

The Three Rivers Hospital Board of Commissioners called a special meeting to order at 9:05 a.m. Tuesday, January 16, 2024 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 Chairman.

A quorum was present, including:

Mike Pruett, Board Chairman  
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  
Jennifer Munson, Chief Financial Officer  
Shauna Field, Administrative Assistant  
Jeremy Vandelac, Ancillary Services Director  
Rosie Hartmann, Revenue Cycle Director  
German Meza, Quality Director  
Amy Thomas, Chief Information Officer  
Jennifer Best, PR/Marketing  
Jamie Boyer, Clinic Manager  
Mike Oberg, Informatics RN  
Dr. Ty Witt, Chief Medical Officer  
Anita Fisk, HR Director  
Dr. Amy Ellingson, Chief of Staff  
Rob Wylie, Facilities Manager  
Dan Webster, Foundation President  
Mike Maltais, Quad City Herald

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

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

The group opened the meeting with individual introductions and expectations for the meeting. A discussion about PR/Marketing was added to the agenda.

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**Review of Current State**

The group discussed:

- The vote results. 44% of voters were supportive, which is encouraging.
- Don Nelson’s article in the Methow Valley News, “Reviewing the Remedies.”
- Meeting the Department of Health’s requirements, maintaining the current building, and building confidence with our patients.
- Opposition to the new building, their feedback regarding consolidation and alternative models of healthcare in the region, and how to respond. Redistricting would take an act of legislation, would not include Tonasket, would create barriers for low income and underserved populations in the area, especially those who lack reliable transportation and income. Also, a newer and bigger facility would need to be built in Omak and healthcare costs would increase because the insurance reimbursement model would change. Suggest meeting with the group to discuss their proposal and explain the realities and impacts to the community.
- The Methow’s pool initiative and potential confusion caused by it having the same proposition number as the new building on the ballot.
- Misinformation regarding taxation and cost within the community and the need for more education. Legislators are working to increase the annual property tax from 1% to 3% which could create difficulty for us in a future campaign if passed.
- Community feedback regarding pursuing grants and loans. Opportunities are limited, they would require matching funds or revenue, and would not provide enough funds to build a new building. They would also require us to pay them back, which would reduce our ability to use revenue to invest in new providers and services. We would need to hire a full-time professional grant writer dedicated to the process.
- Educating the community on how insurance and reimbursement works with different models in a way that is easy to understand.
- Pivoting to language and branding that is broader than just the hospital in order to reflect all of the services we provide.

**Current Building Condition** – The current infrastructure is failing due to age and will reach its end of life. To replace the necessary systems would require shutting the hospital down and interrupting services. The costs would be high because upgrades in one area would force upgrades in other areas, such as electrical and HVAC. It will be more expensive overall to continue maintaining the building. This money could be better spent on hiring more providers and establishing new services. Issues can also arise if the Department of Health determines an upgrade is needed and we are legally required to find a way to pay for that upgrade. We will also need to meet the standards of the new Clean Buildings Act.

**Current Financial Condition** – December is not closed yet, but J. Munson anticipates a small profit at the end of the year. We are managing our funds well and controlling costs, considering we were in warrants a few years ago, but we could be doing better with a new building as people do judge a hospital by appearances, no matter the quality of care. The group discussed

population growth in the area and community needs. C. Thomas would like to see a report on population, housing construction, and industry growth.

**Community Perceptions** – We are investing in DASH premium which will let us analyze CHARS (Comprehensive Hospital Abstract Reporting System) data and compare statistics from other facilities in the region. Opposition to the new building stated that if this amount of money was to be spent, it should not be on just our hospital or district. Suggest putting out a survey to find out what the community would like to see with regional healthcare. The group discussed community perceptions versus realities of healthcare and the negative impact to the community if the hospital closes, especially for those with less resources, more barriers, and the underserved. Redistricting and centralizing would take years to accomplish. Even if we were to reduce services to an ER, we would still need a new building. This would also place more burden on other facilities, and we are already experiencing difficulties transferring patients when other hospitals do not have the room or staff. Building a versatile, modernized healthcare center would be quicker than redistricting and would allow us to respond to the needs of the future.

#### **Future Direction**

The group discussed the possibility of running a new bond campaign in 2024, how to show the community we heard their concerns, and modifying or downsizing the new building design. We would be unable to move to another location as purchasing land and installing all the necessary utilities would increase costs.

The board approved moving forward with a 2024 proposal, but only after consulting with Dave Franklund on design options and meeting with Peter Morgan’s group and other facilities to discuss collaboration. The resolution would need to be filed by August to be included on the November ballot.

We will consult with our legal team about the requirements of rebranding. There were some concerns about a full name change regarding public reaction and the work involved to update CMS, our legal documentation, and all our insurance payors.

#### **PR/Marketing**

The group discussed:

- Improving staff engagement and voter turnout through education and a voter registration push.
- More transparency and details about what exactly will be built with the money.
- How to reduce costs and show the community we heard their concerns when the new building was designed for optimum financial reimbursement and with a lean use of space and centralized registration. The bulk of the cost was in Phase I. Eliminating Phase II might reduce costs by 10M, but there would still be old buildings to maintain and no

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new space for the clinic. The intention of the original proposal was to avoid having to ask multiple times for more money. We will work with Dave Franklund on potential modifications to the design.

- The group agreed that once a decision is made to begin marketing as soon as possible and send mailers out once a month.
- Concerns about lack of interest from the public, low turnout at our outreach events, and how to make a better connection with the community. Issues may have been due to timing.

A lunch break was held between 12:21 p.m. – 12:44 p.m.

### **Summary and Next Steps**

As a public hospital serving the underserved, we need to find a way to stay viable for our community. Going forward we will work along parallel tracks for branding, a new building proposal, and reaching out to groups who have alternative views. The following action items were identified:

- Restart the New Building Steering Committee meetings
- Consult with our legal team about rebranding
- Meet with Dave Franklund to discuss design modifications
- M. Pruettt will reach out to Peter Morgan and his group for further understanding on what they would like to see happen with healthcare in the region
- Reach out to Matt Ellsworth with AWPFD on how to proceed with a new campaign
- Meet with other facilities in the region to get their perspectives
- Explore ways to eliminate the barrier of transportation and work with local public transportation and TranGo

### **Adjournment**

The meeting was adjourned at 12:58 p.m.

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Mike Pruettt, 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