BOARD OF HOSPITAL COMMISSIONERS
July 28, 2026

Those in attendance were Hospital Commissioners Don Welander, Lori Brady and Pam Schlauderaff. Also present were Eric Moll, Mason Health CEO, Winfried Danke, Mason Health COO; Melissa Strong, Mason Health CNO; Steve Leslie, Mason Health CFO, Dr. Darren Cuevas, Mason Health CMO, Robert Johnson, Legal Counsel, and Shelly Dunnington, Senior Executive Assistant.

Others in attendance:

Don Welander called the regular meeting of the Board of Commissioners to order at 8:00 a.m.

Agenda Review and Minutes: The agenda was reviewed and Mason Health Banking recommendation is going to be tabled until next meeting. The minutes were presented.
It was moved, seconded, and voted to approve June 17 - 18, 2026, minutes and June 23, 2026, as presented.

Commissioners' Committee Report & Calendar
Lori Brady attended BOHC on June 23, 2026, WSHA Conference June 26 – July 1, 2026, Construction, on July 20, 2026, QIC on July 21, 2026, and met with Eric Moll 1:1 on June 22, 2026.

Don Welander attended BOHC on June 23, 2026, WSHA Conference June 28 – July 1, 2026, Golf Tournament on July 10, 2026, signed warrants on July 21, 2026, Finance Committee on July 23, 2026, and met with Eric Moll 1:1 on July 27, 2026.

Pam Schlauderaff attended BOHC on June 23, 2026, Lean by Example Huddle on June 24, 2026, Credentialing on July 23, 2026, and met with Eric Moll 1:1 on July 27, 2026.

Public Comments:

Consent Agenda:
It was moved, seconded, and voted to approve the July 28, 2026 consent agenda as presented.

Legal Counsel –
The board went into executive session at 8:47 a.m. to discuss adverse events RCW 70.41.205 for 18 minutes to reconvene at 9:05 a.m.
The board reconvened at 9:05 a.m.

CEO's Report
Eric stated that we have decided not to renewal our contract with ACO (Accountable Care Organization). The collaborative will continue to move forward but a couple of the hospitals have decided not to move forward. We do have the option to rejoin later if we choose.

Monthly Reports
a. Financials - Steve Leslie presented the June 2026 financials. Clinic visits reached a record 9,492. Based on what the CMS Feds decision on SNAP dollars we may have to reverse the associated SNAP dollars in the amount of $830,000.

Old Business – None

New Business –

a. Construction Update – Jeff Lawson, OAC and Doug Darling, Facility Manager joined our meeting to provide an update on the current construction projects. Elevator intrusion started yesterday, the water table was 34 inches, so it was worth waiting for us. New storefront and exterior upgrades at the complete and discovery and have addressed all unforeseen. Should be completed around 9/22/26.

i. PCCO 010 - Jeff Lawson presented - PCCO 010 in the amount of $176,179.84.
It was moved, seconded and voted to approve PCCO 010 in the amount of $176,179.84.

b. Strategic Dashboard 2027 – Eric Moll presented the 2027 Strategic Dashboard that we incorporated after our Board's special meeting. Concept to react to in November regarding Board evaluation. In Q4 we will bring back the approach on Leadership impact on the culture. HPSA approach will be brought back November. 2027 changes to the Strategy Dashboard that came from the board retreat were made and clean copies were presented. Pam Schlauderaff would like to get reports on the societal dashboard one or two times a year.
It was moved, seconded and approved the 2027 Strategic Dashboard.

c. 2026 2nd Quarter Strategic Initiative Updates - 2026 Strategic Initiatives 2nd Quarter Report Out– Each Executive Sponsor reported on the status of their 2026 Strategic Initiative, highlighting accomplishments, lessons learned, and adjustments:

- **Avoidable Patient Days:** UR continues to monitor and track delays in discharge in Cerner to see trends. Work has been focused on the Transitional Care Program (Swing Bed). We are on track to launch August 3rd. All testing has been completed. Application is still good so after August 3rd we just have to wait on patient. Rob Bennington has taken this over and has done a phenomenal job. Need to have 5 patients before we can get certification. How long can a patient be in a swing bed?

- **Cancer Care Screening:** Screening numbers continue to increase in Q2. Q1 and Q2's focus was colon cancer screening and cervical cancer screening, respectively. From registries, Cervical Cancer screening rates improved in primary care from 52% to 59.5%, close to our goal of 60%. Streamlined the self-swab HPV testing with a local lab, LabCorp instead of using a lab in Michigan. This provides quicker results, within 3 days or less, integrated with Cerner, and has already had a good working relationship with Mason Lab.

Cancer Care Screening (continued)

The use of Artera for patient outreach for mammograms in preparation for Q3 focuses on breast cancer screening.

