

**HARBOR REGIONAL HEALTH COMMUNITY HOSPITAL  
BOARD OF DIRECTORS REGULAR MEETING  
March 22, 2022**

**COMMISSIONERS (Voting)**

- (X) Michael Bruce, District 2
- (X) Chris Thomas, District 1
- (X) Scott Dilley, At Large 2
- (X) Lynn Csernotta, District 3
- (X) David Quigg, At Large 1
- () Andrew Bickar, District 4
- (X) John Shaw, District 5

**OTHERS (Non-Voting)**

- (X) Tom Jensen, CEO
- (X) Niall Foley, CFO
- (X) Dr. Anne Marie Wong, CMO
- () Dori Unterseher, Interim CNO
- () Elizabeth Tschimperle, Exec. Dir. HMG
- (X) Chris Majors, Director Public Relations
- () Dr. Charles Best, Chief of Staff
- () Dr. Rachel Sell, Chief of Staff Elect
- (X) Cindy Reynolds, Exec. Asst.

Members of the Public

**EDUCATION**

The March Board Education, Grays Harbor Emergency Medical Services (EMS), was provided by Dr. Julie Buck, Medical Program Director of GH EMS. An outstanding overview was provided on the following:

- History of EMS
- Structure of EMS; State and Local
- Hospital Relationship
- Divert Issues
- Inter Facility Transfers

**CALL TO ORDER**

Chairman Bruce called the meeting to order at 6:02p. Due to the COVID Pandemic's ongoing restrictions, today's meeting was conducted via Zoom.

**Absences**

Commissioner Bickar provided notice he would not be in attendance during tonight's meeting.

**ACTION:** A motion was made by Commissioner Quigg, seconded by Commissioner Csernotta, and unanimously carried to excuse Commissioner Bickar.

**CONSENT AGENDA**

Submitted under the Consent Agenda were the Hospital Board Draft Minutes of February 22, 2022.

**ACTION:** A motion was made by Commissioner Dilley, seconded by Commissioner Shaw, and unanimously carried to approve the Consent Agenda.

**BOARD DISCUSSION AND ACTION**

**Chairman's Report**

**WSHA Governance Education**

Chairman Bruce reminded Commissioners to take advantage of the WSHA Governance Education sessions.

### WSHA Legislative Summary

Chairman Bruce reported WSHA is presenting the Annual Legislative Report tomorrow, Wednesday, March 23, at 12:00pm. The link for registration has been emailed to the Commissioners.

### WSHA Diversity, Equity, and Inclusion Workshops

Chairman Bruce reminded Commissioners the fourth session in the WSHA DEI Workshops is scheduled for Thursday, March 24 at 12:00pm. The first three sessions are available on demand on the WSHA website.

### Patient Experience Workgroup

Chairman Bruce reported he will be participating as a Commissioner on the Patient Experience Workgroup. This group is currently focusing on initiatives within the organization which include development of a communication model and a clinical experience model for the organization, customer feedback, which aligns with ISO 9001 requirements, and will review and work on patient survey results, complaints and grievances.

### Medical Staff Credentialing

Submitted was the March Medical Staff Credentialing Report for Board review and approval.

**ACTION:** A motion was made by Commissioner Thomas, seconded by Commissioner Dilley, and unanimously carried to approve the March Credentials Report.

The Medical Staff Services Department submitted the 2022 Medical Staff Services Leadership List.

**ACTION:** A motion was made by Commissioner Csernotta, seconded by Commissioner Dilley, and unanimously carried to approve the 2022 Medical Staff Leadership as presented.

## COMMITTEE REPORTS

### Board Quality Report

Commissioner Quigg provided report on the March Board Quality Committee meeting. Of note;

- 1) Standing items of monthly, quarterly, semi-annual reports were received and reviewed.
  - o Quality, Risk, Compliance, and Privacy
    - Quality;
      - \* DNV Survey final Corrective action Plan (CAP) has been submitted to DNV and is pending response.
      - \* The first audit of the Internal Audit Workgroup was conducted.
    - Risk;
      - \* Complaints reported to any Board Commissioners should be forwarded to Mr. Jensen and Mr. Halstead for inclusion in the complaint response process.
      - \* Any complaint identified as a grievance has written response standards and requirements that must be met.

