

The Three Rivers Hospital Board of Commissioners called a regular meeting to order at 11:02 a.m. Tuesday, October 28, 2025. 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 (Teams)
David Garcia, Member

Others present:

Onsite

J. Scott Graham, Chief Executive Officer
Jamie Boyer, Chief Operating Officer
Anita Fisk, Chief Human Resources Officer
Antone Eek, Interim Chief Financial Officer
Rosie Hartmann, Revenue Cycle Director
Dr. Ty Witt, Chief Medical Officer
Shauna Field, Administrative Assistant
German Meza, Quality Director
Tina Smith, Chief Nursing Officer
Beronica Lopez, Clinic Manager
Dan Webster, Foundation President

Via Teams

Jeremy Vandelac, Ancillary Services Director
Jennifer Best, PR & Marketing
Michele Graham, Quality Coordinator
Jennifer Bach, Accounting Controller
Brett Mallo, Chief Information Officer
Rob Wylie, Facilities Manager
Yecenia Gutierrez, Technical Support Site Lead
Sergio Orozco, Bridgeport Mayor

Vision, Mission & Values

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

Agenda

A motion was made by C. Thomas to accept the agenda as official; seconded by D. Garcia. Motion carried.

Public Hearing and Comment: 2026 Budget

A public hearing was called at 11:04 a.m. to discuss the 2026 budget which will be continued to a special meeting on November 11, 2025 at 11:00 a.m. A motion was made by L. McNamara to reschedule the budget meeting; seconded by C. Thomas. Motion carried.

Public Hearing and Comment: 2026 Tax Revenue

A public hearing was called at 11:08 a.m. to review Resolution 2025-10: 2026 Tax Revenue authorizing a 1% increase in the regular property tax levy. A motion was made by L. McNamara to approve the resolution; seconded by D. Garcia. Motion carried. There was no public comment.

The regular meeting continued at 11:10 a.m.

Minutes from Previous Meeting

A motion was made by C. Thomas to approve the September 30, 2025 Regular Board Meeting Minutes; seconded by L. McNamara. Motion carried.

Public Comment

L. McNamara recognized the employee spotlight this month, Jennifer Brandt, RN. She also thanked S. Field for preparing the meeting materials and gave a reminder to vote in the upcoming election. M. Prueett congratulated T. Smith on filling the Assistant CNO position. C. Thomas discussed S. Graham recently being awarded the Joe Hopkins Memorial Award by WSHA and the recognition of his work to support other CEOs during the pandemic.

Consent Items

M. Prueett noted the Medical Staff applications, payroll, bad debt, charity care, and vouchers listed on the agenda. M. Prueett recused himself from the 10/23/25 vouchers due to a personal reimbursement.

Payroll Total:	Gross:	\$ 1,045,656.80	Net:	\$ 737,853.65
<u>8/31/25 to 9/13/25</u>	Gross:	\$ 355,287.01	Net:	\$ 251,390.84
<u>9/14/25 to 9/27/25</u>	Gross:	\$ 345,074.97	Net:	\$ 240,818.14
<u>9/28/25 to 10/11/25</u>	Gross:	\$ 345,294.82	Net:	\$ 245,644.67
Vouchers Total:				\$ 1,534,560.89
<u>10/2/2025</u>		<u>104825-104884</u>		\$ 518,201.99
<u>10/9/2025</u>		<u>104885-104906</u>		\$ 376,810.65
<u>10/16/2025</u>		<u>104907-104936</u>		\$ 433,877.07
<u>10/23/2025*</u>		<u>104957-104979</u>		\$ 205,671.18
Bad Debt				\$ 65,949.43
Financial Assistance				\$ 66,471.77

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

Foundation Report

Dan Webster presented the Foundation Report. The Foundation is working with J. Best to promote the renovation proposal through radio and newspaper ads, op eds and letters to the editor. There are still yard signs available. They also handed out materials at the Senior Center's open house. C. Thomas asked about the proposed equipment purchases for the kitchen and laundry; more to come after the first of the year.

Administration Report

S. Graham presented the Administration Report. We have started to receive more swing bed referrals, and our new OT has started. We've had a better month in surgery with 24 anticipated by month end. Gross revenue is not where we want it, but we are managing resources and labor. Scott discussed the importance of transparency regarding our financial situation to show how responsible we are trying to be but feels this has been used negatively by those who oppose our renovation proposal. L. McNamara was interviewed on the national news by our legislators regarding the impact of healthcare cuts on rural communities. Our staff has also been out in the community providing education and encouraging patient feedback so we can improve operations. There was a public forum in Twisp with the bond opposition group on the 20th which gave us a chance to present ourselves and counter their arguments. The opposition group feels we are too financially frail, but we feel they are mischaracterizing our position. Scott thanked everyone for a great team effort in advocating for the hospital.

