

## BOARD OF HOSPITAL COMMISSIONERS

November 25, 2025

Those in attendance were Hospital Commissioners Don Welander, and Lori Brady. Also present were Eric Moll, Mason Health CEO; Winfried Danke, Mason Health COO; Melissa Strong, Mason Health CNO, Dr. Darren Cuevas, Mason Health, CMO; Robert Johnson, Legal Counsel, and Shelly Dunnington, Senior Executive Assistant. Darrin Moody (excused absent)

Others in attendance: Garth Reeves, Healthcare Facilities, Senior Leadership: Carolyn McCain, Nicole Eddins, Colby Snyder, Laura Grubb, Brad Becker and Jen Capps. Erica Wilson, Quality Improvement

Don Welander called the regular meeting of the Board of Commissioners to order at 8:01 a.m.

### **Agenda Review and Minutes:**

Don Welander reviewed agenda and added one topic to new business meeting frequency. The minutes were approved as presented.

**It was moved, seconded, and voted to approve November 14, 2025, minutes as presented.**

### **Commissioners' Committee Report & Calendar** Darrin

Don Welander attended BOHC November 11, 2025; SAO on November 12, 2025; Finance Committee meeting on November 19, 2025, and met w/ Eric 1:1 and SAO Audit Entrance on November 24, 2025

Lori Brady attended BOHC November 11, 2025; Enchanted Evening on November 15, 2025; QIC on November 18, 2025; and met w/ Eric 1:1 on November 24, 2025.

### **Public Comments:**

Randy Lewis shared he sent CFO some financial questions.

### **Consent Agenda:**

**It was moved, seconded, and voted to approve November 14, 2025; consent agenda as presented.**

### **Legal Counsel – None**

### **CEO's Report –**

Eric Moll shared that over the last couple of weeks he has met with our partners OAC, Abbott, ZGF, and Sazan. These meetings have been very informative, focusing on improving both internal and external collaboration.

Eric also noted he is completing a 2-year term as Board Chair with the Rural Health Collaborative.

### **Monthly Reports -**

- a. Steve Leslie presented the October financials. Several large accounting adjustments were made to the income statement. The loss in October is due solely to these accounting adjustments. A one-time non-cash employee benefits adjustment of **\$4,373,773** was required. Contract labor remained high due to OB/GYN locums; however, two new OB/GYN physicians have since been hired. Total operating revenues are down **\$1,924,193** due to lower volumes, though an uptick in volumes is beginning.

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## Old Business – None

## New Business –

### a. CHNA Presentation –

Nicole Eddins and Garth Reeves presented the Community Health Needs Assessment, completed in collaboration with Mason County Public Health.

A survey generated exceptionally strong participation with over 2,400 responses. Kudos were given to Erica Wilson, Garth Reeves, and Mason Health IT for their work. Suggested priorities for the 2026–2028 strategic implementation plan were presented, including accomplishments from the 2022–2025 CHNA Implementation Plan. Nicole will return at a future meeting to review the technical requirements of the CHNA.

It was moved, seconded, and voted to approve the Mason County 2026–2028 CHNA Plan.

**It was moved, seconded and voted to approve Mason County 2026 – 2028 CHNA (Community Health Needs Assessment) Plan.**

### b. 2025 Strategic Initiatives 3<sup>rd</sup> Quarter Report Out– Each Executive Sponsor reported on the status of their 2025 Strategic Initiative, highlighting accomplishments, lessons learned, and adjustments:

