



**Public Hospital District 3 of Pacific County
Ocean Beach Hospital and Medical Clinics
BOARD OF COMMISSIONERS MEETING
December 16, 2021**

AGENDA	DISUSSION / CONCLUSION	RECOMMENDATIONS / ACTION / FOLLOW-UP
CALL TO ORDER	<p>The Public Hospital District 3 of Pacific County Board of Commissioners Meeting was called to order December 16, 2021, at 4:01pm by Nancy Gorshe</p> <p><i>DUE TO THE RISE IN COVID OUTBREAKS, THE BOARD OF COMMISSIONERS MEETING IS BEING HELD BY Microsoft TEAMS and Conference Call Line 1.971.337.2050 483# 483#.</i></p> <p>Commissioner’s present on TEAMS & Conference Line: Nancy Gorshe, Board Chairperson Sandra Stonebreaker, Secretary Ariel Smith Madeline Moore Kathlynn Northrup-Snyder</p> <p>Also, Present on TEAMS & Conference Line: Larry Cohen, CEO Brenda Sharkey, CNO Beth Hash, Controller Eric Volk, CPA Tammie Jefferies, Executive Assistant</p> <p>Public Audience: Unknown</p>	
CONSENT AGENDA Agenda November Minutes Leadership Communication	Nancy Gorshe requested to accept the consent agenda.	A motion to approve the Consent Agenda made by Madeline Moore; Sandra Stonebreaker seconded. The motion passed by unanimous vote.

<p>Board Education</p>	<p>Stacey Brown gave an update on Hospital turnover OBHMC versus National 2021: 20% No Stats yet 2020: 18.4% 19.5% 2019: 13.9 17.8%</p> <p><i>The nursing shortage is a pressing reality for hospitals across Washington.</i> A recent survey from the Washington State Hospital Association, which included responses from 80 hospitals that have 85% of the beds in the state, found that 6,100 nursing positions are vacant at these facilities. And while there are nearly 3,000 traveling, temporary nurses working at hospitals, there are more than 3,000 vacancies when they are accounted for. See article for further data.</p> <p>Washington Health Workforce Sentinel Data found here: Findings by Facility Type – WA Sentinel Network</p> <div data-bbox="436 472 1486 808" style="border: 1px solid black; padding: 5px;"> <p>The fact is, we are not alone in the fight to keep our staff. State and nationwide, we see the reality of medical (and frankly, many industries) staffing issues. We are actively trying to attract and retain qualified staff. Rural hospitals are having a hard time competing for certified medical professionals, as we are not equipped with the same financial resources and access to housing that many larger organizations don't have to worry about. However, outside-the-box thinking is starting to pay off. For instance, we have created a scholarship program to attract Certified Medical Assistant candidates. We just awarded our first one. This scholarship (with a cost of roughly \$5700) comes with a two-year commitment to OBHMC. We have become much more active on social media, utilizing LinkedIn, Facebook, and Twitter. Job postings are updated more frequently and expanded to include other sites such as Craigs List, and we have added sign-on bonuses. We implemented a referral bonus and have had a few of those come in so far. Job fairs are starting up again (yay!), and we are signed up to attend one in Astoria in January designed specifically for medical staffing. We will continue to explore any and all avenues to draw staff to our facilities. Even if it means having the HR Manager call and convince an RN to come to us rather than go to CMH and why. And yes, I did. And yes, it worked! (New RN, Jennifer Harrod).</p> </div> <div data-bbox="436 849 1514 946" style="border: 1px solid black; padding: 5px;"> <p>With that said, we are not doing too bad. We have seen our share of shortage, but our staff is doing an amazing job with covering each other when necessary. Our managers are also working extra hours to ensure we are covered. Some staff are working in other departments to help.</p> </div> <div data-bbox="436 987 1514 1109" style="border: 1px solid black; padding: 5px;"> <p>I see light at the end of the tunnel and feel we are on the mend. We have been receiving more applications now than in recent history, for all positions. Also, staff who have left or were considering leaving are changing their minds and coming back once they realize how great we are! (Virginia Phillips and Sydney Larios, to name two). In the interim, we have been able to hire travelers to fill in the gaps.</p> </div> <div data-bbox="436 1149 1514 1263" style="border: 1px solid black; padding: 5px;"> <p>It is no wonder staff are feeling a bit morose, as this past 20+ months has been hard on the organization. My goal for 2022 is to focus on staff engagement and communication efforts. (See attachment, 2022 Human Resources Goals). Of course, this plan may take a couple of years to be fully implemented and may change a bit as it is refined. The good news is that most are happy to be here and make coming to work every day worth the effort!</p> </div>	
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2022 Human Resources Goals

Goal: Increase employee satisfaction/retention

Means: Employee engagement initiatives and onboarding improvement

Measurement: Mid-year and end-of-year survey as compared to 2021 (via Pulse Survey)

Initiatives:

- Improve communication
 - Provide leadership training. Lunch and learns, etc.
 - Incorporate video messages! How fun would this be?? Including employee interviews about a certain subject. Super fun.
 - Build SharePoint. This is an underutilized tool and may even allow us to incorporate an internal social network.
 - Encourage our Open-Door policy! Leadership to offer to schedule appointments with staff, as needed.
 - Get to KNOW your staff! I mean, personally! It goes a long way.
 - Do your staff members know their purpose here? If not, now is a good time to discuss it with them. People who have purpose are MUCH happier and productive people.
 - Transparency. Not just the what, but the WHY and HOW.
 - Perform stay interviews. If we want to continue with the good stuff, we need to know what the good stuff is (and hopefully they will be candid enough to share the not-so-good stuff, too).
 - Mobile tools. Can we use Regroup for more than just emergent needs? Of course, like anything else, too much is not good. But I think this would be a good way to spread the important things.
 - Have daily huddles for all teams.
 - When in doubt, OVER COMMUNICATE the things staff need to know.

