

BOARD OF HOSPITAL COMMISSIONERS
MEETING AGENDA
May 9, 2023

8:00 a.m. In Person Located at Gateway Center - Development Office
2505 Olympic Hwy N Suite 170 Shelton, WA 98584

ROLES

Leader.....Darrin Moody, President
Recorder..... Shelly Dunnington

REVIEW AGENDA

A. Minutes

April 25, 2023

B. Commissioner Committee Report & Calendar

C. Public Comments

D. Approval of Consent Agenda: All items listed under the “Consent Agenda” are considered routine by the Commissioners and will be enacted by one motion unless a Commissioner or citizen so requests, in which event the item will be removed from the Consent Agenda and considered in its normal sequence on agenda.

E. Legal Counsel

F. CEO’s Report

a. AWPHD & WSHA Rural Hospital Leadership Conference

G. Monthly Reports

H. Old Business

I. New Business

- a. 2023 Strategy Dashboard Quarter 1 – 9:00 a.m.
- b. Update on Patient Compliant – Laura Grubb 9:30 a.m.

J. Administration Roundtable

Next BOHC Meeting Date: May 23, 2023

BOARD OF HOSPITAL COMMISSIONERS

April 25, 2023

Those in attendance were Hospital Commissioners Darrin Moody, and Don Welander. Also present were Eric Moll, Mason Health CEO, Mark Batty, Mason Health COO; Steve Leslie, Mason Health CFO; Dean Gushee, Mason Health CMO; Mel Strong, Mason Health CNO; Robert Johnson, Legal Counsel and Shelly Dunnington, Senior Executive Assistant.

Others in attendance: David Imus, Eric Volk, and Ta Dang from WIPFLI; Ruth Vierela, Finance Director of Mason Health and Jon Hornburg, Manager Financial Planning & Analysis

Darrin Moody called the regular meeting of the Board of Commissioners to order at 8:01 a.m.

Gayle Weston is excused as she is attending AHA Conference.

It was moved, seconded, and voted to approve April 11, 2023 minutes as presented.

Commissioner's Committee Report & Calendar

Don Welander attended BOHC April 11, 2023 and met w/ Nicole Eddins April 18, 2023, QIC Meeting on April 18, 2023, and Mason County Chamber Gala on April 21, 2023.

Darrin Moody attended BOHC on April 11, 2023, Master Planning Meeting on April 17, 2023, Mason County Chamber Gala on April 21, 2023 and met w/Eric Moll 1:1 on April 24, 2023

Public Comments – None

Consent Agenda

It was moved, seconded, and voted to approve the April 25, 2023, consent agenda.

Legal Counsel – None

CEO's Report –

- a. Hospital Week - Eric Moll shared the Hospital Week events and the BBQ will take place on Wednesday, May 10, 2023 if the Commissioners want to attend.

Eric Moll provided an update on the Master Planning process.

Monthly Reports –

- a. Financials – Steve Leslie presented the financials for the month ended March 2023. Steve presented the summary of key observations.

Old Business – None

New Business –

- a. SAO Auditors – David Imus, Eric Volk and Ta Dang from WIPFLI joined our meeting to go over the Independent Auditor Report. Steve Leslie expressed Ruth Vierela and her team did a great job they do working with WIPFLI. Gayle Weston expressed her gratitude to Ruth Vierela, Jon Hornburg and team for their work on the audit.

BOARD OF HOSPITAL COMMISSIONERS

April 25, 2023

New Business (continued)

- b. Provider Retention – Eric Moll and Mark Batty presented a presentation on provider retention and what are we doing and our opportunities for improvement.
- c. CAH (Critical Access Hospital) Report - Mel Strong presented the 2022 CAH annual review for period January 1, 2022 – December 31, 2022. Don Welander shared that he really likes having one place to reference on how we are doing.
It was moved, seconded and voted to approve the 2022 CAH Report.
- d. CHNA Implementation Plan – 2023 – 2025 was presented.
It was moved, seconded and voted to approve the 2023 – 2025 CHNA Implementation Plan.

