SPECIAL BOARD OF HOSPITAL COMMISSIONERS
April 22, 2021

Those in attendance were Hospital Commissioners Darrin Moody (teleconference), Gayle Weston (teleconference), and Don Wilson (teleconference). Also present were Eric Moll, Mason Health CEO (teleconference); Mark Batty, Mason Health COO (teleconference); Rick Smith, CFO (teleconference), Dr. Dean Gushee, Mason Health CMO (teleconference); Melissa Strong, Mason Health CNO (teleconference) Robert Johnson, Legal Counsel (teleconference) and Shelly Dunnington Senior Executive Assistant (teleconference).

Others in attendance for a portion of the Hospital Commissioners meeting: Pam Schlauderaff, Director of Quality, Dr. Schlauderaff, Jen Capps, CDO, Laura Grubb, Compliance Officer, Kevin Keller, Senior Director of Human Resources, and Brad Becker, Senior Director of Revenue Cycle

Gayle Weston called the special meeting of the Board of Commissioners to order at 1:00 p.m.

Reviewed Agenda

2020 Accomplishments – Darrin Moody expressed it is very impressive to see what accomplishments were completed in 2020 in the midst of COVID Pandemic. Mark Batty expressed that looking over the accomplishments only 4 of them are directly related to the Pandemic, so we accomplished a lot overall. The commissioners asked for the 2020 accomplishments to be shared with the entire district.

Send out an email to directors for accomplishments from each of department for 2020. Dr. Schlauderaff would like us to communicate how many cases Dr. Brown, Urologist have done at Mason Health. These accomplishments will help round out the work we do in the community, and show we address our community needs.

Review 2021 Strategy Dashboard Performance to Date: Eric Moll went over the dashboard and areas of the dashboard we have improved in our reporting.

Strategic Initiatives A3 Update & Key Learning/Insights Year to Date:

COVID Safety – Mel Strong shared that COVID Safety was carried over from last year. Mel shared that staff really felt that the leadership was fully transparent with COVID and had communication daily to keep them informed.

- Successes:
  - What went well and why?
    - Zero facility outbreaks, staff felt safe and supported, and we had adequate PPE. Communication transparency led to staff trust.
  - What should we be proud of?
    - Our laser focus on safety of staff, volunteers, and the community.
- Learnings:
  - What did not go well and why?
    - We had a hard time with metrics and keeping up with the changes. We were learning not only as an individual system, but as a national system as well due to this being a novel virus.
  - What limits and problems have we uncovered that we were not aware of earlier?

        - Better manage when employees had COVID and make sure our employees don't feel ashamed if they get this virus.
- Adjustments:
    - What do we need to adjust in our approach for the next quarter/?
        - Continual monitoring of the guidelines with the release of the vaccine. Equity monitoring has been added to our metrics to ensure we are reaching our most vulnerable populations.
    - Financial and capital plan modifications? n/a
    - Other modifications? n/a

Gayle Weston asked what percentage of our staff our vaccinated. Currently 62% of our employees are vaccinated

Closing Care Gaps – Mark Batty shared we have paused closing care gaps due to Medical Assistant availability, with further review in April 2021. Dr. Schlauderaff shared he feels we will have success here even though there are barriers - just don't give up on it. Dr. Schlauderaff thinks Mt. View's Women Clinic MAs pilot program is going well and we may be able to use their work in other areas to improve closing care gaps.

PC Patients receiving depression screening annually – Mark Batty went over the depression screening initiatives. Primary Care providers are able to refer their patients to the Behavioral Health Services. We have an AIMS pilot program tracking Primary Care providers referrals.

- Successes:
    - What went well and why?
        - Dr. Mower's leadership in developing the relationship between Primary Care and Behavioral Health.
    - What should we be proud of?
        - The engagement of the Behavioral Health Providers.
- Learnings:
    - What did not go well and why?
        - Nothing is to be considered as not going well. A challenge was engaging the Primary Care Providers to make sure to perform the depression screening and then defining the process to refer the patient to Behavioral Health.
    - What limits and problems have we uncovered that we were not aware of earlier?
        - The need for Behavioral Health services is growing exponentially. Therefore, our capacity is stretched and wait times for appointments are out further than desired.
- Adjustments:
    - What do we need to adjust in our approach for the next quarter/?
        - None. The approach is solid, Dr. Mower has started a pilot program with selected Primary Care Providers that will run into July. Then we can adjust and continue to move forward.
    - Financial and capital plan modifications?
    - Other modifications?

Emergency Patient (Overall) - Mel Strong shared that the plan started with post discharge. This initiative is on a semi-hold.