Outreach effort focused on MA standard work (direct MAs, resource MAs, and care team MAs).

Recognition and awards to MA physician team who achieved the highest results.

- **Hospital Inpatient:** Overall nursing metrics rose from 84.28 to 86.86. Unfortunately, we fell short of our goal of 75th percentile (88.12) but are making progress and continue to trend up. To reach our goal in Q2, we needed one more patient to give us a 9-10/10. Nursing continues to be engaged. The volume and quality of SafetyZone reports submitted have enabled leadership to identify trends, address recurring issues, and remove barriers and impact on daily operations, which in turn, impact patient care.

- **Emergency Patient:** Nursing metrics continue to trend in a positive direction. Overall Quality of nursing care – 49.40 to 51.90 (50th percentile ranking 57.7). Nursing understanding care – 50.0 to 51.9 (50th percentile ranking 53.63), Nurse Instructions/Explanations – 46.8 to 48.360 (50th percentile ranking 52.87), Overall Teamwork – 44.90 to 45.6 (50th percentile ranking 50.75), Instructions for home care 44.0 to 45.6 (50th percentile ranking 48.40). Leadership has been actively working on improving relations with ED staff and staff are becoming more engaged in the implementation of the initiative. The staff have seemed more engaged and morale on the floor has improved as well, leading to better patient care.

- **Average Wait Time (TNAA)** – The average number of patients seen per day per FTE increased in Primary Care, reflecting improved provider productivity. +6.78% increase from Q1 to Q2 and +32% increase year over year of average patient visits per month per FTE. Evergreen Clinic patient volumes have continued to increase month over month, reaching a total of 498 patient visits in June 2026. This represents a 41.37% increase in patient visits since the clinic opened in February 2026, demonstrating rapid clinic growth and offering enhanced access to care. Hoodsport Clinic effective June 2, 2026, the Hoodsport clinic adjusted its scheduled to being open on four days (Monday through Thursday). The clinic is closed on Fridays. The schedule changes increased patient access by adding eight additional appts per week. Behavioral Health will be moving in the new South Pod.

- **1st Year Turnover:** Carolyn McCain shared during the second quarter, we completed the initial information -- gathering phase and continued analyzing the departmental practices, workflows, and perspectives shared by leaders across the organization. Development began on a department onboarding tool intended to help leaders plan, document, and deliver a more structured onboarding experience for new employees.

- **Operating Margin:** Steve Leslie presented gross days accounts receivable (Days AR) declined from Q1 despite an increase in DNFC. This means the Patient Financial Services team performed well.

2025 Societal Contribution Strategic Initiatives:

- **Sustainability and Recycling Efforts:** Jen Capps successfully submitted the Practice GreenHealth Application for the reporting year 2025. The district and the green team were awarded the 2026 GreenHealth Champion Award.
- **Business Continuity Planning:** Eric gave an update on business continuity as well, including the Commissioners in Emergency Disaster Preparedness. Upcoming
- **Job Shadow:** Mel shared we offered four new scholarships, 3 of which have accepted the offer. We have 7 students currently in nursing school, funded by this scholarship. We expect 2 of those students to graduate this summer and fill full-time positions once they pass their nursing exam.
- **Healthy Food Environment (Blue Zones) –** Winfried shared during the second quarter, monthly purchases from South Fresh were $2,111, just below the $2,500 target. This represents a 13% increase over first quarter purchases ($1,865). Some sourced vendors are inactive and seasonal availability of produce and other foods affects our spending capacity.
- **Annual Compliance Plan:** Laura created a PowerPoint Training Module utilizing the regulations, existing policies and practices at Mason Health. Incorporated interpreter services and ethics into the slide deck.
- **Cybersecurity Plan Development:** Gary Diemert is continuing to work on this area and developing out very well.

d. RHTP Update – Eric Moll provided an update on the RHTP. We are interested in using the categories for replacing equipment or infrastructure of the facility. The commissioners agree with the approach. We are looking to replace the BOOMs and system which total cost is about $1.1M. With availability of funds, we would like to make an application to use RHTP funds to help with the replacement of this equipment.

e. Budget Amendment – Breast Navigator – Dr. Cuevas recommendation increasing the 2026 operating budget by $44,535 to convert a 1.0 FTE Patient Navigator position to 1.0 FTE RN Patient Navigator.
It was moved, seconded and voted to approve a 1.0 FTE RN Patient Navigator in the amount of $44,535. Pam Schlauderaff abstained from this vote.

Administrative Roundtable
Mel Strong shared that Mason Health will post a 1.0 FTE Director of Quality position.

Adjourned at 10:31 a.m.

PUBLIC HOSPITAL DISTRICT NO. 1
OF MASON COUNTY, WASHINGTON

BY: _____

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Attest: _____ _____