

Community meeting concerns over hospital and MCHD response

-Continued from PAGE THREE especially true in the nursing department at PMH.

With regard to our staffing approach, we prefer to employ local staff rather than rely on traveling staff. We have been working hard over the past few years to create a culture that people want to work in. The Oregon Center for Nursing cites workplace culture as a primary factor in recruitment and retention and notes that 30% of nurses nationally leave their job in the first year. According to Gallup, an employee's direct supervisor and their peers have the most impact on their job satisfaction, which means that it takes everyone participating in building a positive culture to actually achieve it.

In 2022, MCHD engaged in a salary review process, which ultimately encompassed all positions. The decision to engage in a salary review process was made by the executive team in an effort to ensure that all employees are fairly compensated and the district is competitive in the labor market. The first group to have their pay scales evaluated were the nurses and those pay increases ranged from 9% to 40% depending on years of experience.

MCHD is committed to fostering an environment that is positive, professional, and healing for our patients. It takes everyone to make this happen.

Financial Management

As much as we have followed best practices to mitigate this problem, delays in claims billing processes are guaranteed when new patient accounting systems are implemented. The District converted twice in the span of 13 months in 2023 and 2024 due to a substandard electronic health record system. This has resulted in staff having to work accounts in three separate billing systems while training for and learning the newest one at the same time. The billing delays increase the length accounts that stay in accounts receivable, measured as Days in AR, and the delays further decrease operational cash on hand, tracked as Days Cash on Hand. Both metrics are best practice financial monitoring tools and are reported monthly on the dashboard in each board packet. These are being monitored closely by MCHD executive leadership, the Revenue Cycle Director, and board members. District revenue cycle committees and department teams, all patient business office staff, electronic medical records committee, and all finance staff are working diligently to resolve and remove any barriers that are causing any claim billing delays. Staff are all 110% committed to achieving our goals of 60 Days in AR and 90 Days Cash on Hand, which are industry best-practice levels, but this will take time.

The District's Chief Operating Officer presents monthly interim financial statements at each board meeting, and they are available on the website. The district's current operating losses are entirely a result of lower than budgeted utilization and revenue as well as decreased levels of government reimbursements. Management and staff have diligently been holding expenses under budget by over \$1 million dollars as of January 31, 2025. Spending on temporary staff is budget neutral as compared to employees with taxes and full benefits including health and life insurance, retirement contributions, and paid vacation and sick leave. The final operating position will not

be available until the audit is complete and financial statements and the final cost report are issued in October of this year.

The district's current financial condition is closely monitored by MCHD executive leadership in connection with the district's contracted accounting firm, WIPFLI. They consistently analyze ways to take advantage of every opportunity to increase revenue. During WIPFLI's 2024 audit presentation to the Board, they affirmed that MCHD's current operating expense increases, and revenue decline is what every entity is struggling with across the entire rural healthcare landscape nationally.

Leadership and Service Quality

Without context it is difficult to understand what you're asking here. Can you provide additional information?

What led to this physician's termination?

With respect to a disclosure of details associated with employee departures, the policy of MCHD is to respect employee privacy and confidentiality. Without commenting on any particular employee's departure, employees in certain positions are subject to contractual obligations that require compliance. A failure to comply with the terms of any employment contract can result in a termination of that contract, depending on the circumstances. Retaliation is not something the district condones. MCHD strives to foster an environment that is free of negativity, toxicity and conflict. When the working environment becomes toxic, steps are taken to investigate the source and take whatever action is required to correct issues staff and patients report to administration and the Board. For instance, suggesting that the staff at MCHD do not "understand medicine," would tend to undermine staff, negatively impact morale and devalue the contributions all employees working hard within the district to provide care to the best of their ability. These types of statements are counterproductive to our community goal to provide safe, high-quality medical care to our patients and provide a respectful and positive workplace for all staff.