- Successes:
    - What went well and why?
        - Win & Successes out of this was going through companies to look at the various benefits. We created a standard questionnaire to review with each company while going through the vetting process. What does the companies do? They do various things from calling discharged patients, set up dashboards, etc. Does this mean that Primary Care provider will be in touched when one of their patients hit the ER? No, only if they need an appt. Vendor is Nexus.
    - What should we be proud of?
        - Kristin & Sabrina are doing work on culture and making sure there is a culture that aligns with Mason Health
- Learnings:
    - What did not go well and why?
        - Barriers with IT interface. IT is focusing on the new domain and does not have the bandwidth for additional projects. This project only requires a data feed.
    - What limits and problems have we uncovered that we were not aware of earlier?
        - IT hasn't had the bandwidth to work on interface, so this is on semi-hold. Since this is on semi-hold, they are going to work on Improving throughput in the ER and work on one of the 8 touchpoints and do a PDSA on it to improve patient flow. This can be a continual initiative because there are so many touchpoints. Mel feels good because they are being pro-active on this process. If you can cut down touchpoints for patients, that would be great. This is a good way to improve on making changes when initiative is stalled.

- Adjustments:
    - What do we need to adjust in our approach for the next quarter/?
    - Financial and capital plan modifications?
        - Yes, there will be a 15K request when we have an implementation timeline. Dependent on Cerner's ability to provide an interface.
    - Other modifications?
        - New initiative: patient flow

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Clinic Patient Satisfaction - Mark Batty went over the clinic patient satisfaction. Mark shared the first quarter result is 49th%. The quarterly patient satisfaction reviews are shared with Providers & Support Staff. Priority index questions have been identified that upon improvement will have the most positive impact on the overall score. This will be shared each quarter. Medical Assistants are really doing a good job. Gayle Weston likes the idea the voice of clients.

Successes:

- What went well and why?
    - Sharing results with the interested stakeholders: Scheduling, Registration, Medical Assistants and Providers. Keeping the communication lines open.
- What should we be proud of?
    - The persistence in rolling out and sustaining the Customer Service Program.

- Learnings:
    - What did not go well and why?
        - Moving the customer service huddles to virtual due to the pandemic was a step backwards. There is so much more engagement when these are conducted face-to-face. Attendance dropped when these went virtual, and so much momentum was lost. However, we are back to in person huddles, so the engagement is on an upswing.
    - What limits and problems have we uncovered that we were not aware of earlier?
        - Not to say we weren't aware of this, but just realizing that changing a culture takes time and does not happen quickly. Likewise moving the needle on the patient satisfaction percentile rank takes time and moves in small increments.

- Adjustments:
    - What do we need to adjust in our approach for the next quarter/?
        - We are putting more focus on specific questions on the survey. Have identified four questions – when results are improved – will have the most impact on the overall percentile rank. Dr. Schlauderaff feels like we have increased the patient satisfaction by 50% over the last five years.
        - Financial and capital plan modifications? None.
        - Other modifications? We are increasing focus on staff recognition for outstanding service to our patients. These come from comments on the patient surveys.

Referral Management - Mark Batty shared the ease of obtaining referral. Will the new domain help with referral management? It does handle internal referral well but externally could still be an issue. The domain will be able to track the referrals externally but won't help getting the information back from the external locations.

- Successes:
    - What went well and why?
        - How we handled the pandemic. We were nimble and thoughtful.
    - What should we be proud of?
        - Our Teamwork and continued focus on Lean and Nash
- Learnings:
    - What did not go well and why?
        - Having many goals made it difficult to know what to focus on. Perhaps fewer strategic initiatives especially when we need to focus on a pandemic?
    - What limits and problems have we uncovered that we were not aware of earlier?
        - This isn't a new problem but one that shouldn't be overlooked: I think we still struggle aligning IT projects with strategic goals and capital projects.
- Adjustments:
    - What do we need to adjust in our approach for the next quarter/?
        - Prioritize and perhaps decrease the # of strategic goals?
    - Financial and capital plan modifications?
        - None that I can think of. Having the contingency fund was a great idea.
    - Other modifications?

Employee Engagement -Improve the Experience of the Onboarding Experience of MH Staff –

- Successes:
  - What went well and why?
    - *Strong Initiative Team. Greater Collaboration around 100% implementation and observation of positive changes*
  - What should we be proud of?
    - *Have appreciably made improvements that are changing new Staffs 1st impression and experience – both observed and measured after years of unpredictable Orientation Events*
- Learnings:
  - What did not go well and why?
    - *Making slight changes to addressing System Access Issues and Activation of ID Badges versus more significant change in workflow sooner*
  - What limits and problems have we uncovered that we were not aware of earlier?
    - *What was truly most meaningful to our employees. Bridge the gap so that new employees are understanding the various acronyms.*
    - *New Employees Expectations of Orientation and 1st days in departments*
    - *Once they have access, some are distracted by curiosity*
- Adjustments:
  - What do we need to adjust in our approach for the next quarter/?
    - *Move IT segment to later in Day #1*
    - *Develop more consistent content framework*
    - *Fill out Agenda with more Subject Content and Engagement elements*
  - Financial and capital plan modifications?
    - *None Planned*
  - Other modifications?
    - *Assemble New Hire Workbook/Handbook*

Gayle Weston asked Pam Schlauderaff if she is can see change. She said "yes". They have done a lot of good work and she is very encouraged with the changes.

