

# Garfield County Public Hospital District No. 1

## Board of Commissioners

Special Meeting: Monday, July 24, 2017

Attending: Matt Hanson, Ray Hoffman, Cindy Wolf, Chris Herres

Public Attending: Brenda Parnell, Marni Herres

Meeting Called to Order at: 5:17 p.m.

Conflict of Interest Statement: None Noted

Executive Session was called to order at: 5:17 p.m. (Marni Herres left the meeting, the Board asked Brenda Parnell to stay in Executive Session.) Executive Session will be for 30 minutes.

(Executive Session: RCW 42.30.110 (g) to evaluate the qualifications of an applicant for public employment or to renew the performance of a public employee and to discuss quality.

The Board came out of Executive Session at 5:45 p.m. to travel to the Pomeroy Senior Center for the Special Board Meeting

Executive Session adjourned at: 5:45 p.m. The Board traveled to the Pomeroy Senior Center for the Special Board Meeting.

Special Meeting Call to Order at: 6:01 p.m.

Attending: Matt Hanson, Cindy Wolf, Ray Hoffman, Chris Herres, Brenda Parnell, Marni Herres, Representatives from the Pomeroy Senior Center and multiple community members.

The purpose of this meeting is for:

- Hospital District Provider Plan
- 2018 Levy Information
- Questions and Answers

Helen Burke, President of the Pomeroy Senior Center introduced the Board of Commissioners and Brenda Parnell.

The results of the meeting are as follows:

1. There was an updated on the physicians and providers. Our current physician is retiring and two of our current providers have decided not to renew their contracts.
2. Dr. Andrew Park will join the medical staff on a permanent basis covering the clinic one day per week.
3. On an interim basis a locum group will be covering the emergency department and clinic.

4. A list of all permanent and locum providers was mailed to all patients affected by the vacating providers.
5. An offer is currently out to a mid-level provider, but we have not received the signed contract. The locum group will be providing an ARNP that will work 4 – 5 days per week in the clinic. There will be 2 physicians in the clinic each week for one day per physician. Saturday Clinic will start back up starting in August.
6. Matt Hanson discussed the upcoming Levy. The Board of Commissioners will be asking for a levy to increase the lid level. This increase would be approximately \$0.25 to \$0.75. This would help the hospital become stable and decrease the need for special levies each year. It has been difficult to recruit and maintain qualified staff as they don't know if they will have a job in a year.
7. The Board of Commissioners will be holding Levy Informational meetings at a later date.
8. Matt Hanson opened for questions and answer session from the community members. Matt asked that there be no personnel questions, as we they are not allowed to discuss them.

Questions include:

- Steve Kazda asked Matt to clarify the levy numbers.
    - Matt stated that the numbers are approximately at this time and final numbers will be discussed at the future Levy meetings.
  - Tammy Bragg asked if Matt has moved. Matt stated that he has moved, but continues to run his business and is in town at least 4 days per week.
    - Matt stated that he does maintain residency in this county. The Board of Commissioners is currently looking for a replacement for Robert Turner, who moved out of the area. If there are any interested candidates, please notify one of the Hospital Commissioners.
  - Gary Houser asked why did the current providers leave and asked if the Board has re-thought where the hospital is going with healthcare. Mr. Houser suggested a change in model to a urgent care facility only and shut the hospital down.
    - Matt stated that he did not come to save the facility as is, but did want to keep good quality care. The Board of Commissioners is researching the Federally Qualified Health Center (FQHC) model. The Board is also exploring other ideas and services. The providers were given contract and they wanted to do something else.
9. Discussed what are you going to do to keep good providers?

Lisa diagnosed a hard to diagnose issue.

