

Three Rivers Hospital

Board of Commissioners Special Meeting

June 6, 2019

Minutes

The Three Rivers Hospital Board of Commissioners convened a special meeting at 9:12 a.m. Thursday, June 6, 2019 at the Douglas Okanogan County Fire District 15 EMS Station, 412 W. Indian Ave., Brewster WA 98812. The meeting was facilitated by Noel Rea and Lynn Ernst of HealthWorx.

A quorum was present, including:

Mike Pruett, Chair
Vicki Orford, Vice Chair
Tracy Shrable, Secretary
Cherri Thomas, Member
Leslie McNamara, 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
Christine Smith, Assistant Chief Nursing Officer
Jennifer Best, Administrative Assistant
Noel Rea, HealthWorx
Lynn Ernst, HealthWorx
Jean Pfeifer, North Valley Hospital
John McReynolds, North Valley Hospital
Marcia Naillon, North Valley Hospital
Alan Fisher, Mid-Valley Hospital
Mikaela Marion, Mid-Valley Hospital
Jesus Hernandez, Family Health Centers
Nathan Dean, Ziegler

Welcome

S. Graham explained the plan for the morning. All took turns introducing themselves.

Background / Dialogue

S. Graham explained that the external forces on public hospitals have the power to alter our ability to function in a negative way. Part of this process is to help us avoid being victims to external or internal forces and determine how we can contribute the most good.

Discussed challenges facing Critical Access Hospitals that were reviewed during the strategic planning session on June 5, 2019. Everybody who's successful has help: Scott would like to see this approach employed by all three hospitals and healthcare partners.

M. Naillon pointed out that what affects hospitals has a ripple effect throughout the communities they serve.

M. Neddo shared information about the condition of the building, as well as data from a community survey, which were reviewed during the session on June 5, 2019.

J. Hernandez wondered how much money leaves the county because people don't have enough confidence in what we do here. A. Fisher said Mid-Valley Hospital received data from Confluence Health that showed the three hospitals lost up to \$10 million. M. Neddo added that Three Rivers is working

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with Health Facilities and Planning to collect similar data. J. Hernandez thinks if each hospital developed niche centers of excellence, we could market them and bring in more patients. A Fisher thinks collaboration may be a myth, because each facility is stuck in its own silos. He'd like to see all three boards come together with an open mind about how to change the way healthcare has been provided. M. Neddo thinks that may come from a place of fear of sacrifice and needing to manage through losing one of its services so another hospital can become the center of excellence. A. Fisher thinks this will require more honesty with each other. M. Naillon noted that some patients have a very long drive to get to their closest hospital, so traveling to another hospital for a specific service may be more of a hardship. S. Graham thinks there is some frustration about the rate of change, but it's challenging to move forward because everyone has long memories. J. Hernandez thinks a compelling vision that will excite everybody is the best opportunity to facilitate change faster than focusing on what individual facilities would lose. He suggested making succession planning a part of the integration discussion. N. Dean thinks that, in order to avoid losing momentum and willing participants, it's important to hammer out specifics of what collaboration means.

S. Graham posed the same question that was asked of yesterday's group: Do we want Three Rivers Hospital to exist? A. Fisher said yes; there is a need for Three Rivers and North Valley. J. Pfeifer would like to know the thoughts of the community members in Three Rivers' district, especially considering how different the demographics are in each area. M. Neddo explained that the Methow Valley survey respondents were more supportive than any other area in the hospital district. We had good support from Brewster and Bridgeport, but not Pateros or Mansfield.

V. Orford pointed out that many residents take the hospital for granted and assume it'll always stay open. It doesn't surprise her that community members are not in attendance at this meeting. They aren't worried about it and don't realize we need their support and feedback. L. Ernst thinks the lack of community input needs to be figured out before this process goes much further.

