

BOARD OF HOSPITAL COMMISSIONERS

March 28, 2023

Those in attendance were Hospital Commissioners Gayle Weston and Don Welander. Also present were Eric Moll, Mason Health CEO, Mark Batty, Mason Health COO; Dean Gushee, Mason Health CMO; Robert Johnson, Legal Counsel and Shelly Dunnington, Senior Executive Assistant.

Others in attendance: Laura Grubb, Compliance Officer, Brad Becker, Senior Director of Revenue Cycle, and Sean Hazlett, Director of Supply Chain

Gayle Weston called the regular meeting of the Board of Commissioners to order at 8:00 a.m.

It was moved, seconded, and voted to approve March 13, 2023 minutes as presented.

Commissioner's Committee Report & Calendar

Don Welander attended BOHC March 14, 2023 and met Eric Moll 1:1 on March 27, 2023.

Darrin Moody attended BOHC on March 14, 2023, construction meeting on March 20, 2023, and met w/Eric Moll 1:1 on March 27, 2023

Gayle Weston attended BOHC on March 14, 2023, Financial Committee on March 22, 2023, and met Eric Moll 1:1 on March 27, 2023.

Public Comments –

Consent Agenda

It was moved, seconded, and voted to approve the March 28, 2023, consent agenda.

Legal Counsel – The board went into executive session at 8:30 a.m. to discuss sentinel event RCW 42.31.110 (i) for 11 minutes to reconvene regular meeting at 8:41 a.m.

CEO's Report –

- a. City Property – Eric Moll shared that Mark Ziegler is taking the interim position City Manager over as Jeff Niten has resigned. Mark Ziegler will take the property purchase agreement to the City Board on April 4 and 14, 2023.

Eric Moll shared the Julie Knott been hired as the executive director for Mason County's Blue Zones Activate. Julie specializes in supporting rural initiatives in health, education, economics and workforce development.

Eric Moll provided an update on disaster supplies. We have about \$75,000 in disaster supplies majority around PPE. Disaster supplies are located onsite.

Monthly Reports –

- a. Financials – Eric Moll presented the February financials. Eric went over February metrics were negative, January metrics were in excess of budget. The result is YTD metrics that are close to target. Service volumes, gross patient revenue, operating expenses and net metrics were also detailed. Overall, net income for February was 7.7%, which is above budget (6.1%).

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Old Business – None

New Business –

- a. 2022 YTD Strategies Planning - Eric Moll went over the 2022 Strategy Dashboard.

Strategic Initiative: Covid

- Successes:
 - What went well and why?
 - We continue to have very low probable facility acquired Covid cases. 2 suspected cases for the year.
 - No major impact to service lines or operations. Some flexing of lab locations largely due to staffing shortages unrelated to Covid.
 - What should we be proud of?
 - Culture of self-care is continuously evolving (i.e., Staff staying home when ill, MVP program).
 - Very few facilities acquired cases. We believe compliance has been high with regards to masking, hand hygiene, and self-care.
- Learnings:
 - What did not go well and why?
 - We had 1 suspected hospital acquired case for the year. Patient had been here for an extended LOS and was in contact with multiple visitors.
 - Towards the end of 4th quarter, we started seeing complacency for masking in some areas. This is likely due to the statewide masking mandate discontinuing except for healthcare facilities. There was confusion surrounding clinical area vs. non-clinical with masking.
 - Labor and Industries changed their definition of facility acquired and presume HCW that contract Covid must have contracted the virus in the healthcare facility- despite worker location and exposure.
- What limits and problems have we uncovered that we were not aware of earlier?
 - Continuing discrepancies between Federal and State guidelines.
- Adjustments: What do we need to adjust in our approach for the next quarter?
- Financial and capital plan modifications? None currently.
- Other modifications? None

Strategic Initiative: Annual Wellness Visits

- Successes:
 - What went well and why? We had great engagement with providers. This was because the process was minimally impactful to their workflows and our focus is for improved quality of life by allowing us to manage health prevention and the social determinants of health.

