

The Three Rivers Hospital Board of Commissioners called a regular meeting to order at 11:04 a.m. Thursday, June 29, 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, Board Chair.

A quorum was present, including:

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

Others present:

J. Scott Graham, Chief Executive Officer  
Anita Fisk, Human Resources Director  
Jennifer Munson, Chief Financial Officer  
Tina Smith, Chief Nursing Officer  
Dr. Ty Witt, Chief Medical Officer  
Shauna Field, Administrative Assistant  
Jennifer Best, Business Development Coordinator  
Jeremy Vandelac, Ancillary Services Director  
Amy Thomas, Chief Information Officer  
Rosie Hartmann, Revenue Cycle Director  
German Meza, Quality Director  
Malinda Valdovinos, Dietary Manager  
Mike Oberg, Informatics RN  
Rosie Poole, Materials and HIM Manager  
Dan Webster, Foundation President  
Jennifer Bach, Accounting Controller  
Teresa Stout, Discharge Planner

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

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

### **Agenda**

A 20-minute executive session under RCW 42.30.110(g) was added before adjournment. A discussion on accountability was added at the beginning of the meeting. New business items were moved to take place before old business.

A motion was made by L. McNamara to accept the amended agenda as official; seconded by T. Shrable. Motion carried.

**Accountability Discussion**

The group discussed their thoughts on how to be accountable to the community as a publicly owned hospital, including communication, using funds properly, providing high quality care, and good stewardship.

**Minutes from Previous Meeting**

A motion was made by C. Thomas to approve the May 31, 2023, Regular Meeting Minutes; seconded by D. Garcia. Motion carried.

**Public Comment**

A debrief from the Commissioners on this week’s WSHA Rural Leadership Conference. L. McNamara shared a thank you card to the board from Lynda Wagoner.

**Consent Items**

M. Pruett noted the payroll, vouchers, and Medical Staff applications as listed on the agenda.

Payroll Total:	Gross: <u>\$ 584,109.61</u>	Net: <u>\$ 421,648.74</u>
<u>5/14/23 to 5/27/23</u>	Gross: <u>\$ 286,129.13</u>	Net: <u>\$ 206,112.17</u>
<u>5/28/23 to 6/10/23</u>	Gross: <u>\$ 297,980.48</u>	Net: <u>\$ 215,536.57</u>
Vouchers Total:		<u>\$ 1,374,166.05</u>
<u>6/1/2023</u>	<u>098542-098583</u>	<u>\$ 414,968.90</u>
<u>6/8/2023</u>	<u>098584-098626</u>	<u>\$ 304,203.32</u>
<u>6/15/2023</u>	<u>098627-098665</u>	<u>\$ 398,550.05</u>
<u>6/22/2023</u>	<u>098666-098736</u>	<u>\$ 256,443.78</u>
Bad Debt:		<u>\$ 20,604.07</u>
Financial Assistance:		<u>\$ 34,791.87</u>

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

**Employee Spotlight**

Rosie Poole, Materials Manager and HIM Manager, has been with the hospital for 20 years having started as a receiving clerk and moved up to management. She works with each department to make sure they have the supplies they need and works in record keeping and claims processing. She is also involved in employee committee activities.

**Foundation Report**

Dan Webster presented the Foundation Report. The hospital received their new bladder scanner. The Foundation presented at the graduations of their four scholarship winners. They hope to encourage more students to join the medical field.

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**Physician Report**

Dr. Witt presented the Physician Report. The quarterly MedStaff meeting was held this month, but the chart review will be scheduled for a separate meeting. They are working to improve Biofire ordering processes to make sure providers are ordering the right tests at the right time to ensure proper insurance reimbursement. Dr. Shawn Goodall has taken over as our new ED Director. Both surgical rooms are equipped with improved suction tools. There will be an active shooter response training on July 21<sup>st</sup> with Michael Blake, who will present but also evaluate the facility and provide safety recommendations. We eventually want to do a community wide exercise that involves local police and 911.

**Administration Report**

S. Graham presented the Administration Report. Scott provided a debrief of the WSHA Rural Leadership Conference and encouraged other members of administration to attend in the future. Staff customer service training is held every month. The next one is scheduled for July 11 at 10:30am. L. McNamara asked about the stroke cases we transfer out; it depends on the type and severity and the kinds of treatment and therapy the patient needs. The clinic is working with WSU on a community health program involving identifying cervical cancer patterns and a long COVID study. We've seen some increase in swing bed volumes. Our goal is an average of 5 per day and we are currently seeing 2.5 to 3. The swing bed task force meets every two weeks and our CNO and Discharge Planner are meeting with other facilities to build referral relationships. We installed new GE vital monitors in every room and the training went well. Scott made contact with a vendor at the conference that offers low-cost renal services. The feasibility study for the new building is complete but shows a concerning loss of market share since the loss of OB services. Jody Carona will be meeting with the Board and Admin Team for further discussion. We will be working with Matt Ellsworth from the AWPHD and architect Dave Franklund on campaign strategy and materials to present at town halls and community outreach events.

**Finance Report**

J. Munson presented the May Finance Report. Volumes saw an increase in May. There were 27 swing bed days, 53 acute care days, 27 surgeries, and 458 clinic visits. She has completed the cost report model through May and anticipates a 130k payable. We had 95 FTEs and salaries were under budget. Due to the number of surgeries our supply costs were over budget. There was 1.6M total in revenue with a 21k operating loss but a net gain of 204k. We have 37 days of cash on hand. The AR days are at 108. The clean claim rate is 71%. T. Shrable asked about our denied claims; the business office is working on cleaning up old claims which has caused them to be denied for timely filing. R. Hartmann anticipates they will need two more months to complete work on this issue. At our current rate of revenue, we will need to start using our reserve funds in December. Processing our AR that is older than 60 days will give us a net estimate of 400k a month in collections, but this will not solve our volume issues. We need 2.4M in revenue per month to break even.