Administration Roundtable

Dr. Dean Gushee shared information from the HIMMS conference he attended last week. One of the focus areas was AI but not sure where that is going yet. Dr. Gushee shared that Colby Snyder, CIO, will be looking at AI and how it may be able to improve documentation.

Steve Leslie shared the WIPFLI will be doing a single audit on our receipts and COVID expenses as well as they are working on our cost report.

Mark Batty provided an update on General Surgery process.

We had 9 applicants for interviews with the Health Science Academy.

Mel Strong provided an update on Baldrige Site Visit that will take place April 26 – 28, 2023.

Adjourned at 10:26 a.m.

PUBLIC HOSPITAL DISTRICT NO. 1
OF MASON COUNTY, WASHINGTON

BY: _____

Attest: _____



Mason Health

Mason General Hospital • Mason Clinic

To: Board of Hospital Commissioners
From: Eric Moll
Date: May 9, 2023
Subject: Consent Agenda

Consent agenda for Tuesday, May 9, 2023

Approval of the Bills:

| | | |
|------------------|-------------------|----------------|
| General Fund | 2238436 – 2238621 | \$5,030,638.16 |
| Employee Medical | 20123 – 20124 | \$ 314,988.21 |

Miscellaneous

We are looking at a few projects to enhance both the patient's and employee's experience in Mason Clinic. These items are:

- Noise reduction – “white noise” has been implemented on a trial basis in the Orthopedic Hallway and Walk In Clinic and upper level Primary Care off stage areas. The noise level in Mason Clinic has been challenging to both patients and employees due to conversations being overheard by some without a need to know. Since the installation of white noise can be very costly, the decision was made to trial it in a smaller area. Besides masking conversations, we are eager to see the impact this may have on employees, as this can be difficult for employees to adapt to.
- Wayfinding – much of the signage in Mason Clinic refers to and points to “Portals” and numbers as opposed to services, which can be confusing to patients. When a patient is looking for the Eye Clinic, they don't relate it to Portal 7, so they get confused where they are going. We are looking at what it will take to change these to the Clinic names, therefore making it easier for patients to find their destination.
- Employee “Permitted” Parking – currently employees with handicap or short term disabled parking needs, are directed to park in the employee lot north of the Cedar Building. This is a fairly long distance to get to Mason Clinic. We have identified two areas in the South Parking lot to change to permitted parking for those needing to park closer. Only employees with a handicap placard or a permit issued by our Facilities Department will be allowed in these areas. We are almost

certain employees needing parking assistance today are parking in the Patient Handicap spaces.

On Wednesday May 17, Dr. Samar Hassouneh is visiting Mason Health to learn more about the OBGYN position in the Women's Clinic. Dr. Hassouneh is currently practicing in Michigan. She is a University of Washington graduate, with family in the Seattle area. Dr. Hassouneh is licensed in Washington and is intent on finding a new position. She plans to give notice to her current employer in May and start a new position in August or September.

2023 Strategy Dashboard

| Strategic Objectives | Performance Measures | Performance Targets | | | Results | | | | Benchmark Source | Executive Sponsor | Key Initiatives |
|---|---|---------------------|-------|------------------|-------------------|---------|---------|---------|--|------------------------------|--|
| | | 2023 | 2025 | Benchmark | 2023 Q1 | 2023 Q2 | 2023 Q3 | 2023 Q4 | | | |
| Ensure Exceptional Outcomes and Safety | Psychological Safety | 5.0 (out of 6) | | 4.29 (Internal) | | | | | Survey- "Comfortable Reporting Safety Issues" | Eric | Collaboration through decreased power differential |
| Enhance Community/Population Health | Annual Wellness Visits | 30% | 40% | 19% (Median) | 5.3% (171 visits) | | | | CMS | Eric | AWV Program (Year 2) |
| | Cancer Care Screening (Breast, Cervical & Colorectal) | 80% | 90% | 80% (75th %tile) | 56% | | | | CMS | Eric | Population Health Chart Prep & Standard Work |
| Create a superior patient experience | Inpatient/OBS (Overall) | 80th%tile | 90th% | Top Decile | 69th% | | | | Press Ganey | Mel | Understanding Post Discharge Instructions |
| | Clinic Patient (Overall) | 60th% | 75th% | Top Decile | 23rd% | | | | Press Ganey | Mark | Improve Clinic Patient Experience |
| | Fulfill Referrals | 3 business Days | | Internal | 18 | | | | Cerner | Mark | Standardize Clinic Patient Referral Process |
| Be the workplace of choice | Employee Engagement | 5.10 | 5.2 | 4.9 (Median) | | | | | Engagement Survey | Eric | Standard approach for individual employee meetings |
| | Provider Engagement (overall) | 5.30 | 5.4 | 4.8 (Median) | | | | | Engagement Survey | Dean/Colby | Develop systematic approach to provider training |
| Ensure financial strength/growth | Operating Margin | 3% | 3% | 2.2% | 1.4% | | | | S&P A- | Steve/Brad & Sean | 1. Reduce Reimbursement Denials 2. Supply Chain Savings (Surgical & Purchased Services) |



