

# SPECIAL BOARD OF HOSPITAL COMMISSIONERS

May 20, 2022

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, Colby Snyder, Chief of Information System and Brad Becker, Senior Director of Revenue Cycle.

Darrin Moody called the special meeting of the Board of Commissioners to order at 9:30 a.m.

Eric reviewed the agenda.

**Reviewed 2022 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 went over Covid Safety:

Successes:

- What went well and why?
  - Through frequent reminders, rounding, and the efforts by infection prevention, we did not experience any major 'outbreaks' of Covid with evidence of facility spread. We had a possible 4 in all of 2021 and zero thus far in 2022.
- What should we be proud of?
  - The flexibility and diligence of the team to ensure we were following up to date recommendation/standards. We should also be proud that we met 100% compliance of the vaccine mandate.

Learnings:

- What did not go well and why?
  - Reopening to visitors was a little bumpy. There was miscommunication regarding door opening, screening requirements, etc. There were too many 'leaders' trying to make independent changes.
- What limits and problems have we uncovered that we were not aware of earlier?
  - Area healthcare organizations never implemented weekly testing, so we were somewhat of an outlier. Although the vaccine mandate team agreed we took appropriate steps given our smaller workforce and high community spread.

Adjustments:

- What do we need to adjust in our approach for the next quarter/six months?
- Financial and capital plan modifications?
  - Financial and capital plan modifications? Possible retro fitting of current rooms to a more permanent isolation room. The temporary isolation rooms are difficult to maneuver around and not esthetically pleasing.
- Other modifications?

There was a discussion about negative air flow room and needing more in the hospital. Dr. Schlauderaff shared we may want to look at the negative air flow at the COVID clinic also. These are items we will take into consideration during our master planning.

Jenn Capps shared that our community is noticing that we do care about their health and safety.

**Annual Wellness Visits**

Eric Moll provided a brief on Annual Wellness Visits: He acknowledged the leadership of Terri Gushee and Jen Anderson. Especially Terri getting this up and going. Dr. Schlauderaff shared it is valuable as it also can help diagnose patients and having the charts scrub beforehand which makes the appointment more efficient and allows provider to be prepared for the appointment.

The scrubbing of the chart beforehand allows for better patient experience and provider experience.

Successes:

- What went well and why?
  - Having six very engaged primary care providers participate in our pilot group,
  - Building standard work crossing revenue cycle, scheduling, population health and clinic operations,
  - Jennifer Kummerfeldt has done an outstanding job gaining provider consensus in redesigning Health Maintenance (Cerner module),
  - Excellent, comprehensive marketing plan for program.
- What should we be proud of?
  - Going from 0 AWVs to 29 AWV in first quarter of new program.
  - Chart is scrubbed before visit and updated
  - Patient's come prepared for the visit
  - Increased referrals
  - Patient's leave with an individual prevention plan

Gayle Weston asked who owns the referral process

Learnings:

- What did not go well and why?
  - Stable staffing due to leave of absence,
  - Still learning how to engage Medicare beneficiaries to understand value of AWW,
  - Of course, we'd like to have even more AWWs.
- What limits and problems have we uncovered that we were not aware of earlier?
  - Eyes have been wide open based on previous AWW experience so unexpected limited to stable staffing and Cerner design.

Adjustments:

- Financial and capital plan modifications?
  - Good for now
- Other Modifications?

**Depression Screening** – Mark Batty shared the management change putting Amber Carlson in the Behavioral Health Department. You will see the number dropped but partly is we have focus on only depression screening where previous numbers had suicide and alcohol screenings in there also.

Successes:

- What went well and why?
  - The Collaborative Care (AIMS) model has been successful in engaging the pilot group of primary care providers to obtain a PHQ-2 or PHQ-9 screening prior to referring to Behavioral Health services.
  - Referrals to Behavioral Health continue an upward trend with 420 during the first quarter of 2022. This annualizes to 1,680 referrals, compared to prior years:
    - 2017 – 712
    - 2018 – 765
    - 2019 – 849
    - 2020 – 1,351
    - 2021 – 1,447
- What should we be proud of?
  - As a result of the team's work on this pilot program, the Collaborative Care grant requirements were successfully completed in January 2022, meeting the criteria for the grant funding.
  - In late 2021, two Therapists were hired and onboarded, and have been a great addition to the Behavioral Health Department.

