

Three Rivers Hospital

Board of Commissioners Regular Meeting

October 27, 2015

Minutes

The Three Rivers Hospital Board of Commissioners called a regular meeting to order at 8:01 a.m. Tuesday, October 27, 2015 in the Hillcrest Commons Area, 415 Hospital Way, Brewster, WA 98812. The presiding officer was Vicki Orford, Chair.

A quorum was present, including:

Vicki Orford, Chair
Tracy Shrable, Secretary
Mike Pruett, Member
Cherri Thomas, Member

Others present:

J. Scott Graham, Chief Executive Officer
Melanie Neddo, Chief Operating Officer
Gretchen Aguilar, Chief Nursing officer
Anita Fisk, Director of Human Resources
Jennifer Marshall, Administrative Assistant
Ty Witt, M.D.
Tonya Vallance, DOCFD 15 EMS Director
Jill Jenkins, M.D., Coast to Coast Healthcare

Mission, Vision & Values

Board members took turns reading the mission, vision, and values statements.

Agenda

M. Pruett asked to add the vacant board position to New Business. V. Orford added Caribou Trail to New Business. T. Shrable motioned and C. Thomas seconded to approve the agenda as official. Motion passed unanimously.

Previous Meeting Minutes

M. Pruett motioned to approve minutes as presented from the September 22, 2015 regular board meeting, and the October 13, 22, and 23, 2015 special meetings. C. Thomas seconded. Motion passed unanimously.

Consent Items

V. Orford noted the payroll and vouchers as presented on the agenda.

1. Payroll/Vouchers
 - a. Payroll total:

Gross: \$462,911.64	Net: \$317,413.54	
9/13/15-9/26/15	Gross: \$234,686.27	Net: \$159,785.22
9/27/15-10/10/15	Gross: \$228,225.37	Net: \$157,628.32
 - b. Vouchers total: \$1,042,220.60

9/24/15	77097-77144	\$101,459.96
10/1/15	77145-77186	\$266,330.40
10/8/15	77187-77246	\$192,841.96
10/15/15	77247-77285	\$344,770.98
10/22/15	77288-77346	\$136,817.30
 - c. Bad Debt: \$51,761.12 Charity Care: \$27,186.36

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V. Orford read the list of medical staff applications awaiting approval (see attached).

C. Thomas motioned and T. Shrable seconded to approve the consent items as presented. Motion passed unanimously.

Community Health Report

None. V. Orford noted hospital officials have been meeting with community members and have received some good feedback.

M. Pruett spoke to the executive director of Room One recently. She'd like to keep the conversation going.

New Business

Health Insurance Renewal: The name is being changed to the Blue Cross Prime Network; Jennifer Munson recommended switching to that from Blue Cross because the rates are lower and Blue Cross will be eliminating our current plan. A. Fisk stated the benefits would be the same, and the hospital would save about \$110,000 per year. V. Orford asked about the Live Well screening; premiums will still go up if we meet the 40% requirement, but less so. A. Fisk will create new packets explaining the health insurance plan to employees. The new enrollment period begins Nov. 17. M. Pruett motioned to accept the proposed insurance realignment for 2016, making the default plan \$3,000. C. Thomas seconded. Motion passed unanimously.

Union Agreement: Administration completed union negotiations earlier this month, and the nurses' union ratified the three-year contract. S. Graham explained the terms, including revising the pay scale to be more competitive starting Feb. 1, 2016. C. Thomas motioned to approve the ratified union agreement. T. Shrable seconded. Motion passed unanimously.

Caribou Trail: V. Orford has been attending the Caribou Trail Orthopedics board meetings on behalf of the hospital. She asked S. Graham to provide information about what it would cost to pull out of the agreement, at the next meeting. Lake Chelan Community Hospital and North Valley Hospital have pulled out; Coulee Medical Center is considering it. That would leave only Mid-Valley and Three Rivers hospitals. S. Graham would like to see Caribou Trail be successful, but the hospital needs to do what is most financially prudent. Three Rivers' stake in the collaboration is over one-third, so the impact of any decision is potentially greater.

