

The Three Rivers Hospital Board of Commissioners called a regular meeting to order at 11:01 a.m. Tuesday, March 31, 2026. 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  
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, Chief Financial Officer  
Shauna Field, Administrative Assistant  
Karen Hurley, Assistant Chief Nursing Officer  
German Meza, Quality Director  
Dan Webster, Foundation President  
Lynette Swezey, Discharge Planning  
Shan Miller, Community Member

Via Teams

Brett Mallo, Chief Information Officer  
Jeremy Vandelac, Ancillary Services Director  
Tina Smith, Chief Nursing Officer  
Jennifer Bach, Accounting Controller  
Sandra Zamudio, Accounting Tech  
Dr. Ty Witt, Chief Medical Officer  
Daniel Dinjian, Environmental Services Manager  
Veronica Martinez, HR Assistant  
Jennifer Best, PR/Marketing  
Michelle Welton, OR Manager  
Zach Allison, Radiology Manager  
Rosie Poole, HIM & Billing Manager  
Isaura Ochoa, Patient Registration Representative  
Sam Zamudio, Credentialing  
Jeremy Vandelac, Director of Ancillary Services  
Dave Franklund, Theorem Architecture  
Sergio Orozco, Bridgeport Mayor

**Vision, Mission & Values**

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

**Agenda**

A 30-minute executive session under RCW 42.30.110(g) was added to the end of the meeting. A motion was made by C. Thomas to accept the amended agenda as official; seconded by T. Shrable. Motion carried.

**Minutes from Previous Meeting**

A motion was made by C. Thomas to approve the February 24, 2026 Regular Board Meeting; seconded by D. Garcia. Motion carried.

**Public Comment**

L. McNamara recognized the Employee of the Month, Nancy Montes, Medical Assistant, and the Employee Spotlight, Jordan Smith, Occupational Therapist.

**Consent Items**

M. Pruett noted the MedStaff applications and payroll and vouchers listed on the agenda. M. Pruett recused himself from the 2/19/26 vouchers due to a personal reimbursement. L. McNamara recused herself from the 3/5/26 vouchers due to a personal reimbursement. Bad debt and charity care reports were unavailable.

Payroll Total:	Gross:	<u>\$ 716,902.38</u>	<u>Net:</u>	<u>\$ 509,605.94</u>
<u>2/15/26 to 2/28/26</u>	Gross:	<u>\$ 352,103.32</u>	<u>Net:</u>	<u>\$ 247,394.38</u>
<u>3/1/26 to 3/14/26</u>	Gross:	<u>\$ 364,799.06</u>	<u>Net:</u>	<u>\$ 262,211.56</u>
Vouchers Total:				<u>\$ 2,624,035.54</u>
<u>2/19/2026*</u>	105791-105831			<u>\$ 514,935.63</u>
<u>2/26 to 2/27/26</u>	105832-105865			<u>\$ 258,936.61</u>
<u>3/5/2026*</u>	105866-105913			<u>\$ 581,121.23</u>
<u>3/12/2026</u>	105914-105957			<u>\$ 396,680.81</u>
<u>3/19/2026</u>	105958-105994			<u>\$ 522,645.37</u>
<u>3/26/2026</u>	105995-106038			<u>\$ 349,715.89</u>

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

**Foundation Report**

Dan Webster presented the Foundation Report. The Foundation provided funds for the new kitchen appliances and provided \$300 for the May Health Fair. They have received three scholarship applications. Their next meeting is scheduled for April 27<sup>th</sup>. Discussion regarding the need for a new washing machine in laundry; estimated cost of 20k-30k.

**Physician's Report**

Dr. Witt presented the Physician's Report. Dr. Harris attended the recent MedStaff meeting to perform peer review. Dr. Kremer attended as his last meeting before retirement. We are still recruiting for a family practice provider to take over after Dr. Ellingson's departure. Dr. Waszkewitz has been helping

cover shifts in the clinic. Our surgery volumes have seen a downturn. Discussion on the new cardiac specialty team in Chelan; our echo tech, Melanie will be doing work with them and we may see overflow referrals as a result.

### **Administration Report**

S. Graham presented the Administration Report. We have seen a downturn in surgery volumes in March with 14-15 performed as compared to the 30 performed in previous months. Provider vacation time and the season may be a contributing factor. We have 22 scheduled for April, not counting potential ER referrals. The economy and increased fuel and supply costs are impacting purchasing, but we continue to control our labor costs and expenses. We are committed to the server upgrades, but we are controlling other purchases. L. McNamara asked about IV infusions and the downturn in March; it is not a service with a consistent flow because it depends on individual patient needs and backlog from other facilities. The service line has a good reimbursement rate; suggest a focus on building the patient base and expanding the service.

