

The Three Rivers Hospital Board of Commissioners called a regular meeting to order at 11:00 a.m. Wednesday, February 22, 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 Cherri Thomas, Vice Chair.

A quorum was present, including:

Cherri Thomas, Vice Chair  
Leslie McNamara, Secretary  
Tracy Shrable, Member  
David Garcia, Member

Others present:

J. Scott Graham, Chief Executive Officer  
Tina Smith, Chief Nursing 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  
Mike Oberg, Informatics RN  
Rob Wylie, Facilities and Maintenance Manager

### **Vision, Mission & Values**

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

### **Agenda**

A 5-minute executive session under RCW 42.30.110(i)(iii) prior to adjournment was added. 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 January 25, 2023 Regular Meeting Minutes; seconded by D. Garcia. Motion carried.

**Public Comment**

None.

**Consent Items**

C. Thomas noted the payroll, vouchers, and Medical Staff applications as listed on the agenda. L. McNamara recused herself from approving the 2/9/23 vouchers due to an invoice from Grover’s Building Supply.

Payroll Total:	Gross:	<u>\$ 525,359.33</u>	Net:	<u>\$ 377,781.33</u>
<u>1/8/23 to 1/21/23</u>	Gross:	<u>\$ 275,539.40</u>	Net:	<u>\$ 199,572.52</u>
<u>1/22/23 to 2/4/23</u>	Gross:	<u>\$ 249,819.93</u>	Net:	<u>\$ 178,208.81</u>
Vouchers Total:				<u>\$ 1,374,227.93</u>
<u>1/26/2023</u>	<u>097247-097282</u>			<u>\$ 419,668.74</u>
<u>2/2/2023</u>	<u>097325-097366</u>			<u>\$ 305,632.50</u>
<u>2/9/2023*</u>	<u>097368-097411</u>			<u>\$ 399,596.82</u>
<u>2/16/2023</u>	<u>097412-097463</u>			<u>\$ 249,329.87</u>
Bad Debt:				<u>\$ 6,389.81</u>
Financial Assistance:				<u>\$ 41,524.47</u>

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

**Employee Spotlight**

Rob Wylie, Facilities and Maintenance Manager, started as an electrical engineer at the hospital 16 years ago and has been the facility manager since 2013. He has a passion for learning how things work and how to prevent system failure. An upcoming project he is looking forward to is updating and improving the hospital’s medical gas system.

**Foundation Report**

The Foundation is working through equipment requests for the clinic and nursing. A potential fundraising project is to purchase a patient transportation vehicle. Their funds are currently at 83k with grants and donations. J. Best is helping them with a press release for their 2022 projects and updates to their website. Hiring a Foundation liaison would be helpful if the Hospital can afford to.

**Physicians Report**

Dr. Witt presented the Physicians Report. The first quarterly MedStaff meeting is scheduled for March and will include peer review. Dr. Ebaugh has started and along with Dr. White we have 10 surgeries scheduled this week. Roy Huffstetler will begin in the clinic on March 1<sup>st</sup>. ERx has merged with Acute Care, Inc to form a new organization, StatUS Health Partners, and we have met with Dr. Paula Silha to discuss our midlevel coverage going forward. We may no longer need ERx to provide clinic coverage with Roy joining us as a PA-C. Dr. Huffman has stepped down as our StatUS onsite director and they are

interviewing providers for the position. Dr. Witt will be leading our focus on safety and disaster preparedness this year and working to schedule various trainings and drills.

### **Administration Report**

S. Graham presented the Administration Report. L. McNamara asked about the family practice team's diabetes care management and adult and child wellness exam tools; they are working to improve service workflows and tracking. The HCA has provided funds for Ingenium Advisors to work with us and other facilities to improve telemedicine services in the region. The goal is to eventually create a telemedicine hub to increase access to care. Work is also being done with Medicare, legislators, and policymakers to improve the telehealth payment model which is significantly lower than inpatient rates. We met with another telemedicine organization that focuses on behavioral health and addiction. The group discussed L. McNamara's proposal of drafting a resolution in support of WSHA's legislative policy brief to send to our regional representatives. There is a federal Advocacy Day with legislators scheduled for September in Washington DC which Scott is planning on attending.

Financial Operations – Scott presented our current volume goals and metrics. Our budgeted daily census goal is 3 acute care patients and 3 swing bed patients. We are currently at an average of 1 and 2.2. We have performed 5 out of the budgeted 22 surgeries, with 7 more on the schedule. ER visits are at 157 out of 372. Lab is at 47% of its goal with 1,223 tests out of 2,590. Radiology is at 52% with 276 tests out of 527. Rural Health Clinic visits are at 186 out of 600. Revenue is 1M out of the needed 2.4M for the month. C. Thomas asked about our ER volumes; volumes are usually low at this time of the year but increased costs and competition with other facilities may also be affecting numbers. The group discussed how to bring in more patients from the Methow, as we are their tax district hospital. L. McNamara asked if we can investigate if ambulance calls are down; Tina will look into it. Volumes across all areas are down and we will not reach our breakeven goal of 2.4M in revenue this month.

Legislative Concerns – A bill we are opposed to is SB 5236 regarding nurse-to-patient ratios, which does not address the nurse staffing shortage and allows for no flexibility or fluctuations in patient census. Bills we are in support of include the Safety Net Assessment Program, which will provide tax funds to offset Medicaid rates which have remained stagnant for the past 20 years and SB 5103 to help hard to discharge patients get the appropriate level of care. Scott will be speaking about these topics at the next Coalition for Health Improvement meeting.

