving.

The UW Medicine Accountable Care Network continues to grow, and the goal is to achieve better patient experience, population health, and affordable care. Last year, UW Medicine entered its accountable care network relationship with Boeing. UW Medicine became an Accountable Care Organization in January of 2014. The UW Medicine Accountable Care Network was launched in full force in June 2014. Currently, there are about 1,000 primary care providers, 1,000 clinics, 19 hospitals, 5,000 plus specialists covering the Puget Sound area.

Looking ahead to 2016 and beyond, Northwest Hospital is looking at staying the course, to continue the primary and specialty care clinic expansions and access points, continue infrastructure enhancements to hospital buildings, and looking at the potential for a new building. Northwest Hospital did a facility assessment about a year ago to make the case for a new building. With the growing needs and aging infrastructure of the hospital, this expansion is necessary. There will be more discussion with this Committee once the plans are finalized.

III. Public Comments and Questions (00:45:20)

Mr. Sheehan opened the floor for public comments and questions. A two minute time limit was set for comments.

Mr. Chris Blado, a research analyst for SEIU 1199NW, that represents SEIU on behalf of Northwest Hospital members read a letter expressing their concerns regarding Northwest Hospital's proposals. (See attached)

IV. Committee Deliberation/New Business

Mr. Sheehan opened the floor for Committee deliberations and new business.

Ms. Joan Hanson raised a question if there were any rebuttal to the comments that were made by the SEIU representative. Ms. Hecker commented that they have been in negotiations with SEIU since May of last year. She mentioned the importance of supporting the work force and that Northwest Hospital is committed to doing that. There had been numerous discussions to move forward on numerous issues. She noted that there is an upcoming mediation session scheduled for January 29, and mentioned that Northwest Hospital offered a fair and equitable offer.

A question was raised whether SEIU represents other work forces within UW Medicine. Ms. Hecker mentioned that they represent workers at Valley Medical Center including their nurses and at Harborview Medical Center which also includes their nurses. At Northwest Hospital, nurses are represented through the Washington State Nurses Association, but SEIU represents a large portion of other workers at Northwest Hospital campus.

A question was raised if any doctors are members of the SEIU, and the response was no.

Ms. Hanson raised a question if there are any plans to improve the walkability along 120th on the back side area of the hospital. It is a very low light area and there were safety concerns from the community, and with the expansion, does the City require the hospital to make improvements to the streets. Ms. Renna commented that in the past, the hospital went ahead and made some improvements as a courtesy. Ms. Hecker mentioned that she does not know what requirements would be if construction begins. She noted that they would accommodate City requirements. As a group, they may begin to advocate these improvements to the City.

Ms. Sheehan commented to contact the district coordinators within the Department of Neighborhood as a good resource to determine the City process.

Ms. Sheehan asked the Committee members to provide a short bio about themselves that describes their interest in being a member of the Committee so it can be shared and posted in the DON website. She mentioned that they

share only the information that they think is relevant to the Committee and to the communities and neighborhood they represent. She will send out an email to the Committee with the request.

She also mentioned the next meeting for the Committee. The Committee was set to meet annually and the Committee has met that requirement with this meeting. Unless there are any changes or development by the hospital in the next twelve months, the next scheduled meeting would be around January 2017.

A question was raised if it is realistic for the new building to be built in 2017 as referenced in the letter read by Chris Blado. Ms. Hecker commented that the hospital did a five-year financial plan, and it has been updated every year. They have identified construction of the new building on the plan, but have to ensure that it is financially feasible to proceed. The best case scenario would be a new building in the 2019-2020 timeframe. The financial plan is continuously updated and this will inform them about possible next steps.

A comment was made about a community health needs assessment that Northwest Hospital conducts. The assessment that is currently underway will help to identify the health needs of the community in order to strategize and determine whether the hospital is meeting the needs of the community. Feedback from this assessment is used by the hospital to prioritize and do strategic planning. Mrs. Hecker asked the Committee if they would be willing to participate in a confidential survey as part of the community health needs assessment. Ms. Renna mentioned that the vendor will reach out to the Committee members electronically. She has a letter for the SAC members that summarizes the process in more detail as well as the vendor's contact information.

Ms. Sheehan will remind the Committee about two months in advance regarding the next meeting. She also mentioned to contact her if they have any questions and concerns regarding this process.

V. Adjournment and scheduling of next meeting

No further business being before the Committee, the meeting was adjourned.

January 21, 2016

COMMENT FOR NORTHWEST HOSPITAL STANDING ADVISORY COMMITTEE – SEIU Healthcare 1199NW

As the more than 1,000 healthcare workers at Northwest Hospital, we share with the SAC an interest in keeping quality care at our neighborhood hospital. But we wanted to update you on some findings and developments at our hospital.

As you know, in 1991 the Northwest Hospital Citizen Advisory Committee approved a MIMP for a community hospital that would meet our needs. Since then, however, UW Medicine has been exerting increasing influence in both the operations and the future direction of this hospital. Northwest is now serving the mission of the larger UW Medicine system rather than our needs.

The affiliation agreement between UW Medicine and Northwest Hospital clearly stated that UW will not assume the hospital's debt. Yet, last summer, UW Medicine took on all of Northwest's debt and re-issued it as University of Washington bonds. In return, Northwest Hospital signed over the title to its property to the University of Washington. This is troubling because the 1991 MIMP was approved with the understanding that the hospital would serve the community, not some larger academic medical system.

In the 1991 MIMP, Northwest Hospital sought permission to build two large towers. However, the hospital hasn't moved on the second tower until now. In its most recent Long Range Financial Plan from December 2014, Northwest Hospital stated that it "plans to seek financing for an \$85 million tower to be constructed in FY17 and FY18." (p. 4) The project is expected to be "100% debt financed." (p.4) When the Citizen Advisory Committee approved this tower in 1991, it was with the understanding that it would serve Northwest patients. Now, it's unclear who this tower is serving.

Yet, at the same time this major construction project spanning two years is being planned and financed, Northwest Hospital refuses to invest in patient care. Northwest Hospital management has repeatedly rejected our proposals that would make the hospital an employer of choice in Seattle. Instead, the hospital has pushed huge hikes in the cost of our healthcare plan and wages that would leave us far behind. That's why we're taking action and holding a strike authorization vote this week.

Northwest Hospital has not had a strike in decades, but we can't accept the regressive proposals that management is making. We were all promised that UW Medicine would bring our hospital the resources it needs to provide the best care, but instead UW Medicine's leadership is leaving patients and caregivers behind.

Northwest Hospital employees are your neighbors and we value our role in this community. Together we need to ensure that UW Medicine keeps us— patients, workers, and the community— the focus of Northwest Hospital. We urge you to carefully scrutinize Executive Director Cindy Hecker's presentation. We urge you to ask her why Northwest Hospital wants to borrow \$85 million to build a new tower, but refuses to invest in the patients and employees inside it.