- **Fall Prevention:** Quality performance exceeds the benchmark. Avasure has been a good partner
- **Mobile Integrated Health Program:** Proud of the continue partnership. We are working towards a MOU and looking at funding opportunities.
- **AWV Program Optimization:** Medicare Annual Wellness continues to run well with stable staffing and an increased number of visits.
- **Population Health Chart Prep & Standard Work for Cancer Screening:** Started a lung cancer screening program. First patient screened in July 2025. Increased mammography capacity for breast cancer screening and we have several alternative cancer screenings offered at Mason.
- **Nurse-Patient Relationships:** Birth Center continues to be in the top decile for patient's experience. ICU reached 100<sup>th</sup> percentile and continues focus on steady improvement for nursing specific indicators and focus on patient experience.
- **Access Expansion – PC, Cardiology, Eye Care:** (3<sup>rd</sup> Available Appt) Winfried Danke share the various areas they are working on to improve access to care. Those areas are expanded access to primary care w/ provider collaboration, cardiology growth, and eye care growth hired another ophthalmologist. Currently, working on triaging messages that go to the provider. The eye clinic has had his final inspection and been released 6 – 8 weeks ago.
- **Referral Process Improvement:** Winfried Danke shared that we are successful staying below 5 days on a consistent basis. The team has incorporated in closing the loop and informing patients.
- **Reduce Turnover in First 180 Days -** Carolyn McCain shared the work they are doing around exit interviews
- **Medication Management -.** Winfried Danke shared that average hour's orders remain in queue decreased, phone calls to the clinic decreased, and the number of completed orders holding steady at increased level, which is an area of improvement.

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## New Business (continued)

2025 Strategic Initiatives 3<sup>rd</sup> Quarter Report Out

- **A.I.-Assisted Documentation (Primary Care)** - Colby Snyder shared we have 21 unique users (physicians) who used our Clinical A.I. Agent to record 5,986 notes in Q3. Approximately 58% of Clinic Physicians are offered Clinical A.I. They have successfully transitioned from a “pilot and evaluate” approach to true A.I. assisted documentation in Mason Clinic. We are currently paying \$1.75 a note up to 10,000 notes.
- **Reduce A/R Days** – Revenue cycle leadership and key staff continued to meet to monitor performance, trace claims experiences, conduct root cause analysis, and revise processes and standard work. Claim delays due to coding. HIM coding function needs some reorganization. Prerequisites for these changes have been initiated.

### 2025 Societal Contribution Strategic Initiatives:

- **Recycling Initiative:** Green Team has been awarded the 2025 Emerald Award. The Greenhealth Emerald Award recognizes outstanding hospitals from within the Partner for Change applicants. Green Team will be recognized in the October issue of SCOPE.
  - **Business Continuity Planning:** Strong emphasis on operationalizing the work started earlier in the year. Monthly departmental Code White meetings remain highly effective. Information Services continued monthly continuity-focused tabletop scenarios, with a stronger focus on cross-system dependencies.
  - **Health Science Academy:** 4 Shelton High School students started 20 hour job shadows in the areas of: Nursing, Registration, and Laboratory on October 14, 2025.
  - **Healthy Food Environment (Blue Zones)** – Continued to feed our workforce in temporary “marketplace” location providing locally sourced nutritious food options. Grab-and-Go offerings have been well received. Financially, the workforce market has performed well despite reduced floor space and reduced meal options.
  - **Annual Compliance Plan:** Current data for the third quarter reflects 100% of the Senior Leadership Team who completed the training.
  - **Cybersecurity Plan Development:** Colby Snyder provided an update they have heavily focused on maturing our operational readiness following the website-vendor incident in June. They strengthened collaboration between IT, Information Security, Communications, and Administration, enabling faster alignment and clearer decision-making.
- c. Bylaws Review - Rob Johnson reviewed the Board of Hospital Commissioners Bylaws. Board has made a couple of recommended changes based on what they have done in the past. Under Article II Governing Body in paragraph two changes operations to wellbeing and in the third paragraph change first to last meeting.  
**It was moved, seconded and voted to approve these two changes to the Board bylaws**
- d. Meeting Frequency - Eric Moll shared the overall standard for board and hospital wide meet one time a month. In past, we had more manual processes than we currently have. Don Welander shared in his research we were the only Rural Hospital doing 2x a month meeting.  
**It was moved, seconded and voted to approve starting February 24, 2026, to monthly meeting on the 4<sup>th</sup> Tuesday of each month.**

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**Administration Roundtable**

Mel Strong: Preparing for a Charge Nurse retreat focused on expectations and professional development. Strong candidates have applied for the ED Supervisor position.

Winfried Danke: Preparing for operational changes in 2026. Two providers will be leaving WIC; one replacement contract is ready for signature.

Adjourned at 11:19 a.m.

PUBLIC HOSPITAL DISTRICT NO. 1  
OF MASON COUNTY, WASHINGTON

BY: \_\_\_\_\_

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Attest: \_\_\_\_\_

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