

The Three Rivers Hospital Board of Commissioners called a special meeting to order at 11:04 a.m. Tuesday, November 12, 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 (Teams)
Tracy Shrable, Member
David Garcia, Member

Others present:

Onsite

J. Scott Graham, Chief Executive Officer
Jamie Boyer, Chief Operating Officer
Tina Smith, Chief Nursing Officer
Jennifer Munson, Chief Financial Officer
Shauna Field, Administrative Assistant
German Meza, Quality Director
Anita Fisk, HR Director
David Franklin, Theorum Architecture

Teams

Jeremy Vandelac, Ancillary Services Director
Rosie Hartmann, Revenue Cycle Director
Amy Thomas, Chief Information Officer
Jennifer Best, PR/Marketing
Mike Oberg, Informatics RN
Dr. Ty Witt, Chief Medical Officer

Vision, Mission & Values

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

Public Hearing and Comment: Resolution 2024-06, 2025 Property Tax Revenue

Jennifer Munson presented the annual standard one percent property tax increase allowed by law. There was no public comment. A motion was made by C. Thomas to accept the 2025 tax increase; seconded by T. Shrable. Motion carried.

Strategic Planning – New Building Discussion

Opposition – The group discussed the opposition to the new building from the Methow, which was unexpected given their support of our yearly M&O levies and the vocal support we’ve received during our community outreach events in the area. C. Thomas would like to examine the voter data to determine problem areas; according to J. Munson the last election we saw 80% support from the Methow, 70% in the current election, with the bulk of the fail rates being local, particularly in Douglas County.

The group discussed whether we are communicating enough with the Gebbers and what their thoughts are about the hospital potentially shutting down and the impact on the area. Dr. Witt has been in contact with them but has been letting them come to him with questions.

From community feedback, there is no question about the need but of the cost; 72M was a big ask. If we could achieve a better financial position, then we could pursue loans which would ease the burden on the community but that could take 5-10 years, and we need to find a way to stay viable until then. A possible solution is to scale down and renovate key areas while we build financial reserves.

A break was held between 12:06 p.m. – 12:24 p.m.

Building and Renovation Plans

Dave Franklund attended the meeting to present the different options available for smaller scale building and renovation. Two possible options are 1) to build a structure on top of the current facility, like a second floor, and 2) build an additional structure in the area between the hospital and the clinic. Both solutions would be disruptive, would need to meet all contracts and codes, as well as requirements of the new Clean Buildings Act, and would require approval from the Department of Health. He advised against building any temporary structures for this reason as building new would be a better use of funds and time. He also advised that with renovations the risk of unexpected issues occurring is higher, which can increase costs.

The group focused their discussion on the second option of building a new structure and moving certain departments such as lab, radiology, and the OR into it, as well as placing the helipad on the roof to create more parking space. A single-entry and central check-in area would be built between the hospital and clinic. An energy plant would also be built to improve energy infrastructure. Dave estimates that this could be completed for 25M and would add another 50 years to the hospital’s operation. Remodeling and updating patient rooms and

bathrooms was also suggested. The group agreed that a new building would be best but that this would be a good compromise that would allow us to continue serving patients and the community. The board agreed to move forward with this new plan.

Community Engagement and Education

- There is a need for more community education, particularly around how public hospitals and health districts work.
- Outreach strategy – Direct mailers and public notices were recommended to reach more voters, especially in areas with low voter turnout. The senior center suggested more facetime.

Next Steps

- Dave Franklund will prepare a proposal for the project, including engineering work and cost estimates.
- Community outreach - plan to go to voters in July and provide more education via direct mailers, newsletters, and Q&A sessions.
- Engage with AWPHD to help create a marketing plan.
- The renovation project will be discussed and approved at the next regular board meeting.

Adjournment

A motion was made by C. Thomas to adjourn the meeting at 2:38 p.m.; seconded by D. Garcia. Motion carried.

Mike Pruett, Board Chair

Cherri Thomas, Board Vice Chair

Leslie McNamara, Board Secretary

Tracy Shrable, Board Member

David Garcia, Board Member