They have seen those new employees who don't have access initially that they are not engaged as much as those employees who is badge works.

Physician Engagement -Domain NW - Dr. Dean Gushee went over initiatives. The reason NW Domain is a physician engagement because it is an EMR, which has a big impact on workflow By going this route, we are able to move the engagement by the involvement with the provider and focusing on the EMR build. Role clarity, rounding, block provider schedules. Jen Capps expressed it has been fun working on it and getting the information out to our staff.

- Successes:
  - What went well and why?
    - Maintaining the schedule of implementation.
  - What should we be proud of?
    - Clear understanding of the goal and progress toward understanding the 'why' of the new domain among general end users
- Learnings:
  - What did not go well and why?
    - Provider participation has been limited. Less end user testing than hoped for.
  - What limits and problems have we uncovered that we were not aware of earlier?

        - Unclear role clarity on the part of our project manager leading to less end user participation particularly among providers.

- Adjustments:
    - What do we need to adjust in our approach for the next quarter?
    - Financial and capital plan modifications?
        - None
    - Other modifications?
        - Role of project manager has been clarified. Cerner has volunteered significant additional resources to get the project better on track from an end user (including provider) participation perspective.

Operating Margin - Optimizing Supply Chain Processes & Supply Levels (Surgery Dept) - Rick Smith went over the supply chain initiative. Pam Schlauderaff wants to display this in our Baldrige application.

Why is this work important?

- Eliminate delay in patient billing due to supply charges not built timely can hold up $$$ in claims getting to the insurance companies for processing
- Load level supply inventories between materials warehouse and the surgery clean core supply area.
- High reliance on many people and individual tasks to be completed before charges are built and posted to patient account.
- Processes and workflows need to scale up with increase surgery volumes, in particular orthopedic cases which are generally the high dollar supplies and vary by provider.
- Focus is on time to build and drop supply charges.

Progress to Date:

- Hired new supply chain leader in November 2020 – strong and highly experienced leader with good business acumen.
- Unpacking the value stream activities that are currently required from time of order, surgery and charge posting.
- Big Win - Decreased charge build and charge post from average 23 days to 7 days.
- Reduces time to bill and receive payment, improving cash flow and liquidity position
- More collaboration and teamwork between supply chain and surgical services.

Successes:

- Supply Chain Leadership – Hired Candice as new highly experienced leader with strong business acumen.
- Collaboration/Communication: Improved team visibility of each other's roles and responsibility for supply chain success between Surgical services, Supply Chain, Revenue Cycle. Knowing more about each other's roles
- Building core competencies – identified opportunity to create, recruit and train a new position – administrative assistant to build and post charges instead of reliance on high paid clinical OR nursing staff.
- OR procedure preference cards – these cards are built into Cerner and represent supplies and resources required for a particular surgeon's case. Lori Genson has been reviewing for Cerner NW domain build each card – over 1,000 procedure cards – goal is to reduce to

under 450-500, by eliminating duplications and making sure that the correct supplies are included for that case.

Learnings

- Ability to perform cross-functional work is key to success in process improvement change.
- Lack of metrics to measure success
- Some limitation on how much integration is possible with MV and Cerner on MMIS

Adjustments:

- Supply Chain Multiview Training and Go-Live – 6/1.
- Supply Vendor Contracting Opportunities – better contracts

Operating Margin - Implement a Clinically Driven Revenue Cycle in Cerner Domain NW by Adopting the Cerner Model Experience – Brad Becker share his initiative.

- Successes:
  - What went well and why?
    - A significant amount of work went into preparing the documentation and reviewing the Cerner Model Experience workflows**.**
  - What should we be proud of?
    - We are preparing to implement some notable workflow changes which will provide automation and greater efficiency.
- Learnings:
  - What did not go well and why?
    - Our system testing has been delayed due to availability of staff in some departments**.**
  - What limits and problems have we uncovered that we were not aware of earlier?
    - Even though this is a EHR reinstall within Cerner itself, the complexity of the work is still there. It is not a simple copy and paste activity.

- Adjustments:
  - What do we need to adjust in our approach for the next quarter/?
  - Financial and capital plan modifications? None needed for this area.
  - Other modifications?
    - No modifications are needed. We simply need to stay the course and continue working toward the June 28th go-live.

Dean said it is important to do model experience throughout the hospital and clinics.

Strategic Position Assessment – Assess Priorities & Performance Targets:

Employee Engagement & Provider Engagement are using different survey methodology. Expect to bring results back to board in May. We are using the same 9 questions as we did through the Gallagher Survey, which are standard engagement question.

Thank you to Shelly, the board. Darrin and SLT.

Great meeting with a lot of good work in a Pandemic. Thanks, Eric, for all he is doing.

This helps bring Darrin up to speed and the focus on customer service.

Adjourn 3:59 p.m.

PUBLIC HOSPITAL DISTRICT NO. 1
OF MASON COUNTY, WASHINGTON

BY: _____

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Attest: _____ _____