REGULAR MEETING
BOARD OF COMMISSIONERS
Public Hospital District No. 1-A of Whitman County, Washington
d/b/a Pullman Regional Hospital
Wednesday, May 6, 2026, at 6:00 PM In-Person or Virtually by Microsoft Teams

Board of Commissioners
P-Cheryl Oliver, President
P-PJ Sanchez, Vice President
P-Anna Nofsinger, Secretary
P-Joe Pitzer, Commissioner
P-Tricia Grantham, Commissioner
P-Michael Cady, Commissioner
P-Shane McFarland, Commissioner

Guests:
Katie Van Wyngarden (in person)
Wayne Druffel
Krista (Microsoft teams)

Hospital Personnel
P-Matt Forge, CEO
P-Craig Carstens, CFO
P-Tammy Dahl, CNO
P-Bernadette Berney, CHRO
P-Carrie Coen, CRO
P-Rob Rembert, Legal Counsel
P-Benjamin Rhoades, DO, Medical Staff President
P-Karly Port, CPSO (Microsoft Teams)
P-Peter Mikkelsen, MD, CMO
P-Linda Infranco, Executive Director (Microsoft Teams)
P-Alison Weigley, Strat Planning & Business Dev Director
P-Paulette House, Executive Assistant
P-Deedra Zabokrtsky, Quality Resources Director

I. CALL TO ORDER

President Oliver called the meeting to order at 6:01 pm. Roll call was taken with the following Commissioners answering present: Oliver, Sanchez, Nofsinger, Pitzer, Grantham, Cady, and McFarland.

II. APPROVAL OF MINUTES

A. Commissioner Sanchez moved to approve the minutes for the regular meeting of April 1, 2026. Commissioner Grantham seconded the motion, and the motion passed unanimously.

III. MODIFICATION TO AGENDA

- Expansion Project – Tyler Lincoln from Bouten Construction Company will highlight progress on the expansion in Item VI. The Education topic (IV. B. b.) will be combined with the Swing Bed Presentation with Tammy Dahl. (VI. D. b). Commissioner Sanchez moved to approve agenda and modifications, and Commissioner Pitzer seconded the motion. The motion passed unanimously.
- Correction needs to be made to remove Commissioner Pitzer from the Strategic Meeting Minutes. Additionally, Commissioner Sanchez's name will be reflected under the Finance Committee Consent Agenda instead of Commissioner Oliver.

IV. CONSENT AGENDA

Commissioner Grantham moved to approve the consent agenda. Commissioner Pitzer seconded the motion. The following committee reports were approved unanimously.

- Medical Executive Committee
- Finance Committee
- Quality Management System
- Governance Committee
- Strategic Planning Committee
- Foundation Board of Directors
- Approval of Warrants

V. PUBLIC COMMENT

President Oliver opened the floor for public comment. No public comment was made in person or online. President Oliver closed the floor for public comment.

VI. ACTION/DISCUSSION ITEMS

A. Expansion Project – Tyler Lincoln, Project Engineer from Bouten Construction Company highlighted progress on expansion, which is now 22% complete per overall schedule. They are working on the second floor in the Lewiston

phase of work, which will be the new lab. They are also working along the east half in the Palouse phase of work. Light blue areas are where they are positioned for Canola, which will be the new blood draw and phlebotomy areas. Final touches are being made on the second floor (paint, flooring, etc.). In mid-June, central sterile equipment will be installed. Just after the fourth of July, they anticipate being operational. Next, they will quickly be working on micro-phasing. Note progress photos throughout these areas. To date, there are 415 documents submitted to the design team seeking compliance with means, methods, materials and use, and overall quality control and 475 tracking on the project. Overall schedule and total duration on this project is 22% with overall task percentage 36% complete.

B. Governance Committee Report – Commissioner McFarland
Commission McFarland indicated PDC filings have been received and will be reviewed. The new meeting schedule structure was also discussed. It was decided that no action would be taken on the Board meetings occurring at an earlier time of day due to concerns about people's work schedules that may not be flexible.

a. MEC: Privilege Forms – Benjamin Rhoades, DO. For orthopedics, the Misha transplant procedures will be added and training will be provided. Commissioner Cady moved to approve the privilege forms (ARNP, Ortho Surgery, and RNFA). Commissioner Grantham seconded the motion. The motion passed unanimously.
b. Education (Swing Bed) – Tammy Dahl This topic was passed as indicated.