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Strategic Initiative: Annual Wellness Visits (continued)

- What should we be proud of? We are changing the culture in the clinics by promoting care gap closure and chart scrubbing. We are also increasing patients' awareness of the importance of preventative care. Which helps reduces future encounters of health crisis.
- **Learnings:**
 - What did not go well and why? There was a change in focus by the nurses to review preventative health and social determinants of health. This was difficult to create into clear guidelines because this work had never been done before in the organization
 - What limits and problems have we uncovered that we were not aware of earlier? We have problems hitting 30% of the ACO Medicare Wellness patients because we included all Medicare wellness patients
- **Adjustments:** What do we need to adjust in our approach for the next quarter?
 - Financial and capital plan modifications? We are reviewing adding CCM billing which would increase revenue for nurses after we include all the providers in the service line
 - Other modifications? Are currently working with providers and nurses to update the preventative plan

Strategic Initiative: Depression Screening

Successes:

- What went well and why?
Referrals for Behavioral Health have been kept at manageable levels. The Behavioral Health Facilitator has done a good job of triaging referrals, processing them more efficiently and timely.
- What should we be proud of?
We have added Dr. Soha to the Primary Care Providers participating in the AIMS/Collaborative Care program.

• **Learnings:**

- What did not go well and why?
We have had a vacancy in pediatric therapy for several months without any qualified applicants on the horizon.

As a result of the pandemic, we have noticed a growing intensity and acuity in the Behavioral Health patient population. This necessitates transitioning many patients from short to longer term therapy.
- What limits and problems have we uncovered that we were not aware of earlier?
Nothing new has presented itself. The backlog of patients creates a sense of urgency to get them in to see a therapist. However, patient panels are on the higher end and schedules are full, so we are somewhat limited in what we can do at this point.

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Strategic Initiative: Depression Screening (continued)

- Adjustments:
 - What do we need to adjust in our approach for the next quarter?
We have finalized our partnership with Catholic Community Services to assist with pediatric referrals. They require more intensive work (visits twice a week) and some of our referrals declined this. They have personnel and panel size restrictions, so relief may be limited but a good option for higher acuity pediatric patients.
 - Financial and capital plan modifications?
Nothing new identified at this time.
 - Other modifications?
None identified at this time.

Strategic Initiative: ED Transitional Follow up Calls

- Successes:
 - What went well and why? Patients report >90% good or very good experiences in the ED. This contrasts with the Press Ganey ranking of the 50th percentile. We continue to see low returns for PG surveys. Staff are now engaged in customer service improvements.
 - What should we be proud of? Left without being seen (LWBS) % is trending down. Staff are now frequently rounding in the ED waiting room to report updates. Leaders follow up with all patient complaints.
- Learnings:
 - What did not go well and why? Leadership engagement is essential. A transition in leadership in the 4th quarter. However, the new leadership is very engaged in reducing LWBS and improving the patient and staff experience.
 - What limits and problems have we uncovered that we were not aware of earlier? n/a
- Adjustments:
 - What do we need to adjust in our approach for the next quarter?
Stable process currently. No changes. We are expanding into the inpatient units.
 - Financial and capital plan modifications?
None currently. We have implemented Nexus on the inpatient units.
 - Other modifications?
Propose discontinuing Press Ganey reporting for ED experience in July 2023 when contract is completed. ED patient experience reporting is not a CMS requirement (inpatient is)

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Strategic Initiative: ED Transitional Follow up Calls (continued)

- Other modifications (continued)

Press Ganey data/reporting is not 'real time' so seeing results of any new interventions or program changes isn't easily extracted. The data is on a rolling calendar year because of low return rates. Press Ganey does provide benchmarking whereas Nexus does not, however, we can internally benchmark, and the questions are customizable.