J. Hernandez noted that there's some overlap with K-12 education in terms of struggles with recruiting and retaining good employees. It would be useful to engage with them, because academic success is achieved when people are healthy. M. Pruett thinks some community members may assume the government will help hospitals stay open, but it's up to each hospital to let everyone know what we do. S. Graham referred to an idea he has heard to make Three Rivers and North Valley into emergency rooms only and feed all other services to Mid-Valley. If that's what the communities want to see, he would like to hear that. J. McReynolds thinks if there were micro-hospitals in Brewster and Tonasket, it wouldn't be an unreasonable goal toward creating an integrated health care system in Okanogan County. One hospital district could be developed, with all money shared by it. There would be some sacrifice for patients in having to travel, but it would be more efficient for the entire system. A. Fisher agreed that a consolidated hospital district would be practical.

M. Marion thinks we have an opportunity to mail a joint survey to residents. L. McNamara added that this would show the communities that we aren't in competition with each other.

Break

L. Ernst announced a 15-minute break at 10:50 a.m. The meeting reconvened at 11:13 a.m.

Dialogue, Continued

L. Ernst asked everyone to write down a mental valley about change, Three Rivers, or collaboration that could hold back their ability to be more open-minded. Make a private commitment to be aware of it.

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Common concerns included patient access to services if any of the three hospitals gave them up so another hospital could specialize in it. Many patients don't have the ability to travel.

S. Graham asked which services we should continue, and which we should consider giving up. G. Aguilar acknowledged that OB services is an emotional sticking point and a high priority to the community and providers. However, there is a lack of providers and qualified nursing staff. She isn't sure if it's worth it to continue providing OB given the upcoming challenges. J. Hernandez added that when Confluence pulled out of Brewster, Family Health Centers stepped up to provide OB care. However, Dr. Hanson is looking to retire and there aren't enough providers. It's a tough decision, but it will be hard to maintain this with Dr. Wallace providing the bulk of the patient care.

Other ideas included:

- Substance abuse treatment
- Behavioral health
- Oncology
- Elderly and veteran care
- Community education programs about topics such as diabetes, wellness, and dialysis
- Community involvement through collaboration with Room One, the Boys & Girls Club, and schools
- Keep general surgery and orthopedics, but shift swing bed patients from Three Rivers to North Valley
- Share physical therapy and occupational therapy
- Offer more specialties, such as podiatry, urology, internal medicine, and endocrinology
- Offer telemedicine
- Women's health and men's health
- Sharing non-clinical services like laundry, dietary, IT, and central supply
- Quarterly report to the community and more participation in events like farmers markets
- Develop a more robust governance system between the hospitals

M. Pruett noted that some of the listed ideas are good for regional collaboration, but all may not be feasible for Three Rivers. C. Thomas thinks our hospital district would need a much bigger population to support some of those services, so partnerships that already offer those specialties should be developed. S. Graham agreed.

C. Thomas asked if a study could be done on our populations' diagnoses so we could determine which specialties would be best to offer. M. Pruett pointed out the huge geographical location and largely low-income population. Many patients are looking for a full-service health care center, so they have only one place to go to get what they need. How can we best serve our communities in rural health care into the future, in a smart way?

T. Shrable thinks sharing service lines rather than eliminating them may be a more comfortable place to start. J. McReynolds said one challenge is that hospitals are required to have certain staff on-site, ready to work, even when patient volumes are low.

L. Ernst asked about the action steps to get movement behind these ideas. She agreed with J. Hernandez that a vision for the collaboration needs to be created.

V. Orford would like to see representatives from each board to meet more than quarterly, perhaps monthly. L. McNamara suggested this could be a committee that would report back to the respective boards. N. Dean pointed out that such a group shouldn't generate more work for executives and staff.

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V. Orford thinks establishing a timeline would be helpful. C. Smith noted that the hospitals each have different unions that may cause issues with staff-sharing. L. Ernst added creating a charter to the list of action items; something that outlines the purpose of the collaboration, who's working on it and how. J. Pfeifer said community members may be wondering why we don't collaborate with Confluence; this was a comment made in the survey. She thinks the community is owed an explanation. S. Graham thinks we do need to work with Confluence, although attempts have been consistently made to collaborate with them.

