

Board of Okanogan County Commissioners
Monday, July 11, 2022 PM

JD—Jim DeTro, BOCC, District 3
AH—Andy Hover, BOCC, Chair, District 1
CB—Chris Branch, BOCC, Vice Chair, District 2
CHa—Crystal Hawley, Deputy Clerk of the Board
WA—Winnie Adams, Interim CEO, Mid-Valley Hospital and Clinic
JM—Jamie Monock, Interim Chief Nursing Officer
Six members of the Mid-Valley Hospital and Clinic Administrative Team

These notes were taken by an Okanogan County Watch volunteer. Every attempt is made to be accurate. Notes are verbatim when possible, and otherwise summarized or paraphrased. Note takers comments or clarifications are in italics. These notes are published at <https://www.countywatch.org/> and are not the official county record of the meeting. For officially approved minutes, which are normally published at a later time, see https://okanogancounty.org/offices/commissioners/commissioners_proceedings.php

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Summary of significant discussions:

On Tuesday, June 28, three of the five board members of Hospital District #3 resigned and were quickly replaced by the remaining two members. This caused much confusion and distress among hospital staff. Many members of the community felt proper rules and procedures weren't followed and contacted their county commissioner. In addition to the sudden resignations, one of the remaining board members was accused of misconduct and disruptive behavior and so far has not committed to go to discuss the issue with a mediator. The interim CEO hired an investigator to look into the charges.

The BOCC expressed sympathy but are unable to take action against the Hospital Board. They suggest discussing the matter with the Attorney General and their own council to see what can be done. The commissioners also all state that a well-run hospital that the community has faith in is extremely important, especially in a rural county.

4:13:00—Discussion of Governance issues in Hospital District #3

AH—We'll begin the meeting with Winnie Adams. Before we begin I want to remind everyone that this is a public meeting and it's on the record, and it all goes in the minutes.

WA—(Reads a written statement):

Thank you for the opportunity today to provide a summary of recent events effecting Mid Valley Hospital and Clinic from the perspective of the current administrative team. We welcome any questions or clarifications you may have.

On Monday, June 27th, 2022, the MVH/C administrative team became aware of the possibility that we could be left with two commissioners by the end of the next board meeting. Out of a deep desire to protect the safety and welfare of this community and viability of this organization, an attorney was retained as a resource for the district to ensure we operate with fiduciary effectiveness.

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On Tuesday evening, June 28, three of the five hospital board commissioners resigned: Gary Oestreich, Chairman; Jerry Bowes, Vice-Chairman; and Brent Yusi, commissioner. Reasons for their resignations as stated by them, included declining health, general well-being, and disagreements with the board's current direction. Our attorney was introduced to the remaining board members as a resource, which they refused at the time, stating that they "know the RCW's". The remaining commissioners entered executive session for approx. 30 minutes and emerged with two appointees, Rebecca Christoph, former MVH Director of Nursing and Becky Corson, former MVC Clinic Administrator. At that time, Becky Corson was still a paid employee with her last official day on July 1, 2022. Ms. Corson would be officially appointed at the 7/6 special board meeting along with a 5th commissioner, Dr. Richard Johnson.

We have grave concerns that proper rules and procedures were not followed despite efforts from the public and Commissioner Branch to intervene. The rapid appointment of three board commissioners without seeking public participation and input is alarming and lends the appearance of subterfuge. In the meeting minutes from June 28th, Commissioner LaGrou expressed the need to find a CEO that would "turn this ship around". We want to make it clear that the Mid-Valley Hospital and Clinic ship is heading in a positive direction and will continue to do so because of the cohesiveness of the current Administrative team. Statements to the contrary are incorrect and exhibits ignorance about national trends of shrinking margins and staffing shortages. The MVH/C team is skilled, knowledgeable, and has been tirelessly working to support staff and the district through these unprecedented times.

Since the June 28th board meeting, Commissioner LaGrou has circumvented established channels of communication with me, Interim CEO and has been increasingly inserting herself into day to day operations and decision making. We have provided more detail in the attached timeline for your review.

