

SPECIAL BOARD OF HOSPITAL COMMISSIONERS

September 14, 2022

Those in attendance were Hospital Commissioners Darrin Moody, Gayle Weston and Don Wilson. Also present were Eric Moll, Mason Health CEO; Mark Batty, Mason Health COO; Rich Smith, Mason Health CFO; Dean Gushee, Mason Health CMO; and Shelly Dunnington, Senior Executive Assistant

Others in attendance: Laura Grubb, Compliance Officer, Jennifer Capps, Chief Development, Brad Becker, Senior Director of Revenue Cycle, Nicole Eddins, Senior Director of Ancillary Services, Colby Snyder, Chief Information Officer

Darrin Moody called the regular meeting of the Board of Commissioners to order at 10:03a.m.

Eric Moll presented the 2023 Strategic Planning presentation.

Updates of the Q2 2022 Strategy Recommended changes:

COVID Safety Initiative: Evaluate float pool for short notice absences for potential budget amendment. It would allow employees to float to other departments. Darrin mentioned can this float pool could be both hospital and clinic. Gayle asked if there is cross training. Mel indicated yes in the nursing area and Mark Batty shared not district wide. Is there an outside resource that can help with watching Behavioral Health patients? Rick Smith and Mel Strong are working on plan to have a CNA FTE. Mel Strong is looking at the data around the patient approach to see if we can make this budget neutral. Idea: Volunteer EMT to cover shifts and pay them.

Action: Once completed pull out to reference to strategy.

Referrals: Review extended FMLA practices. There will be a transition in executives the sponsor will move from Nicole Eddins to Mark Batty since Mark Batty oversees the operation over the referral staffing.

Summary: FMLA has been an issue in this area due to not having the staff to keep up with the referrals. Mark Batty shared we are going to do “lunch and learn” with our providers regarding FMLA and the legal understanding around it. Figuring out FMLA is a struggle for managers as well as for the providers.

Emergency Post Discharge Transitional Care (Patient Engagement): Consider moving from Press Ganey to Nexus for emergency patient feedback.

Provider Engagement Initiative: Evaluate EMR Educator position for 2023 Budget. Summary: How we got here is through Provider Governance. Providers are wanting more education and would like elbow to elbow support. Colby worked with Brad Becker and Rick Smith around ROI and looking at capturing 10% of the \$2.3 million procedures that were not captured initially. This is one of the bigger issues for dissatisfaction for

Provider Engagement Initiative (continued)

providers with the Cerner system. This position would be able to help providers to spend less time in the system with standard work. Providers want to be efficient in the system.

Review Market Share: Opportunities to expand or strengthen position

Expand: Behavior health (review space in campus master plan)

Strengthen: General Surgery

Eric Moll's recommendation is to engage Kaufman Hall to work with the General Surgery Physicians to have them help us determine how to increase our market share in this service line.

Explore vulnerabilities given internal metrics (weaknesses) and/or external threats?
Patient Engagement – Darrin Moody shared he noticed way finding and the noise level when it is really busy in Mason Clinic. Darrin thinks we have the staff; it is more logistics. Gayle Weston feels that employees and patient engagement comes hand and hand with employee engagement being first.

Employee engagement (workforce stress) - Internal

Workforce sustainability – External

Eric Moll discussed the employee engagement pulse survey and highlighted areas that we can work on. Our entrée level positions we have competition with McDonald's, Starbuck etc. as it has less stressful than a healthcare positions.

We need to define the workforce sustainability problem that needs to be solved. Jan Batty will be working with Eric Moll to be transparent with the survey. Gayle expressed that receiving comments at least shows that our employees care and want to be heard in hopes to see changes.

The number of retirements, the number of trained RN's, providers are not equal to the number that are retired. Development with Health Science and Career patterns more intentionally. Committee development would be around the workforce sustainability.

Care Gaps: Eric Moll recommends this is an area that we identify in 2023 as a Measure of Success. Under enhance community/population health add cancer screening target and Benchmark being 80%. Gayle Weston asked if we have the employee capacity to do this. Eric Moll believes "yes".

Discussion on Environment and Social

- Identify operations and/or strategy opportunities
- Sustainability and recycling efforts (Practice Greenhealth)

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Discussion on Environment and Social (continued)

- Carbon –emission reduction (Practice Greenhealth)
- Business Continuity (2024)
- Is Health Science expanding past clinical? Yes
- Social Considerations:
- Strategies to recruit and retain a diverse workforce (HSA)
- Aging population and behavioral health needs
- Disparities in Healthcare outcomes among socioeconomic groups. (Dr. Cuevas and Tribal Clinic - Learning opportunities)
- Social determinants of health data and usage (REACH ACO & CHNA)

Are there areas of innovation required?

- Innovation results in the implementation of new services or processes or improvement of greater than 10% in the performance of existing service or process.
- Annual Wellness Visits – continue and target 30%
- Primary Care Access: Same Day Appointments
- Walk in clinic vs Urgent Care we are victim of our own branding. Innovation is what is needed in the Walk in Clinic to resolve the issues.
- Patient No Show Rates (Technology) - We have a high no show rate.
- Referral efficiency - change from ease of obtaining referral to time to fulfill a referral within 3 business days.
- Denial Management - are we thinking that's denial management?
- Ensure financial strength/growth we will always want operating margin to be 3%.
- Rick Smith shared that in the Revenue Cycle Management looks at what areas could they help with other strategic initiatives (e.g., referral management). Look at connecting their initiatives to other initiatives in the room.

Review Mission, Vision and Values

- Opportunity to integrate more deeply (future QIC and SLT discussions). Connect our actions to our values. Values: link to employees when we talk about service and relationships both community and employees. Confirmed Mission, Vision, and Values.

Discuss Governance

- Cyber preparedness and management - Do Compliance and Cybersecurity in tandem for report out to board.
- Effective compliance program
- Fulfilling strategic objectives (e.g., RCW regarding financial integrity of PHD).

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Strategic Objectives - Confirm these objectives are good.

Performance Measures -

COVID Safety (likely facility exposure) - Possibly change to psychological safety. Mel/Eric and Amber Carlson to meet and come back to the first October board meeting with a recommendation. Mel – Executive Sponsor

Annual Wellness – keep change 2023 target to change to 30% which will move us above median. Gayle stated as long as it affective. Eric – Executive Sponsor

PC Patients receiving depression screening annually – Cancer care screening (Breast, cervical, and colorectal) - Make sure it is connected back to manage care contracts. Target 80% Eric – Executive Sponsor

Emergency Patient (Overall) - Change to Inpatient/Obs Patient Overall. Bring in Nexus instead of Press Ganey. Target 80% Mel – Executive Sponsor

Clinic Patient (Overall) - Target 60% with understanding that next year expectation that it will be higher. 2025 – Target 80% Mark – Executive Sponsor

Fulfill the referral – 3 business days Mark – Executive Sponsor

Retention (Turn-over) - Remove retention and add employee engagement Target 5.1% Gayle stated communication when done reflect due to your suggestions this is what we have done. Eric – Executive Sponsor

Provider Engagement (overall) - Target: 5.3% Dean/Colby - Executive Sponsor

Operating Margin – Target 3% Rick/Steve/Brad - Executive Sponsor

Gayle Weston stated to make sure they realize they are not alone, and we are all here to help and to let them know how they can help. The board is here to support.

Gayle really like this format for the strategic planning process.

Adjourned 3:02 p.m.

PUBLIC HOSPITAL DISTRICT NO. 1
OF MASON COUNTY, WASHINGTON

BY: _____

Attest: _____