C. Finance Committee Report – PJ Sanchez

a. Financial Update – Craig Carstens. March has been a great month compared to last month with a positive $824k and a negative 3.6M year to date, which is capturing old debt that is three years old. Total bottom line is a positive $912k and negative 3.3M. Craig is not sure if we can clear the past debt. Other great news is that we are anticipating a half million receivable from Medicare but this is not included in the $824k. Craig wants to use the tool first and ensure the numbers are consistent and accurate. Department Deep Dive: gross revenue $27.5M with 2% growth at 3 months and 5% growth at 6 months. The top 5 departments are Surgical Services, Emergency Department, Pharmacy, Laboratory, and Supply & Distribution. If green=positive change over the course of months and red reflects negative change. Total expenses for PRH is 12.3 million, with 1% growth at 3 months and 3% at 6 months. Top expense departments are: Surgical Services, Pharmacy, Supply & Distribution, Revenue Cycle, and Laboratory. Revenue Cycle growth at 333% for 3 months because of moving coding outsourcing to the correct code.

It's important to see cash flow (core business creating cash) is positive with 11% for the month. Current ratio is 3.1 and Days Cash in Hand is 72. The days in AR are 44 YTD (prior YTD 40). Benchmark was 52. At a recent Washington State Health Association conference, we were the only hospital below 52 (all other hospitals were hovering between 52 and 56). When Commissioner Oliver came on board, AR was in the 60s. Craig noted net patient revenues and anticipated this year to be a great year for 340B revenue. Our 340B revenue is $93k for the month and $217k for the year to date compared to $45k last year.

D. Strategic Planning Committee Report – Matt Forge
Matt indicated a great strategic planning session for the future from a space, planning, and service line perspective.

a. Recruitment Update – Matt mentioned there has been a great strategic planning committee session. Recruitment continues to be a highlight for us. We also continue to build human resources and organizational development into our organization. Karly Port provided a Recruitment report. Over the first quarter, 22 screenings were completed, which means a video conference call was conducted to identify a candidate's fit for organization with Karly, Kevin Kwiatkowski, or Carly Scholz). Seven offers were extended with 6 or 7 now accepted offers (updated from slide). We continue to face a shortage of physicians (86k by 2036). Karly noted an applicant said we make it hard to say no because of all the things we're doing in primary care. Currently there are 45k+ physician job openings that exist nationwide and over 100k physicians expected to retire in the next decade. We need to continue to evolve in the ways we recruitment and not stay stagnant. Wins include in person screenings, which allows for vetting for us as well as the applicant. Departing medical staff- Dr. Ric Minudri retired in December of this last year. Dr. Christopher Iacobelli will be retiring in June and Dr. Kimberley Guida will also be retiring this summer. Dr. Guida expressed interest in continuing PRN work in our walk-in clinics. We have three internists that will be joining us in September. Dr. Rizvi and Dr. Carman are both internist

medicine physicians who will do hybrid models (i.e. part time as hospitalists and part time in the clinics). Dr. Ali will provide full-time outpatient internal medicine. Dr. Walker will join us in urology. Dr. Farigrieve will support sports medicine and emergency medicine. Dr. Blackham will work in Sports Medicine and Dr. Lincoln will be working at Palouse Medical as an extender. Dr. Younes will be practicing at either Palouse Medical or Palouse Family Medicine. Voss, an ARNP, started in April as a hospitalist. To meet the need for allergy support in the region, Dr. Drain will come to Pullman on a part-time basis, which will be a PRH service. The difference between an Internist and hospitalist: All are internists. A hospitalist works in the hospital and inpatient setting and doesn't need to be an internist. Internists have a little different knowledge of medicine and training than a family medicine physician.

b. Swing Bed Presentation – Tammy Dahl provided an overview of swing beds, which allows PRH to provide post-acute recovery care locally but only when strict federal and state criteria are met. Craig Carstens stated we currently have our first swing bed patient in 24 months. Swing beds are an advancement for our hospital. Swing bed live in post-acute care, where a patient has already had a 3-day hospital stay and still needs care. Patients stay in the same room. An acute hospital bed will "swing" to skilled nursing level care. Swing bed reimbursement from 2020 estimate $2k/day, while other sites reflect $1500-2,200 per day. Therapy intensity, nurse staffing, hospital cost allocation, wage index, and therapy utilization are variables. A reimbursement of $1700 per day for 365 days could equate to $1.2 million annual Medicare revenue; however, the primary goal is not revenue. It is to allow our patients to recover close to home. Refer to PowerPoint slides for detailed information

Questions: Does EPIC have swing bed charting? Yes. Commissioner Grantham noted PT or OT is challenging currently and asked if there would be an issue. We have PT and OT here daily and they are separate. How many swing beds have we missed? Tammy is sure we've missed some. Tammy is not concerned about beds as we're in a different place now. She feels confident that we could do 1 swing patient a day for 365 days. We are currently licensed for 2 swing beds (we could get a maximum of 5).