L. McNamara thinks everyone at the hospital is agreed that a new building is necessary. S. Graham thinks it makes more sense to build on the land we've got if the location isn't a barrier. M. Neddo explained that more investment would need to be made in studies and other things before we could move forward on building anew. N. Dean pointed out that the team is already gathering data for this project to determine what kind of building can be financially justified. J. Pfeifer thinks a more modern hospital is needed and it's a good idea to move forward on that opportunity.

J. McReynolds pointed out that having an unequal tax burden or debt service among the hospitals may be a barrier to collaboration. C. Thomas thinks more of an effort needs to be made to educate hospital district residents that their tax dollars are not going to outside hospitals they prefer to use.

Discussed patient rights and educating the public more on their ability to choose providers and where to get services.

Morning Session Wrap-Up

L. Ernst suggested preparing a meeting summary, including the next steps. Onboard next-level leaders, and have them involve staff. Provide a community update. Identify the next steps for board members specifically, if any. Develop a work plan for a new building and a communication strategy. Develop a more formal plan for staff collaboration.

S. Graham thinks the openness displayed today will foster more opportunities. The question after today isn't whether to build a new hospital, it's how. The collaboration is an even larger endeavor that will require more energy and resources. We can't do the building, the communicating, and the collaborating with 85 FTEs, so more staff may need to be added.

Break

A one-hour break for lunch was announced at 1:08 p.m. The meeting reconvened at 2:10 p.m.

Discussion

The plan for the afternoon session included reviewing the risks, summarizing the input, having a dialogue about collaboration, building a plan from Three Rivers' perspective, and discussing service lines and the building.

V. Orford was interested in the different points of view offered in the earlier sessions, and she thinks Three Rivers and North Valley are on the same page regarding collaboration. We made some headway on being able to communicate. L. McNamara would like to know what Mid-Valley's long-term vision is compared to that of North Valley and Three Rivers. S. Graham noted that the opinion of Mid-Valley's board is also unknown.

M. Neddo was surprised by the enthusiasm about a new building. M. Pruett thinks that's partly because a new building for Three Rivers wouldn't really affect the other two hospitals. He's confident we can make a good, thorough presentation to our district. C. Thomas thinks another employee or consultant will need to be hired to assist with this process. L. McNamara noted that there has been previous

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discussion about also hiring for a position to oversee the Foundation. C. Thomas agreed that it needs to be done. M. Neddo thinks that additional FTEs are needed for the Foundation, the collaboration, and the building, but we need to be thoughtful about how to present those positions and the need for them. These positions aren't in the budget, so they'd need board approval. L. Ernst asked if we could explore whether a grant would help pay for any of these positions. J. Munson thinks a grant writer would be a more prudent position than a Foundation director. M. Pruettt thinks the building should take priority. C. Thomas asked S. Graham what he needs; an ongoing consultant to give an outside perspective on the collaboration that helps him work through everything that needs to get done. The other piece is attaining a governance that would properly fit with the collaboration we're striving for. N. Rea thinks the group formed between the hospitals would help qualify for more grant opportunities that could potentially pay for some of the positions needed. He proposed giving M. Neddo more of S. Graham's CEO responsibilities, then hiring based on her needs so S. Graham can focus on the regional needs.

Discussed ideas about creating shared governance and management for the hospital's integration, as well as a public communications and marketing plan. M. Pruettt wants to see Three Rivers engage, involve, and educate the community.

S. Graham asked for time for administration to hammer out some details and recommendations to bring back to the board. Growth is contingent upon the integration and the new building. In the meantime, work continues on the ongoing projects to bolster general surgery and primary care. As far as internal strategy, M. Pruettt thinks it's a good idea to continue with developing on the priorities identified in the

last strategic planning retreat. S. Graham will work with N. Rea and others to start getting details articulated so the board can make appropriate decisions about moving forward.

Adjournment

The second session of the strategic planning retreat ended at 4:43 p.m.

Mike Pruettt, Chair

Vicki Orford, Vice Chair

Tracy Shrable, Secretary

Cherri Thomas, Member

Leslie McNamara, Member