

Special Meeting
Board of Hospital Commissioners
July 25, 2024

Those in attendance were Commissioners Don Welander, Darrin Moody, and Gayle Weston, Eric Moll, CEO, Colby Snyder, CIO, Dr. Darren Cuevas, CMO, Dr. Michelle Hamilton, Steve Leslie, CFO, Melissa Strong, CNO, Jennifer Capps, CDO, Brad Becker, Nicole Eddins and Shelly Dunnington, Sr. Executive Assistant.

Gayle Weston called the special board of hospital commissioners meeting to order at 9:00 a.m.

Dr. Cuevas shared information about culture with the providers and knowing they can address any concerns with Eric, Mark or Dr. Cuevas. Jen Capps shared the communication allows for innovation (e.g. the voucher program).

Brad Becker shared our operating margin and our stability compared to other organizations as he is hearing and seeing the impact in other rural hospitals within The Collaborative.

Board and Leadership Meeting cultures allows us to recruit the right employees for Mason Health.

Darrin Moody expressed Eric Moll's leadership and how WSHA and others really listens when Eric speaks. (e.g. UW Alliance).

Weaknesses:

- Post decision: follow up & follow through (Mason Leadership System)
- Patient Flow pre/during/post visit – Access and ability to schedule, focus on referrals, and care gaps which connects with patient flow. (Revenue cycle tags on to this). – **Add billing.**
- Payor adjustments – Gayle mentions the denials: over 50% of the denials are overturned in an appeal. Should this be threat vs. a weakness? The weakness is the complexity and the resources to keep up with claims. Is coding a weakness? No, there may be some opportunities in quality not quantity. Steve Leslie feels the weakness in the payor adjustment is once we find the issue is following through and taking the information and rerun these claims.

Dr. Hamilton shared under weaknesses is all of them are data and integrity. All of this is data driven items. Colby believes that we are starting to turn this corner.

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Opportunities:

Service Expansion

- Existing: Eye, Primary Care, Cardiology, Behavior Health, Surgical Services
 - We are looking at recruiting Ophthalmologist, but we would need to build out the eye clinic to have room to recruit. Retina diabetes test is done by primary care and read by Dr. Vuong.
 - Patient access is a national problem.
 - Steve Leslie shared that staffing is a threat.
- New: Urology, ENT, Derm, GI

Threats:

- Cybersecurity
- CAH 25 bed limit
- Housing
- Availability of Staffing – this is also a weakness.

Gayle Weston asked about provider scheduling and are they full capacity? Is that why scheduling is so far out? Eric and Mark “yes.” Our “no show” rate has dropped but we still have them.

Strategic Advantages & Challenges

Strategic Advantages:

- Service expansion
- Operating Margin

Strategic Challenges:

- Access
- Patient Flow pre & post visit

Walk in Clinic system that we had sunset is called Clockwise.

Core Competencies

- Caring – Do you want caring or cure? We want both.
- Quality

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Mission/Vision/ Values – Is this still relevant? Yes, and discussion around it. We continue to have conversation around values and do we need to add sustainability. Let's keep this in front of us. Do we need to change the order of our mission? Why is it Pacific Northwest? Is it distracting from the vision being Provide the best patient -centered care. Colby and Dr. Cuevas shared they like to know who we are measuring against.

Strategic Objectives with the first two bullets with slight suggested changes:

- Ensure ~~exceptional superior patient outcomes and~~ safety – look at work comp and see if we need to change our performance measure (e.g. work comp). Mel thinks we may need to look at Workplace Violence measure. Get metrics from both Worker's Comp and Workplace Violence.
- Enhance population health outcomes.
- Create ~~superior~~ exceptional patient experience.
- Be the workplace of choice.
- Ensure financial strength/growth.

Darren Moody would like to see 3rd available appt to have a benchmark based on like side clinic and communities vs. the current wide range.

Fulfill Referrals – If we don't have the right people in the clinics could we move employees around to have the right people handling referrals.

Absenteeism the average benchmark is 3.1 but we currently are 3.0. Possibly look at intermittently leave different. Have the organization commit to dig deeper on intermittent leave.

Change Press Ganey to PRC and SRHM to SHRM on the Strategy Dashboard.

2025 Societal Contribution Dashboard

The Healthy Food Environment (Blue Zones) – Ashlee Johnson is known as a leader in Blue Zones.

Engraining a patient advisory in our facility. Have the QIC to explore it more.

With providers to make sure we are transparent about all changes.

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Thoughts?

Gayle like this way as it is more collaborative in these settings.

Go to huddle (e.g., CNS, ED)

Respiratory Therapy and Wound Care

Showcase work.

Christy Respiratory Therapy invite to a board meeting.

1st September meeting to bring back the 2025 Strategic Plan and Matrix.

Adjourned at 2:16 p.m.

PUBLIC HOSPITAL DISTRICT NO. 1
OF MASON COUNTY, WASHINGTON

BY: _____

Attest: _____
