

Garfield County Public Hospital District No. 1

Board of Commissioners

Minutes of Special Meeting: Wednesday, October 9, 2019

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

Staff Attending: Jayd Keener, Mat Slaybaugh, Jim Heilsberg, Caroline Moore, Ian Quarles, Annette Davis, Marcia Baden, Carolyn Taylor, Stay Linscott, Codee Cardoza, Chelsea Poe, and Lacey Gingerich.

Public Attending: Connie Boyer, Christopher Munoz, Tammi Bragg, Larry Burgess, Diane Burgess, Dean Johnson, Shirley Johnson, Muriel Bott, Phil Crawford, Mike Field, Shirley Fischer, Mary Dye, Roger Dye, Joe Schmick, Susan Getman, Mike Brooks, Coy Gorman, Dan Luther, Kris Darby, Elaine Williams, Jim Warren, Maggie Warren, Barb DeHerrera, Deedee Weymouth, Lisa Gingerich, Louise Munday, Bea Fuchs, and Tom Herres.

Meeting Called to Order: 7:00 p.m.

Conflict of Interest Statement: None.

New Business:

1. Town Hall Presentation

The Board of Commissioners, Co-CEOs, and CFO introduced themselves to the community members. Mat Slaybaugh prepared a presentation to share with the public about general hospital and levy information.

Cindy expressed her appreciation of the staff and the Board for their involvement in the community. The staff has been attending several different local events and meetings and Mat and Jayd have been working together with various entities to offer help and support. Several local organizations have been meeting each month with the Greater Columbia Accountable Community Health.

Jody Carona, strategic planner, and Jim Heilsberg, CFO, have been contracted to assist GCHD. The Association of Washington Hospital District (AWPHD) will cover the cost of their services. Jody has been exploring different options to increase revenue. A primary focus is to update the electrical system. A meeting with the AWPHD and Washington State Hospital Association (WSHA) is scheduled for next month for a strategic planning update and to review guidelines of the certificate needs stipulations. Jim will present an interim cost report to give an accurate picture of the financials.

Representatives Joe Schmick and Mary Dye of the 9th District of Washington State attended and spoke on behalf of the Board encouraging the community to support the levy. Cindy thanked them for informing Board the opportunity to apply for the Legislative Department of Commerce Grant which was received earlier this year.

Public Comment:

Community Member Unknown asked several questions that were addressed below:

Joe Schmick defined the 35-mile radius to Tristate Hospital and stated Pomeroy meets the 4 items of criteria. Joe stated he is currently petitioning Centers for Medicare and Medicaid (CMS) to grant flexibility for customized range of services in individual communities at state level and Washington DC.

Gary Houser stated that to continue receiving hospital services, a yearly levy is most likely required.

Cindy Wolf stated the labs visits per month through August were 1,218 year-to-date compared to 1,059 in 2018, an average of 153 per month.

Mat Slaybaugh explained that the hospital currently has 19 permanent Swing Beds consisting of patients that are permanent stays until they transfer to another facility or expire. Functionally swing beds are similar to nursing home beds but they are different regulations and reimbursements under the swing bed program vs nursing home program. The purpose of the swing beds is to use it for whatever the need of the hospital may be, i.e., rehab, swing beds, or nursing home beds. Elder care services remain a vital need and high priority to our community. It's been two years since a special levy fund was collected.

Jim Heilsberg defined critical access hospital (CAH) and how Pomeroy qualifies. Federal government made an exception that hospitals identified as a rural within a certain category or range qualifies as a CAH. Hospital services that are CAHs are identified by certain services are required to be licensed such as the Acute Care and Emergency Department (ED). Cost-based reimbursement programs factor in revenue, minus expenses and contractual adjustment that is Medicare specific and then reimburse a percentage total based on the cost report adjustments.

Ian Quarles stated if he were to be injured he would use the full range of services at GCHD.

Mary Dye stated this community believes it is important to have a nursing home, ED, and a clinic. A large majority of community members are Medicare or Medicaid patients and the government has decreased their reimbursements for these insurances. She shared three separate testimonials of individuals personally known to her that received urgent care for critical conditions and all of them had good outcomes due the treatment they received. The Board is working on diverse strategic planning options to continue offering healthcare services and encouraged everyone to support the levy.

Connie Boyer stated she gets lab work done at another facility as her insurance is not accepted here.

Community Member Unknown stated the hospital is not going to make money but she wants the services to continue and is willing to pay for it.

Tammy Bragg stated that the community has voted in favor for several levies over the years and it was a difficult decision for the members to vote against the levy in 2017 due to the frustration of different issues. The community has always cared for the hospital district and given its support.

Barb Deherrea expressed her thanks to the Board for holding the Town Hall Meetings and for the State Representatives for attending. Pomeroy was the first CAH in the state of Washington, established in 1997, and stated it is at risk to being the first non-existent CAH. She urged the community to strongly consider supporting the levy. She asked what percentage of the direct care staff are through agency services and what percentage is of nursing home patients are Medicare, self-pay, and Medicaid. She asked if there is consideration for placing a cap on the number of Medicaid patients allowed.

Jayd Keener replied GCHD currently has 3 RNs and 2 CNAs on a 13-week contract, and 5 mid-levels and 1 M.D. One nurse in is currently in training that will take one of the agency positions and another nurse was recently offered a position who will fill the other agency position. Currently the hospital has 2 Medicare, 4

private pay, and the rest Medicaid. There has been discussions limiting the amount of Medicaid patients but it's difficult to do.

Tom Herres stated the reimbursement system is challenging. The federal and state regulations are changing constantly and the reimbursement is based on the facility's cost. In order to maintain the services that the community wants, the levy will need to pass each year to bridge the gap. He asked if Jim could explain the three entities needed for a community to survive.

Jim Heilsberg replied that in order for a community to sustain itself it requires a healthcare facility, school system, and businesses. If one of these were to be missing the other two struggle. Without healthcare and schools, the businesses will suffer as they are major contributors for generating business. A successful healthcare system has utilization, good providers, and strong management.

Steven Cannon stated he has gained a great deal of knowledge regarding hospital finances from CFO, Jim Heilsberg's financial expertise. The public sector for-profit establishments have a budget. In the hospital environment, expenses are accrued but only a small percentage is reimbursed, and the hospital has to recoup the deficit. Healthcare is vital in order for the success and growth of our community.

Community Member Unknown asked why the Tristate discussions were dissolved.

Cindy Wolf replied at the time GCHD proposed a Letter of Intent, they choose to go a different direction. The District's is in good-standing and they continue to help and be great resource.

Stacy Linscott commented our labs are higher than the Valley's in comparison to other facilities because we cannot compete with same volume as those communities.

Tammy Bragg stated what the hospital has accomplished is fantastic and asked what assurance can the Board and administration offer that transparency issues will not revert back to the previous years.

Cindy Wolf encouraged the community to attend the Board meetings and stated the Commissioners are available to answer questions and address issues.

Chris Herres stated that part of the transparency problems in the past were financial issues. This has been addressed and are nearly completed.

Gary Houser stated the present Co-CEOs have done a wonderful job and we have great management team.

Louise Munday commented that the Board should continue the Town Hall Meeting in 6 months and report to inform the community of the hospital status.

Cindy Wolf replied that the community is welcome to attend the regular Board Meetings and will consider scheduling future Town Hall Meetings.

Steve Cannon agreed that having Town Hall Meetings bi-annually is a good idea.

Special Meeting was adjourned at 8:42 p.m.



Cindy Wolf, President

Chris Herres, Secretary



Jen Dixon, Commissioner

Steve Cannon, Commissioner



Gary Houser, Commissioner