Learnings:

- What did not go well and why?
  - With approval of an additional Therapist, the difficulty in filling this position is real. The market for these Providers is very challenging, therefore we have engaged a recruiting firm to lead these efforts
- What limits and problems have we uncovered that we were not aware of earlier?
  - The reporting methods for the depression screening results are not standard across the clinic setting. If hand-written results are scanned into the patient's chart, or the results are entered into the office visit note, they are not captured in the reports, thus not included in the outcome measures. These results need to be entered into the chart in a pre-defined method, which is being shared with all Providers and Medical Assistants.

Adjustments:

- What do we need to adjust in our approach for the next quarter/six months?
  - There is a need to focus on education and standard work for recording the PHQ-2 and PHQ-9 screenings for Medical Assistants. These should be recorded in the patient's medical record in a specific location. This allows for easier retrieval of the data, thus providing more accurate results on screening levels.

Including additional Providers into this Collaborative Care model, which requires the use of the PHQ-2 and PHQ-9 screening tools for referring to Behavioral Health.

- Financial and capital plan modifications?
  - The Behavioral Health Department operates under very tight space constraints and disjointed (separated) areas. Finding them adequate space through the Facility Master Planning is desired.
- Other modifications?
  - With the change in Behavioral Health leadership, resulting in more intimate knowledge of the operations of the department – including direct patient care – we may see an initial variation to previous results. For increased accuracy and ease of reporting, the Women's' Health service line will be included with Primary Care, and the results will be reported quarterly to minimize sharp variations in the results.

Gayle Weston really wants to see us to move this program in Pediatrics as with everything that is going on she feels it will be a high need in the future. Pam Schlauderaff indicated

**ED Transitional Care** - Mel Strong went over the Nexus program and how well it is working for us. Laura Grubb asked how they are incorporating the complaint data that we received in-house. Look at the complaints to see if there are any common trends.

Successes:

- What went well and why?
  - Nexus is open to feedback, we have been able to add and change questions, interventions, or program information easily. For example: we were able to add information about Covid vaccinations and testing within a week of the request. Referrals and facilitated calls to MC helped 13% of the ED patients contact (>2,000 contacts since January 2022).
- What should we be proud of?
  - The company sends kudos (in the form of a card) with quotes from discharged patients monthly. Most are to specific staff members. ED leadership posts these messages on their visibility wall. This has increased morale and facilitates a focus on the positive comments instead of the complaints.

Learnings:

- What did not go well and why?
  - We have been slow to add substantive nurse led PDSA's due to lack of engagement. The unit leaders are forming a unit council so frontline staff can lead the changes needed.
- What limits and problems have we uncovered that we were not aware of earlier?
  - Typical Press Ganey style questions don't elicit patient direct input. With this program we have added 'what could we have done to make your visit better?'

Adjustments:

- What do we need to adjust in our approach for next quarter? N/A
  - Financial and capital plan modifications? N/A
- Other modifications? N/A

**Clinic Patient Satisfaction - Mark Batty**

Successes:

- What went well and why?
  - Attendance at the bi-weekly Customer Service Huddles has exceeded the 90 percent over the last three sessions.
  - Employee recognition remains strong through the Knock Your Socks Off, You Made a Difference and Voice of the Patient Award programs.
- What should we be proud of?
  - That we have persevered through the challenges of the pandemic and domain transition. Over the last six months of 2021, we gave grace on Provider and Support Staff commitment to customer service and patient satisfaction. Fortunately, the re-introduction of these programs in 2022 has begun in earnest and been well-received.

- The ability and flexibility of Clinic Leadership to change course when and where necessary. For instance, the re-design of the Mason Clinic phone system and the restructure of the Scheduling and Medication Management departments. These changes have been very effective.

Learnings:

- What did not go well and why?
  - We have not been able to formally train new hires on the Customer Service Essentials program for some time due to the social distancing restrictions. Trainer/trainee interaction is so important in this training, we have been waiting to offer this in person. We anticipate kicking this off again in the second quarter of 2022.
- What limits and problems have we uncovered that we were not aware of earlier?
  - After several months in Mason Clinic, we identified the Mason Clinic Phone system, appointment scheduling (primarily follow-up) and the time to refill prescriptions as major roadblocks to a positive patient experience. We have taken significant steps in improving these areas and are watching patient survey information and comments for the need to make additional changes.

Adjustments:

- What do we need to adjust in our approach for the next quarter?
  - Financial and capital plan modifications?
- Other modifications?
  - In the second quarter of 2022, we will be bringing our Press Ganey Advisor into our leadership structure to help identify improvement opportunities, and to implement best practices to address these. The introduction of this individual to Clinic Managers and Supervisors will occur in May.

