

The Three Rivers Hospital Board of Commissioners called a regular meeting to order at 11:00 a.m. Wednesday, February 28, 2024. 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, Board 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  
Anita Fisk, HR Director  
Jennifer Munson, Chief Financial Officer  
Shauna Field, Administrative Assistant  
Jeremy Vandelac, Ancillary Services Director  
Dr. Ty Witt, Chief Medical Officer  
German Meza, Quality Director  
Amy Thomas, Chief Information Officer  
Jamie Boyer, COO/Clinic Manager  
DJ Dinjian, Environmental Services Manager  
Zach Allison, Radiology Supervisor  
Michele Graham, Quality Coordinator  
Mike Oberg, Informatics RN  
Rob Wylie, Facilities Manager  
Dan Webster, TRH Foundation President  
Jennifer Bach, Accounting Controller  
Rosie Poole, Materials Manager  
Mike Maltais, Quad City Herald

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

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

### **Agenda**

A physician's report was added after the consent items. 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 February 6, 2024 Regular Meeting Minutes; seconded T. Shrable. Motion carried.

### **Public Comment**

L. McNamara recognized the spotlight employee of the month, Sarah Poole. S. Graham spoke on his recent personal experience in the OR. He was thrilled with the care he received, and it made him feel proud to work here.

**Consent Items**

C. Thomas noted the payroll and vouchers listed on the agenda. There were no MedStaff applications. L. McNamara recused herself from approving the 2/15/24 vouchers due to an invoice for traveling reimbursements.

Payroll Total:	Gross: <u>\$ 627,941.03</u>	Net: <u>\$ 447,614.07</u>
<u>01/07/2024 to 01/20/2024</u>	Gross: <u>\$ 312,320.29</u>	Net: <u>\$ 223,979.68</u>
<u>01/21/2024 to 02/03/2024</u>	Gross: <u>\$ 315,620.74</u>	<u>\$ 223,634.39</u>
Vouchers Total:		<u>\$ 969,685.13</u>
<u>2/1/2024</u>	<u>100257</u>	<u>\$ 349,446.61</u>
<u>2/7/2024</u>	<u>100328-100357</u>	<u>\$ 390,906.36</u>
<u>2/15/2024*</u>	<u>100358-100394</u>	<u>\$ 229,332.16</u>
Bad Debt		<u>\$ 62,488.84</u>
Financial Assistance		<u>\$ 17,713.05</u>

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

**Physician’s Report**

Dr. Witt presented the Physician’s report. Mandi Huffstetler, PA, will be joining the clinic staff in April but FHC’s pharmacy program may be a barrier for her patients to follow her. We are exploring the possibility of a couple of podiatrists adding their services to our OR. ERx is working to recruit more providers to help with our ER coverage.

**Foundation Report**

Dan Webster presented the Foundation Report. They are planning to meet in March and will discuss providing funds to help purchase promotional and marketing materials as well as assisting with community swim lessons. They are processing the reimbursement on the new clinic fridge and blood pressure cuffs. Dan asked if we are seeing any upticks in clinic volume from the new billboard; we are tracking this with our “How did you hear about us?” patient survey and 5 surveys have listed the billboard. We will be sponsoring a hole at the Boys and Girls club golf tournament scheduled for March 22.

**Administration Report**

S. Graham presented the Administration Report. He has reached out to Dave Franklund about additional designs for the new building to lower construction costs, but we need to be mindful of how the floor plan can affect our cost-based reimbursement. He met with the CEOs of Mid Valley and North Valley hospitals to discuss future collaborations. We will be engaging with the group from the Methow who have expressed opposition to the new building about their feedback. Plans are to schedule a meeting at the end of March between the three district Board of Commissioners to get their perspectives as well.

Our volumes have been low, but we are doing better than we normally do historically at this time. The inpatient census is averaging 1.5 per day. We have 10.5 days of cash on hand. Administration is working with department leaders to control purchasing costs and manage labor. J. Munson has set aside 500k from our reserve funds. Leadership has been reading the 4 Disciplines of Execution to improve our efficiency and develop goals and processes for positive change. We are applying to WSHA's new Distressed Hospital Fund program. Scott will be attending the WSHA Quality and Safety Committee meeting tomorrow in Seattle.