- Compliance/Privacy;
    - \* There were no reported privacy incidents for February.
  - ED Left without Being Seen
    - December and January saw higher acuity patients.
    - There was a decrease in patient volume in February.
  - Emergency Operations
    - Overall there has been a decrease in Elopement, AMA, and LWBS.
    - Data confirms 30% of ED patients arrive via ambulance with the national average at 12%.
  - Sepsis
    - A pilot program, Code Sepsis, has been initiated. If a patient meets predetermined criteria a Code Sepsis will be called. The response team is activated so patient assessment and treatment can be initiated more readily.
  - Cardiac Catheterization Lab Quality Assurance Report
    - There is room to grow the service.
  - Annual Compliance Plan
    - The Annual Compliance Plan was presented, reviewed, discussed, and approved. This work plan identifies the foundation for areas of focus for the Compliance and Business Ethics Program for the identified fiscal year.
- 2) ED and Inpatient Surveys were reviewed.
- This was the first report that incorporated the addition of patients being able to recognize staff and/or providers for exceptional patient care received. There were several providers and staff recognized for their excellent care on this report.
- 3) The January 2022 Strategic Dashboard was reviewed. The 2022 targets have been updated to reflect state and national targets.

### **Board Finance Report**

Commissioner Dilley provided report on the March Board Finance Committee meeting. Of note;

#### **Highlights for February 2022:**

- (-) Surgical Volumes
  - IP cases down 37% from budget; 34% from PY
  - OP cases down 38% from budget; 41% from PY
- (-) Inpatient Volumes
  - Admissions 15% below target

- Patient Days 16% below target
- (-) Cost per Unit of Service
  - \$15,248/adjusted admit; budget of \$12,194/adjusted admit

Consolidated Financial Summary:

Net Operating Revenue:	\$ 6,926,275
Total EBIDA Expenses:	\$ 8,400,522
EBIDA Gain (Loss)	\$ (1,474,247)
Net Operating Gain (Loss):	\$ (1,873,826)
Net Income Gain (Loss):	\$ (1,796,892)

Financials / Statistics:

- The Governors' Surgery Proclamation impacted half of January and February which attributed to the lower surgical volumes/revenue in both months. Surgery is a primary revenue generating service line. Surgeries not being able to be scheduled would have also impacted specialty clinic visits.
- Days in AR are within target range.
- Days Cash on Hand at approximately 90 days.
- Costs for temporary staffing are extreme due to the high number of travelers and premiums being charged for temporary labor. This includes not only nurses, but techs, respiratory staff, Medical Assistants, as well.

**GHCH Board Foundation Report**

Commissioner Thomas provided report on the February Board Foundation meeting. Of note;

- Financial investment report was presented.
- December 2021 financials were presented.

Highlights for December 2021:

Cash and Other Assets;	\$ 8,883,997
Revenue;	\$ 229,962
Expenses;	\$ 313
Net income (Loss);	\$ 229,649

- The Foundation Spending Policy has been revised and was approved as presented.
- The adhoc fundraising team held their first meeting on Feb 18 to discuss fundraising ideas and methods. It was determined to recommend moving forward with a virtual fundraising event that focuses the fundraising for a specific purpose (i.e. anesthesia machines, tele monitoring, etc.). The specific purpose has yet to be determined. Research is being done into the best type of software or platform for the online auction. A tentative date for the fundraiser is September 2022. The next adhoc team meeting will be scheduled in March.

- An updated was provided on the GH College Scholarships. Ms. Taylor reported the Foundation Bylaws do not hinder offering scholarships. Outside of the Foundation, collaborative conversations are being held with local healthcare organizations, college, and high schools on ways to engage high school students to consider healthcare as a career option.
- Requests for Funding were approved for the Family Birthing Center (infant warmers, jaundice meter, and neonatal isolettes). Pediatric restricted funds were available to cover each approved request.

#### Executive Suite Summary Report

Submitted was the Executive Suite Summary Report, as well as the HMG Provider Report for March. Mr. Jensen provided explanation on Single Bed Certifications.

#### OLD BUSINESS

None.

#### NEW BUSINESS

##### Board Education

The April Board Education selected was Code Sepsis presented by Karyn Mirante, Quality Department Clinical Abstractor.

#### GOOD OF THE ORDER

None.

#### PUBLIC COMMENT – General Topics

Chairman Bruce reported no public comments were received in advance of the meeting.

#### ADJOURNMENT

Chairman Bruce called for meeting adjournment.

All Board members were in unanimous agreement to adjourn the meeting.

The meeting adjourned at 7:05pm.

**MINUTES AND ATTACHMENTS APPROVED AND ADOPTED THIS 26<sup>th</sup> day of April, 2022.**

**ATTEST:**



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Cindy Reynolds  
Executive Assistant



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Commissioner Thomas  
Board Secretary