Strategic Initiative Brief

Strategic Initiative: Psychological Safety

- Successes:
 - What went well and why?
 - Performed **Inclusive Leadership** survey to identify individual improvement and the following collective leadership opportunities:
 - Receiving feedback
 - Practicing self-compassion when receiving feedback
 - Provided leaders with tools for building new routines
 - Discussed approaches to practicing self-compassion
 - Piloting with CEO approaches to “hard wiring” receiving feedback
 - What should we be proud of?
 - Creating space for broader discussion on inclusiveness
 - Piloting rapid cycles of change
- Learnings:
 - What did not go well and why?
 - There is always inertia going from education/training to practice. Many were motivated to start new habits but motivation wavers days after presentation/discussion.
 - What limits and problems have we uncovered that we were not aware of earlier?
 - Just because someone knows “how” to do something, doesn’t mean it is done skillfully. We need to explore how we can go from knowing how to do something to how we how we do it well.
- Adjustments: What do we need to adjust in our approach for the next quarter?
 - Financial and capital plan modifications? None at this point
 - Other modifications? None at this point



Strategic Initiative Brief

Strategic Initiative: Annual Wellness Visits

- **Successes:**
 - What went well and why? The visits have gone well leading to partnership between physicians and nurses and more comprehensive patient care
 - What should we be proud of? The relationships between the clinic team and patients

- **Learnings:**
 - What did not go well and why? Productivity of staff in AWV program remains low. We have not engaged providers in changing annual physicals or annual medication reviews into AWVs (potential for >800 additional visits)
 - What limits and problems have we uncovered that we were not aware of earlier? Changing a MA position into a Community Health Worker position.

- **Adjustments: What do we need to adjust in our approach for the next quarter?**
 - Financial and capital plan modifications? None at this time
 - Other modifications? Opportunity to restructure program and integrate additional RN capacity into our Provider Retention Plan and MA capacity to help with Cancer Screening strategic initiative.



Mason Health

Mason General Hospital • Mason Clinic

Strategic Initiative Brief

Strategic Initiative: Care Gaps

- **Successes:**
 - What went well and why? Jennifer Kummerfeldt has piloted standard work that can be spread to other primary care providers.
 - What should we be proud of? Strong primary care leadership.
- **Learnings:**
 - What did not go well and why?
 - The impending loss of Jennifer Kummerfeldt's leadership.
 - Uncertainty around Health Maintenance
 - What limits and problems have we uncovered that we were not aware of earlier?
 - Need for "chart scrubbing/prepping" prior to provider office visit
 - Limitation of Care Coordination MA FTEs (working on solution!)
- **Adjustments: What do we need to adjust in our approach for the next quarter?**
 - Financial and capital plan modifications? None at this point
 - Other modifications?
 - In process of transitioning Jennifer Kummerfeldt's leadership role on this initiative to Dr. Schlauderaff,
 - In process to securing MA resources for chart prep for care gaps