### **Finance Report**

J. Munson presented the January Finance Report. The inpatient volumes were above budget and so revenues were too. For outpatient services, only Radiology was above budget. Surgery volumes were down with only 16 performed for the month, which impacted our ancillary services. There were 22 days of cash on hand at the end of January. 54% of revenues went to salaries. The AR days were 104. The total patient revenue was 1.7M with a net revenue of 1.3M. C. Thomas asked about the AR days and when we expect to see that below 100; hopefully soon. It is high because we have old AR to resolve. We were recently as low as 102. Without the old private pay accounts, our days would be closer to 89. 25 days of the old AR are going through the process of remediation appeals and waivers. L. McNamara asked if the recent cyber security attack on Optum/Change Healthcare has impacted any of our payors; yes, everything has been impacted and it could set us back in AR days, but it is a nationwide issue. We have renewed our cyber security insurance but won't know about rates until the contract is underwritten. There was 1.5M in expenses in January. We are still employing some locums, but that will hopefully phase out in the coming months. Overall, we had an operating loss of 268k and a net loss of 13k. Last year at this time we had a 187k loss. Due to our cash situation, we cannot invest in improving our assets. We have been working with ERx on a back payment issue and are ready to resolve that with them.

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

### **Quality Report**

G. Meza presented the Quality Report. In January there was one near miss medication event that did not reach the patient. Due to lack of incidents to report, the Quality Council has decided to stop reporting on hospital acquired infections and surgical complications but will still be tracking this metric for any future events or trends. There were no falls in January, but we had a spike in incidents in February which is being investigated and will be reported on at the next Quality Council meeting. Fall protocols will be re-visited by nursing staff.

There was one stroke case in January. Our average arrival to CT scan time was 2 minutes. We have seen great improvement in this metric thanks to advanced notice from EMS before patient arrival. We had one outlier case with a 50-minute time. Outlier cases can happen when there are high volumes in the Radiology department or equipment or vendor delays. Sometimes the radiologist will want to read all the reports together instead of separately as they are available, which can increase the time. Overall, our numbers are trending downward.

There were no trauma cases. There were 7 chest pain cases. There were 5 surgery transfers, dealing with specific cases we couldn't do here.

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## Patient Satisfaction Scores

- ER – 90.6% with 21 surveys returned.
- Inpatient – 81% with 3 surveys returned.
- Clinic – 93% with 16 surveys returned.

He will be focusing on capturing reasons for non-delivered surveys and fixing issues during registration to collect up to date addresses, phone numbers, and email addresses. He would like to increase patient education for the surveys by including more information in their discharge paperwork. J. Best will include information on our electronic lobby bulletin boards.

For 2023, we closed with 100% compliance with departmental QI projects, compared to 58% in 2022. We saw great improvement and managers were engaged and committed to their plans. Physician's Insurance completed their check in with us this month, providing reminders of their available resources. He completed the RCA for our recent behavioral health patients and how to improve our response. The surveillance footage policy is being reviewed and updated, both internal and external processes.

He is finalizing the paperwork for an NHSN grant. Child abuse and neglect resource signs have been posted in public areas, restrooms, and the ER rooms. The meaningful use attestation has been submitted. The HB1272 expanded demographics are going live this Friday. The forms have been created and delivered to the registration desks. C. Thomas asked about the number of ultrasounds we are sending out to other facilities; the number is very low, less than one per week. L. McNamara asked if we could include information on our swing bed program in patient discharge paperwork; patients currently do receive this information.

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

## Old Business

**Capital Improvements Update** – With plans to try again for a new building, we are avoiding big cost projects. We have found a solution to fix the fire panel issues with the ER Registration office. The contractor has given us their final quote and the contract has been signed so that the project can move forward.

## New Business

None.

## Strategic Plans and Discussion

The group discussed the significant cost of rebranding and whether we should put the idea on hold until our cash position improves. It was agreed to move forward with at least creating a rebranding plan. There were questions on how to proceed with the knowledge that our DBA as Three Rivers Hospital had not been registered with the state when it was implemented. We will consult with our legal team.

## Break

A break was held between 12:08 p.m. – 12:30 p.m.

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**Upcoming Meetings & Events**

C. Thomas noted the upcoming schedule of meetings and events. There is a MedStaff meeting scheduled for March 20.

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

A fifteen-minute executive session was held between 12:32 p.m. – 12:47 p.m. A 15-minute extension was requested. The open meeting reconvened at 1:02 p.m. No action was taken.

**Adjournment**

A motion was made by L. McNamara to adjourn the meeting at 1:02 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