    - The hospital will have a model of care to cover both the ER and the clinic. The Board and Brenda both agree that we need to have good quality providers and keep them. One question that is asked it "would you take your family to been seen by the provider" and the answer must always be yes. A sea of change happens, it is just unfortunate that it happened all at once.
  10. Board discussion about contract management for the Mid-levels. In the past we have had good providers and they left. People are willing to pay to keep good providers in our community.
    - The contracts are usually for a 3 year period and include bonuses and meeting quality indicators. Most contracts either have a salary or an RVU (Relative Value Units). The

model here does not include RVUs. Contracts are a negotiation. The hospital negotiates to provide good affordable compensation. Most contract negotiations are not about the money.

- Roger Peterson asked if the current providers were offered a 3 year contract.
    - Yes they were.
  - Jim Harris asked questions about the new contracts.
    - The Board and hospital can not discuss specifics about the contracts. They were offered contracts very similar to other small rural facilities. The model of care is changing and we need to change with it. We need to right size for our facility. Mr. Harris asked if the facility is allowed to fire an individual. Washington is a right to work state and can fire personnel at will. All community members were encouraged to attend Board meetings. If they have something for the agenda they need to submit it in writing to a Board member or Brenda. The Contracts are not the sticking point of conversation. The last two years, the hospital was in a situation where they needed to open the ER. The contracts from that time do not fit into a long term plan. The community is concerned that we lost 2 providers and have 9 more. Recruitment was discussed.
11. A discussion occurred about Administrative full time status.
- Louise Munday asked why we do not have a full time administrator and not someone who is here 3 days per week.
    - Matt stated that administrators are hard to come by and we have already been through 2 in the past year. We are very fortunate to have here her and she does more in the 3 days she is here than the last few administrators. She is in constant contact with staff. Louise stated that physical presence is worth a lot of money. Cindy stated that Brenda is an excellent CEO and has turned around a lot of hospitals and has gotten staff on board.
  - Patty Petersen stated that she is a medical transcriptionist at a 40 bed hospital and they are constantly recruiting. Recruitment is constant and difficult. Patty stated that if the hospital were to go to a urgent care only instead of a primary care provider it would be more expensive for all patients. There was a question of what providers that patients would see?
    - Brenda stated that there will be a 90 day schedule that will cover August, September and October. This will be shared with the community. Brenda stated that she has interviewed many mid-levels, but they all come back with the uncertainty of the facility due to the yearly levy. It is difficult to run an organization when they are living levy to levy.
  - Ginger Watko stated that she was terminated by the hospital and that the things that the Board is stating are not true. Ginger stated that contracts are ignored. It is impossible to work when the CEO is only there 3 days per week. There is no leadership engagement. Ginger is finishing her masters degree in healthcare. Ginger stated that the Board is disengaged. There are regulatory issues and other issues going on. Ginger stated that there is no one to go to and that the CEO is part of the problem. There is mismanaged money and the hospital is not in compliance with regulatory regulations. Ginger said that she can back up everything that she

has said. There was a question of who do you go to and Ginger stated you can go to an attorney, county commissioner or talk to the state regulator body.

- Shannon Harrison stated that she grew up here and had worked at the hospital. Shannon has 25+ years healthcare experience. Shannon asked why we can not hire and continue to use traveling agencies. There are 6 people in her family that will not vote for the levy. The bills at the hospital are higher than in the Lewis-Clark Valley. Shannon gave example of costs of test at the hospital versus surrounding areas. When Shannon has called to ask about a bill, they say they are working on it. Matt stated the hospital is very expensive to run and understands the community must pay more to for the services. Shannon stated that they will not pay 2 times the rate. How can we offer nurses \$50 per hour, which is almost 2 times the pay rate for nursing staff.

