

**BOARD OF HOSPITAL COMMISSIONER  
SPECIAL MEETING  
September 14, 2020**

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

Don Wilson called the special meeting of the Board of Commissioners to order at 2:00 p.m.

Eric Moll introduces members of the Senior Leadership that do not normally attend the regular board meeting Nicole Eddins, Senior Director of Ancillary Services, Brad Becker, Senior Director of Revenue Cycle, Jennifer Capps, Chief Development Officer, Laura Grubb, Compliance Officer, Kevin Keller, Director of Human Resources, Pam Schlauderaff, Director of Quality & Safety and John Van Gorkom, Facilitator.

John Van Gorkom shared that we want to move to reviewing strategic planning quarterly as helps move initiatives along.

Gayle Weston expressed the great job to be able to look at the strategic planning in the midst of COVID, especially from where we were on January 1, 2020 and now look at the difference while we are in the middle of COVID and where we are at.

Each sponsor reviewed their performance measure.

**Restraint Use** –Mel Strong share she changed the measures from 36 restraints to 58 per month as they realized they were doing restraints much more than initially thoughts.

**Closing Care Gaps** – Mark Batty shared the are kicking off a pilot program that involves 4 providers and 4 MA's. The patients will be scheduling follow up appts at the time of visit instead of going home and calling in.

Dr. Gushee also share that Healthentent should help us more broadly to capture data and see how we can use this information. We have the tool but not an overall strategy.

**Mental Health Providers** - Mark Batty shared we hit this initiative out of the park as of January 2020, we have all three mental health providers hired and onsite. We are looking at changing it to more patient centric

**Hospital Pt. (overall) Satisfaction** - Mel Strong shared historically the hospital has been at 84% and we are now below 70%. Mel and the nurses had changed their focus once COVID hit. They are looking at the overall satisfaction and adjusting their focus.

**Clinic Patient (Overall)** - Mark Batty gave an update on the clinic patient satisfaction. A lot of opportunities to improve.

**Referrals** - Nicole Eddins shared that the pandemic impacted our referrals and a smooth process. What this pandemic has brought to light is our current flow cannot handle these types of issues.

**Employee Engagement** - Eric Moll gave an update our employee satisfaction scores.

**Provider Engagement** - Dr. Dean Gushee outlined the provider development plan. The goal was for the providers to look at their job latitude to help with the worth of their job. We have a lot of engagement from our providers currently. They are interested, engaged and he believes we will have a much more positive survey in the future.

**Operating Margin** - Rick Smith provided an update

### **Successes:**

Rick- Resilient response around COVID. Developed a stronger connection from front line staff all the way up. Great about of accountability and communication.

Learning: Walk in Clinic going live with the Mason Clinic Found challenges with WIC with patient population and segregating patients along with high volumes.

Jennifer Capps - internal team and the communication. It was an opportunity to bond as a team and work together.

Learning: Trying to get the signage to match the process and the process was changing so fast. Since it was a moving target, so we were giving each other grace.

Brad -how fast we were able to react to COVID. Opening the Mason Clinic on time.

Learning: Mason Clinic and making sure all stakeholders are involved. There are the areas where we find difficulties (e.g. phone system).

Kevin - the all staff communication.

Learning: Senior Leadership don't toot their horn. Some of the things that SLT put in place quietly should be noted. Communicate our successes.

Nicole - the scorecard and she integrates into her 1:1 meeting. It helps hold her accountable and helps make sure her directors are staying on course.

Learning: Sustainability on process and try not to go into the re-activate mode.

Laura - shared we gave each other grace to put things on hold to be able to address COVID.

Learning: created new roles and structures and not sure if we really rolled it so individuals really know who they should go to.

Mark - how quickly we put the financial mitigation plan into place. We did it by buying into the plan because Senior Leadership were invested into the plan as well.

Learning: Phone System issues

Dean- our collaboration with the community members and

Learning: Going after the one big thing. Focusing on the one big thing instead of going after numerous shiny objects.

Colby - joined a highly functional team, so it was adaptability. We were able to move our staff virtual quickly.

Mel- how quickly we were able to get program up like Telehealth.

Learning: When things slowed down keeping up the momentum.

Pam Schlauderaff- incredible teamwork during COVID. Getting policies in place to protect our employees. Our staff has been incredible doing what we have asked them to keep them safe and others.

Learning: Onboarding breakdown on how it happens. Missing opportunity bringing new employees in knowing expectation around our mission/vision/values. We miss that opportunity what we expect from them, our value what we stand for.

Eric Moll - what went well and how proud he is of his senior leadership. His pride and appreciation working with this good team. We know at a much deeper level what a good team we have. Why? High functioning relationship even if the relationships are not perfect.

Learning: Several clinics that are not part of the Mason Clinic. There may be design implication to getting them moved over to the clinic. (e.g. Plexi glass)

Don concurs

Gayle - the financial strategy, the succession plan for the CEO during COVID.

Learning: Breakdown silos and come back together as a team.

Scott - how Eric brags about his senior leadership team, and he truly feels this way.

Learning: How the board of commissioners govern in the stay home environment.

## Start

1. Jen voice of the customer - Jen (1) Mark (2) Mel (1) Gayle (1) Eric (1) = 5
2. Mark prepare for this fall for impact - COVID clinic. Jen (2) Mark (2) Brad (1) Nicole (2) Mel (2) Colby (1) Kevin (1) Dean (1) Gayle (1) Don (2) Rick (1) Scott (2) Eric (1) = 19
3. Brad- Mason Clinic enhancement (phone system, walk in clinic) how do we move forward in the COVID world. Brad (1) Laura (1) Kevin (1) Rick (1) = 4
4. Nicole. Workforce – How work can be done in the virtual environment – dive deeper from an employee engagement standpoint. Workforce support- flexibility (e.g. childcare) Nicole (1) Colby (1) Kevin (2) Gayle (1) Don (1) Eric (1) Brad (1) = 8
5. Mel Strong -real time patient experience feedback. Jen (1) Gayle (1) = 2
6. Laura Grubb really make Telehealth shine and make part of our strategy both patient and providers. Mel (1) Laura (1) Colby (1) = 3
7. Kevin we should memorialized what we finally put together during COVID (e.g. employee usage). This way we don't have to recreate what we have already done.
8. Colby building out Domain NW, actively recruit other hospitals to join our domain. Jen (1) Mark (1) Brad (1) Mel (1) Nicole (2) Laura (1) Colby (2) Kevin (1) Dean (2) Gayle (1) Don (1) Rick (2) Eric (1) = 17
9. Strategic initiative about making data available for the organization. Dean (2) = 2
10. Pam standardizing and fine tuning the onboarding process Brad (1) Laura (2) Rick (1) Pam (5) Scott (1) Eric (1) = 11
11. Scott: Covid. Strategy to address health care financing changes Don (1) = 1
12. Gayle: Employee satisfaction, Flex hours, Patient satisfaction (real time) Scott (2) = 2

PUBLIC HOSPITAL DISTRICT NO. 1  
OF MASON COUNTY, WASHINGTON

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

\_\_\_\_\_

\_\_\_\_\_

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