

The Three Rivers Hospital Board of Commissioners called a regular meeting to order at 11:03 a.m. Wednesday, January 25, 2023. 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 Mike Pruett, Chair.

A quorum was present, including:

Mike Pruett, Chair
Leslie McNamara, Secretary
Tracy Shrable, Member
David Garcia, 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
German Meza, Quality Director
Malinda Valdovinos, Dietary Manager
Rosie Hartmann, Revenue Cycle Director
Zac Allison, Radiology Technician
DJ Dinjian, Environmental Services
Michelle Welton, OR Manager

Vision, Mission & Values

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

Agenda

A 10-minute executive session under RCW 42.30.110(g) prior to adjournment was added. A motion was made by L. McNamara to accept the amended agenda as official; seconded by D. Garcia. Motion carried.

Minutes from Previous Meeting

A motion was made by D. Garcia to approve the December 28, 2022 Regular Meeting Minutes; seconded by L. McNamara. Motion carried.

Public Comment

The amount of bad debt was updated to \$52,540.79.

Consent Items

M. Pruettt noted the payroll, vouchers, and Medical Staff applications as listed on the agenda. L. McNamara recused herself from approving the 12/22/22 and 1/19/23 vouchers due to invoices from Grover’s Building Supply.

Payroll Total:	Gross: <u>\$ 546,457.47</u>	Net: <u>\$ 399,172.81</u>
<u>12/11/22 to 12/24/22</u>	Gross: <u>\$ 276,353.60</u>	Net: <u>\$ 206,338.27</u>
<u>12/25/22 to 1/7/23</u>	Gross: <u>\$ 270,103.87</u>	Net: <u>\$ 192,834.54</u>
Vouchers Total:		<u>\$ 1,919,127.04</u>
<u>12/22/2022*</u>	<u>096973-097057</u>	<u>\$ 396,192.49</u>
<u>12/29/2022</u>	<u>097058-097085</u>	<u>\$ 441,503.61</u>
<u>1/5/2023</u>	<u>097086-097510</u>	<u>\$ 370,672.04</u>
<u>1/12/2023</u>	<u>097151-097192</u>	<u>\$ 440,997.93</u>
<u>1/19/2023*</u>	<u>097193-097246</u>	<u>\$ 269,760.97</u>
Bad Debt:		<u>\$ 52,540.79</u>
Financial Assistance:		<u>\$ 17,497.47</u>

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

Employee Spotlight

Michelle Welton, OR Manager, discussed her personal and professional history. She started as a traveler with us last year and in December moved into our available OR manager position, where she helps prepare staff and patients for surgery and acts as the primary circulator. Her entire medical career has been in OR and surgery with 18 years as surgical tech before moving in nursing.

Foundation Report

J. Best presented the Foundation Report. The Foundation board will be meeting on the 31st. The RFID doors have been installed and we will be submitting the cost for reimbursement.

Physicians Report

Dr. Witt presented the Physicians Report. With the change to quarterly MedStaff meetings, the credentialing committee will now submit medical staff applications for board approval each month and if there are concerns, they can be held over until MedStaff can review. Dr. Ebaugh will start in 3 weeks and there are 5-6 patients already on his schedule. He will chair the surgery department meetings when those resume. Roy Huffstetler has accepted our offer for the PA-C position in the clinic but has not yet given a start date. We have a new CPSI representative, who would like to shift away from the current weekly meetings to monthly which has created concerns about response time to system issues.

Administration Report

S. Graham presented the Administration Report. Scott presented an overview of what we have accomplished in 2022 and what we are looking forward to in the new year. In 2022, with strategic investments, we started our community newsletter and outreach events, recruited a general surgeon, made improvements to our mammography services with new equipment, upgraded our dishwasher, and completed several maintenance and beautification projects with the Building and Planning Committee. Priorities in 2023 include: building practices for our two new providers, improving our swing bed program with our swing bed task force, continued work on system issues and performance with CPSI, building an outpatient PT program, continued work toward a new building, maintaining and improving the appearance and integrity of the current building, and preparing for this year's DOH survey. A mock survey to inspect our Environment of Care occurred yesterday and the surveyor was impressed by how well cared for the building was despite its age.