How do you address the concerns about retaliation and the need for medically knowledgeable leadership?

MCHD has a uniformly enforced non-retaliation policy for concerns reported in good faith. Concerns can be reported to the Compli-



MCHD CEO Emily Roberts

ance Officer, HR Director, or anonymously through the District's Compliance Hotline. All reports are investigated, and legal counsel is consulted as necessary to ensure that all concerns are addressed appropriately.

MCHD has four physician leaders serving in Medical Directorships; Dr. Metzler has served as the Trauma / Emergency Department Medical Director since 2022 and the EMS Medical Director since 2023, Dr. Seals has served as the Hospice Medical Director since 2021 and the Clinic Medical Director since 2024, Dr. Cheeny has served as the Laboratory Medical Director since 2025, and Dr. Wheir has served as the Radiology Medical Director since 2022. These physicians are solid leaders who help us to ensure that we provide safe and high-quality care.

Emily Roberts wanted to share her perspective

I do have a perspective I would like to share, and I think it is one the community needs to hear. I started with Morrow County Health District at the end of 2018 as the Compliance Officer. I was the first person to fill that role on a full-time basis, though Federal law has long required that healthcare providers employ a Compliance Officer who reports directly to the Board of Directors. In my first couple of years in that role, we did significant work to establish a functional compliance program for the district, including fully implementing an anonymous reporting hotline, which is required by law. We also established policies and protocols for responding to staff concerns and patient complaints, which did not exist previously. In June of 2021, the Board hired me as the Interim CEO. I was the fourth CEO to serve in a very short span of time. Upon hire, the Board specifically tasked me with correcting a toxic workplace culture and implementing accountability. That's a huge ask and it does not happen overnight, and it does not happen without a commitment from the Board and the executive leadership team. To that end, the Board engaged Impact Communications to conduct a leadership assessment of the district's executive team to ensure

the team was capable of implementing positive culture change. We each completed assessments and spent time with a leadership coach individually and as a group. At the end of a 6-month assessment period, Impact Communications recommended that the Board retain me as the permanent CEO. At the same time, we started work with Custom Learning Systems, an organization that helps healthcare systems to affect culture change to improve patient satisfaction and employee engagement. Among other things, CLS is responsible for the creation of our service recovery policy (a method we use to make it right when we have failed to live up to a patient's expectations), our Service Excellence Council (a group of staff and managers who meet to address patient satisfaction and employee engagement initiatives), our employee engagement survey (a survey conducted every 6 months, which drives management goals to improve the workplace), and the regular review of patient satisfaction scores by management and the Board. To improve transparency, we began posting Board packets to our website and created the dashboard included at the front of every Board packet with information about human resources, financial, and patient satisfaction metrics. We are not required to measure and report that information, but we do so because we think it is important, and it demonstrates our commitment to improvement in those areas.

Culture change is hard, and it takes a sustained effort and commitment even in the face of adversity. Our culture change initiative has resulted in some staff turnover in the last few years - some people did not wish to participate in the new culture, and they chose to leave or were asked to leave. The details of specific staff departures will never be something that the district can comment on. On the other hand, some people have found that they thrive in the new culture, and they appreciate having mechanisms to report concerns and ensure that those concerns are addressed and that all staff are held to the same standards of conduct.

I believe in the mission of the health district, and I believe in our staff. I made the choice to move here and raise my children in Morrow County because I know this is an amazing place to live and work. We can do so much when we work together. Morrow County Health District is a public non-profit. It belongs to the people of

Morrow County, and it cannot succeed without the support of the people. If someone has an idea to improve MCHD, we want to hear it. We welcome attendance at our Board meetings, and we welcome phone calls or emails (communications@mcoh.org) from anyone who has a question

or a comment they want to share. Healthcare entities in Oregon and across our country are in trouble; there are countless news articles outlining the issues. If we want to preserve and expand the services we have here, it's time to look to the future and work together.

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