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

**Break**

A break was held between 12:23 p.m. – 12:45 p.m.

**IT Report**

M. Oberg and A. Thomas presented the IT Report. Current projects are the new GE vital monitors, 3R implementation, and cyber security training and awareness for staff. There were 198 tickets in June, 197

completed, and 20 still pending. A. Thomas presented a report on network activity and threats over the past 30 days. The most common threat to our systems were phishing and deception attempts. M. Oberg's projects include rebuilding the CPSI test server and overseeing a clinical support team for Scaled Data expansions. He has completed 30 tickets over 30 days and two projects, including the Medication Review/CPSI interface.

### **Quality Report**

G. Meza presented the Quality Report.

#### Quality Metrics

- Falls with Injury – One fall at the end of May but no harm to patient.
- Medication Events and Scan Rate – There were two medication events involving a delayed medication but no harm to patient. Actual events and near misses are both reviewed for training opportunities and process improvement. The medication scan rate was 96%. Inpatient medication scanning is at 95%.
- Hospital Acquired Infection and Surgical Complications – None.

#### Patient Satisfaction

- ER – 90% with 15 returned surveys. 60% positive comments, 20% negative. Patient comments included complaints about a doctor's diagnosis and the lack of ultrasound on Fridays. We will be evaluating our transfers to see if we need to increase staffing and coverage for ultrasound. Suggest training our ER providers to perform emergent screenings. Positive comments were made about the kindness of our staff and the short wait times.
- Inpatient – 81% with 1 returned survey. 33% negative comments, 67% neutral. There was feedback about there not being enough food provided to a patient.
- Clinic – 95% with 15 returned surveys. 87% positive comments.

Trauma, Stroke, and Chest Pain – No trauma cases in the second quarter. 8 strokes – 5 were transferred, 2 were admitted and one was sent home. Average time from arrival to CT scan reading was 67 minutes. The goal is 60. 75% of stroke cases arrived via EMS. There were 29 chest pain cases – 2 were admitted, 20 were sent home, and 7 were transferred. 29 EKGs were performed, 16 aspirins administered, 18 with repeated troponin, and one where TNK was given. Jeff Pfeifer is investigating any outliers for why they did meet target times. There have been 17 surgery transfers this year, reasons include diagnosis, falling outside of surgery schedule, equipment needs, or provider decision. Facilities transferred to were Confluence, Mid Valley, Harbor View, and Sacred Heart. We do not see any transfers out when Dr. Ebaugh is onsite. C. Thomas asked if we follow up on no-shows; if the patient is a referral, we let the referring provider know and we track our own patients for habitual patterns. C. Thomas asked about follow-ups on no-shows for labs and tests; Dr. Witt has not seen that happening.

DOH Survey Preparedness – We continue to prepare by completing regular department walkthroughs.

Departmental Quality Improvement – J. Boyer presented the clinic's quality improvement plan to the Quality Council, which is focused on improving communication of pathology results to providers and patients. In Q1, they had 100% compliance.

L. McNamara asked about the seven critical findings in J. Vandelac's lab report; they were marked as critical to alert the provider they needed immediate attention.

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. Currently focused on promoting our appointment availability, preventative care, ortho, and colonoscopies, updating our website homepage, preparing for the Bridgeport Daze parade, Chelan Pride and other outreach events, developing focus groups, the postcards for our new providers, the next newsletter, an internal wayfinding signage proposal, updating our fire plan map, and planning her attendance to a marketing conference in September. The group discussed a possible advertising partnership with La Pera Radio TV. The group watched the rough edit of the swing bed promotional video and provided their feedback on necessary edits. Jennifer will be working with Matt Ellsworth from AWPHD on campaign strategy and materials for the new building initiative. She plans to be onsite in September and November.

### **New Business**

**2023 Infection Prevention Plan** – J. Vandelac presented the annual Infection Prevention Plan which evaluates the hospital and community for infection prevention issues. The plan is a breakdown of his findings, what is being monitored, and recommendations. The state removed their MRSA requirement and made a new category, Pathogens of Epidemiological Concern. A motion was made by L. McNamara to approve the plan; seconded by C. Thomas. Motion carried.

**2023 Wages** – A wage increase up to 8% was previously approved in the 2023 budget. Administration recommends moving forward with a cost-of-living raise in order to retain our current staff and recruit new employees. J. Munson proposes 6% for anyone below level 15 and 4% for staff above level 15. The Board Members approved the proposal. The increase will go into effect in the last pay period in July.

### **Old Business**

**Capital Improvements:** Daily walkarounds are being done to check the appearance of the campus. Maintenance is working on air handling, especially focused on keeping the clinic's air conditioning in good repair.

**M&O Levy and New Building Levy:** The group discussed concerns about running two levies in one year. The M&O levy will provide operating funds for our ER in 2024 and if it does not pass, we will not be able to run our ER. The M&O levy will be on the August ballot and the new building proposal will be in November. The group discussed ways to educate the community about the need for a new building as an investment in keeping healthcare local and the community's future.

### **Upcoming Meetings & Events**

M. Pruett noted the upcoming schedule of meetings and events. There is a WSHA webinar on CEO succession planning scheduled for July 12, 2023.

**Executive Session – RCW 42.30.110(g)**

An executive session was held between 2:55 p.m. – 3:15 p.m. with a requested extension of 10 minutes. The open meeting reconvened at 3:27 p.m. No action was taken.

**Adjournment**

A motion was made by C. Thomas to adjourn the meeting at 3:31 p.m.; seconded by L. McNamara. Motion carried.

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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