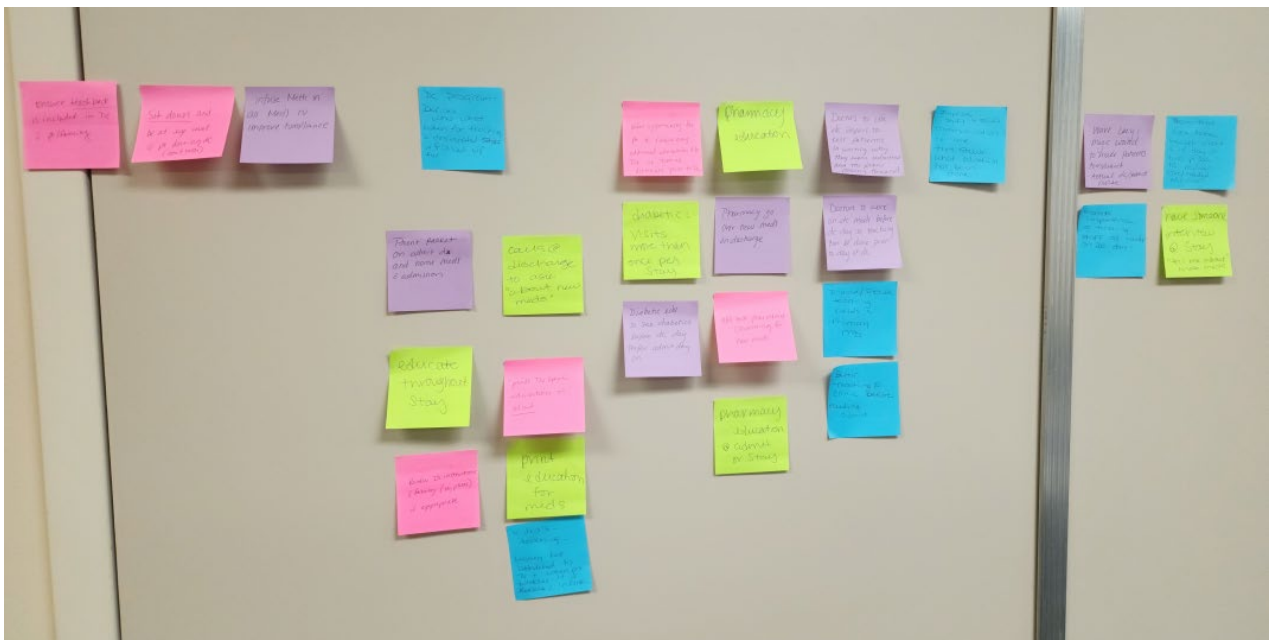
Strategic Initiative Brief

Strategic Initiative:

- Successes:
 - What went well and why?
 - On average, 68% of all inpatients discharged were contacted by Nexus. Average number of interventions done is 7.6. Discharge instructions were reviewed with 3 and only 3 did not have a PCP appointment scheduled. 56 wanted to give recognitions to their MH care team. Most patients stated they understood the discharge instructions given which contrasts with the responses to the question in the HCAPS survey.
 - The information Nexus is able to provide informs next steps in improving patient experience. Actionable plans have been developed based on the data collected.
 - Rob and team formed a frontline group of nurses who were presented the HCAPS and Nexus information in April. Education on utilizing teach back techniques to ensure patient understanding will begin in May. Under Rob's leadership, the team is focused on improvement efforts and empowered to make changes to processes.
 - What should we be proud of?
 - Rob conducted an exercise with frontline staff from MSP to illicit ideas on how to improve patient education. Staff were engaged and offered insight into barriers and possible solutions. We should be proud that frontline staff feel empowered to offer solutions and engage in those solutions.
- Learnings:
 - What did not go well and why?
 - The first quarter yielded actionable data, however, Transitional Calls did not begin until January. We did not implement any changes during this time of data collection so no improvement to outcomes was realized.
 - What limits and problems have we uncovered that we were not aware of earlier?
 - The 'deeper dive' with the staff brought several barriers to the surface including the patients being aware of discharge orders

before the nurse is aware. This usually occurs during the provider's morning rounds and is communicated to the patient directly from the provider.