Scott provided a debrief on the recent CEO retreat, which had some helpful presentations regarding AI. We have formed an AI Committee which has had its first meeting. The staff continues to be engaged with the Bridge to Excellence program, and we are seeing efforts and improvements throughout the hospital. He encouraged everyone to walk about the facility and look at the department communication boards. Some current projects include the clinic co-locating plan, where providers share workspace with their staff as well as efforts to reduce paper and transition to electronic patient forms.

We continue to advocate with our state and federal legislators for rural healthcare. The HR1 reforms to Medicaid will go into effect in 2027 and 2028. The application for the funds granted by the 50B Rural Transformation Act is due in November and to qualify we need to develop projects that transform our operations and increase access. C. Thomas asked about the cuts to reimbursement for telehealth; the telephone cuts are permanent, but we are not sure about the video calls yet. The group discussed how much telehealth helps us in large, rural areas and how cuts to reimbursement disincentivizes the use of it. Scott thanked the board and the team for all their support and work. Our goal for donation to the WSHA PAC was \$750 and we raised \$2,500.

Physician's Report

Dr. Witt presented the Physician's Report. Dr. Huffman's last shift will be in November and Dr. Witt suggested hosting a reception for him. They are working on scheduling meetings with ERx to improve and refine processes like scheduling and to develop performance evaluations. He attended the recent Brewster School Board meeting and felt we had a great reception. We were able to address questions about our reputation, and we encouraged patient feedback to help us improve.

Finance Report

A Eek presented the September Financial Report. We had a soft third quarter. We are maintaining salaries and benefits, and staffing levels are appropriate as reflected in the financials. We had challenges with costs for contracts, pro fees, and audit costs. Our clinic services are trending upward. Our total patient revenue was under budget by 13%, due to low inpatient volumes, but outpatient revenue was

29% over budget. Medicare was higher than normal, and we received more payments. We are maintaining good collections. Bad debt was favorable, and we are maintaining good collections. He is ramping up the AR reserve and reserving more against our aging accounts receivable. They will be engaging an external vendor to help reduce the AR, specifically the commercial bucket. They want to be at 35 days and will be working on a plan once the vendor is in place. They attended a presentation from WixCorp, which is software that helps automate revenue cycle and offers helpful payment tools for patients, like the ability to pre-pay copayments before a visit. He anticipates we could see up to a 264k a year return on investment. Other hospitals in the region work with Wixcorp as well and they are familiar with CPSI. Our net patient revenue was unfavorable. We are being conservative with staffing levels to match our census. We have two audits going right now, one with DZA and one with the state. We have some ER and lab coverage contracts to pay. Benefits were under budget due to open positions and reduced PTO use. Our supplies were over budget due to surgical case volumes. Purchase services were over budget due to ortho transcription and ER training. Insurance was over budget due to DNO insurance renewal. We received our SNAP payments, but future payments may be delayed due to the government shut down. We had a net loss, but we are seeing a positive trend year to date. Our AR reserve was almost 200k.

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

Break

A break was held between 12:20 p.m. – 12:40 p.m.

IT Presentation

B. Mallo presented the IT Report. The 2025 capital budget included purchases for improving the stability of our IT infrastructure. Projects included: 133k to replace the CPSI servers which have reached end of life, replacing our backup platform with one that provides disaster recovery from the cloud (\$1,701 per month), improving WIFI stability with new equipment (\$3,967 per month), replacing the paging system amplifier, completing a WIFI site survey (\$8,000), replacing laptops and desktops that have reached end of life (140k), and upgrading to Windows 11. Replacing the EMR servers would also help us transition to a different EMR in the future if we decide to switch. C. Thomas asked about leasing the necessary new equipment; it would depend on if we could capitalize it and the depreciation. The purchases can be staggered to focus on clinical areas this year, then administrative areas next year. C. Thomas asked if we are using virtual desktops; not yet, but it is a goal.

He is also working to improve IT governance and vendor management. The IT Committee has been reformed, and a Clinic IT Committee has started meeting. In the next few months he will be working on a SWAT analysis and strategic plan, and cyber security policies and procedures. C. Thomas asked why these capital purchases and upgrades had not been made before now; he is unsure of the priorities of previous staff but possibly they were not considered as critical in the face of other issues at the time. Our network does not provide enough support, so even if we upgrade equipment, the network would not be able to manage so upgrades to both network and equipment are needed. He will work with A. Eek on cash flow and purchase planning and explore grant funding.