To complicate matters further, there have been significant allegations filed internally against board members regarding misconduct and disruptive behavior. It is the responsibility of the Administrative team to ensure a safe and non-hostile workplace and uphold our zero tolerance policy for workplace violence. Commissioner LaGrou was asked on June 30 to participate in mediation to discuss problems and improve relations between the board and executive team members. Her answer continues to be, "I will think about it". The trauma from these allegations has resulted in staff illness, absences, inefficiency, and two administrative team resignations effective today. As a result and to protect the district, we have retained the services of an independent investigative firm to conduct an unbiased and objective investigation. In order to preserve the mental health, well-being and safety of our employees, I and the administrative team informed the board of commissioners that all communication be directed solely through myself, the Interim CEO, and to only come on campus of Mid Valley Hospital or Clinic for board or committee meetings or to seek medical treatment.

In summary, we are gravely concerned that the statements and actions of the hospital board during this time of transition have put the stability of the public hospital district in jeopardy. We desire to work in unison with a board of commissioners that respects the skill and knowledge of our administrative team.

We are here today to ask for your support and guidance through this difficult time.

In attendance today is our Administrative staff who can answer any questions you may have.

Thank you for your time.

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Winnie Adams, Interim CEO

4:18:45—AH—I've got a question I posed this morning—if the Attorney General has been asked to be involved. As commissioners, we try to understand our role is things that are happening. The MVH/C is a junior taxing district and therefore we have a stake, and health care for all of Okanogan County is important to us. But to get directly involved in the way the board is formed or operates is a little bit out of our wheelhouse. Commissioner Branch...

CB—I've already submitted comments to the board. Typically, I wouldn't get involved because I know the RCWs, and then there's the local processes. I guess there are few things to add: We've had lots of conversations on troubles to hire staff especially in health care and law enforcement. We talk about it here—the difficulty of attracting people to come to our community to work for us. When people in my district contact me about a rift, what comes to mind is custom, culture and tradition. It's based on us knowing each other.

CB—I've researched this with our Civil Deputy and we can't find a role for us in this. The only role we County Commissioners have at all is to make comments about process. Transparency is difficulty to maintain. In local government, transparency bothers me a bit because there's no control over it.

CB—I appreciate AH's comment about contacting the AG's office. Possibly there's a determination to be made. But I think the laws in this state are weak when it comes to Junior and Special Taxing Districts.

CB—One of the issues is to attract good people to the board. The comments I made weren't about the CEO process but about the broad appointment process. Fire Districts and Hospital Districts all across the state have a hard time finding board members, and people who are elected to the boards often don't know much about how to do the job. It bothers me that there's not a well-defined process in state law that says—This is how you've got to do it. There's accountability and then there's qualifications. There are no qualifications for the commissioner job. But County Commissioner may be more attractive because it's a paying job. Hospital Commissioner is different. I prefer not to micromanage this.

CB—There's a group of people here who have a right to be heard and that's on record. The other thing is that there are few private citizens who've contacted me to do something. But part of that is on them to show up at the meetings. People have told me that they want me to remove a commissioner, but I can't do that because the person is elected.

CB—I've wanted to see the by-laws because I have another role to play here—I'm a patient at Mid-Valley and it's in my district. We're a rural community and many times districts and organizations are made up by knowing who knows who. We hear people say they're trying to attract professionals. If a professional comes in and manages the way they see fit, but it doesn't fit the community, then that's a problem. It also troubles me that people reading about troubles that show Okanogan County might not be a good place to work, that concerns me, too.

4:27:55—AH—I'm black and white about RCWs. I haven't read what they say about selecting new board members, and haven't read the by-laws. But as far as optics go, I've had quite a few people in the community ask me about what's going on with the hospital district, and how in the world can two commissions who don't meet the quorum appoint three other commissioners. There's a specific process for us to appoint people to elected office. So I say with all the public records requests that you've given me, it's apparent that people are upset and want to know what's going on. My only advice is that there should be a process in place and I hope the commissioners followed it. If not, that's not a good point. As far as we know, we don't have any role in enforcing any of that, but I think it should be a top priority that the law was followed.

? (maybe WA)—We're doing our best.

CB—Have the unions weighed in?

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(Answers from the audience inaudible) Someone says—That’s why we provided the timeline, so you can see how quickly things moved.

CB—Finds RCW that describes filling vacancies for nonpartisan offices. RCW 42.12.070. One vacant position is straight forward. Doesn’t mention applicants. If two or more vacancies, the remaining members appoint one, and then the new group appoints another.

CB—My advice was for the board to go slowly. I was asked to attend the meeting by a member of the health care profession, but not one involved with this. Hard for me to understand how the process was working because I got there part way through. I talked to the primary board member who’d been the secretary but was moved into the chair position. But I’m not the enforcer. It’s appropriate for the BOCC to try to slow it down when there’s a storm. Make sure the process looks OK. Problems like this make it hard to keep small hospitals open if people don’t want to be treated there anymore.