- Sometimes there is a lack of interest on the part of the patient to learn about medications and how to care for themselves.
- Adjustments: What do we need to adjust in our approach for the next quarter?
 - Financial and capital plan modifications? n/a
 - Other modifications? n/a





Strategic Initiative Brief – First Quarter 2023

Strategic Initiative: Clinic Patient Satisfaction

- Successes:
 - What went well and why?
 - Attendance at the bi-weekly Customer Service huddles was over 91% for the first quarter. This exhibits a positive level of engagement amongst the staff.
 - During the first quarter, there was an article in the Scope Magazine on patient satisfaction within Mason Clinic.
 - What should we be proud of?
 - A positive level of engagement amongst the staff.
 - The continued effort in rewarding and recognizing employees for high levels of customer service toward patients or each other. These include: Knock Your Socks Off, You Make a Difference and Voice of the Patient Award.
- Learnings:
 - What did not go well and why?
 - The engagement of the staff has not made a difference in the patient satisfaction results. Therefore, an adjustment or refocus is necessary.
 - What limits and problems have we uncovered that we were not aware of earlier?
 - Time to get an appointment is one of a handful of dissatisfiers based on the patient comments. Therefore, we are increasing the opportunities for patients to get a same day appointment with Primary Care Providers.
- Adjustments: What do we need to adjust in our approach for the next quarter?
 - Access to care remains a burden for the patients. This can include the amount of time it takes to get in to see a Provider and/or the wait time in

the clinic waiting areas or exam rooms. This will be one area of focus along with privacy at registration, access to the patient portal and courtesy of the staff, which can always be expanded upon.

- Financial and capital plan modifications?
 - None currently identified.

- Other modifications?
 - We had given Providers a brief respite as we focused on staff engagement. During the second quarter Providers will be brought back into this initiative, of which we will be reviewing their individual results.



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Strategic Initiative Brief – First Quarter 2023

Strategic Initiative: Referral Management

- Successes:
 - What went well and why?
 - Communication with Providers has increased, to the extent Referral Coordinators spend time in Mason Clinic each day to see if Providers have any questions or need assistance in placing a referral.
 - Providers have become aware of their role in getting a referral processed timely. This includes asking if the patient has a specialist preference, getting pre-testing completed and the correct information included with the referral request.
 - What should we be proud of?
 - The increased communication between the Providers and the Referral Coordinators, and the familiarity they have developed with each other.
- Learnings:
 - What did not go well and why?
 - Due to a large number of referral requests coming in each day, the timely processing of referrals is very staff dependent with there being a target of the number of referrals processed by the Coordinator each day. When a staff member is absent, it is easy to fall behind the target.
 - What limits and problems have we uncovered that we were not aware of earlier?
 - With the Referral Coordinators each having approved leaves of absence, the Referral Team has been down the equivalent of one full time position over the first quarter of this year.

- Adjustments: What do we need to adjust in our approach for the next quarter?
 - Look into methods for consistent staffing to keep pace with the number of referral requests received each day
 - Financial and capital plan modifications?
 - The potential of new technology to replace the Clarity software is still being considered.
 - Other modifications?
 - None identified at this time.



Strategic Initiative Brief

Strategic Initiative: Provider Engagement

- Successes:
 - What went well and why? Light training and/tips & tricks with elbow support was provided by the Cerner on site team while they were here for the provider optimization. We are still waiting for the final report from that team. Learning Journey is moving toward roll out end of May 2023. Initial targets are Primary Care Clinic providers followed by Specialty clinic providers and then ER providers.
 - What should we be proud of? In general, the Cerner team was welcomed by providers and their surveys showed that providers found value in the time they spent with the Cerner team.
- Learnings:
 - What did not go well and why? Training is obviously the focus overall. We have found that Kristen is less effective in her current physical capacity in the clinics. She needs greater accessibility in the clinic, which would be enhanced through a dedicated space for her in the clinic.
 - What limits and problems have we uncovered that we were not aware of earlier? Not really something that we weren't aware of. But, the capacity of the CI team specifically around a training focus has been strained. Launching a new tool such as Learning Journey is a heavy lift that is made worse by the usual day to day distractions experienced by the team. Remaining SR's from the Cerner Provider Optimization team has caused additional strain on the CI team.
- Adjustments: What do we need to adjust in our approach for the next quarter?
 - Financial and capital plan modifications? DAX planning. Once we know the costs and implementation timeline may make a budget request this year or plan for 2024.
 - Other modifications? None