	<ul style="list-style-type: none"> • Wellness Program <ul style="list-style-type: none"> ▪ Work/life balance efforts ▪ Utilize EAP resources ▪ Develop committee of both managers and subordinates ▪ Random acts of kindness/praise your coworkers initiative ▪ Charity efforts...SK? • DE&I efforts <ul style="list-style-type: none"> ▪ Recognize Juneteenth and other diverse holidays ▪ Psychological Safety • Appreciation efforts <ul style="list-style-type: none"> ▪ More feedback, especially positive ▪ Have more fun! ▪ OBH Swag • Staffing levels <ul style="list-style-type: none"> ▪ Become fully staffed • NEO reorganization/training enhancement <ul style="list-style-type: none"> ▪ Including leadership training • Evaluate benefits to ensure we are on track <p>To:</p> <ul style="list-style-type: none"> • Build confidence in both management and administration. • Decrease turnover. • Make sure staff have the right tools and feel valued for what they do. • Create transparency. • Build trust. • Build educated staff. 	
Board Announcements	<p>Kathlynn commented that this is a great report. All healthcare personnel is retiring early because they are burned out. Others are saying this is not what they signed up for. Another shortage may be nurses leaving because they want an office job in healthcare.</p> <p>Nancy announced there will be an Executive Session at the end of the meeting to discuss evaluation of superintendent.</p>	
Board Communication	<p>CEO Search – Larry reported there have been about 20 resumes. The best candidates appear to be the ones from the COO applicants. Will continue to collect and review resumes into the early January 2022</p> <p>Discussion on Larry’s contract. Larry requested to modify is current agreement to pay partial bonus in 2022 and roll over PTO up to 240 hours. Motion made by Ariel to amend the CEO contract to allow for incentive on a pro rate basis and motion to approve the role over of PTO for up to 249 hours.</p> <p>2022 Board Nominations:</p>	<p>A motion to approve the amend the CEO contract made by Ariel Smith; Sandra Stonebreaker seconded. The motion passed by unanimous vote.</p>

	Madeline nominated Nancy Gorshe to be Chairperson; ariel seconded; all in favor. Nancy nominated Sandy Stonebreaker for secretary; Madeline seconded; all in favor	
Board Calendar	Board Meeting Schedule: meetings are done virtually until further notice. Foundation Meeting – Tuesday, 12/14/2021 @ 3:00 PM Environment of Care – Tuesday, 12/21/2021 @ 2:00 PM; Quality Committee – Wednesday, 12/9/2021 @ 11:30AM; Strategic Planning Committee – TBD Finance Committee – will be included with the December board meeting Board Meeting – Thursday, 12/16/2021 – 4:00pm – TEAMS and conference line only. No in person meeting until further notice.	
Quality Report	Quality Report – Kathlynn reported the CMS state survey bullet points for fire safety and most of the other sightings have been taken care of. Brenda reported new nurse manager will begin on January 10 th .	
EOC Report	EOC Report – Not a lot has changed. Ron reported they were doing some repairs	
Medical Staff	None	
Foundation	No report: Foundation did not meet in December.	
Finance Report November CEO Report	Larry presented the September Finance report. See attached. November Vouchers: 33675 thru 33905 Total Distribution Accounts Payable \$2,438,293.79 General Account – including ACH Transactions & Wires 5894 thru 5895 & 1048 Net Wages including direct deposit transactions \$804,940.06 Total General Account: \$2,359,382.69 Total Bond Account: \$0.00 Total: \$1,975,671.47	A motion to approve the November vouchers was made by Sandy Stonebreaker; Ariel Smith seconded. The motion passed by unanimous vote.
Financial Overview	Larry reviewed the financials. Inpatient admissions was down from Oct at 24; inpatient length of stay 3.16. Swing bed admissions were down from up from October at 3. Swing bed length of stay was down 11.82. A/R days decreased 48 days. Cash on hand \$23,702,589. Days of cash for November was at 11 days. Medicare owes OBHMC \$2.6 million for the 2020 Cost Report that has a value of 30 days in cash. Expect to see \$1 million to \$2 million in Medicare ACO shared savings for 2021.	

Other updates	<p>Radiology X-ray room unit is being installed this week.</p> <p>OBHMC has completed the conversion from lawson to Sage Intacct. Beth announced the MM Hayes – Point of Sale will be installed by first of 2022. This will be nice for dietary, gift shop, employees activiites. The employee will be able to swipe their badge instead having to fill out a slip of paper.</p> <p>Parking lot discussion – still moving forward. It could end up bieng a \$150,000 + project as it needs Department of Ecology and permititng costs. It is looking at they won’t get started until 2022.</p> <p>Strategice Planning Committee: The 2021 “Metrics” are in the CEO Evaluation report The SPC briefly reviewed the 2022 “Metrics” – the list needs further work – this becomes the 2022 CEO goals Plan is to plan for a “Strategic Planning” Retreat in early February – time and date TBD – in person if possible At the February Meeting – deep dive on the UTGO plan</p>	
Community Health Needs Assessment	Motion made by Madeline Moore seconded by Kathlynn; all in favor	
PUBLIC PARTICIPATION	None	
	At 5:43pm Nancy announced Executive Session for about 45 minutes. Discussion will be on CEO evaluation. No decisions will be made at this time.	
Adjournment	Nancy Gorshe adjourned the meeting at 6:30pm	