**Referrals - Mark Batty**

Successes:

- What went well and why?
  - Our recent partnership with Virginia Mason Institute (VMI) has been fruitful. The group has conducted a large amount of pre-work to prepare for two key upcoming dates:
  - June 3 we will host an "Analysis Event" to compare three technology options (replacing or updating Clarity) that could potentially dramatically improve our referral process. Over 20+ frontline staff were involved in several vendor demonstrations over the last 2-3 months and this KPO sponsored event will formally capture their feedback.
  - June 27-30 is our formal Kaizen event with VMI. This event will take the recommendations from the analysis event and several Lean management pre-work assignments (e.g., Idea forms, spaghetti diagrams, takt times, key metrics, etc.) and produce our ideal future state workflow.

- What should we be proud of?
  - All the work from our KPO team and the stakeholder group involved in the referral process has been remarkable. Staff have really leaned into opportunities to improve this process and have had nothing but great attitudes and collaboration. Having such a large stakeholder group has provided a great collaborative growing opportunity between the Mason Clinic, the referral team, and the receiving departments (DI, PT, etc.). This has also revived Lean tools and methods which is great for the sustainability of Lean principles.

Learnings:

- What did not go well and why?
  - In March we saw a dramatic drop in our Press Ganey scores (1%) right after sitting at about 40-50% in January- February. This drop is likely correlated with lower staffing levels in several key areas including the referral team, Diagnostic Imaging schedulers, and Physical Therapy. We are seeing this trend District-wide and several key leaders are getting involved to address this.
- What limits and problems have we uncovered that we were not aware of earlier?
  - Utilizing “prn” staff to cover gaps in scheduling has not been as reliable as it has been in the past. With such a competitive job market right now, filling prn positions has been challenging.

Adjustments:

- What do we need to adjust in our approach for the next quarter/six months?
  - Financial and capital plan modifications?  
The IS Steering Committee has it on their radar that this Strategic Initiative will likely deploy the need for an updated software vendor. The project is in a holding pattern while the key stakeholders collect their feedback through our upcoming KPO events. Once a vendor is selected, an action plan will map out the go-live schedule including IT and capital needs.
- Other modifications?
  - Addressing our staffing levels (particularly our vacation/sick coverage needs) district wide will have a positive impact on the referral process. Although our goal is to create more efficiencies so that the process takes fewer overall staff time, we will always be reliant on staff involvement in the referral process.

**Workforce Retention and Recruitment**– Mel Strong went over her briefing. Gayle Weston stated that she feels that the retention piece is missing and would like to see more focus on it. Mel shared we are actively doing things like the MVP Program, but it is not as robust as the recruitment efforts.

Successes:

- What went well and why?
  - The development of the Future Healthcare Workers of Washington program was a very organic process and ever evolving. We were able to ‘fail forward fast’ with multiple concepts and ideas seemed to be free flowing during our monthly meetings, during and

after the interviews, and individually. Every member of the team was 'all in'. The late addition of the phlebotomy track is a perfect example of 'fail forward fast'. From conception to implementation was less than a month and although we don't have any candidates, the framework was created.

- The partnerships with the HS and SPSCC, and now Bates college is strong with each realizing a mutual benefit to helping shape young people's futures which speaks to the importance of relationships.
- Despite our lack of in person presence in the HSA for the past two years, we still had 3 very motivated candidate's. The commitment of the HS teachers for the student's success is palpable.
- What should we be proud of?
  - Our commitment to the future success of the students. All barriers we encounter we continue to work through alternatives and everyone on the team is focused on solutions.

Learnings:

- What did not go well and why?
  - We had hoped for a larger pool of candidates and candidates applying for all three tracks. Out of the 10 or so that came to the presentation, 3 applied. In hindsight, being present even virtually the past two years may have yielded more interest.
- What limits and problems have we uncovered that we were not aware of earlier?
  - Our lack of internal workforce development has left a gap in knowledge for our MH workforce, and the opportunities for tuition assistance/reimbursement.

Adjustments:

- What do we need to adjust in our approach for the next quarter?
  - We need to create a sustainable cadence to in person classroom participation with the Shelton School District. Inspiring these young adults to getting into the healthcare field should start early.
- Financial and capital plan modifications?
  - Expansion of the program to include other academy students. Ex- MET academy could go into an IT track. Expansion of our current 'internal' workforce development program, including expanding our tuition reimbursement/assistance program and creating flexible positions so school and work can co-exist.
- Other modifications?

