

The Three Rivers Hospital Board of Commissioners called a special meeting to order at 11:05 a.m. Thursday, April 16, 2026. The meeting was held at the McKinley Conference Room, 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
Shauna Field, Administrative Assistant
German Meza, Quality Director
Tina Smith, Chief Nursing Officer
Dan Webster, Foundation President
Dr. Ty Witt, Chief Medical Officer
Beronica Lopez, Clinic Manager
Karen Hurley, Assistance Chief Nursing Officer
Matt Pierson, Trane Consultant

Via Teams

Antone Eek, Chief Financial Officer
Mike Oberg, Informatics RN
Jennifer Best, PR & Marketing
Daniel Dinjian, EVS Manager
Jennifer Bach, Accounting Controller
Michele Graham, Quality Coordinator
Rosie Poole, HIM and Business Office Manager
Dave Franklund, Theorem Architecture
Shar Sheaffer, DZA
Steve Febus, DZA

Vision, Mission & Values

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

A motion was made by C. Thomas to accept the agenda as presented; seconded by T. Shrable. Motion carried.

Financial Report

S. Graham announced that A. Eek has accepted the full-time CFO position.

January Financial Report

Total patient revenue was 24% underbudget due to patient volume but also reflects the breakdowns in charge capture, coding, billing, and follow-up. Expenses are favorable and remain stable. The 1.4M in other reductions is the new A/R reserve adjustment.

February Financial Report

Outpatient hospital revenue improved slightly. We were 5% down from budgeted revenue and expenses remained favorable. There was a net loss of 963k to our bottom line. We need to build volume in the clinic and swing bed program. Clinic volumes were impacted in previous months with both Dr. Witt and Dr. Ellingson being out. We continue to recruit for her position.

Revenue Cycle Turnaround

We saw a 1.6M gap in cash collection due to breakdowns in revenue cycle. Our gross AR days decreased from 146 in August 2025 to 109 this morning. Operating cash has improved from 248k to 744k. Current cash delays are with Medicare claims. There is a nationwide issue requiring reprocessing of Medicare claims. They are checking in daily with Noridian regarding these claims. Cash on hand is at a total of 146 days with operating days of 7. Staff have been retrained on processes and workflows have been improved. Additional resources and contracted staff have been brought on to help with patient balances and aged AR. The REDDE system has been implemented to help with billing. We are in a controlled recovery status with liability and risk coming down and cash increasing. In the next 30-90 days we will be focused on cash acceleration and collection. L. McNamara requested a balance sheet which A. Eek will work to provide at the next board meeting. C. Thomas would like to see the clean claims rates. The group discussed billing issues and inaccuracies with the REDDE system; these are being investigated and audited.

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

Renovation Bond

Shar Sheaffer and Steve Febus with DZA attended to discuss the renovation bond and the options available for our public hospital district. There is the special levy (UTGO) which requires 60% voter majority plus one for validation and the regular levy lid lift with only requires 50% plus one. There is room with the current levy rate to increase from .43 to .75 per \$1000 of assessed valued. Because the UTGO levy provides requested money upfront, it is the recommended option.

The group discussed voter turnout. In order for the proposal to pass we also need to meet 40% of voter turnout in the last general election. Meeting the threshold will be easier in 2026 than in 2027 before a presidential election. We need 18k for voter turnout. There are rumors that a neighboring hospital district will also be pursuing a bond in the coming years. Construction costs will also increase the longer we wait. Financial impacts and the cost report need to be considered in the decision. A new building can also shift community mentality and increase patient volumes because of public perceptions regarding quality of care in an old building compared to new. The annual cost of maintaining an aging building may

change voter opinions and will only increase with time. Finding a lender and loan will be difficult as banks are reluctant to invest. A loan would also not cover the full 45M needed. The percentage of yes votes has increased in the last two attempts, which is encouraging. A. Eek has talked to Joe Kunkel who is willing to help us with the project. Regarding economic concerns, Steve Febus advised that there is never going to be good timing and while we want to be sensitive to community concerns, the needs of the building have not changed and the need is growing.

David Franklund discussed the costs of construction. The costs may see a 3-4% increase and the availability and schedules of contractors is also a factor.

Dan Webster asked about the Rural Emergency Hospital model; the upgrades to the building would still be needed but it may change the scope of the project. DZA recommends staying with the Critical Access Hospital model and we may have a better chance of keeping the designation with the upgrades.

The group discussed community outreach and hospital staff as advocates.

The Board approved moving forward with the bond proposal this year, with a focus on public relations, as well as consulting with Joe Kunkel.

Break

A 20-minute break was held between 12:47 p.m. – 1:07 p.m.

Executive Session

A 20-minute executive session under RCW 42.30.110(i) was held between 1:07 p.m. – 1:27 p.m. with a 10-minute extension. The public meeting was reconvened at 1:38 p.m. No action was taken.

Adjournment

A motion to adjourn at 1:39 p.m. was made by L. McNamara; 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