L. McNamara asked about the telemedicine partnership with the local schools; we have seen no use of the service so far. Suggest more education, advertising in school newsletters, and attending parent conferences. The equipment was paid for by a grant, and we have support from healthcare partners, but the program hasn't been embraced by patients. Shan Miller suggested more promotion of the service and discussed her personal experiences with telemedicine and its benefits.

The group discussed increasing the amount of education on strokes, dementia, and diabetes with the use of QR codes as a paperless way to communicate resources and prevention. C. Thomas asked about the decreased volumes in the clinic; we've had providers out of the office on the family practice side. L. McNamara asked how we are promoting the May 20<sup>th</sup> open house for the clinic; Jennifer Best is getting the PR materials out to newspapers, radio, social media, and schools.

S. Graham discussed the work WSHA and the Rural Collaborative are doing with the Rural Health Transformation funds provided by HR1. They are establishing the criteria for the funds as they will have to be tied to projects designed to transform healthcare such as telemedicine, cyber security, infrastructure and community outreach. 5.7M is available for RHC hospitals and we may see up to 800k. The funds are required to be spent, else they will be taken back, but more clarity is needed regarding what is allowed. We have already been implementing revenue cycle changes but bearing the full costs of that. The HR1 funds cannot be backdated when received and the Collaborative is requiring the use of specific vendors.

WSHA has asked our team to participate in a CEO/Board rounding pilot program. The goal of the program will be for the Board and members of administration to visit different departments on a quarterly basis to discuss pain points and develop a plan to resolve any identified issues. We have rebooted our customer service training program, and the first session went well. The group discussed Jamie and German's Bridge to Excellence presentation at the Spokane Rural Health Conference. It was well received and had one of the highest attendance rates of the sessions at the conference. They were approached by a COO from another facility who was interested in a follow up meeting to discuss the program.

We continue to work with our regional partners and the Thriving Together facilitator. The group will be looking at the Rural Emergency Hospital model. An analysis of pros and cons will be done. We are exploring AI tools to help providers with documentation. T. Shrable discussed our PT program and asked

if our PT could treat outpatients with the dry needling technique. He suggested this as a potential drugless service line.

### **Finance Report**

A Eek presented the Finance Report. There are still difficulties with getting the financials into CPSI. Everything is balancing but the mapping is still not correct. They are working with CPSI to resolve the issue. Antone suggested scheduling a special meeting to discuss the finances once they are ready. He advised the group that as of January 1, 2026 the report will reflect the increased reserve for AR and reflect the true risk of our old AR which will impact our bottom line negatively, but he wants it to reflect our true position. He can also provide a report excluding the old AR and track current trends. New internal controls and processes have been implemented which he is monitoring. The process for bad debt and charity care is being redefined. C. Thomas asked about the impact of the incorrect billing statements that have gone out to patients; there were some errors with the new REDDE system, and he has the team reviewing the configuration. At this time, he is not sure of the impact, but it will be addressed as soon as possible. They are working with DZA on how to handle the old AR. L. McNamara asked if we will have to use our reserve funds; yes. We have 66 days of cash on hand and 2.5M in reserves. We had to write off almost 2M in patient AR because the patients never received a statement and the statute of limitations passed. The group agreed to schedule a special meeting for the financial report.

A motion was made by L. McNamara to approve the financial report; seconded by C. Thomas. Motion carried.

### **Break**

A break was held between 12:34 p.m. – 12:54 p.m.

### **Quality Report**

G. Meza presented the Quality Report. He provided a summary of the B2E presentation at the Spokane Rural Health conference; attendance was good and several people stayed after to ask questions. We have also been participating in WSHA's Delta quality improvement project with a focus on improving documenting chief complaint assessments in the ER. December 2025 and 2025 year to date metrics were reviewed at the previous Quality Council meeting. Maintenance presented on their implementation of the WorxHub system as well.

### Quality Metrics

- Falls with injury: 0 cases in February.
- Medication events: Scan rates are above 90%. There were 4 events; one involved labeling and two cases were missed medications. There was no harm to the patients. The nursing staff was educated and Quality is working with T. Smith to schedule root cause analyses for the events.
- Stroke: 3 cases that met state measures. No TNK was administered.
- Trauma: 9 cases. Documentation was at 79%. They are working to improve documentation through the Delta improvement project as well as training on SBIRT.
- Chest pain: 11 cases which all received an EKG.
- ER surgery transfers: 1 transfer for an appendicitis that occurred outside of Dr. Ebaugh's scheduled time.

