

# Three Rivers Hospital

Town Hall Meeting

January 27, 2015

Minutes

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The Three Rivers Hospital Board of Commissioners attended the hospital's town hall meeting at 6 p.m. Tuesday, January 27, 2015 in the Hillcrest Commons Area, 415 Hospital Way, Brewster, WA 98812.

A quorum was present, including:

Vicki Orford, Chair  
Jerry Tretwold, Vice Chair  
Tracy Shrable, Secretary

Others present:

J. Scott Graham, Chief Executive Officer  
Melanie Neddo, Director of Operations and Continuous Improvement  
Jennifer Munson, Chief Financial Officer  
Gretchen Aguilar, Chief Nursing Officer  
Edgar Arellano, Director of Information Technology  
Anita Fisk, Director of Human Resources  
Jennifer Marshall, Administrative Assistant  
Raine Beeson, Quality Assurance  
Jan May, Anesthesia  
Talafaipea Claassen, Radiology  
Debbie Kirk, OR  
Rose Holder, Holders ACH  
Dan Webster, TRH Foundation President  
Grace Larsen, Confluence Health  
David Olson, Confluence Health  
Kimberly Freel, Confluence Health  
Michael Knox, Quad City Herald  
Cecilia Arellano

## Welcome

S. Graham thanked everyone for coming. This is the first of many town hall meetings.

The hospital staff have been implementing a strategic plan since a September retreat with hospital commissioners, community partners, and physicians. The top five priorities identified were Quality and Safety, Financial Viability, Culture, Communication, and Community Collaboration. We face significant challenges as a rural critical access hospital. One of the most pressing challenges is being financially viable. S. Graham shared the hospital's two "wildly important goals" – providing the ideal patient experience and breaking even operationally.

V. Orford feels very encouraged by the direction we've been taking in the last year. It's nice to feel positive about the future. We're doing the best we can with the older facilities we have to work with. She thanked the attendees for coming.

J. Tretwold is happy to see that some community members showed up. The board and administration works well together. It's a big project and there are lots of components to look at, so progress takes time. Our clinic is up and running but not financially solvent yet. It's making good progress, however.

## State of the Hospital

Three Rivers is in the midst of significant change, and part of that is learning how to live in the health care environment that's being pressed upon us by outside forces – cultural, political, and insurance-related. We still have significant financial challenges; ie. registered warrants. That's the most important driver, finding a way to be operationally sound

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enough to pay the warrants off. The leadership is looking at all of our processes and costs. The administrative team works hard to meet the needs of patients in a prudent way. Federal and state governments often turn to health care to make cuts because it's assumed that hospitals have deep pockets.

We struggle financially because there isn't the population to create higher patient volumes. We're currently on cost-based reimbursements, but governments have whittled away at that compensation. We need to become better and more efficient at what we do, with focus on high quality. The hospital is on a two-year plan: First, we'll spend 2015 learning how to be financially sound and efficient. The goal after that is to apply property tax revenues to registered warrants and pay those off. The county is supportive of this plan. A customer service team has formed to help train all employees. Every patient should walk away having had a great experience at Three Rivers Hospital.

### Questions/Comments

G. Larsen asked how the clinic is defraying ER expenses that are not compensated. J. Tretwold said the plan is to move patients from the ER to the clinic when appropriate. If patients want to stay in the ER, that's where they're treated. We're averaging 9.5 to 10 patients a day, and we're working on building that up. Michele Hansen, one of the clinic providers, is getting out in the community. S. Graham said we appreciate the referrals as well.

J. Tretwold stated that M. Knox had approached him with concerns about the hospital. He told the hospital to do a better job of informing the community, and we are going to do a better job. S. Graham discussed the quarterly newsletter and the kind of information it will include. The goal is also to make the newsletter English and Spanish. V. Orford said we want to focus on being more bilingual. We're working on a new website as well that will be in English and Spanish.

V. Orford asked D. Webster what he'd like to see changed at the hospital. He said the big challenge revolves around public perception. Public relations and advertising is key.

S. Graham asked everyone else what the hospital can do to better serve the community.

V. Orford would like to see services for the hearing impaired. T. Claassen said we offer ultrasound and other services, but there's a lot we could offer that would keep people local, such as vascular care.

The community also needs more providers. S. Graham said it takes time for new providers to get their practice up to speed, but given our current cash position we wouldn't be able to sustain that. Our goal is not to exceed \$2 million in warrants, and we're currently between \$1.7 and \$1.9 million. However, in collaboration with Family Health Centers and Confluence Health, we're supportive of their hiring efforts.

C. Arellano asked about mental health services. We're in collaboration with Okanogan Behavioral Health, but they're in transition and may end up folding in Douglas County. The Spokane RSN is interested in bringing inpatients here for treatment. We're open to the idea, but we need to make sure it's a win-win. It would require us to train staff and make sure the facility is compliant with codes.

G. Larsen asked what the obstetrics department is looking like. Dr. Ty Witt is here to primarily do gynecological services and takes OB call. We also work with family practice doctors who practice obstetrics. We still deliver about 100 babies a year and hope more people will choose to have their babies here.

S. Graham asked how people feel about the level of customer service for patients. D. Webster has used the new clinic several times and found it very satisfactory. We do track patient satisfaction data and are seeing improvement. It helps us when we get feedback.

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V. Orford asked if people feel we need an eye doctor who can perform exams and surgeries. We could lease the necessary equipment. R. Beeson said Mid-Valley Hospital provides ophthalmology, so rather than every hospital duplicating services we might be better served with focusing on behavioral health.

G. Larsen asked if the hospital has had conversations with the Carlton Complex Fire Long-Term Recovery Group. V. Orford is friends with one of the board members and has asked if the hospital can do anything. Most people aren't looking for medical needs currently; they're still looking at replacing damaged or destroyed belongings. We do have a charity care program. G. Larsen is involved in the mental-behavioral health subcommittee, and highly recommends offering behavioral health services. The recovery group is working on getting a counselor in every school district and will be interviewing for those positions soon. A 501(c)3 is being sought to create a community resource center.

D. Olson asked if we have telemedicine capabilities. We're looking at that and plan to discuss it with our legislators. Telepsychiatry options are also offered. We have fiber optics internet and the equipment, so we need the interest and opportunity. Confluence Health offers telemedicine, but not to the degree that he thinks they should. He is on the board of the Washington Rural Health Association and will be in Washington D.C. next week. He offered to share interests and concerns from Three Rivers Hospital.

There are a lot of health care facilities in the same boat, and over 200 rural hospitals closed last year.

G. Larsen encouraged the hospital to continue working on quality in radiology exam readings. She has a lack of confidence in the interpreter, so she sometimes hesitates to refer patients here.

S. Graham thanked everyone for attending and sharing their questions and concerns. The next town hall meeting will be in June. Our next strategic planning retreat will be in April, and community members are invited to attend that as well.

Adjourned: 6:46 p.m.

  
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Vicki Orford, Chair

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Jerry Tretwold, Vice-Chair

  
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Tracy Shrable, Secretary

  
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Mike Pruett, Member

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Cherri Thomas, Member

