

The Three Rivers Hospital Board of Commissioners called a regular meeting to order at 11:16 a.m. Wednesday, August 31, 2022. The meeting was held in the McKinley Building Conference Room at 507 Hospital Way, Brewster WA 98812 and virtually via the Microsoft Teams platform. The presiding officer was Cherri Thomas, Vice Chair.

A quorum was present, including:

Mike Pruett, Chair
Cherri Thomas, Vice Chair
Leslie McNamara, Secretary
Tracy Shrable, Member

Others present:

J. Scott Graham, Chief Executive Officer
Tina Smith, Chief Nursing Officer
Jennifer Munson, Chief Financial Officer
Anita Fisk, Human Resources Director
Dr. Ty Witt, Chief Medical Officer
Chad Schmitt, Chief Information Officer
Shauna Field, Administrative Assistant
Jennifer Best, Business Development Coordinator
Jamie Boyer, Clinic Manager
Jeremy Vandelac, Ancillary Services Director
Malinda Valdovinos, Dietary Manager
DJ Dinjian, Environmental Services Manager
Rosie Hartmann, Revenue Cycle Director
Rosie Poole, Central Supply Manager
Zac Allison, Radiology Technician

Vision, Mission & Values

All took turns reading the vision, mission, and values statements.

Agenda

A proposal providing full benefits to part time positions was added to new business. A motion was made by L. McNamara to accept the amended agenda as official; seconded by T. Shrable. Motion carried.

Minutes from Previous Meeting

A motion was made by L. McNamara to approve the July 27, 2022 Regular Meeting Minutes; seconded by C. Thomas. Motion carried.

Public Comment

L. McNamara wished Chairman M. Pruett a happy birthday.

Consent Items

C. Thomas noted the payroll, vouchers, and Medical Staff applications as listed on the agenda. L. McNamara recused herself from approving the 7/28/22 and 8/4/22 vouchers due to invoices from Grover’s Building Supply.

Payroll Total:	Gross:	<u>\$ 789,280.28</u>	Net:	<u>\$ 572,988.97</u>
<u>7/10/22 to 7/23/22</u>	Gross:	<u>\$ 259,982.02</u>	Net:	<u>\$ 191,425.84</u>
<u>7/24/22 to 8/6/22</u>	Gross:	<u>\$ 264,616.90</u>	Net:	<u>\$ 189,437.09</u>
<u>8/7/22 to 8/20/22</u>	Gross:	<u>\$ 264,681.36</u>	Net:	<u>\$ 192,126.04</u>

Vouchers Total:		<u>\$ 2,167,141.96</u>
<u>7/21/2022</u>	<u>095880-095909</u>	<u>\$ 298,194.23</u>
<u>7/28/2022*</u>	<u>095910-095938</u>	<u>\$ 391,111.41</u>
<u>7/29/2022</u>	<u>095939-095939</u>	<u>\$ 989.00</u>
<u>8/4/2022*</u>	<u>095940-095983</u>	<u>\$ 284,062.54</u>
<u>8/11/2022</u>	<u>095984-096023</u>	<u>\$ 418,482.14</u>
<u>8/18/2022</u>	<u>096024-096070</u>	<u>\$ 317,705.21</u>
<u>8/25/2022</u>	<u>096071-096103</u>	<u>\$ 456,597.43</u>

Bad Debt: \$ 30,006.64

Financial Assistance: \$ 33,086.46

Medical Staff Applications

R. Hartmann corrected the bad debt amount to 28,570.09.

A motion was made by M. Pruett to accept the consent items as presented; seconded by T. Shrable. Motion carried.

Employee Spotlight

DJ Dinjian is our Environmental Services and Laundry Department Manager. His departments are responsible for the housekeeping and cleanliness of the hospital. He has been with the hospital for 37 years. Accomplishments this year included upgrading one of the laundry washing machines, which had been in operation since 1975, to a more efficient model and the addition of a new employee.

Foundation Report

J. Boyer will be meeting with The Foundation to discuss equipment purchases for the clinic and a bladder scanner.

Physicians Report

Dr. Witt presented the Physicians Report. The MedStaff bylaw revisions are pending review by the legal team. Dr. Huffman will be stepping down as the ERx site director but will continue to provide coverage in our ER. Dr. Dhillon has resigned effective November 2nd and we are exploring other options for general surgery. Dr. Ellingson will be on a 3-month sabbatical until November 23rd with Dr. Amy Van Milligan providing coverage for her patients. Our pharmacy has a supply of smallpox vaccine which will also work for monkeypox. The lab continues to experience shortages in staff and supplies. The clinic is continuing their monthly community outreach at the Twisp Farmers' Market. The pharmacy will be ending their employee prescription program. We are working with CPSI to create an interface with Medication Review to improve medication ordering and verification processes. Our lab received a perfect score during their state CLIA inspection. Staff turnover and a vendor change for imaging results created a communication gap in our mammography department which has been resolved.

Administration Report

S. Graham presented the Administration Report. Patient volumes continue to be low, not only with our facility but regionally. Voter support for the levy was low in Douglas County. Concerns about tax rates may have been a contributing factor. L. McNamara suggested we analyze voter response by precinct and focus on outreach in areas where voter approval was low. The clinic recently performed 42 student sports physicals. L. McNamara requested more information on the number of families who were established patients with the clinic vs new patients. L. McNamara asked about our membership with the Washington State Rural Collaborative and how we are utilizing their services. We have been a member for over a year now and senior leadership uses it primarily for discussion and networking. The Collaborative has discussed establishing an ACO in the future. L. McNamara expressed concern about the low turnout at the last Nurse Competency Day, but this was due to the number of travelers currently on staff and scheduling. There are more competency days upcoming.

