

To: Board of Hospital Commissioners

From: Eric Moll Date: March 22, 2022 Subject: Consent Agenda

Consent agenda for Tuesday, March 22, 2022

Approval of the Bills:

General Fund 2226133 – 2226462, 242693 – 242724 \$4,880,855.41

Employee Medical 20048 - 20050 \$ 400,229.97

Miscellaneous

Resolution 2022 – 1 Imprest Fund

Budget Amendment

Premier Solutions Supply Analytics Software:

The recommendation to the Board of Commissioners is to approve an increase to the 2022 operating budget in the amount of \$24,375 to purchase ta GPO supply chain analytics software tool at an annual cost of \$32,500. The expected return on investment is estimated to be >2:1. This supply chain analytics tool will update and optimize the current item master, reduce workflow inefficiency, avoid the need for additional staff or consultants, and maximize savings for the hospital and our patients.

Patient Access Clerk .5 FTE:

We recommend the Board of Commissioners approve an increase to the District's 2022 FTE staffing levels, adding 0.5 FTE for additional Patient Access Clerk shifts to perform ongoing patient and visitor screening tasks at our main hospital entrances to accommodate expanded visitor hours. No additional budget dollars are requested as part of this request.

Financial Assistance for the Uninsured & Underinsured

Updated Language

Final Determinations

Financial Assistance forms, instructions, and written applications shall be furnished to patients when Financial Assistance is requested, when need is indicated, or when financial screening indicates potential need. Applications, whether initiated by the patient or the hospital and/or clinics should be accompanied by documentation to verify income amounts indicated on the application form. One or more of the following types of documentation may be acceptable for purpose of verifying income:

- 1. W-2 withholding statements for all employment for applications for the relevant time period;
- 2. Pay stubs from all employment during the relevant time period;
- 3. An income tax return from the most recently filed calendar year for the relevant time period;

COO

Over the past few years, there have been multiple requests from Providers to have a Registered Nurse in Mason Clinic to respond to messages that exceed the scope of the Medical Assistant. These messages have always gone on to the Provider, which are often lower-level questions, requiring much of their time that could be best utilized elsewhere. To meet this request – along with other reasons - it has been decided to restructure our Medication Management and Referrals workforce to free up an RN for this role in Mason Clinic. The steps to achieve this are as follows:

- The Supervisor of Medication Management is a Registered Nurse, which is not a
 qualification for the Supervisor position, thus she is working well below her capabilities.
 She will be transferred to Mason Clinic in an RN Triage position, reporting to the Primary
 Care Manager, and working in a dyad relationship with a Physician.
- The Medication Management Staff will then report to the Clinic Manager Indirect
 Patient Care. This will be a new position created through the promotion of the current
 Clinic Scheduling Supervisor. This new Clinic Manager will report to the Director of Clinic
 Operations.
- The Referrals Department Staff will also transition to the new Clinic Manager Indirect Patient Care, from the Specialty Clinic Manager. This is being done since the new Manager has a very solid understanding of Referrals, and is in the same location as the Referrals Staff, whereas the Specialty Clinic Manager is in Mason Clinic. The Clinic Manager – Indirect Patient Care already has a working relationship with the Referrals staff, so this should occur seamlessly.

We will be interviewing the second week of April a family practice physician who grew up in Shelton (graduate of Shelton High School). We had a very positive initial conversation. If there is a good match, we anticipate a start date in summer 2022.