The group reviewed our current volumes and metrics and discussed concerns about burnout, viability, and revenue. There were zero patients this week and revenue is at 58% of the 2.3M we need to break even operationally. We have 26 days of cash on hand. Leadership is managing labor costs and low censusing staff when possible. Staffing continues to be a challenge, but recently we've had providers and applicants seeking us out which is positive. We'll continue to focus on improving our work culture and reputation through customer service training, community outreach, and marketing.

In the coming year, we'll be working with WSHA to engage with our district legislators to educate and combat laws that could potentially be harmful to rural hospitals. Last year, none of the regional hospitals signed up for the alternative reimbursement models like CHART and the Rural Emergency Hospital so the programs are being reworked to be made more attractive.

L. McNamara asked if the ammonia cloud incident impacted the hospital; no, but we did see 6 patients in the ER. Maintenance was onsite to ensure proper protocol was followed and the HVAC system was turned off for a couple of hours. Disaster preparedness and safety drills will be another focus for us in 2023.

Finance Report

J. Munson presented the Finance Report. They are working to close 2022 so there were no December financials to report. Jennifer presented and discussed her current cash flow projections. We are averaging 1.8M in revenue per month with a 65% collection rate, but expenses are higher than what we are collecting. Unless we can increase our revenue to 2.3M our cash reserves will only take us to August of 2024. If we remain at 1.8M, we will need to cut 200k in expenses per month which can only happen if we cut services and staff. Our current daily rate for swing bed patients is \$5000 but we are capturing a very small share of the market. Increasing our market share to 40% could add 700-900 patient days. The group discussed community feedback and the importance of good outreach and investment in our staff and services. In the business office, our clean claim rate is holding steady between 75-78%. R. Hartmann is working directly with four current payers on our old accounts receivable as well as a charge master review, filling open positions, and processing wound care claims and the Chief Joseph Dam physicals performed last year. The AR days are 124. 2.5M worth of claims are in the payment process.

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

Break

A break was held between 12:42 p.m. – 1:02 p.m.

IT Report

C. Schmitt presented the IT Report. The HIT committee has a list of 14 projects which includes a HIPAA workshop, O365 improvements, a Medication Review interface in CPSI, and implementation of the 3R human resources module. Our risk scores have improved by 2 more percentage points.

Quality Report

G. Meza presented the Quality Report. In January, there were no falls, 3 medication events that did not reach the patient, and no hospital acquired infections or surgical complications. For patient satisfaction, the ER saw a return of 15 surveys with a rating of 87% with a positive comment rate of 57% to 17% negative. Inpatient scores were 84% with 3 returns and 100% positive comments. The clinic saw a return of 14 surveys with a score of 95% and 95% positive comments. Trauma and stroke data will be added to the quality focuses. He will be working with Rob and department leaders to correct the items identified during the mock survey.

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

Marketing Report

J. Best presented the Marketing Report. Current activities include: advertising for Dr. Ebaugh, researching newsletter printing options, social media posts for services and health holidays, updates to the website which include fixing the contact form and creating a page for our medication take back program, updates to our staff intranet, reviewing sponsorship opportunities with schools and the Gamble Sands golfing tournament. She is discontinuing the “How Did You Hear About Us?” survey. We received 200 complete surveys which consistently showed that word of mouth and provider referrals were the most common responses. L. McNamara asked if our radio spots are recorded and could be posted to the website; Jennifer will follow up. She is creating a calendar of outreach events for 2023. She would like to set up some community focus groups in Brewster and the Methow and host another Health Fair in the summer. The main barrier to outreach is staff availability.

Old Business

Capital Improvements: The necessary data has been submitted to Jody Corona for the new building feasibility study. Another meeting with Jeffrey Fivecoat has been scheduled to review our credit worthiness. We will begin community outreach once we know more about funding.

New Business

None. L. McNamara reminded the group about donating to the WSHA Hospitals for a Healthy Future PAC.

Upcoming Meetings & Events

M. Pruett noted the upcoming schedule of meetings and events.

Executive Session – RCW 42.30.110(g)

An executive session was held between 1:37 p.m. – 1:47 p.m. The public meeting reconvened at 1:47 p.m. No action was taken.

Adjournment

A motion was made by L. McNamara to adjourn the meeting at 1:47 p.m.; seconded by D. Garcia.
Motion carried.

Mike Pruett, Board Chair

ABSENT

Cherri Thomas, Board Vice Chair

Leslie McNamara, Board Secretary

Tracy Shrable, Board Member

David Garcia, Board Member