Quality Report

G. Meza presented the Quality Report. Our next Quality Council meeting is scheduled for November 13. Quality improvement and Bridget to Excellence work is going well. They placed new signs at the ER entrance for the phone instructions which seems to have improved patient experience. The staff is

actively looking for areas to improve. They will be working with J. Boyer to develop a facility wide whiteboard to display all departmental projects in one place.

In Quarter 3, there were no falls with injury and one fall in July with no patient harm. There were three medication events; 2 involved delayed antibiotics and one involved an IV bad that was hung but the clamp was not opened. The medication scan rate in September was 95% with a quarterly average of 92%. We had an incident with an unsecured code cart, but all medication was accounted for and the broken cart door has been replaced. We had 11 stroke cases, and we are meeting all state median times, with a focus on improving documentation. We had 17 trauma cases. There were 50 chest pain cases which all received an EKG, 27 required repeated troponin, 30 were sent home and 11 were transferred. We had 8 surgical transfers in Quarter 3 with three occurring last month. The transfers involved ortho and general surgery cases that came in when we did not have a provider available. We are up to date on our antimicrobial stewardship.

Patient Satisfaction – Third Quarter

ER – 92% with 17 returned surveys. Last month the ER was 95% with 17 surveys.
Inpatient – 100% with 2 returned surveys. The year-to-date average is 90%.
Clinic – 97% with 59 returned surveys. The clinic was 94% with 15 surveys.

We had three sepsis cases; all metrics were met except for one delayed repeated lactic level and one slight delay in antibiotics. There were 68 surgery chart audits. They have seen improvement in their room turnover times. The group discussed patient response when we need to transfer for surgical cases. Dr. Corsa would like to review the criteria for the chart review process. C. Thomas asked how we compare to other facilities; Press Ganey does give comparative reports. For Q3 our ER was in the 75-89 percentile compared to hospitals of equal size in Press Ganey's database. Our inpatient was above 90% and the clinic was in the 89-90 percentile. There is also PNWPop, i2i, and other benchmarking tools for hospitals in area. More information to come on the MOAB training. They are also working to improve the RCA reporting process.

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

Old Business

Capital Improvements Update – We are in the final stage of the bond and now waiting for the vote result. We are waiting for the new water heater to be delivered.

New Business

2026 Insurance Benefits – A. Fisk presented the 2026 benefits proposal. They did not go out to the market for medical insurance as PEBB had an average increase of 7.5% compared to a 15-20% or 40% increase in industry averages. The high-deductible plan has increased from \$1,650 to a \$1700 deductible. Her recommendation is to stay with PEBB this year.

There are two dental plans. The renewal through Delta Dental is 16.1% higher but the one through WCIF decreases by 2%. The one plan is capped at \$1,500 and the other is capped at \$1,000. Our rep is suggesting we offer both plans, as the coverage is different and they are voluntary.

For our vision plan, there was a 12% decrease to renew the same plan but also another plan, VSP Best which was a 3% discount and offering \$180 for frames instead of \$130. She recommends going with the VSP Best plan. The reps will be onsite on November 10 with open enrollment ending November 24. A motion was made by L. McNamara to approve the 2026 benefits; seconded by C. Thomas. Motion carried.

Strategic Plans and Discussion

The group discussed the need for another strategic planning meeting regardless of the results of the bond vote. Suggest continuing to run the proposal every election, but the cost will keep increasing. The group also discussed the option of consolidation and how there are not many examples of hospitals that consolidated with other hospitals that have been successful.

Upcoming Meetings & Events

M. Pruett noted the upcoming schedule of meetings and events. The next Quality Council meeting is November 13, 2025 at 2:00 p.m. The December Finance Committee meeting will be moved to January 5, 2026 and the December Regular Board Meeting will be moved to January 6, 2026 at 11:00 a.m. A motion was made by L. McNamara to approve the changes; seconded by C. Thomas. Motion carried.

Executive Session – RCW 42.30.110(i)

An executive session was held between 1:51 p.m. – 2:24 p.m. No action was taken.

Adjournment

A motion was made by L. McNamara to adjourn the meeting at 2:25 p.m.; seconded by C. Thomas. Motion carried.

Mike Pruett, Board Chair

Cherri Thomas, Board Vice Chair

Leslie McNamara, Board Secretary

Tracy Shrable, Board Member

David Garcia, Board Member