**Strategic Initiative: Provider Engagement – Dean Gushee and Colby Snyder**

Successes:

- What went well and why?
  - Providers have been engaged in the primary objective of EHR design and change management through the governance. Governance is maturing rapidly. The process around EHR update testing are working very well. However, we have learned that an additional component on the 'pure' IT side is less predictable. At issue is that providers don't see a difference between IT update/upgrades and EHR updates and upgrades. We are going to call out the IT side separately so that there is greater transparency. We have additionally found that providers are engaged around new functionalities (like PowerChart Touch) and interested in learning more. Hence, we are sending two to the CommWx Forum this month.
- What should we be proud of?
  - The IS team (IT and Clinical Informatics) is a high functioning team that continues to evolve through recognition of deficits and solid plans to fill those deficits. It has become very strategic under solid leadership.

Learnings:

- What did not go well and why?
  - We continue to struggle with effective and timely SR management. The SR process has however, become very transparent correcting a long-standing problem. Our team is being trained on the tools to manage SR's locally that historically had to be managed by AMS. However, that will take time and in the interim we continue to rely on spotty performance by AMS.
- What limits and problems have we uncovered that we were not aware of earlier?
  - The need for greater emphasis around training is something of a late recognition. Relying on training that should have been received during implementation is insufficient. The lack of a formal training platform with competencies and training materials that can be referenced after the fact is a recognized deficit. Knowing this, there are firm plans to mitigate both concerns and emphasis on correction will continue throughout the remainder of the year.

Adjustments:

- What do we need to adjust in our approach for the next quarter?
- Financial and capital plan modifications?
  - Little adjustment needs made on the financial plan, with money set aside for consulting services going partially toward setting a baseline training program via Cerner's Learning Journey and supplemented by the Clinical Informatics Team. 20 additional PowerChart Touch licenses, on top of the 10 already owned, will be necessary as Physicians in the Mason Clinic are already asking to be part of the rollout strategy.

To continue this strategy 2023 budget (next quarter or two) will need to take Provider Engagement, with input from the Providers, into consideration either within IT or Mason Clinic.

- Other modifications?
  - Stronger emphasis on differentiating between the EHR and technological infrastructure, especially in Mason Clinic.
  - Revamp of Provider training standard to reflect a ‘Provider Concierge’ model. This will take time and budget/staffing but is the right direction to head in for Provider engagement and satisfaction.

Gayle Weston asked if there is any questions or concerns to be able to keep morale for the provider engagement. Dr. Gushee shared that Colby has does a great job on developing pro-active approaches to deal with any issues.

**Strategic Initiative: Optimize Cerner’s Clinically Driven Revenue Cycle – Rick Smith and Brad Becker**

Colby Snyder shared that Brad Becker leadership in this area is nothing less than Stellar. Colby shared there are some issues that have not got resolved but Cerner has now hired someone in HIM to help and Cerner will be hiring someone in both Business Office. The commissioners gave Brad “kudos” on his work and patients.

Successes:

- What went well and why?
  - We successfully reduced our Discharged not Submitted to Payor AR by \$9.5M and 10.7 Days. This was done while we continued to experience high patient volumes the first part of the year. Resolving Cerner Service Requests and the use of contract labor assisted us in achieving the results.
- What should we be proud of?
  - Notable progress on resolving issues and increased cash collections.

Learnings:

- What did not go well and why?
  - Our plan to improve the Medicare split billing process was delayed by several months. Comprehensive testing was interrupted and delayed due to other high priorities. The final go-live of this workflow change is scheduled for mid-June, due to the need to update code in the Cerner system. We continue to have many unresolved Cerner service requests, due to their staffing vacancies. Some new workflows continue to be misunderstood despite retraining.

- What limits and problems have we uncovered that we were not aware of earlier?
  - The challenges identified are not new to us.

Adjustments: What do we need to adjust in our approach for the next quarter?

- Financial and capital plan modifications?
  - No immediate needs identified.
- Other modifications?
  - We may need to revise and enhance some of our provider and clinical staff training processes, specifically for those tasks which affect the clinically driven revenue cycle.

Strategic Position Assessment – Assess Priorities and Performance targets (ALL)

**Continued:**

Continue to work on readiness for the Domain Northwest. There are some technical issues that we need to continue to work on. This way our leaders are not pushing these problems over to another platform.

**Opportunities:**

Mark Batty made a statement that he agrees that we need to continue work on retention. What are our retention tactics and matures more in an organization wide effort? We may carve out retention as an initiative.

Darren Moody indicated also having a succession plan.

Adjourn 12:00 p.m.

PUBLIC HOSPITAL DISTRICT NO. 1  
OF MASON COUNTY, WASHINGTON

BY: \_\_\_\_\_

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Attest: \_\_\_\_\_

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