CB—some even say we should do away with rural hospitals and go to the private sector.

CB—You guys seem to trying do your jobs. But sometimes it’s not popular.

4:36:55—One person distributes copies of the by-laws to the BOCC.

CB—This gives me something to comment on. It’s good you’ve hired an attorney and that person can hold people accountable about process.

AH—RCW 29A.52.240 is about special elections to fill an unexpired term. So it looks like the appointed people will have to run in the November election.

CB—By the time this election comes up, these guys may be gone.

AH—I hope people think that the board acted quickly to fill the vacancies, let’s keep it on the status quo until we have an election when the public can support whoever they want.

CB—Who’s Chief of Medical Staff—an ex-officio member of the board. Does she have a vote?

AH—Does she attend board meetings?

?—Yes.

CB—It’s black and white in the law.

AH—It is, but like I said—that doesn’t mean people in the community understand how can this happen.

CB—If the board gets into operational parts, and says to the public—well, you don’t understand enough to know what we’re doing—I’d say you’re probably right but I have been on other non-profit boards. I know there’s a process. Typically, the board doesn’t know enough about the operations, so they hire a CEO to do operational stuff.

AH—Fiduciary responsibility of the board—if they see something wrong, they have to become involved. Eventually, you have to let the ship run, but the board members are responsible for the tax money. Optics with board members changing is the big thing. If the board changed the CEO, that’s different. But it looks odd to people.

CB—If there were a point in the process we could have changed, I’d say they could have asked for applications. If you leave it up to just one or two, they think what they’re doing is right, but it’s better to talk to lots of people.

CB—If we’re going to keep our hospital working, we’ve got to make sure that people in the community want to use that hospital. When this kind of thing happens, it can cause problems. People tell us allegations, but we can’t tell who’s correct. It was good to hire an investigator.

AH—We support the Hospital Districts—full functioning, smooth running, supporting the community. In this situation, we can just say that there are a lot of people worried about what happened.

CB—Just reading by-laws now. Reads about criteria for hiring staff and granting privileges to physicians.

JM—Can I make a statement? I’m Jamie Monock (spelling?) I’m interim Chief Nursing Officer and one of the people who resigned today. I’ve just been through this in Chelan County. We had five CEOs in three years. Strife among the medical teams. As much as you want to protect the community, it’s not going to

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happen with this going on. You'll lose more senior staff and we're what's keeping the hospital going. Board's actions are the primary reason I'm leaving. I just wanted to say that.

CB—Thank you. I don't know if everyone got a chance to make statements. This year at legislative steering committee for counties—health care is very serious for us. It never came to my mind that the system is lacking is laws that govern hospital boards. This year there was a bill that tried to take over Health Districts. We had just a little bit of effect of what Health Boards would look like. It's up to us to make the system better. Otherwise, the state comes in to take the system over.

AH—Anybody else want to say anything on the microphone?

JD—Was there an ask in all of this?

JM—Advice on what to do next. It's not clear in the by-laws, RCW, but it is clear the Open Public Meetings Act was violated.

JD—I can see that, but I'm with AH and don't think we have jurisdiction. You've hired council. That's the first step.

WA—They refused to work with the lawyer for the first couple of days. We're concerned about potential law suits.

JD—I can see that's a problem, but we've got to follow the law. AH and CB are more through than anyone I've ever served with. I encouraged people to slow down and they didn't. Maybe listen to AH and talk to the Attorney General.

AH—We have to follow the law. We don't have the power to change the Hospital Board. Just have people say on the public record what wasn't allowed at earlier meeting. Try to get it out there that the current board members should take it into consideration when making decisions. And let them know that they'll be coming up for election pretty quick.

JD—And after the investigation is done, if it shows the rules weren't followed, what they've done might be struck down.

WA—To be clear, the investigation is more geared towards work place violence, threats and intimidation.

CB—What I think the ask was—right, wrong or indifferent, there was a forum provided here, a chance for you to speak.

WA—We appreciate that. Thank you.

AH—Anything else?

WA—We do thank you for your time, your guidance and the opportunity to speak today. We appreciate it.

AH—Thank you for the jobs you do.

AH asks CHa to add looking at the contract for the concert at the Fair to the agenda tomorrow.

Meeting adjourns at 2:20.