12. Concerns about ER Staffing were discussed.

13. The Community recommends a better Board meeting time for Community access.

14. The history of the bedside was discussed.

- Jim Smith stated that since he has been here the quality of care has went down. They are using CNAs in the Emergency Department instead of MAs. Jim also stated that we do not admit patients. Jim feels that the hospital delays care and that we have good EMTs. There is a 25 bed parameter and the residents take up most of that.
- There was a question on when the Board meetings are currently being held.
  - The meetings are currently being held at 10:00 a.m. on the last Wednesday of each month in the Learning Center. The time was discussed and noted that when the meetings were held at 6:00 p.m. there were no community members showing up. Matt stated that at this time the meetings will remain at the set time and this will be discussed again at the end of the year when new Board members will be elected.
- There was additional discussion about contracts for the providers. The community feels that they contracts should be written to encourage the providers to stay and consider longer negotiations periods.
- Kris Darby stated that he is speaking as a concerned citizen only. One of the provider's contracts expired a month ago and the contract was not being discussed and nothing happened. Kris suggested that the facility look at going to 35 beds instead of 25 and opening the hospital back up. Three years ago there were only 3 beds designated for hospital and they were kept full on a regular basis. Josh Mayfield saw patients at the hospital and saw nursing home patients.
  - The hospital does not have enough people using the services. The Board is looking at several different type of models. The last few years it has become expensive to maintain and keep services. Some of this is due to state and federal regulations. The facility must come up with a service model to support the facility. Small number are a problem.
- Jennifer Dixon asked if any of the providers were offered exit interviews.
  - Not at this time. The Board will discuss this further with Brenda.

- Marvin Jones (?) asked about a Community Needs Assessment.
  - At this time several of the locum providers have specialized expertise including wound care and cardiac. The market is very competitive. We do complete with Valley Medical Center.
- Barbara McClanahan stated that we have 2 providers that we had and trusted that were not encouraged with contracts that were offered. They were not given opportunities and encouragement to sign.
- Brian Mabry (the Physician Assistant who is not renewing his contract) stated that he was speaking as a tax payer. He moved 2,000 miles to relocate here. He wanted to come to a small underprivileged community as a primary care provider. He has not been asked why he is leaving or asked to be retained.
- Roger Peterson asked how the Board works, who negotiates the contracts, the Board or the CEO? What is the process for negotiating a contract?
  - Contract negotiations can take anywhere from several months to a few weeks. The Board does not handle contract negotiations. The Board does provide oversight into those contracts. The CEO helps with the negotiations.
- There was a question on how long the CEO contract is for.
  - Usually 2 -3 years.
- Ann Heitstuman discussed issues she had with a visit to the hospital and a charge to the account that was not actually done.
- Brian Mabry stated that his decision to not renew his contract was not made lightly. He is committed to the community and involved in several groups. Brian bought a house and is a tax payer.
  - There was a discussion on Brian's contract negotiation and other contracts.
  - Ginger commented on contracts and other issues she had with the CEO and facility. Ginger stated that over ½ the staff at the hospital are travelers.
- Dr. Park is permanent. Other providers were discussed.
- Larry Ledgerwood commented that there is one administrator and 5 board members. There should be at least 3 – 5 department heads that report to the Board.
  - Managers do come to the Board meeting and discuss their departments directly with the Board.

15. The Community expressed concerns about all the changes that are occurring to better manage staff and resources.

16. The Community requested methods to communicate with the Board.

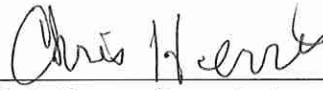
- Roger Peterson commented that we are all very passionate, we are all for a general levy, all for increasing taxes for stability. This is the same thing the community has been hearing for the last 4 or more years. Roger stated that the trust factor is gone for the general levy. The perception of the community is that the hospital is not being clear, not being transparent and there is a need to educate the community.

- There was question on how to communicate with Board members. The meetings are held on the last Wednesday of each month at 10:00 a.m. in the learning center. The Board is also accessible by phone or letters. Leave a message and they will get back to you.

**The meeting adjourned at:** 7:45 p.m.



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Matt Hanson, President



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Chris Herres, Commissioner



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Cindy Wolf, Secretary



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Ray Hoffman, Commissioner



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Vacant, Commissioner