Finance Report

J. Munson presented the Financial Report. We received an 800k grant to help with uninsured and underinsured COVID-19 patients. The funds can be retroactively applied to accounts going back to July 1, 2021. We also received a 200k donation from the estate of a recently deceased patient. The funds were not earmarked for any specific purpose, so there will be further discussion on the best way to utilize the donation. The funds will be moved out of the general cash account into our bond account until a decision is made.

July revenues were down. There were 71 patient days with an average of 1.16 in acute care and 1.13 swing beds, 356 ER visits, 16 surgeries, an average of 60 lab tests and 15 radiology tests. We had a cash balance of 1M at the end of the month and 20 days of cash on hand. Tax money is received monthly, with additional property taxes coming in the fall. Accounts Receivable has collected 1.4M this month. We had 92 FTEs. AR days are at 129 due to the number of old claims being processed. The billing office has been addressing system issues to improve efficiency and currently have a clean claim rate of 73%. We will see a temporary increase in AR while we correct and rebill clinic claims going back to April of 2020 under the proper rural health clinic designation and rate. We had 1.5M in expenses, an operating loss of 389k, and an overall loss of 179k. Our expenses are 1.2M higher this year than last year due to increases in professional fees and traveler costs. Jennifer will be submitting an interim rate adjustment request to improve Medicare reimbursement. We will be switching to our new self-pay vendor once they have the necessary IT files and representatives will be onsite next week to train the staff. The chargemaster review will be starting within the next two weeks. Cash flow projections indicate if we

continue at a 64% collection rate, 1.8M in monthly revenue, and 1.4M in expenses, we will need to pull from our reserve investment funds starting in January 2023.

A motion was made by L. McNamara to accept the Finance report as presented; seconded by C. Thomas. Motion carried.

Break

A twenty-minute break was held between 12:47 p.m. – 1:07 p.m.

Quality Report

S. Graham presented the Quality Report. We have interviewed three applicants for the Quality Director position and will schedule a second interview with an internal candidate. We hope to have the position filled by the end of the month. Scott has been monitoring any reported safety and feedback events. The majority of events resulted in no harm. We had one moderate near miss involving an incorrect medication, but the error was caught before reaching the patient. We are reviewing our patient satisfaction surveys regularly and addressing any concerns or complaints received. We have seen an increase in patients who have left against medical advice for reasons related to wait times but a decrease in patients leaving without being seen. Medication scan rates are high and medication errors are low. The number of patient falls is low due to our fall prevention protocols. There were no hospital acquired infections this month. We will be tracking any OR complications in our report to the board going forward. Departments continue to work on their individual quality improvement plans and document their progress. The new Quality Director will oversee the preparation for the next Department of Health survey. The next Quality Council meeting is scheduled for October 11th. L. McNamara complimented the progress we've made on reviewing our older policies.

A motion was made by L. McNamara to accept the Quality Report; seconded by M. Pruett. Motion carried.

IT Report

C. Schmitt presented the IT Report. Our cyber security score has improved, from an initial score of 42% to 87%. Our target is 92%. The HIT Committee is meeting regularly and working with informatics, providers, and HR to make IT improvements. The phone system is antiquated and needs to be upgraded but is costly to replace. Quarterly reviews are being done to assess our IT environment.

Marketing Report

J. Best presented the Marketing Report. Current projects include developing education for the new patient portal, drafting a campus map with our fire plan, means to communicate the quality of our patient care, staff committee work and fundraising, increased employee recognition, the Daisy Award program, community newsletter, website and social media improvements, community outreach events, staff contests, and the internal Health and Wellness Team newsletter. We've received 160 "How Did You Hear About Us?" clinic surveys. Word of mouth and employee referrals continue to be the top methods. She is working with Fletcher Ellingson on more community outreach in Brewster and Pateros. We will be hosting a Health and Wellness Fair on October 1st. She submitted messages to the local newspapers thanking the community for their support of the 2023 levy. Due to cost we will not be contracting with Rater8.

Old Business

Capital Improvements: Dave Franklund brought a team of architects and engineers onsite to assess the building and grounds for new construction or renovation. They determined the grounds are sound for construction and advised the building could be renovated but the cost of retrofitting and upgrading to bring it to code would not be a good use of money. A new building would be more cost effective and could be built in three phases on the current location, with a three-story main structure where the McKinley building is currently. A feasibility study is the next step, and we are waiting for the architect's final report to determine a timeline. The group discussed messaging to the community and the 55M bond Quincy recently received for the construction of their new hospital.

New Business

Rescind Resolution 2022-07 2023 Levy Resolution (for November ballot): The 2023 levy passed, so the November ballot resolution is no longer needed. A motion was made by L. McNamara to rescind the resolution; seconded by C. Thomas. Motion carried.

Benefits for Part Time Employees: In order to recruit and retain staff, reduce traveler costs, and modernize our benefits package, administration proposes allowing full benefits for our part time positions. Once the nurses' union has reviewed and approved the proposal, it will be brought before the board for a decision. No action taken.

Upcoming Meetings & Events

C. Thomas noted the upcoming schedule of meetings and events.

Executive Session – RCW 42.30.110(g)

To evaluate the qualifications of an applicant for public employment or to review the performance of a public employee.

A 30-minute executive session was held between 2:16 p.m. – 2:46 p.m., extended by 5 minutes per request. No action was taken. The public meeting reconvened at 2:51 p.m.

Adjournment

A motion was made by L. McNamara to adjourn the meeting at 2:51 p.m.; seconded by M. Pruet. Motion carried.

Mike Pruet, Board Chair

Cherri Thomas, Board Vice Chair

Leslie McNamara, Board Secretary

Tracy Shrable, Board Member

ABSENT

David Garcia, Board Member