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Our antimicrobial stewardship reporting is up to date.

### Patient Satisfaction

#### February

- ER – 97% with 18 surveys.
- Inpatient – 0% due to no returned surveys.
- Clinic – 99% with 18 surveys.

#### January

- ER – 97% with 11 surveys.
- Inpatient – 100% with 1 survey.
- Clinic – 90% with 16 surveys.

The security team met yesterday. The second round of MOAB training will be scheduled in June. The lockdown policy will be updated and sent to all staff for review and acknowledgement. The next Quality Council meeting is scheduled for 4/21 and will move from quarterly to monthly in order to start preparing for this year's survey. He will be drafting a survey prep policy with recommendations and dos and don'ts. The clinic is prepared for their annual survey which will be happening soon. C. Thomas asked if the patient surveys are going out electronically; yes, but it depends on the patient's phone number and email being current in the system. Registration staff are being educated and trained to validate contact information and insurance for all patients. German is running regular reports on reasons why surveys bounce back and is providing this information to department leaders for staff training. He is working with M. Oberg on integrating the survey into discharge paperwork and flyers.

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

### **Old Business**

**Capital Improvements Update** – The transition to a new server is in process. We are waiting for the new equipment to arrive and anticipate that in late April or early May. There have been issues with supply chains and delays in shipping. The installation may take up to a month to complete. We are hoping it will be fully functional in June. The new lab analyzer is installed and being configured. We are exploring remodeling in McKinley to create more office space; setting aside 5k a month as a budget for those projects. The group discussed the new billboard and how to have an "H" sign installed viewable from the highway. IT and A. Eek are drafting a financial roadmap for the IT improvements. Maintenance is implementing the WorxHub system, which will be helpful during the survey. Dave Franklund can discuss costs for his services and updated costs for the renovation bond.

### **New Business**

**Resolution 2026-03: Prompt Pay Discount** – We offer a 30% discount, but the industry standard is 15%. This resolution simplifies our policy and aligns us with industry standards. A motion was made by L. McNamara to approve the resolution; seconded by D. Garcia. Motion carried.

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**Strategic Plans and Discussion**

M. Pruett asked for a group discussion on feedback he has received from constituents regarding economy concerns and increases in gas and food costs. Okanogan County will also be doing a lid lift on property taxes in an upcoming election. He wonders if this is the right time to ask for a tax increase for our renovation bond. The group discussed the possibility of pursuing a bond to replace only certain elements, such as the roof or HVAC system or building the power plant. We want to be considerate of the community's concerns, but there are also increased costs in not moving forward; the costs to maintain the building are increasing and we run into regulatory issues as the building continues to age. Dave Franklund advised that it is more costly and wasteful to renovate in sections rather than a larger remodel due to the need to retrofit. C. Thomas suggested tabling the discussion and scheduling a special meeting once we have more information. The group agreed. We have until July to file the resolution to get on the ballot. C. Thomas discussed the need to get more information out to the voters and perhaps be more aggressive and blunter about the consequences of a potential closure of the hospital. There is also the Clean Building Act we need to consider and whether we could comply as we are. More information is needed on whether we qualify for any exceptions. There is also the possibility we could lose our property insurance due to the age of the building. If we were to change models, from a Critical Access Hospital to a Rural Emergency Hospital, this would also have impact on the community. Joe Kunkel is a consultant who can help us gather information and create a proposal; Dave will reach out to him. The group discussed community outreach, how it is especially during tough times that the community will need us most, and how the issues with the building will only get worse with time.

**Executive Session - RCW 42.30.110(g)**

A thirty-minute executive session to discuss the performance of a public employee was held from 2:10 p.m. to 2:40 p.m. with a 5-minute extension. The public meeting resumed at 2:45 p.m. No action was taken.

**Upcoming Meetings & Events**

M. Pruett noted the upcoming schedule of meetings and events. M. Pruett and L. McNamara will attend the all-staff meeting scheduled for 4/6/26. A special board meeting will be scheduled for 4/16/26 at 11:00 a.m.

**Adjournment**

A motion was made by L. McNamara to adjourn the meeting at 2:50 p.m.; seconded by C. Thomas. Motion carried.

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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