Carrie Coen inquired about research into reimbursement (some insurance companies previously denied payment especially with patients who were not of Medicare age). Craig noted we have to do prior authorization; otherwise, they can't stay. We can offer cash payment, but most patients say no to that.

Commission Grantham asked if Medicare is primarily the payer and Craig noted yes, but there are others. Medicare is the most difficult to navigate. Commissioner Grantham asked if there was a cutoff date for swing bed stays. Craig noted twenty days are paid at 100%, then 80/20 co-pay and stay an additional 80 days.

Commissioner Sanchez asked if there would be an update for the Governance Committee on the outcome of swing bed patients. Tammy indicated yes. Commission Cady asked about the WA Cares Fund (mandatory public long-term care insurance program for Washington Employees funded by a paycheck premium of 0.58% of gross wages (as of 2023). It provides a lifetime benefit of $36,500. Craig was not familiar with this program. Bernadette mentioned there are some options to file exceptions to not participate but not for those who are Washington residents.

Commissioner Oliver asked if we notify partners like Sacred Heart of our swing bed service. Tammy did put our community partners like Sacred Heart in a MOU. If a patient is not able to leave and needs dental care, what are our obligations (would dentist come to hospital)? Tammy noted yes if there is a dental emergency. At what point does something come to the board for approval and at what cadence? Tammy will be sharing any relevant information with the board and will be significant tracking of patients and will be auditing ourselves. Carrie Coen noted the value of advertising our swing beds as a way to build strong relationships and help other local, small hospitals. Commission Sanchez asked if our goal is to get to 5 swing beds. Tammy is not sure. Goal is to have 2 here every day. We have to watch and see how beds unfold to ensure we have adequate beds for everyone.

VII. ANNOUNCEMENTS

A. Lake Chelan – Participation. Five reservations have been made with three available spots for commissioners. Matt and

Cheryl are attending (they are panelists on agenda). There are two other commissioners' spots available. Joe mentioned all commissioners could go but they can't have a meeting. Commissioner Sanchez is a maybe and will need to check his schedule. Other commissioners are not available to go. Any follow-ups need to be made with Paulette.

B. Golf Tournament. This tournament is on June 27 and we are looking for volunteers and participants. Paulette will provide commissioners with the link to the golf video.

We confirmed resident graduation is June 20. Allision can get commissioners connected to Carly Scholz for more information.

Plan to arrive at the next board meeting by 5 pm to allow time to turn in your tablets and get new devices.

VIII. EXECUTIVE SESSION

At 7:20 pm President Oliver announced that the meeting would go into Executive Session for 15 minutes to discuss the granting, denial, revocation, restrictions, or other considerations of the status of the clinical or staff privileges of a physician or other healthcare provider, consider personnel issues, and consult with legal counsel.

At 7:35p, President Oliver announced that executive session would continue for another 15 minutes.
At 7:50p, President Oliver announced that executive session would continue for another 10 minutes
At 8:00p, President Oliver announced that executive session would continue for another 10 minutes
At 8:10p, President Oliver announced that executive session would continue for another 15 minutes.

The meeting resumed Open Session at 8:25 pm.

IX. OPEN SESSION

A. Credentials Report (Dr Rhoades)
Commissioner Sanchez moved to approve the credentials report. Commissioner Nofsinger seconded the motion and the motion passed unanimously.

President Oliver thanked Matt for being here, his openness and transparency and was apologetic Matt was put in a position to solicit evaluation input. The board will make a commitment to improving this and will work with Bernedette to help support the efforts.

Sanchez commended Matt for the great job he's done. Matt appreciated the trust, space, and support the board has given him. Oliver noted Matt's position can be an isolated one, and it will be helpful and critical to have a resource to bounce ideas off. Sanchez noted the element of fear of retaliation in conjunction with providing feedback. This will be a culture change and visibility is needed.

Over the next 6 months, Matt hopes that the benefit to physicians should come to the surface. This reflects what we've been investing in for support structure for primary care. Matt looks forward to continuing our efforts.

X. ADJOURNMENT

The meeting adjourned at 8:45 pm.

Respectfully submitted by:

Paulette House
Executive Assistant
Pullman Regional Hospital

Anna Nofsinger
Secretary
Board of Commissioners, Pullman Regional Hospital