

The Three Rivers Hospital Board of Commissioners called a special meeting to order at 9:05 a.m. Tuesday, February 3, 2026. The meeting was held at the Sun Mountain Lodge, 604 Patterson Lake RD, Winthrop WA 98862 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 (Teams)

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
Shauna Field, Administrative Assistant
German Meza, Quality Director
Tina Smith, Chief Nursing Officer
Jeremy Vandelac, Director of Ancillary Services
Mike Oberg, Informatics RN
Brett Mello, Chief Information Officer
Dan Webster, Foundation President

Via Teams

Jennifer Best, PR & Marketing
Dr. Ty Witt, Chief Medical Officer

Vision, Mission & Values

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

Introduction and Ice Breaker

Strategic Planning and Discussion

The group identified and listed their ideas for consideration.

Clinical Services & Care Model

- Service Lines
- Cash vs. insured mix
- Emergency Department – REH Model Decision
- Specialty Providers (overall mix & access)

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- Clinic-based service deployment
 - Referral Patterns (overall design & partnerships)
 - Shared resources
 - Collaboration workflows
 - Satellite / Mobile Clinic
 - Home visits
 - Telehealth
 - Pharmacy (service role & sustainability)

Facilities & Capital Planning

- Bond (whether to pursue, scale, timing)
- Building / Remodeling Projects
- Housing (workforce housing strategy)

Technology & Systems

- EHR & IT (platform direction & investment level)
- HRIS (system selection / replacement)
- Configuration, optimization, integrations

Workforce, Leadership & Culture

- Wages & Benefits (market philosophy & competitiveness)
- Succession Planning
- Leadership Development
- Employee Retention (overall approach)
- Culture & Education (values, expectations)
- Training programs, incentives, education delivery

Financial Strategy

- Finances / Budget (financial posture & risk tolerance)
- Potential Cuts (specific line items)

Community & Market Alignment

- Community Needs (service alignment decisions)
- Marketing & Outreach (overall positioning)

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- Public education campaigns
 - Bolster foundation
 - Changes in local businesses / relationships
 - Relationship management activities

Communication

- Messaging to Staff (tone, transparency, intent)
- Specific communications, forums, cadence

What's Next – Strategy for the Future

Group discussion on our strategic pillars (quality, financial, culture, communication, community collaboration), our WIGs, the importance of buy-in from the staff and how to motivate them.

Break

A break was held from 10:30 a.m. - 10:46 a.m.

Discussion (continued)

There was a brief review of our previous strategic goals from 2015 and our progress since then. The group discussed morale and teambuilding as it relates to the impact of COVID-19, burnout, and all the recent changes in the revenue cycle department. Suggest bringing in a consultant to help assess morale and staff engagement.

Our current challenges include the building and infrastructure, reimbursement rates, volumes, expenses, work force shortages, geography and our rural location, political and legislative issues, and our market share. Our market share is 4% whereas Confluence has 80%.

Current Strategy

Post COVID-19 growth was focused on swing bed, surgery, and clinic volumes. Our current goals are a daily average of 3 swing beds, 24 surgeries per month and 16 clinic patients per day. The group discussed whether the current market supports this and creating trust while building practices, especially in our rehab services. Our mammo service is booked with 6-8 patients every Thursday. Suggest posting flyers or posters in all our patient rooms listing all the services we provide.

The group also discussed our current EMR and how its limitations impact our operations. Transition to a new EMR is an expensive and involved process but it does make working with other facilities and claims and financial processes easier. Further analysis is needed. Even if we were to consider moving to a different hospital model, a new EMR would be needed.

Lunch

A lunch break was held between 12:02 p.m. – 12:30 p.m.

Discussion on the Rural Emergency Hospital Model

The group discussed the pros and cons of the REH model. Inpatient care, med surg, and swing bed would not be allowed but the clinic, observation, lab and radiology, and outpatient surgery would still be allowed under the model. There are currently no REHs in the state. The option might be worth considering if we could keep our swing bed program. Our transfers and relationships with EMS and LifeFlight would change.

Another option is to lease our space. We are certified for 43 beds. The full impact of HR1 will not be known until 2027 and 2028 and we have a high percentage of Medicaid patients. We would need to consider the bond and the impact of changing models on that as well. Once we give up our certification we could lose the ability to go back as our beds would be reallocated. We need more information on how things will proceed politically and economically. The group is open to the idea of the REH but more data is needed.

Discussion on pharmacy services, 340B, as well as whether to remain a public hospital or look into affiliation. There are concerns about being bought and then closed.

The group agreed we should remain an independent, public hospital but keep ourselves open to other possibilities. The board and administration continue to be against consolidation with other facilities, though there was some discussion about potential benefits. A new building or renovation would be needed whether we consolidate or remain independent.

Hybrid Renovation Bond

In order for the bond to pass we need a 60% supermajority. We saw an increase in support from 44% to 53% but we did not meet the threshold of voters in the last vote. The group discussed being strategic about voter turnout and which election to run the proposal on especially since we will need to run the yearly M&O levy and we do not want both proposals on one ballot. The group agreed to run the bond again in November 2026 and the M&O levy in August. Suggest reaching out to a strategist for guidance and our state representatives for support.

Break

A break was held between 2:13 p.m. – 2:25 p.m.

Marketing

The group discussed the need for a marketing plan to develop a unified and powerful message. Top five focuses include: scheduling a marketing brainstorming session, drafting the proposal, internal marketing to the staff, public education through booths, events, community outreach, open houses, and more of presence in the Methow, potentially with a mobile clinic. We also need more research on service lines that have left the county and services being referred outside of the county. There is also the question of what is needed to become a 501c3.

The group suggested scheduling a follow-up meeting to discuss next steps.

Adjournment

The meeting was adjourned at 3:08 p.m.

Mike Pruett, Board Chair

Cherri Thomas, Board Vice Chair

Leslie McNamara, Board Secretary

Tracy Shrable, Board Member

David Garcia, Board Member