Board Recruitment: The board needs to determine start and end dates for accepting letters of interest for the vacant position. C. Thomas asked for clarification about the ballot, since Jerry Tretwold's name is still on it. The county auditor told V. Orford that a write-in candidate would need to have more votes than what J. Tretwold would collect. Regardless of the votes he collects, he would not serve on the board. T. Shrable thinks the board needs to move forward regardless if there are any write-ins. The board decided to begin accepting letters of interest on November 4 and ending December 4, to be considered at the December board meeting.

Finance Report

S. Graham reviewed the finance packet (see attached). Volumes have started to drop as summer and harvest season come to an end. There was a net gain of \$17,974.27, about \$20,000 below budget. Year-to-date, the hospital has had a higher net gain than budgeted due to higher volumes over the summer.

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Expenses were higher, primarily due to professional fees such as the Coast to Coast contract. There were higher deductions, but that always happens when revenue is higher. V. Orford asked if accounting can break out the Coast to Coast cost so the board can see if the professional fees would be on budget otherwise. C. Thomas asked for clarification about inpatient revenue; also, on the first line of the second paragraph on Page 2, eliminate the word "above." In the stats report, V. Orford noted that physical therapy services were up over last year. She asked if the hospital doesn't track dietary; yes, it is tracked and that information can be shared with the board.

Foundation Report

None. M. Pruett noted the Foundation is in a limbo situation and the current members may be too busy. He and C. Thomas know of some interested people who would like to help. S. Graham will speak with the current president and find out more about the board's role, since the Foundation is separate from the hospital, and report at the next board meeting.

Physician Report

Dr. Witt stated the medical staff is looking at revising its bylaws. Ours match up to sample bylaws recommended by the state. He may suggest that a committee form to make decisions if there is a discrepancy between medical staff decisions and the board's decisions. Discussed the medical staff's investigation process and whether there should be dues to help defray credentialing costs. Discussed whether the chairman of the board should sit in on the executive portion of the med staff meetings. Dr. Witt suggested having physician representation on the board. S. Graham noted a physician would need to live and vote within the hospital district, and be appointed by the board and/or run for election.

Administration Report

V. Orford asked about higher medication events in October. Not every event is an error. M. Neddo doesn't think any of the events were errors that reached the patient. More events are being reported, which is a good thing because it helps the hospital collect more accurate data and figure out how to achieve zero defect. C. Thomas is concerned about the consistency of patient falls. S. Graham noted that staffing levels are more stable in larger hospitals, and our patient demographic is at higher risk for falls. G. Aguilar said measures are being taken to train staff and improve care. In one case, protocols were followed but the patient had removed their fall alarm. In another, a visitor fell off a stool. Quantros, the new electronic safety event reporting system, goes live today. About 95% of staff have been trained on the program and that effort is ongoing. It will allow administration to collect better data and improve patient care. M. Pruett asked for a demo in November's board education. The number of patients in October who left without being seen has dropped, with one person leaving against medical advice. C. Thomas asked if staff talks to patients about the wait; yes, that is done in triage. M. Pruett asked if updates can be given periodically while they're waiting. M. Neddo noted there has been improvement in communication with patients during wait time. Inpatient and ER satisfaction scores are up, along with likelihood to recommend. One initiative is the new choice menu for patients. Dr. Witt suggested looking into revamping the program so community members can come to the hospital for lunch. Customer service training is ongoing and has been well-received by staff. S. Graham explained the chart for patient complaints and compliments, and the labor ratio graph.

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ICD-10 Implementation Update

ICD-10 went into effect on October 1. The coders are still getting used to coding with the new model.

Board Education

Next month, M. Neddo and Nicky Markey will present a Quantros demo.
C. Thomas will present board education in December.

Public Comment

None. M. Pruett complimented the staff for working on improving technology. The hospital is implementing a Polycom system for board members and administration to connect to board meetings off-site when necessary.

Upcoming Meetings

V. Orford noted the meetings as listed on the agenda. The November 10 retreat will be open to the public, but it will be more of an in-depth board work session.

Adjournment

C. Thomas motioned and M. Pruett seconded to adjourn the meeting at 10:30 a.m. Motion passed unanimously.

Vicki Orford, Chair

Tracy Shrable, Secretary

Mike Pruett, Member

Cherri Thomas, Member