Strategic Initiative: Clinic Patient Satisfaction

- Successes:
 - What went well and why?
 - We began a new kick-off to our Customer Service Huddles, in which attendance and engagement was very high.
 - The relaxing of some of the COVID restrictions makes the patients visit a little less cumbersome in which Mason Clinic appears more inviting to patients and visitors.
 - Volunteers have been re-introduced to Mason Clinic.
 - What should we be proud of?
 - A cover photo and article in Scope Magazine on the focus on patient satisfaction in Mason Clinic.
 - The attendance at the bi-weekly Customer Service huddles.
- Learnings:
 - What did not go well and why?
 - The satisfaction result for the fourth quarter was below expectation. We will begin to focus more on patient comments for specifics and the engagement of Providers.
 - What limits and problems have we uncovered that we were not aware of earlier?
 - As we move forward, will need to put emphasis on specific interactions between staff and patients that may not meet the patient's expectations.
- Adjustments:
 - What do we need to adjust in our approach for the next quarter?
Are focusing on specific patient comments to see if there are trends mentioned by the patients that negatively impact their experience.
 - Financial and capital plan modifications?
None currently identified.
 - Other modifications?
Will focus on getting Providers more involved in the patient satisfaction improvement efforts. Although many have not expressed interest in working on this (per an informal survey), we will engage with those that are interested.

Strategic Initiative: Referral Management

- Successes:
 - What went well and why?

- Consistently met a target of processing a referral in three business days. Average for the quarter was 2.6 days.
- This improvement got the attention of the Providers, allowing us the opportunity to share their part in instances of a referral not being completed in three days.
- What should we be proud of?
 - The engagement of the staff now that attention has been given to them and this process.
 - That improvement has been made with the realization this target can be achieved.
- Learnings:
 - What did not go well and why?
 - We have still not achieved the patient satisfaction target of the 35th percentile, reaching the 24th for this quarter.
 - Reluctance from Providers for taking full responsibility for their part in improving this process. When information is incomplete and/or is requested from them by the Referral Coordinator, they need to respond more timely
 - What limits and problems have we uncovered that we were not aware of earlier?
 - That many referrals are received without complete information, therefore are sent back to the Provider. This has an impact on the three-day target.
 - That confirming the patient had a visit with the specialist is more difficult than anticipated. It will be necessary to look at each step in this process to see where this work can be performed most efficiently.
- Adjustments:
 - What do we need to adjust in our approach for the next quarter?
 - That focus on the Action Plan needs to be maintained, as when this falls behind, the processing of referrals fall behind as well.
 - Financial and capital plan modifications?
 - In the near future, we will be exploring new technology to replace the Clarity (external) referral system. This system is outdated.
 - Other modifications?
 - None identified at this time.

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 - What limits and problems have we uncovered that we were not aware of earlier?
 - That many referrals are received without complete information, therefore are sent back to the Provider. This has an impact on the three-day target.
 - That confirming the patient actually had a visit with the specialist is more difficult than anticipated. It will be necessary to look at each step in this process to see where this work can be performed most efficiently.
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- Other modifications?
 - None identified at this time.

Strategic Initiative: Optimize Domain NW

- Successes:
 - What went well and why?

The domain implementation and the Providers response to it is the focus of the 2022 initiative and the providers response to it. Provider engagement has not waned since the 2021 implementation. Knowledge that we own our system, and its functionality is broadly

recognized and ideas for updates/improvements are actively brought to Information Services by the Provider group.

