

# Three Rivers Hospital

## Board of Commissioners Regular Meeting

April 26, 2016

Minutes

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The Three Rivers Hospital Board of Commissioners called a regular meeting to order at 8:00 a.m. Tuesday, April 26, 2016 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  
Mike Pruett, Vice Chair  
Tracy Shrable, Secretary  
Cherri Thomas, Member

Others present:

J. Scott Graham, Chief Executive Officer  
Melanie Neddo, Chief Operating Officer  
Jennifer Munson, Chief Financial Officer  
Gretchen Aguilar, Chief Nursing Officer  
Anita Fisk, Director of Human Resources  
Jennifer Marshall, Administrative Assistant  
Dr. John Maxwell, Radiologist  
Tonya Vallance, DOCFD15 EMS Director  
Cindy Button, Aero Methow Rescue Service Director  
Alex Hymer

### Mission, Vision & Values

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

### Agenda

C. Thomas motioned and T. Shrable seconded to accept the agenda as official. Motion passed unanimously.

### Previous Meeting Minutes

M. Pruett motioned and T. Shrable seconded to approve the March 29, 2016 regular board meeting minutes as presented. Motion passed unanimously.

### Consent Items

V. Orford noted the payroll and vouchers as listed on the agenda, and read the bad debt and financial assistance figures.

Payroll/Vouchers

a.	Payroll total:	Gross: \$470,814.53	Net: \$319,966.35
	3/13/16-3/16/16	Gross: \$223,434.97	Net: \$151,552.35
	3/29/16-4/9/16	Gross: \$247,379.56	Net: \$168,414.00
b.	Vouchers total: \$952,804.23		
	3/24/16	78334-78389	\$186,026.12
	3/31/16	78390-78438	\$308,801.02
	4/7/16	78439-78511	\$81,626.56
	4/14/16	78512-78561	\$376,350.53
c.	Bad Debt: \$113,868.28	Financial Assistance: \$67,167.96	

V. Orford read the list of medical staff applicants. T. Shrable motioned and C. Thomas seconded to accept the consent items as presented. Motion passed unanimously.

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#### **Community Health Report**

T. Vallance and C. Button discussed the Mobile Integrated Health group's work. One of the top focuses is on Triple Aim, with a fourth component of increasing the health of the workforce. Emergency Medical Services (EMS) feels they are the forefront of emergency in health care, because people call them when they don't know what to do. They're seeing more of a need for other services such as welfare checks and helping people determine if they should seek medical attention. The goal of Mobile Integrated Health is to help the patient navigate whatever their issue is. One of the goals of Triple Aim is to reduce medically unnecessary ER visits and hospital admissions. C. Button noted that the Aero Methow crew has nothing but good things to say about the staff at Three Rivers Hospital and the ERx physicians, and they recommend this facility to their patients. The Methow Valley Health Care Group is developing a care coordination plan, and a plan is being developed on a regional level as well. The process is changing from being doctor-focused to patient-focused; allowing the patient to determine how to receive care to meet their needs. These groups wish to be partners with everyone, including home health and hospitals.

T. Vallance said they've realized the importance of networking. She and C. Button are both serving on regional and state health care boards so the local group has all the most recent information and is part of the effort at the forefront. They'd like to keep the board up to date on their progress.

The Methow Valley group is going to address transportation issues for patients who are taken to the hospital in the middle of the night and need a ride home. T. Vallance said the Mobile Integrated Health group will coordinate with ER staff as well.

#### **Old Business**

None.

#### **New Business**

Policy Software: J. Munson reviewed two bids from PolicyStat and PolicyTech, and a third bid from the hospital's own Policy & Procedure Committee members. The committee recommends approving the purchase of the PolicyStat software. The software will allow the hospital to more quickly and efficiently become compliant with Department of Health requirements. V. Orford asked how many policies we have; possibly over 1,000, but the Policy & Procedure Committee is still sorting through everything. Many policies are duplicates or different versions of the same thing, which is why we need better tracking. Other area hospitals also use PolicyStat. T. Shrable asked if J. Munson would recommend a four- or five-year contract; five. M. Pruettt motioned and C. Thomas seconded to accept the recommended proposal and directed administration to move ahead with the policy software purchase. Motion passed unanimously.

Resolutions 2016-2 and 2016-3: J. Munson explained the first resolution is to seek a lid lift on our current levy, and the other is for a one-year excess levy. Both measures would run on the August 2, 2016 election ballot. The filing date is May 15. J. Munson recommended approving the resolutions pending revisions. Needed revisions include the total dollar amount to be levied and the current rate per \$1,000 of assessed property value. M. Pruettt asked if we can use tax monies to pay down loans if the hospital gets other funding; yes. This will require some coordination with the county, as they had advised us last year to set up a special account. They indicated then that they were willing to work with us. M. Pruettt motioned and C. Thomas seconded to approve the resolutions pending revisions. Motion passed unanimously.