DOH Survey Readiness – Dr. Witt attended the recent R7 meeting and was able to make contact with people to help us with disaster and incident command training and emergency drills. The mock survey went well. The Quality Council is reviewing citations and plans of correction from the previous survey. The maintenance staff is addressing problem areas, snow removal, leaks and winter weather damage.

### **Finance Report**

S. Graham presented the January Finance Report. Inpatient days averaged 1.68, swing bed volumes were below target and underbudget, with 240 ER visits, 11 surgeries, daily average tests of 15 in radiology and 45 in the lab, and 351 clinic visits. At the end of the month our cash balance was 1.2M, approximately 26 days of cash on hand. 90 FTEs. 59% of revenue went to salaries. AR days were at 124 with a goal of 50 and below. We had 1.8M in total patient revenue, net revenue was 1M, expenses were 1.4M, with an operating loss of 412k and after adding tax money a net loss of 187k. We had a positive bottom line in December in the amount of 200k. C. Thomas asked about our clean claim rate; 79% with 242 claims and less than 1M pending. R. Hartmann has been working directly with payors on outstanding claims as the business office works to eliminate our old accounts receivable. The bad debt

report is being run at the beginning of each month so timely contact can be made with patients to make payment arrangements. As a result, our amount of bad debt is moving down instead of up.

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 12:20 p.m. – 12:40 p.m.

### **IT Report**

M. Oberg and C. Schmitt presented the IT Report. Lippincott implementation is almost complete and to the point of assigning curriculum. This will help alleviate the policy management burden on our CNO. We are also implementing Patient Connect, a portal where patients will be able to request appointments in the clinic, and Communication Center which will help designated staff process record requests from other facilities and providers. Dr. Ebaugh has been onboarded, as well as three new Providence telehospitalists. IT has been focusing on cost saving opportunities and renegotiating contracts, with four areas identified where dollars may be saved. The HR module, 3R, is on schedule to go live in late April/early May. The HIT Committee has 15 active projects on their list.

### **Quality Report**

G. Meza presented the Quality Report. We've had no patient falls since December. There have been three medication events year to date, with a medication scan rate of 94%. There have been no hospital acquired infections year to date. A December case was reviewed and determined to be a surgical complication. For patient satisfaction, the ER was at 89% with 24 returned surveys, inpatient was at 88% with 6 returned surveys, and the clinic was at 94% with 17 returned surveys. Trauma and stroke data will be included in future reports.

For departmental quality improvement plans, he plans to have the 2023 worksheet finalized by the end of next month. C. Thomas asked how many departments met their 2022 goals; the majority of departments met requirements but there was confusion on how to report which he hopes to remedy this year with monthly follow ups with department leaders. At the recent Quality Council meeting, he and Michele presented on the Plan, Do, Study, Act model.

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

### **Marketing Report**

J. Best presented the Marketing Report. Current projects include: education and communication on signing up for My Care Corner, updating our hold music and phone tree options, external and internal wayfinding signage, updating fire plan maps, changing the language on our website and swing bed promotional material to transitional care to clarify the service with the community, completing an inventory of PR supplies, working on promotion for Dr. Ebaugh and Roy Huffstetler including postcard mailers and billboards, the next issue of our newsletter, community focus group planning, content for electronic bulletin boards in the lobbies of the hospital and clinic, community outreach and sponsorships with the Boys and Girls Club and Gamble Sands golf tournament, hosting another Health Fair in August, employee committee activities, a subcommittee for The Daisy Award, the PR intranet page and staff communication. There was an issue with our Google contact information forwarding to Coulee Medical Center and Dr. Hsu instead of the clinic which has been resolved. The group discussed the best ways to

advertise our ER and clinic wait times which are often much lower than other facilities, either in our newsletter or on our website or a billboard. In the last week, we saw 57 patients and the average time from arrival to discharge was 89 minutes. The main concern was keeping the information up to date and current. A report of the average time from arrival to provider was requested for future board meetings and to be included as a quality improvement metric with data on length of stay.

### **Old Business**

**Capital Improvements:** The new ER registration office is nearly complete and will be finished once we receive the window roll shutter. We have met with Jeff Fivecoat to discuss our debt capacity for funding the new building. Our debt limit is 65M. The quote for a new building was 64.5M which would restrict our debt capacity. Options are to go back to the architect for a different design and lower projection or build in phases.

### **New Business**

None.

### **Upcoming Meetings & Events**

C. Thomas noted the upcoming schedule of meetings and events. The next Quality Council meeting is scheduled for March 22, 2023 at 1:00 p.m.

### **Executive Session – RCW 42.30.110(i)(iii)**

An executive session was held between 1:49 p.m. – 1:54 p.m. The public meeting reconvened at 1:54 p.m. No action was taken.

### **Adjournment**

A motion was made by T. Shrable to adjourn the meeting at 1:56 p.m.; seconded by D. Garcia. Motion carried.

ABSENT

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Mike Pruett, Board Chair

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Cherri Thomas, Board Vice Chair

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Leslie McNamara, Board Secretary

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Tracy Shrable, Board Member

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David Garcia, Board Member