- Identification of 2023 projects to continue this work – Trainer FTE and Physician Optimization.
- What should we be proud of?
A small number, or potentially no Critical Access Hospital has undertaken the scope of work with the EHR that Mason Health has. We have sustained engagement, especially as it relates to Provider EHR Governance and customization of the system.
- Learnings:
 - What did not go well and why? Training, or lack thereof, is the current primary reason for Provider dissatisfaction with the EHR.
 - Communication to Providers can also always improve – whether that is EHR related, or strictly Information Technology hardware and software related (i.e., computer or Virtual Desktop challenges).
 - What limits and problems have we uncovered that we were not aware of earlier?
Speed at which Providers expect results. We knew Providers would be engaged and some would be part of the solutions, but the speed at which all Providers want to see results in the system is immediate. The nature of governance/testing does not always allow for this.
- Adjustments: What do we need to adjust in our approach for the next quarter?
 - Financial and capital plan modifications?
Potential for adding DAX (voice dictation artificial intelligence that dictates Provider and Patient conversation into Provider's Note within EHR). This would be in 2023, but not in Q1 2023
 - Other modifications?
Continue to shift focus to a personal **and** data-driven approach to Provider engagement, rather than just a personal approach.

Strategic Initiative: Optimize Cerner's Clinically Driven Revenue Cycle – 4th Qtr.

- A3 Box 8 (Confirmed State):
 - After several unsuccessful virtual testing engagements, face-to-face testing of the Medicare single encounter automation process occurred the week of February 6th-10th,

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Strategic Initiative: Optimize Cerner's Clinically Driven Revenue Cycle – 4th Qtr. (continued)

- A3 Box 8 (Confirmed State - continued):
 - 2023. This event provided us the final assessment component for this proposed workflow change.
 - Evaluation of Observation automation is being deferred until the 3rd quarter of 2023. Current clinical staffing priorities and the ongoing Revenue Cycle Uplift Initiative have taken precedent.
 - The Revenue Cycle Uplift Initiative began the end of August 2022 and is running through June 2023. System builds and workflow improvements have occurred in Health Plan

Master File, Eligibility, Charge Integrity/Charge Capture and HIM. Remaining components include work to improve DNFC, DNFB, Clean Claim Rates, Payment Posting, and Denials.

- The average number of modified charges per account increased at year-end to 17.6.
- A3 Box 9 (Insights):
 - The clinically driven revenue cycle continues to be ever-changing and presents us with unexpected challenges. Two notable rebilling issues identified the last quarter of 2022 impacted our revenue cycle Key Performance Indicators (KPI's) at year end and into 2023. Continued payor operational challenges also results in account rework and additional management focus.
 - Revenue cycle issues and process improvement work have competed internally with critical clinical initiatives and new business opportunities.
- A3 Box 9 (New Processes are Respectful of People):
 - Various regularly scheduled meetings are now occurring among clinical and revenue cycle departments and leaders.
 - The use of the KPO office has increased to support revenue cycle initiatives.
- A3 Box 9 (Challenges to the Change Process):
 - The complexity of revenue cycle functionality in our EHR is a known fact and requires significant effort and focus.
 - Continued changes in payor requirements and policies require ongoing reaction and increased efforts and creativity.
- A3 Box 9 (Actions Required to Sustain):
 - Reprioritization of key revenue cycle initiatives is critical to achieve the greatest ROI on time and money spent.
 - Increased use of and sharing data should provide greater clarity around achieving revenue cycle and overall financial goals.

Administration Roundtable

Mark Batty shared we hosted a Primary Care Resident that went very well. She available in 2024

Mark Batty gave updates on OB/GYN candidates.

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Administration Roundtable (continued)

Mark Batty shared we have been working with Cerner on doing a Text message for clinic reminders. We will open this up district wide for text message reminders should be available April 2023.

We currently have 4 provider positions open and about low 30's FTE. Mark Batty will give an update in a couple weeks and Kevin Keller will provide a presentation in May.

Dr. Dean Gushee shared an update on masking and many questions are being asked.

Dr. Dean Gushee feels overall the morale is good around the EMR

Adjourned at 9.56 a.m.

PUBLIC HOSPITAL DISTRICT NO. 1
OF MASON COUNTY, WASHINGTON

BY: _____

Attest: _____