

Garfield County Public Hospital District No. 1

Board of Commissioners

Minutes of Special Meeting: Monday, November 18, 2019

Board Attending: Cindy Wolf, President, Chris Herres, Secretary, Steven Cannon, Gary Houser and Jen Dixon.

Staff Attending: Jayd Keener, Mat Slaybaugh, Caroline Moore, Ian Quarles, Candice Quarles, Annette Davis, Carolyn Taylor, Stay Linscott, Codee Cardoza, Chelsea Poe, Kayleen Bye, Jodi Peasley, Ken Moyer and Lacey Gingerich.

Public Attending: Mike Field, Elaine Williams, Wynne McCabe and Aaron Stallcop.

Meeting Called to Order: 6:30 p.m.

Conflict of Interest Statement: None.

Old Business:

1. Ordinance /Resolution 19-10

At the meeting on November 4, 2019, Resolution 19-10 at been approved; however, It was discovered by the Assessor's Office that the last year's tax amounts were incorrect. The Board rescinded the vote for Resolution 19-10.

*Motion was made to rescind Resolution 19-10 as presented
Moved by Chris Herres and seconded by Steven Cannon
Motion approved & passed by vote unanimously.*

The updated version of Resolution 19-10 was read in it's entirely by the Secretary Board of Commissioners.

Board voted unanimously to pass Resolution 19-10

The Secretary will file Resolution 19-10 at the Courthouse before the November 30, 2019 deadline.

New Business

1. Levy Results and Future Plans for the District

The final hospital levy results were announced. Received votes were 58.29% of the required 60% that was needed to pass the levy. The President of the Board affirmed that the hospital district is not closing. Members of the Board, Co-CEOs and CFO met with the Rural Program Manager of Washington State Hospital Association and the new Executive Director of Association of the Washington Public Hospital District (AWPHD) last week to discuss the Washington Rural Health Access Preservation (WHRAP). This program was designed to set aside money to help rural hospitals through March of 2021. The District will be receiving \$109,000 no later than January 2020 and will receive additional money each quarter for a total \$192,000. In March of 2021, the last payment will be \$10,000. There is an additional \$400,000 available to all the Washington Hospital Districts for technical assistance.

The Executive Director of AWPHD has extended the funding to pay for the District's CFO's salary at 40 hours a month. The CFO and a CPA from Dingus, Zarecor & Associates are researching different government models that would produce more revenue.

Allevant, a clinical education program, was discussed as a tool to increase the use of Critical Access Hospitals bring in more revenue. Another avenue to cut costs is to alleviate the need for locum providers in the ER and replace them with providers employed by the District. Other discussions included the 340B Drug Pricing Program as ways to increase reimbursements and cost report reallocation strategies.

A financial modeling was prepared by the CFO to help predict when the cash could be exhausted. Other predications using some of the avenues previously discussed were factored into a separate model that would result in eventually extending day's cash-on-hand. Another idea is to explore the option of forming a relationship with other facilities with the possibility of sharing providers. The Co-CEOs will be meeting with the CEO of Dayton the first week in December to exchange collaborating ideas.

Challenges that the District will be facing in 2020 include a new set of CMS regulations through the conditions of participation for all hospitals starting January 1, 2020. Another area of change will include the implementation of scheduled breaks and uninterrupted meals breaks for every shift that is worked by CNAs, RNs, and Lab techs. An additional significant change will be the new global payment plan for hospitals across the nation that may begin as early as the spring of 2020.

The Board will be running another levy in 2020 which can be in either February, April, August or November but no money would be received until 2021. It was suggested a levy committee be formed to help promote a strong outreach. The last levy that was run was 3 years ago and an annual levy will most likely be needed to sustain the operations of the hospital.

A research on mortality rate studies was done recently based on distance to the nearest hospital. There is a 5% increase to every 5 minutes of extra driving time, an increase of 25% mortality rate which is fairly significant increase in lieu of a serious medical event.

Public Comments

Public comments were given regarding public posts on social media. The Board was asked if there is a designated advocate for the hospital who can reply.

A public comment was given concerning accounts receivable.

Public comments were given regarding candidate providers, salaries, and staff and Board involvement in preparing for the levy.

Public comments were given concerning the 60% of votes required to pass a levy for hospitals in comparison to the 50% of votes required for school districts, and the need for more community involvement and outreach for levy support along with the hospital staff and Board.

Public comments was given stating the hospital is a non-profit organization that offers services but does not make a profit.

A public comment was given with recommendations to identify community members who can be proponents to the hospital by committing to promote and support the next levy.

A public comment was given expressing the District's appreciation for the county commissioners who attended this meeting and showing their support by voicing their opinions and offering suggestions to get the word out and acknowledging how important the hospital is to Pomeroy, not only medically but economically.

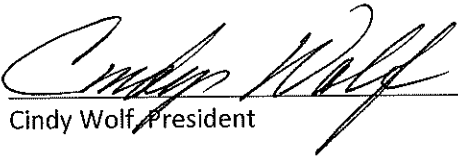
Public comments were given suggesting the Board needs to identify goals regarding the grants, projects and future planning for the District. Other recommendations included reaching out personally to community members.

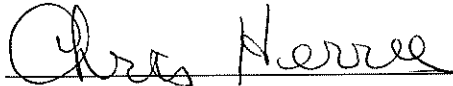
Public comments were given regarding educating the community of the ramifications of eliminating certain services verses remaining a CAH hospital that has been designated by Centers for Medicare and Medicaid.


Public comments were given suggesting better public communication in regards to promoting the levy, recruiting providers and paramedics, and concerns regarding the process of a potential hospital closure.

Public comments were given concerning questions among the community about running another levy and the importance of having continued Special Board and Town Hall Meetings to allow for more public involvement and communication.

Special Meeting was adjourned at 8:00 p.m.


Cindy Wolf, President


Chris Herres, Secretary


Jer Dixon, Commissioner


Steve Cannon, Commissioner


Gary Houser, Commissioner