2023 Strategic Initiative Brief

Strategic Initiative: Reduce Reimbursement Denials – 1st Quarter Update

- **Successes:**
 - What went well and why? A group began working on improving surgery prior authorization process. Improvement made to accuracy and completeness of outside laboratory orders. We continue to work on new ED critical care workflows for the ED and Health Information Management.
 - What should we be proud of? Reduced number of held accounts in HIM.
- **Learnings:**
 - What did not go well and why? We experienced an increase in first pass denials and administrative adjustments in the first quarter of 2023. This was driven by increased account clean-up efforts.
 - What limits and problems have we uncovered that we were not aware of earlier? No new issues were identified.
- **Adjustments: What do we need to adjust in our approach for the next quarter?**
 - Financial and capital plan modifications? None
 - Other modifications? Provide needed time for focus on continued denials and identification of root causes.



Mason Health

Mason General Hospital • Mason Clinic

Strategic Initiative Brief

Strategic Initiative: PPI Vendor Management Surgical Supply Savings

- Successes:
 - What went well and why?
 - Communication with the Vendor utilizing Kermit's RFP templates and industry benchmark analysis. Vendors were shocked by the RFP data and our requested demand pricing.
 - Vendor % to target savings achieved:
 - **Total Joint:**
 - Depuy 88%
 - Microport 94%
 - Zimmer Less than 1%
 - Paragon 51%
 - Stryker 43%
 - **Spine:**
 - Medtronic 14%
 - Globus 4%
 - Zimvie 34%
 - SI Bone 0%
 - SpineArt 16%
 - What should we be proud of?
 - We exceeded our forecasted annual savings of \$400K with the first 2 RFP projects, by booking contract savings of \$675,102.
 - Go Live will be 05/01/2023 and actual savings will be tracked utilizing Kermit's CaseSnap application.
- Learnings:
 - What did not go well and why?
 - Vendors resisted our request for the benchmarked pricing based on the belief that surgeons would not allow us to move market share.
 - What limits and problems have we uncovered that we were not aware of earlier?
 - Normal RFP to Contract timeline should be ~90 days, we had a few delays related to PTO; and final contract reviews.
- Adjustments: What do we need to adjust in our approach for the next quarter?
 - Financial and capital plan modifications?
 - We will finish the analysis of the remaining Surgery categories and plan to send out those RFPs with the goal of completing those contracts in Q3.
 - Other modifications?
 - Bill Only transactions will be processed through Kermit CaseSnap.



Strategic Initiative Brief

Strategic Initiative:

- Successes:
 - What went well and why?
 - Converting agreements to Conductiv / Premier contracts went well and helped Mason Health standardize on few suppliers in 4 categories.
 - What should we be proud of?
 - We were able to negotiate more savings for Mason Health these 4 categories than the assessment initially projected at the high savings level.

| Category Spend | Assesment Low \$ Savings | Assesment High \$ Savings | Contract Intelligence Identified Savings | Savings Achieved |
|----------------|--------------------------|---------------------------|--|------------------|
| \$1,067,480 | \$30,952 | \$66,318 | | \$180,655 |

- Learnings:
 - What did not go well and why?
 - We found that some contracts were negotiated through the Rural Health Collaborative, so those agreements may not convert easily.
 - What limits and problems have we uncovered that we were not aware of earlier?
 - Same as above
- Adjustments: What do we need to adjust in our approach for the next quarter?
 - Financial and capital plan modifications?
 - We have achieved \$180,655 in projected annualized savings against a verbal commitment of \$400,000 annualized savings.
 - Other modifications?