Change of Date for May Board Meeting: S. Graham asked the board to consider moving its next regular meeting to May 24, as Memorial Day falls the day before the last Tuesday. J. Munson requested to schedule a special meeting on May 17 so the board can hear the DZA audit report. T. Shrable asked how long the presentation would take; about an hour. C. Thomas motioned to hold a special meeting at 1 p.m.

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on May 17, 2016, and move the regularly scheduled board meeting to 8 a.m. Tuesday, May 24, 2016. T. Shrable seconded. Motion passed unanimously.

#### **Finance Report**

J. Munson reviewed the March finance packet. She is still waiting for the final cost report entries from DZA. We may come in a bit under budget on patient revenue this month. We're not seeing the clinic and surgery outpatient revenue that was initially budgeted. Contractuals are over budget because we haven't seen any DSH payments yet. Salaries and wages were under budget, but there were some positions that hadn't yet been filled. We have those positions posted now, or they were filled within the past couple weeks. Professional fees were over budget due to locum costs in nursing and pharmacy. Supplies are over budget primarily due to prosthetics and pharmaceuticals. Some items we're required to have in stock, such as rattlesnake venom and stroke medications, are high-cost items. The only other item we were over budget for in March was leases; Stryker was sending invoices to our physical address, so we weren't receiving them. That has since been corrected. We had a \$43,000 loss for the month. At the end of March, the cash position was about \$1.4 million. At the same time last year, we were at \$1.7 million, so the trend is continuing to decline. As of today, the warrant balance is \$1.44 million and this is a payroll week. We should see a payment of about \$200,000 from Medicaid. V. Orford stated the hospital is on the right track.

#### **Foundation Report**

There is no report, although the Foundation members did meet recently.

#### **Physician Report**

Dr. Maxwell thinks the last med staff meeting went well. In radiology, Medicaid and Medicare are going to start turning away reimbursements if the reasons for the studies aren't documented well enough. The recommendation is for the radiologist to ask patients why they are seeking these tests and include it in the radiology report to fulfill the requirement. With more complete information, the coders will have a better chance of finding the right code so we can be reimbursed. J. Munson noted that we have a billing scrubbing system that notifies us when there's an issue so we can submit claims correctly.

#### **Administration Report**

S. Graham reviewed highlights of the report he sent to board members. Our focus continues to be on realizing the top two Wildly Important Goals (WIGs), and we'd like to create a third WIG relating to fostering a culture of excellence. We've been building toward this with merit-based employee recognition. A. Hymer asked how the hospital cultivates excellence. Discussed supporting strong, positive employees. M. Neddo added that we also give staff the tools to be excellent, and we're transparent about our progress and accepting of people who report problems. S. Graham discussed efforts in improving quality and safety through medication scanning and patient fall prevention. So far, we've had nearly 60 days without a patient fall, and nurses have been scanning medications at a rate of over 90% every day. V. Orford likes the changes that were made to prevent patient falls – yellow socks, flags, signage, a new policy and new criteria for risks. The hospital switched to Press Ganey in January for patient satisfaction surveys. Some scores are less positive than we'd hoped, but Press Ganey is a more comprehensive tool so this feedback may be more accurate than what we've had before. We are informing staff of patient feedback. The Department of Health should be here any time now for a survey. We're doing well preparing for that. S. Graham reviewed the statistics dashboard in his report. One major area of focus is our swing bed program. Care coordination will help raise those volumes. We are working on establishing relationships with other facilities to ensure patients are getting care in the place where it's best going to serve them.

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Clinic visits are slowly on the rise, even though we have only one clinician who also manages the clinic. Radiology procedures are up, and laboratory tests are down partly due to physicians taking time off. Surgeries are up, but still haven't reached the monthly target of 50. ER visits will continue to grow this summer, and ERx is preparing for that. Leadership is managing labor well.

From 2015 to 2016, the number of safety events have been going down but that may be due to underreporting. The number of ER patients who have left without being seen is declining due to some new measures. Likelihood to recommend is still down, despite higher scores in our performance. S. Graham believes that's partly due to the aesthetics of the building.

For Meaningful Use, physician problem lists aren't meeting target but administration is working on ways to improve compliance. The staff doing Lean training are making progress with the bedside reporting project. S. Graham asked for feedback on the levy materials. The board agreed the materials look good. They'd like a list of town hall meetings and interviews in advance. He'll send the new PowerPoint presentation to the board in advance as well. He thanked the board for approving the centralized monitoring equipment; staff is very excited about that.

### Board Education

V. Orford asked trivia questions of the other board members based on facts about Three Rivers Hospital's history and statistics.

### Public Comment

V. Orford introduced Alex Hymer, who she invited to attend the meeting today as a potentially interested candidate for the vacant board position.

M. Pruett praised hospital staff for everything they've done and have been working toward. In many ways, we're doing better than larger hospitals.

### Upcoming Meetings

V. Orford noted the upcoming meetings and events as listed on the agenda.

### Adjournment

C. Thomas motioned and T. Shrable seconded to adjourn the meeting at 9:58 a.m. Motion passed unanimously.

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Vicki Orford, Chair

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Mike Pruett, Vice Chair

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Tracy Shrable, Secretary

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Cherri Thomas, Member