Board of Hospital Commissioner Special Meeting July 9 & 10, 2025

Those in attendance are: Don Welander, Darrin Moody, and Lori Brady, Eric Moll, CEO, Dr. Michelle Hamilton, Steve Leslie, CFO, Winfried Danke, COO, Melissa Strong, CNO, Jennifer Capps, CDO, Carolyn McCain, CHRO, Laura Grubb, Compliance Brad Becker, Nicole Eddins and Shelly Dunnington, Sr. Executive Assistant.

July 9, 2025 – Day One

Don Welander called the special board of hospital commissioners meeting to order at 1:00 p.m.

Opening Remarks & Agenda Review

Eric Moll presented the agenda for the two-day meeting.

Lisa Welander joined the meeting for a collaborative project. As a group, participants created a symbolic puzzle piece representing their individual and collective contributions to healthcare.

Workforce & Provider Needs

Eric reviewed the **Estimate of Provider Need** for 2025 and 2030. Discussion points included:

- The separation of Oncology and Hematology on slides—clarification needed as projected needs and supply appeared unchanged between 2025 and 2030.
- Laura Grubb noted high GYN service demand.
- Significant provider gaps were identified, particularly in **Urology**.
- Additional specialties to consider: **Pulmonology** and **Rheumatology**.

"Blue Sky" Discussion – Emergency Services Perception

Topic: Patient perception and nurse behavior in the Emergency Department (ED), specifically referencing concerns about a nurse (pseudonym: "Nurse Krackitt").

- **Key Insight:** *Perception is reality* for patients; staff behavior directly influences public trust and satisfaction.
- **Mel Strong** emphasized the need for collaboration between nursing leadership and providers, noting that providers shape departmental culture.

- Suggestions:
 - Clarify whether a dyad model exists in the ED.
 - Improve internal and external communication regarding services like MRI, cardiology, ophthalmology, and mammography.
 - Promote community outreach through events (e.g., free sports physicals) and storytelling.
 - Create networks of **community ambassadors** or focus groups.

Recognition & Internal Communication

Don Welander encouraged everyone to:

- Acknowledge positive feedback and good work, even when facing criticism.
- Consider a **weekly or monthly FAQ** to ensure employees are informed and connected to organizational updates.

Action Items

- 1. ED Services Data Review: Laura (data), Eric Moll, and Dr. Cuevas
- 2. Internal/External Storytelling: Improve visibility of community and staff impact

Strategic Analysis

Internal Strengths

- Financial stability
- Effective collaboration (with TRC, UW, Public Health)
- High inpatient satisfaction and engagement

Weaknesses

- Lack of standardized work
- Gaps in leadership accountability
- Siloed system thinking
- FMLA-related concerns
- Emergency department perception

Carolyn McCain offered strategies to support employees and mitigate FMLA-related challenges.

Opportunities (External)

- Expanding partnerships (Rural Collaborative, UW, Public Health)
- Exploring Hospice integration (not yet fully realized)
- Implementing AI tools
- Improving cancer screening rates (focus on lung and mammography, use of a Bone Navigator, and standardized workflows)

Adjourned for the day at 4:50 p.m.

July 10, 2025 – Day Two

Reconvened at 9:00 a.m.

External Threats Review – Eric Moll

- CAH (Critical Access Hospital) status
- Government budget and policy changes (state/federal)
- Payer Shifts:
 - Risk-based contracts (not yet organizationally ready)
 - Medicare Advantage default enrollment
 - Medicaid eligibility and work requirements

Discussion: Emphasis on understanding and adapting to evolving **consumer preferences**.

Summary & Strategy Alignment

Strengths

- Strong leadership system (potential)
- Financial stability

Weaknesses

• Emergency Department perception

Opportunities

- Mobile Health (Mason County Public Health)
- Integrated Fire District partnerships

Threats

- Changing consumer preferences
- Need to evaluate urgent care/walk-in models
- Service gaps: hospice, home care

Strategic Advantages

- Financial stability supported by rural payment methodologies
- Rural Collaborative partnerships
- Strong community integration

Strategic Challenges

• Vulnerability to federal and state budget fluctuations

Mission, Vision, and Values (MVV) Review

• Reassess MVV for continued relevance.

• Should reflect excellence, curiosity, sustainability, collaboration, and longterm viability of Mason Health.

2026 Strategy Dashboard Discussion

Avoidable Patient Days

- Concern over 25-bed occupancy by patients who could be discharged.
- Mel Strong awaiting data on reasons for prolonged stays.
- Brad Becker requested payer data for those patients.

Cancer Screenings

- Focus: Breast, Cervical, Colorectal, and Lung
- Targets were lowered to remain achievable and avoid provider burnout
- Continue emphasis on HPV and colorectal expansion

Inpatient Services (MSP, ICU, Birth Center)

- Emphasis on nurse communication
- Momentum remains strong; however, more focus needed on **ED perception**

Board Concern:

- Does the ED team know this perception issue exists?
- Should this be addressed with full transparency?

Clinic Access – 3rd Available Appointment

- **PRC** to begin tracking metrics
- Discussions with providers will begin; anticipated transition may involve challenges, but aims to improve **patient satisfaction**
- Recommendation: Combine related metrics under a single initiative: Access to Care

First-Year Turnover

- Employee Orientation and onboarding
- BOARD OF HOSPITAL COMMISSIONERS

Operating Margin

• Reduce AR Days

2026 Societal Contribution Dashboard

Sustainability and Recycling Efforts

• Recycling as Total % of Waste

Business Continuity

• Develop Business Continuity Plan

Job Shadow

• Mason County High School Job Shadow Opportunity

Healthy Food Environment (Blue Zone)

• Local Food Procurement

Annual Compliance Plan

Cybersecurity & Nondiscrimination Competency

Cybersecurity Plan

• Develop Cybersecurity Plan based on HITRUST

Meeting Adjourned at 12:15 p.m.